

Long-Acting Reversible Contraceptives Learning Package

Module 4: Quality of Care

Learner Version

The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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Module 4: Quality of Care

Module Overview*

Module Overview for Learner

Handouts

Handout 4-1: Action Plan to Improve the Quality of Long-Acting Reversible Contraceptive (LARC) Services

Handout 4-2: Interpreting Data

* Unlike other modules in this LARC Learning Package, Module 4: Quality of Care does not require use of Pre and Post Test Questionnaires.

Module 4: Quality of Care

Module Overview for Learner

Time: 6:00 hours

Module Objectives

By the end of this module, learners will be able to:

- Describe “quality of care” from the perspective of clients, service providers, and health service managers
- State different ways/interventions to improve the quality of services
- Develop an action plan to improve the quality of services
- Complete new or revised routine data collection tools, including registers (if applicable)
- Understand how data can be used to monitor and improve the quality of services

Session Plans

- Session 1: Perspectives of quality of care
- Session 2: Improving the quality of care
- Session 3: Action planning to improve quality of care
- Session 4: Introducing new or revised data collection tools (if applicable)
- Session 5: Using data to monitor and improve quality of care

Sample Schedule

Facility-based delivery: Two days

Day 1 (3 hrs)		Day 2 (3 hrs)	
Time	Session: Activity	Time	Session: Activity
5 min	One: Introduction	5 min	Four: Introduction
15 min	One: Small Group Work: Perspectives of Quality of Care	30 min	Four: Presentation: Changes to Data Collection Tools
25 min	One: Group Presentation and Summary	15 min	Four: Individual Work: Changes to Data Collection Tools
5 min	Two: Introduction	10 min	Four: Discussion and Summary
20 min	Two: Discussion and Brainstorming: Ways to Improve the Quality of Care	5 min	Five: Introduction
15 min	Two: Presentation: Quality of Care in Health Services	20 min	Five: Small Group Work: Interpreting Data
30 min	Two: Facility Visit	15 min	Five: Group Presentation: Interpreting Data
10 min	Two: Q&A	20 min	Five: Presentation: Using Data for Decision-Making
5 min	Two: Summary	20 min	Five: Small Group Work: Using Data for Decision-Making
5 min	Three: Introduction	15 min	Five: Group Presentation: Using Data for Decision-Making
10 min	Three: Review and Discuss the gaps identified in facility visit	20 min	Five: Group Discussion: Develop a Plan for Reviewing Data
15 min	Three: Small Group Work: Action Planning	5 min	Closing & thanks to learners
15 min	Three: Group Presentation: Action Planning		
5 min	Three: Summary & closing		

Module 4: Quality of Care

Handout 4-1: Action Plan to Improve the Quality of Long-Acting Reversible Contraceptive (LARC) Services

Gap, problem, or trend	Likely cause(s) of the problem	Action to be taken	Person(s) responsible	Target date for activity to be completed	Resources needed to achieve this action	Actual date activity is completed	Notes

Module 4: Quality of Care

Handout 4-2: Interpreting Data

Group I

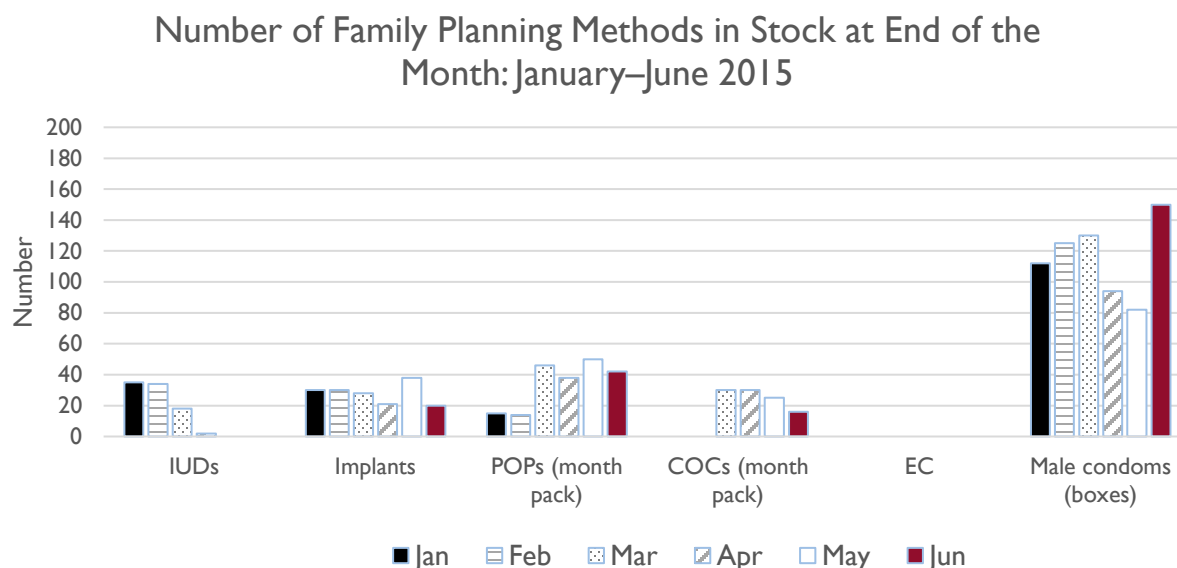
Hospital A

Hospital A tracks month(s) when there was a stock-out of family planning methods for one or more days.

Stock-Outs of Family Planning Commodities: January–June 2015 (X = out of stock one or more days during the month)						
	IUDs	Implants	Progestin-only pills (POPs)	Combined oral pills (COCs)	Emergency contraception pills (ECPs)	Male condoms
Jan					x	
Feb			x		x	
Mar			x		x	
Apr	x		x			
May			x			
Jun			x			

Hospital B

Hospital B tracks the number of family planning methods in stock (available) at the end of each month.



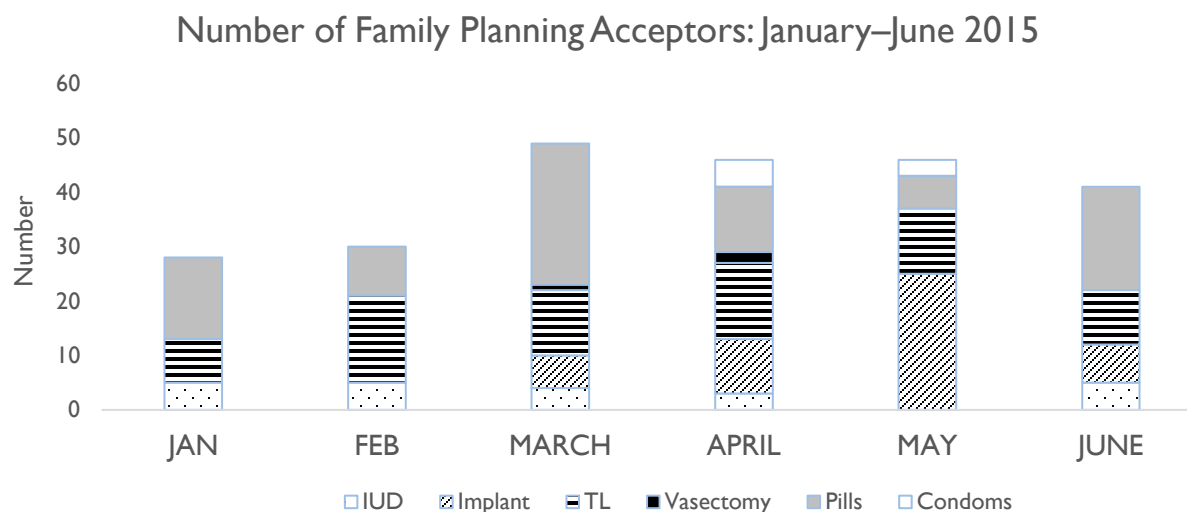
Questions for discussion

- If you looked at these data in July 2015, what could you learn about each hospital's ability to provide family planning services? Long-acting reversible contraceptives (LARCs)?
- What is good and what is bad about each way of tracking supplies (tracking stock-outs versus tracking the number of commodities in stock)?

Group 2

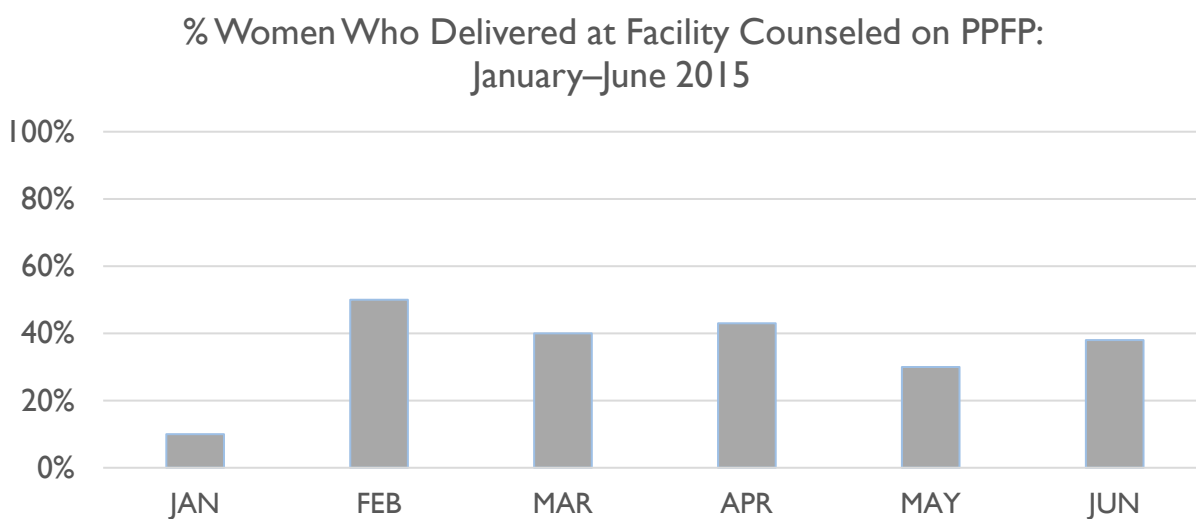
Hospital A

Hospital A offers a range of family planning methods including LARCs and permanent methods. Data on method acceptance, January–June 2015, are as follows :



Hospital B

At Hospital B maternity staff are trained to counsel women on postpartum family planning (PPFP) after delivery. Data on counseling, January–June 2015, are as follows :



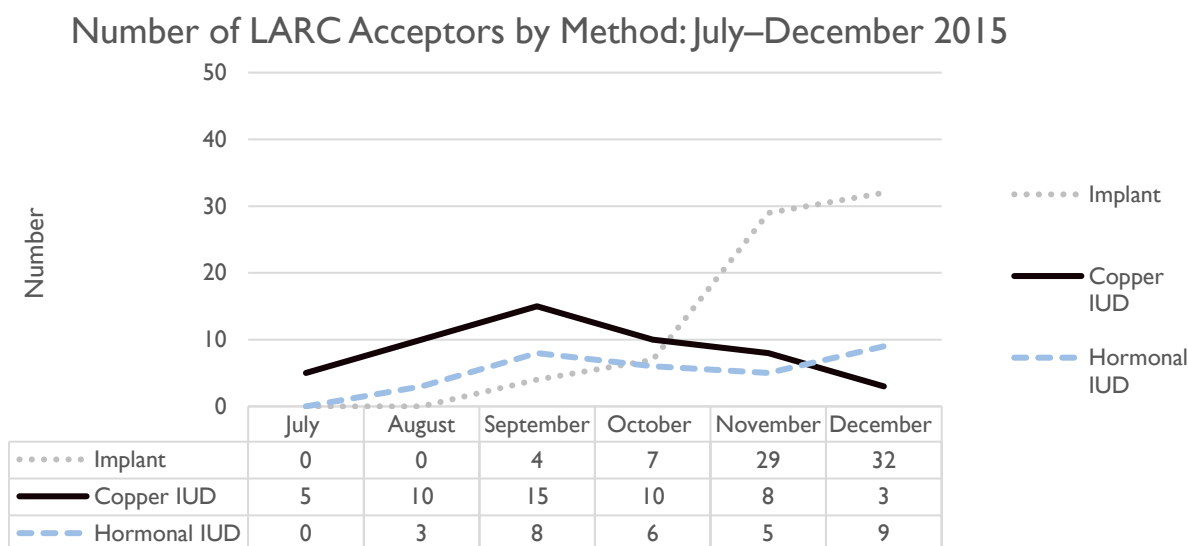
Questions for discussion

- What can we learn from data at Hospital A about use of family planning services?
- What can we learn from data at Hospital B about the coverage of LARC counseling?

Group 3

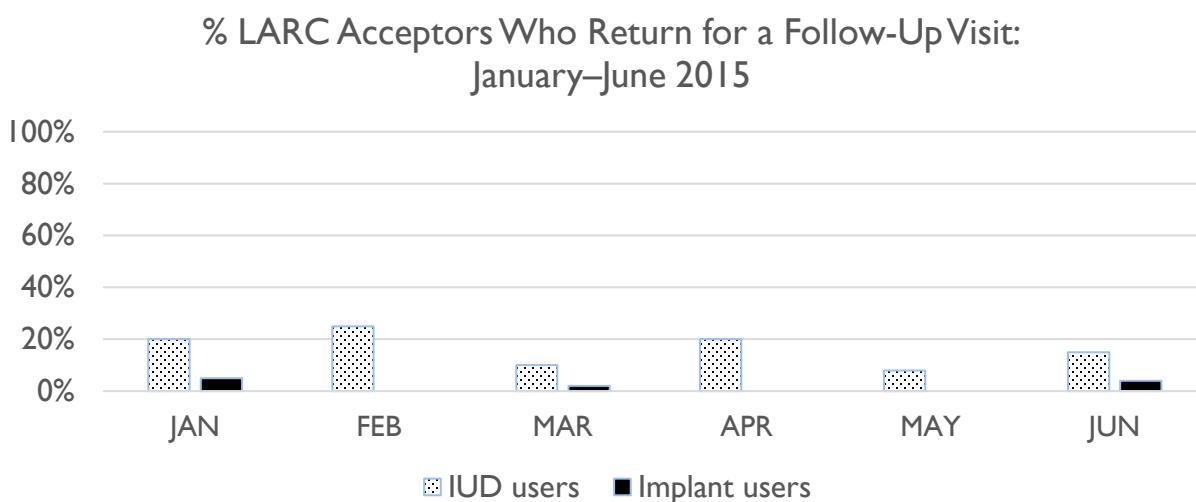
Health Center A

Health Center A has been offering contraceptive services for the past 5 years. The national family planning program has introduced some new LARC methods into their program and has trained staff to offer those services. Data for LARC acceptors, July–December 2015 are as follows



Health Center B

Health Center B recommends that clients return to the facility for a follow-up visit after receiving a LARC method. Data on follow-up visits, January–June 2015, are as follows:



Questions for discussion

- Based on data at Health Center A, what might you investigate about the quality of LARC counseling and services?
- What can you learn from data at Health Center B about follow-up for LARC users?