Applying Quality Improvement to Integrate Family Planning in Maternal Health and HIV Services

Background

Since 2010, the USAID Health Care Improvement Project (HCI) has been applying quality improvement (QI) approaches to integrate family planning (FP) counseling and services in maternal health programs in long-standing USAID FP priority countries. This effort has been supported with limited funding from USAID/PRH and through partnership with USAID Missions in Mali and Afghanistan. In addition, with USAID/OHA funds, HCI has initiated a program to integrate FP counseling and services in HIV services in Uganda. HCI has also provided global leadership to document and disseminate quality improvement approaches for FP integration.

Integration Strategy

HCI applies modern quality improvement approaches that offer proven methods for increasing compliance with standards and overcoming other barriers to quality care, even in the context of weak health systems. These methods are based on five key principles: 1) client-centeredness; 2) use of data to measure results; 3) team work; 4) focus on health system processes; and 5) making changes in these processes to yield improvement. Client-centeredness helps meet the needs and improve the health of the beneficiaries of health services (Massoud et al. 2001). The emphasis on systems and processes is central to QI, since poorly designed systems generate inefficiency, waste, and poor quality care, leading to negative outcomes. A frequently quoted maxim of QI is “Every system is perfectly designed to achieve exactly the results it achieves.” To improve the results, the system must change.

QI teams composed of providers and patients engage in a “cyclical process of measuring a performance gap, understanding the causes of the gap, testing, planning and implementing interventions to close the gap; studying the effect of the interventions and planning additional actions in response” (Tawfik et al. 2010). A central tenet of QI is that health system participants, who have a profound knowledge of their own system, identify, 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. QI teams engage in regular analysis of facility process and outcome data and in quality improvement efforts driven by this data, fostering a culture of quality, motivation, and institutionalization of QI initiatives.

Specifically, HCI has applied the collaborative improvement approach in selected districts in Mali, Afghanistan, and Uganda to engage QI teams of service providers at maternal health services (Mali and Afghanistan) and at HIV services (Uganda) to analyze the existing processes of service delivery to identify barriers to FP integration and the potential points where FP counseling can be introduced. Each QI team then developed and tested innovative changes to respond to the identified barriers to FP integration. In addition, existing sites of storing FP methods and for offering different FP services were identified. QI teams shared the results of their changes with each other during “learning sessions” that allowed the spread of best innovations among the teams.
Results and Progress to Date

Mali

Mali has one of the world’s highest fertility rates and a high unmet need for family planning. QI teams in a remote and under-resourced setting successfully integrated family planning counseling into post-partum care in two districts: Kayes and Diema. QI 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 QI intervention included the following changes: raising awareness of FP during antenatal care (ANC) visits, providing FP samples in the postpartum room, correct completion of the post-partum family planning (PPFP) register at some sites, personal involvement of directors of health facilities in the PPFP activities, public display of posters and job aids on FP counseling and methods, organizing discussions on FP during immunization events, actively seeking out women in family planning, and conducting home visits for women who miss their FP appointments. This was coupled with improving the family planning counseling skills of staff. Figure 1 shows the results: family planning counseling has been instituted as a routine post-partum service. By only four months after the start of improvement efforts, 86% of post-partum women received family planning counseling before discharge, a laudable response to a baseline of practically nil.

Figure 1. Percentage of women who delivered at the facility and received FP counseling, 41 sites, Kayes and Diema districts, Mali, Jan. 2011-Feb. 2012

Figure 2 depicts the proportion of post-partum women counseled in FP who accepted the use of any FP method. The sharp increase in accepting the use of FP methods, from zero to over 90% in only five months, confirms the high unmet need for FP counseling that existed before the beginning of the project as well as the high quality of the counseling offered.

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.

Afghanistan

HCI is supporting a post-partum family planning improvement collaborative in four maternity hospitals in Kabul. The primary aim of the collaborative is to demonstrate the value of QI approaches in integrating FP and post-partum care. The QI teams in participating facilities are testing the effect of a change package including linking the family planning unit with the post-partum ward within the same health
facility, training the post-partum hospital staff in FP counseling, creating a checklist for use by providers and counselors on the post-partum ward, creating a private counseling space where husbands and wives can be counseled together, and engaging the women’s mothers-in-law in the counseling process. Involving husbands and mothers-in-law in counseling was introduced in response to women’s stated barrier that they cannot accept using FP methods without approval of the decision-maker in the household – often the mother-in-law or the husband. Traditionally, husbands were not allowed in the maternity ward in Afghanistan.

In addition, coordination with the Afghan Family Guidance Association (AFGA), a nongovernmental organization that offers FP services, has been forged to assure FP service provision. An effective link between the maternity hospital and AFGA has been created to facilitate referral of post-partum women for FP services and commodities. The three-month follow-up of postpartum women who received FP counseling and services began in March 2012. Initial results show a substantial increase in the percent of post-partum women who received FP counseling, from zero to 44% (Figure 3). In addition, of those who received FP counseling, the vast majority (88%) accepted to use a FP method (Figure 4).
Uganda

HCI started a program in Masaka district, Uganda, with support from core funds from OHA to apply QI approaches to integrate FP services in HIV/ART services in all facilities that offer ART services to PLWHA in the district (four facilities). A baseline assessment was conducted to understand current service provision and client flow in the target sites. Though the DHS reports show an upward trend in the use of modern contraceptives in this USAID FP priority country, our baseline assessment indicated that there remains a substantial amount of work to be done. Moreover, HCI has been well-positioned to take advantage of the windows of opportunity to improve systems to meet the FP needs of PLWHA. Twenty providers from the four sites were trained in December 2011 in integration of FP into HIV/AIDS services and quality improvement, and another 20 providers received training in January 2012. Monthly coaching visits began in March 2012, and providers are engaging the private sector and testing innovative changes to integrate and strengthen FP service delivery. The first learning session for the four facilities is scheduled for June 2012.

Documenting and Disseminating QI Approaches for FP Integration

HCI contributed to the Expanding Service Delivery Project’s (ESD) conference on “Reconvening Bangkok: 2007 to 2010 – Progress Made and Lessons Learned in Scaling-Up FP-MNCH Best Practices in the Asia and the Middle East Region”, held in March 2010. HCI presented the improvement collaborative approach in a panel and discussed it in a skill-building session. In addition, HCI provided technical assistance to ESD to document the application of the improvement collaborative approach to strengthen FP services in Yemen.

References
