

Practical Realities

Advocacy and Quality

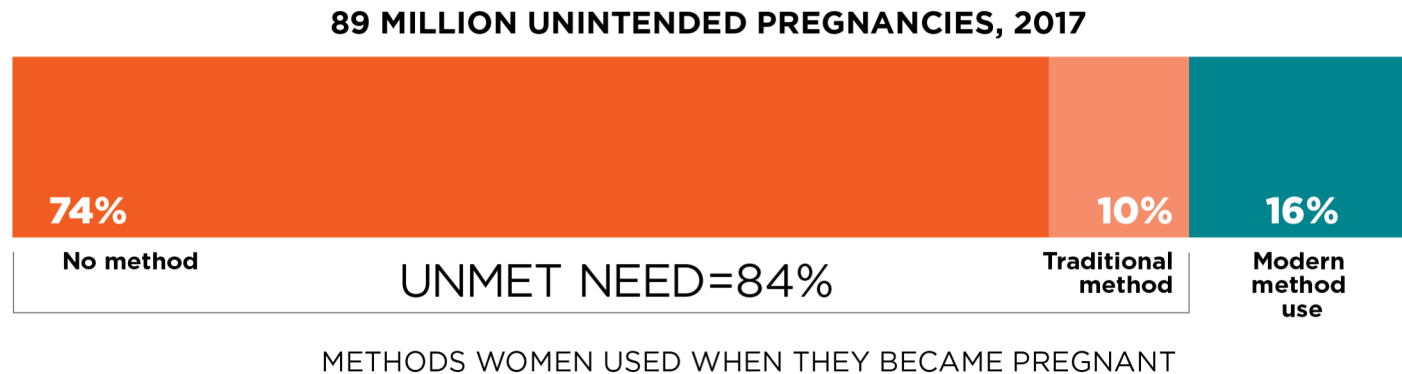
*Beth Fredrick
AFP Partners Meeting
9 April, 2019*

Context— Advocacy and Quality



What Keeps Women from Using a Modern Method?

Women in developing regions
with unmet need for modern contraceptives
account for 84% of unintended pregnancies



[Adding it Up, Guttmacher Institute, 2017](#)

WHO Guidelines—Purpose

- Ensure human rights by ensuring quality of care at point of service delivery
- Improve effectiveness of services and attract people to use them
- Be responsive to the diversity of people seeking contraceptives

Quality of care in contraceptive information and services, based on human rights standards: A checklist for health care providers



From WHO Guidance to Policies and Practice

Quality of care in contraceptive information
and services, based on human rights
standards: A checklist for health care
providers, World Health Organization, 2017

AFP Examples— Improving Quality, 2018

- **Tanzania**—Zanzibar government commitment translates to training/referrals for IUDs, implants and sterilization
- **Kenya and Uganda**—Drug shops and pharmacies provide an alternative to facilities in providing injectable contraceptives (subcutaneous and intramuscular)
- **India**—
 - Bihar, Jharkhand, Rajasthan, and Uttar Pradesh adopt the national guidelines and set aside an additional 105.4 million INR (US \$1.6 million) to increase private provider reimbursements for clinical outreach services
 - States and districts support fixed day services for sterilization, including training, supplies, equipment, and increased provider reimbursements

Elements of Quality of Care



[Photo: PAI.org](http://PAI.org)

- Choice among contraceptive methods
- Evidence on effectiveness, risks, benefits of different methods
- Technically competent health workers
- Respectful provider-user relationships
- Privacy and confidentiality
- Appropriate services and follow-up in the same locality

WHO Guidelines— The Advocacy Challenge

- I. User satisfaction with information and services
- II. Technically competent health care providers who are paid, supported and protected
- III. A functioning health system, with a budget and supportive/clear policies and protocols
- IV. Accountability



[Photo: Human Rights Watch](#)

I. Practical Realities— User Satisfaction

- A. Method choice and support for switching
- B. Evidence on risks, benefits, side effects
- C. Privacy and confidentiality
- D. Use is voluntary and without restriction(e.g. for young people)
- E. Choice of provider (e.g. male/female) and continuity of care

II. Practical Realities— Competent Health Workers

- A. Training
- B. Recruitment/retention
- C. Payment/reimbursement
- D. Protection for whistleblowers
- E. Support for ideas and implementation
- F. Support for respectful care

III. Practical Realities— Functioning Health System

- A. Budget
- B. Policies
- C. Protocols
- D. Availability of services and follow-up
- E. Procurement/supply chain support method choice

IV. Practical Realities— Accountability

- A. Quality assessments made and reported
- B. National and subnational policies/plans include quality measures
- C. Redress mechanisms for clients
- D. All methods and equipment in stock
- E. Policies benefit all—youth, low-income, rural
- F. Data systems incorporate quality indicators



SMART advocacy leads to action



Thank you
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