Increasing access to high-quality family planning services through improved quality assurance protocols with private for-profit providers

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significance/background

Private for-profit health workers play a very significant role in ensuring access to health services. Even where public health services are available, the private sector is often preferred, especially for ambulatory services. Traditionally, the private sector has been less regulated than the public sector; thus, increasing the need for mechanisms through which to ensure quality of care with private providers.

In 2008, PACE/Uganda established a social franchise network of clinics named ProFam, comprised of private clinics, of which about 85% are private for-profit. The goal of the franchise is to significantly contribute to a reduction of maternal mortality in Uganda, by increasing access to high-quality, affordable integrated maternal and Child health services. Over the years PACE has continued to support the franchised providers to provide a variety of services such as; voluntary family planning, with a special focus on long-acting reversible contraceptive methods, cervical cancer screening using VIA and treatment of precancerous lesions using cryotherapy, maternal and child health services etc.

program intervention/activity tested

To ensure that all Ugandans have access to quality healthcare without causing undue financial hardship, PACE/Uganda in 2009 adopted Population Services International’s (PSI) quality assurance (QA) protocol for family planning (FP) services that is based on PSI’s five global standards – technical competency, client safety, informed choice, privacy and confidentiality, and continuity of care. This protocol includes the need for continuous training of providers, support supervision, client exit interviews and annual internal and bi-annual external audits of FP services.

Based on findings from an external audit in 2014, PACE/Uganda developed an integrated quality improvement plan which combines PSI’s five global standards and Standards Based Management and Recognition (SBM-R).

methodology

In February–March 2014, PACE/Uganda’s FP program and services were audited by a team of external auditors comprised of programmatic and clinical experts. The two week audit included: (1) document review of PACE/Uganda’s QA protocols, clinical files, and adverse event and complication reports, (2) direct observation of clinical services, and (3) interviews with key stakeholders.

Using a sampling frame of PACE/Uganda’s ProFam clinics, 16 clinics from the Central, Eastern and Northern regions were selected to be audited. The external audit team visited each clinic and audited both the programmatic and clinical aspects of FP services, including: reviewing clinic records and adverse event and complication forms; reviewing infection prevention protocols; observing group and individual counseling sessions; observing the provision of FP clinical services; and interviewing providers, clients, and community mobilizers.

Client exit interviews were also administered with women receiving FP services using a cross sectional design.

results & key findings

The findings presented here are from the 12 ProFam clinics at which auditors were able to observe the provision of clinical services. The majority (56%) of the clinics were from the Eastern region, while three clinics were from Central and Northern regions respectively. In 10 of the 12 clinics, the providers were midwives.

Overall, providers in ProFam facilities showed high adherence to PSI’s global standards, with 81.5% of the PSI global standards met. Providers scored highest on the privacy and confidentiality standard at 86.6%, meaning that service provision is in an environment that ensures privacy and confidentiality to the clients. This was closely followed by informed choice at 87.5%, meaning that over 87% of the providers were assessed to have given clear, unbiased information about services to the client. Providers also ensured continuity of care, 85.4% of the providers gave written and oral post services instructions. 74.2% of the providers ensured client safety by screening clients, adhering to infection prevention practices and had all the required equipment and 70.8 % of the providers demonstrated technical competency by being licensed and registered by appropriate professional bodies and followed service protocols.

lessons/program implications

In Uganda, 58% of those seeking health care prefer the private sector, it is therefore crucial that health care services provided in this sector are of high quality and affordable. When guided and supported private providers can adhere to service provision protocols, which ultimately leads to improved client satisfaction. PACE now supports over 200 private health facilities to facilitate increased access to high quality services, beyond family planning by the populations served. The clinics are now supported to provide more complex procedures which are not easy to observe because it is often not easy to get clients during support supervision visits, require midwifery skills, and complications are rare. The findings from the external quality audit informed PACE’s decision to integrate PSI’s global standards with Jhpiego’s SBM-R approach, to form a quality improvement plan which could adequately support the increasing number of clinics and services supported by PACE.