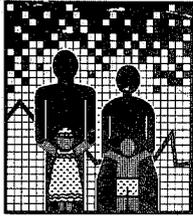


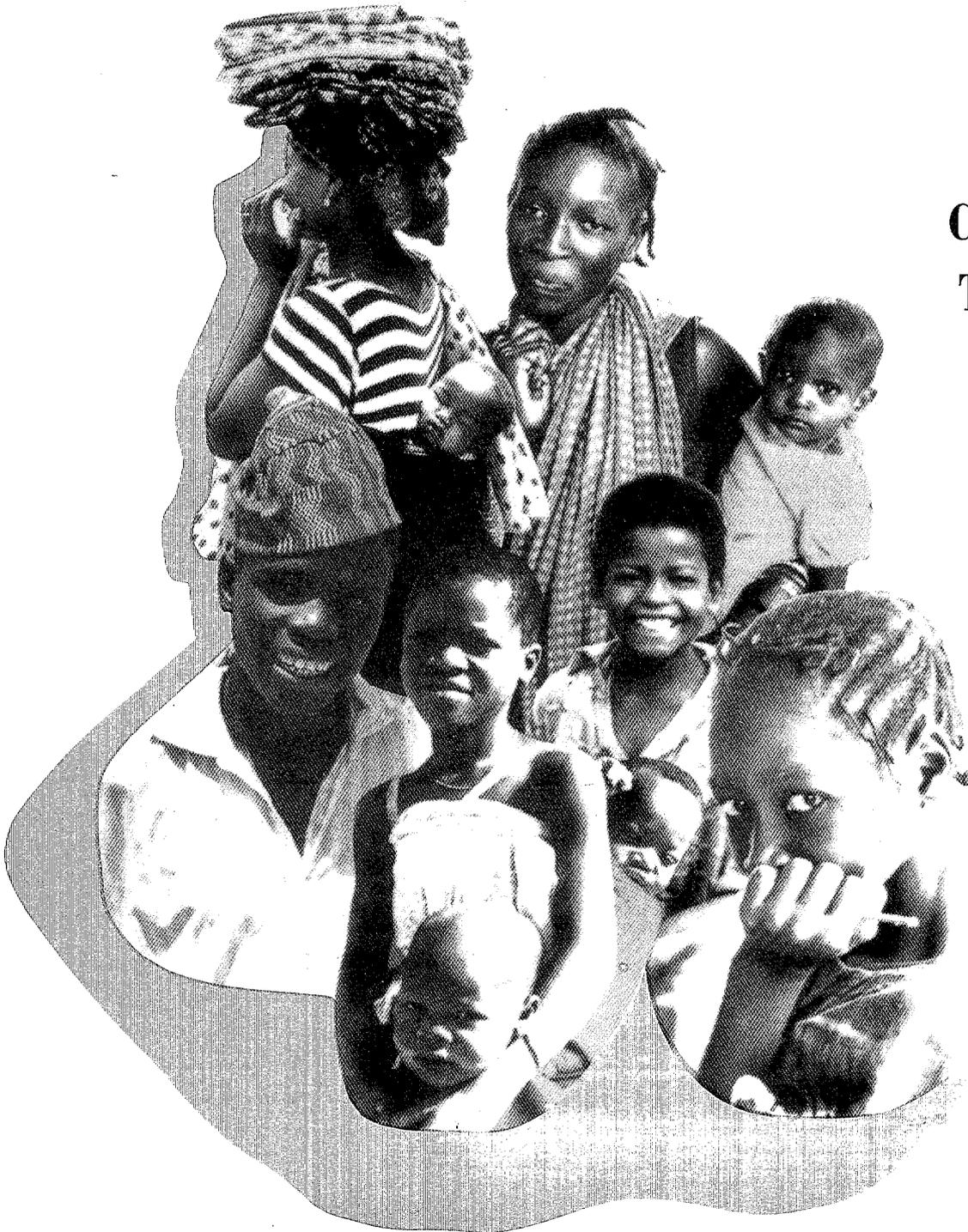
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The Population Council



AFRICA OPERATIONS RESEARCH & TECHNICAL ASSISTANCE PROJECT

ZAIRE:
Situation
Analysis,
Comparison of
Three Service
Delivery
Systems



PN-ACB-569

FINAL REPORT
(Condensed)*

**Zaire: A Situation Analysis of the Family Planning Program,
Comparing Three Service Delivery Systems**

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*A complete final report is available from The Population Council, New York.

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The Population Council, an international, nonprofit organization established in 1951, undertakes social and health science programs and research relevant to developing countries and conducts biomedical research to develop and improve contraceptive technology. The Council provides advice and technical assistance to governments, international agencies, and nongovernmental organizations, and it disseminates information on population issues through publications, conferences, seminars, and workshops.

SUMMARY

Background: This study evaluated the availability, functioning, and quality of clinic-based family planning services and compared the service delivery capacity of three major family planning (FP) organizations in Zaire.

Methods: Applying the basic situation analysis approach used in Kenya and elsewhere, research teams used both interviewing and observation techniques to collect data from providers and clients at 106 service delivery points (SDPs) throughout the country.

Findings: The overall level of family planning activity in Zaire is very low. SDPs operated by the government are far more active than those of two major private family planning organizations. Problems include uneven distribution of services, a lack of basic equipment, inadequate record-keeping systems, insufficient supervision, and contraceptive stock-outs. However, most of the SDPs have some information/education/communication (IEC) materials available; health centers are an important first source of FP information. The quality of care was good in the majority of client-provider interactions observed.

Recommendations: Most of Zaire's FP clinics need basic equipment, a well-ordered and useable client record system, and more rigorous supervision. The contraceptive supply system needs to be improved in order to assure that SDPs have a range of methods always available to clients. More staff should be trained at the most active SDPs. A national prevalence survey should be conducted among women of reproductive age to determine the level of demand for contraceptive services in Zaire.

SOMMAIRE

Contexte de l'étude : Cette étude a eu pour objectif d'évaluer la disponibilité, le fonctionnement et la qualité des services de planification familiale en clinique et de comparer la capacité de prestation de service de trois grands organismes de planification familiale au Zaïre.

Méthodologie : Utilisant l'approche de l'analyse situationnelle, appliquée au Kenya et ailleurs, les équipes de recherche ont utilisé deux techniques basées sur l'interview et l'observation pour la collecte de données auprès de prestataires et de clientes au niveau de 106 formations sanitaires à travers le pays.

Résultats : On constate que le niveau général de l'activité de planification familiale au Zaïre est très bas. Les formations sanitaires dirigées par l'état sont de loin plus actives que celles dirigées par les deux plus grands organismes privés de planification familiale. Les problèmes concernent la prestation irrégulière des services, un manque d'équipement de base, un système de gestion des données inadéquat, une supervision insuffisante, et un stock insuffisant de contraceptifs. Cependant, la plupart des formations sanitaires ont du matériel IEC (Information, Education, Communication); les centres de santé sont une importante source d'information en planification familiale. Dans la majorité des cas d'interaction observés entre les clientes et les prestataires, la qualité des soins était bonne.

Recommandations : La plupart des cliniques de planification familiale au Zaïre ont besoin d'équipement de base, d'un système d'enregistrement des données bien tenu, d'un système rigoureux de supervision. Le système d'approvisionnement en contraceptifs devrait être renforcé afin d'assurer le plus grand éventail de méthodes possibles mises à la disposition des clients. On devrait former plus de personnel dans les formations sanitaires les plus actives. Une étude nationale de prévalence devrait être menée parmi les femmes en âge de reproduction pour déterminer le niveau de besoin en services de contraception au Zaïre.

BACKGROUND

Zaire has an estimated annual population growth rate of 3.1 percent, a total fertility rate of 6.1 children per woman, and a youthful population expected to double in size in about 23 years. Historically, the Government of Zaire has taken a pronatalist stance. More recently, several institutions — including the International Planned Parenthood Federation affiliate, AZBEF, the Government of Zaire's Maternal-Child Health/Family Planning Program (PSND), and a Christian rural health program called SANRU — are believed to have made progress in instituting family planning services. PSND has established 165 service delivery points (SDPs) in urban areas; SANRU has established approximately 300 SDPs in rural areas; and AZBEF has established 64 urban SDPs. However, many of these facilities do not report on their family planning activities and thus the extent to which services are available and used is not fully known.

Little attention has been devoted to the problems and possible solutions of service delivery in Zaire's clinic-based program. In fact, until the present study, no comprehensive examination had ever been conducted of the existence, functioning, and quality of clinic services, nor had any comparison been made of the service delivery capacity of the three major family planning organizations — PSND, AZBEF, and SANRU. To address this, a situation analysis study was conducted of the family planning service delivery systems in Zaire.

OBJECTIVES

One of the objectives of a family planning situation analysis study is to examine the strengths and weaknesses of FP subsystems (logistics/supplies, facilities, staffing, training, supervision, information/education/communication (IEC), and record-keeping) in order to better understand the factors affecting SDP performance and utilization, and to improve the quality of SDP service provision.

Specific objectives of the Zaire study were to:

- Evaluate the availability, quality, and functioning of family planning clinic services in Zaire
- Develop suggestions for administrative and operations research (OR) approaches to strengthening the family planning program
- Compare the service delivery capabilities of PSND, AZBEF, and SANRU.

METHODOLOGY

Zaire has a poorly developed communication and transportation system, which posed a major challenge to obtaining a representative sample of service delivery points in the country. Most SDPS can not be reached by road from Kinshasa. While air transport is available to many urban areas, access to surrounding rural areas is limited by lack of roads, lack of public or private transport, and even when transport is available, the lack of gasoline. Thus, it was not possible to use a purely random selection process that gives each SDP an equal probability of being represented in the sample or even a probability proportional to some known characteristic, such as number of clients served.

Therefore, the study relied on a combination of random and convenience sampling which produced an initial sample of 45 PSND clinics, 17 AZBEF clinics, and 44 SANRU clinics. Of these original 106 SPDs, only 79 were open on the day of the visit or had staff who could be interviewed or had a family planning service delivery program that could be observed. The remaining 27 SPDs were either closed, had no staff, and/or had no family planning program.

Undoubtedly, the sample was biased toward the most accessible SDPs located in or relatively close to one of 11 urban centers, toward the more active SDPs, and toward the PSND clinics, resulting in a sample of SDPs that are probably the best in terms of staff, equipment, supplies, client activity, and quality of care. Thus, the actual situation in the universe of SDPs throughout the country is likely to be worse than reported here.

At each SDP, information was collected from providers and clients on the quality of care provided and on the availability and functioning of the family planning services. The data were collected by four field research teams, each consisting of a nurse or physician paired with a social scientist, who had five days of training for this task. The teams used four basic data collection instruments, which were pretested in eight clinics in Kinshasa: (1) an observation form to obtain an inventory of equipment available; (2) a form for

observing the interactions between clients and service providers; (3) a client exit interview form; and (4) a provider interview form to obtain information on SDP personnel, program, quality of care, and services for voluntary surgical contraception.

At the study site, the nurse or physician filled out the observation form and the social scientist administered the provider interview. The field research teams were instructed to interview one family planning client at each clinic. If there were no clients at the selected clinic, a substitute clinic was selected randomly from the same cluster. However, even after substitutions were made, clients were not always available.

Field work was conducted during a five-week period in April and May, 1991. The instruments were coded in the field, checked by other members of the PSND research team, and checked again by the supervisor and/or the OR advisor. Data entry was done in Kinshasa and data analysis was conducted using SPSS.

FINDINGS

Family planning activity in Zaire is very low. Among 104 SDPs, the median number of new and continuing clients per month is 7.5 (Figure 1). Overall, the PSND sites are the most active (16.4 clients/month), followed by AZBEF (7.7) and SANRU (2.7).

The use of the median as a statistic to indicate the number of clients served by half the SDPs does not provide an indication of how skewed the client load distribution is for all three organizations. In Zaire, a relatively few sites serve the overwhelming number of clients, while a relatively large number serve hardly anyone. For example,

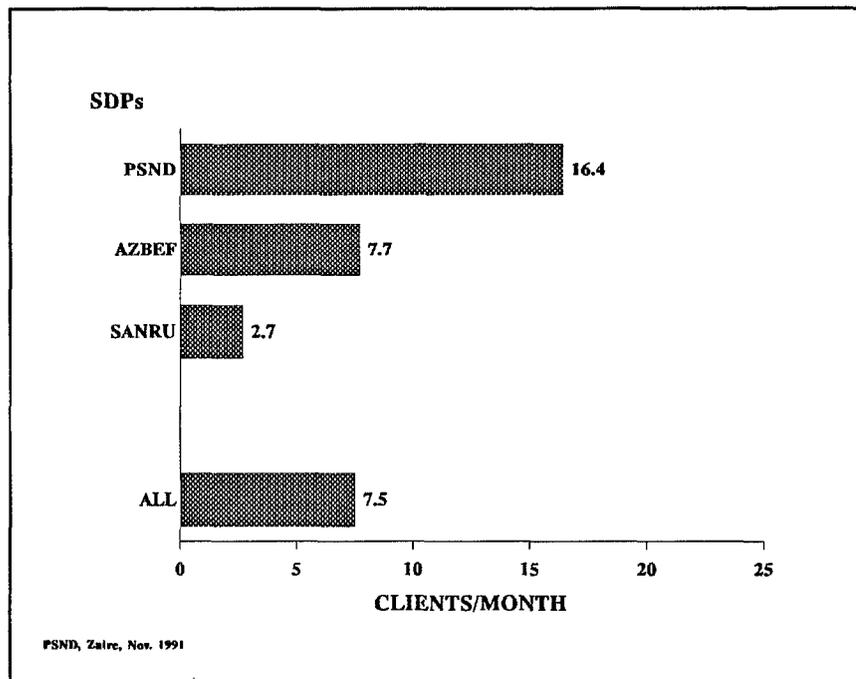
over half (56.6%) of 53 PSND SDPs served only 13.2% of all the 6,387 clients seen at PSND SDPs over a three-month period. In contrast, nine PSND SDPs (17% of the total) provided services to over 65% of all clients served in a three-month period.

The situation at AZBEF and SANRU SDPs is far more skewed, with regard to the distribution of clients. Three of the AZBEF clinics (or 23.1% of all AZBEF clinics in the study sample) provided services to 87% of the clients.

Five of the 38 SANRU SDPs (13.1%) provided services to almost 80% of all SANRU family planning clients over a three-month period of time.

There has not been a national contraceptive prevalence survey in Zaire to indicate the level of demand in the country. Thus, it is not entirely clear whether the low level of

Figure 1: Median number of FP clients seen per month in previous 3 months



family planning activity at the SDPs is associated with a concomitant low level of demand for services among couples.

As illustrated in Figure 2, 64% of the staff at the sample SDPs reported that they did not have adequate equipment to deliver quality FP services (74% at SANRU, 62% at AZBEF, and 59% at PSND). A fairly substantial proportion of all clinics need very basic equipment.

A speculum, tenaculum, gloves, and an examination table are necessary for inserting IUDs. Blood pressure should be checked before prescribing pills. The absence of these and other basic items of equipment limits the range of methods that can be offered at an SDP, increases the risk of sepsis, and lowers the quality of care provided to clients (see Figure 3). From a program development standpoint, it would appear that attention needs to be given to providing clinics with the basic equipment they need in order to deliver family planning.

Figure 2: Percent of SDPs where staff consider equipment for FP services inadequate

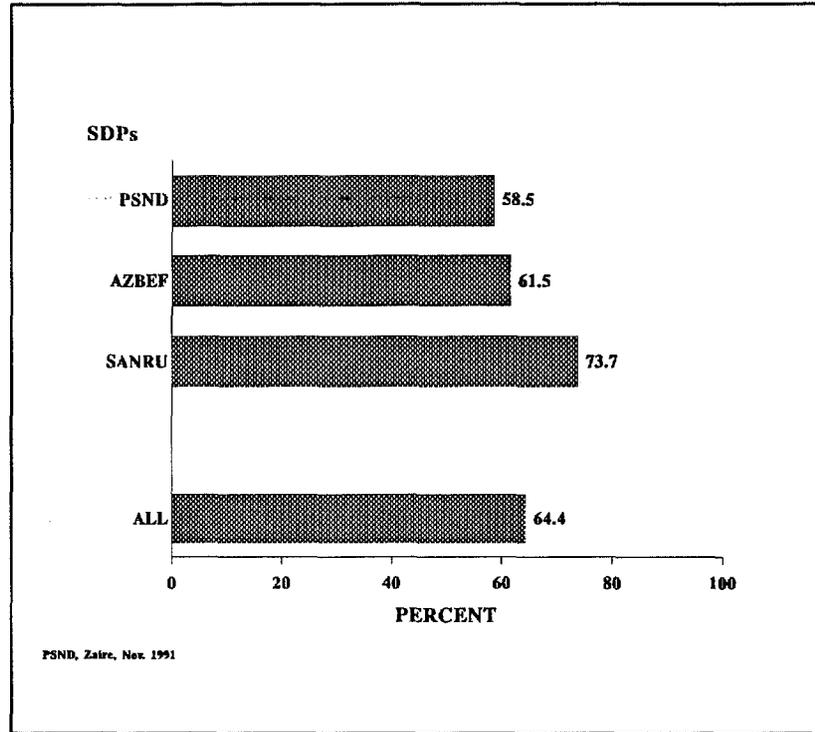
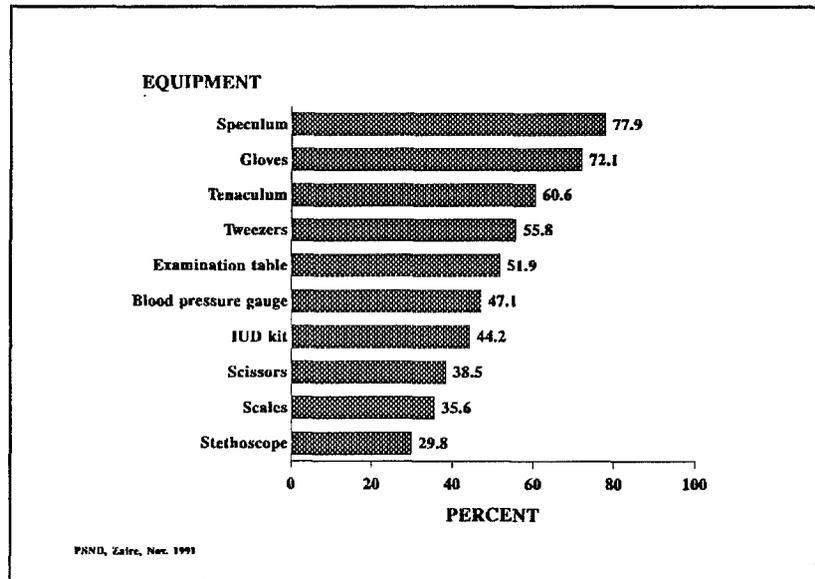


Figure 3: Percent of 104 SDPs lacking clinical equipment



Slightly over three-fourths of the sample SDPs maintain individual cards on clients; however, only about 55% of all SDPs have a well-ordered and useable card system.

All of the SDPs sampled had at least one trained family planning provider, and over two-thirds had two or more. About 25% of the clinics have a resident medical doctor present, but only 68% of these doctors have received any FP training.

Over a third of the SDPs had not received a supervisory visit in the previous six months (69%, AZBEF; 37%, SANRU; 30%, PSND).

The majority (76%) of SDPs had some IEC materials available. Most often, the materials consisted of a wall poster or a brochure. In 68% of the PSND clinics a family planning poster was on the wall, compared with 34% in SANRU SDPs and 31% in AZBEF SDPs. A little more than half of the PSND clinics had FP brochures, compared with 18% and 15%, respectively, for SANRU and AZBEF.

The health center and its workers are an important first source of FP information, mentioned by 43% of clients interviewed. Other sources mentioned were friends, the media, and husbands.

On the day the research teams made their visit, contraceptive stock-outs were observed in all SDPs (See Table 1). Twenty percent of the SDPs had no pills, 37% had no Depo-Provera®, 48% had no IUDs. About a fourth lacked condoms, 85% lacked spermicides, and 48% lacked foam.

Table 1: Stock-out of contraceptive methods in 104 SDPs on day of visit

<i>Contraceptive</i>	<i>Median number in stock</i>	<i>Percent of SDPs with stock-outs</i>
<i>Pill</i>	<i>83 cycles</i>	<i>19.6</i>
<i>Depo-Provera</i>	<i>5 doses</i>	<i>37.3</i>
<i>IUD</i>	<i>0 IUDs</i>	<i>48.0</i>
<i>Condoms</i>	<i>121 condoms</i>	<i>22.5</i>
<i>Spermicide</i>	<i>0</i>	<i>85.3</i>
<i>Foam</i>	<i>0</i>	<i>48.0</i>

By service delivery organization, AZBEF and SANRU SDPs were more likely to be out of contraceptive supplies than were PSND sites (See Figure 4).

The lack of long-term methods such as the IUD indicates limited choice. Even more worrisome, however, is the lack of condoms in a country with a high incidence of STDs, including AIDS (Figure 5).

Interviews conducted with 95 clients revealed that 67% used a contraceptive method to space births, 25% to limit births, 5% for economic or health reasons, and 3% for other reasons. Although most of the sampled clinics offer integrated MCH/FP services, the research observers judged that about 92% of the SDPs informed FP clients about the availability of MCH services, while only about 56% informed MCH clients about the FP services available in the same facility.

During observation of the client-provider interaction, most clients were counseled about different contraceptive methods: 85% of

Figure 4: Percent of SDPs out of IUDs on the day of visit

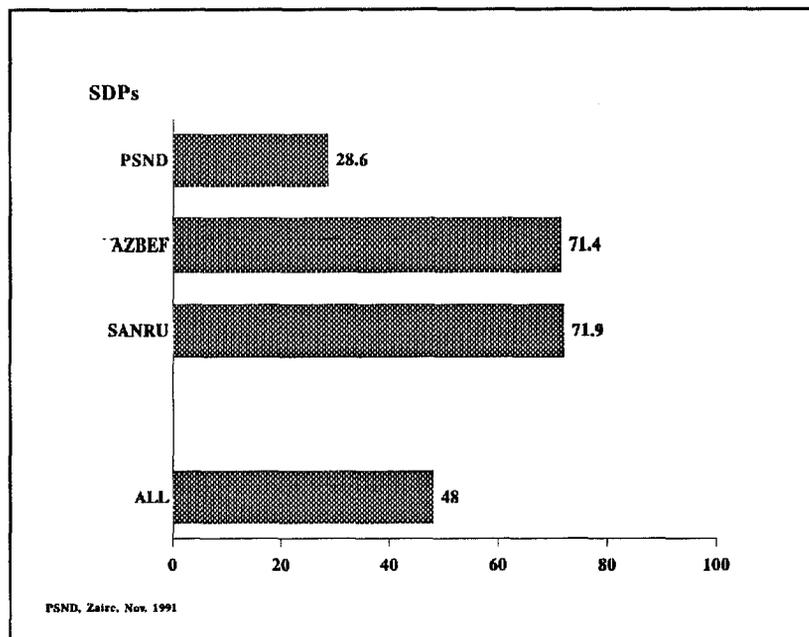
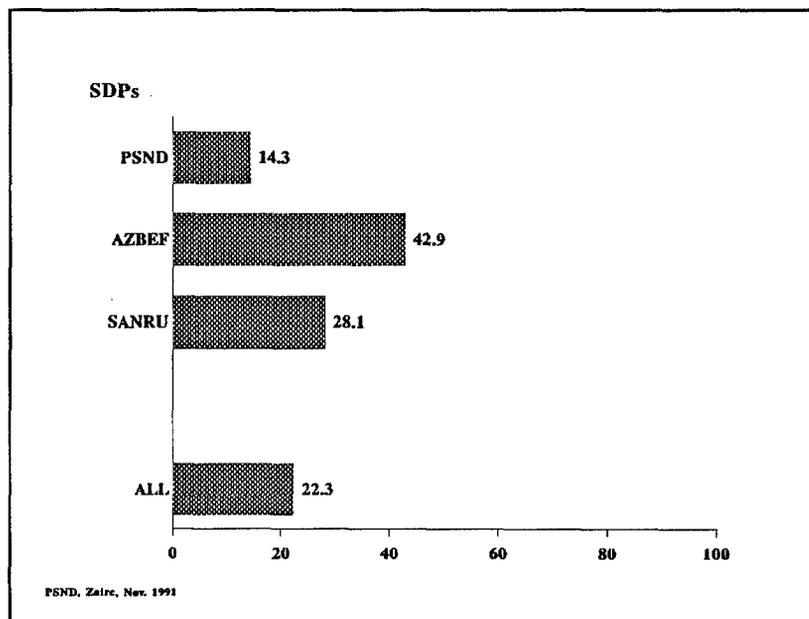


Figure 5: Percent of SDPs out of condoms on day of visit



clients were counseled about Depo-Provera®, 83% about the pill, 62% about the IUD, 54% about condoms, and 34% about sterilization. After the consultation, 85 of the 95 clients accepted a contraceptive method.

About 78% of the time, the client appeared to be the person who made the decision regarding method choice; 19% of the time it appeared to be both the client and the provider; but in only 3% of the time did it appear to be the provider alone who made the choice for the client.

Most clients reported that they received the method they wanted: 84% who wanted the pill received the pill, 75% who wanted Depo received it, and 70% who wanted the IUD received the IUD. However, only 12.5% of women who wanted voluntary surgical contraception actually received VSC.

For almost all clients, client-provider interactions are characterized by a high level of concern by the provider for the client. The use of aseptic techniques, complete medical history-taking, and physical examinations were observed in the large majority of SDPs in the sample.

CONCLUSIONS AND RECOMMENDATIONS

To date, no national contraceptive prevalence survey has been conducted in Zaire that might serve to indicate the level of demand in the country. Until such a survey is conducted, it will not be clear whether Zaire's low level of family planning activity at the SDPs is associated with a concomitant low level of demand for services.

The lack of basic equipment at Zaire's SDPs limits the range of methods that can be offered, increases the risk of sepsis, lowers the quality of care provided, and creates a major barrier to the expansion of services in the country. From a program development standpoint, attention needs to be given to providing clinics with the basic equipment they need in order to deliver family planning. The contraceptive supply system needs to be improved in order to assure that SDPs have a range of methods always available to clients.

Without a well-maintained record-keeping system for clients, it is difficult to follow the progress of clients or to maintain their medical histories. The lack of sufficient supervisory visits also needs to be addressed at all clinics.

The health center and health worker appear to be the most important sources of information on family planning for most clients, and an increase in clinic IEC activities would help to capitalize on that advantage. Health workers would benefit from training in family planning methods and counseling, with refresher courses for those previously trained.

This study was the first of its kind in Zaire. It is the only national study that has taken a systematic look at the "supply side" of family planning, that is, the availability, functioning, and quality of service delivery. In addition, it is the only study that has compared the three major service delivery organizations.

Providing quality family planning services in Zaire is difficult in the best of circumstances. However, services cannot be improved until the barriers to effective service delivery can be identified. This situation analysis has highlighted several barriers, as well as revealing a number of positive areas. In addition to the findings that emerged from the study, a key lesson learned was that it is possible to conduct a large-scale, national survey in Zaire, despite logistical problems. The Zaire Situation Analysis contains a wealth of data. When political conditions in the country permit, these data can form the basis for planning the resumption of family planning activities in the country.