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PROJECT PERFORMED FOR
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Development** (*Office of Population*)

**Deloitte &
Touche**



Deloitte Touche Tohmatsu International
In association with:

PROFIT

Promoting Financial Investments and Transfers

Suite 601
1925 N. Lynn Street
Arlington, Virginia 22209

Telephone: (703) 276-0220
Facsimile: (703) 276-8213

**POLICY STATEMENT
ON FAMILY PLANNING
SERVICE DELIVERY**

Contract No.: DPE-3056-C-00-1040-00

**Deloitte Touche
Tohmatsu**



Deloitte Touche Tohmatsu International

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I. QUALITY OF CARE CONTROL

In describing family planning, PROFIT underscores the importance of quality of care as an integral part of each phase of service delivery. PROFIT recognizes that its venture partners have their own high standards of quality and, further, that both institutions will seek to ensure such quality standards are systematically introduced to the joint venture activities. Additionally, PROFIT understands that each local Ministry of Health has its own professional and technical standards which may serve to guide the policy and activities of the venture. The following section describes, in summary form, what PROFIT considers as a workable framework for quality of care.

PROFIT considers that the ventures should commit themselves to providing a program based on the concept of Program Wide Quality Control (PWQC). This general concept is based on proven management techniques known as Total Quality Management (TQM), Quality of Care (QOC) and other broad definitions of quality. In essence, it means a search for continuous improvement in the processes by which a service or product is provided or produced.

For PROFIT ventures, this means that the staff and management of the service delivery site, must be aware of, and in continuous search for, ways of improving services provided to their clients and patients. This is to ensure that the quality of care of the services provided meet the standards defined by service delivery expert, Judith Bruce. They include the following: choice of methods; completeness of information given to clients; technical competence of providers; quality of interpersonal relations; follow-up and continuity mechanisms; and, the appropriate constellation of services.

The broader concept that is presented here as PWQC, is intended as a guiding management philosophy for family planning activities and services. PWQC has three broad goals:

- To provide products and services that satisfy client/patient requirements and earn client/patient trust;
- To steer the PROFIT ventures toward higher profitability through such measures as improved service procedures, low discontinuation rate, low costs, increased referrals; and,
- To help employees fulfill their potential for achieving the projects' goal through participation in policy and quality management activities.

PROFIT considers these elements and the governing concept of continuous improvement of performance are essential to the success of the venture both from the clients' perspective and from a business perspective.

II. SERVICE DELIVERY SITE

A primary objective of PROFIT service delivery ventures is to facilitate greater acceptance and more sustained use of family planning services. Incorporating each of the elements of quality described above into the service delivery process is essential to achieving this end. Successful delivery of family planning entails the provision of appropriate services in a comfortable, confidential environment by supportive, well-trained health care professionals. Attention to the needs and sensitivities of the client must inform every aspect of service provision. This section will delineate what PROFIT views as the critical components of service delivery which, for the purposes of this document, will be broken into three areas; clinical environment, service providers and client interaction.

A. Clinical Environment

The clinic environment is highly influential in the family planning client's comprehension, acceptance and continuation of services. PROFIT's client-oriented approach to service delivery extends to the design and operation of both the clinic's physical and social environment, stressing accessibility, comfort and confidentiality.

A.1. Physical Environment/Facilities

A clinic's accessibility in terms of location and hours of operation greatly impacts level of utilization. Ideally, the clinic should be centrally located and served by public transportation if possible. Clinic hours should take into account the time constraints of its clientele due to job and family responsibilities.

Clinic facilities and layout influence the client's perception of service delivery quality in terms of cleanliness, confidentiality, and ease of use. The layout should be designed according to the services being offered and allow for a high patient flow with a low waiting time. A pleasant environment and efficient use of time contributes significantly to the client's satisfaction with the services provided. As a medical facility, all of the norms regarding cleanliness and maintenance of a sterile environment should be observed. It should have sufficient space allocated for administration, waiting, counseling, examination and storage areas.

Although the amount and types of equipment the clinic requires depends on the number of clients, the services to be provided, and the number of service providers to use the facilities, the clinic must have adequate equipment to provide the full range of family planning services safely and effectively.

A.2. Social Environment

The social environment constitutes every client/provider exchange during the service delivery process. Respectful, attentive behavior and attitudes on the part of the service providers at every level have been proven to increase acceptance and continuation of MCH/family planning services. Adequate time should be given to each interaction to develop trust and confidence in the client, determine his or her needs, and relay the appropriate information. Sensitivity to the client's desire for confidentiality and sense of modesty enhances the relationship of trust and in turn, the client's satisfaction. The clinic's patient flow should be designed to ensure that each phase of the service delivery affords sufficient privacy, and provide the staff with sufficient time for counseling and examination. All these efforts contribute to maximize clients access to family planning services.

B. Service Providers

A crucial factor in securing the client's trust and confidence is the level of skills and knowledge of the service provider. The service provider must be a skilled communicator as well as clinician in order to provide safe, high quality, and appropriate services. PROFIT views skilled service providers, including physicians, other health care professionals, and clinic staff as a critically important element of family planning service delivery. PROFIT suggests the implementation of training and/or continuing education programs to enhance their technical competence and commitment with regard to family planning.

To ensure the uniform provision of safe, relevant, high quality services, PROFIT encourages the formulation or adoption of a service manual. The manual should establish, in accordance with national health policy, guidelines for clinical procedures as well as client interaction. In order to support the broadest choice of methods available to the family planning venture clients, the guidelines should cover the full range of legal, available contraceptive methods.

Within an integrated women's reproductive health program many opportunities arise to provide family planning information and services. The delivery of family planning in the context of other women's reproductive health services is appropriate and, more importantly, facilitates higher acceptance and continuation rates. For example, the delivery of contraceptive services at the post-partum and prenatal stages have been successful. PROFIT suggests that service providers incorporate such family planning counseling and service provision where appropriate.

More broadly, technical competence in family planning service delivery involves proficiency in clinical techniques, adherence to medical protocols, and scrupulous asepsis necessary for provision of clinical methods such as IUDs, implants and sterilization. In addition, to appropriately administering clinical and nonclinical family planning services, the provider must elicit and impart the relevant information for the client to make an informed choice.

C. Client Interaction

Client satisfaction with family planning services is directly linked to the level of attention service providers give to clients' needs and preferences, and the time spent on education on contraceptive options. PROFIT recognizes the vital nature of client interaction in successful family planning service delivery and supports an interactive communication approach emphasizing the clients' informed choice of contraceptive method.

An informed choice of contraceptive method is facilitated by two-way exchange of information between client and provider. Sufficient information must be given to clients for them to determine whether they want to use family planning and, if so, which is the appropriate method for them. Finally, the client must receive a clear and accurate description of the family planning method's usage and whether, and how frequently follow-up is necessary. PROFIT suggests that each client interaction incorporate the following elements:

- **Clients receive general information about all methods being offered including risks and benefits, indications and contraindications, side effects, follow-up requirements, and duration of effectiveness of each method. Clients also learn about the possibility of switching methods, source of supply, and costs.**
- **Providers solicit information about clients' medical background, reproductive goals, attitudes, prior experience with contraceptives, and preferences in order to assist clients' decision making.**
- **Clients receive specific information about the risks and benefits, indications and contraindications, side effects, follow-up requirements, and duration of effectiveness of the method selected.**
- **Clients make a specific appointment for a follow-up visit or specific plan for resupply with providers.**

III. INFORMATION, EDUCATION and COMMUNICATION (IEC)

Information, Education and Communications (IEC) activities are an integral part of family planning service delivery programs. The primary objectives of IEC are to promote positive and favorable attitudes towards family planning on the part of potential users, and to assist individuals and couples to make informed, voluntary choices about contraceptive methods. In a broader sense, IEC also includes efforts to educate providers and their staff about MCH/family planning services to be offered through the venture, and to define their roles in promoting those services to existing and potential clients. As such, the IEC component of a family planning program should address the information requirements of both providers and recipients of family planning services.

This section will detail IEC strategies and issues related to the family planning provider and client groups in the venture. The provider groups are constituted by physicians, professional staff associated with the venture service delivery site. They include nurses, counselors, social workers and attendants.

A. Service Providers

In a technical sense, physicians should have clear, accurate scientific information as a basis for recommending family planning methods and products to their clients. They must also have strong communication skills in order to provide accurate and clear information in a supportive, non-directive manner to the potential consumer or client. Training in these techniques should be provided to physicians on a periodic basis.

The service delivery site's professional staff (nurses, auxiliary nurses, social workers, and attendants) should also be well-informed about new family planning services to be offered through the venture. Other than physicians, these staff will normally have the best opportunity to discuss family planning needs with clients, and to offer counselling or referrals to clients regarding methods and services. To assist staff members, the following steps can be implemented:

- Providing educational materials on specific contraceptive products to assist staff in communicating method use to patients
- Educating through training to enhance clinical, information collection, and interpersonal skills

B. Clients' IEC Strategies

Clients are likely to practice family planning longer if they are adequately informed. Such information should convey to potential clients the knowledge needed to make an appropriate choice of family planning method. Expanding client education has consistently proven to

increase usage of family planning methods as well as decrease the incidence of discontinuation. Family planning education is also one of the best means to combat misinformation and rumors about contraceptive methods. Therefore, PROFIT encourages the venture to conduct a variety of communication activities ranging from mass media campaigns to individual counselling.

The service delivery site's current customer as well as potential new acceptors must be informed, at the earliest opportunity, of the existence and scope of the new or expanded family planning program. For this purpose, the venture should develop clear, consistent messages to inform them about the nature and availability of the family planning services to be offered through the venture.

Regional marketing efforts, that may include advertisements and mass media campaigns through radio and television, should be devised in the context of local marketing practices and accepted norms. Technical assistance from PROFIT and other family planning projects can be accessed for these purposes.

To reinforce the initial promotional campaign, efforts should be made to foster a high quality, professional image for the venture. The service delivery site should have print and/or audiovisual materials that are accurate, attractive, and informational (brochures describing various family planning methods, wall charts on contraceptive usage, posters, family planning videos/films, etc.). The clinic wall charts, brochures on contraceptive use, and general family planning leaflets should be on display within the first few weeks of opening or initiation of new services.

Most importantly, service delivery staff should be trained and encouraged to be proactive in discussing family planning issues with clients using a confidential and sensitive manner. Counseling services should assist clients to choose, on a voluntary and informed basis, and correctly use the most appropriate and safe family planning method. These steps will ensure that clients form and retain a positive impression of the venture, thereby reinforcing their decision to use family planning practices.

IV. CONTRACEPTIVE SUPPLIES

Every family planning program with a quality orientation must have safe and effective contraceptive products and services available on a timely basis. A well-organized contraceptive supply system will encourage the efficient and ample supply of a broad selection contraceptive products to meet the needs of clients, build confidence in the project's service delivery and, as a consequence, enhance the likelihood of repeat visits on the part of the clients. PROFIT views the most important elements of a commodities supply system to include; selection, forecasting, procurement, distribution.

The selection of those contraceptives to be provided by a family planning program should be driven by responding to client needs and preferences as well as legal constraints within a given environment. PROFIT approaches the selection process with the goal of providing the broadest method mix possible. However, careful consideration should be given to the needs of the client population by category, such as women who want to space their births, couples who want no more children, and women who are breast feeding.

Forecasting contraceptive needs involves the determination of how much of each contraceptive will be needed at each level of the program in a given time period. Forecasting allows project management to anticipate commodity needs thereby conduct more effective planning with regard to procurement. PROFIT suggests that such forecasting occur at least once per year. There exist three widely accepted methods of forecasting; population-based, distribution-based and service-based estimates. Each method has advantages and one should be chosen in accordance with the needs and specific elements of the venture.

The ability of a family planning program to procure contraceptive products efficiently can be highly variable depending on the existing circumstances of the local environment including legal constraints, pricing issues, foreign versus local manufacturing, distribution networks, and general availability of products. Notwithstanding, PROFIT believes the procurement process should be centralized as much as possible to increase purchasing power, and structured to seek out the highest quality products at the most reasonable price levels.

Distribution of contraceptive products helps to ensure a continuous supply at all times. This is critical to prevent client dissatisfaction as well as depletion of certain products at important times or, conversely, overstocking of certain products which may lead to spoilage. PROFIT considers distribution to include storing, transporting, and managing inventory levels of contraceptive products. Detailed policy guidelines should be developed and disseminated; they should describe how each contraceptive product is to be stored, transported and inventoried in terms of such criteria as temperature and length of time.

Further, if a particular family planning program is to have multiple service delivery locations, then logistical planning for procurement, storage and distribution becomes even more critical.

V. MONITORING

The principal purpose of systematic monitoring efforts is to provide management with timely information on the performance of both the business and family planning activities of the venture operations. Management must receive timely and accurate information necessary to track the performance of the operations. PROFIT suggests that two general monitoring systems be developed. The first deals with standard business indicators. The second will capture standard family planning indicators on a monthly basis.

A. Business Indicators

Timely information relating to the financial performance of the projects is critical to proactive managerial decision-making as it relates to general service delivery, and family planning in particular. So that the joint venture management can allocate resources appropriately, a broad set of financial information must be available on a monthly basis including: revenue and costs by service category, operational expenses, client visits by services, cash flow, etc.

B. Family Planning Indicators

The main purpose of these indicators is to provide managers of the family planning activities with information necessary to monitor and thus enhance the performance of family planning activities. To do this, it is appropriate and necessary to capture data, on a systematic basis of the numbers of clients seen, counseled and provided with family planning services.

Data sources include the initial registration or intake form, counseling and treatment record. These are divided by new and continuing users, method requested and received, and other relevant items. These are standard information items needed for family planning service management.

Because many services will probably be performed in private provider settings, the collection of relevant data becomes more cumbersome. Every effort must be made to avoid overburdening private providers with information and reporting requirements.

C. Management Information Systems (MIS)

It is suggested that PROFIT, together with the venture partner's MIS Division discuss ways to implement the appropriate monitoring systems most efficiently. One possible approach is to include specific codes for family planning services. These could be added as sub-codes, or as stand-alone codes, whichever is least disruptive to the current MIS systems. Ideally, codes would be set aside for the following:

- Reason for Consultation:
 - consultation only
 - acceptance of family planning
 - routine follow up
 - problem with method

- Family Planning Methods
 - natural methods
 - IUD (type of IUD)
 - pill (type of pill)
 - injectables (type of injectable)
 - implants
 - barrier method (type of barrier method)
 - tubal ligation
 - vasectomy

- A separate field should be established for the following:
 - previous provider
 - new acceptors or continuing users
 - discontinuation of method
 - reason for discontinuation
 - method change
 - reason for method change
 - no shows
 - age

The frequency of data collection will depend on the characteristics of each service delivery site.

VI. EVALUATION OF FAMILY PLANNING OUTCOMES

A. Introduction

It is recognized that the impact of a family planning activity cannot be measured in the short-term. Impact implies a long time-frame, and measures results on major indicators such as Total Fertility Rate and other population and demographic measures. Within the PROFIT family planning venture context, evaluation is defined as measuring the degree to which the investment in family planning resources and services increased the actual use in family planning practices on the populations served by the venture.

B. Each venture Evaluation System should consist of both formative and summative evaluations.

- **Formative Evaluation.** For the purposes of the PROFIT family planning venture, the formative evaluation will assist in the definition of the current status of the population (current service delivery site users and a sample of non-users), with respect to family planning knowledge, attitudes and behavior (KAB). This will permit the precise definition of the target population, and some insight on how to attract new users. The formative portion of the system will provide a baseline from which performance can be measured at a later period. This will be conducted as soon as possible after the venture is officially established.
- **Summative Evaluation.** The summative evaluation will provide systematic information on the results of the family planning activities conducted. The time interval suggested for the summative evaluation will be unique to each venture but should provide the venture management with a "fair chance" in terms of developing and operationalizing its activities. A shorter period runs the risk of premature results. A longer interval may mask the results of the venture due to external "secular trends" which occur in any population.