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HEALTH SYSTEMS REPORTER: focus on patients' perceptions of quality of care 27 February 2007

produced by the [IDS Health and Development Information](#) team
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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on [patients' perceptions of quality of care](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

[Health Systems Reporter archive](#) - an archive is now available on the Health Systems Resource Guide. See previous issues of the Health Systems Reporter at www.eldis.org/healthsystems/archive.htm

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk.

Contents:

- [Feature: patients' perceptions of quality of care](#)
- [Recommended readings on patients' perceptions of quality of care](#)
 1. [The link between quality of care and contraceptive use](#)
 2. [Family planning services quality as a determinant of use of IUD in Egypt](#)
 3. [Overview of quality of care in reproductive health: definitions and measurements of quality](#)
 4. [Introducing client-centered reproductive health services in a Pakistani setting](#)
 5. [High performing reproductive health care facilities in Kenya - why they exceed expectations](#)
- [Other documents from the health systems resource guide](#)
 1. [Persistent problems of access to appropriate, affordable TB services in rural China: experiences of different socio-economic groups](#)
 2. [Public-private delivery of insecticide treated nets: a voucher scheme in Volta region, Ghana](#)
 3. [Mobility and health: the impact of transport provision on direct and proximate determinants of access to health services](#)
 4. [Reproductive health supplies in Central and Eastern Europe](#)
 5. [A literature review of district health systems in East and Southern Africa: facilitators and barriers to participation in health](#)

Feature: patients' perceptions of quality of care

How patients perceive (view and experience) the quality of care they receive is an important determinant as to whether or not they choose to utilise health services. There is evidence to suggest that women's decisions to visit reproductive health facilities and use contraceptives are influenced more by levels of satisfaction with services than other factors including distance to clinic, household wealth and family size. Thus, to increase access to reproductive health care in particular and health services in general, it is important that patients' perceptions of quality of care are taken into account when evaluating services, and that services are responsive to their needs and expectations.

Concerns arising from perceptions of care need to be addressed in services. This means that, as well as ensuring clinical factors (safe procedures, accurate information and reliable products), providers respond to patients' cultural values, social concerns and individual needs. Issues that patients often consider important in determining quality of care include: acceptable waiting times; convenient opening hours; confidential relationships; availability of gender-sensitive services; continuity of services; choice of method; and being treated with dignity and respect. Improving quality of care for patients also benefits providers as they attract more patients, and reduce per capita costs.

EngenderHealth, a non-profit organisation that works in reproductive health, has devised a "client-orientated, provider-efficient" (COPE) approach to improve quality of care and motivate staff. COPE offers guidance for providers to assess their services, interview patients, and examine the time that they spend at clinics. This gives staff a better understanding of patients' perspectives, and enables them to develop a plan of action to improve quality. In some clinics, COPE has resulted in staff staggering their lunch breaks to reduce patient's waiting time. The approach empowers providers to have more control over their activities and resources, and motivates staff to identify their own training needs.

For more information see:

- Health systems resource guide section on health service delivery
www.eldis.org/healthsystems/delivery/index.htm
- Health systems resource guide section on participatory approaches
www.eldis.org/healthsystems/poverty/index.htm#participatory
- Population reference bureau series on new perspectives on quality of care
www.prb.org/Publications/PolicyBriefs/NewPerspectivesonQualityofCareSeries.aspx
- 'Improving provider performance: results from Guinea and Kenya' - Engender health publication that documents an evaluation of COPE
www.engenderhealth.org/pubs/compass/pdf/02-01.pdf

Recommended readings on patients' perceptions of quality of care

The link between quality of care and contraceptive use

Authors: RamaRao, S.; Lacuesta, M.; Costello, M.; et al

Produced by: International Family Planning Perspectives (IFPP) (2003)

This paper, published by International Family Planning Perspectives, examines the extent to which quality of family planning care influences women's use of contraception in the Philippines. High-quality care is expected to help reduce rates of contraceptive discontinuation and unintended fertility. The paper finds that the quality of care received at the time a women adopted a contraceptive method influenced her contraceptive use at follow-up, after adjustment for the effects of background characteristics. Furthermore, use increased steadily with quality: the predicted probabilities of contraceptive use were 55 per cent for low-quality care, 62 per cent for medium-quality care and 67 per cent for high-quality care.

The paper concludes that focusing on quality improvement would benefit both programmes and users. The authors suggest that by focusing on interpersonal contact between providers and clients it is possible to address some gaps in family planning programmes. For instance, it has been repeatedly documented that fearing and experiencing side effects are principal reasons for discontinuation. These legitimate fears of users and potential users can be allayed if providers are trained in how to handle such situations; and encouraged to adequately and appropriately inform clients.

Available online at: <http://www.guttmacher.org/pubs/journals/2907603.html>

Family planning services quality as a determinant of use of IUD in Egypt

Authors: Hong, R.; Montana, L.; Mishra, V.

Produced by: Health-services-research (2006)

This article from BMC Health Services Research examines the relationship between the quality of family planning services and the use of intrauterine devices (IUDs) in Egypt. There is general agreement that the quality of family planning and reproductive health services positively affects contraceptive use and behaviour of patients; and that patients deserve to receive safe and high quality services with respect and dignity. The paper discusses indicators used to measure quality of care including: choice of methods; information given to clients; client-provider interpersonal relations; mechanisms to ensure follow-up and continuity; respecting client's privacy; and tailoring counselling to meet clients needs.

The paper finds that IUD use among women who obtained their contraceptive method from public sources was positively associated with quality of family planning services, and independent of distance to the facility, facility type, age, number of children, education level, household wealth status and residence. In particular quality of services related to counselling and examination room had strong positive effects on the use of IUD. The paper concludes that service quality is an important determinant of use of clinical contraceptive methods in Egypt. Improving quality of family planning services may help further increase use of clinical contraceptive methods and reduce fertility.

Available online at: <http://www.biomedcentral.com/1472-6963/6/79>

Overview of quality of care in reproductive health: definitions and measurements of quality

Authors: Creel, L. C.; Sass, J. V. Yinger, N. V.

Produced by: Population Reference Bureau (PRB) (2002)

This policy brief from the Population Council discusses various definitions of quality of care in the context of reproductive health. The brief focuses on a client-centred approach to improving quality of care, where the needs and perspectives of patients are placed at the centre of the concept of quality of care. It discusses several factors that contribute to quality of care including: follow-up and continuity; considering gender relations both in the population service and between providers and clients; considering clients access including distance travelled, the cost of services and the attitudes of providers.

The brief also discusses tools for measuring quality of care and improvements in quality of care. The authors recommend a list of quality care indicators for providers, staff (other than providers), clients, facility. Indicators for clients include: active participation in discussion and selection of method of contraception; receives his/her method of choice; believes the provider will keep his/her information confidential. The brief concludes that increased efforts must be made to understand and motivate providers, improve their performance, and help make them partners in improving access to and quality of family planning and reproductive health care services.

Available online at: <http://www.prb.org/pdf/NewPerspQOC-Overview.pdf>

Introducing client-centered reproductive health services in a Pakistani setting

Authors: Sathar, Z.; Jain, A.; RamaRao, S.; et al

Produced by: Studies in Family Planning (2005)

Poor quality of existing public reproductive health services in Pakistan deters many women from using services and contributes to poor reproductive health outcomes. This paper reviews an intervention designed to improve the quality of services by training health care providers to help clients meet their needs and eliminate barriers to service access and use. The training encouraged clinic staff and community workers to become aware of clients' circumstances and to respond accordingly; to expand discussion beyond clients' immediate needs to a wider array of their reproductive health concerns; and to engage clients in discussion and negotiation regarding reproductive health- care solutions.

The paper finds that the providers who had participated in the training had significantly better interactions with clients compared with

providers in the control group. However, deficiencies remain in provider's assessment of clients' needs and in helping clients to find appropriate solutions. For instance, providers do not seem to pay adequate attention to assessing a client's reproductive health needs or to providing her with enough information to encourage her to choose a solution or option on her own. The authors conclude that scaling-up the intervention can have a potentially major impact on the quality and use of reproductive health services and that the training is not prohibitively expensive.

Available online at: <http://www.popcouncil.org/pdfs/councilarticles/sfp/SFP363Sathar.pdf>

High performing reproductive health care facilities in Kenya - why they exceed expectations

Authors: Rawlins, B.; Garrison, K.; Lynam, P.; et al

Produced by: US Agency for International Development (USAID) (2003)

This USAID report summarises findings from a study to determine why certain reproductive healthcare facilities in low-resource settings in Kenya perform better than others. The study examined the characteristics, behaviours, and coping strategies of high-performing reproductive healthcare facilities. These facilities were found to have the following characteristics: knowledge and skills; infrastructure, equipment and supplies; leadership and management systems; and motivation.

The high-performing facilities also provided client and community-focused services. Clients interviewed indicated that they choose to use the clinic not because it was the closest one to their homes or because they had no other options, but because they received what they came for (eg supplies, services) at a place that was clean and where the staff treated them with friendliness and respect. Waiting times were also acceptable and affordable to most clients. Client feedback was addressed on a regular basis, thus helping to ensure that services continually shifted to meet community needs. The report concludes that to improve the quality and efficiency of healthcare delivery facilities in a sustainable way, interventions may need to focus on assisting manager and providers to effectively manage change by strengthening innovative decision-making and problem-solving approaches. [adapted from author]

Available online at: http://pdf.dec.org/pdf_docs/PNACX485.pdf

Other documents from the health systems resource guide

Persistent problems of access to appropriate, affordable TB services in rural China: experiences of different socio-economic groups

Authors: Zhang, T.; Tang, S.; Jun, G.; Whitehead, M.

Produced by: BMC Public Health (2007)

This paper, published in BMC public health, investigates the receipt of appropriate care and affordability of services for different socio-economic groups with TB symptoms in rural China. Whilst large-scale Tuberculosis (TB) control programmes in China have been hailed a success, concerns remain about whether the programme is reaching all sections of the population, particularly poorer groups within rural communities. The paper finds that: 37 per cent of TB suspects did not seek any professional care, with low-income groups less likely to seek care than more affluent counterparts; of those seeking care, only 35 per cent received any of the recommended diagnostic tests; of the patients diagnosed with TB 57 per cent received treatment at the recommended level. The burden of payment for services amounted to 45 per cent of annual household income for the low-income group, 16 per cent for the high-income group.

Access to appropriate, affordable TB services is still problematic in some rural areas of China, and receipt of care and affordability declines with declining socio-economic position. These findings highlight the current shortcomings of the national TB control programme in China and the formidable challenge it faces if it is to reach all sections of the population, including the poor with the highest burden of disease. [adapted from author]

Available online at: <http://www.biomedcentral.com/1471-2458/7/19/abstract>

Public-private delivery of insecticide treated nets: a voucher scheme in Volta region, Ghana

Authors: Kweku, M.; Webster, J.; Taylor, I.; Burns, S.; Dedzo, M.

Produced by: Malaria Journal, BioMed Central (2007)

This article, published in the Malaria Journal, reviews a voucher scheme intended to scale-up the coverage of insecticide treated bednets and reach vulnerable groups in Volta region, Ghana. The vouchers, given to pregnant women, entitled them to a discount on ITN which were available through retail outlets. The paper finds that 67 per cent of the vouchers issued were redeemed by the distributors of ITN, and that a significantly greater proportion of vouchers issued from urban health facilities were redeemed compared to those issued from rural health facilities. Reasons for women not taking a voucher included: midwives only offering vouchers to women whom they thought would be able to pay for the rest of the net; women already owned a net; no vouchers were available.

The paper concludes that voucher schemes offer the potential for the private sector to take on the role of distribution and selling of ITNs thereby releasing public sector resources for other health interventions. Within this model the public sector direct their resources on delivery of the subsidy (voucher) to the target group together with advice and counselling on the use of ITNs. In the Volta region, important factors affecting the success of the scheme were external to the programme and concerned the context within which the programme was working.

Available online at: <http://www.malariajournal.com/content/6/1/14>

Mobility and health: the impact of transport provision on direct and proximate determinants of access to health services

Authors: Molesworth, K.

(2005)

The role of mobility and transport in public health remains neglected both in terms of research and inclusion in development agendas. This paper examines the relationship between mobility and access to health services in low income countries, and assesses the impacts of transport interventions on access to health. The paper finds that distance and time taken to travel to health facilities prevents many people from accessing services and the direct costs of transport contribute a substantial proportion of expenditure on health care. Poor mobility and accessibility of maternal services has a major impact on excluding poor rural women from maternity facilities in low-income countries. This in turn impacts negatively upon broader initiatives towards safer motherhood and reducing maternal and neonatal mortality.

The paper concludes that mobility is key for many rural communities to accessing available preventive and curative services, and also supports indirect determinants of health including livelihoods and education. An integrated approach to transport development and health has the potential to indirectly enhance health through non-medical aspects of improved mobility, as well as through more direct health access routes.

Available online at: <http://www.ifrtd.org/new/issues/Molesworth2005.doc>

Reproductive health supplies in Central and Eastern Europe

Authors: Astra Network

(2007)

This ASTRA network paper examines barriers to accessing reproductive health services and supplies in Central and Eastern Europe (CEE). The paper finds that reproductive health is not prioritised in government policies: they lack a commitment to recognise reproductive health supplies as an important component of public health and human rights and there is no adequate legislation and policy in this area. Condoms are widely available, but their cost is often high, especially for young people. HIV testing is accessible, but testing for other sexually transmitted infections including Chlamydia is rare - tests are suggested by doctors only after symptoms have occurred.

The paper finds that non-state providers in the region fill the gap left by governments especially in education and counselling services. Private sector organisations subsidise contraceptives, and UN bodies distribute free condoms in some countries. The paper highlights other barriers to access including a lack of adequate sex education and low awareness of reproductive health in many societies. The authors suggest that people need to be made more aware of their rights, and better dialogue is required with politicians, policymakers and government officials.

Available online at: http://www.astra.org.pl/CEE_RH%20Supplies.pdf

A literature review of district health systems in East and Southern Africa: facilitators and barriers to participation in health

Authors: Levers, L. L.; Magweva, F. I.; Mpofu, E.
(2007)

This Equinet paper reviews evidence on community voice, roles and participation in primary health care and district health systems in sub-Saharan Africa, and examines facilitators and barriers to participation. The paper finds that governments developed policies for dealing with community participation in local health care, but there was little, if any, implementation of these policies. Both national and international efforts to implement public health strategies often ignore local input and the delivery of 'decentralised' health care has often lost touch with local communities.

The paper concludes that community-orientated healthcare systems that are responsive to the needs of citizens are likely to be more successful in primary health care than those systems that have externally imposed mandates or are serving the needs of a distant provider. Local consultation is essential, and power relations among communities, health worker, bureaucrats and politicians need further analysis. The authors recommend that health systems need to be designed in a way that ensures social protection and universal coverage. Health services need to be delivered in systematic ways, but also in ways that systematically include the perspectives of those who receive services. Achieving this goal requires practical measures for empowering all people, including the poorest. [adapted from author]

Available online at: <http://www.equinet africa.org/bibl/docs/DIS40ehsLOPEZ.pdf>

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The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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