

Comparing Quality of Care in Family Planning Services in Primary Public and Private Health Care Facilities in Ethiopia

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Abstract : Introduction: Improving access to quality family planning services is the key to improving health of women and children. However, there is currently little evidence on the quality and scope of family planning services provided by private facilities, and this compares to the services provided in public facilities in Ethiopia. This is important, particularly in determining whether the government should further expand the roles of the private sector in the delivery of family planning facility. Methods: This study used the 2014 Ethiopian Services Provision Assessment Plus (ESPA+) survey dataset for comparing the structural aspects of quality of care in family planning services. The present analysis used a weighted sample of 1093 primary health care facilities (955 public and 138 private). This study employed logistic regression analysis to compare key structural variables between public and private facilities. While taking the structural variables as an outcome for comparison, the facility type (public vs private) were used as the key exposure of interest. Results: When comparing availability of basic amenities (infrastructure), public facilities were less likely to have functional cell phones (AOR=0.12; 95% CI: 0.07-0.21), and water supply (AOR=0.29; 95% CI: 0.15-0.58) than private facilities. However, public facilities were more likely to have staff available 24 hours in the facility (AOR=0.12; 95% CI: 0.07-0.21), providers having family planning related training in the past 24 months (AOR=4.4; 95% CI: 2.51, 7.64) and possessing guidelines/protocols (AOR= 3.1 95% CI: 1.87, 5.24) than private facilities. Moreover, comparing the availability of equipment, public facilities had higher odds of having pelvic model for IUD demonstration (AOR=2.60; 95% CI: 1.35, 5.01) and penile model for condom demonstration (AOR=2.51; 95% CI: 1.32, 4.78) than private facilities. Conclusion: The present study suggests that Ethiopian government needs to provide emphasis towards the private sector in terms of providing family planning guidelines and training on family planning services for their staff. It is also worthwhile for the public health facilities to allocate funding for improving the availability of basic amenities. Implications for policy and/ or practice: This study calls policy makers to design appropriate strategies in providing opportunities for training a health care providers working in private health facility.

Keywords : quality of care, family planning, public-private, Ethiopia

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