



APPLYING IMPROVEMENT METHODS TO INCREASE COVERAGE AND QUALITY OF FAMILY PLANNING SERVICES

Why Improvement?

A health system is only as strong as the results it delivers. Modern improvement methods offer a means by which health systems can be strengthened to produce better outcomes and with greater efficiency. Improvement methods seek to make essential services better meet the needs of underserved populations, improve efficiency, reduce costs from poor quality, and improve health worker capacity, engagement, and performance.

Rather than be confined to a fixed set of methods that must be applied in a rigid way, modern improvement encompasses any intervention to help performance get better in complex systems. Methods for improvement are continually evolving, but rest on certain core principles, such as client-centeredness, a focus on making changes to health system processes, and using data to measure whether these changes actually yield improvement.

Client-centeredness helps meet the needs and improve the health of the beneficiaries of health services. A frequently quoted maxim of improvement is, "Every system is perfectly designed to achieve exactly the results it achieves." A core tenet of modern improvement is that health system participants, who have a profound knowledge of their own system, identify,



Providing a private space for family planning counseling of couples following delivery allowed providers to engage husbands in the discussion of contraceptive methods in Kabul, Afghanistan.
Photo by Malalah Ahmadzai, URC.

Modern improvement methods offer a means by which health systems can be strengthened to produce better outcomes and with greater efficiency.

test, and implement improvements to achieve the highest quality of care in their setting. The lessons learned by teams in initial improvement efforts can then be passed on to new teams working on these issues.

The emphasis on systems and processes is central to improving health care, since poorly designed systems generate inefficiency, waste, and poor quality care, leading to negative patient outcomes.

NOVEMBER 2012

This short report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Dr. Youssef Tawfik and Ms. Lani Marquez of URC. The work described was supported by the American people through the USAID Health Care Improvement Project (HCI), which is managed by URC under the terms of Contract Number GHN-I-03-07-00003-00. URC's partners on HCI include EnCompass LLC, FHI 360, Health Research Inc., Initiatives Inc., Institute for Healthcare Improvement, and Johns Hopkins University Center for Communication Programs. For more information on the work of HCI, please visit www.hciproject.org or email hci-info@urc-chs.com.

Figure 1. Afghanistan: Increasing coverage of modern FP methods among post-partum women in 5 Kabul hospitals

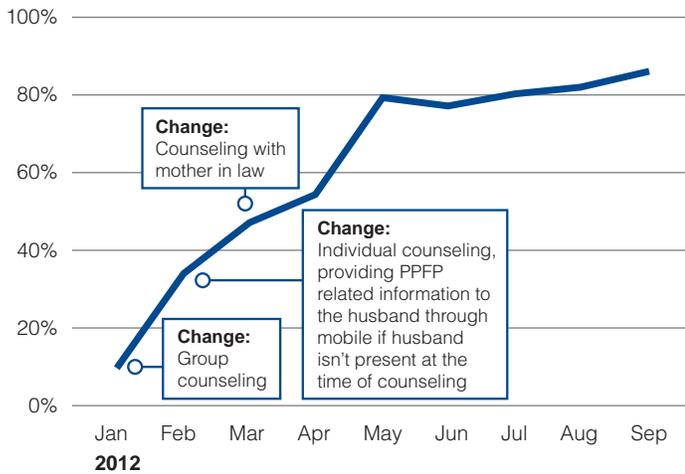
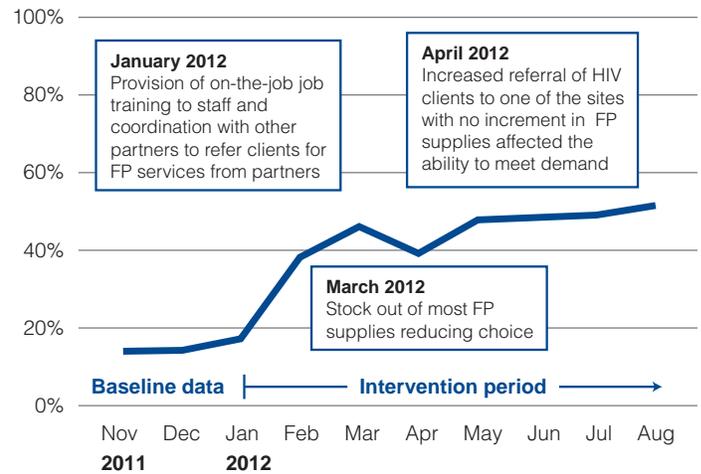


Figure 2. Uganda: Percent of HIV-positive clients who received a modern FP method, 4 sites, Masaka District



To improve the results, the system must change. While improvement requires change, not all changes yield improvement. Data are used to determine whether changes introduced have actually made a difference in care quality and outcomes.

The USAID Health Care Improvement Project (HCI) is USAID's global mechanism to build the capacity of health systems to apply modern improvement approaches to make essential services accessible to all who need them and ensure that care is delivered in compliance with standards and client needs, for every client, every time.

The project builds on 25 years of USAID-supported experience and innovation to adapt improvement methods that have been highly successful in industrial countries—such as continuous quality improvement, collaborative improvement, job aids and other reminders, self-assessment, and performance-based incentives—to the needs of USAID-assisted countries.

Reproductive Health Results

Since 2009, HCI has applied improvement approaches to ensure the availability and use of family planning (FP) counseling and services where they are most needed. HCI has given a special focus to closing the gap in obtaining family planning services for post-partum women and HIV-positive

HCI has given a special focus to closing the gap in obtaining family planning services for post-partum women and HIV-positive clients—two groups whose family planning needs are often neglected.

clients—two groups whose family planning needs are often neglected.

HCI has applied modern improvement in selected districts in Afghanistan, Mali, Nicaragua and Uganda to engage health providers at maternal health services (Afghanistan, Mali, and Nicaragua) and at HIV services (Uganda) to analyze the existing processes of service delivery to identify barriers to FP service provision. Health facilities then developed and tested innovative changes to respond to the identified barriers.

In addition, to ensure the availability of wider options of FP methods to

clients, health facilities forged links with governmental and non-governmental sources of family planning commodities and services. Interventions in the four countries included a strong capacity building component through partnership with national level stockholders, district health teams, and health facility staff. The health facility staff took the lead in data collection, measurement of FP service coverage and quality indicators, and interpreting results to take necessary corrective actions for continuing improvement.

Our results demonstrate the value of applying modern improvement methods to promote FP services. Root cause analysis conducted in Kabul, Afghanistan, revealed the presence of several barriers to providing FP services for postpartum women that included, lack of counseling skills for maternity staff, weak link between maternity wards and family planning services points within the same hospital, and inability of the postpartum women to decide on FP use without consultation with their husbands. To address these barriers, health facility staff applied a “change package” included increasing staff ability to provide effective FP counseling, establishing links with FP units in the hospital, engaging a specialized FP NGO, the Afghan Family Guidance Association, to ensure the provision of long-term FP methods, and creating a private

Figure 3: Mali: Percent of Women Who Gave Birth at the Facility and Received Family Planning Counseling, Kayes and Diema Districts

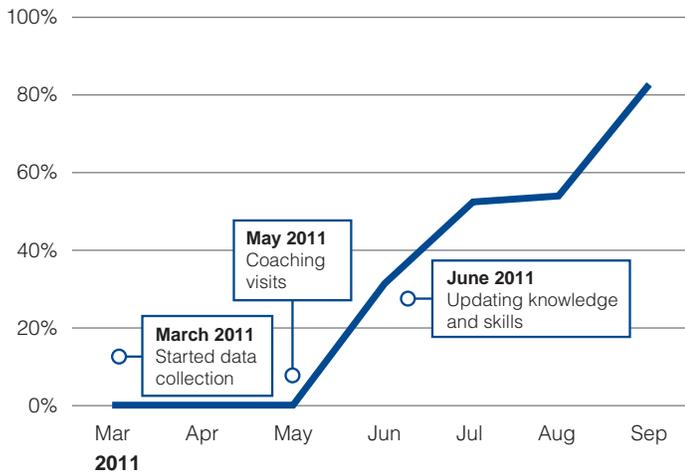
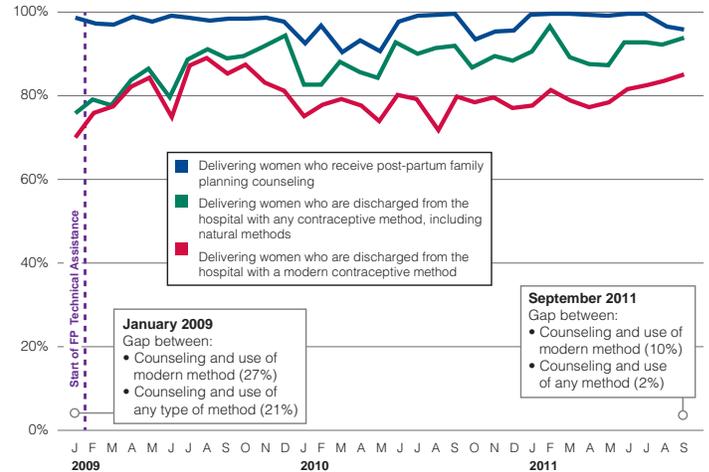


Figure 4: Nicaragua: Quality Counseling Assures Informed and Voluntary Choice of Contraceptive Method



counseling space to involve husbands in the counseling process. As a result of applying this intervention package, the proportion of postpartum women receiving modern FP methods increased dramatically, as shown in Figure 1.

Results from Masaka District, Uganda, show a significant increase in the proportion of HIV-positive women in reproductive age who indicated their desire to avoid pregnancy who were provided with a modern method of FP (see Figure 2). The change package resulting in such improvement included adjusting the client flow in the participating clinics to ensure the inclusion of FP counseling and service as integral part of HIV services, linking the HIV service units with the FP service units within and outside the clinic, and increasing the capacity of the clinic staff to provide effective FP counseling and services.

HCI has also helped the Ministry of Health in Mali to successfully integrate family planning counseling into post-partum care in two districts: Kayes and Diema. Improvement teams in 41 participating health facilities noticed that while most health facilities offered family planning services, these services were not traditionally regarded as part of post-partum care. The improvement intervention simply linked the family planning unit with the post-partum ward

within the same health facility. This was coupled with improving the family planning counseling skills of staff and ensuring a physical space was available to offer private counseling to post-partum women jointly with their husbands. Figure 3 shows the results: family planning counseling has been instituted as a routine post-partum service. Four months after the first coaching visits, 82% of post-partum women received family planning counseling before discharge, a laudable response to a baseline of practically nil.

Pivotal to this accomplishment was the origination of solutions from the targeted health workers themselves. Change ideas emerged from the bottom up and spread laterally across facilities and districts. The district level intervention was coupled with central level advocacy that created a supportive environment for the institutionalization of these changes. Working with a systems approach, often making only minor changes can have big effects when delivered at scale.

In Nicaragua, HCI supported the Ministry of Health in improving the offer of long-term contraceptive methods post-obstetric event. The improvement intervention focused on promoting FP care for post-partum adolescents, monitoring client satisfaction and acting on the results, and better organizing the

offer of contraceptive methods in specialty wards and hospital outpatient services to ensure that more personnel were able to support quality family planning counseling. With improved competencies and better educational materials for clients, the gap between counseling and discharge of postpartum women with contraceptive methods was significantly decreased, as shown in Figure 4.

Building Country Capacity to Continuously Improve

Quality improvement strengthens health systems at regional, district, and facility levels by engaging teams of care providers and managers to make changes in care processes to achieve better outcomes and to use data to measure their results. Improvement efforts not only aim at attaining specific improvement objectives, but also link the work to system-level improvement and address how the work will be sustained and spread by the host country health system. Applying improvement methods directly strengthens the host country health system by creating capacity to deliver quality care and to continuously improve.

