

Quality of Care Framework 2015



Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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Introduction

Quality of care (QoC) is central to providing health services that respect, protect and fulfil our most basic human right to the highest attainable standard of health. Care should be based on relationships between providers and clients, and services delivered in line with the needs, values and preferences of the clients, and with compassion and empathy.

Over the past three decades, significant progress has been made in improving quality of care in service delivery in the sexual and reproductive health sector. The direct relationship between quality and the use of services is well recognized. Quality assessment initiatives encourage providers to improve quality, thereby increasing the acceptance and sustainability of services within communities.

Evidence suggests that achieving quality standards improves effectiveness and utilization of health information and services. As such, improved quality of care plays a key factor in the increased use of services (WHO, 2014).

Some of the major challenges in the provision of health services during this period and even today, especially in developing countries have been:

- expanding the number of health service providers – governmental, private sector and non-governmental
- increasing access to health services through the introduction of different modes of service provision such as static clinics, mobile and outreach services
- introducing affordable health services, especially for the poor, marginalized and vulnerable in the private sector, thus increasing the choice of the population in procuring health services
- increasing awareness of the population on their health needs and their rights, thereby leading to demand of good quality health services
- increasing accountability of the providers to ensure provision of good quality health care
- increasing competition among service providers for donor funding, especially in the non-profit sector
- ensuring the long-term sustainability of NGO services that are dependent on donor funds.

In order to address these challenges and be able to provide quality health services, any organization needs to have a quality assessment system (a conceptual framework, procedures and tools) to ensure that the services provided are of high quality and that any necessary improvements are made.

Background

International Planned Parenthood Federation's (IPPF) commitment to quality of care remains a key issue as the Federation strives to expand access for all clients to sexual and reproductive health services.

Through its Member Associations, IPPF provides nearly 150 million sexual and reproductive health services annually. A total of 135 Member Associations provide services through more than 54,000 services delivery points, of which 59% are peri-urban or rural and 41% are urban. 77% of IPPF service users are women and girls.

Member Associations provide services to under-served groups who are not reached by other public or private providers due to their reluctance to work with marginalized populations such as sex workers, men who have sex with men, drug users, sexually diverse populations and prisoners.

Another key component of the service package that is vital to the health of women and girls is the screening and counselling services related to sexual and gender-based violence.

Given the extent and diversity of service provision throughout the Federation, it is vital to ensure the highest standards in supporting clients' choices and treatments and provide the best conditions in which to deliver them. Health care should be provided on the

basis of need and choice regardless of age, gender or ethnicity, and delivered in a way that reduces inequalities in health and well-being. Our commitment is restated in the IPPF Strategic Framework 2016–2022, a clear pledge to further strengthen IPPF's quality of care system across the Federation.

One of the key deliverables in the IPPF Strategic Framework 2016–2019 implementation plan is to institutionalize a structured quality of care system at all levels of the Federation. The major approaches to achieve this are to develop a programme of technical support to strengthen the quality of care system at Member Association level by updating clinic guidelines, emphasizing quality of care as a core part of the Member Association processes, clearly defining roles and responsibilities relating to quality of care, and designing appropriate tools and systems of tracking progress.

IPPF's quality of care initiative is currently being used at all levels of the Federation, especially at the Member Association level, to assess the quality of services being provided and to improve quality as needed. In 2015, the IPPF Service Delivery team began to review and update information and processes in quality of care, given the advances in medical technologies, clinical guidance and service delivery, and in recognition of the range of service delivery points requiring quality improvement and the diversity of service providers.

IPPF's Technical Working Group, set up in 2015, recognized the value and importance of a conceptual framework to help unify, guide and improve practices already in place. This group has been given the responsibility of designing the quality of care conceptual

framework which will be used to guide the implementation of quality sexual and reproductive health services throughout the Federation.

Rationale

A framework is a map that sketches the relationships between different components and helps users find their way around. A conceptual framework is used to help design a sound health programme by identifying the theoretical basis for the programme's approach. Health programmes use conceptual frameworks for monitoring, measuring and managing the performance of their health systems to ensure effectiveness, equity, efficiency and quality. Frameworks also help identify appropriate indicators to monitor and evaluate the health programme.

A framework has two functions: first, as a tool to help structure a situation analysis review of quality of care provided at a service delivery point and experienced/perceived by clients; second, as a tool to measure and improve the quality of care through ongoing assessments of services and activities against the agreed standards and criteria (when care falls short of agreed standards, a process can then be initiated to identify

areas needing improvement and identify scope required to bring service provision closer to the agreed standards).

"Successful change is more likely where the assessment process is adapted to suit local culture where those who need to implement changes are involved in identifying problems/issues and deciding how to address them where recommendations are appropriate to available sources and build on existing practices."
Stocking 1992, Atkinson & Hayden 1992, Greco & Eisenberg 1993

The expectation is that the articulation of a framework will help define quality, identify programme domains where quality can be reinforced, identify indicators for measurement and monitoring, strengthen existing data capture systems, and create a facilitative environment for greater institutional dialogue around programme planning and resource management (Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative, 2015).

Sexual and reproductive health and rights related conceptual frameworks: literature review

Quality of family planning services came to the forefront with a seminal framework developed by Judith Bruce in 1990 (Bruce, 1990; Figure 1). The framework emphasizes client-centred care and identifies six parameters of quality family planning services: 1) choice of method, 2) information accessible to the client, 3) technical competence, 4) interpersonal relations, 5) mechanisms to encourage continuity and 6) constellation of services. The framework ushered in the era of greater emphasis on client feedback about services received in addition to monitoring provider performance. It has also helped frame discussions regarding quality of care among service delivery organizations and providers globally.

Since the development of the Bruce framework, health care specialists have expanded the scope of quality of care. As such, several changes to broaden or modify the definition of quality of care have been suggested (Creel, C. et al., 2002), including the following options to extend the framework to other aspects of reproductive health services, such as:

- Prevention and treatment of sexually transmitted infections (STIs), provision of maternal health services (including safe abortion and post-abortion care), screening, counselling, and referral services for victims of violence.
- Paying more attention to the health structures that can improve quality of care, such as follow-up and continuity mechanisms.
- Addressing incentives and disincentives in family planning, such as providing food or money to women who undergo sterilization.
- Considering gender relations, both in the population served and between providers and clients.
- Adding formal standards for quality of care, such as treatment protocols and clinical practice guidelines developed by ministries of health, professional organizations or the facility itself.
- Considering clients' access to family planning and reproductive health services, including the distance clients must travel to reach services, the costs of services, the attitudes of providers, and unnecessary eligibility requirements that exclude clients based on age, marital status or gender.

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An overview of frameworks from a variety of organizations working in the domain of sexual and reproductive health service delivery is given below, to provide insight into how they are used in terms of programme development, management and evaluation.

At the World Health Organization (WHO), quality of care means a process of making strategic choices in health systems. The specific approach of the WHO sexual and reproductive health services framework highlights the importance of a strong quality of care policy and political support. The framework is divided into three parts, beginning with programme effort, including the policy and political environment that defines what services are provided, financial and human resources allocated to provision of services, and programme management and structure (WHO, 2011).

The emergence of a new conceptual framework for voluntary, human rights based family planning grew out of collaboration with the Futures Group, Marie Stopes International and the World Health Organization exploring the fundamentals of voluntary family planning and in light of experiences with coercion in sexual and reproductive health programming.

The conceptual framework was designed to serve as a pathway to fulfilling both the FP2020 goal and governments' commitments to the provision of voluntary family planning programmes that respect, protect and fulfil human rights.

The framework also links the current focus on quality of care in family planning programmes to the elements of availability, accessibility, acceptability and quality (AAAQ). It focuses on the service level and should be used to guide programming to adhere to the highest standard of care.

It is intended to assist policymakers, programme managers, donors and civil society at the policy, service, community and individual levels with programme design, implementation, and monitoring

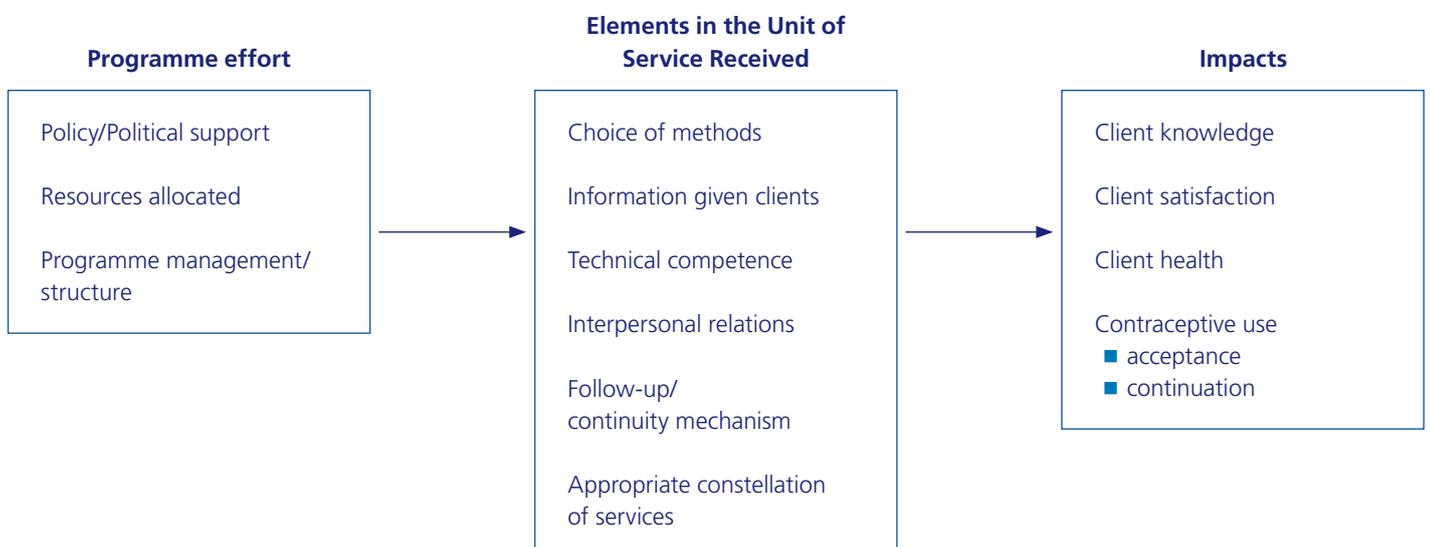
and evaluation through bridging the "chasm between theory and practice in translating human rights norms into concrete programming guidance applicable in diverse policy contexts and national circumstances" (Hardee et al., 2013).

Marie Stopes International use a conceptual framework that explicitly reflects its ethos of client-oriented care. The purpose of the framework is to provide a guiding frame for identifying processes and approaches required to achieve MSI's institutional objectives, and for designing implementation plans. Important components of care received are drawn from the Bruce quality of services framework. The immediate outputs of these services are that clients will gain knowledge, obtain their preferred method of contraception, and will be satisfied with the services provided. The impacts are that clients will continue contraceptive use and have improved health, that provider capacity will be improved and increases in couple years of protection provided will be achieved.

The Australian Commission on Safety and Quality in Health Care framework for health care has two key purposes: to promote a common understanding of the nature of quality and safety in health care, and to define a set of strategic directions to improve safety and quality in the Australian health system. This framework, although not focused specifically on sexual and reproductive health, describes a vision for safe and high quality care, and sets out the actions needed to achieve this vision. The framework is a conceptual one, and specifies three core principles for safe and high quality care: that care is consumer centred, driven by information, and organized by safety. In addition, it sets out 21 areas for action in order to improve the safety and quality of care provided.

Several commonalities emerged from the four frameworks. They focus on the service level and were developed to be used to guide programming to adhere to the highest standard of care. The service delivery programmes offered are to respect, protect and fulfil

Figure 1: The quality of service experience – its origins and impacts



human rights. This translates into a primary focus on the client. The frameworks are client-centred and emphasize the fact that the services provided must be **available** (e.g. range of service delivery points and services offered), **accessible** (e.g. affordable, equitable, free from discrimination, easy to reach location), **acceptable** (e.g. care is well organized, culturally appropriate, and respects and

responds to client's needs, values and choices) and of the highest **quality** (e.g. up-to-date knowledge, evidence-based medicine, technical competence). Other important similarities were the importance of follow-up and continuity mechanisms, which include monitoring and evaluation, and for there to be accountability if the client does not receive the care he or she deserves.

IPPF Quality of Care Framework: development methodology

The IPPF Quality of Care Framework will provide an instrument by which to guide and structure the measurement and monitoring of quality of care within the service delivery points operated by Member Associations.

In the process of developing the IPPF Quality of Care Framework, firstly a literature review was undertaken focusing on examining sexual and reproductive healthcare frameworks among multilateral organizations such as UNFPA and the World Health Organization (WHO), and service delivery organizations such as Marie Stopes International (MSI) and the Futures Group. Prominent among these were the following:

MSI: *The quality of care: How can it be assessed?*

Judith Bruce: *Fundamental elements of the quality of care: A simple framework*

UNFPA: *Making Reproductive Rights and Sexual and Reproductive Health A Reality for All*

WHO: *Quality of care in the provision of sexual and reproductive health services. Evidence from a World Health Organization research initiative*

Futures Group: *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework*

Australian Commission on Safety and Quality in Health Care: *Australian Safety and Quality Framework for Health Care*

Secondly, a review of relevant IPPF documents was undertaken which included reports from the Gates-funded quality of care initiative, IPPF strategy documents and existing quality of care service delivery guidelines.

Thirdly, interviews through Skype calls were held with members of the Technical Working Group¹ and other staff² who had been identified as knowledgeable experts in their area of functioning. The purpose of the interviews was to seek staff input on their understanding of the concept of quality of care, areas of emphases, available resources and how best to implement the framework.

The main points elicited from the interviews concerning the quality of care framework were: 1) client-centred, especially to youth, under-served and marginalized populations, 2) applicable throughout the Federation, 3) operational and, 4) incorporation of current quality of care initiatives, especially the toolkits that have been developed to date in the regions, and the quality assessment tool. Based on inputs from the Technical Working Group and other interviewees, a draft quality of care conceptual framework was developed by a consultant.

Following these activities, a three-day consultative meeting was held, facilitated by the consultant, where the draft quality of care framework was presented and discussed in detail. The participants included the quality of care Technical Working Group and selected Member Associations from 5 regions of the Federation. Unfortunately the South Asia regional office and the selected Member Association (FPA Pakistan) could not participate in the meeting.

The meeting provided an opportunity to present an overview of quality of care, a definition of a framework, examples of quality of care frameworks from similar organizations providing sexual and reproductive health services across the globe, and the proposed draft IPPF Quality of Care Framework. During the meeting, participants were divided into working groups. Each group provided feedback on the draft version of the framework. Discussions were also held to make recommendations in taking the quality of care programme forward.

1. The Quality of Care Technical Working Group members are Dr Celal Samad (Central Office), Dr Shadia Abdelrhim (Arab World Regional Office), Dr Haingo T.A. Rabearimony (Africa Regional Office), Ms Sarah Standaert (European Network IPPF), Ms Natassha Kaur (East South East & Oceania Regional Office), Ms Carrie Tatum (Western Hemisphere Region), Ms Sophie Baumgartner (Central Office), Ms Sakunthala Mapa (Central Office), Dr Jameel Zamir (South Asia Regional Office), Dr Karthik Srinivasan (Central Office)

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The IPPF Quality of Care Framework

The quality of care framework identifies seven key elements related to the provision of quality services in line with the IPPF membership standards, which are based on IPPF's Charter of Client Rights and Provider Needs (1993). This requires all Member Associations across the Federation to ensure clients' right to: accurate and up-to-date information; easy access to services, choice of services and methods; privacy, safety, comfort and dignity when receiving services; and confidentiality, continuity of services and right of opinion. For the providers, IPPF supports continuous learning and training, accurate and up-to-date information, proper infrastructure to provide high-quality services, guidance and backup from managers and supervisors, and respect and encouragement. The Charter was first operationalized through the "Strengthening the quality of reproductive health care programme" that developed self-assessment tools that are still used by many Member Associations in all regions today.

The key elements have been agreed upon based on the **client-centred approach**. The client is at the centre of IPPF's approach to quality of care; all other elements flow from this. Clients have the right to receive highest quality of services – this includes the way clients are treated when they are receiving services, and the readiness of the facility to offer high-quality services. When using IPPF services, clients should feel that they are able to make informed choices, be satisfied with the services they receive, and be able to reach their sexual and reproductive health goals. This includes the extent to which providers adhere to protocols and guidelines, and how they interact with clients and provide them with accurate information. Clients using IPPF services should be empowered to make decisions concerning the services offered, the treatments that are received, and the functioning of the health system.

Service delivery points should have systems to provide information and education to all, regardless of age, sex, marital status, ability to pay, ethnic origin, political and religious beliefs, disability, sexual orientation or any other factor.

The information and education that is provided should enable clients to make informed and free choices and decisions concerning their fertility and other sexual and reproductive health matters, in a non-coercive manner, without incentives or disincentives of any kind for clients or providers, and without being prevented from using a service upon acceptance of another service.

Components of the framework

Vision

"Enable all people to act freely on their sexual and reproductive health and rights by providing quality sexual and reproductive health services"

This explicitly outlines quality of care as essential in guaranteeing the best sexual and reproductive health outcomes.

Guiding principles and values

The guiding principles and values incorporate IPPF's Quality of Care Charter on "Rights of the Client, Needs of Service Providers", a pioneering approach in promoting clients' rights. The additional values of diversity, equity, accountability, and freedom from stigma are included to ensure services are provided to specific target populations and also providers are trained to provide quality services without prejudice. Currently 8.5 out of 10 people we serve are poor and vulnerable, an indication of IPPF's commitment to servicing those most in need of sexual and reproductive health services.

Cross-cutting themes

Special focus is given to the key populations. IPPF works with young people, underserved, vulnerable and marginalized populations such as sex workers, men who have sex with men, drug users, sexually diverse populations and prisoners. Within the Federation, 45% of services are provided to young people under the age of 25 years, and 85% of clients attending the service delivery points are underserved, vulnerable and marginalized – which is why IPPF's Quality of Care Framework focuses strongly on adolescents, HIV and other STIs, safe abortion and family planning.

Another key component of the service package which is vital to the health of women and girls is sexual and gender-based violence services such as screening and counselling services related to sexual and gender-based violence.

There is still much work to be done in ensuring that young people's needs are acknowledged, respected and fulfilled. Two important ways in which IPPF is addressing this gap and building on our successes are through integrating a youth-centred approach at all levels of our organization, and supporting youth leadership both inside and outside the Federation.

IPPF is committed to the achievement of gender equality, because it is a human right, advances women's and girls' empowerment, and is interlinked with sexual and reproductive health and rights. The Federation will embed a gender-sensitive approach in our service delivery and ensure that overcoming sexual and gender-based violence is a key component of integrated and comprehensive programming. This includes screening and counselling services related to sexual and gender-based violence.

IPPF also emphasizes inclusivity and proactively supports people who are poor and vulnerable – those who most need support yet all too often fail to receive it from government or private providers. Such groups are often those with the greatest need, and include young people, sex workers, men who have sex with men, people who inject drugs, sexually diverse populations and prisoners.

Key elements and essential components:

- 1 Safe and confidential environment
- 2 Comprehensive integrated services
- 3 Well-managed services
- 4 Highly skilled and respectful personnel
- 5 Secured supply chain management system
- 6 Adequate financial resources
- 7 Effective communication and feedback systems

1. Safe and confidential environment

Member Associations should aim to create service delivery points that are safe spaces – places where anyone can relax and be fully self-expressed, without fear of being made to feel uncomfortable, unwelcome or challenged on account of sex, race/ethnicity, sexual orientation, gender identity or expression, cultural background, age or physical or mental ability; places where the rules guard each person's self-respect, dignity and feelings and strongly encourage everyone to respect others.

The service delivery point should be set up at an appropriate location that is secure for both the clients and providers. In

addition, it should ensure privacy and confidentiality. Privacy refers to a private space for examinations, treatment and counselling. Confidentiality means that the provider keeps a client's healthcare issues private. The imperative to guard confidentiality extends, as well, to every member of the service delivery point staff, including receptionists and technicians.

The service delivery point should provide adequate space requirements and be set up for the category of sexual and reproductive health services being delivered.

Essential components	Criteria/standards
Appropriate set-up and structure	<p>Clinic designed for category of services provided</p> <p>Well signposted with information on opening times and services offered</p> <p>Opening times convenient to clients</p> <p>Entrance clean, unobstructed and client-friendly</p> <p>Good general maintenance</p>
Accessible location	<p>Accessible and cheap by public transport</p> <p>Accessible for people living with a disability</p>
Safe environment for both providers and clients	<p>Located in an area safe for women to travel to on their own</p> <p>Security of clients and staff ensured</p> <p>Systems in place for supporting and protecting providers and community workers from threats and criminalization (e.g. in relation to abortion, LGBTI, young people etc.)</p>
Privacy and confidentiality	<p>Exchange of information between clients and service providers occurs in an environment that secures privacy (e.g. entry into consultation rooms is restricted during client interviews and physical examinations, and client files/records are in a safe place with restricted access)</p> <p>Effective (one-way) client flow mechanism in place</p> <p>Client's audio and visual privacy ensured</p> <p>Registration done confidentially</p> <p>Confidentiality of record keeping</p>

2. Comprehensive integrated services³

Clients have diverse needs, and as such a wide range of sexual and reproductive health services should be available at the service delivery point, including those relating to: counselling, contraception, safe abortion care, sexually transmitted infections (STIs)/reproductive tract infections (RTIs), HIV, gynaecology, prenatal care, and gender-based violence.

Providers must offer comprehensible, medically accurate and comprehensive information about the services. The service delivery is informed by medically accurate and up-to-date service delivery

standards and protocols; and/or nationally agreed best practices and guidelines. The clients must be given the necessary support to make informed decisions and give informed consent.

Based on the client's needs, IPPF has developed the Integrated Package of Essential Services (IPES) with a strong referral system and feedback mechanisms. Ideally, comprehensive integrated services should be given at a single location to offer a holistic approach or feed into a robust referral system at the lower tiers.

Essential components	Criteria/standards
Wide range of services (IPES)	<p>Association facilitates – by provision, advocacy or referral – access to an integrated package of essential services and additional sexual and reproductive health services</p> <p>Effective system for documenting services provided in place</p> <p>Clients offered integrated package of services in addition to the index service</p>
Comprehensive information	<p>Information, Education and Communication resources exist that facilitate clients' education to make informed and free decisions on sexual and reproductive health, especially on family planning methods, STIs/HIV and AIDS prevention and care, comprehensive abortion services</p> <p>Provide information on the services available in the clinic, explain what to expect during the visit (where to sit, how long it will take, and so on)</p> <p>Answer questions and/or concerns raised by the client in a supportive and comprehensive manner</p>
Client follow-up	Records of clients being referred or requiring follow-up filed separately
Reliable referral and follow-up	<p>A well-functioning network of service providers ensures that referral mechanisms are in place and that patient information is also referred so that providers have a complete picture of patient needs and care requirements</p> <p>Good referral system in place (particularly in cases of emergency)</p> <p>If client is being referred, explains the reasons for the referral and the process</p> <p>A feedback loop to track referrals is vital to ensure quality</p>
Evidence-based service delivery (WHO compliance, internationally recognized protocols)	National policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at service delivery point.
Informed client decision-making and consent	<p>IPPF Clients Rights and Providers Needs Charter available</p> <p>Staff aware of and follow IPPF's Clients Rights and Providers Needs Charter</p>

3. Well-managed services

In order to provide clients' with the highest quality services, these services must combine professional competency with outstanding personal attention and care. The services must be compatible with the needs and demands of the clients. This includes client follow-up, and safe and reliable referral for services not offered at the service delivery point. The systems (such as staffing, equipment and drug supply) within the service delivery point should be sufficiently resourced and have adequate distribution to enable the delivery

of appropriate and quality services. Additionally, the quality of the data collected must be good; in turn, the information garnered from the data must be used to make the necessary improvements. This involves good planning, implementation, monitoring and evaluation which in turn require the supervision and management of employees, volunteers, income and finances, equipment and supplies and time.

3. Applicable to Member Associations providing sexual and reproductive health services

Essential components	Criteria/standards
Efficient service delivery approach	Clinical management information system (CMIS) operational
Effective supportive supervision	All staff have received written clear job descriptions Procedures are in place to monitor and evaluate training activities and programmes Regular staff performance appraisals
Policies, standard operating procedures and guidelines	All IPPF and Member Association policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at the service delivery point Written and updated guidelines clearly displayed in the rooms
Provider self-assessment	Self-assessment helps to improve quality of services and to: <ul style="list-style-type: none"> ■ integrate work on sexuality and rights into services ■ identify and reach under-served populations ■ address practical issues about accessibility, such as location of services, opening hours, and cost; but also assure standards of gender-sensitivity, non-discrimination and respect ■ respect confidentiality, giving choices and raising awareness on rights ■ link their services to educational activities and the wider development ■ ensure community, family and school support ■ provide effective referral systems to other services
Performance-driven culture	System is in place for staff to participate in the decision-making and planning process for improving services to clients All relevant staff involved in review of service statistics at least once a month
Client-driven demand for service delivery	System in place for incorporating client suggestions to improve service delivery Client suggestion system in place and in use
Clinical governance	All staff adhere to all policies and protocols All staff adhere to the implementation of quality of care standards Clinic's procedures take account of national guidelines, recommendations of supervision and proven best practice in the country

4. Highly skilled and respectful personnel

To ensure high-quality services for clients, service delivery points must be equipped with an appropriate number of staff required to support the listed functions defined by the level of service provision. All staff members (including service providers and support staff) must adhere to IPPF's mission and core values. They must be respectful and non-judgemental to all clients, including young people and other vulnerable groups. Service providers must be offered the necessary support, in terms of training, coaching, mentoring, supervision and motivation, to provide a wide range of quality sexual and reproductive health services, including all methods of contraception. They must have the technical and interpersonal skills to provide such services and meet the needs of all clients. In particular, service providers must be trained in

youth-friendly service provision and be supportive of the rights of young people and other vulnerable groups such as transgendered individuals and people living with HIV and AIDS. They must feel comfortable providing services to unmarried young people and other vulnerable groups.

Staff members must be able to jointly review clinic performance and make changes and improvements when necessary. They must be able to assess their own performance, and they need feedback about their competence and attitude as judged by others. Feedback is necessary from all involved in the service delivery system, including managers, supervisors, colleagues and clients.

Essential components	Criteria/standards
Sufficient and appropriate number of staff and functions	Staff recruitment is based on clear criteria (certified) The clinic is fully staffed as needed
Supported and motivated staff	Refresher training programmes in place Procedures are in place to monitor and evaluate training activities and programmes Effective remuneration or incentive scheme in place
Staff committed to providing high-quality services	All staff adhere to IPPF mission and core values
Technically competent	Uses appropriate counselling tools during session (model, charts) Staff skilled, value clarified and attitude transformed
Strong interpersonal skills (communication skills)	Listens patiently to client's needs and concerns, and answers questions Uses language the client understands Uses non-judgemental and supportive language
Client-focused personnel	Describes services available according to client's needs Explains the chosen service or procedure to client (benefits, risks, side-effects, follow-up)

5. Secured supply chain management system

To provide high-quality services for clients, service delivery points need an effective supply chain to ensure a continuous supply of sufficient quantities of high-quality commodities. The supply chain should ensure that the client receives the right product (that is, the range of products necessary to meet the diverse needs of

users) in the right quantities and in the right condition (products of good quality, intact and in-date) to the right place at the right time for the right cost (including the cost of the commodities and indirect costs such as health care services, transportation, loss of income, etc.)

Essential components	Criteria/standards
Commodity security (regular supply)	Reproductive health commodity security exists when every person is able to choose, obtain, and use quality contraceptives and other essential reproductive health products whenever they need them
Durable, high-quality and appropriate equipment	Equipment is conducive to good quality of care, and meets agreed quality of care standards
Strong logistic management	Good logistic system manages the forecast, delivery, quality and storage of all supplies
Range of contraceptive methods	Programmes should offer a sustainable, well-balanced range of contraceptive methods that will allow clients to choose the method that best suits their needs Programmes should strive to offer as many contraceptive methods as they can reliably supply to meet the needs of different individuals and couples A reasonable mix includes methods that are short-acting and long-acting, client-controlled and provider-dependent

6. Adequate financial resources

A key part of ensuring quality services for clients is the availability of well-funded services. Sufficient resources are needed in order to effectively deliver high-quality sexual and reproductive health services which have the right team, with the right training, a good infrastructure and the right equipment and commodities. These resources must be administered using effective financial management, profitable approaches and in an environment of

financial sustainability. Financial health and sustainability can be gauged by an organization's growing net income (the surplus of revenues over expenses), and by diverse funding streams including client income and liquidity (i.e. the cash available). Good management allows the Member Association to use its resources to its best advantage to offer cost-effective services, leverage funding and increase the long-term sustainability of services.

Essential components	Criteria/standards
Financial sustainability	Association mobilizes appropriate resources to support its annual programme of work and takes necessary steps to ensure long-term financial sustainability and solvency
Costed services	Association does costing of services based on affordability by the client and in terms of cost recovery
Fees system, including non-refusal policy	Procedures to facilitate access to services for clients who cannot pay; payment scheme in place, such as credit, free service or community-based financial scheme
Resource allocation for quality of care	Project budgets include funds for ensuring quality in service provision
Good financial management system	Association effectively implements appropriate regulations covering its financial affairs
Diverse sources of income	Multiple income streams to the organization including unrestricted, restricted and client income

7. Effective communication and feedback systems

Service delivery points must be client-focused and should have well-functioning monitoring and evaluation systems, in which both client and community are empowered to take an active part in achieving and ensuring the highest quality of care and continuous quality improvement. This means that there should be a mechanism to receive client feedback at the service delivery point and within the community, and to respond to it in a timely and

appropriate manner. It also involves having assessment mechanisms that use performance data and obtaining feedback from the service providers so that improvements can be made. Community engagement ensures that the services are responsive to community needs, which in turn can foster quality assurance and improvement, responsive planning and programming, create demand and empowerment and promote rights.

Essential components	Criteria/Standards
Strong monitoring and evaluation systems (should include client and community feedback mechanisms)	Effective monitoring of activities and performance conducted on a regular basis. Results used for learning and making necessary improvements on a continuous basis
	Community meetings and Focus Group Discussions regularly held. Feedback used to improve/change service delivery
	Evaluations conducted regularly to measure impact of interventions and used to further improve service delivery
Quality improvements based on performance data	Association uses accurate data to inform decision-making, to adjust its programmes where necessary, and to continuously improve performance
Access to comprehensive information	Information Education and Communication resources exist that facilitate clients' education to make informed and free decisions on sexual and reproductive health (especially on family planning methods), STIs/HIV and AIDS prevention and care, comprehensive abortion services Clients have access to counselling services provided by competent service providers
Community support and buy-in	System in place for incorporating client suggestions to improve service delivery
Assessment mechanisms	Service managers and providers use self-assessment tools and procedures to identify needs for improving quality of care
	System to assess quality of care and provider's performance according to service standards and guidelines is in place
	Data made available to service providers without unnecessary delay and used to improve the quality of services
Client empowered to take active part in the care process	Association regularly conducts client exit interviews with special focus on service provision
Community participation	Association organizes regular meetings with the community to discuss services and quality on a regular basis

IPPF | QUALITY OF CARE FRAMEWORK

Vision

To enable all people to act freely on their sexual and reproductive health and rights by providing quality sexual and reproductive health services.

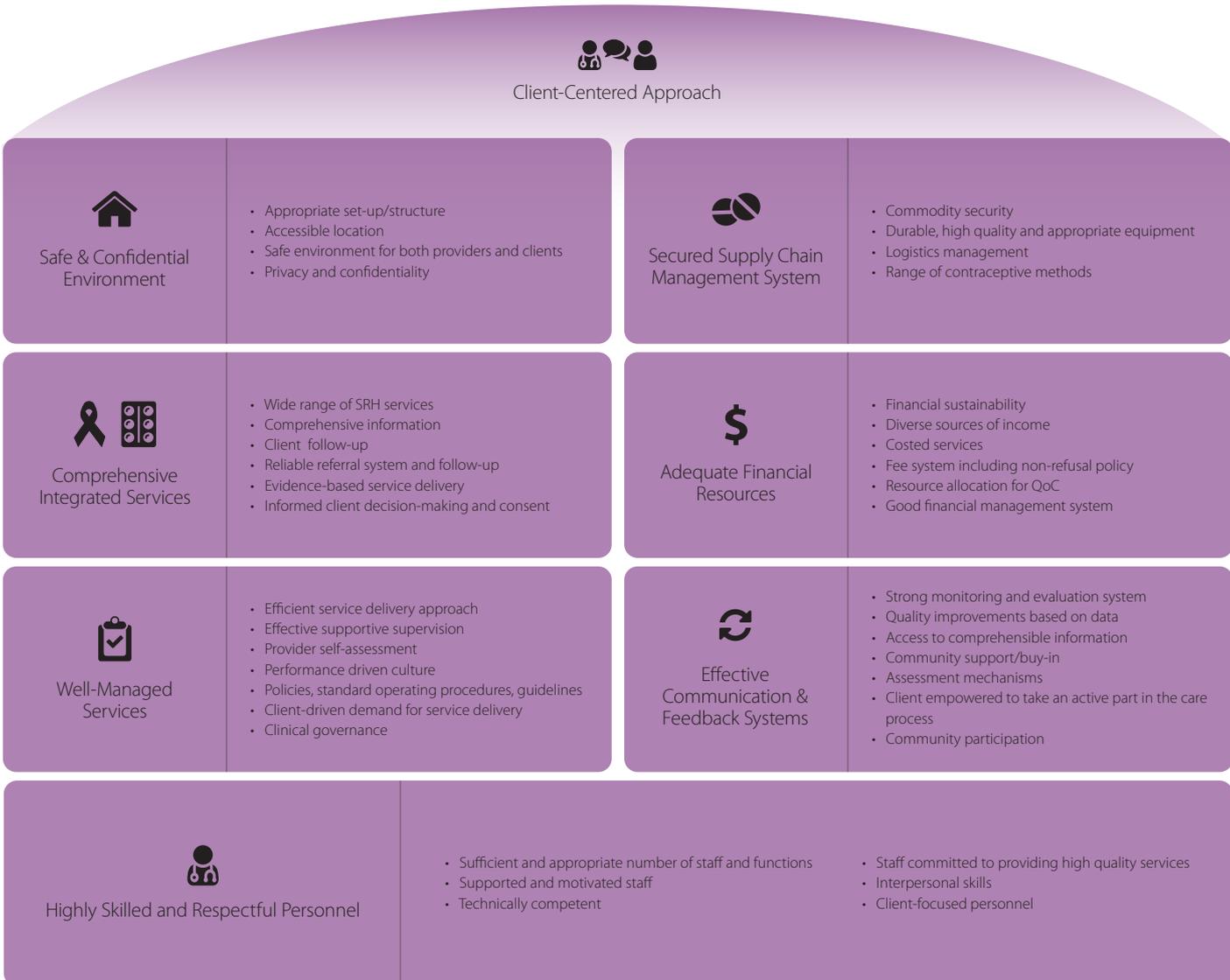
Guiding Principle and Values

International Planned Parenthood Quality of Care Charter <i>Rights of the Clients, Needs of the Providers</i>	Human rights Diversity Equity	Social inclusion Accountability Stigma-free
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Cross-Cutting Themes

Youth	Gender	Underserved, vulnerable and marginalized
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Key Elements



Ensuring quality of care in service provision under guidance of the framework

Member Associations

The aim of Member Associations is to ensure continuous good quality services at all service delivery points. Member associations need to conduct annual assessments of their service delivery points and make necessary improvements to ensure services are meeting IPPF quality of care standards.

Using the existing IPPF Quality of Care Framework, consisting of tools, guidelines, and agreed standards focused on clients' rights and providers' needs, Member Associations should be encouraged to conduct assessment of quality of care in service provision on a regular basis and as part of programme management.

In order to do this, a Quality Assurance Team needs to be set up and actions need to be encouraged at the levels of clinic/service delivery point, and at headquarter level.

Clinic level

Quality Assurance Team is ideally composed of

- Clinic manager
- Clinic doctor
- Administration/accounts officer

The clinic manager should lead the assessment of the clinic, with assistance from other staff members such as the service providers, administration/accounts officer and logistics/commodities officer at least once during the year.

Process and steps (duration: 1 working day)

- Tour of the clinic (infrastructure, set-up, client flow mechanism, equipment and supplies, maintenance)
- Management review (programme management, logistics and commodities, administration, human resources)
- Infection prevention management review (including waste disposal)
- Provider–client interaction and assessment of the provider's skills
- Clinic data system review
- Client exit interviews
- Discussion on the findings/score of the assessment process
- Compare results/score with previous assessment report
- Develop action plan
- Share action plan with headquarters' Quality Assurance Team

Results of the internal assessments are then shared with the headquarter team, who review these and provide necessary support to the clinics.

Suggested timing of assessment: January to March period of the year

Headquarter level

Quality Assurance Team consisting of staff from:

- Medical/programme unit or clinic, doctor/manager from another clinic, and clinic manager of clinic to be assessed
- Monitoring and evaluation/Integrate Management System, IT (if Clinic Management Information System-Open electronic medical records are being used)
- Logistics and commodities
- Administration and human resources
- Finance (clinic financial audit)

The headquarters Quality Assurance Team should allocate time within the year to conduct periodic assessment of their service delivery points, especially the static clinics. This is an important way of involving clinic staff in identifying issues or problems related to quality of care, and jointly finding ways to make necessary changes and improvements. The exercise puts ownership and responsibility for problem-solving with the clinic staff and quality of care team. Ideally, this should be done during the middle of the year (May to August) so as to be able to incorporate funding and technical support (if needed for quality of care activities) into the following year's annual programme budget.

Process and steps

Introductory meeting: the clinic staff open the meeting with a presentation on their own quality of care monitoring and problem-solving since the last visit. They should include any issues that have come up, how they've been addressed, plus any areas that they want the visiting team to focus on or help them with while there. This is done first to familiarize staff with the quality of care concepts and the key principles underlining the continuous quality improvement process. The team leader provides an overview of the process, expected results and the development of an action plan based on the results of the assessment. It is essential that staff understand the concepts of quality of care and the importance of high quality services. By increasing awareness of quality of care, staff members will take ownership and feel motivated towards the quality of care process.

Activities include:

- Tour of the clinic (infrastructure, set-up, client flow mechanism, equipment and supplies, maintenance)
- Management review (programme management, logistics and commodities, administration, human resources)
- Infection prevention management review (including waste disposal)
- Provider–client interaction and assessment of the provider's skills
- Clinic data system review
- Client exit interviews
- Compare score/results to previous year's results

- Discussion on the findings/score of the assessment process with the clinic being assessed
- Jointly develop an action plan
- Follow-up of the action plan (within 6 months)

Suggested time of assessment: May to August period of the year

To make the initiative successful, the Quality Assurance Team at both clinic and headquarter levels should have supportive supervision skills and understand the role and responsibilities of the task. It is important to maintain a good level of communication and collaboration between the teams at both clinic and headquarter levels.

Cost of conducting an assessment: average between \$200–\$250 per clinic per year (information based on estimation of actual costs incurred by a Member Association having 16 clinics, but this may vary from one Member Association to another).

Source of funding

Ideally, Member Associations should always earmark funds to assess quality of care in the clinics on a regular basis as part of programme and services improvement. All Member Associations' annual programme budgets should include quality of care as a core activity and accordingly allocate a portion of the annual programme budget towards this activity.

Other sources of funding are the income from clinics to cover their own costs and where possible contribute towards the quality of care assessment and improvement process of the Member Association, and to include quality of care as a major activity while designing projects for donor funding.

The Quality Assurance Team at headquarters will also review performance of the service delivery points, along with the results of the assessment reports to identify service delivery points that are performing well and maintaining a good level of quality in service provision, versus those not achieving the agreed targets, which may not be meeting the required quality of care standards, and which will need technical support to improve to improve their quality of care.

These activities of technical support will need to be budgeted in the annual programme budget on an annual basis as a part of core funding.

Annual assessment reports of each service delivery point will be compiled, and results in programme management and can be used during the accreditation of Member Associations.

Role of Regional Offices

- Set up a dedicated quality of care committee or team, consisting of programme staff, monitoring and evaluation staff, and the logistics management team in Regional Offices to provide necessary support to Member Associations
- Introduction of the IPPF Quality of Care Framework among service-providing Member Associations in their respective regions
- Provide support and technical assistance in mapping the framework to currently used systems and procedures, make necessary changes in line with the quality of care framework in the service-providing Member Associations
- Provide technical support to Member Associations needing to strengthen their existing quality of care initiative in collaboration with Central Office
- Strengthen monitoring and evaluation mechanisms within the Member Associations, ensure that quality of care is an integral component of service delivery
- Document best practices in quality of care for dissemination within the Federation
- Arrange exchange visits among Member Associations to learn about best practices in quality of care on a regular basis

Role of Central Office

- Develop a quality of care strategy to further strengthen the quality of care initiative within the Member Associations in line with the IPPF Strategic Framework 2016–2022
- Assist the Regional Offices to set up a quality of care committee or team, consisting of programme staff, monitoring and evaluation staff, and the logistics management team, with support from the Technical Working Group
- Provide support and technical assistance to the Member Associations through the Regional Offices in mapping the framework to currently used systems and procedures; make necessary changes in line with the quality of care framework in the service-providing Member Associations
- Provide updated information on quality of care issues to the Member Associations through the Regional Offices
- In collaboration with the Regional Offices, provide necessary technical support to Member Associations needing to strengthen their existing quality of care initiative
- Assist in strengthening monitoring and evaluation mechanisms within the Member Associations to ensure quality of care is an integral component of service delivery
- Conduct visits to selected Member Associations to assess the quality of care initiative being implemented and provide technical support if needed
- Document best practices in quality of care, for dissemination within the Federation and externally

Since 2005, most of the Member Associations have been using assessment tools developed through the Gates-funded quality of care project. However, over the years different funded projects have also developed tools to measure quality in the service delivery points in line with the IPPF Quality of Care Improvement Process: Manual for Service Providers and Managers (Gates-funded quality of care initiative, 2005).

At present there are seven versions of quality assessment tools being used throughout the Federation, namely:

- 1 IPPF Quality of Care Improvement Process: Manual for Service Providers and Managers (Gates-funded quality of care initiative, 2005)
- 2 Evaluating the quality of comprehensive services for unwanted pregnancy (Western Hemisphere Region, 2007)
- 3 Clinic monitoring tool: IPPF's Global Comprehensive Abortion Care Initiative (Central Office, 2008)
- 4 Clinic audit tool: IPPF's Global Comprehensive Abortion Care Initiative (Central Office, 2011)
- 5 Branch monitoring tool (South Asia Region, 2012)
- 6 Provide-strengthening youth friendly services; Adolescent team (Central Office, 2014)
- 7 Quality of Care Guidelines (Africa Region, 2015)

After the introduction of the framework, one of the major task of the Technical Working Group with regards to the quality of care assessment tool will be to review the existing tools and redesign an improved version of a Federation-wide quality of care assessment tool in line with the new quality of care framework and existing tools being used by the Member Associations, Regional and Central Offices under the guidance of the Technical Working Group with support from other units within IPPF. It is very important to ensure minimum disruption in the existing assessment process, followed by buy-in and agreement from all service-providing Member Associations.

Conclusion

Delivering good quality care to all clients, wherever they are, is a fundamental principle of IPPF's work. The concept of quality of care reinforces the rights to self-determination, information and education by underscoring the importance of informed choice and the quality of the interpersonal interaction between clients and providers. Good quality of care enhances clients' satisfaction and their use of services. It increases job satisfaction and motivation among service providers, and it leads to greater sustainability of services.

The proposed quality of care framework is a team effort which reflects the ideas and aspirations of the Technical Working Group and the Member Association level participants from interviews and the Bangkok consultative meeting.

The framework is based upon the pioneering IPPF quality of care charter on "Rights of the Client, Needs of Service Providers".

The Federation has recently launched its Strategic Framework 2016–2022 which outlines its goals, particularly the delivery of 2 billion quality integrated sexual and reproductive health services. The Secretariat Implementation Plan (2016–2019) explicitly mentions that this goal will be achieved by implementing a strengthened quality of care approach across service delivery points.

The development of the quality of care framework is one key step in the improvement of quality of care. The framework describes a vision of success for the delivery of sexual and reproductive health services that recognize the underlying values of human rights, diversity, equity, social inclusion, accountability and freedom from stigma, the need to address the issues surrounding youth, gender and underserved, marginalized and vulnerable populations, and the importance of a client-centred approach. Creating a shared vision for improved quality of care requires that service.

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The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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