

107: TOOL EVALUATION FOR MEASUREMENT OF FAMILY PLANNING QUALITY OF CARE IN NORTH INDIA

Aggarwal A.K., Kumar R.

Objective:

To assess the suitability of family planning quality measurement tools and feasibility of its administration

Methods:

Cross sectional study design was chosen. Both quantitative and qualitative research methods were used. Interviews and observations were done by using structured questionnaire. Client interviews were conducted before and after the utilisation of FP services. On the spot observations were made in the FP camps and FP clinics. Focussed group discussions were done with FP acceptors and provider interviews were also conducted. Six family planning camps were observed for camp facility, and asepsis and surgical procedure. Twenty-five sterilisation client entry interviews, 17 sterilisation client screening, 13 sterilisation client exit interviews were done. Two hundred client interviews were conducted during complete house to house survey of five villages and three municipal wards of a township. Four focussed group discussions were conducted among married men and women of 15-44 years of age.

Results:

The median time to fill different checklists was 27.5 minutes (range 5-45 minutes). Some salient features of the FP camp quality are as follows:

- A. Camp facility: Camp sites were usually clean, with running water facility and washbasin in the operation theatres. However, elbow operated taps were not available. Provision of emergency light was there only in few. Blood pressure apparatus, ambu bag with its connections, laryngoscope, suction machine and inj. Adrenaline were NOT available in all the operation theatres.
- B. Asepsis and surgical procedure: Quality of asepsis and surgical procedure was grossly poor. At no place surgeon changed into theatre clothes. Although mask was worn, it was not kept over the bridge of the nose all the times. Scrubbing and local anaesthesia of the patients was not adequate. Gloves were not changed before each case
- C. Selection of clients and pre-operative instructions (Sterilisation client entry interviews): Most women were between 22-45 years of age, had 3 or more living children and were aware about one or more other methods of family planning. However, all were not aware that the method they are going to adopt is a permanent method. They also had the feeling that this operation will reduce their ability to perform usual activities on long term basis. Despite having signed the consent form, they were not aware of the contents therein.
- D. Clients' satisfaction and post operative care (sterilisation client exit interviews): Many clients felt that they had to wait a long before surgery. Almost all of them were satisfied with the seating arrangement, drinking water and toilet facilities at the camp site. No client was asked to change into theatre clothes before surgery. Privacy was not maintained during examinations and during operation. Post-operatively, pulse and blood pressure was not taken even once in many cases. Majority of them were not clear about when to take bath, care of the stitches, when to have intercourse, when to resume light and full activity.

Some checklists and questions were found to be threatening for the health providers and for the clients respectively. Observation of IUD insertion, mystery client studies and focussed group discussions were particularly found to be operationally difficult.

Conclusions:

Measurement of quality of FP services was found to be feasible, however, the tools need to be simplified further. Quality of sterilisation service, which is the major FP method in this area, was found to be poor with respect to preoperative counselling, asepsis, technical procedure and post-operative care. The quality parameters used in these tools can be assigned score and these can be used for continual quality measurement and improvement.