
**APPRAISING QUALITY IMPROVEMENT APPROACHES IN
CONTRACEPTIVE HEALTH SERVICES IN THE
PRIVATE HEALTH SECTOR IN KARACHI, PAKISTAN**

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ABSTRACT

This desk review aimed to assess the existing quality improvement (QI) mechanisms for contraceptive health services in the private health sector in Karachi, Pakistan. The study was organized into three themes, and eight research questions were developed to guide the review. The study adopted a qualitative research design that integrated a desk review approach. The Bruce-Jain Framework and Anderson Behavioral Model were used as analytical frameworks for the review. The study employed the Population, Intervention, Comparator, Outcomes, and Study Design (PICOS) approach to formulating the research questions and eligibility criteria. The critical Appraisal Skills Programme (CASP) tool for appraising the strengths and limitations of qualitative research methodology was applied in this study. The number of chosen reports was thirty-one that fulfilled the inclusion criteria and were included in the study. The study revealed that quality improvement (QI) mechanisms, such as web-based monitoring, targeted training, and supportive supervision of profit-making healthcare providers, incentivize private-sector with rewards. Integrating QI approaches, including regular supervision, are crucial for achieving measurable outcomes. The review provides insights into existing quality improvement (QI) mechanisms for contraceptive health services in Karachi's private health sector, indicating that regular supportive supervision can incentivize compliance with quality standards. Integrating QI approaches is crucial for measurable quality improvement. The study offers valuable perspectives on policy and practice aimed at improving the quality of contraceptive health services within the private sector.

Keywords: Quality Improvement, Stewardship, Market Actors, Promising Approaches, and Family Planning Quality Standards.

INTRODUCTION

Pakistan has been struggling with high population growth rates, which can be attributed to various factors, including limited access to quality family planning services, resulting in low contraceptive prevalence rates and high unmet family planning needs (NIPS & ICF, 2019). The quality of family planning services has been a persistent issue for decades, and studies have highlighted the inadequacy of family planning services in rural areas, where access to services is limited, and the quality of care is often poor (Ali et al., 2011 & 2015). To address these challenges, it is essential to have effective Quality Improvement (QI) systems at the national level. A desk review was conducted to identify gaps and opportunities in Pakistan's QI systems by employing the Bruce-Jain Framework. The Bruce-Jain framework, developed in 1990, is often considered the central paradigm for quality in international family planning. Judith Bruce and Anrudh Jain, researchers for the Population Council, have defined quality as "the way individuals and clients are treated by the system providing services" (Bruce, 1990; Jain, 1989).

The review identified several challenges in the private sector, such as insufficient employee training and development programs alongside inadequate information, services, and products. These factors are key contributors to substandard quality of services in Pakistan's private sector (Jalil et al., 2015).

Another significant challenge is the absence of a customer-centric approach to service delivery, often leading to poor service quality in Pakistan's private sector (Khurram et al., 2016). The prevalence of corruption and nepotism in the private sector also contributes to poor service quality, with companies often engaging in unethical practices that compromise service quality (Transparency International, 2020). Inadequate government funding and support for quality family planning programs also contribute to Pakistan's poor quality of contraceptive services, resulting in a shortage of supplies, limited outreach, and low provider motivation (NIPS & ICF, 2019). The private sector has made substantial investments to improve family planning quality. However, challenges arise from diverse healthcare providers, lack of standardization, and limited collaboration in quality improvement (QI) systems. Additionally, a shortage of peer-learning platforms and designated QI focal persons hinders service quality

maintenance. Data reporting systems are also limited, especially for incident reporting and issue resolution. There is a lack of incentivizing policies for private providers, insufficient quality checks, and a failure to implement a person-centered approach. Further, there is inconsistent availability and irregular supply of high-quality contraceptive products and services in the short or long-term contraceptive services.

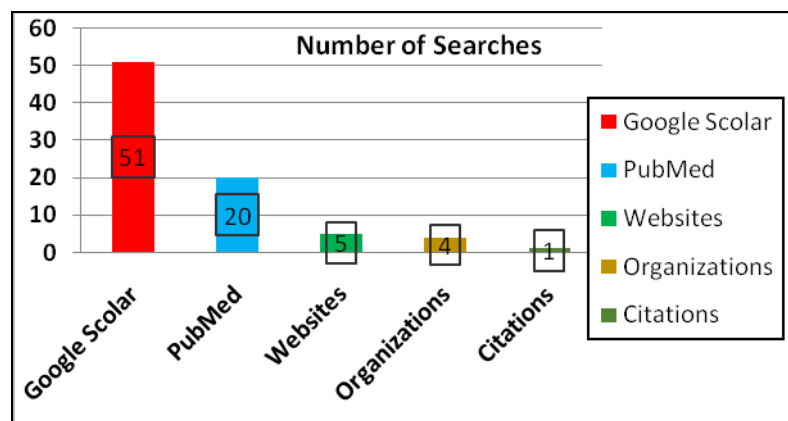
In conclusion, Pakistan faces numerous challenges in improving the quality of family planning services and products. It is essential to have effective quality assurance systems for improvement at the national level. Addressing the challenges, such as inadequate training and development programs for employees, the absence of a customer-centric approach to service delivery, and inadequate government funding and support for quality family planning programs, would require practical, effective, efficient, and uniform methods to enhance the quality of private sector delivery of products, services, and information. By identifying new or promising approaches and promoting collaboration among various stakeholders, the quality of regulatory functions among different entities can be strengthened, leading to improved quality of family planning services and products in Pakistan.

MATERIAL AND METHODS

A qualitative study was conducted using a desk review approach to evaluate the Quality Improvement (QI) mechanisms employed in Pakistan's family planning private sector. The study involved an analysis of operational studies, case studies, and real-life projects and lessons learned to enhance comprehension of the quality assurance and improvement (QI) practices implemented in the private sector. Data extraction and appraisal were done in the desk review, and the PICOS approach to formulate research questions and eligibility criteria. The data sources included various government and NGO websites and research articles from Google Scholar. The research question and eligibility criteria were established using the PICOS approach to guide the screening of articles. The number of reports included in the review was based on their fulfillment of the inclusion criteria. The Critical Appraisal Skills Program (CASP) tool was used to evaluate the strengths and limitations of the qualitative research methodology used

in the study. The PRISMA flow diagram tool was used to record the different stages of the literature search process.

The Data Search Results: A search focused on family planning /contraceptive services, the private sector, QI mechanism, implications, and solutions in Pakistan, retrieving 31 studies. Grey literature and peer-reviewed (n=81) included program documents, briefs, and frameworks dated between 2009 and 2022. These were identified from MSI Reproductive Choices, Population Services International (PSI) websites, Population Council, Engender Health, Family Planning 2020, Advancing Partners, Population Foundation, Pathfinder International, FPAP, WHO, UNFPA, USAID, SHCC, PWD Guidelines, PDHS survey. Peer-reviewed literature (n=71) was identified from Google Scholar and PubMed. Most of the selected documents focused on health programs relating to QA/QI FP/contraceptives (n=10).



The three qualitative themes and questions were identified after completing an in-depth literature review and findings extracted in line with the themes:

Theme 1: QA/ QI Mechanisms

Theme 2: Stewardship and market actors for quality of care (QoC)

Theme 3: Promising and New Approaches

THEME-1: QI Mechanisms were assessed by employing questions such as, what QI mechanisms exist at the system, provider, community, and consumer levels in Pakistan? What are the gaps and

challenges for different QI mechanisms related to their ability to address quality issues in contraceptive services delivered by private sector providers, and what QI mechanisms and approaches are recommended for ensuring the quality of contraceptive services delivered by the private sector In Pakistan?

Research revealed numerous challenges, including an unreliable supply chain system, high costs, inadequately trained providers, a lack of capacity building, and insufficient incentives for healthcare providers. In addition, the variations in guidelines from donors and the government create challenges in maintaining continuity of care, offering follow-up services, and ensuring client satisfaction. Moreover, limited data for clients and providers further complicates the situation. Finally, a lack of funding, non-availability of quality equipment, including emergency handling equipment, counseling services, free online services, consultations, patient safety, referral mechanism, clinical audits, validation of services, licensing, and registration of private providers, cultural stigmas, and geographical barriers exacerbate the difficulties of accessing quality family planning services. The literature review provided a set of recommendations relating to the objectives of the study. These suggestions include adopting an integrated approach to service delivery and building partnerships, collaborating with government and NGOs, and expanding the involvement of private sector organizations and institutions. One of the recommendations is to enhance the skills and knowledge of healthcare providers through training and capacity-building programs. Another suggestion is implementing quality assurance protocols, clinical governance, and standards to ensure high-quality healthcare services. Licensing and validating providers and facilities can help maintain regulatory compliance. Healthcare efficiency can be improved by utilizing technology, online services, SMS, call centers, and health information systems. Promoting evidence-based practices and involving communities in healthcare service delivery and decision-making processes can reduce barriers and improve healthcare access and outcomes. Establishing regulatory oversight mechanisms to ensure compliance with healthcare standards and guidelines is also recommended. Finally, marketing, mass media campaigns, and branding can increase awareness and educate the public about available healthcare services.

THEME-2: Stewardship and market actors for quality of care (QoC). A Few concepts were created for evaluating stewardship, such as, which relevant market actors are responsible for product quality, information quality, and service quality across the national, sub-national, facility, and community levels in the private sector. What are the gaps in the market rules (standards, regulations, policies, and norms) for ensuring person-centered quality contraceptive services in the private sector in Pakistan? What approaches are recommended and implemented to strengthen QoC stewardship for private-sector contraceptive services?

Following key stakeholders and market actors involved in promoting and implementing family planning services in Pakistan are the Ministry of National Health Services (MoNHS), Provincial Health Departments, National and international Non-Government Organizations (NGOs), private healthcare providers and clinics, donors and development partners, and Community-Based Organizations (CBOs). The MoNHS is responsible for developing policies, strategies, and guidelines related to family planning services, while the provincial health departments, Population Welfare Department (PWD), and Healthcare Commission (HCC) are responsible for implementing family planning programs and services in their respective regions. Private healthcare providers and community-based organizations work at the grassroots level to provide family planning services and raise awareness in the local communities. A logistics and supply chain management system has been implemented to manage supplies, logistics, and technologies for family planning services. The Country Engagement Working Group (CEWG) was formed in 2016 to review and guide the efforts of stakeholders in family planning and reproductive health. Balance/Tawazun program and the Population Planning Wing (PPW) are also involved in Pakistan's five-year National Development Plans. Despite these, stakeholder stewardship is insufficient, and challenges exist due to the lack of private sector engagement platforms, political commitment and Integration of family planning into larger health policies and programs, Budget allocation for quality improvement programs, engagement with non-traditional partners, and beneficiaries' feedback are inadequate. Also, cost-effective alternatives for family planning service delivery and health insurance coverage for family planning are the challenges.

Several recommendations are derived from the literature to improve the quality of family planning services in Pakistan. Firstly, strengthening policy and governance is necessary, which involves creating policies and regulations that ensure the quality of care in family planning services and promoting good governance practices. Secondly, enhancing health system performance should be a priority by improving the overall performance of the health system, including infrastructure, human resources, and supply chain management. Zaidi et al. (2018) suggest that enhancing health system performance is crucial to ensuring that quality family planning services are available and accessible to all. Thirdly, promoting accountability is essential, which involves holding healthcare providers and policymakers accountable for delivering quality family planning services. Ali et al. (2019) found that promoting accountability is necessary to ensure that quality care is consistently provided across all family planning services in Pakistan.

Additionally, various general approaches can be implemented based on stewardship principles to improve Pakistan's Quality of Care (QoC) stewardship. These approaches include rational use of medicines, promoting infection prevention and control measures, capacity building and training, and encouraging patient and community engagement in healthcare decision-making. Another approach is strengthening regulatory frameworks by creating and implementing policies and regulations that ensure the quality of care in health services. Human resources can be developed by improving healthcare providers' knowledge, skills, and attitudes to ensure they provide quality care (Abbas et al., 2021). Also, the implementation of health information systems and client and provider data is necessary to improve healthcare services in Pakistan (Saleem et al., 2021).

THEME-3: Theme three encompasses two main subjects: promising and new approaches for strengthening quality of care stewardship in private-sector contraceptive services. First subject explores recommended and implemented approaches, while the second focuses on incentivizing providers to consistently offer person-centered, quality contraceptive services in the private sector.

The person-centered, quality contraceptive services in the private sector in Pakistan can be incentivized through several promising approaches. Some of these approaches are: Performance-Based

Financing (PBF): PBF is a funding mechanism where healthcare providers receive financial incentives for meeting pre-determined performance targets, such as providing person-centered, quality contraceptive services. This can incentivize private sector providers to improve the quality of their services and ensure consistent provision of quality contraceptive services.

Use of digital health technologies: Digital health technologies, such as mobile applications and Electronic Health Records (EHRs), can help improve the quality of contraceptive services in the private sector by facilitating the delivery of person-centered services. For instance, digital tools can monitor client satisfaction, track contraceptive use, and provide personalized reminders, improving client retention and satisfaction.

Training and capacity building: Training and capacity building programs can be designed to equip private sector providers with the knowledge and skills needed to deliver person-centered, quality contraceptive services. Such programs can be implemented through partnerships between the government and private sector organizations.

Accreditation and recognition: Private providers that consistently provide person-centered, quality contraceptive services can be accredited or recognized by relevant regulatory bodies or professional associations.

Public-Private Partnerships (PPPs): PPPs can be established between the government and private sector organizations to promote family planning services. This can involve incentivizing private sector organizations to deliver quality family planning services to the public. The government can also work with private sector organizations to train their family planning staff and ensure compliance with quality standards.

Financial incentives: The government can offer financial incentives to private sector organizations that comply with quality standards and provide quality family planning services. This can encourage private sector organizations to invest in quality assurance mechanisms and staff training to ensure compliance with quality standards.

Quality assurance mechanisms: Quality assurance mechanisms can be established to ensure that private sector organizations comply with quality standards in family planning services. This can involve

establishing regulatory bodies to monitor compliance, regular audits, and providing technical assistance to private sector organizations to improve their compliance.

Combined and integrated strategies: By combining these strategies, the government can create an environment encouraging private sector organizations to invest in quality assurance mechanisms and staff training to comply with quality standards in family planning services. This can help to improve the quality of family planning services in Pakistan and promote greater uptake and compliance by the private sector.

LIMITATIONS OF THE STUDY

Limited Scope: The study focused on Karachi's private health sector, possibly excluding insights from other regions or healthcare sectors in Pakistan. *Lack of quantitative data:* Relying solely on qualitative data may hinder the generalization or quantification of the impact of QA/QI mechanisms. *Potential bias:* Only including reports meeting inclusion criteria may introduce selection bias or limit data representation. *Reliance on secondary data:* The study's desk review approach used secondary data sources without primary data collection methods like interviews or surveys. *Limited appraisal:* While the CASP tool assessed qualitative research methodology, there is no mention of tool limitations or their impact on study results.

DISCUSSIONS

The study highlights the importance of strengthening QI mechanisms for the private sector to demonstrate adherence to quality standards and achieve measurable impact in delivering family planning services. To achieve this, it is crucial to establish effective monitoring and evaluation systems to assess the performance of private sector entities. The study also recommends integrating QI approaches into the design and implementation of family planning programs to facilitate measurable improvements in quality standards, identify areas for improvement, and continuously enhance service quality.

RECOMMENDATIONS

Consideration of Task Shifting Approach: Given its cost-effectiveness in Pakistan, the study suggests considering the task-

shifting approach. By delegating tasks from highly trained healthcare providers to lower-level health workers, particularly in underserved areas with a shortage of skilled personnel, access to family planning services can be increased while maintaining quality.

Establishment of Private Provider Engagement Platforms:

Private provider engagement platforms should be established to encourage private sector involvement in family planning programs. These platforms can address fragmented private sector efforts, improve coordination and service quality, and facilitate the development of policies and regulatory frameworks.

Incentivizing Human Resources: A project focusing on incentivizing human resources through capacity building, improved remuneration, and career advancement opportunities can enhance the quality of family planning services. This will attract and retain skilled providers, contributing to improved service delivery.

Integration of Family Planning into Health Policies and Programs: Integrating family planning into broader health policies, programs, and service delivery is crucial for enhancing access to these services. By considering family planning as an integral component of overall healthcare, individuals will have better access to the services they need.

Integration of Population Studies into Education Curriculum: Including population studies and population dynamics in the education curriculum for healthcare providers can improve the quality of family planning services. This integration will enhance providers' understanding of the context and significance of family planning.

Sustainable Funding and Private Sector Engagement: Sustainable funding is vital to incentivize private sector engagement in family planning programs over the long term. Adequate funding ensures affordable services are available to low-income populations, improving access and quality of care.

Advocacy and Communication: Advocacy efforts, behavior change communication (BCC), and mass media campaigns can increase awareness and demand for family planning services. By effectively communicating the benefits and importance of family planning, individuals will be more inclined to seek and utilize these services.

Improving Service Delivery Mechanisms and Sustainability Approaches: Enhancements to service delivery mechanisms and implementing sustainable approaches are crucial for the long-term success of family planning programs. This includes developing quality scores to ensure adherence to established standards, implementing client feedback and follow-up systems, and engaging with non-traditional partners and end beneficiaries to improve service delivery.

Establishing a ‘Quality Assurance Franchise’ Model: Implementing a “Quality Assurance Franchise” model can help maintain and ensure high-quality standards across all franchisee locations. This model includes standardized training programs, regular audits and assessments, and ongoing support to franchisees to help them meet established quality standards. To overcome identified gaps and challenges, it is necessary to establish a wide private providers’ network, build their capacity, and align their efforts with the organization’s vision.

Addressing Challenges and Biases in the Private Sector: Systemic efforts are needed in Pakistan's private sector to address challenges and biases affecting the quality of contraceptive services and products. These challenges may include biased attitudes, lack of transparency, and deficient customer-centric practices.

Prioritizing Stewardship and Exploring Innovative Solutions: It is essential to prioritize stewardship in delivering quality family planning services in Pakistan. This involves strengthening policy, regulatory frameworks, and governance structures, enhancing the health system’s performance, and promoting accountability. Additionally, exploring innovative solutions such as telehealth, remote healthcare, digital health, and telemedicine can provide adaptable care delivery options, improving patient accessibility.

CONCLUSION

The study reveals systemic challenges facing Pakistan’s private sector, including limited resources, staffing shortages, inefficient supply chains, and restricted contraceptive options. A comprehensive, collaborative approach is vital to address these hurdles when implementing quality improvement mechanisms. Tailored interventions are needed to elevate the standard and accessibility of family planning services nationwide, requiring collaboration with

various stakeholders. Strengthening quality improvement mechanisms and integrating QI approaches are essential to enhance service quality in the private sector, enabling better adherence to standards and measurable improvements. Implementing these proposals can help overcome obstacles and ensure quality family planning services in Pakistan's private sector.

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