

# The Fundamentals of Care: Ensuring Quality in Facility-Based Services A Resource Package

Every health facility needs a solid foundation on which it can build to succeed in providing quality care to its clients and communities. The fundamentals of care described in this document—choice, safety, and quality assurance—are key elements of that foundation. These fundamentals require constant and sustained attention to ensure their institutionalization and application with each new generation of service providers and in each new health service or technological innovation that is introduced, as well as within the ongoing provision of high-quality services.

The ACQUIRE Project has developed this resource package to assist program planners, managers, supervisors, and providers in designing, implementing, monitoring, and evaluating facility-based program interventions and services.

## **What Are the Fundamentals of Care?**

The elements essential for ensuring the quality of facility-based service delivery can be grouped into three categories that comprise the Fundamentals of Care.

### ***I. Ensuring informed and voluntary decision making***

This refers to the process by which an individual arrives at a decision about health care based on knowledge of the available options and on access to and understanding of complete, up-to-date information. To make an informed choice about reproductive health, a client must have access to service options and receive and understand the information relevant to making a decision. Through effective client-provider interaction and appropriate counseling and referral, providers enable a voluntary decision-making process.

### ***II. Assuring safety for clinical techniques and procedures***

Medical safety is a critical issue for both clients and providers and refers to the procedures that are conducted and the clinical environment in which they are carried out. Clinical techniques and procedures are considered safe when skilled providers practice in accordance with updated, evidence-based standards, guidelines, and infection prevention protocols, within a physical structure appropriate for managing clinical services.

### ***III. Institutionalizing a mechanism for ongoing quality improvement and assurance***

Ensuring high-quality services is a continuous process requiring strong management and quality assurance and supervision systems that create an enabling and supportive environment. Quality improvement/performance improvement/participatory learning and action (QI/PI/PLA) tools can guide the establishment of such mechanisms and their implementation. Providers, managers, supervisors, communities, and clients all have essential roles to play in effective quality assurance processes.

Proper functioning of a health facility and high-quality provider performance depend on a variety of systems and performance-related factors within and outside of the organization. These systems and factors are also essential to ensuring informed choice and clinical safety and include clear job expectations, regular and supportive feedback on job performance, staff motivation, infrastructure, supplies, equipment, knowledge, and skills. A well-managed organization where systems for supervision, logistics, and training function effectively delivers high-quality services that meet clients' expectations and needs.

### **Why Are the Fundamentals of Care Important?**

These fundamentals are the underpinning of high-quality family planning and reproductive health (FP/RH) services. As such, they should be reflected in all aspects of service delivery. Giving continuous attention to these fundamentals can ensure that service innovations are evidence-based and reflect best practices and that standards of high-quality care are sustained.

The fundamentals of care have been key to the success of family planning programs. Research has shown that high-quality care contributes to client satisfaction and, as a result, to wider use of contraception and increased continuation rates, in addition to greater job satisfaction among health care providers.<sup>1</sup> People use family planning longer if they are able to choose the method that best meets their personal needs and desires. Access to a range of methods ensures that clients are able to use the method they prefer and enables switching to another method when desired or required for medical reasons.<sup>2</sup>

Based upon QI and PI methodologies, the Fundamentals of Care (FOC) framework incorporates the concepts of clients' rights and staff needs. The FOC ensure client-centered care and an enabling atmosphere for service providers in which all performance-related factors are adequately addressed and implemented. The FOC reflect both the clients' and providers' perspectives. Thus, the three central elements—choice, safety, and quality assurance—must be considered and defined from both perspectives. All three elements are essential to high-quality service provision. For example, if providers are effectively counseling clients on the full range of FP methods but are not following proper infection prevention practices, the FOC criteria are not met and service quality suffers.

### **Why Focus on Facility-Based Service Delivery?**

The focus of this resource package is the application and use of the FOC in health care facilities—hospitals, health clinics, and primary health posts, in the public, private, or nongovernmental sectors. Health facilities provide a significant proportion of FP services, are the appropriate setting for the provision of surgical contraceptive methods, and serve to link FP with other RH services—antenatal care, delivery and postpartum care, emergency obstetric care, postabortion care, repair of obstetric and gynecologic fistulas, and sexually transmitted infection (STI) and HIV/AIDS services. They serve an important back-up role for nonclinical contraceptive methods if there is a medical problem. Facilities and their providers help support community-based distribution, social marketing, and commercial distribution schemes. Additionally, facilities serve as venues for training providers to deliver FP/RH services. However, the FOC are relevant to any type of service setting, whether facility- or community-based, fixed or mobile.

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<sup>1</sup> Kols, A.J., and Sherman, J.E. 1998. Family planning programs: Improving quality, *Population Reports*, Series J, No. 47. Baltimore: Johns Hopkins University School of Public Health, Population Information Program.

<sup>2</sup> Upadhyay, U.D. 2001. Informed choice in family planning: Helping people decide. *Population Reports*, Series J, No. 50. Baltimore: Johns Hopkins University Bloomberg School of Public Health, Population Information Program.

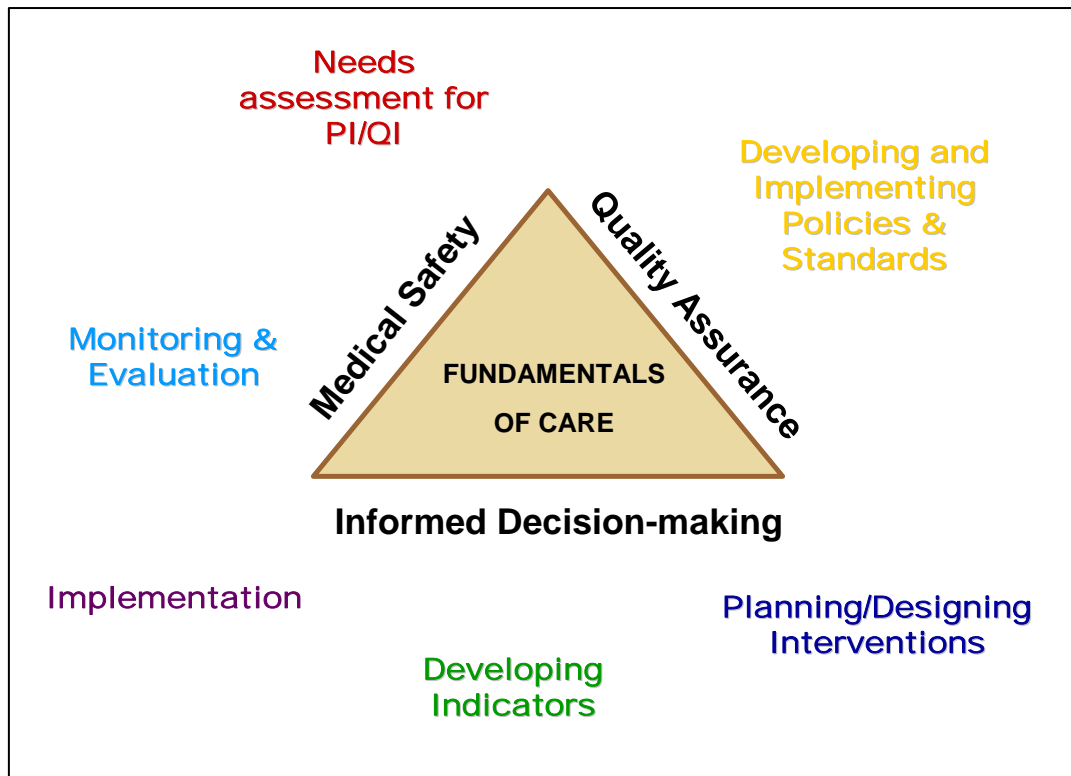
## Purpose of This Resource Package

Many interrelated factors influence the quality of health care delivery. This package includes the basic elements of high-quality service delivery and focuses on those over which managers, supervisors, and providers have some degree of control or influence. Its purpose is to assist program managers, providers, and supervisors to incorporate the FOC into all aspects of their programs and services. It provides guidance for health facility staff in operationalizing and incorporating the FOC into their work and can be used as a guide for planning, designing, implementing, monitoring, and evaluating FP/RH programs and interventions.

Possible uses of this Resource Package include:

- **Planning and program development**—Assessing programs or services to identify the degree to which the FOC elements are present, and subsequently, designing programs or interventions that incorporate and/or strengthen them.
- **Implementation**—Delivering services that are fully compliant with FOC elements for informed choice and clinical safety within a facility that has established quality assurance mechanisms
- **Monitoring and evaluation**—Providing guidance for developing indicators to monitor and evaluate progress or the impact of an intervention
- **Supervision**—Enabling performance monitoring by providers themselves (self-monitoring) and by on-site and off-site supervisors
- **Policies and standards**—Developing or updating evidence-based policies, standards, guidelines, and protocols.

Figure 1. Multifaceted Application of the Fundamentals of Care



## How to Use This Resource Package

This resource package is divided into three sections, one for each fundamental: *informed decision-making*, *clinical safety*, and *quality assurance and management*. Although they are presented as separate guides for ease of use, *all* of the elements must be implemented if high-quality services are to be ensured. Figure 1 reflects the importance of considering each element as part of a whole. As with a triangle or three-legged stool, when one side or leg is missing, it becomes unstable or is no longer a triangle. A program with weak counseling practices (i.e., gaps in “informed choice processes”) but well-implemented clinical safety procedures does not fulfill the FOC criteria of high quality.

Each guide has three columns. **The first column** is a list of *elements* that must be in place for high-quality FP/RH service delivery. These elements are stated as performance and behavioral expectations of service providers, managers, and supervisors.

**The second column** provides a detailed description of the *components* of each element. These components represent the ideal and can be converted to indicators for assessment, monitoring, and evaluation purposes.

**The third column** lists a variety of *tools and instruments* that can be used to assess whether the elements are being implemented in accordance with evidence-based standards and guidelines. These materials can assist in identifying performance gaps and the appropriate interventions for addressing those gaps and can be adapted to meet the needs of varying program contexts.

## What Next?

It is recommended that the process of identifying and addressing performance gaps be undertaken as a participatory exercise that fosters stakeholder involvement and ownership. This resource package can be used as part of the process, to identify appropriate PI interventions and methodologies. The ACQUIRE Project has developed a programming guide, *Integrating Best Practices for Performance Improvement, Quality Improvement, and Participatory Learning and Action to Improve Health Services*, to assist managers in selecting the approach or combination of approaches that best meet the needs of their programs. This document can be accessed via the ACQUIRE Project extranet, at [http://extranet.acquireproject.org/improved\\_performance/p\\_improvement/guidelines/guidelines\\_pi\\_qi\\_pla\\_06-16-05.pdf](http://extranet.acquireproject.org/improved_performance/p_improvement/guidelines/guidelines_pi_qi_pla_06-16-05.pdf)

# The Fundamentals of Care

## I. Ensuring Informed Choice and Voluntary Decision Making

Voluntary decision making requires an environment in which clients have access to all information necessary for making an informed decision. The elements that comprise this fundamental build on and expand the framework and indicators elaborated in *Choices in Family Planning: Informed and Voluntary Decision Making*,<sup>3</sup> and are applicable to all RH services. The elements included in this table focus on the role of service providers and managers in ensuring that clients can make informed decisions.

Element	Component	Tools
<p><b>Service options are available and accessible to all persons who need them, regardless of age, sex, sexual orientation, religion, income, or social status.</b></p>	<ul style="list-style-type: none"> <li>• A range of service options is accessible (geographically, physically, socially, and economically) to all groups of clients, including adolescents and unmarried individuals.</li> <li>• Managers ensure that a range of FP methods and RH services appropriate for the setting is available and offered by providers.</li> <li>• Managers ensure that linkages exist with other departments or units within the facility in order to increase clients' access to services.</li> <li>• When desired methods or services are not available, providers refer clients to another department or facility where they are.</li> </ul>	<p>Informed Choice Toolkit, pages 4–5, 12–13, 17, 35–36, 51–52.</p> <p>COPE RH Toolbook, 1) Self-Assessment Guide on Clients' Right to Informed Choice, pages 21–22; 2) Self-Assessment Guide on Clients' Right to Access to Services, pages 17–19</p> <p>Performance Needs Assessment (PNA), 1) Provider Interview Questionnaire, page 8; 2) Facility Audit, Questionnaire, pages 5 and 11</p> <p>Quality Measuring Tool (QMT), pages 28–31 and 40–41</p> <p>Quick Investigation of Quality (QIQ), Facility Audit, pages 59–60</p>
<p><b>Providers enable a voluntary decision-making process.</b></p>	<ul style="list-style-type: none"> <li>• Providers recognize, support, and protect the client's right to make a voluntary and informed decision.</li> <li>• Providers are objective regarding all clients and methods.</li> <li>• Providers record informed consent for services, as required by local law.</li> </ul>	<p>Informed Choice Toolkit, pages 5, 19–21, and 37–38</p> <p>PNA, 1) Provider Interview Questionnaire, page 8; 2) Facility Audit Questionnaire, page 13</p> <p>Comprehensive RH Curriculum, Appendix G</p>

<sup>3</sup> EngenderHealth. 2003. *Choices in family planning: Informed and voluntary decision making*. New York.

Element	Component	Tools
<p><b>Providers ensure effective counseling and client-provider interaction.</b></p>	<ul style="list-style-type: none"> <li>• Providers give individualized care, tailoring the interaction and information to a client’s needs, circumstances, social context, and concerns.</li> <li>• Providers encourage clients to actively participate in discussions and to ask questions of the provider.</li> <li>• Providers use language and terms that clients can readily understand.</li> <li>• Providers are active listeners, and demonstrate empathy and respect. They are nonjudgmental and sensitive to power imbalances and gender differences between clients and themselves.</li> <li>• Providers protect and maintain clients’ confidentiality.</li> <li>• Providers ensure auditory and visual privacy for clients, regardless of the setting.</li> <li>• Providers always check whether clients understand the information given to them during counseling.</li> <li>• Providers explore and discuss potential difficulties that might prevent clients from using the FP method or RH service and assist them in strategizing how to overcome them.</li> </ul>	<p>Informed Choice Toolkit, pages 5, 27–29, and 41–43</p> <p>COPE RH Toolbook, 1) Self-Assessment Guide on Clients’ Right to Informed Choice, pages 21–22; 2) Self-Assessment Guide on Clients’ Right to Privacy and Confidentiality, page 31; 3) Self-Assessment Guide on Clients’ Right to Dignity, Comfort, and Expression of Opinion, pages 33–34</p> <p>PNA, Observation of Client Consultation, pages 4–5</p> <p>Comprehensive RH Curriculum, Appendix G</p> <p>QMT, pages 36–39</p> <p>QIQ, Counseling Observation Guide, page 94</p>
<p><b>Providers give clients accurate, up-to-date, and relevant RH/FP information to aid clients in their decision-making process.</b></p>	<ul style="list-style-type: none"> <li>• Facilities have information, education and communication materials clearly displayed and accessible for clients. These materials are used by providers to give clients accurate and unbiased information about RH/FP options and services.</li> <li>• Providers give clients accurate, up-to-date, and relevant information about available treatments, procedures, and FP methods, using a language that they can readily understand.</li> <li>• Providers assess clients’ knowledge about FP and RH, fill in any knowledge gaps, and correct any misinformation.</li> <li>• Providers routinely instruct clients on follow-up care, inform clients of possible side effects and warning signs of complications, and instruct them on what to do and where to go should a complication arise.</li> <li>• Providers ensure that clients understand their options and the essential information about their chosen method or treatment (e.g., benefits and risks, proper use, protection against HIV/STIs).</li> <li>• Providers check with clients about their concerns and questions, thoroughly discuss these, and answer all questions.</li> </ul>	<p>Informed Choice Toolkit, pages 5, 23-25, and 39–40</p> <p>COPE RH Toolbook, Self-Assessment Guide on Clients’ Right to Information, pages 11–16</p> <p>PNA, 1) Observation of Client Consultation, pages 4–7; 2) Facility Audit, Questionnaire, page 13; 3) Provider Interview Questionnaire, pages 2–5</p> <p>Comprehensive RH Curriculum, Appendix G</p> <p>QMT, pages 26–27</p> <p>QIQ, 1) Facility Audit, page 64; 2) Counseling Observation Guide, page 96</p>

## II. Assuring Safety for Clinical Techniques and Procedures

The elements, or performance-related factors, for ensuring medical safety for clients and providers are relevant for providers, managers, and supervisors, as each has an important role to play in maintaining a safe environment for service delivery. Providers should employ techniques and procedures that are consistent with safety standards, supervisors should support and guide providers, and managers should ensure that the necessary policies, infrastructure, supplies, and equipment are in place and available. Supervisors can be internal or external to the facility and have a responsibility for continuously ensuring adherence to the fundamentals of care.

Elements	Component	Tools
<p><b>Written medical guidelines, protocols, and standards are regularly updated and consistently implemented at the facility level.</b></p>	<ul style="list-style-type: none"> <li>Managers and supervisors ensure that providers have access to updated service-delivery guidelines, standards, and protocols.</li> <li>Supervisors ensure that providers comply with up-to-date service-delivery guidelines, standards, and protocols.</li> <li>Supervisors provide timely updates to providers on service-delivery guidelines, standards, and protocols.</li> <li>Supervisors and managers ensure that medical, attitudinal, and policy barriers that limit client access to services are identified and corrected.</li> </ul>	<p>COPE RH Toolbook, Self-Assessment Guide on Staff Need for Facilitative Supervision and Management, pages 39–41</p> <p>Facilitative Supervision Curriculum, Modules 3 and 6</p> <p>PNA, Facility Audit Questionnaire, pages 6 and 9–10</p>
<p><b>Providers perform FP/RH services, according to up-to-date national standards.</b></p>	<ul style="list-style-type: none"> <li>Managers ensure that providers have access to standardized forms or questions for history taking.</li> <li>Providers conduct a thorough medical and RH history and physical examination (as appropriate), using a standard form or list of questions.</li> <li>Providers provide FP methods and/or RH services in accordance with service-delivery guidelines and protocols, including correctly determining clients' eligibility for particular methods and services.</li> <li>Providers implement appropriate anesthesia and analgesia regimens.</li> <li>Providers monitor clients before, during, and after procedures according to service-delivery guidelines and protocols.</li> <li>Providers tell clients if and when to return for follow-up care and that they can return at any time with questions or concerns.</li> <li>Providers counsel clients on what to do if they experience any problems, including side effects and warning signs.</li> <li>Providers correctly manage complications and side effects.</li> </ul>	<p>COPE RH Toolbook, Self-Assessment Guide on Clients' Right to Safe Services, pages 23–29</p> <p>Facilitative Supervision Curriculum, Appendix D, 1) Service Delivery Point (SDP) Assessment for Use of Injectable Contraceptives; 2) SDP Assessment for Use of the IUD; Self Assessment Checklist for Female Sterilization Via Minilaparotomy</p> <p>PNA, Observation of Client Consultation, pages 4–11</p> <p>EngenderHealth Medical Site Visit Guidelines, pages 7.17–7.33</p> <p>QMT, pages 32–33 and 40–41</p> <p>QIQ, Counseling Observation Guide, pages 97–98</p>

Elements	Component	Tools
<p><b>Providers correctly implement all infection prevention practices and procedures to protect clients and themselves.</b></p>	<ul style="list-style-type: none"> <li>• Managers and supervisors ensure that providers have access to up-to-date written guidelines on infection prevention.</li> <li>• Managers, supervisors, and providers ensure that service settings and clinical areas are clean.</li> <li>• Instruments and other items used in clinical procedures are properly processed, (i.e., sterilized or high-level disinfected) before use.</li> <li>• Providers wash hands before and after conducting procedures.</li> <li>• Providers use gloves, eye protection, and face shields, as needed.</li> <li>• Providers conduct clinical procedures using sterile or high-level disinfected instruments, as appropriate.</li> <li>• Medical wastes and disposable supplies are properly handled and disposed of.</li> </ul>	<p>COPE RH Toolbook, Self-Assessment Guide on Clients’ Right to Safe Services, pages 24–25</p> <p>EngenderHealth Medical Site Visit Guidelines, pages 7.16–7.17</p> <p>Facilitative Supervision Curriculum, Appendix D, Infection Prevention Evaluation Instrument</p> <p>PNA, Facility Audit Questionnaire, pages 7–8</p> <p>EngenderHealth Infection Prevention Assessment Survey</p> <p>QMT, pages 32–33 and 46–47</p>
<p><b>Providers appropriately handle emergency situations.<sup>4</sup></b></p>	<ul style="list-style-type: none"> <li>• Managers and supervisors ensure that providers have a copy of emergency procedures protocols.</li> <li>• Providers manage emergency complications correctly, according to protocols and in a timely manner.</li> <li>• Managers ensure that qualified service providers are available, either at the facility or by referral, in case of complications and emergencies.</li> <li>• Managers ensure that emergency medications, equipment, and supplies are consistently in stock.</li> <li>• Managers ensure that emergency transport is available and functioning during all hours of service.</li> </ul>	<p>COPE RH Toolbook, Self-Assessment Guide on Clients’ Right to Safe Services, pages 23–24</p> <p>PNA, Facility Audit Questionnaire, pages 7 and 13–16</p> <p>QMT, pages 33–35 and 43</p>

<sup>4</sup> Emergency situations include: emergencies resulting from surgery; emergency obstetric care; antenatal and postpartum emergency events; and clients who present at the hospital or clinic needing to be stabilized before definitive treatment can be undertaken.



Elements	Component	Tools
<p><b>Supervisors regularly conduct medical monitoring at the facility level to assess the readiness and the processes of service delivery and make recommendations for improvement. *</b></p>	<ul style="list-style-type: none"> <li>• Supervisors monitor providers’ compliance with standards, norms, guidelines, protocols, and procedures.</li> <li>• To ensure readiness of services, supervisors assess staffing, infrastructure, equipment, supplies, data collection, and reporting, and make recommendations for improvement.</li> <li>• To evaluate the service-delivery processes, supervisors observe providers during client consultations and give feedback on: <ul style="list-style-type: none"> <li>○ Clinical examinations and procedures (including method-specific medical safety for the range of FP methods and RH services)</li> <li>○ Client-provider interaction and counseling techniques</li> <li>○ Infection prevention practices</li> </ul> </li> </ul>	<p>Facilitative Supervision Curriculum, Module 6 and Appendix D</p> <p>COPE RH Toolbook, Self-Assessment Guide on Staff Need for Facilitative Supervision and Management, pages 39–41</p> <p>EngenderHealth Medical Site Visit Guidelines, pages 7.1–7.33</p>
<p><b>Service statistics data are continuously collected and used for decision making at the service-delivery level. *</b></p>	<ul style="list-style-type: none"> <li>• Managers ensure that a system for collecting service statistics and auditing records is in place, maintained, and continuously used to analyze and address major and minor complications or medical errors.</li> <li>• Providers complete client records accurately and completely.</li> <li>• Department and clinic reports are submitted regularly and on time by managers.</li> <li>• Facility managers, supervisors, and providers regularly discuss and analyze service statistics and reports to help them improve services.</li> </ul>	<p>COPE RH Toolbook, 1) Record Review Checklists for RH Services, pages 53–55; 2) Self-Assessment Guide on Staff Need for Facilitative Supervision and Management, pages 39–41</p> <p>PNA, 1) Record Review Checklist, page 1; 2) Facility Audit Questionnaire, pages 6–7 and 13</p> <p>Facilitative Supervision Curriculum, Module 5</p> <p>QMT, page 40</p> <p>QIQ, Facility Audit, page 69</p>

\* This element is also a component of ongoing quality assurance and management.

### III. Providing a Mechanism for Ongoing Quality Assurance and Management

This last section lists the elements that are primarily the responsibility of the organization or health system. They represent providers' needs and performance-related factors that an organization must ensure to establish and maintain an enabling environment for high-level performance of providers and services. While there are many additional aspects of well-functioning organizations, the focus here is on those over which program managers and supervisors at the service-delivery level have a greater degree of influence or control.

Elements	Component	Tools
<p><b>Quality assurance mechanisms are implemented at the facility level to analyze and address service-delivery issues.</b></p>	<ul style="list-style-type: none"> <li>• Each facility continuously assesses performance and service quality, develops action plans, and implements necessary improvements. Effective approaches/tools include case reviews, COPE, Community COPE, QI, PI, PLA, and other quality assurance mechanisms.</li> <li>• Managers and supervisors ensure there is a mechanism in place for obtaining staff input for quality improvements.</li> <li>• Meetings are held at the facility level to discuss the quality of service delivery on a regular basis and community members are encouraged to participate.</li> </ul>	<p>PNA, Facility Audit Questionnaire, page 10</p> <p>COPE RH Toolbook, Self-Assessment Guide on Staff Need for Facilitative Supervision and Management, pages 39–41</p> <p>Quality Measuring Tool, pages 40–41</p> <p>QIQ, Facility Audit, pages 67–68</p>
<p><b>Facilities and providers receive facilitative/supportive supervision to create an enabling environment for service provision.</b></p>	<ul style="list-style-type: none"> <li>• Supervisors implement a facilitative approach to supervision, helping create an enabling environment for the program and providers by ensuring that all the performance-related factors are in place.</li> <li>• Supervisors receive training in the same areas as the providers and facilitate and monitor the transfer of learning to providers.</li> </ul>	<p>Facilitative Supervision Curriculum, Modules 1–13</p> <p>PNA, Provider Interview Questionnaire, pages 12–13</p> <p>QMT, page 41</p>
<p><b>Providers have adequate knowledge and skills to perform their jobs.</b></p>	<ul style="list-style-type: none"> <li>• A system is in place to periodically assess and address staff's training and learning needs.</li> <li>• Technical skills are updated regularly through training and other skills development approaches.</li> <li>• Each facility has a system in place to transfer knowledge and skills from newly trained providers to others within the facility.</li> <li>• Providers have and use up-to-date reference materials (e.g., job aids, training manuals).</li> <li>• Supervisors and managers ensure that providers access up-to-date reference materials.</li> </ul>	<p>PNA, Provider Interview Questionnaire, pages 9–10</p> <p>COPE RH Toolbook, Self-Assessment Guide on Staff Need for Information, Training, and Development, pages 43–45</p> <p>QMT, pages 44–45</p>

Elements	Component	Tools
<p><b>Facilities have adequate infrastructure, supplies, and equipment to deliver quality services.</b></p>	<ul style="list-style-type: none"> <li>• Providers have the necessary equipment and supplies to perform well and provide safe services.</li> <li>• Trained staff consistently forecast equipment, medicine, and supply requirements and submit requests for resupply on a timely basis to prevent stockouts.</li> <li>• A system is in place for maintaining, repairing, and replacing equipment.</li> </ul>	<p>PNA, Facility Audit Questionnaire, pages 11 and 13–14</p> <p>COPE RH Toolbook, Self-Assessment Guide on Staff Need for Supplies, Equipment, and Infrastructure, pages 47–49</p> <p>QMT, pages 46–47</p> <p>QIQ, Facility Audit, pages 59–63</p>
<p><b>Providers have a clear understanding of performance expectations.</b></p>	<ul style="list-style-type: none"> <li>• Providers have copies of norms, procedures, and protocols within their facility and refer to them to guide service delivery.</li> <li>• Managers and supervisors ensure that providers have written, up-to-date job description detailing the duties of the position.</li> </ul>	<p>PNA, 1) Provider Interview Questionnaire, page 13; 2) Facility Audit Questionnaire, page 6</p> <p>QMT, page 41</p>
<p><b>Providers regularly receive feedback on their performance.</b></p>	<ul style="list-style-type: none"> <li>• Supervisors give constructive feedback to providers on a regular basis.</li> <li>• Facilities collect and analyze feedback from clients and the community and implement necessary changes to improve services.</li> <li>• Supervisors and managers institutionalize a performance review system.</li> </ul>	<p>COPE RH Toolbook, Self-Assessment Guide on Staff Need for Facilitative Supervision and Management, pages 39–41</p> <p>PNA, 1) Provider Interview Questionnaire, page 13; 2) Facility Audit Questionnaire, pages 10–11</p>
<p><b>Providers are adequately motivated to perform according to standard.</b></p>	<ul style="list-style-type: none"> <li>• Providers receive verbal or written recognition for good performance often from their supervisors, colleagues, and/or clients.</li> <li>• Providers receive incentives for doing work well.</li> <li>• Consequences for poor quality work exist and are implemented.</li> </ul>	<p>PNA, Provider Interview Questionnaire, page 13</p> <p>COPE RH Toolbook, Self-Assessment Guide on Staff Need for Facilitative Supervision and Management, pages 39–41</p>

## Where to Access the Tools?

### **COPE® Handbook: A Process for Improving Quality in Health Services, Revised Edition. EngenderHealth, 2003.**

#### **Description:**

This revised version of COPE®: Client-Oriented, Provider-Efficient Services, described below, incorporates lessons learned over the years in conducting the COPE self-assessment process for improving services and provides more detailed explanation about the process. Using a revised format, this handbook includes generic instructions and tips for conducting a COPE exercise in any health service; the instruments, or "tools," used in specific health services are provided in the toolbooks described below.

#### **Available from:**

<http://www.engenderhealth.org/res/offc/qi/cope/handbook/index.html>

### **COPE® for Reproductive Health Services: A Toolbook to Accompany the COPE® Handbook, EngenderHealth, 2003.**

#### **Description:**

A supplement to *COPE® Handbook: A Process for Improving Quality in Health Services, Revised Edition*. Provides updated versions of the self-assessment guides, the client interview guide, and other materials for a range of reproductive health services, including antenatal care, labor and delivery, postpartum and newborn care, postabortion care, family planning, reproductive tract infections (including sexually transmitted infections), HIV and AIDS, gynecological services, men's reproductive health services, sexuality, infertility, and prevention of harmful practices.

#### **Available from:**

<http://www.engenderhealth.org/res/offc/qi/cope/toolbook/index.html>

### **Choices in Family Planning: Informed and Voluntary Decision Making, EngenderHealth, 2003**

#### **Description:**

A toolkit of job aids intended to help policymakers, managers of health care programs, health care workers, and community leaders support individuals in making informed and voluntary decisions about their sexual and reproductive health. This updated edition is a revision of the earlier work in progress, and incorporates modifications to address users' feedback based on their experience in applying the tools in field-based service programs. Changes include a modified format for the Next Steps Guide.

#### **Available from:**

<http://www.engenderhealth.org/res/offc/ic/choices/index.html>

**Performance Needs Assessment—Data collection tools to assess the fundamentals of care. ACQUIRE Project, 2004.**

**Description:**

The performance needs assessment is a multistep process that actively involves stakeholders to define performance expectations, assess current performance, and analyze the root causes of performance gaps to more appropriately identify interventions to improve services. Data on the actual performance of programs and providers are collected with a variety of tool. The tools presented here are aimed at assessing fundamentals of care at service-delivery settings with a focus on family planning. The tools include questionnaires to conduct client interviews, provider interviews, facility audits, a record-review checklist, and a service statistics collection tool.

**Available (only internally) from:**

(Requires access to the I:\drive) I:\ACQUIRE\IR 2 - Improved Performance\Fundamentals of Care\Data collection instruments

**Note:** If you do not have access to the I: \drive, contact [info-acquire@acquireproject.org](mailto:info-acquire@acquireproject.org) for a copy.

**Facilitative Supervision Curriculum, EngenderHealth, 2006.**

**Description:**

Facilitative supervision describes a system of management in which supervisors at all levels of a health institution focus on the needs of the staff they oversee. This approach emphasizes mentoring, joint problem solving, and two-way communication between the supervisor and those being supervised. This curriculum contains medical monitoring checklists that are useful for assessing clinical safety at the facility level.

**Available (only internally) from I:\drive**

**Note:** If you do not have access to the I: \drive, contact [info-acquire@acquireproject.org](mailto:info-acquire@acquireproject.org) for a copy.

**Comprehensive Counseling for Reproductive Health: An Integrated Curriculum, Trainers' Manual. EngenderHealth, 2003. Observation Guide, Appendix G.**

**Description:**

This curriculum addresses the need for training providers to perceive the client as a whole person with a range of interrelated sexual and reproductive health (SRH) needs (including information, decision-making assistance, and emotional support), to address sensitive issues of sexuality with greater comfort, to support and protect the client's sexual and reproductive rights, and to access more easily resources covering a variety of SRH services. The observation guide (two versions available; one for REDI framework and one for GATHER framework), located in Appendix G, provides a template for observing counseling sessions between a service provider and client. The scoring on how well each counseling step was performed allows a comparative evaluation of service providers' skills and attitudes and the quality of counseling service.

**Available from:**

<http://www.engenderhealth.org/res/offc/counsel/ccrh/index.html>

### **Infection Prevention: A Reference Booklet for Health Care Providers**

**Description:**

This booklet is a quick desk reference on important infection prevention topics: handwashing, gloving, aseptic technique, use and disposal of sharps, instrument processing, housekeeping, and waste disposal. Designed for use by a wide range of health care workers in low-resource settings, it introduces the importance of good infection prevention practices and provides step-by-step instructions for performing critical infection prevention procedures.

The booklet is available as a stand-alone document and as part of the Infection Prevention: Multimedia Package. It is based on EngenderHealth's *Infection Prevention Curriculum: A Training Course for Health Care Providers and Other Staff of Hospitals and Clinics*. Related materials include EngenderHealth's online course on infection prevention and its publication *Infection Prevention Practices in Emergency Obstetric Care*.

**Available (in English, French, and Spanish) from:**

<http://www.engenderhealth.org/res/offc/safety/ip-ref/index..html>

### **Quality Measuring Tool. EngenderHealth, 2003.**

**Description:**

The Quality Measuring Tool is used annually to measure QI over time. Based on the self-assessment tool used in COPE, site staff and supervisors use the QMT together to determine whether clients' rights are being upheld and providers' needs are being met. Any new problems identified are then incorporated into the site's ongoing Action Plan.

**Available (only internally) from:**

(Requires access to the I:\drive) I:\ACQUIRE\IR 2 - Improved Performance\Fundamentals of Care\Quality Measuring Tool 2001.doc

**Note:** If you do not have access to the I: \drive, contact [info-acquire@acquireproject.org](mailto:info-acquire@acquireproject.org) for a copy.

### **Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in Family Planning, Measure Evaluation Project, February 2001.**

**Description:**

QIQ refers to the set of three related data collection instruments designed to monitor 25 indicators of quality of care in clinic-based FP programs. The QIQ User Guide includes an overview of the QIQ (including objectives, short list of indicators, and methodological and ethical issues), guidelines for sampling and training of field personnel, instruments and guidelines for data collection, and summary results from a short list of indicators (tabular and graphic forms). This methodology provides a low-cost, practical means to routinely monitor quality of care in FP/RH services.

**Available from:**

<http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf>

**Community COPE®. EngenderHealth, 2002.**

**Description:**

A participatory process and set of tools designed to help health care workers build partnerships with community members in order to improve local health services. An extension of *COPE®: Client-Oriented, Provider-Efficient Services*, the handbook provides techniques for eliciting community members' views of and recommendations for service improvement.

**Available from:**

[http://extranet.acquireproject.org/improved\\_performance/quality\\_improvement/resources/CommCOPE-Final.pdf](http://extranet.acquireproject.org/improved_performance/quality_improvement/resources/CommCOPE-Final.pdf)

and

<http://www.engenderhealth.org/res/offc/qi/cope/toolbook/pdf/CommCOPE.pdf>