

Abstract

This study was carried out to assess the quality of care provided by the Government family planning (FP) clinic and field services in the Colombo Deputy Provincial Director of Health Service (DPDHS) area. Study was limited to services in relation to modern temporary FP methods. Indicators were selected to assess the quality in family planning services using an expert opinion survey. These indicators were then used to assess the preparedness, service giving process and the outcome of the FP clinic and domiciliary services.

The quality in family planning clinic services were assessed using client exit interviews, observation of service giving process and clinic inventories. This clinic survey was conducted in twenty three family planning clinics selected from 6 MOH divisions in the Colombo DPDHS area using Probability Proportionate to Size method and stratified sampling. An average of 26 FP clients were interviewed from each clinic and a total of 593 family planning clients were interviewed to obtain their perception on the quality of care received. Availability of physical facilities, organization of clinic process and availability of staff were accessed using the clinic inventory.

Observation of client provider interactions were carried out for objective assessment of the quality of service giving process including the provider competency in service provision. Lot Quality Assurance Sampling design (LQAS) was used to decide on the number of observations necessary to decide the adequacy of a provider in performing important task in Depot Provera (DMPA) injection procedure and Intra Uterine Device (IUD) insertion. Therefore using 6:1 LQAS design, from each selected FP clinic 6 DMPA and IUD new clients were observed in addition to 3 DMPA and IUD revisit clients. Altogether 242 client-provider interactions were observed in these clinics.

Quality assessment of the family planning domiciliary services was carried out using multi stage sampling technique. 761 family planning clients who have accepted a modern temporary method from the government programme were selected from 40 PHM areas. These clients were interviewed at their home. At the same time a PHM office inventory was checked using a screening checklist in the selected 40 PHM offices to assess the preparedness of the family planning domiciliary services. Focus Group Discussions were conducted among family planning current users, discontinued users, service managers

and service providers to obtain their views regarding the present quality of FP service, problems experienced and their suggestions for improvement.

The study revealed, inadequacies in FP clinic facilities with regard to infrastructure, equipment for IUD insertions, information education and counseling (IEC) materials and a place with privacy for counseling. Also, screening of clients for contraindications (19%), information given to new clients especially on side effects (49%) and warning signs (23%) were poor. None of the FP clinics providing IUD services had the ideal conditions. Adequate cleanliness is a major aspect lacking in the examination areas where IUD are inserted (70%). Most (94%) service providers engaged in IUD insertions are trained for this service. However in this study % of them were found to be inadequate in performing this tasks crucial in preventing complications.

Study also found that majority (92.5%) of Public Health Midwives (PHMM) are not living in their areas. In-service training received by the PHMM were very inadequate where 42% had never received any in-service training on FP during their carrier. Family planning domiciliary follow-up care too was found to be below the expected standards where 19% of family planning clients had never received a follow-up visit and 68% of clients had not received follow-up visits according to guidelines.

Majority (over 80%) of FP clients were satisfied of the services received from the clinics as well as from the domiciliary services. However a higher percentage (>5% was the cutoff point considered in the study to identify areas that need improvement) of clients were dissatisfied with the physical condition of the clinics, information received, privacy provided for discussion, time and opportunity given to discuss their problems with the service providers and the way the service providers answered their questions. One fourth of clients were dissatisfied with the waiting time in the FP clinics to receive the services.

The elements of quality of care; choice of method, need assessment, information given, and follow up care, were found to be significantly associated with the client satisfaction of the domiciliary care and the continuation of the method accepted. ($p < 0.05$). Multiple regression analysis found experience of side effects, information provided and follow-up care as the best predictors of the client satisfaction on domiciliary services.

Study recommends infrastructure improvement in family planning clinics, regular in-service training of the service providers on family planning and counseling and steps to improve domiciliary follow-up care.

Divisional and district administration should pay attention to maintain adequate cleanliness in the clinics, make sure all the necessary instruments for IUD insertion are available in the clinics, regularly update the knowledge of the service providers; especially the PHMM and introduce quality oriented supervision. To improve FP counseling it is important to train the service providers on counseling, identifying a place with privacy for this purpose in the clinic, and reorganize poly/combine clinics so as to give more time and opportunity for the service providers to counsel the clients. A Medical Officer, Registered Medical Officer or an Assistant Medical Officer should always be available in FP clinics.

Study also recommends development of IEC materials, screening checklists, and must know information to PHMM and make these available at field level. To improve the field services, the needs of the service providers should be fulfilled. For example, PHMM should be supported to find a place for her residence and maintain her office within her area.

Routine evaluation of the quality of the FP services by the divisional and district managers using quality indicators, and incorporation of few quality indicators to the routine information system will be useful in monitoring the quality of the service regularly. Obtaining the views of the clients, service providers and the service managers are also important to improve the quality of the FP service delivery.