Quality Assurance of Sexual and Reproductive Health Services: Applying human rights-based and client-centred approaches

**NATIONAL POLICY DIALOGUE
ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**
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Dr. Tamar Khomasuridze,
SRH Regional Adviser for Eastern Europe and central Asia
UNFPA EECARO

UNFPA in Eastern Europe and Central Asia

- Population: 409 million
- Women of reproductive age (15-49): 103 million
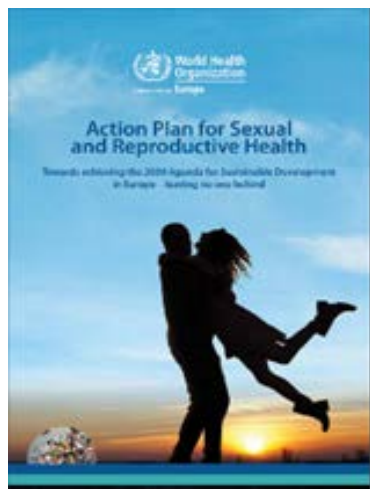- Number of young people (15-24): 55 million

■ Programme Countries
☐ Former Programme Countries

•Almaty

•Istanbul
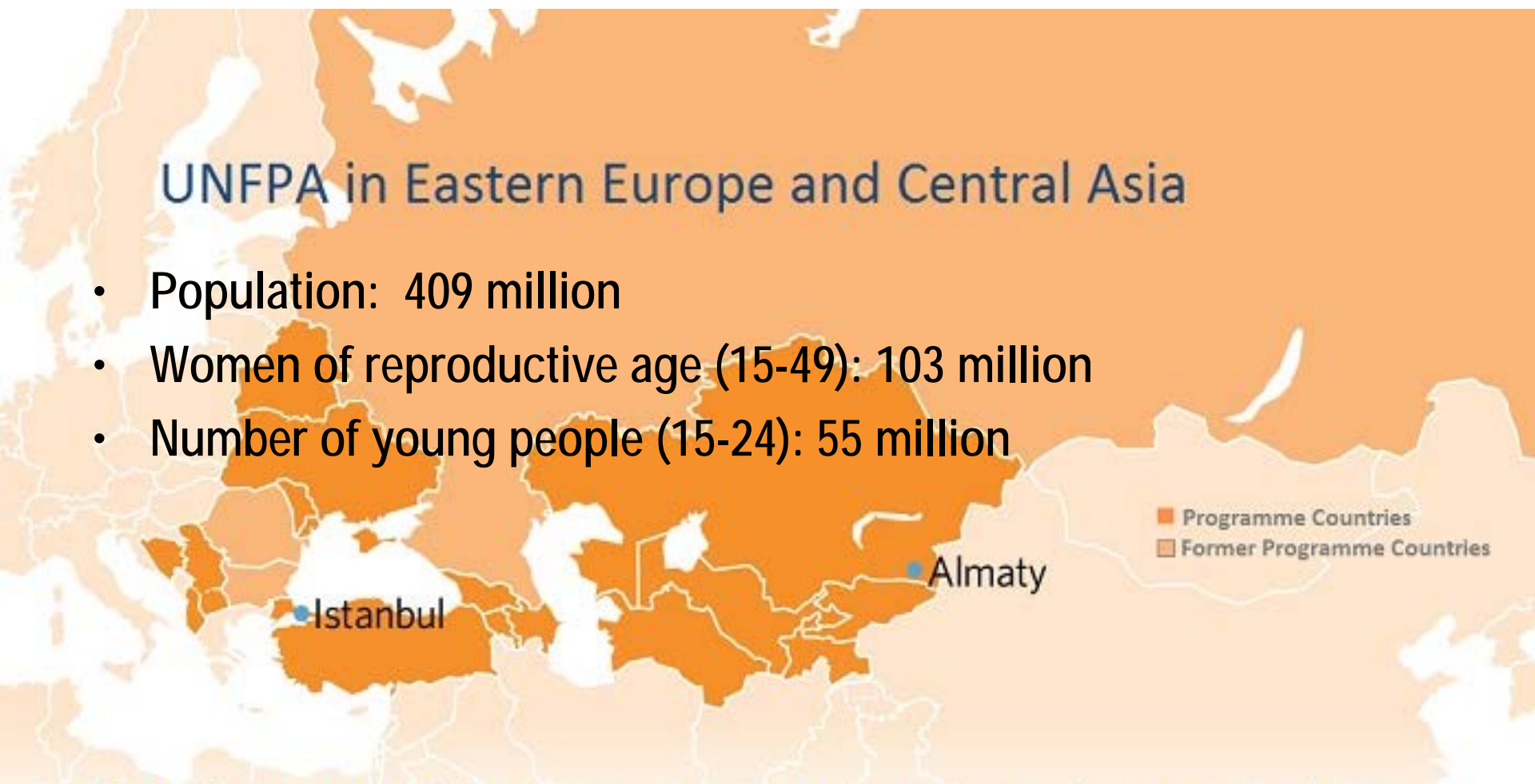
Delivering a world where every pregnancy is wanted, every birth is safe, every young person's potential is fulfilled.

2030 DEVELOPMENT AGENDA:

ICPD Programme of Action

UNFPA New Strategic Plan 2018-2021

2018
2019
2020
2021
2022
2023
2024
2025
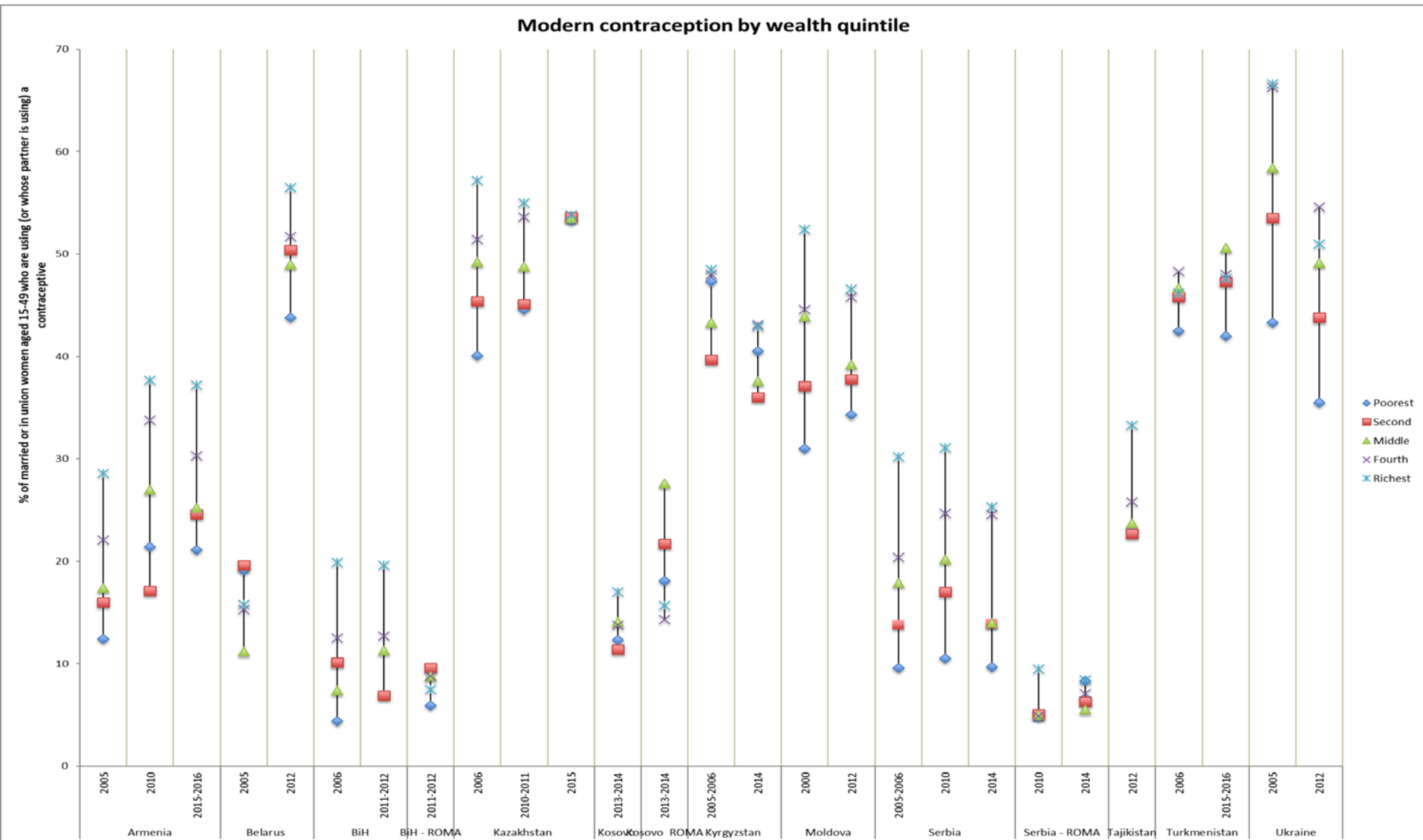2026
2027
2028
2029
2030

End preventable maternal deaths

End unmet need for family planning

End gender-based violence and harmful practices

Inequalities: access to contraception in EECA countries/territories

Modern contraception by wealth quintile

Adolescent pregnancy in EECA

32/1,000 BIRTHS TO ADOLESCENTS

10/1,000 BIRTHS TO ADOLESCENTS

Moldova: 26/1,000
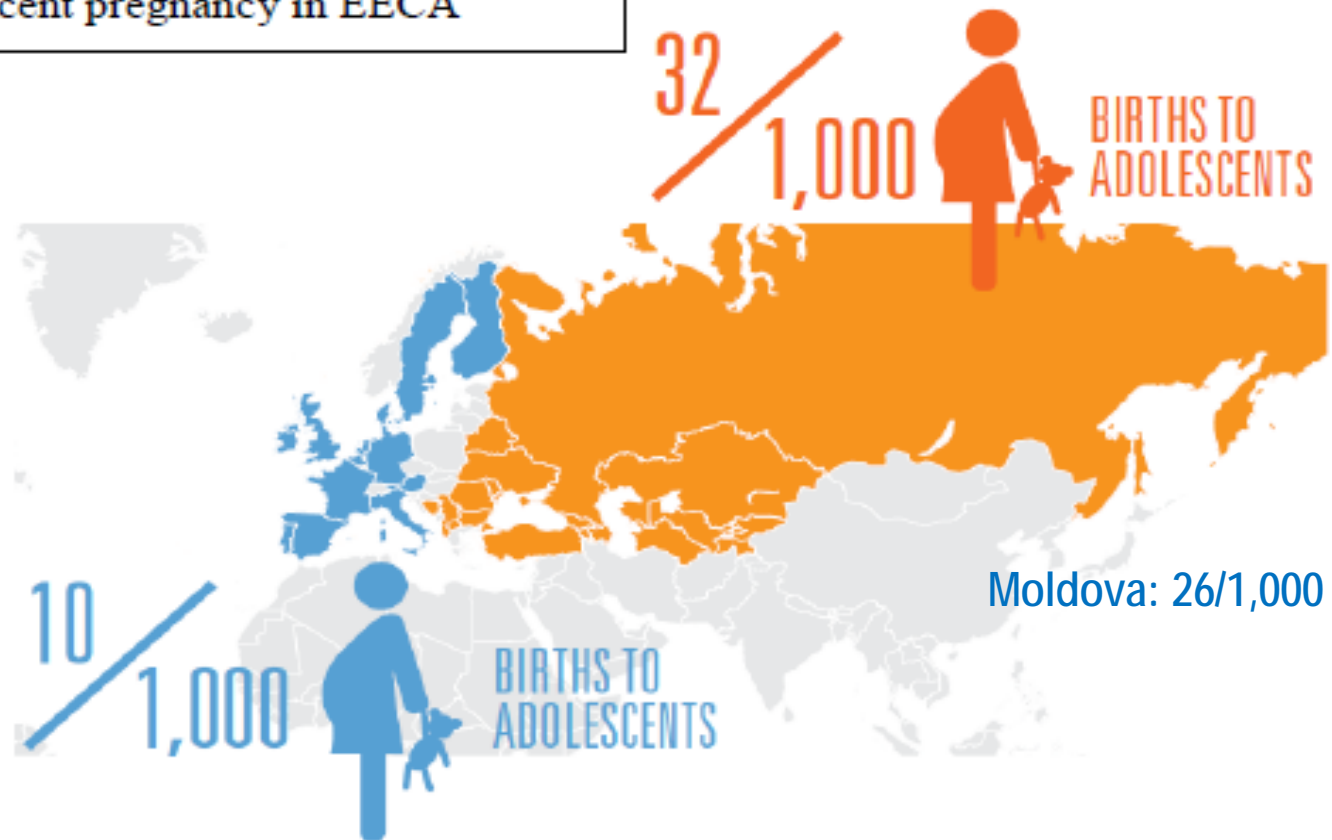
Cervical cancer in EECA countries

Figure 1: New Cases & Deaths from Cervical Cancer in the Countries of the EECA Region Compared to Finland[1]
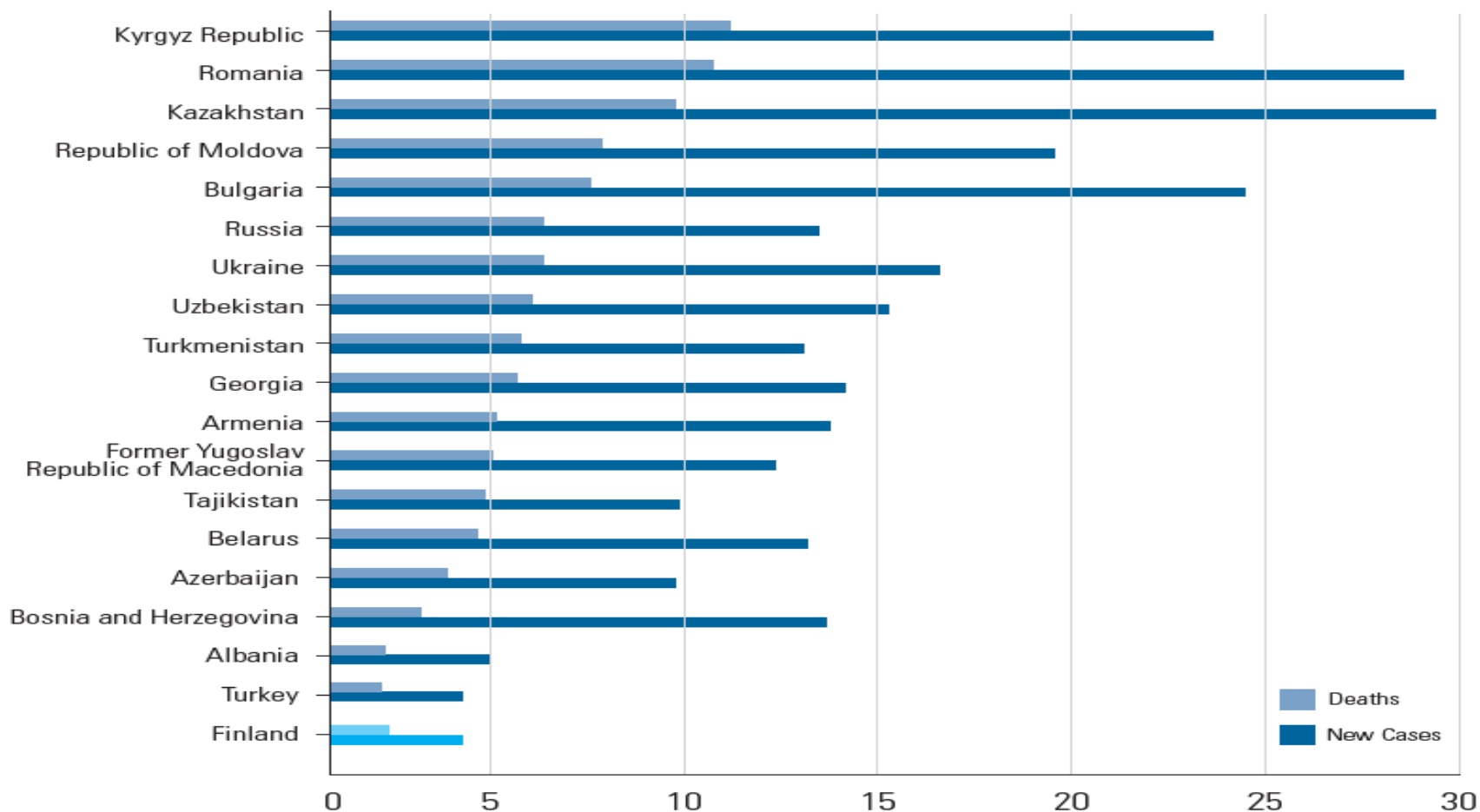
Per 100,000 women

Women with disabilities

UNFPA

Women and girls with disabilities face particular difficulties in exercising their reproductive rights, as a result of stigmatisation and discrimination.

©Vlad Andreev

(6) WOMEN WITH DISABILITIES

Moldova: physical and attitudinal barriers to access to to sexual and reproductive health services

over **1 in 2** women with disabilities report physical access barriers

1 in 3 women with disabilities report unfriendly or accusatory attitudes by medical personnel

Source: Reproductive Health Training Center, Situation analysis, 2016 (focus group study)

- **Effective**: delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities;

- **Efficient:** delivering the services in a manner which maximizes resource use and avoids waste;

- **Accessible**: timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to needs;

- **Acceptable/patient-centred**: takes into account the preferences and aspirations of individual service users and the cultures of their communities;

- **Equitable**: delivering services which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;

- **Safe**: minimizes risks and harm to service users.

Services

Good health services deliver effective, safe, quality individual and population health interventions when and where needed, with minimum waste of resources.

Leadership & Governance

Ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design, and accountability.

Workforce

A well-performing health workforce works in ways that are responsive, fair, and efficient to achieve the best health outcomes, given available resources and circumstances (e.g., sufficient staff that are fairly distributed, competent, responsive, and productive).

Health Systems
ACCESS
COVERAGE
QUALITY
SAFETY

Financing

Good health financing raises adequate funds for health, in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment due to associated costs. Sound financing provides incentives for provider and user efficiency.

Information

A well-functioning information system is one that ensures the production, analysis, dissemination, and use of reliable and timely information on health determinants, health system performance, and health status.

Commodities & Technologies

A well-functioning health system ensures equitable access to essential medical products, vaccines, and technologies of assured quality, safety, efficacy, and cost-effectiveness, as well as their scientifically sound and cost-effective use.

Applying human rights based, client-oriented approaches to quality assurance

Decision Makers

Participation
Coordination
Communication

Health Service
Providers

Communities and
Services Users
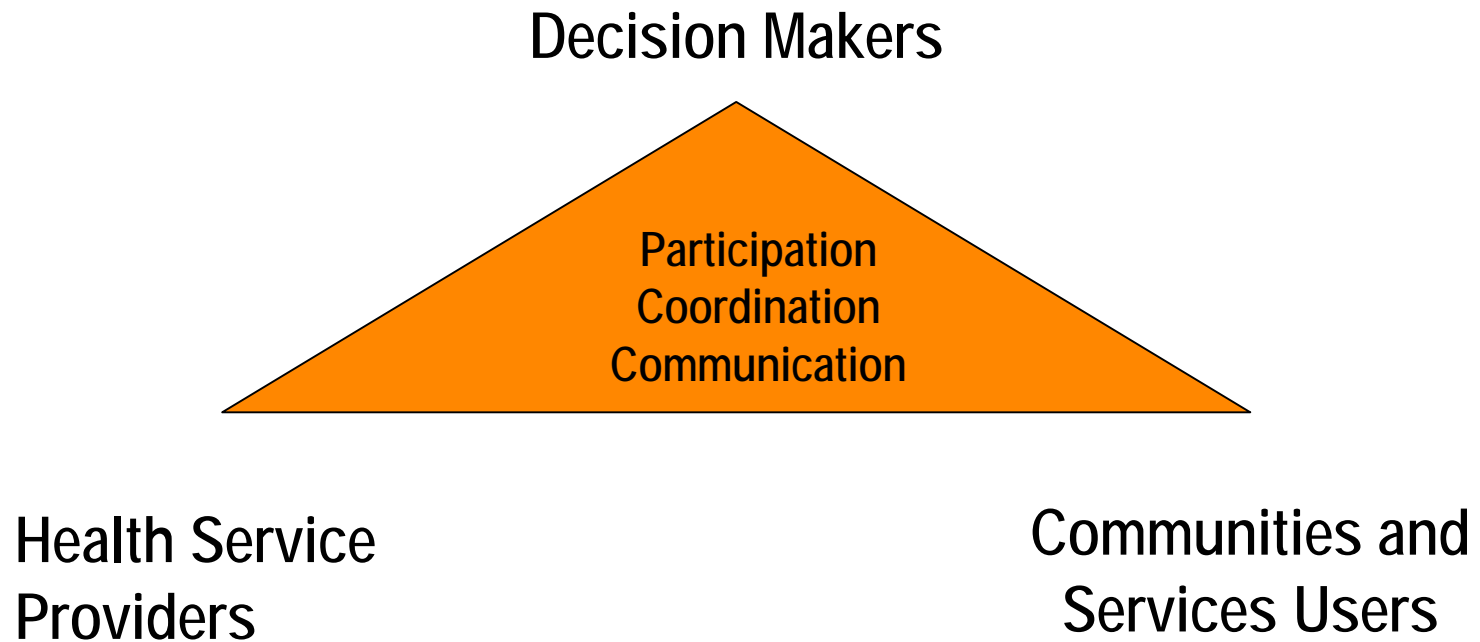
- Continuous training of providers
- Supportive supervision
- Client exit interviews/surveys
- Annual internal audit of services

Moldova leadership in the region:
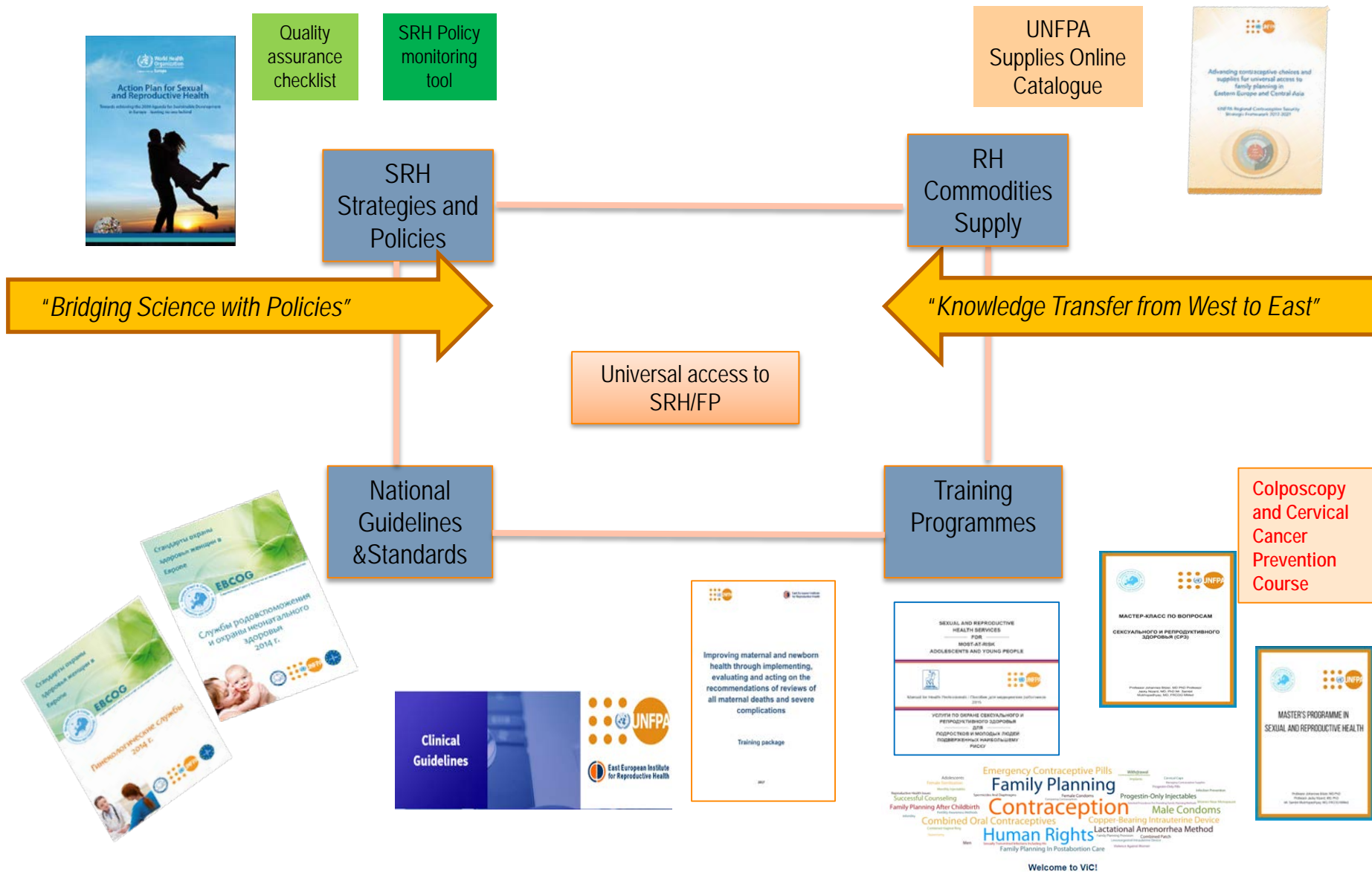
Beyond the Numbers and Evidence based clinical protocols

- **Personnel systems**: workforce planning, Job descriptions, recruitment, hiring and deployment

- **Work environment and conditions**: employee relations, workplace safety, gender equity, job satisfaction and career development

- **HR information** system integration of data sources to ensure timely availability of accurate data required for planning, training, appraising and supporting the workforce

- **Performance management**: performance indicators, appraisal, supervision and productivity.

➢ Communication

➢ Continuous training (medical and non- medical staff)

➢ Incentives (financial/non-financial)

➢ Task-shifting and task-sharing (Ob/Gyn, FDs, nurses)

➢ Professional networking and SS cooperation

How UNFPA Can Support?

Quality assurance checklist

SRH Policy monitoring tool

UNFPA Supplies Online Catalogue

SRH Strategies and Policies

RH Commodities Supply

"Bridging Science with Policies"

"Knowledge Transfer from West to East"

Universal access to SRH/FP

National Guidelines &Standards

Training Programmes

Colposcopy and Cervical Cancer Prevention Course

STANDARD 7

Contraception and Sexual Health

Rationale

Global maternal mortality and morbidity could be decreased by redu
pregnancies and providing good contraception services for both women and

Pre
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ass
is a

1. Patient Focus

1.1. The contraceptive needs of each individual should be assessed taking into a
her/his priorities,
psychosocial profile

1.2. All women ar
contraceptive meth
choice.

2. Accessibility

2.1. All services should be easily accessible, (five day service) and be complemented by the provision of emergency contraception out of hours and at weekends.

2.2. All services should provide information in different languages, according to the

le range of contraceptive methods available.

3. Environment

3.1. All services should have a designated reception area

hours

4. Process

4.1 History taking and clinical examination are essential. Gynaecological examination and

efficacy, advantages and

nal, including long acting

O should be applied.

ed infections (STI) and the

5. Staffing and Competence

5.1 All services should have a lead clinician with an in
and sexual health.

5.2 Staff members should be trained to perform female
smears, STI screening and ultrasound scanning when i

5.3. Staff members should be able to ins

5.4 All staff members should be for
counselling.

5.5 All staff members should be able to
sexual orientations and those from mi
empathic way.

6. Training Standards

6.1 Doctors in training in Obstetrics and Gynaecology should have access to contraceptive services to fulfil the requirements of the EBCOG curriculum.

6.2. Doctors in training should maintain a log book to demonstrate their competence in various aspects of contraception counselling and care and communicating their benefits.

6.3 Doctors providing the service should be trained and achieve competence in counselling

7. Auditable Indicators

7.1. All services should audit their practice against Medical Eligibility Criteria.
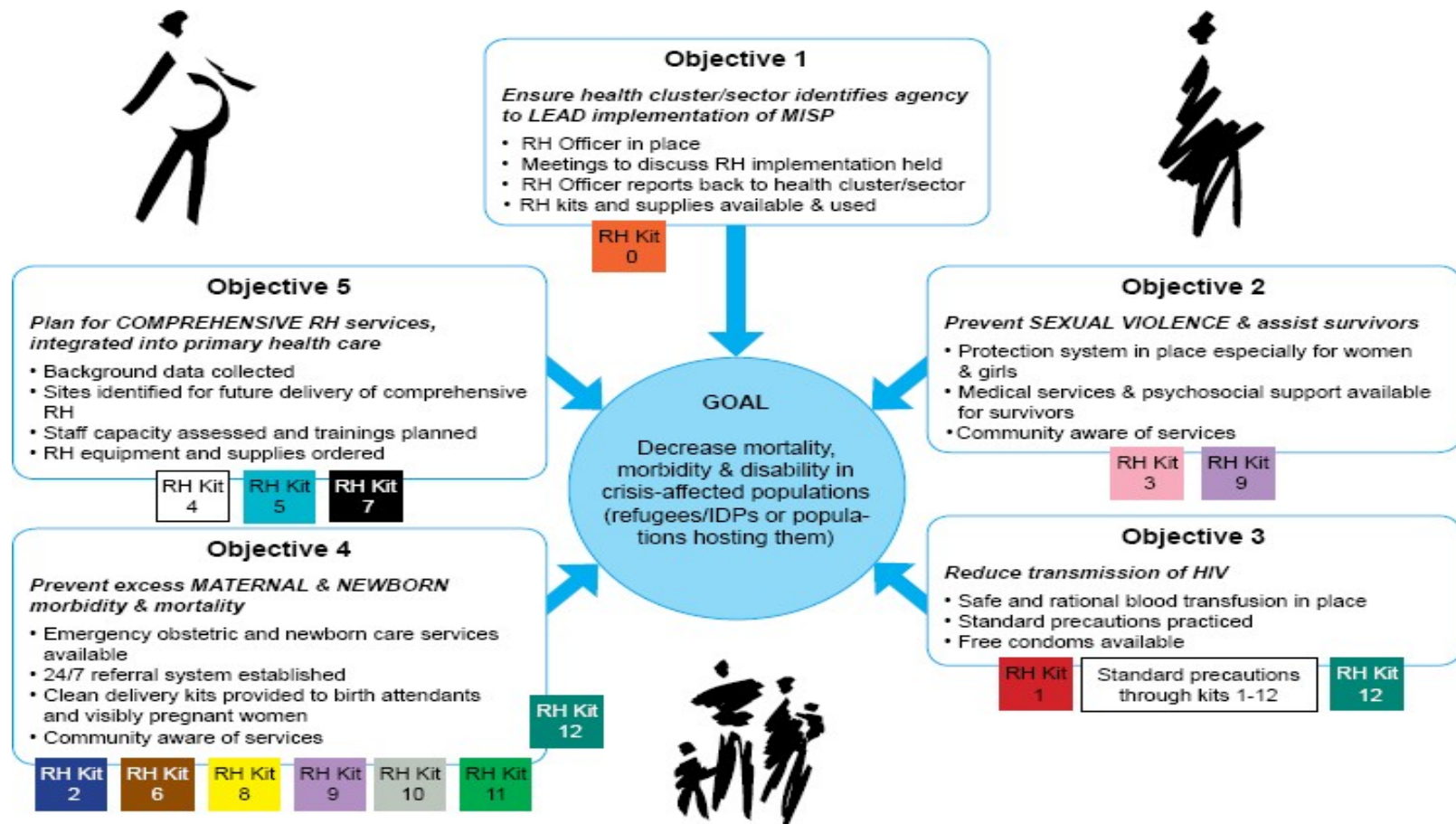
7.2. Each service should have systems for ensuring identification and notification of serious untoward incidents.

7.3 Uptake for various methods of contraception.

7.4 Annual patient satisfaction survey.

Objective 1

Ensure health cluster/sector identifies agency to LEAD implementation of MISP

- RH Officer in place
- Meetings to discuss RH implementation held
- RH Officer reports back to health cluster/sector
- RH kits and supplies available & used

RH Kit 0

Objective 5

Plan for COMPREHENSIVE RH services, integrated into primary health care

- Background data collected
- Sites identified for future delivery of comprehensive RH
- Staff capacity assessed and trainings planned
- RH equipment and supplies ordered

RH Kit 4   RH Kit 5   RH Kit 7

Objective 2

Prevent SEXUAL VIOLENCE & assist survivors

- Protection system in place especially for women & girls
- Medical services & psychosocial support available for survivors
- Community aware of services

RH Kit 3   RH Kit 9

GOAL

Decrease mortality, morbidity & disability in crisis-affected populations (refugees/IDPs or populations hosting them)

Objective 3

Reduce transmission of HIV

- Safe and rational blood transfusion in place
- Standard precautions practiced
- Free condoms available

RH Kit 1   Standard precautions through kits 1-12   RH Kit 12

Objective 4

Prevent excess MATERNAL & NEWBORN morbidity & mortality

- Emergency obstetric and newborn care services available
- 24/7 referral system established
- Clean delivery kits provided to birth attendants and visibly pregnant women
- Community aware of services

RH Kit 12

RH Kit 2   RH Kit 6   RH Kit 8   RH Kit 9   RH Kit 10   RH Kit 11

Quality is not an act, it is a habit.

Aristotle

THANK YOU!