

CALL TO ACTION: Strategies for Enhancing Quality of Care in the Context of Rights-based Family Planning

Pre-Family Planning Summit 2017 Meeting

THE CHALLENGE

Achieving 120 million additional users of modern contraception in the world's 69 poorest countries requires helping never-users of contraception initiate use, reducing high contraceptive discontinuation among current users, and facilitating switching contraceptives among those who desire to do so.

Contraceptive discontinuation accounted for about 38 percent of women with unmet need and also accounted for about 35 percent of unintended pregnancies. Research shows that contraceptive discontinuation decreases and contraceptive use increases with improved quality of care. Yet the incorporation of explicit initiatives on quality and rights within FP2020's national goals and implementation plans is lagging.

RECOMMENDATIONS

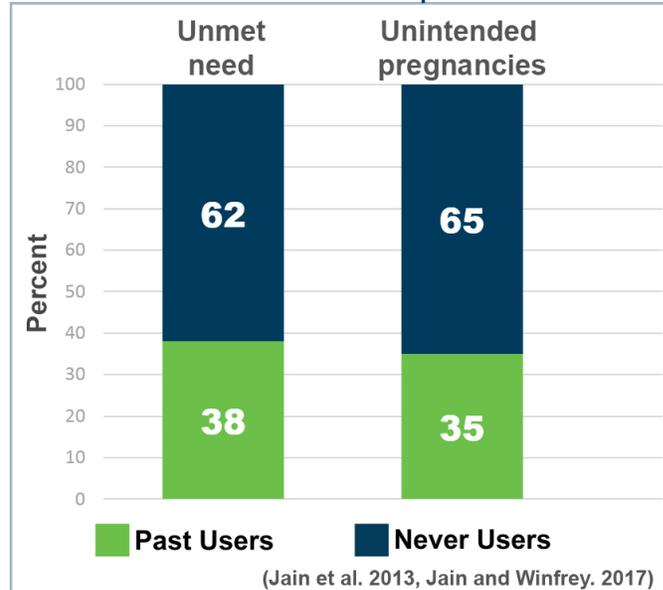
These recommendations are for consideration by countries as they recommit to family planning at the FP Summit 2017. Above all, countries should commit to respecting, protecting, and fulfilling the rights of women, men, and young people to have children if and when they want, and how many, and respect the choices they make. These recommendations should be reaffirmed at each level of a health system — from the global to national to the community.

To ensure their commitments to people's rights and achievement of their national goals, countries should adopt and implement a **Client-Centered Approach to Care**, which empowers clients to achieve their reproductive intentions safely, and is a means of improving quality of care within the context of rights-based family planning.

IN CLIENT-CENTERED CARE:

- Providers treat clients with dignity and respect and ensure their privacy, confidentiality, and consent.
- Providers ask clients about their reproductive intentions, family context, prior contraceptive use, and preferred method(s); providers then offer choices and information on potential methods appropriate for clients' needs.
- Clients and providers discuss these contraceptive options including use of potential methods, possible side effects and their management, and requirements for effective use and follow up. Clients determine their preferred method, or no method, after this information exchange.
- Providers follow up with their clients on their method choice, support method switching if desired by clients, and offer referrals for other services, including removal of provider dependent methods, e.g. IUDs and implants.
- Users and communities are educated about, and encouraged to demand good quality information, contraceptives, services, and care.

Potential Contribution of Contraceptive Discontinuation



CALL TO ACTION

Thirty-five representatives from governments, NGOs, and donors met at the UN Foundation in Washington, DC, on June 20, 2017 to develop these recommendations for improving family planning quality of care within FP2020 focus countries. This meeting's organizers ask that the countries and sponsors of the Family Planning Summit 2017 adopt these strategic recommendations, and incorporate them in their policies, programs and investments for rights-based family planning services, as well as for the evaluation of FP2020.

To achieve Client-Centered Care within family planning services, specific recommendations are proposed for Policy Environment, Health System Readiness, and Measurement and Accountability.

Policy Environment

- Align initiatives and plans for delivering client-centered care with all global and national commitments including FP2020, the Global Financing Facility (GFF), Global Strategy for Women's, Children's and Adolescent's Health 2016-2030 (GSWCAH), Universal Health Coverage (UHC), and the Sustainable Development Goals (SDGs).
- Integrate client-centered care within national family planning goals and provider performance indicators.
- Invest in health systems, both public and private, at all levels and effectively distribute resources to ensure universal coverage and improve the quality of care clients receive.
- Incorporate quality in all service delivery elements for successful client-centered care.
- Involve civil society representatives, including marginalized populations, in the design, implementation, and monitoring of the delivery of high quality family planning programs.

Health System Readiness to Implement Policies for Client-Centered Care

- Ensure quality in all the building blocks of health systems – Service Delivery, Workforce, Information, Products/ Technology, Finance, Governance, and Community.
- Allocate budgets and human resources appropriately for family planning services within universal health coverage, while ensuring individuals' rights in conjunction with national commitments to global agreements.
- Ensure providers are empowered, trained and have an enabling environment to deliver client-centered care.
- Expand clients' choices of contraceptive methods, competent providers within the public and private sectors, and service outlets, to address clients' needs.

Measurement and Accountability for Improving Quality

- Include standard indicators of quality and rights in public and private reporting systems including Health Management Information System (HMIS), District Health Information System (DHIS), as well as Management Information System (MIS) for insurance and social security programs.
- Conduct special studies, surveillance, and evaluations of quality from public and private services, and through facility and community outreach.
- Implement accountability mechanisms, with civil society participation, to ensure policies for meeting quantitative goals do not compromise clients' rights nor the quality of their services.
- Empower users and communities to articulate and monitor quality, report lapses to health authorities, and seek improvements through social accountability mechanisms.
- Assimilate lessons from prior and current program measurements and rights-supportive practices to continuously improve quality of care and identify, recognize, and reward quality from service sites and providers.

REFERENCES

1. Jain, Anrudh K., Francis Obare, Saumya RamaRao, and Ian Askew. 2013. "Reducing unmet need by supporting women with met need," *International Perspective on Sexual and Reproductive Health*, 39(3): 133–141.
2. Jain, Anrudh K. and William Winfrey. 2017. "Contribution of Contraceptive Discontinuation to Unintended Births in 36 Developing Countries," *Studies in Family Planning*, doi:10.1111/sifp.12023