

Original research article

Evaluation of service quality in family planning clinics in Lusaka, Zambia

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Abstract

Objective: To determine the quality of contraceptive services in family planning clinics in Lusaka, Zambia, using a standardized approach. **Study design:** We utilized the Quick Investigation of Quality, a cross-sectional survey tool consisting of a facility assessment, client–provider observation and client exit interview, in public-sector family planning clinics. Data were collected on availability of seven contraceptive methods, information given to clients, interpersonal relations between providers and clients, providers' technical competence and mechanisms for continuity and follow-up.

Results: Data were collected from five client–provider observations and client exit interviews in each of six public-sector family planning clinics. All clinics had at least two contraceptive methods continuously available for the preceding 6 months. Most providers asked clients about concerns with their contraceptive method (80%) and told clients when to return to the clinic (87%). Most clients reported that the provider advised what to do if a problem develops (93%), described possible side effects (89%), explained how to use the method effectively (85%) and told them when to come for follow-up (83%). Clients were satisfied with services received (93%).

Conclusion(s): This application of the Quick Investigation of Quality showed that the participating family planning clinics in Lusaka, Zambia, were prepared to offer high-quality services with the available commodities and that clients were satisfied with the received services. Despite the subjective client satisfaction, quality improvement efforts are needed to increase contraceptive availability.

Implications: Although clients perceived the quality of care received to be high, family planning service quality could be improved to continuously offer the full spectrum of contraceptive options. The Quick Investigation of Quality was easily implemented in Lusaka, Zambia, and this simple approach could be utilized in a variety of settings as a modality for quality improvement.

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1. Introduction

The quality of family planning (FP) services influences uptake and continued use of contraception [1]. Previous research indicates that higher quality services yield more new and returning contraceptive users, especially in the developing world [2–6]. Despite the importance of quality of services for FP uptake and continuation and an accepted definition of FP

quality [7], few data are available from quality assessments performed in the last 15 years. We address this gap in FP implementation research by using a validated methodology to characterize quality of FP services in Lusaka, Zambia. By describing our application of a quality assessment tool, we also provide an example of how FP service quality can be measured, which can potentially be incorporated into programmatic assessments or research studies.

2. Materials and methods

This cross-sectional survey of quality in FP clinics was performed in Lusaka, Zambia. Ethical approval was obtained

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from the University of Zambia Biomedical Research Ethics Committee (Lusaka, Zambia) and the University of North Carolina at Chapel Hill Institutional Review Board (Chapel Hill, NC, USA).

The Quick Investigation of Quality (QIQ) was the validated tool used to measure five components of FP service quality: available contraceptive methods, information given to clients, interpersonal relations between providers and clients, providers' technical competence and mechanisms for continuity and follow-up [7,8]. Offering a range of methods is the underpinning of successful contraceptive provision because it draws new users, ensures client satisfaction and allows method switching for continued use [9–11]. The primary outcome was availability of contraceptive methods by type, defined as having the commodity in stock and a trained provider with the necessary equipment on-site to supply the method.

The study was conducted at FP clinics in the Zambian capital, Lusaka, in primary care centers supported by the Zambian Ministry of Community Development, Mother and Child Health. Lusaka is urban, and the population represents 13% of the total population of Zambia. According to the Demographic and Health Survey 2013–2014, the total fertility rate in urban Zambia is 3.7, and 20% of girls aged 15–19 have given birth or are pregnant. Approximately 33% of women report using a modern contraceptive method with injectables being the most popular, and the majority receive FP services in the government sector [12]. HIV prevalence in Zambia is 13%, with women being disproportionately affected, especially in urban areas where the prevalence is 21% [12,13].

According to district health policy, all clinics were expected to offer the minimum standard for FP in Lusaka which meant having the ability to offer all of the following: contraceptive implant, copper intrauterine device (IUD), injectable contraception, combination and progestin-only contraceptive pills, emergency contraception and male condoms. Some clinics only provide contraceptive implants and IUDs on specific days of the week; in these cases, the survey was performed on a day when they were offered.

Data were collected by an all-female study team trained to conduct the survey per the QIQ training manual [8]. The QIQ comprises three data collection tools: facility audit with manager's survey, client–provider observation and client-exit interview. The QIQ data collection tools were reviewed prior to the training, and minimal adaptations were made. The physician team leader trained a registered midwife to conduct the observations and two community health workers (CHWs) to conduct exit interviews. The same team performed the survey at each clinic. The team leader performed the facility audit while the CHWs located private areas to perform exit interviews. The midwife obtained verbal consent from the FP provider(s) to observe client visits and determined where she would sit to observe the visits without interfering.

Women aged 18 and older in the clinic waiting area were eligible to participate. When at least five women were in the waiting area, the midwife explained the survey to the group

and introduced the CHWs and their locations. Each individual was approached and consented to participate. The midwife then followed a client through her routine visit, being as unobtrusive as possible. After the observation was finished, the client was given a numbered card and proceeded to an available CHW. The CHW obtained informed consent from the client and then asked for the numbered card to ensure that the exit interview was linked to the appropriate observation. The exit interview was then performed in the client's preferred language: English, Bemba or Nyanja.

Our sample size was one of convenience. FP clinics that typically served at least 30 clients per day were selected to ensure that at least five clients would be available and agree to participate in the study on the day of the survey. The number of clients selected was also related to feasibility for the study team in the available time.

3. Results

Data were collected from April 29 to May 7, 2014. Five client–provider observations and exit interviews were performed at each of six FP clinics. Three clinics had one provider, two had two providers and one clinic had three providers. All providers were included via at least one observation.

For the preceding 6 months, none of the clinics reported availability of the seven FP options at all times (Fig. 1), but all clinics always had at least two contraceptive methods available. All clinics reported stock-outs of progestin-only pills; two of the six clinics reported stock-outs of combination pills; two reported stock-outs of condoms; and two reported stock-outs of injectables. The duration of the stock-outs varied from 1 week to more than 6 months at a time. Emergency contraception was reportedly never available in three of the surveyed clinics. Contraceptive implants and IUDs were not available in three of the clinics due to lack of trained staff and in one separate clinic due to lack of equipment.

Interpersonal relations between client and provider were observed to be very good with adequate information sharing. All clinics had a private area for the visit and pelvic examinations. During the client–provider observations, the providers almost always asked open-ended questions (97%). Observed health providers encouraged clients to ask questions (80%), asked clients about concerns with their FP method (80%) and told clients when to return to the clinic (87%). HIV and other sexually transmitted diseases (STDs) were usually discussed (83%). All administrations of injectable contraception were timed appropriately using sterile technique ($n=18$). Desire for more children (57%), regularity of menstrual cycle (50%) and current pregnancy status (17%) were infrequently discussed.

All clients who had their FP visit observed also had an exit interview ($n=30$). The median age was 28.5 years [interquartile range (IQR), 18–33.5], and 60% reported

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