

Quality of Care Newsletter

IPPF working for clients' rights

The International Planned Parenthood Federation is the world's largest voluntary organization in sexual and reproductive health and rights

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"The quality of care process is a beginning, not an end"

2005 has been an exciting year for IPPF's 'Strengthening the quality of reproductive health care' (QOC) programme. Participating Member Associations (MAs) are finalizing their QOC action plans and taking stock of their achievements by means of the QOC assessment process. This process takes place at two levels – at individual service delivery points (SDPs) and the overall management level - to assess the extent to which the Association has implemented its action plan and meets the essential QOC standards and criteria, as defined in the programme. Following a successful assessment, Associations are eligible to receive a QOC certificate to recognize their commitment to quality of care.

As of December 2005, 15 assessments throughout the six IPPF Regions have taken place (see table 1). A noteworthy finding to emerge thus far is that quality of care has become mainstreamed into the operating ethos of many participating MAs. Staff at management and service delivery levels have recognized that improving quality of care is not a time bound initiative, but a long term, continuous process requiring ongoing investment and attention. Work-plans, budgets, trainings, and the delivery of services are being rearranged as a consequence of this shift in understanding about quality of care, which one medical doctor aptly reflected when stating: "the QOC process is a beginning, not an end".

In this newsletter, this and other main findings from the QOC assessments are discussed by highlighting the country experiences in Morocco and El Salvador, and regional experiences in the European Network. In Morocco, the Association completed its assessment in September and recently received the very first Quality of Care certificate.

As always, we hope you find this newsletter interesting. We welcome any comments or questions sent to medtech@ippf.org



AMPF receives its QOC certificate, November 24, 2005

Quality of care certificate presented to the Moroccan Family Planning Association

On November 24, 2005 the very first QOC certificate was awarded to the Moroccan Family Planning Association (AMPF – Association Marocaine pour la Planification Familiale) to honour its commitment to high quality sexual and reproductive health care. The certificate recognizes AMPF's efforts to improve the quality of its services during the period 2003-2005 and its dedication to ensuring services uphold clients' rights and service providers' needs.

The event was attended by AMPF board members, selected staff, as well as QOC regional advisors and the Central Office QOC team who were in Morocco for the 10th QOC consultation meeting. In accepting the award, the chair of AMPF's medical committee, Dr. Alawi, stated that the Association had been: "honoured to be part of the programme," which had been a "great initiative for IPPF and AMPF." He noted that as a result of AMPF's QOC efforts, the Association had become more able to expand and carry out its work in the field. In closing, he gave special thanks to AMPF's clients: "the women, men and young people who are confident in us and our services to come to our clinics."

The external assessment

AMPF's QOC certificate follows from the positive findings of the QOC external assessment, carried out from 29 August – 02 September 2005. The assessment team was composed of the Arab World regional QOC advisor, Dr. Magdy Khaled, and Dr Nono Simelela from IPPF Central Office. As in other Associations, the external assessment followed the completion of the internal assessment in each participating SDP and involved the following key steps:

- Holding a briefing meeting at MA headquarters (HQ) to discuss the work schedule, terms of reference and implementation of the QOC programme at the HQ level
- Reviewing available QOC records, including: supportive supervision reports, the MA's action plan, management action plan and the internal assessment reports

Table 1 - QOC external assessment undertaken up to December 2005

Date	Association
April	Uganda
August	Indonesia Vietnam
September	El Salvador Morocco Poland Sudan
October	Armenia Bangladesh Benin Brazil DPRK Nepal
November	Bulgaria Guatemala

- Completing the QOC external assessment checklist to assess whether the MA meets QOC standards and criteria
- Visiting a select number of SDPs
- Interviewing relevant staff for their feedback on the programme
- Holding a debriefing meeting with management to discuss key findings, results and recommendations

Key findings

The assessment team found that all activities of the MA's overall action plan had been successfully completed. Activities undertaken included updating providers' skills and knowledge through targeted trainings, producing updated IEC materials on a range of SHR topics, upgrading clinics, improving client feedback and participation in service delivery and carrying out regular supportive supervision. In the area of training, the team interviewed staff and noted that they were well trained in designing and implementing training activities. The team also recognized that the Association's HQ staff carry out regular training for staff at branches and SDPs. The assessment team reviewed samples of the updated IEC materials (posters and brochures etc.), which were produced and distributed to SDPs to ensure that updated and relevant information is properly disseminated to clients. As a result of the programme, there was no record of stock outs for any commodities and an updated maintenance plan for all equipment is now in place. Overall, AMPF's major achievements in the programme were noted as the following:



AMPF's clinic in Rabat, Morocco
Client waiting room in Rabat clinic

- 1 Improved quality of services due to the strong focus on staff training.
- 2 Increased service uptake (as seen in service statistics reports).
- 3 Enhanced reputation of the MA as a credible and professional institution.
- 4 Fewer challenges hiring staff to work at clinics as private physicians became more enthusiastic about working with the MA.
- 5 Increased income as a result of increased client load. The revenue generated from this has enabled clinics to expand the range of services provided to include the management of infertility, and the provision of paediatric and post-menopausal services.
- 6 The strong focus on client satisfaction emphasized in the QOC Framework has created an enabling environment for open discussions on SRH issues; something which is taboo in traditional Moroccan society.

At the three clinics visited (Casablanca, Fez and Rabat), the assessment team found that services were delivered to high quality standards. In each clinic, the team verified progress made on the implementation of QOC activities (using the SDP internal assessment checklist), reviewed the SDP supervision reports, interviewed service providers and clients and held a debriefing meeting with staff. The team found that clinics provide the full range of SRH services such as the provision of contraceptives, antenatal care, post-natal care and pediatric care, and STI management. All clinics had successfully integrated youth friendly services. Sites were clean, well equipped, and staffed by competent and motivated providers.

In Rabat, the team noted that: "the level of cleanliness was exceptionally high, there are clear sign posts on every door and there is a safe room for disinfection, cleaning and sterilization of equipment." In Fez, the team noted that: "the clinic was vibrant, the waiting rooms well ventilated and comfortable." In Casablanca, special note was made of the clinic's initiatives to establish strong and strategic partnerships with relevant institutions such as the Ministry of Health, academic institutions, other NGOs and the media which had increased the clinic's profile in the community. Recommendations noted for improvement included strengthening of the Association's referral system and devising improved mechanisms to solicit client feedback. Overall, however, the team concluded that the MA had demonstrated an outstanding adherence to applying the QOC standards at MA management level and at service delivery level. As Dr. Nono Simelela noted following her participation on the assessment:

"The Morocco MA is a model example of what it means to provide quality sexual and reproductive health services for women, men and young people. It was gratifying to visit all three service delivery points. What was most outstanding was the level of cleanliness, the exceptional professionalism demonstrated by staff and the high level of oversight and management of these facilities."

While the certificate marks the culmination of AMPF's participation in the QOC programme, its focus on quality of care will continue. In 2006, for example, the Association will expand the QOC programme to all of its 21 clinics. The Association has also integrated key quality of care elements, such as supportive supervision and continuous training updates for providers into its regular work plan. Well done AMPF!

El Salvador: The process to assess QOC will be continued within the clinics

In El Salvador, IPPF's Member Association – the Association Demographica Salvadoreña (ADS) underwent its external assessment in September 2005. The external assessment team was comprised of Ilka Rondinelli, Senior QOC Advisor for the Western Hemisphere Region (WHR), Dr. Hugo Asturias, Quality Coordinator from APROFAM Guatemala, and Dr. Marina de Gil from the Regional Committee of Sexual and Reproductive Rights.

As in Morocco, the assessment team began the assessment by visiting the MA's (HQ) for a briefing session among key staff to review implementation of ADS' QOC action plan and check for evidence about management systems improvements. The assessment team interviewed senior management staff to discuss improvements on a range of issues including supportive supervision; performance appraisals; logistics system; renovations within the service delivery sites; QOC monitoring process from HQ; development of IEC materials and integration of STI/HIV/AIDS. At the end of the assessment, two debriefing sessions were conducted: one for ADS Board Members, and the other for the senior management staff, to present the findings and the achievement of QOC standards at HQ and SDP levels.



ADS staff and service providers of the Gotera clinic, El Salvador

Results at the clinic level

The external assessment team visited six out of ADS' 10 clinics. During the visits, the team held meetings with each clinic coordinator to discuss action plan implementation and compliance with QOC standards based on the results of the internal assessment process. The team was also able to interview service providers and clients. All in all, clinics showed great progress in achieving their action plans and meeting the QOC standards and criteria. In all clinics there was marked improvement in the quality of services delivered and enhanced client satisfaction as observed in client exit interviews. The team found that clinics displayed initiative and creativity in finding QOC solutions and that all staff had been involved and motivated in the quality improvement process. The main results of the QOC programme were the following:

- 1 Standardization of infection prevention procedures. A lack of effective infection prevention procedures had been a major gap identified in the original action plan. The team was pleased to note that refresher training and special focus over the course of the programme had led to marked improvements in this area.
- 2 Effective integration of STI/HIV/AIDS.
- 3 Improvements related to client privacy and confidentiality. This was achieved through basic infrastructure changes in some clinics and rearranging client seating.
- 4 Improvement in counselling skills and knowledge with the introduction of the WHO decision making tool counselling flip chart.
- 5 Improvement in the logistics system and conditions of the warehouses. All clinics are now equipped with their own storage facilities which are neatly kept and organized to quality standards.
- 6 Implementation of client satisfaction surveys.
- 7 Implementation of an internal monitoring system to assess QOC action plan progress, including supportive supervision which will be continued beyond the end of the programme.



IEC materials produced by ADS under the QOC programme

Areas that were identified as requiring additional attention included: improving feedback mechanisms to staff on the results of performance appraisals; establishing policies to assist under-served populations; and upgrading the electrical supply at one of the clinics.

Sustainability

Across the Association, there are clear signs that a quality of care 'culture' has developed among staff and managers. The assessment team found that the quality of care programme had led to a different way of operating in the clinic. As one assessor concluded:

"During the interviews with the clinic coordinators, it was clear that the process to assess QOC will be continued within the clinics. They found that the process has enabled the staff to be more effective in dealing with problems at the clinic level and also that the process fosters better communication and interaction among the staff."

The external assessment team found a solid commitment by ADS's Board and senior staff to continue to assess and improve the quality of their services. They concluded by noting that "ADS' outstanding performance during the life of the QOC programme and all the achievements at HQ and SDPs levels were impressive." Congratulations ADS!

External assessments in the European Network (EN)

By Martijn Pakker, QOC Project Coordinator for the EN

During the past few months, the finalization of the QOC programme has been at the top of all our agendas. The external assessments are well underway, and the European Network Region is no exception. So far, three countries have undergone their external assessment and with great success.

In September, an external assessment team visited IPPF's Member Association in Poland (TRR, or Towarzystwo Rozwoju Rodziny) and three of its SDPs in the cities of Warsaw, Wroclaw and Opole. Each SDP singled itself out with its own strong points. What was particularly exceptional in Wroclaw and Opole were that these SDPs collaborate with authorities by providing counselling services for child-related sex crimes. In addition, Wroclaw clinic provides an excellent VCT service, the only non-governmental organization in the city to do so. Warsaw has very good services as well, but is currently looking for new premises to be more accessible for clients as it is situated on the third floor of a building with no elevator.



Service providers from the Pan Armenian 'For Family and Health' Association

Concerning QOC health and hygiene standards, Poland is very strong as well, due to the fact that it is a member state of the European Union, where health care standards are already quite high, and in certain areas, higher than the basic requirements stated in the QOC checklists. The management scored very well, which was not surprising considering the commitment and dedication that TRR has shown throughout the QOC programme. Poland has shown great progress in developing partnerships with the national health care service and will prove to be a great help in assisting other MAs in achieving similarly high QOC standards.

Armenia had its external assessment in October. The Pan Armenian 'For Family and Health' Association has proved equally dedicated to achieving high quality of care standards. Clinics assessed in Armenia were in Yerevan, Ddmashen and Tsakhkadzor. St. Mary's clinic in Yerevan was also visited and found to be of equally high standards. Although some of the SDPs could have used additional training in motivation and reviewing of hygiene standards, all in all the SDPs scored exceptionally well.

Particular emphasis should be made on the new initiative within the MA inspired by the QOC programme. Based on the QOC criteria and guidelines developed within the project, the MA has created its own 'clients friendly' standards and certification process. Every SDP is awarded a visible plaque indicating that they are client friendly and adhere to these strict guidelines.

The most recent external assessment was conducted in Bulgaria in November. Again, the implementation of the QOC programme has achieved great results, in particular at management level. A wide range of SDPs were visited here, including Sofia, Plovdiv and Varna. The Bulgarian Family Planning Association has accomplished an excellent referral network and is very conscious of clients' rights and providers' needs. Although the MA (and subsequently the SDPs) have had some

setbacks, they have been able to cope quite well and overcome these with enthusiasm and dedication.

A noteworthy finding in Bulgaria was the cheerful disposition and subsequent dedication of all staff to improving the quality of reproductive health care. The overall consensus within the MA is that QOC has been one of the most useful projects for the development of the MA: it has taught them not only new things but also brought a new meaning to delivering services, bringing it down from the clinical level and delivering services on a more personalized basis.

External assessments still need to be carried out in Albania and Estonia; they will both be conducted in December. Based on the internal assessment scores of the remaining MAs, we congratulate all of them on an excellent implementation of the quality of care programme.

Common QOC challenges across the Regions

The external assessments carried out to date have shown that there are a number of common challenges shared by all regions when it comes to implementing quality improvements at the clinic level. These include:

- Infrastructure constraints. Clinics are often located in rented buildings which often limit the MA's ability to undertake renovations and infrastructure changes to improve client confidentiality and comfort. Moreover, rental fees can be a prohibitive expense for small MAs.
- Staff turnover. IPPF MAs, not unlike other health providers in the 'Global South', face the human resources crunch as staff often leave clinics to move to urban centers, take on jobs in the public sector or in other private clinics, leave their positions due to family responsibilities or migrate internationally to take on more lucrative jobs abroad. The negative impact in terms of sustaining training knowledge, programme gains and MAs' experience cannot be overstated. While the QOC programme has made significant progress in this area through its emphasis on meeting providers' needs, additional strategies to retain skilled staff are required.
- Effective referral systems. While many MAs have a basic reference system for sending clients for further care, developing an effective cross referral system has been a real challenge. This is often due to the lack of strong partner organizations with whom to build such links with and a need for targeted capacity building to improve skills in this area.

These challenges will require innovative and long term investments of time and resources, much beyond the current QOC programme. From 2006, we hope to develop ideas and strategies to begin addressing these areas.

IPPF Medical and Service Delivery Guidelines available in Spanish

In August 2005, at the occasion of its annual Governing Council Meeting, the Western Hemisphere Region (WHR) formally launched the IPPF *Medical and Service Delivery Guidelines* - Spanish version. Attended by the Executive Directors from all of the Region's Member Associations, Regional Board Members and other invited guests, the launch marked an innovative approach to disseminate the availability of this important publication across the region.

Facilitated by Ilka Rondinelli – WHR's Senior Quality of Care Advisor, the session included an interactive exercise in which attendants were asked to locate specific information within the Guidelines in order to increase their

familiarity with the document. Following the session, Ilka reported that: "the reaction was outstanding – Executive Directors (EDs) really praised the guidelines in terms of content, design and practicality." In their own report of the session, EDs underlined the importance of the guidelines to guarantee quality of care in the delivery of SRH services at the Member Association level.

As a result of the initiative, requests for copies of the guidelines have increased significantly as Member Associations have been keen to disseminate the resource to their in-country partners such as Ministries of Health and other health oriented NGOs. In Paraguay, dissemination efforts by the local Member Association 'el Centro Paraguayo de Estudios de Poblacion' (CEPEP) have led the Ministry of Health to adopt the guidelines as the national health guidelines for SRH service delivery.

Copies of the Spanish guidelines have been disseminated to all Spanish speaking Member Associations in October. If you would like to receive additional copies, please email medtech@ippf.org

Other new IPPF resources

IPPF Directory of Hormonal Contraceptives. In 2005, the Directory has been extensively updated based on the latest information received from Member Associations and pharmaceutical companies. To find out which hormonal methods are available in your country, log on to: <http://contraceptive.ippf.org/>

New IPPF Post exposure prophylaxis (PEP) Guidelines. IPPF has developed guidelines the protection against HIV infection, including post-exposure prophylaxis in the service setting. Read the Guidelines in the latest issue of the IPPF Medical Bulletin, Vol. 39, No. 4. 2005 available at: <http://www.ippf.org/ContentController.aspx?ID=11069>

Myths and Realities: An ongoing initiative between IPPF and the INFO Project exploring common myths about contraceptive methods and how to address them through evidence based counselling messages. Messages are based on responses received from service providers around the world collected via an electronic discussion forum. To find out more about this counselling tool, visit <http://www.jhuccp.org/myths/> (enter the word "myths" for both the user name and password).

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