

Client's revalidation and perceptions on quality of reproductive healthcare through a demand side financing scheme in Faisalabad district, Pakistan

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Background: Nearly 26% of married women of reproductive age in Pakistan use a modern method of contraception, while approximately 21% of married women have an unmet need for family planning. Various socio-cultural factors were identified as the main cause for this. In 2011, Population Services International and Greenstar Social Marketing, through the David and Lucile Packard Foundation, attempted to use demand-side financing to increase the use of modern contraception for birth spacing. The target population for this project was the Faisalabad District of Punjab in Pakistan. In light of the socio-cultural barriers to the uptake of family planning services in Pakistan, maternal and child immunization services were integrated /linked into the clinics of private providers' part of GSM social franchise network. In this voucher program, providers were instructed to sell heavily subsidised voucher booklets to pregnant women (and mothers with new-borns) in the two poorest income quintiles. The booklet entitled the client to two postnatal/new-born care (PNC) visits with qualified, participating private providers; six infant immunization visits (as per the national immunization schedule); and five family planning (FP) visits within 18 months of delivery.

Methodology: One of the objectives of the project was to ascertain if vouchers were given to right eligible clients, ie those that were poor and disempowered (a compulsory condition), and another was to assess quality of care in terms of client satisfaction and their perception of quality provided to them by Greenstar providers and clinics. The 'quality of care' indicators assessed were cleanliness, friendliness, cost, knowledge and privacy. To achieve these objectives a survey was conducted in Faisalabad district on 400 randomly clients who had availed the vouchers and had visited Greenstar providers.

Results: With respect to questions regarding the disempowerment and poverty of the respondents, the results showed that most were empowered. Half of the women (52%) in the sample indicated that they were the sole decision makers with regards to the household income. 44% indicated that they were the sole decision makers with respect to family planning choices, however 40% indicated that healthcare was a joint decision. 93% of the respondents indicated that they were prepared to pay \$0.50 or more for their family planning needs.

In terms of client satisfaction, the results showed that approximately 95% of the clients availed the post-natal care, family planning and immunisation vouchers. 76% found the voucher scheme to be an excellent initiative. In terms of quality of care, 60.2% observed that providers had become friendlier and 16% felt that the providers' skill level had improved. 23.4% were aware that the scheme enhanced convenience and reduced the amount of time consumed in availing the services normally.

Conclusion/Recommendations:

The results show that the score card used for assessing client eligibility in the project needs to be refined to include more objective variables of disempowerment as the study showed that half the women who received vouchers were not disempowered and hence selected wrongly. Greenstar should aim at providing capacity building trainings on personal communication to their providers so clients find them cordial in their visits to the health facility.