ORIGINAL ARTICLE

QUALITY FAMILY PLANNING SERVICES PROVISION AT PRIVATE CLINICS OF KHYBER PAKHTUNKHWA PROVINCE, PAKISTAN

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ABSTRACT

Background: Private sector is providing 40% of the family planning services in Pakistan. The aim of this study was to assess the structural parameters of the quality in private family planning clinics of Khyber Pakhtunkhwa province.

Material & Methods: This descriptive study was conducted at private clinics from 2010 to 2014 through standard checklist. Data entered and analyzed in Excel 2007 and percentages computed.

Results: All the parameters evaluated through five years and the percentages in the final year i.e. 2014, being discussed. Physical setup showed boards and logos at 60%, IEC material at 80%, flip charts at 96.20%, privacy for the clients was available at 98.9% and cleanliness at 91.5% of health facilities. Record keeping came out to be a weaker component as 33.5%. Procedure room arrangements showed examination tables at 99.7%, proper light source at 98.9%, gloves used at 99.3%, and 66.8% clinics had intrauterine contraceptive device insertion posters prominently displayed. Infection prevention component showed 98% clinics with adequate water supply along with provision of soap, 62.4% were using chlorine solution, boilers present at 98.5%, storage of instruments in high level disinfection containers was at 98%, destru clips were being used in 91% outlets and disposal of the waste by standard method came out to be 40% only which had plastic bags in the waste baskets. 59% clinics were not following standard protocols which came out to be the weaker component.

Conclusion: Private clinics are providing quality family planning services in urban areas of Khyber Pakhtunkhwa province.

KEY WORDS: Family planning services; Health facilities; Private sector; Pakistan.

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INTRODUCTION

Pakistan the sixth most populous country represents an annual addition of three million people. The country is facing challenges to attain socio-economic development and break the vicious cycle of poverty. It is estimated that at the current growth rate, the population of Pakistan will touch 217 million by 2020.[1] According to PDHS 2012-13 current national fertility rates are 3.8% and that of our province is 3.9%. Contraceptive prevalence rate is 35% and 25% of married women have an unmet need for family planning. Maternal mortality remains high, at an estimated 276 deaths per 100,000 live births. Infant mortality remains at 78 deaths per 1000 live births. This situation paves the way for family planning. Worldwide there is demand for family planning services. Currently, 201 million women have unmet need for modern contraception.[2] More than 80 million unwanted pregnancies occur each year worldwide contributing to high rate of induced abortions, maternal morbidity and mortality, and child mortality.[3] In Pakistan 25 percent of married women have an unmet need for family planning. Maternal mortality remains high, at an estimated 276 deaths per 100,000 live births. Infant mortality remains at 78 deaths per 1000 live births.[4]

Public and private sector provide family planning services in Pakistan. Services via public sector are supplied by the Ministry of Health and Ministry of Population Welfare, while the provinces have always provided the services, since devolution of health and population in July, 2011. Private sector is providing 40% of the family planning services in Pakistan.[5]

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Quality is an essential element of any service if it is to attract and retain clients. Historically, quality has been defined at a clinical level, and involves offering technically competent, effective and safe care that contributes to the client's well-being.[8-11] "Quality of health care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge".[6] Donabedian proposed that one could assess whether high quality care is provided by examining the structure of the setting in which care is provided by measuring the actual process of care.[7] Quality care is a client centered approach in providing high quality health care as a basic human right and critical element of family planning and reproductive health services. Elements of quality include choice of method, information given to the client, technical competence; inter personal relations, mechanism to encourage continuity and an appropriate constellation of services.[8]

Bangladesh, Senegal and Tanzania studies showed higher women's contraceptive use in areas where client's felt that they were receiving good quality services.[9-11] Judith Bruce argues for attention to a neglected dimension of family planning services and their quality. A framework for assessing quality from the client's perspective is offered, consisting of six parts (choice of methods, information given to clients, technical competence, interpersonal relations, follow up and continuity mechanisms, and the appropriate constellation of services). She discusses how to make practical use of the framework and distinguishes three vantage points to view quality: the structure of the program, the service- giving process itself, and the outcome of care, particularly with respect to individual knowledge, behavior and satisfaction with services.[9] A study, conducted among public and private facilities of Kenya, used simulated client method to test the validity of three standard data collection instruments included in large-scale facility surveys: provider interviews, client interviews, and observation of client-provider interactions. Results found low specificity and positive predictive values in each of the three instruments for a number of quality indicators, suggesting that quality of care may be overestimated by traditional methods.[8] A study conducted at Ethiopia and Pakistan family planning health facilities using a paradigm of a three legged stool concluded that franchised private clinics are higher quality than non-franchised private clinics in both countries. In Pakistan, the costs per client and the proportion of poorest clients showed no differences between franchised and non-franchised private clinics, whereas in Ethiopia, franchised clinics had higher costs and fewer clients from the poorest quintile.[12] Bangladesh, Tanzania and Peru studies reported a significant positive relationship between quality of family planning services and use of contraceptives.[13,14]

Rationale of our study was to assess the infrastructural parameters of quality at the private clinics of Khyber Pakhtunkhwa province, to high light the importance of these quality indicators. As these are associated with not only the increase clientele at the clinic but also prevent dreadful infections. The aim of this study was to assess the structural parameters of the quality in private family planning clinics of Khyber Pakhtunkhwa province.

MATERIAL AND METHODS

This descriptive cross sectional study was carried out in private clinics situated in urban areas of Khyber Pakhtunkhwa province from January, 2010 to December, 2014. Study population consisted of private clinics in family planning. Sample size was 474 clinics, selected through random sampling technique. Study carried out in 46 cities of 13 districts. Research instrument for the evaluation of clinics was a standard structured checklist filled quarterly in a year by the researcher visiting the clinics, to collect primary data and extracted from literature review and was validated and pilot tested as well. This evaluation sheet consisted of several variables including physical setup, procedure room and infection prevention. Physical setup of the clinic consisted of further nine attributes such as logo, board, IEC material, councilor kit, privacy for the client, reference manual, record keeping, certificate and cleanliness. It only pertains to information about the clinic with standard things available for the clients which help in counseling, giving information and records of each and every client. Procedure room comprised of further six components such as privacy for the client, presence of examination table with white sheet and mackintosh, source of light, cleanliness, disposable/ surgical gloves and intrauterine contraceptive device insertion poster. Infection prevention contains components like facility for hand washing with availability of wash basin and soap, 0.5% chlorine solution or unknown strength of solution with availability of bucket, components of instrument cleaning (brush, detergent and utility gloves), components of instrument boiling (boiler), components of instrument storage (High Level Disinfection) container, anti septic solution, destruclip and plastic bucket with plastic bag inside for waste disposal. Individual components have been assigned numbers for evaluation which have to be marked on observation and availability of that component. A supervisory activity sheet used is attached in (annex-1). Dependent variable was the quality family planning services at the Green star clinics.

Data collected was analyzed. Clinics scoring 90 and above were A-grade clinics, scores between 70-89 were B-grade clinics, scores between 50-69 termed as C- grade clinics and less than 50 score were D-grade clinics which needed special attention.

Data collected was entered in the excel sheets, and analyzed by computing percentages.

RESULTS

This study was carried out in urban areas of Khyber Pakhtunkhwa province's 13 districts at private clinics located in 46 cities of the province. Data was collected through checklist for the evaluation of services provided at clinics.

Fig. 1 shows the year wise progress of components of the physical setup. Individual components included board which is indication of the health clinic and give information about the services that are provided there. Half of the clinics showed the availability of these which was out of control of the service provider as they directly come from the organizations from where they received trainings and delays were on their part. Logos are small sized boards at the clinic. IEC materials at the clinic were the posters which exhibit contraceptive methods and instructions to use. Brochures regarding family planning methods, their usage and effectiveness with brochure stands were provided to all the providers at the end of the trainings which they attend with their affiliated organizations. Flip chart is used by the doctors for counseling purposes to help the clients choose a particular method. Reference manual should be available at every clinic so that management of case is easy. Complete record of the contraceptive methods with proper entries of the client's name and type of the method used is indicative of a good clinic. Availability of the certificates at the clinic is not assigned any score but they are displayed for client's satisfaction. Over all cleanliness of the clinic without dust shows good quality but no score is allotted to this component. The weak element identified in this case was record keeping, which the providers felt extra burden when clientele is heavy at their clinics and their support staff also busy so they compromised this component.

Fig. 2 shows the year wise progress of the components of the procedure room, which included examination table with proper mackintosh and white sheet over. Good quality assured on presence of these items. Privacy is an important component for family planning clients and is specially looked after at these clinics. Light source availability is very crucial for insertion procedures and light is proper if it is lamp, if a torch is used that gives them no score. To prevent the clients from infection cleanliness must be looked after in trolley, instruments and floor as well. Gloves are used in the insertion procedures so they are scored if present. Displayed posters are also sign of quality for a clinic which is ensured in every visit at the clinic. Surprisingly every component showed better percentages with passage of time, and also the fact behind to attract clients due to better services with all necessary equipment for the client.

Last part of the evaluation is infection prevention, the backbone of quality services provision at the clinics. They prevent the clients from serious infections (Hepatitis, HIV/AIDS, STIs and RTI). Not only this assesses quality services but proper anti septic measures as well. Infectious organisms can be passed from one client to another by surgical instruments, if they are not decontaminated, cleaned, high level disinfection or sterilized between clients. Infection prevention procedures protect both clients and providers from spread of infectious disease. Infection prevention procedures are simple easy effective and inexpensive, which is ensured in quality services provision. 0.5% Chlorine solution is effective to kill HIV and HBV in just ten minute soak. Destruclip's regular usage at the clinics to dispose off used needles show excellent services and good quality as well. Ideal method of waste disposal in family planning clinics is to have plastic

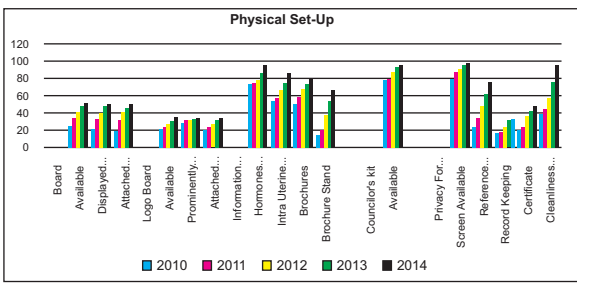

Figure 1: Physical setup at the clinic year wise progress.

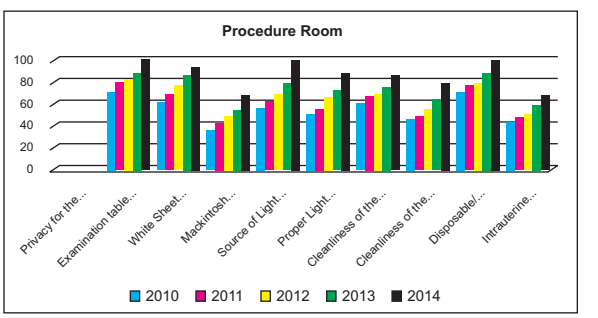

Figure 2: Procedure room components progress year wise.

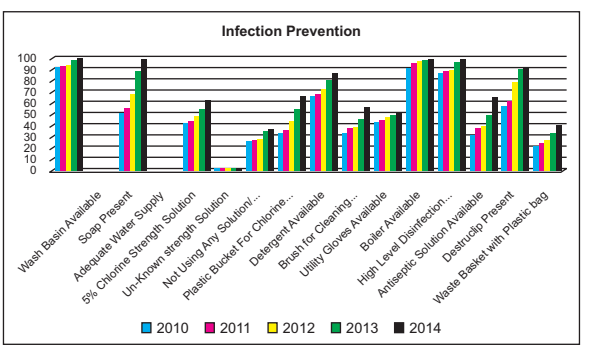

Figure 3: Components of infection prevention yearly progress.

bag in waste baskets. Availability of plastic bucket, anti septic solutions, detergent, brush for cleaning the instruments, boiler for sterilizing instruments and HLD containers are inexpensive option to prevent from HIV/AIDS and hepatitis. Graph-3 shows the year wise progress related to infection prevention and its components. Weak elements being the unknown strength antiseptic solutions used at clinics and waste basket without the plastic bags inside, which was the standard method for disposal but not followed properly at the clinics.

DISCUSSION

Quality of family care includes availability of services/supplies, characteristics of health care providers, adherence to the standard of care and client's expectation and perception.[15-17] Family planning programs in many developing countries focus efforts on achieving certain demographic goals such as birth rate reduction and slower population growth through increased use and coverage of family planning services.[7,9,19] During past decades, several studies have reported on family planning services quality; most of them were descriptive. Available research strength is that, it has conceptualized quality as a multidimensional construct.[18]

Our study results regarding physical setup, boards were in average throughout these 5 years. Reason behind was out of the control of the service providers, as they asked the carpenters but have to wait for it. Logos on the other hand were even worse than the board's availability, providers responded that these are small so vanish in slight thunder storm and then they forget to replace them if the big board is already available. They do not give it due consideration. IEC materials, councilor's kit and the privacy element for the client had better scores as they are the key elements needed for the continuation of family planning services. Availability of the reference manual was slightly above average, ensuring that cases were being consulted for proper management. Record keeping was the weakest element of the evaluation, for which busy schedule of the doctors was blamed. Procedure room components showed better percentages which identified that all service providers complied with this as it was to attract the clients at their place. Infection prevention was the most important of the evaluation process which was good enough. Unknown strength antiseptic solutions were the least used at clinics. Weak part was the waste basket with plastic bag inside which was not properly followed at most clinics and blame was put on the attendants who maintained the clinic.

A survey used quality predictors, similar to our study except the treatment part.[20] A study in April 2012, found majority of the facilities ensured privacy for counseling and provided visual aids for the clients. In Rwanda and Tanzania facilities had limited capacity for infection control. Running water was missing at most of the facilities. In all the four countries less than 10% had all the items of quality of care in pelvic examination including privacy and an examination table, light. These findings are not consistent with our study, which had better scores.[21] Surveys of more than 15, 000 clients were conducted in eight Latin American and Caribbean countries. The areas of quality that most often received more than 5% negative response from clients were waiting time mentioned in 70% of the surveys with mean dissatisfaction level of 20%, ease of reaching the clinic in 54% with level of 12%, and price of the services in 47% surveys with level of 10%. All these findings were missing in our Study: on the other hand privacy and cleanliness were identified as negative response cases far less frequently- in 10% and 2% respectively which were the components we also checked but they were better than these.[22] In a study among women in urban Pakistan, researchers found 56% were private clinic and 42% public ones, 76% facilities had IEC materials and 68.9% privacy for provision of family planning services. These findings are consistent with our study except that we did not examine the client and provider characteristics and our study population was all private clinics.[23] Franchised clinics showed best quality components. A descriptive study conducted at Green Star clinics of Rawalpindi assessed the quality of care in family planning services. They privacy at 76% clinics, 86% utilized IEC materials; all clinics had functioning sterilizers, antiseptic solutions, examination couch, gloves. Boards were properly installed and 65% of the clinics had proper waste boxes for disposal of the used syringes.[24] A comparative study focused on measuring the extent of quality differentials between public and private family planning providers and related client satisfaction to both client's perception and expert's assessment of quality family planning services. They concluded private health facilities are of higher quality. Our study lacked client provider interactions but infrastructure and equipment assessment were alike. An approach to quality of care assessment for family planning based on management by objectives has been tested in 18 clinics. Total quality of care correlated significantly with three individual indices: physical examination, counseling, education and laboratory documentation. Privacy for the client's had higher value which was consistent with our study.[25]

Lesotho study assessed family planning provider's readiness to provide services through survey and focus group discussions, which was missing in our study. 84% of the facilities had piped water and sufficient seating for the clients was 70%. Flip charts / posters were available at 84%, brochures at 65% facilities and four facilities were lacking these items.

Accessibility, cost of the contraceptives, provider training and recently provided method were the missing components.[26]

A systematic review evaluated effects of social franchising on health care quality, equity, cost-effectiveness and health outcomes. Social franchising was positively associated with increased client volume and client satisfaction.[27] These findings were lacking in our study, but our 179 franchised clinics showed best quality components. A facility based study conducted in 2011 among family planning clients of Government Primary Health Centers in South West Ethiopia. Findings suggested lack of critical resources for provision of quality family planning services in centers under study. Results showed 89% cleanliness and 93% privacy at clinics[28] consistent with our study, except we never used exit interviews and provider- client's interactions. HFA-2011 findings revealed significance of gaps in inputs for the provision of quality family planning services.[29] Infrastructure and infection prevention were consistent with our study.

Situation analysis studies, determined the quality of family planning and reproductive health services in sub Saharan Africa. Median percentage of clinics with running water was 70%, gloves and instruments for sterilization were problematic, 79-95% of the clinics had adequate privacy, 80% had adequate light source, IEC materials available in 55% rural areas and 90% in urban areas. Record keeping was 22-55%.[30] These findings were similar to ours but they used several indicators of quality which we did not use.

Limitations of our study were small sample size and private clinics only that cannot be extrapolated to rest of the country.

CONCLUSION

Private clinics are providing quality family planning services in urban areas of Khyber Pakhtunkhwa province.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
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