Stimulating Private Healthcare Facilities to Increase and Improve Reproductive Health Services: The KAPS Network in Turkey

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Introduction

The private sector in Turkey has demonstrated tremendous potential for expanding its role in the provision of reproductive health products and services. In 1991, the Social Marketing for Change (SOMARC) project launched two social marketing activities in Turkey. In June 1991, SOMARC assisted Eczacibasi Ilac. and the Turkish Family Health and Planning Foundation in launching the Okey condom. For the first time in any social marketing initiative, a private sector partner had agreed to purchase upfront and import contraceptive commodities for the introduction of a low-priced, quality condom. Within the next two years, the Okey condom had captured a leading position in the overall market, selling over 7 million condoms. By December 1993, the Okey condom was completely self-sufficient. Eczacibasi continues to promote the condom brand, and achieved over 10 million condom sales in 1996.

The oral contraceptive component launched in December 1991 achieved equal success. It represented a collaborative effort between the three leading oral contraceptive manufacturers: Wyeth, Schering, and Organon. These three manufacturers agreed to collaborate in the social marketing program by marketing six of their low-dose oral contraceptive products under an umbrella campaign designed to allay women's fears and misinformation about oral contraceptives. In the first year of sales, the overall oral contraceptive market increased by 18 percent. By December 1994, the oral contraceptive program was also completely self-sufficient, and low-dose pill brands took over the leading market share in Turkey.

The success of these efforts created an extremely positive environment for future collaboration with these leading private healthcare companies in Turkey. By 1993, 75 percent of all oral contraceptives and 66 percent of condoms were purchased directly in the private sector. However, only 28 percent of IUD insertions and 15 percent of female sterilizations were

performed in the private sector.[1] This imbalance in the public and private sector's role for clinical methods, and the huge potential for private participation lead SOMARC to look at new ways of further increasing the private sector's role in family planning services. This paper describes SOMARC's initial experience in the establishment of a network of for-profit hospitals, polyclinics, physicians, and pharmacies to increase the provision of reproductive health services in the private sector.

Assessing Turkey's Healthcare Infrastructure

In 1994, SOMARC conducted an assessment of Turkey's private healthcare sector to investigate the potential for increasing the private sector's role in family planning and reproductive health services. Despite the private sector's relatively small role in the provision of clinical contraceptive methods, the overall private healthcare sector was growing at an extremely fast pace. The State Statistics Annual Report for 1992 estimated that there were approximately 1,500 obstetrician/gynecologists (OB/GYNs) in private practice[2]. There were approximately 25,000 General Practitioners (GPs) in 1992, and it was estimated that approximately half operated private practices. In Istanbul alone, it was estimated that there were 60 to 70 private hospitals, approximately 500 private clinics, 3,000 pharmacies, and 800 obstetrician/gynecologists (OB/GYNs) and 500 general practitioners (GPs) in private practice[3].

SOMARC's assessment revealed several interesting strengths and weaknesses in the private sector with regard to family planning and reproductive health services. The strengths of the private sector included a strong and growing infrastructure that was already serving many low-income consumers in C and D socioeconomic classes. Women from all socioeconomic groups reported preferences for private sector services due to the perception that they could get better quality service, have shorter waiting times, and spend more time with their provider. For example, many private facilities had waiting times of 15 minutes or less while waiting in a public sector facility could take several hours.

[1] Turkey Demographic and Health Survey 1993, Ministry of Health, Hacettepe University, and Macro International. October 1994.

[2] Zet Medya, Istanbul, Turkey. "Comprehensive Review of Family Planning with Special Reference to Long-term Contraceptives." June 1993. Prepared for SOMARC/The Futures Group.

[3] SOMARC's Long-term Method Strategy for Turkey, October 1994.

The private sector's weakness from the consumer's point of view was the relatively high cost of all types of services. Less than 2 percent of private healthcare costs were financed by private insurance; therefore, consumers were and are paying for the large majority of these costs directly from their own pockets. In terms of family planning services, consumers were surprisingly unaware of the availability of services at private facilities. In addition, while private providers were interested in offering family planning services, the relative importance of family planning for them was quite low. While women used private facilities for abortion, prenatal, delivery, and post-partum services--counseling for family planning in the private sector was almost non-existent--even for those women who had a clear need and desire not to be pregnant. In many facilities that SOMARC visited, private doctors reported providing two and three times as many abortions as family planning methods. In addition, many of the private providers had fairly strong misperceptions about the safety and efficacy of several modern methods, particularly hormonals such as oral contraceptives and injectables.

SOMARC's assessment concluded that the existing infrastructure of private healthcare facilities clearly provided the necessary foundation. To begin to increase the demand for these services in the private sector, consumers would need to be aware of the availability of services and have affordable alternatives. To provide family planning services and counseling for women already using the private sector for related services, providers would need to improve their counseling skills and receive up-to-date training on contraceptive technology.

Designing the Network to Maximize Turkey's Healthcare Infrastructure

To increase and improve the private sector's provision of family planning services, SOMARC designed a network to include a range of private healthcare facilities interested in offering quality family planning services at affordable prices. SOMARC's main objectives were to increase the number of private healthcare providers offering family planning and reproductive health services, to raise the standard of practice in private

sector facilities for reproductive health, and to ensure that services were available at affordable prices.

SOMARC first implemented the network within two regions of Istanbul. These two regions included the areas of Gultepe, Celiktepe, Sanayi, Mahallsi, Seyrantepe, Gaziosman Pasa, 500 Evler, and Karadeniz Mahallesi with a population of approximately two million of Istanbul's 11 million people. SOMARC organized the network with the assistance of several Turkish organizations, including the Turkish Family Health and Planning Foundation, the Human Resource Development Foundation, and Marketing Systems. Through its collaboration on SOMARC, AVSC International also provided important technical assistance to the network on clinical service delivery and training issues.

Recruiting Private Facilities and Providers

To recruit providers for the network, SOMARC visited over 180 private healthcare facilities, including hospitals, polyclinics, private OB/GYNs and General Practitioners, and pharmacies to recruit them as network members. The large majority of facilities were extremely interested in the network system. Some were interested because they agreed with the principles of broadening access to quality family planning services. However, many more were interested because of the extremely competitive nature of healthcare in Istanbul. They viewed their participation in the network as a way of differentiating themselves from other facilities, and felt that the network would benefit not only their family planning caseload, but help improve their overall client base as well by strengthening their image within the community. Pharmacists in general were also extremely interested in the network concept--and many pharmacists viewed themselves as playing a key role in their communities for providing information. Some facilities (less than two percent) were not interested in participating for religious and/or political reasons.

Establishing Network Service Delivery Standards

The standards for healthcare services varied greatly from one institution to the next--as they do throughout Turkey. As in many countries, there was relatively little regulation or monitoring of the private sector in healthcare. In order to ensure that the participating facilities were in fact offering good quality of care, AVSC International developed a site assessment form in collaboration with SOMARC. Each of the potential sites was

visited by an assessment team to review their service delivery standards. The facilities that were found to be performing illegal procedures or that were not properly certified were not offered membership to the network. The site assessments revealed that in the large majority of private facilities infection prevention standards were poor. Several of the private sector hospitals, for example, did not have a sufficient number of speculum for their daily OB/GYN caseload, and therefore the speculum were not properly sterilized for every patient. While many issues arose during the site assessments, the private facilities, for the most part, were extremely interested in receiving guidance and feedback on how to improve their service delivery standards.

To try to ensure a standard level of care within the network, each of the facilities that joined was required to send their OB/GYN staff and other appropriate healthcare providers to attend a three-day training program on contraceptive technology, total quality management, services marketing, and interpersonal communications. Pharmacists also interested in participating in the network as referral points were also trained. SOMARC designed the training program to ensure that these providers received the latest information on contraceptive technology, understood the importance of family planning counseling, and were provided with tools to identify and implement ways to improve the overall quality of their services. The overall purpose of the training workshop was essentially to reorient providers to the needs and desires of the client. The major successes of the workshop came from the providers themselves who were immediately poised to apply what they had just learned, and many physicians left the workshop with their own ideas on how to improve their particular facility.

Establishing Maximum Pricing Levels for the Network

Because pricing levels were cited by consumers as the primary weakness of the private sector, SOMARC felt that it was necessary to try to ensure affordable pricing levels for specific family planning and reproductive health services. SOMARC negotiated with the providers to lower their fees for reproductive health services--these providers agreed to a list of maximum fees for the variety of services being offered. These services included gynecological exams, papsmears, IUD insertions and removals, tubal ligations, no-scalpel vasectomies, and free family planning counseling and follow-up visits. Several of the hospitals, for example, reduced the cost of their tubal ligation services by 30 percent. Because many clients did not know that family planning services were available in private facilities and to make the prices of the services known to

consumers, the providers agreed to post a price board in their reception areas indicating the price of these reproductive health services. SOMARC felt that making the prices known would help to reduce some of the anxiety for clients who might be interested in family planning, but were unsure about the costs.

Marketing the Reproductive Health Network to Consumers and Providers

In October 1995, SOMARC launched the network, called the "Kadin Sagligi Ve Aile Planlamasi Hizmet Sistemi" or "KAPS" for short. The Turkish name translates to the "Women's Health and Family Planning Service System." The network is marketed to consumers through a variety of communications and public relations activities. The name and logo of the network (see below) were tested among target consumers for appropriateness. With SOMARC technical assistance, the Turkish Family Health and Planning Foundation (TFHPF) oversaw the advertising and public relations activities of the KAPS network.

Using Public Relations to Publicize the Network

The launch and introductory period for the KAPS network was supported by a comprehensive public relations campaign. The public relations activities were designed to increase awareness of KAPS among consumers as well as key influentials. The public relations activities included exclusive interviews on many Turkish public and private television stations, including TRTI, TRT2, ATV, KANAL 6, HBB TV, KANAL D, TGRT TV, FLASH TV, and many radio stations. Almost all of Turkey's major newspapers carried feature stories and press releases about the

network. Many popular Turkish women's magazine also featured the network, including Bella and Benissimo. To date public relations activities have contributed to over US$800,000 in advertising coverage for the network.

Providing an Information Hotline

The KAPS network also includes a hotline managed by TFHPF--a hotline that men and women can call to learn more about the services available through the KAPS network, the types of family planning methods available, the maximum prices of services at KAPS facilities, and the telephone numbers and addresses of KAPS facilities. There is also a live representative available everyday from 10 a.m. to 12 noon to discuss special questions or comments with callers. The KAPS hotline is being promoted through flyers, the press, and the community promotion teams. By the end of 1996, the hotline had received over 10,000 calls.

Using Community Promoters

During the early phases when the size of the network was too small to effectively use mass media, SOMARC looked for ways to promote the network at the community level. TFHPF, and the Turkish public relations firm, MPR, organized a team of community promoters to increase awareness of the KAPS network and the participating facilities within the two introductory areas. TFHPF trained 11 women to serve as local promoters of the network. These women visited all types of public places--from hair salons to movie theaters--within the pilot area to talk about KAPS, distributing brochures and other promotional items. By the end of 1996, over 12,500 women had been contacted about the KAPS network through the community promoters.

Transitioning to Mass Media

Now that KAPS has achieved broader coverage within Istanbul, the network is being promoted through radio advertisements. TFHPF and

RPM, a Turkish advertising agency, developed three radio spots designed to increase awareness of KAPS, to motivate women to call the KAPS hotline, and to seek out KAPS providers for reproductive health services, including family planning. SOMARC will evaluate the impact of the radio advertising through an omnibus survey, but also through facility-based interventions that will track client flow.

Results to Date

The KAPS network was designed in order to improve the range and quality of reproductive health services offered by private doctors and facilities. The facilities participating in the network are dedicated to improving their services--this includes incorporating client counseling into the services they offer, improving infection prevention practices, providing post-abortion contraception, and referring clients interested in surgical contraception. SOMARC's objective was to raise the standard of practice in private sector facilities, and raise awareness and the expectation of quality service among consumers.

Expanding the Network

By October 1996, the KAPS network included over 150 facilities, including hospitals, polyclinics, private doctors, and pharmacies throughout metropolitan Istanbul. The network has grown from being relatively unknown to private providers in Istanbul to KAPS now receiving telephone calls from new facilities outside of Istanbul expressing interest in joining the network. In October 1996, for example, a hospital in Eskeshir (four hours from Istanbul) sent two of its OB/GYNs to Istanbul (covering all their transportation and per diem costs) to attend the three-day KAPS training program so that the facility could become a participating member of the network.

Improving Demand and Awareness of Reproductive Health Services

The SOMARC network is expected to improve the *demand and awareness* of family planning services in the private sector. In August 1996, SOMARC conducted an omnibus survey among clients which revealed increasing awareness of the KAPS network and its emphasis on

reproductive health growing--over __ percent recalled and properly recognized the KAPS logo. This high level of awareness was achieved primarily through public relations since no paid mass media activities had been used. Awareness of the availability of family planning services within KAPS facilities is also growing. In 1995 prior to the launch, 8 percent of non-family planning clients visiting KAPS facilities were aware that family planning services were available there. In 1996, nearly one third (32%) of women ages 18-45 visiting KAPS facilities for any reason knew that family planning services were available at the facility. While this percentage still has room for improvement, it represents a marked increase over awareness levels measured prior to project launch.[4] SOMARC's new advertising campaign for the network is expected to further increase the awareness and demand for services at these facilities.

Influencing Changes in Service Delivery Standards

In many of the private facilities, SOMARC has already witnessed significant changes in service delivery standards. Infection prevention, for example, has improved dramatically. Many of the facilities purchased the additional equipment required to ensure that each client is provided with a sterile speculum. For the first time, many of the facilities purchased and used sharps containers.

Several of the facilities have also made changes in other ways. Many of the facilities have upgraded their waiting areas and improved the overall infrastructure of the facility. One hospital eventually fired its OB/GYN as a result of negative feedback received through KAPS community promoters. A pharmacist in Gungoren (a small neighborhood within Istanbul), as a result of attending the KAPS training program, added a private client counseling area within the pharmacy. All of these activities have helped to improve the overall quality and satisfaction of the client's visit. Consumers are also beginning to demand more from their healthcare providers as their expectations are raised.

Improving Client Counseling

One of the major expectations of KAPS network is to improve the information and counseling received by clients already using private facilities. As suggested in SOMARC's preliminary research, many private providers had poor information and biases against contraceptive

[4] Ibid.

methods. SOMARC's training programs were designed to address these issues, although it is anticipated that changes will be gradual, and ongoing training will be necessary.

In September 1995 and September 1996, SOMARC conducted a client intake and exit survey among participating KAPS service delivery facilities. The results suggest that providers are gradually changing their practices regarding family planning. In 1995, for example, seven percent of the abortion clients were counseled on family planning. In 1996, 17 percent of abortion clients were counseled. In 1995, *none* of the postpartum clients had discussed family planning with their provider, but in 1996 this figure had increased to 31 percent.[5] This suggests that the major increase in family planning counseling has occurred with post-partum patients. Almost one third of all post-partum patients are now being counseled on family planning as compared to zero previously. SOMARC hopes to improve further the counseling practices of private physicians. AVSC International will implement a series of counseling and post-abortion and post-partum training sessions in participating KAPS facilities throughout 1997.

Conclusions

The KAPS network in Turkey serves as an interesting model for stimulating for-profit healthcare facilities to pay more attention to the need for family planning services and the large potential demand for affordable, quality service. At the time of writing of this paper, the KAPS network was on the verge of expanding the network into another major urban area of Turkey. The network approach is highly sustainable--the private providers who are participating in the network have changed their attitudes and practices toward family planning services in many ways. These changes will affect the range of service and quality of care that all of their patients receive for as long as they remain in practice. Additionally, for consumers--the benefits of receiving good care in a timely fashion with a provider who has good technical and interpersonal skills will also likely establish an "expectation" for service that will keep these consumers seeking family planning services in the private sector for the rest of their reproductive lives. Since KAPS has been established in Turkey, there are several other countries, e.g. Nepal,

[5] Foreit, Karen, Cisek, Cindi, and Cankatan, Hakan. KAPS at One Year: Results of the 1996 Client Inake/Exit Survey.

Philippines, that have begun or plan to begin similar networks adapted to the specific strengths of the private sector in these countries.

References

In an exit survey of private facilities in Istanbul, approximately 90 percent of the clients exiting private hospitals, polyclinics, and private physicians offices were low-income.[6] Surprisingly, many of these clients didn't even know whether family planning services were available in the facility they had just exited--in fact, over 92 percent of those interviewed (excluding family planning patients) did not know whether these types of services were available, and of those 57 percent stated they would "definitely" be likely to use the family planning services if they were available at the facility.[7] Less than one percent of OB/GYN patients (8 out of 883 women) reported that their doctors mentioned family planning during their visit.

[6] Kincaid, Mary and Cisek, Cindi. Turkey KAPS Network: Baseline Report, November 1996.
[7] Ibid.