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Updating and Disseminating Guidelines for Family Planning and Reproductive Health: The Role of Health Systems Strengthening

Joanne Spicehandler

Introduction

Improving quality of care and increasing access to reproductive health (RH) services have been international agencies' major goals for the health sector during the past two decades. There has been considerable progress in the development of new service delivery approaches, in the range of contraceptive options available and in our understanding of the policies and social dynamics that impact on women's choices to control their fertility. In addition, USAID, the United Nations Population Fund, the World Health Organization (WHO) and the cooperating agency community, among others, have invested considerable effort updating and improving the norms and standards for RH and family planning (FP) services and training materials. Agencies contributed to dissemination by making these updated standards and practices widely available in print, online and on CDs.

Despite these efforts, there is a lack of documented evidence on the actual implementation and impact of FP/RH guidelines. And despite advances in training techniques for FP clinical practices and counseling, we don't know the extent to which these advances have been applied on a large scale in the developing world. We do know that training effectiveness is highly dependent on effective supervision. It has a limited impact when the home institution does not encourage use of new skills, where supervision is infrequent or unsupportive or when supervisors are unfamiliar with the new knowledge (Foy, 2004; Davis and Taylor-Vaisey, 1997).

This technical brief describes several approaches used to achieve needed changes in service delivery practice, and provides recommendations for actions at the local level. While training materials and guidelines were important tools in the efforts described here, the changes in practice and contraceptive use in those settings resulted from implementation of an integrated set of interventions addressing the organization of services, technical training, supervision and follow up, community and staff needs, logistics and continuous assessment rather than from updating and disseminating clinical guidelines and materials alone.

The Evidence Base: What Is Known about Dissemination, Implementation and Impact of Clinical Practice Norms and Standards

A literature search uncovered several systematic reviews on the effectiveness of clinical practice guidelines dissemination and implementation strategies, including use of training. Most of the studies evaluated the dissemination of written materials or the use of didactic training for continuing or in-service clinical medical education in developed countries. The majority concur that interventions based only on the distribution of written informational materials or didactic training are largely ineffective in impacting on service provider behavior, practice or performance, and in turn on health outcomes for clients (Grimshaw et al., 2004; Marquez, 2001; Davis and Taylor-Vaisey, 1997; Grol and Grimshaw, 2003). Knebel (2000) evaluated research on the use of manual job aids and concluded similarly that "they alone do not change practice behaviors." Multifaceted interventions—activities in addition to passive dissemination—are more likely to achieve measurable change, according to the reviews. One of the biggest gaps is a lack of research on the organizational environment and its impact on utilization of guidelines (Grol and Grimshaw, 2003; Grimshaw et al., 2006; Marquez, 2001). Only a few studies examine the specific dissemination and use of FP and RH guidelines on a large scale. Stanback et al. (2001) examined

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A key premise of the Capacity Project is that strengthening the health workforce and the systems that support it will result in improved access to and quality of FP/RH information, counseling and services. This includes access to current, accurate information about a broad array of contraceptive choices as well as information and services that protect the woman and couple from sexually transmitted infections, including HIV.

Workforce planning, development and support are key to addressing FP/RH needs and directly linked to improved service delivery. Simply put, without providers there will be no services. While the issue of extreme shortage of health workers has been most recently raised in the context of the HIV epidemic, it also has a powerful effect on reducing access to FP/RH information, counseling and services (Capacity Project, Year 4 Workplan, 2007).

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Updating Family Planning Knowledge in East Africa

To build instructors' capacity and address the knowledge gaps, the Capacity Project partnered with East, Central and Southern Africa Health Community and Africa's Health in 2010 to deliver a week-long workshop on Contemporary Issues in Family Planning for midwifery tutors in Kenya, Tanzania and Uganda. Held in Dar es Salaam in April 2008, the workshop updated the knowledge of 22 tutors and enabled them to teach their students more effectively. A quantitative and qualitative evaluation showed the workshop to be highly successful. Average scores climbed from 58% on the pre-test to 81% on the post-test. Additionally, 94% reported that they have used the workshop information and resources to update their colleagues.

A CD of family planning training materials used in the workshop was disseminated to support instructors and practitioners in Anglophone Africa. The Project provided organizational support and technical assistance to the Kitui campus of Kenya Medical Training College, one of the training institutions represented in the workshop, with the goal of helping it to become a Center of Family Planning Excellence in the region (Capacity Project, 2009).

the impact of exposure to guidelines on provider practices in a nonrandomized sample of clinics in Ghana and Senegal. The researchers concluded that there were no improvements. Stanback et al. (2007) pursued this further in a randomized study conducted in Kenya. Their work showed that supportive supervision visits resulted in the greatest improvements in adherence to standards. Therefore, sustained practice depends on continued mentoring and positive reinforcement.

Supportive Supervision

Supportive supervision represents a shift from an approach that has traditionally been inspection-oriented to one that "emphasizes mentoring, joint problem-solving and two-way communication between supervisor and those being supervised" (Ben Salem and Beattie, 1996). At a Capacity Project workshop, "Beyond the Visiting Supervisor" (2005), evidence from five countries confirmed that the impact of the visiting supervisor model is limited because of its inspection focus, the limited time available per visit, the inconsistency of visits and the lack of supervisor skill in mentoring and problem-solving behaviors. Participants noted that nevertheless, "programs continue to be designed using this model, making minor adjustments in the hope they will at last render this basically flawed paradigm effective" (Capacity Project, Meeting Report, 2005). Without a fundamental change in management support structures, technical knowledge and skills acquired through training are unlikely to change practices at the service delivery level. Linking supportive supervision to implementation of guidelines is more likely to have a positive impact.

Organizational Models for Improving Quality and Access to FP/RH Services

The WHO Strategic Approach to Contraceptive Introduction

The Santa Barbara Project in Brazil and the Copperbelt Expanding Contraceptive Choice Project in Zambia are two of several projects piloted in Africa, Asia and Latin America in the early and mid-1990s to implement the WHO Strategic Approach (Fajans et al., 2006; Simmons, et al.,1997; Diaz et al., 2002). The approach—now piloted in over 20 countries, and scaled up in several—embraces a three-stage approach that includes:

- A strategic assessment of needs and the planning of intervention with the joint involvement of local health authorities, service providers, researchers and members of the community, facilitated by a resource team skilled in the methodology
- The implementation of these interventions and their evaluation
- Plans for scaling-up (Simmons et al., 2007).

During the assessment phases in both Santa Barbara and the Copperbelt Province, problems identified included a limited method mix (primarily oral contraceptives; in Brazil, female sterilization as well), the low priority given to FP services in the health system, inadequate management and logistics systems, provider bias favoring specific methods and poor technical and counseling skills in contraceptive methods.

Additional Strategies

The WHO Strategic Approach is only one example of an organizational-level methodology that has been applied to improving the quality of FP/RH services, and provides an opportunity to introduce new or updated guidelines such as those being refined by the USAID Family Planning Resource working group. EngenderHealth has successfully employed the Client Oriented Provider Efficient (COPE) methodology, a tool for onsite management of quality, usually at a large health facility (2003). Management Sciences for Health (2005) has produced a range of tools, including guidelines for fostering change on behalf of the Implementing Best Practices Consortium (2007). These methodologies share an appreciation for participatory process, change management, informed choice and understanding of both user and provider needs.

Conclusion and Recommendations

Multiple interventions are the key to changing practice at the clinic level. Where refinement or dissemination of norms and standards can take place within the context of broader health systems strengthening efforts, the outcomes are more likely to be positive. The examples provided demonstrate that it is possible to combine training in technical knowledge and skills with the training in the human dynamic skills that empower staff to effect change in their day-to-day environment.

With the persistent human resources for health crisis, the need to combine technical updates must be integrated with the systems issues that continue to get in the way of access to and adoption of updated clinical guidelines. Experience-based learning with skilled facilitators who also understand the broader health systems issues will complement the other team skills required to expand quality, choice and access to services. Donors and international agencies, including the cooperating agency community, that focus on integrating systems thinking and management process facilitation skills with work to update and disseminate guidelines and norms will play a key role in influencing more effective access to quality services. An alternative would be to support more partnership-building among cooperating agencies and the other organizations that can bring these combined skills to the table.

Change is possible at all levels. Individuals who seek ways to contribute to positive change in the workplace need not wait for the broader systemic changes to take place.

Some possible actions at the local level include:

- Hold regular meetings with all unit or department staff to discuss important organizational and management issues impacting on the group's work. Identify issues shared in common among the group and seek the group's input into their resolution.
- Become a champion for using the most up-to-date FP materials you can access online. Share the material with colleagues and identify what you can jointly implement at your own facility. Connect online with communities of practice in FP/RH.
- Seek opportunities to bring to the attention of supervisors and program managers any new knowledge you can share with them on supportive supervision, performance improvement, behavior change and organizational approaches to change.
- Learn about nongovernmental organizations working in your community that are taking innovative actions to improve the work environment or improve interactions with the community.

Updating guidelines and norms is a continuous process that requires attention to ensuring that providers have easy access to the most current, evidence-based guidelines and norms. However, without parallel attention to the broader systems issues that often get in the way of access to and adoption of those guidelines, the updates alone will have a limited impact on improved service quality.

Key Success Factors in the Santa Barbara and Copperbelt Projects

- *Engagement of a credible and skilled external resource team to challenge and help mobilize the "user organization" to employ new and unfamiliar paradigms, management techniques and behaviors, and continue to help the team move forward during difficult and challenging times*
- *Support of local leadership and continued development of strong relationships with leaders and health authorities throughout the process*
- *Reliance on working within the constraints of local health service budgets, so that interventions would be realistic in the given setting*
- *Participatory process that brought a variety of actors and perspectives together in the learning process through data-gathering, joint review and decision-making; more specifically, engagement of the community*
- *Flexibility to adapt and make changes based on the joint learning experience.*

For further information, read a more detailed version of this brief: *The Role of Health Systems Strengthening in Effectively Updating and Disseminating Family Planning/Reproductive Health Guidelines* (Spicehandler, 2009).

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the Capacity Project

The Capacity Project
IntraHealth International, Inc.
6340 Quadrangle Drive
Suite 200
Chapel Hill, NC 27517
Tel. (919) 313-9100
Fax (919) 313-9108
info@capacityproject.org
www.capacityproject.org

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