

## *Improved Performance, Better Quality* **Strengthening Family Planning and Reproductive Health Services**



In Paraguay, PRIME II helped to develop and implement a comprehensive provider performance package with the Ministry of Health (MOH), leading to significant improvements in the quality of family planning (FP) and other reproductive health (RH) services. The components of quality that improved include client-provider interaction, counseling, informed consent, technical competence and availability of contraceptive methods.

### **Background**

Paraguay has among the lowest contraceptive prevalence rates in Latin America and the Caribbean, a hard-to-access rural population, and a comparatively low level of donor and international NGO involvement in the FP/RH arena. The need to strengthen overall systems and services in FP/RH with assistance from PRIME II is a high priority for the MOH and USAID/Paraguay.

### **Interventions**

The objective of the project is to improve the quality of five components of FP services: effective and appropriate client-provider interaction, effective counseling, informed consent, technical competence and availability of contraceptive methods. After an initial needs assessment, PRIME II worked with the MOH to design and implement a quality improvement model that included addressing many of the key factors known to improve provider performance: augmenting provider knowledge and skills in a number of technical areas, creating clear expectations for providers offering FP services, developing systems to incorporate client feedback, reinforcing the supervision systems, and maintaining needed supplies and equipment (e.g., sharp disposal receptacles,

### **Reviewing Results in PRIME II**

Oct. 2002–Sept. 2003

#### *Policy, Advocacy and Services*

- National RH Policy
- Partnership

#### *Knowledge Advancing Best Practices*

- PMTCT
- Scaling-Up PI
- Costing
- Supportive Supervision

#### *Support to the Field*

- Nicaragua: EONC
- Philippines: HIV/AIDS
- **Paraguay: FP/RH Quality**
- Mali: FGC
- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

## **PRIME II**

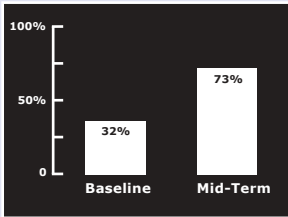
privacy curtains, a clean water source). The project was designed to gradually phase up to working in 23 service delivery sites in five geographic regions of Paraguay.

## Results

To measure changes in quality, PRIME started with a baseline survey with multiple indicators for each category. The questions required a yes or no answer and the total score for a site was a composite number based on the answer for each question. After up to six months of intervention time, a mid-term evaluation used a similar survey to measure improvements in quality in 11 sites where the interventions were in place (the project is still phasing into the other sites). The survey found that the clinics had realized a more than two-fold increase in their quality score, from 32% to 73%.

Other key results from the mid-term assessment include:

- All sites had established separate FP exam rooms with full-time dedicated staff attending to FP clients; had clear signs directing people to the FP counseling area and/or exam rooms, which were clean, offered privacy for clients and had educational materials available, including FP posters and flipcharts.
- All FP staff appeared enthusiastic, motivated and had a sense of empowerment to provide FP services. Providers who attended a PRIME II workshop or on-the-job training were eager to discuss their new knowledge and skills. As one nurse-midwife stated, “PRIME has been very important for my work. I am very happy and more secure...”
- All FP staff were conversant in FP methods and able to describe properly how they counsel on the pros and cons of each method. All sites properly stored and tracked FP methods (although a few sites depended on other depots for certain methods, so this information was not available for those methods).



**Quality Score**  
11 Service Delivery Sites

- All sites implemented consistent standards of infection control during FP activities, with demonstrable changes in behavior as well as infrastructure. All sites had separate containers with a narrow opening for the disposal of sharp materials. Many sites had created a separate, closed fresh water container with a spigot, with special soap, towel and bucket for hand washing. All sites have separate containers with a narrow opening for disposal of sharp materials. Hydrochlorate solution and instrument buckets were available in the examining room and the providers understood how to mix the solution properly.
- Dramatic changes occurred in interpersonal relations between providers and their clients. Many providers related how they treat their clients differently, using phrases like “we take the time to talk to them and get to know them,” “we put ourselves in their shoes,” “we greet the clients in the hallway when we see them” or “when we send our clients to other departments on-site, we walk with them.”
- Counseling skills and techniques improved, with all sites providing each client with individualized counseling on available methods, presenting the pros and cons of each method before the client makes a choice. All staff used available IEC materials in counseling. In most sites, staff wore name tags and in some sites staff were reorganized to allow for a fulltime FP counselor.
- All of those sites that have received the appropriate provider training offered postpartum/postabortion FP methods on-site.





This publication was produced by the PRIME II Project and was made possible through support provided by the U.S. Agency for International Development under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect those of IntraHealth International or the U.S. Agency for International Development.



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***Suggested citation:***  
**Coleman AL, Nelson D.**  
***Strengthening Family***  
***Planning and***  
***Reproductive Health***  
***Services***  
**11/2003**  
**(PRIME PAGES: RR-33)**

**Photo Credit:**  
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