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Developing Family Planning Standards in Jamaica



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About this series

The Case Study series presents real applications of Quality Assurance (QA) techniques in developing countries at various health system levels, from national to community. The series focuses on QA applications in maternal and reproductive health, child survival, and infectious diseases. Each case study focuses on a major QA activity area, such as quality design, quality improvement, communication and development of standards, and quality assessment. In some cases more than one QA activity is presented.

Standards development. In healthcare, standards are explicit statements of expected quality in the performance of a healthcare activity. They take the form of specifications for medical procedures, clinical practice guidelines and protocols, standard operating procedures, and statements of expected healthcare outcomes. The process of developing standards to meet local health care needs requires the participation of both technical experts and the healthcare providers who will use them. It may also involve the adaptation of international standards, tailoring them to local conditions to ensure their attainability.

This case study describes the methods used to revise national family planning standards in Jamaica, using a consultative process which involved national and international family planning specialists and facility-level providers.

Acknowledgments

This case study describes work by the Ministry of Health and National Family Planning Board of Jamaica to update national family planning standards. The case study was written by Lani Marquez and draws on information provided by Jennifer Macias of JHPIEGO and Eugena McFarquhar of the Ministry of Health of Jamaica. Editorial review was provided by Ya-Shin Lin and Diana Silimperi.

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□ □ □ Developing Family Planning Standards in Jamaica



Background

The National Family Planning Board (NFPB) of Jamaica is a public sector agency linked with the Ministry of Health (MOH). The Board promotes family planning services in Jamaica, procures contraceptives, and works with the government to set policies and guidelines for family planning services. Family planning services are provided largely by the MOH, with private providers and nongovernmental organizations (NGOs) contributing a much smaller percentage. In the public sector, nonsurgical family planning services are mainly delivered by nurses and nurse-midwives.

The NFPB and MOH have given priority to improving the quality of reproductive health services, particularly family planning. A 1996 survey of public sector and NGO family planning service providers sponsored by the NFPB and the MOH led to a recommendation that the 1991 Family Planning Service Delivery Manual be updated, linked to training curricula, and disseminated in a way that would encourage use by providers.¹

¹ McFarlane, C., Hardee, K., DuCasse, M., and McCloskey, R. "The Quality of Jamaica Public Sector and NGO Family Planning Services: Perspectives of Providers and Clients." *Family Health International and McFarlane Consultants*, September 1996, p. 86.

At the request of the NFPB, the Quality Assurance Project (QAP), through its partner, JHPIEGO Corporation,² provided short-term technical assistance from December 1997 to March 1999 to revise the national family planning standards. In response to issues identified in the 1996 study, the revision sought to reinforce quality assurance concepts and broaden family planning services to include all reproductive health issues, including HIV/AIDS prevention, and to eliminate unnecessary procedures and eligibility requirements that were limiting accessibility. Efforts were made to include the latest international standards and recommendations on contraceptive technology.

Developing Standards

Achieving consensus on the standards development process and final product. The first critical step in this activity was achieving consensus between the NFPB and MOH representatives on the process that would be followed to develop, review, field test, finalize, and approve the standards and specifications for the final product. Agreement was also reached that the final product would be guidelines for the delivery of family planning services. It was agreed that the updated guidelines should focus on family planning services, build upon the 1991 Service Delivery Manual, be consistent with MOH norms and maternal health guidelines, and facilitate delivery of high-quality services within an integrated reproductive healthcare network. Participants agreed that the guidelines should contain information essential for counselors and clinicians, but not include procedures, reference materials, or job aids which would be developed subsequently as part of training. The effort spent in December 1997 clarifying the nature of the process and the expectations for the product was invaluable in keeping the standards development process focused and on track.

Identification of key opinion leaders to participate in standards development. During the first technical

² JHPIEGO is a program for international education and training in reproductive health and is affiliated with the Johns Hopkins University.

assistance visit, NFPB, MOH, and JHPIEGO staff identified the technical staff and organizational representatives whose participation in the project should be sought. Target participants included key technical staff and decision makers from the MOH (the Primary Health Care Unit, the Maternal and Child Health Division, the Epidemiology Unit, and the Nursing Unit, including the divisions of Primary Health Care, Education, and Basic Nursing, and the School of Public Health), the NFPB, FAMPLAN (an affiliate of the International Planned Parenthood Federation), professional schools, and medical and nursing associations. Each individual identified received a copy of each successive draft of the guidelines and an invitation to participate in formal technical review workshops. Fourteen reviewers eventually participated in the standards technical review.

Review of existing data on service quality and provider knowledge, skills, and attitudes. A major source of information for the guidelines revision was the 1996 survey of public sector and NGO providers, which had examined the training of providers, their knowledge and attitudes, their work environment, and their perspectives on service quality. NFPB and MOH counterparts collaborated with JHPIEGO specialists provided by QAP to review the survey findings and all available information on the current state of family planning services. This group agreed on the key technical issues that would be addressed in the revised guidelines, including unwarranted limitations on certain methods, negative attitudes and incorrect knowledge among providers, inappropriate eligibility criteria, and process barriers, such as unnecessary lab tests and follow-up visits.

Comparison of existing guidelines with international standards and references. In light of the technical issues and the latest international standards in family planning,³ the 1991 Family Planning Service Delivery Manual was reviewed by content specialists at JHPIEGO in Baltimore, MD. Based

³ Resources used included *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use* (WHO), *Recommendations for Updating Selected Practices in Contraceptive Use*, Volumes I and II (USAID), and *The PocketGuide for Family Planning Service Providers* (JHPIEGO).

on this review, and on the discussions held in Jamaica, QAP prepared a working draft of revised Family Planning Service Delivery Guidelines and sent them to NFPB and MOH officials for review in February 1998.

Reviewing, Validating, and Approving Standards

First technical workshop to review the working draft of the revised guidelines and adapt it to Jamaica.

Twenty representatives of the NFPB, MOH, University of the West Indies, and FAMPLAN participated in a one-day technical review meeting that QAP facilitated in March 1998. Participants initially broke into three working groups to review selected chapters; then, they reassembled in a plenary to report and discuss group findings. Much of the meeting was devoted to a discussion of technical issues, and making sure that both the technical content and wording were appropriate for Jamaica and consistent with MOH norms. A consensus was reached that the working document (with the revisions recommended by participants and a few additions) would meet the requirements set for the guidelines. Participants agreed to send JHPIEGO corrections, new chapters for incorporation into a revised document, and comments on a field test questionnaire JHPIEGO had drafted. In April 1998, JHPIEGO revised the working document based on the recommended changes. Additional revisions were sent later.

Field test of the revised document. In May and June of 1998, the revised document was field tested at four sites (one in each of Jamaica's four regions) under the direction of the NFPB/MOH Family Planning Coordinator. In each region, a meeting was convened of regional supervisors and facility-level family planning service providers to review the revised Family Planning Guidelines and provide structured feedback through the questionnaire. The questionnaire covered the 20 content areas of the guidelines, such as client assessment, emergency contraception, sexually transmitted diseases, adolescents, women over 35, and specific methods (see "Field Test Questions" in Figure 1). In all, 72 service providers from the four regions completed questionnaires (see "Com-

Figure 1 — Field Test Questions

Jamaica National Family Planning Service Delivery Guidelines

For each of 20 key content areas, respondents were asked:

- Is the section easy to read? Why or why not?
- Does it contain updated technical information? Yes or no?
- Are the tables useful? Why or why not?
- Does it tell you what you need to know? Why or why not?

Additional questions:

- Which proposed format for the guidelines would be most useful for you?
- Any comments on the appearance of the guidelines?
- What themes or chapters should have more detail than the guidelines provide?
- What themes or chapters should have less information than the guidelines provide?
- What themes or chapters should be added to improve the guidelines?
- What themes or chapters should be deleted to improve the guidelines?
- Will service delivery personnel in your facility/service need training or orientation on how to use these guidelines? If yes, what amount of time do you think will be needed for an orientation or training event?

ments from Field Test Participants” in Figure 2). They provided useful feedback on sections needing technical clarification, points to emphasize (including client instructions), and preferred format (letter-sized spiral binder with durable covers, dividers between chapters, and more photographs and flow charts).

Second technical workshop to review field test results and incorporate changes into draft guidelines.

The final, one-day technical review meeting was held in July 1998. Over 30 representatives of the NFPB, MOH, University of the West Indies, FAMPLAN, and the Nurses Association of Jamaica attended, including regional MOH staff who had participated in the field test. Much of the workshop

Figure 2 — Comments from Field Test Participants

“Very pleased to participate in the preparation, as this also gave a chance to know the manual and be familiarized with content.”

“Much discussion ensued, and this enhanced learning from each other and standardizing delivery of service.”

“Good presentation, well laid out—content adequate, guidelines quite instructive.”

“Material presented quite well, input of service providers essential.”

“A very comprehensive and detailed book, will facilitate increased quality of care and consistency in service in all agencies.”

was devoted to reviewing issues raised during the field test and determining the appropriate response to each comment (e.g., add a clarification, substitute text, delete text). The participants also identified a need to update the technical knowledge and skills of current service providers to ensure consistent use of the new guidelines.

Final review and approval by NFPB and MOH decision makers. Changes from the final technical review were incorporated by QAP in August and approved by senior NFPB and MOH officials during September and October of 1998. The guidelines were officially endorsed by the Chief Medical Officer of the MOH.

Communicating and Disseminating the Standards

Media launch event. The NFPB recommended a formal media event to launch the new guidelines during National Family Planning Week (the last week in October). A media event was organized for October 27, 1998, where the Minister of Health formally presented the guidelines to over 50 public health professionals representing public and private sector organizations. Presentations emphasized the role the guidelines would play in ensuring quality family planning services,

the participatory nature of the guidelines development process, and the MOH's commitment to quality. The event was well covered by radio and print media, and was intended to raise awareness of the new guidelines among health workers throughout the country. Strong expressions of institutional support for the guidelines were another factor designed to encourage use of the guidelines.

Dissemination planning. In December 1998, QAP helped develop a comprehensive strategy to disseminate the guidelines. JHPIEGO staff facilitated a meeting with 20 professionals representing the NFPB, the MOH (including the Nursing Services and Nursing Education Divisions, which have training and supervisory responsibility for family planning service providers in Jamaica), the nursing school of the University of the West Indies, the midwifery training program at Victoria Jubilee Hospital, the Nursing Council, and FAMPLAN. Participants identified key audiences to receive the guidelines and specific activities that would reach those audiences. They developed a short-range plan for informational activities aimed at the MOH leadership in Kingston and the four regions. The participants also prepared a second, long-range plan to incorporate the guidelines into in-service training activities that would improve the quality of reproductive health services and provide contraceptive technology updates, supervision, and follow-up activities. As the agency responsible for disseminating the guidelines, the NFPB planned to distribute the guidelines to local providers through training events that would impart the knowledge and skills needed to implement the guidelines.

Distribution of final guidelines to key family planning opinion leaders, representatives of service delivery organizations, professional associations, and field test participants. In January 1999, 5,000 copies of the revised Jamaica Family Planning Service Delivery Guidelines were printed. Informational copies were distributed to everyone who participated in the technical reviews and field testing, and to all key family planning stakeholders, including those in the private sector. The bulk of the copies were retained by the NFPB for subsequent distribution during training events.

Workshop on contraceptive technology update/presentation skills for public and private sector service providers and trainers. QAP supported the first national contraceptive technology update/presentation skills workshop conducted by JHPIEGO in March 1999 to disseminate the guidelines. The workshop updated the technical knowledge and communication skills of the trainers and service providers who would disseminate the guidelines in their workplaces and lead in-service education sessions.

Distribution of the guidelines and supporting training events. Since the national contraceptive technology workshop in March 1999, copies of the guidelines have been distributed to senior regional staff, district medical officers, public health nurses, family planning coordinators, nurse practitioners, registered nurses, midwives, health educators, medical and nursing associations, and postgraduate institu-

Table 1 — Guidelines Dissemination Action Plan — Manchester District

| Objective | Target audience |
|--|---|
| To update health providers and other categories of staff with new knowledge and skills consistent with the Service Delivery Guidelines over a six-month period | Doctors, nurses, midwives, enrolled assistant nurses, community health aides, orderlies, peer educators |
| To assess the level of client education on the Service Delivery Guidelines by December 2000 | Clients, community members, students |

tions throughout the country. The roll-out plan for dissemination of the guidelines called for regional and district level training activities in which the guidelines would be discussed and health providers' knowledge updated to be consistent with the revised family planning standards. In November 1999 and February 2000, JHPIEGO staff returned to Jamaica under support from the Reproductive Health Training Project to serve as technical resources for contraceptive technology update workshops led by NFPB and MOH staff in three of the country's four health regions. A workshop in the fourth region is planned for late 2000. During the workshops, district and facility level participants, including supervisors, developed action plans for disseminating the guidelines and updating the knowledge and skills of health providers in their local areas. Table 1 summarizes the action plan for one district in the Southern Region.

Activities

Dissemination of information through:

- workshops
- staff conferences
- in-service training

Evaluation:

- attend family planning clinic sessions
- interview patients and staff
- obtain feedback at staff conferences

Health education

Discussions

Client interviews, both in the hospital and in clinic sessions (antenatal clinics, family planning clinics)

Meetings with youth groups, church groups, etc. at community centers and schools

Preparatory steps

Letters to inform parish managers, medical officers, matrons

Prepare agendas

Solicit financial aid

Inform participants early

Inform clinic staff, hospital staff and community members about activities

Results

Health providers in most primary healthcare facilities report receiving copies of the Family Planning Service Delivery Guidelines. Training events to update health providers' knowledge and skills to be consistent with the service delivery guidelines continue at the district level.

In June 2000, QAP completed a field review by visiting several clinics and discussing dissemination activities with the Ministry of Health and regional health authorities. QAP staff found that providers may not have been fully and systematically exposed to the revised guidelines, so that it is unclear whether compliance with standards has significantly changed with the new guidelines. As a result, QAP is working with the NFPB and the MOH to develop, through operational research, cost-effective strategies for the dissemination of the new guidelines. The study, initiated in September 2000, will start out by assessing providers' knowledge of and compliance with key clinical and non-clinical standards. In addition, reasons for lack of compliance with standards will be identified via in-depth interviews and focus groups. Then, strategies to increase compliance based on the baseline data will be implemented, using such methods as job aids, problem-based learning and peer training. Following this, a second assessment will be performed to measure change in providers' knowledge and compliance with service delivery standards.

Standards Development Insights

- **The success of the standards development process was rooted in early efforts to identify key stakeholders and engage them in the standards development process.** Broad participation in the review of draft guidelines, field testing, and the incorporation of field results in the revised guidelines propelled widespread acceptance of the guidelines. Key opinion leaders for family planning in Jamaica were identified early in the process and encouraged to participate by repeated invitations to attend the meetings where each version of the guidelines was reviewed.
- **An effective strategy for disseminating the guidelines could have been designed earlier in the process to create an explicit role for reviewers in guidelines dissemination.** Such a role could have included both distributing hard copies and ensuring that the guidelines were incorporated into practice. The field test of the guidelines represented an important opportunity for laying the foundation of the eventual dissemination strategy. Individuals involved in the field test became stakeholders in the adoption of the guidelines because they actively participated in the guidelines' development. Standards dissemination strategies should include an explicit role for field test participants.
- **The Jamaica experience underscored the importance of ensuring that reviewers have uniform knowledge levels about the standards they are developing or revising.** Discussions during the technical review workshops revealed that there were numerous knowledge gaps about contraceptive technologies and eligibility requirements. Prior to the technical review, it would have been helpful to have carried out a Contraceptive Technology Update training to ensure that all reviewers had consistent knowledge of current international family planning guidelines.
- **The family planning standards development may also have benefitted from stronger linkages with broader quality assurance initiatives within the MOH.** Though the head of the MOH Quality Committee was invited to participate in the technical review meetings, there was no direct linkage of family planning standards development to the efforts of the Quality Committee to develop maternal health manuals, norms, and guidelines.

Developing Family Planning Standards in Jamaica: Summary

In 1998, the Quality Assurance Project provided short-term technical assistance to the National Family Planning Board (NFPB) of Jamaica to revise the national family planning guidelines and design a standards dissemination strategy. The NFPB wanted to broaden family planning services to include all reproductive health issues (including HIV/AIDS prevention) and to eliminate unnecessary procedures and eligibility requirements that were limiting accessibility. After identifying the key technical issues which needed to be addressed in the revised standards, a reference document was developed with input from a broad spectrum of family planning providers and organizations. Draft standards were field-tested at four sites, revised and submitted to a final technical review and approval by national specialists and authorities. Distribution of the revised guidelines to family planning providers throughout the country began in January 1999.