

ORIGINAL ARTICLE

Quality of reproductive health services at private for-profit institutions in Addis Ababa

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Abstract

Background: Private for-profit health institutions are expanding, and making considerable contributions to improve health care for significant number of population. Their crucial share in reproductive health (RH) services in this area is growing rapidly. Assessing the quality of service being provided by the private sector particularly in the area of RH provision has paramount importance.

Objective: To assess the quality of RH services at private for-profit health institutions in Addis Ababa and to provide programmatic recommendations.

Methods: A descriptive cross-sectional study was conducted to assess the quality of service using a structured questionnaire through client exit interview, service provider interview, observation of client-provider interaction, provider's technical competence and using a checklist for inventory of equipment and supplies of health institutions. The study was conducted from April to December 2006.

Result: Ten private for profit health institutions were included in this study. A total of 411 clients who came to receive RH services including family planning (FP), antenatal care(ANC), delivery services, postnatal care(PNC), post abortion care(PAC) and sexually transmitted infection (STI) management were studied. Among others forty six service providers were interviewed and 76 observations of client-provider interactions were made. Overall 91.2% exit interview respondents reported satisfaction with services they received. In multivariate analysis, satisfaction of clients was lower for those women who reported waiting for a long time without getting the service (OR=0.07, 95% CI: 0.03, 0.16), those who were not treated politely (OR=0.04, 95% CI: 0.01, 0.11), those who did not get satisfactory response for their questions (OR=0.02, 95% CI: 0.01, 0.08),and those with short consultation time (OR=0.13, CI: 0.05, 0.31). All of the study institutions had basic equipment and supplies for the services. Majority of the providers received basic training in RH services. Inadequate supervision, less use of IEC materials, and missed opportunity for VCT services was identified as a problem.

Conclusion: Improving the use of IEC materials, refresher training and supportive supervision for the service providers by responsible authorities are recommended. It is suggested that creating a mechanism to reduce long waiting time can improve client satisfaction.

Keywords: Private for profit health sector, quality reproductive health services, Supportive supervision

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Introduction

Each year, there are approximately 25 maternal deaths for every 100,000 live births in more developed regions of the world and this rate increases to 440 in less developed regions due to hemorrhage, hypertensive disorder of pregnancy, obstructed labor, unsafe abortion and infection which accounts for 80% of maternal deaths (1). Maternal mortality ratio in Ethiopia is 673 deaths per 100,000 live births, which is one of the highest in the world (2).

The role of private for-profit sectors in the provision of health services in developing countries is growing. The low budget allocated to governmental health services associated with public sector inefficiency and the increasing demand for modern health services, which the governmental health services couldn't meet are considered as the main reasons for proliferation of the private sectors in those countries (3).

In Ethiopia, the government has been the major source of funding for the health sector like in many other developing countries. However, the amount allocated to these sectors has been very low (4). Encouraging the private for-profit health sector is believed to relieve the government by shifting some of the patient load thereby freeing up government funds to serve those who cannot afford to pay for the services (5).

Improving quality of RH services offer many benefits; information and service will be accessible, clients make informed decisions and the public will have a more positive view of health care and its

providers. Good quality service helps individuals and couples meet their RH needs safely and effectively (6).

Assessing the quality of service delivery in health facilities is receiving growing recognition as a strategy for monitoring and evaluation of primary health care programme in developing countries. Recently the idea of quality improvement has been used in managing health services (7). It is measuring the gap between the qualities of care as perceived by the service providers and as perceived by the clients. Quality of care to some providers may mean efficient care which reduces mortality and morbidity and less attention given to women's perception. Thus a quality service ought to give special emphasis to women's experience, expectations, and level of satisfaction with the service to complement with the views of the service providers (8).

Improving quality of care requires a focus on the process of service delivery, including communication and information sharing; establishing minimal standards for procedures and examinations and ensuring that clients receive the service appropriate to their needs (9). The quality of RH care is critical in determining whether the service meets clients' expectations. Clients need a choice of services, accurate and complete information, technically competent care, good interaction with providers, continuity of care, and a constellation of related services. These elements apply equally to most of the components of RH care.

The presence of high maternal mortality and morbidity in our country should necessitate measures to decrease death and suffering of mothers. Although private for-profit health institutions are growing in number in our country, the expansion of these sectors is expected to ease the burden on public sectors and improves the quality of care. To achieve the millennium development goals, these sectors contribution is very critical. Thus the assessment of service quality gives information for improvement.

The objectives of this study are to assess client satisfaction, the service delivery set up and the technical competence of health workers.

Methods

A descriptive cross-sectional study was conducted at private for-profit health institutions in Addis Ababa. The study included all clients in reproductive age group (15-49) who came to the sampled private health institutions for RH services including FP, ANC, delivery, PNC, PAC, and STI management at the time of data collection. The institutions were selected using simple random sampling from private hospitals and special gynecology and obstetric clinics. There are 401 private for-profit health institutions found in Addis Ababa. From these 94 are higher clinics, 107 are lower clinics, 103 are medium clinics, 78 are special clinics and 19 are private hospitals. A total of 10 health institutions were selected based on rule of thumb in sampling for quality of care study (11). The selection was only from hospitals and special gynecology and obstetric clinics because comprehensive RH care services were provided in these institutions.

The questionnaires were pre-tested in two other private for-profit health institutions on 5% of the sample. Corrections and modifications were made based on the results of the pre-test before finalizing the questionnaire. The corrected questionnaires were distributed for the actual data collection. The supervisors checked for completeness of the questionnaires and made overall coordination. The collected data were checked for completeness and consistency each day by the principal investigator.

Exit interview- A total of 422 clients were interviewed for the service they came by non-probability quota sampling method till the sample size reached. They were interviewed after completing examination at the out patient department (OPD) level and just before discharge for the inpatients. The sample size for the exit interview was determined by using single population proportion formula.

Observation- Observation was made on 20% of the cases of exit interview.

Provider interview- Provider interview included all health professionals involved in client management who were gynecologists and obstetricians, general practitioners, nurses, and midwives.

Data was collected using structured questionnaire developed from the WHO safe motherhood needs assessment. The questionnaire for client exit interview comprised of socio-demographic variables, and quality related variables and questions on RH care from each components of RH.

The questionnaire was prepared in English then translated into Amharic and then into English to ensure consistency. For the client exit interview, five twelve grade complete female data collectors were recruited and trained on data collection.

Observation of client-provider interaction at OPD, ward, procedure room, and counseling room was done by nurses who had training on FP, counseling, delivery service, PAC who were working in government institutions. The data collectors wore white coat while they were observing. The observers obtained permission from both providers and clients.

Provider interview was done by self administered questionnaire which was written in English. The questionnaire included background of providers, socio-demographic variables, and relevant trainings. Checklist for inventory was used to assess availability and use of equipment in examination room, procedure room, laboratory and operation theatre.

The questionnaires were coded after completeness were checked then the data were entered to SPSS version 11.0 software program. Cleaning of data was performed and recoding of some variables was done. Frequency distributions, percentage, mean, median were calculated and cross tabulation for satisfaction with some variables were made. Then chi-square test to determine the presence of association and odds ratio to assess the strength of association were used. Multiple logistic regressions were used to control confounding.

Ethical clearance was obtained from Addis Ababa University (AAU), Faculty of Medicine Ethical Clearance Committee. Letter of cooperation was written to Addis Ababa Health Bureau (AAHB) from the Department of Community Health, AAU. Letter of support was obtained from AAHB to the private health institutions. The principal investigator provided orientation to the health institutions management and staffs about the purpose of the study. Study subjects were asked for their participation verbally and those who were willing were included in the study. As much as possible privacy and confidentiality was maintained.

Results

Socio-Demographic characteristics

A total of 422 clients were users of RH services and eligible for this study were interviewed. However, out of these eligible, 11 clients were not willing to be interviewed making a response rate of 97.4%. The mean age of the respondents was 26.5 years (SD \pm 4.4) with age ranging between 17 and 41 years. The majority of participants 182(44.3%) were in the age group of 25 - 29 years and 114(27.7%) were in the age group 20 - 24 years. Three hundred thirty seven (82.0%) were married and 49(11.9%) were single. The majority of the clients 390(93.2%) attended formal education.

Amhara were 164 (39.9%), 93(22.6%) were Oromo, 68(16.5%) were Gurage and 50(12.2%) were Tigre ethnic group. The greater number were Christians out of whom Orthodox Christian constitute 242(58.9%), and the rest 98(23.8%) were Muslim by religion. The occupational status of the clients showed that

204(49.7%) were either governmental or private employee, 97(23.6%) were housewives, 68(16.5%) were merchants and the rest were students or those without jobs (Table 1). The median monthly income of the family was 950.00

Birr. From the interviewed clients, about two third (66.9%) of the clients had children. The mean number of children delivered by a woman was 1.7(SD \pm 0.9) with a minimum of one child and a maximum number of six children.

Table 1: Socio-demographic characteristics of RH service clients at private for-profit institutions, Addis Ababa, September 2006.

Variables	Number	Percent	Variables	Number	Percent
Age			Ethnic group		
Mean (26.5 \pm 4.4 SD)			Amhara	164	39.9
15-19	22	5.3	Oromo	93	22.6
20-24	114	27.7	Gurage	68	16.5
25-29	182	44.3	Tigre	50	12.2
30-34	73	17.8	Others	36	8.8
35+	20	4.9	Total	411	
Total	411		Religion		
Education			Orthodox	242	58.9
Illiterate	7	1.7	Muslim	98	23.8
Read and write	14	3.4	Protestant	46	11.2
Primary	36	8.8	Others	25	6.1
Secondary	130	31.6	Total	411	
Above secondary	224	54.5	Occupation		
Total	411		Private employee	103	25.1
Marital status			Government employee	102	24.8
Married	337	82.0	House wife	97	23.6
Single	49	11.9	Merchant	68	16.5
Cohabiting	16	3.9	Student	27	6.6
Others	9	2.2	Unemployed	14	3.4
Total	411		Total	411	

From the total 411 respondents, 181(44.0%) came to the health facility for ANC, 89(21.7%) came for FP service, 83(20.2%) for PNC, 25(6.1%) for delivery service, 18(4.4%) for PAC and 15(3.6%) came for STI management.

A total of 76 clients were observed from all the study institutions while interacting with their service providers. Fourteen clients each from FP, ANC, delivery, PAC and 10 from PNC and 10 clients who came for STI management were observed.

From the interviewed clients, half of them (51.3%) came for the first time to use the specified service and the remaining came for revisit.

Exit Interview

The exit interview of the respondents with regard to their opinion on service providers showed that 386(93.9%) of clients claimed that the time they spent with the service providers was adequate. The majority of clients 384(93.4%) reported that they were politely treated by the service providers and 390(94.9%) of clients said that the way they were handled by supportive staffs was good. About 320(77.9%) of clients reported that they raised questions to the providers and out of whom 94.4% became satisfied with the responses they received. Four hundred (97.3%) stated that their privacy was maintained (Table 2)

About one fourth (27.7%) of clients said that it took them less than 30 minutes to reach the institution from their residence, 263(64%) from 30 minutes to 1 hour and 34(8.3%) took them more

than 1 hour. Almost all of them used cars to reach the institutions. Ninety two (22.4%) of clients waited less than 30 minutes to get the service, 227(55.2%) of them waited from 30 minutes to 1 hour and 92(22.4%) of them waited for more than 1 hour till they got the service. The mean waiting time was 30 minutes. Two third (68.9%) of the clients said the waiting time was reasonable.

From a total of 411 clients interviewed, about 91.2% of them expressed their overall satisfaction with the service they were given and about 95.9% of them would like to recommend and encourage others to come and use the service at the institution. Clients were asked if they had comments on general service provision of the institution using open ended question and 60% of them said it was good, 15% had no comment, 12% had commented on the waiting time, and 8% of them commented on the cost.

Analysis of overall satisfaction of clients by socio-demographic variable and quality related variables were done. Based on the multivariate analysis study participants who experienced long waiting time were less satisfied than those who said the waiting time was good (OR=0.07, 95% CI: 0.03,0.16). Clients who were not treated politely by the providers were less satisfied than those who were treated politely (OR=0.04, 95% CI: 0.01, 0.11). Those who did not get satisfactory response for their questions were less satisfied (OR=0.02, 95% CI: 0.01, 0.08) and those with short consultation time were less likely to be satisfied than clients with adequate consultation time (OR=0.13, 95% CI: 0.05, 0.31) (Table 3).

Table 2: Interaction between service providers and RH clients at private for-profit institutions, Addis Ababa, September 2006

Variables	Number (n=411)	Percent
Politeness of the provider		
Very polite	326	79.3
Polite	58	14.1
Fair	17	4.1
Not polite	4	1.0
No response	6	1.5
Reception of supportive staffs		
Very good	271	65.9
Good	119	29.0
Not good	11	2.7
No response	10	2.4
Consultation time		
Adequate	386	93.9
Short	16	3.9
Long	1	0.2
I don't know	8	2.0
Privacy maintained		
Yes	400	97.3
No	11	2.7
Client asked questions		
Yes	320	77.9
No	91	22.1
Got satisfactory response(n=320)		
Yes	302	94.4
No	18	5.6

Observation

The interaction of providers and clients that was evaluated during observation of 76 clients showed that 73(96.1%) of clients were greeted politely and respectfully by the providers. Seventy five (98.7%) of clients asked questions and all

of them got response from the providers. The average consultation time was 25 minutes with a minimum consultation time five minutes and a maximum of one hour (Table 3)

Table 3: Relation of socio-demographic variables and quality related variables by service satisfaction, Private for-Profit institutions, Addis Ababa, September 2006.

Variable	Satisfaction		COR* 95%CI***	AOR**95%CI***
	Yes	No		
Age				
15-29	293	25	1	1
30+	82	11	0.64(0.30,1.35)	0.65(0.30,1.41)
Education				
Illiterate	14	7	1	1
Literate	361	29	1.76(0.21,15.0)	1.40(0.13,14.5)
Occupation				
Employed	248	25	1	1
Unemployed	127	11	1.16(0.56,2.44)	1.21(0.56,2.61)
Service use				
New	190	21	1	1
Repeat	185	15	1.36(0.68,2.73)	1.32(0.66,2.66)
Waiting time				
Good	303	8	1	1
Very long	72	28	0.07(0.03,0.16)	0.07(0.03,0.16)
Provider politeness				
Polite	367	23	1	1
Not polite	8	13	0.04(0.02,0.10)	0.04(0.01,0.11)
Got Satisfactory answer				
Yes	287	15	1	1
No	5	13	0.01(0.01,0.04)	0.02(0.01,0.08)
Consultation time				
Adequate	360	27	1	1
Short	15	9	0.13(0.05,0.31)	0.13(0.05,0.31)
Cost				
Reasonable	115	9	1	1
Expensive	260	27	0.75(0.34,1.65)	0.82(0.34,1.95)

*Crude odds ratio, **Adjusted odds ratio, ***95% confidence interval

Access to services

Even if all of the institutions were giving a 24 hour service, the official opening hour was at 8:00 a.m. in the morning. There were visible signs that indicate the availability of RH services in all institutions. Service charge was not listed and posted at visible sites in all the institutions.

More than two third (69.8%) of the clients said the service they got was expensive for them and the remaining said it was reasonable.

Information provision

The sources of information about RH services given in the private for-profit institutions was from previous or current

service users in 162(39.4%) of cases, 121(29.4%) from friends, 68(16.6%) from mass media and 34(8.3%) from health professionals. About 370(90%) of clients said that they had received the information and services they had come for. Three hundred twenty seven (79.6%) of clients were told about danger signs that may necessitate re-visiting the health institutions for check up. Three hundred sixty four (88.6%) of clients were given appointment for the next visit. The providers discussed about the issue of HIV/AIDS with 105(25.5%) of clients. From the exit interview, 76(18.5%) of clients said the providers used IEC materials while discussing about their case (Table 4).

Table 4: Information provision to RH clients, private for-profit institutions, Addis Ababa, September 2006

Variables	Number	Percent
Client exit interview		
Used IEC materials		
Yes	76	18.5
No	333	81.0
No response	2	0.5
Appointment for follow up		
Yes	364	88.6
No	47	11.4
Revisit the facility for danger sign (complications)		
Yes	327	79.6
No	84	20.4
Discussed about HIV/AIDS		
Yes	105	25.5
No	302	73.5
No response	4	1.0
Observation (n=76)		
Informed about procedure		
Yes	42	55.3
No	34	44.7
Used IEC material during consultation		
Yes	20	26.3
No	56	73.7
Discussed about HIV/AIDS		
Yes	16	21.1
No	60	78.9

Providers discussed about the issue of HIV/AIDS with 105 clients. Out of these 26(29.2%) clients came for FP, 40(22.1%) were that of ANC, 11(44%) clients came for delivery service, 8(9.6%) clients came for PNC, 10(55.5%) clients came for PAC and 10(66.7%) came for STI management.

Quality of care by services sought

Family Planning

About 91% of clients who came for FP services reported that they were informed about the range of available FP methods, their function and usage. Half (56.8%) of clients received injectables, 35.2% received pills, 4.5% received condom, 2.3% received Norplant, and 1.1% intrauterine contraceptive device. About two third of clients (65.9%) reported that they chose the contraceptive methods by themselves, while 5.7% reported that they were influenced by the service providers. The study showed that 85% of clients received information about side effects, and 90.9% of clients were informed what to do if problem arises.

Antenatal Care

From a total of 181 ANC attendees who participated in the exit interview, about half (49.2%) started ANC visit at their first trimester, and 90(49.8%) during their second trimester. The median duration of pregnancy at the first ANC visit was 4 months. Blood pressure and weight was measured in 100% and 99.4% of cases, respectively. None of the study clients were measured their height. Two third of the ANC attendees (69.1%) were given iron tablets. Danger signs during pregnancy were told for 159(87.8%) of

cases and what to do if complication arises. All of the attendees were told when to come back for the next appointment. Among the 143 pregnant women who had decided where to deliver, 126(88.1%) preferred the same health institution. The reasons cited to deliver in the particular health institutions were high quality of services in 60% of the cases, and good health workers in 39.2% of the cases.

Delivery Service

All 25 clients but one who came for delivery services, said the delivery room was clean. They were satisfied with providers' politeness during labour and delivery. During labour and delivery half of them requested for fluid and they all were supplied. Nine clients asked to be accompanied and only half of them were allowed. Twenty two clients were told about the advantage of breastfeeding. The providers discussed about FP with 18 clients. Twelve clients (48%) were given vitamin A after delivery before they were discharged. Twenty three clients were told when to come back for PNC visit. For all of the observed clients fetal and maternal conditions were followed during labour and delivery. Except in one hospital other facilities were not using partograph to follow labouring mothers.

Postnatal visit

From a total of 83 clients who came for PNC service, 67.5% of them gave birth in the same health institution where they were interviewed. More than 96% of them were advised about the advantages of breastfeeding and 75.9% were told about the advantages of sunshine exposure for the baby.

Providers discussed about FP with 56(67.5%) clients. Half of the clients reported that they were using contraceptive methods at the time of the interview. From these 11(29.7%) used lactational amenorrhea method and another 11(29.7%) used abstinence. Half of them were advised to take iron pills during the postpartum period.

Post abortion care

Out of a total of 18 clients who came for PAC, 17 of them were asked about previous use of contraceptive methods and 17 clients about trial of termination of pregnancy. For 12 (67%) clients, providers counseled about contraception and only three clients took contraceptive methods.

STI management

All of the 15 patients who came for STI treatment were asked about the presence of similar problem in the past. All of them were sent to laboratory examination for confirmation. Twelve patients were told to inform their sexual partner about the illness and that he should be treated. Providers discussed about condom usage only with nine clients. All of the clients were given treatment.

Characteristics of service providers

A total of 46 health professionals were interviewed. From these 15(32.6%) were gynecologists, 7(15.2%) were general medical practitioners, 14(30.4%) were nurses, and 10(21.8%) were midwives. Twenty one (45.7%) were male and 25(54.3%) were female providers.

Thirty (65.2%) of the service providers attended refresher training on

HIV/AIDS counseling, FP counseling, STI treatment, PAC and infection prevention. Thirty three (71.7%) of the providers had work experience above 5 years.

Service providers were observed while examining 76 clients. From these 61(80.3%) of the clients were seen by obstetrician/gynecologists, others with general medical practitioners, nurses, and midwives. Providers greeted 75 (98.1%) of their clients respectfully and offered a seat for 62(81.6%) clients. However, only two providers were seen while introducing their names. The providers phrase the questions clearly for 73(96.1%) clients. Only 47(61.8%) of the clients were assured by the providers that all information will be confidential. Providers used non-technical terms while communicating with 59(77.6%) clients, and appeared to rush while examining twelve (15.8%) clients. Providers conducted procedure for 73(96.1%) clients and they informed about the procedure ahead of time or during the procedure for only 42(55.3%) clients. Providers gave emotional support while examining 44(60.3%) clients and looked neutral while doing procedure for 20(27.4%) clients. The procedure was performed under sterile condition by using sterile gloves, and sterilized instruments in 28(38.4%) cases. Providers washed their hands before and after any procedure for 37(48.7%) clients. But almost all used alcohol swab after examining clients. During consultation providers used IEC materials for 11(14.5%) clients. They used posters for 10(13.2%), pamphlets for nine (11.8%), models for nine (11.8%), sample for nine (11.8%) and for only one client they used

flip chart to explain about the clients' health condition.

Facility and Equipment

The majority of clients 404(98.3%) said the waiting room was clean and all of them stated that there was adequate water supply and toilet service at the waiting area. In all of the institutions the record keeping area was in a secure place, which was not easily reached by any other person except staffs working there. All of them had basic equipment and supplies for the services. IEC materials on STI/HIV, pregnancy complications, FP were available in all of the institutions. Backup electricity supplies with generators were present in eight study institutions. In some of the departments, sink and running water were absent. Basic laboratory tests were done in all institutions. HIV testing and counseling was available in all but one institution. In all of the study institutions incinerators were observed for waste disposal. All of the institutions had supervision at least once in two years by Addis Ababa Health Bureau, Drug administration and Control Agency (DACA), and Radiation Protection Agency (RPA) for those having X-ray service. The study institutions all felt that the supervision was supportive. Eight institutions had means for emergency transportation for referral cases. Nurses or midwife usually accompany emergency referral cases. In 60% of the study institutions there was clear written job description for the staffs. Clients opinion was determined using client suggestion box in all study institutions. One health institution in addition to client suggestion box used staff members to collect client opinion. But in all of them

there was no regular client exit interview. Staff meeting and internal evaluation were the methods for determining providers' opinion. Staff suggestion box was available only in one of the health institutions.

Discussion

This study examined the RH care services at private for-profit health institutions in Addis Ababa. In this study, females in the age group of 20 - 29 years were regular users of RH services at private health institutions. A significant number of clients of these health facilities were women who were in high demand for RH services particularly FP and ANC. The majority of clients 93.2% attended formal education which is higher than previous studies done in Addis Ababa government hospitals and Bahir Dar where it was only 70% and 61.8% respectively (10, 11). The occupational status of most of the clients in this study was government and private employee.

The interaction of service providers and clients from the exit interview showed that 93.4% were treated politely. Only 1% of clients claimed that they were not treated politely. However, according to a study done in government hospitals in Addis Ababa, 9% of the clients were not treated politely by the providers (11). This might be due to competition among private health facilities and limited patient overload in the for-profit health institutions.

Client-provider interaction as was seen from the exit interview of clients indicated that it was generally good. In this study 94.4% of clients got satisfactory answer for their questions. This finding

was higher than the study done in Bahir Dar which was 83.8% (10).

About one fourth of clients claimed that the waiting time for service was very long. This was higher than the studies done in Bahir Dar and Jimma, which were only 13.8% and 10.9% of clients, expressing dissatisfaction in waiting time respectively (10, 12). This was also higher than a study done in Addis Ababa private clinics with only 4% of clients dissatisfied of the waiting time (13). This study shows a mean waiting time of 30 minutes which was lower than the study in Bahir Dar (48 minutes) and Jimma (31.7 minutes) (10,12). Clients in private health institutions are very sensitive to long waits compared to those in government health facilities. In this study the average consultation time was 15 minutes which was higher than studies in Bahir Dar (3 minutes) and Jimma (3.1 minutes) (10, 12). Ninety four percent of clients said that the time spent with the providers was about right.

Signs indicating the availability of RH services were posted in all of the observed health institutions. It was better than studies done in Bahir Dar and Addis Ababa government health institutions (10, 11).

Even if limited amount of IEC materials were available in all the study institutions, they were not used to give better awareness to clients. Clients were not provided with pamphlets to read at home. Audiovisual services are available in all institutions' waiting area but in only one of the institutions the video was showing health related program during our data collection period. The IEC materials availability in study sites was

more than those of other studies done in government health institutions in Ethiopia (10,11, 12,).

About half of the clients were informed about the procedure they were going to be offered. This figure was higher than the study done in Addis Ababa government hospitals (11). The difference might be due to less patient overload in private health institutions where service providers get more time to interact with the clients.

In this study, appointment for follow-up was given for 88.6% of clients. But 99.5% clients from Family Guidance Association of Ethiopia (FGAE) clinic were told when to return for next appointment [14]. This could be as a result of the fact that all clients needed follow-up for refill.

Privacy was maintained for 97.3% of clients but in the Bahir Dar study it was 70.1% (10). This might be due to separate rooms with good compartment and minimal patient overload in some of the study institutions.

About one-fourth of the clients had discussion with the service providers about the issue of STI and HIV/AIDS. This was higher than the study conducted in Addis Ababa government health institutions (11). This might be due to the widely available VCT and ART service in the town.

In this study, about 69.8% of clients said that the service was expensive, although most of them were satisfied with the service despite the high price.

A study conducted in Nepal showed that clients were not price sensitive, and they selected providers primarily upon perceived or expected quality of care (15). But a study done in Addis Ababa private clinics to assess the general quality of health care showed that there was lower satisfaction with the cost (13). This might be due to the majority of the clients being ANC attendees who came every month and pay only for examination and for some laboratory tests.

Over 26.1% of the contraceptives were chosen by the client and her husband but only 5.7% were influenced by service providers. A study done in FGAE revealed that 75% of clients chose the method themselves and 22.9% of them were influenced by providers [14]. This might be due to the high educational status of the clients and being aware of the service. In this study the preference for pills and injectables was prevalent and also the finding showed that clients were least informed about permanent methods.

In this study, half of the clients started ANC follow up at first trimester of their pregnancy. This figure was higher than the study done in Arsi zone (32.5%) and study done in Addis Ababa (26%) (16, 17). This might be due to increased awareness about the benefit of ANC follow-up. Concerns about VCT were raised only for 22.1% of ANC attendees. There may be missed opportunities for PMTCT.

Over 91% of clients expressed their satisfaction with overall service provision of the institutions compared to a study done in FGAE clinics which was 89% of clients (14). About 95.9% of clients said

they would recommend and encourage others to use the services at a given health institution. The same study done in FGAE revealed that 91% of clients would recommend and encourage friends and relatives to use the service .

All of the service providers' basic training included RH care services, and 65.2% of the service providers attended refresher training.

All of the study institutions have basic equipment and supplies for the services. Supervision by higher institutions was inadequate and was made every one to two years by Addis Ababa Health Bureau, DACA, and RPA. Only one of the study institutions was supervised six months before the data collection time. Study done in Bahir Dar, Jimma, and Nigeria showed that there was poor supervision (10,12, 18).

The findings of this study revealed that, the general service provision at private for-profit health institutions was found to be good but there are areas which need to be improved for providing better quality of services. Majority of the clients were satisfied with the general service delivery and their interaction with the service provider. Long waiting time in some institutions was one of the sources of client dissatisfaction. Almost all the study institutions had basic equipment and supplies to provide RH care services. IEC materials were found to be inadequate and audiovisual materials were not used to educate clients about health issues. There are missed opportunities for reaching the clients with VCT, PMTCT, and FP information and services. Inadequate supervision by responsible

authorities was noted as an area of weakness.

Based on the findings of the study, the use of IEC materials for the clients during their visit needs to be improved. Linking other RH services with VCT and FP services is very important. Refresher training on relevant topics like infection

prevention, PAC, PMTCT and counseling should be given for the service providers. Supportive supervision mechanism by responsible authorities to maintain the quality of services should be strengthened.

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