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Original article

Assessment of quality of MCH care services and client satisfaction for these services provided under Primary Health Care in Rajkot district, Gujarat, India.

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Abstract

Objective: To assess the quality and level of client satisfaction of the maternal and child health services provided under Primary health care.

Setting and design: Cross sectional, pretested questionnaire, interview based study.

Methodology: In Rajkot district there are total 7 blocks and 43 PHCs. In present study; 14 PHCs were randomly selected; 2 from each block. Study was conducted during Aug 2010 to May 2011. Total 400 beneficiaries of MCH health care services were selected.100pregnant mothers, 100 post natal women and 200 mothers of under-five children were selected &interviewed. Each of the services was quantified by giving score to different indicators and sub indicators. Quality was assessed based on the obtained score out of total possible score.

Results: Out of total interviewed clients; 88.54% PNC client, 77.01% ANC client and 58.32% clients of Child health service rated services as "Very good". Overall quality for ANC & child health related services fell into "Average" grade, while PNC services got "good" grade.

Conclusion: For all studied services;98% clients expressed satisfaction, however quality of the ANC and child related services were found of "average" quality.

Introduction:

Mother and child health care (MCH), refers to preventive, curative, and rehabilitative health care of mothers and children[1], is an important determinant of a nations' overall health condition. The populations covered under MCH care are women of reproductive age group and children in the age group of 0-6 years[2].These groups are large user group of MCH services[1]. A range of maternal and child health care services are provided under primary health care. A good coverage of Maternal & Child Heath Care services can have greater impact on morbidities and mortalities. It was observed that mortality and morbidity were decreased significantly since last two to three decades because of good coverage. It was suggested that additional decrease is not possible by merely increasing the quantity of services. Further reduction can be brought by improving the quality of services[3].

Consensus on the importance of quality of care in population program emerged in the International Conference on Population and Development (ICPD) held in Cairo in 1994. Provision of package of quality reproductive health services and addressing unmet health care needs of couples and individuals became the central theme[4.]

Client's satisfaction is the first indicator for quality of the service[5]. It is defined as a patient's personal evaluation of health care services & providers. It is a vital component of health care outcome and remains an area of interest and need in health care.

In respect to assessing degree of quality of health care; assessment to corresponding specified standards needs to be done. Those standards if applied are generally expected to lead to desired results. Since 2005 thrust on improving & assuring quality in PHCs is given. For the same; in Gujarat a separate cadre of Quality Assurance Medical Officer Post is created[6].

However, very limited number of studies had been carried out to evaluate quality of health care services in Gujarat and none in Rajkot. So, it was decided to assess the quality of maternal and child health services provided under primary health care in Rajkot district, Gujarat state, India.

Material and Methods

This was a cross sectional study. Sample size of 400 beneficiaries was calculated based on the assumption of 50% client satisfaction rate and 10% allowable error with formula $4pq/l^2$. Half of the sample size was divided for maternal services and half for child related services. Sample for maternal services were further divided for100 ANC and 100 PNC services.

The eligibility criteria for ANC was that the mother should have been enrolled in ANC register and should have availed service in last one month, where as for PNC was that the mother should have been delivered in last one month and for child was that s/he should have availed services in last three months. The study was done by multi-stage sampling method. Rajkot district comprises of 7 blocks and total 43 PHCs. In the first stage, 2 PHCs were selected randomly from each block, thus total 14 PHCs were identified. In the second stage 8 ANC women, 8 PNC mothers and 15 children from each 14 PHCs were randomly selectedfrom respective registers (ANC, PNC and Treatment registers). Then clients were visited at their home for personal interview.

A structured pre tested preformed closed ended questionnaire was used. Client satisfaction was assessed for services received, behavior and attitude of the staff as well as response to their queries. The degree of quality of service for antenatal, postnatal and child care was evaluated by assessing the service rendered against expected service delivery under RCH program [2]. Total seven areas in ANC and five in PNC for client were identified for quality assessment. For child health care services the check list was prepared as per IMNCI [7]. Each of the identified indicators was further described by sub indicators. Each sub indicator was given the score out of 5 depending on its essentiality. For each of the service maximum score was calculated by summation of score of each sub indicator. Achieved score of particular indicator was calculated in percentage out of total possible score graded for the quality: "Very good" for achieving ≥ 81% score, "Good" for 61 to 80%, "Average" for 41 to 60%, "Poor" for 21 to 40% and "Very poor" for ≤ 20% score.

Observations

Table 1: Overall satisfaction perceived by clients for MCH services.

Sr. no	Service	Level of satisfaction (Perceived by the individual)				
		Very good	Good	Average	Poor	Very poor
1.	ANC service N=109	77.0 %	22.9 %	0.00%	0.00 %	0.00 %
2.	PNC service N=96	88.5 %	11.4 %	0.00%	0.00 %	0.00 %
3.	Child health service N=206)	58.7 %	39.3 %	1.9%	0.00 %	0.00 %

Table 2: Quality assessment of ANC services

Sr. No.	ANC service indicator	% delivered	Average of Combined scoring*	Level of Quality
1	Registration of Pregnancy	91.6	5	Very Good
2	Detail about history taken	57.7	3	Average
3	Physical Examination done	85.2	5	Very Good
4	Services provided	78.2	4	Good
5	Advices given	51.6	3	Average
6	Counseling done	17.5	1	Very Poor
7	Knowledge regarding JSY/CY scheme	12.0	1	Very poor
	Overall Average combined scoring * based on weightage and % delivered for individual indicator		3	Average

Table 3: Quality assessment of PNC services

Sr. No.	PNC service Indicators	% delivered	Average of combined scoring*	Level of Quality
1	Visit of health provider within 48hrs	96.8	5	Very Good
2	Inquiry for complain done	58.1	3	Average
3	Service provision	91.6	5	Very Good
4	Advice and counseling services	84.2	5	Very Good
5	Visit by health provider within 42 days	100	5	Very Good
	Average combined scoring *based on weightage and % delivered of individual sub-indicators		4	Good

Table 4: Level of quality for examination and treatment of common child health ailments

Sr. No.	Indicators/ Sub Indicators	Percentage achieved	Scoring	Level of Quality
Examination				
1.	Cough	95.74	5	Very Good
2.	Diarrhea	36.97	2	Poor
3.	Fever	78.22	4	Good
4.	Malnutrition	32.85	2	Poor
5.	Anemia	66.00	4	Good
	Average combined scoring (Based on weightage and % delivered of individual sub-indicators)		2	Poor
Treatment				
1.	Cough	73.76	4	Good
2.	Diarrhea	85.61	5	Very Good
3.	Fever	65.43	4	Good
4.	Malnutrition	51.51	3	Average
5.	Anemia	43.49	3	Average
	Average combined scoring (Based on weightage and % delivered of individual sub-indicators)		3	Average

Results and Discussion

Ninety eight percent of clients had expressed their level of satisfaction for MCH services as "good" or "very good". 77.01% of pregnant women, 88.54% of post natal women and 58.73% of mothers of under-five children had perceived respective services as "Very Good", while 22.93% ANC beneficiaries, 11.4% PNC beneficiaries and 39.32% informants of child beneficiaries rated respective service as "Good". In similar study conducted in Kolkata published in the year 2003; nearly two third of the sample perceived the services to be "excellent or good", 22.5% felt it was "satisfactory" and 16.0% thought it was "poor or very poor"[8]. Another study carried out in Varanasi District showed that in Pindra block only 36.7% of the interviewed women were satisfied with the health services and in Cholapur block only 29.9% women were satisfied with the services provided in health care centres[9]. In the study "Client satisfaction on Maternal

and Child Health Services in Rural Bengal" by Palas Das et al. mentioned that 54.31% client rated MCH services as "satisfactory" and "good" by 23.56% client while "poor" or "very poor" by around 20%[10]. The higher level of satisfaction in present study might be due to the better quality of services in Gujarat.

In the current study; overall level of quality of ANC service was found "average" on assessing the service delivery by structured questionnaire as per the RCH norm. Out of total seven indicators; for ANC service, two indicators [Registration (91.67%) and physical examination (85.23%)] were found "very good", One (services provided – 78.25%) was "good", two [history taking (57.78%) and advices given (51.68%)] were "average" and two [counseling services (17.51%) and imparting information on Janani Suraksha Youjna /Chiranjeevi Yojna(12.00%)] were "very poor". Similar study conducted in sub centers of Rohatak published in 2001 showed that quality of antenatal care was excellent in 10% of sub centers and good or poor in 90% of sub centers, services particularly registration and tetanus toxoid coverage more than 95%[11]. It was apparent from the results that out of seven activities for ANC services, activities which could be verified based on documents and being monitored regularly as per the routine supervision were found of "good" or "very good" quality, but services like counseling and imparting of information, which were not documented and difficult to monitor by supervisor indirectly were not focused by the workers resulting in to "poor" quality.

Overall PNC services, was found of "good" quality. Out of the total five activities to be performed for PNC service delivery; four (two PNC visits (96.88 %), service provision (91.67 %) and advices and counseling (84.20 %)) were "very good". But active inquiry about any complaint during post partum period was "average" (58.16 %).Study done at sub centre of Rohatak found poor quality of Post Natal care in their findings[11.] The Rohtak study was carried out in the year 2001 and at that time emphasize on post partum services was not there may be the reason behind it.

Overall quality of child health services was found "average". Quality of the child health services were evaluated based on IMNCI protocol. Out of five child health services, overall quality of "examination" was "poor" while that of "treatment" component was "average". An important activity like assessing for dehydration was found in 36.97% cases only. Also only 32.85% children were examined for malnutrition. Treatment provision for cough, diarrhoea and fever were observed in more than 60% of cases. These findings were similar with the findings of the study done in Rohtak; the diarrhoea management and ARI management were excellent or good among studied sub centre[11]. But treatment part was found "average" for malnutrition and anemia in present study. Another similar study carried out in Karnataka published in 2010 showed poor quality of ARI management, particularly history taking and physical examination while classification and treatment were excellent and for diarrhea, history taking was excellent but examination and treatment were of poor quality[12.]

Conclusion

It was seen that though in present study client satisfaction was found "Good" or "Very good" but when they were assessed against the standards, ANC service quality was observed "Average", PNC service quality was "Good" and Child health care service; examination was "Poor" while treatment quality was found "Good".

Recommendations

During the supervision, it should be tried to elicit the gap in delivery of the care in each services through interaction with beneficiaries and support the health workers in performing that particular activities. Appreciation of the health worker for achieving "good and very good" level for particular task must be given on frequent basis and provision of support & motivation for "average or poorly" achieved task and services to enhance the quality.

Limitations

For the quality assessment of Maternal Child health care different component, the sample size was not calculated separately. Out of total calculated sample size, samples are divided as; 25% for ANC service, 25% for PNC service and 50% for Child health care services. This reduces the sample size and may cause sampling error.

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