

Managerial Factors Affecting the Provision of Quality Sexually Transmitted Infections Primary Health Care Service in El-Damazin, Sudan 2015-2016

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Abstract: Provision of quality health care service is the product of cooperation between the patient and the healthcare provider (HCP) in a supportive environment. The efficiency of STIs health program requires proper management and efficient use of resources. In Sudan the STIs services are provided as part of PHC service package. The management and responsibility for PHC centers is decentralized to state and locality levels. This study investigated the managerial factors at health care system, and care provision levels that affect the provision of quality STIs service, and consequently the utilization of STIs health service, in El-Damazin locality at Blue Nile state (BNS), 2015- 2016. The study design was descriptive cross-sectional facility-based applying qualitative research method. Purposive sampling technique was applied for health program managers at state ministry of health (SAP coordinator, RH coordinator and the manager of curative medicine department) and the care providers at all primary health centers in El-damazin locality (total of eight centers and ten care providers). Both content and framework analysis was performed. The following findings were identified by the program managers as barriers to the provision of STI services: the verticality state AIDS program (SAP) and reproductive health program (RH), ineffective coordination between both SAP, RH, and the curative medicine department, and inadequate financial & technical resources. The STIs were reflected in the annual plans, however not prioritized and budgeted. The care providers were not following the standard STI syndromic management protocols, they identified the lack of treatment protocol tools, and no recent trainings on STIs were the main barriers to provide quality services. In addition, the care providers indicated low health seeking of the surrounding communities for STI. It is recommended that proper advocacy on the importance of STI, in addition to effective coordination between the relevant programs at ministry of health should be activated, and are mandatory to ensure proper technical and financial resource mobilization which consequently will yield into provision of quality management of STI program. Moreover, care providers are required to be equipped with the necessary skills and tools in order to provide high quality syndromic management of STIs.

Keywords: Sexually Transmitted Infections (STIs), Management Approaches, Utilization of STIs Health Service, Service Provision Modalities, Quality Services, Ineffective Coordination, Resources, Verticality

1. Introduction

The aim of management is to establish an environment in which people can accomplish group goals with the minimum

of time, money, material, and personal dissatisfaction, or in which they can achieve as much as possible of the desired goal with the resources available. Managers can make a difference at their level. They will be able to design innovative, cost-effective and efficient health interventions

and Safe guard the meagre resources. Effective management imparts the knowledge and judgement needed by managers. Without appropriate development, managers may lack the capabilities to best deploy and manage resources.

Vital health resources include time human resources, financial resources, infrastructure, equipment, logistics, drugs and medical supplies, and information [1]. Sexual reproductive health services involve three main areas: contraceptive services, maternal health services and services related to sexually transmitted infections (STIs), including HIV/AIDS. Their benefits fall into medical and nonmedical fields. In most developing countries adolescent and women are at high risk to acquire STIs due to many factors; e.g. poverty, displacement, illiteracy, ignorance of STIs preventive measures, and unplanned or forced sexual intercourse [2-5]. Therefore, Sustained and increased investment in sexual and reproductive health services in developing countries promises tremendous benefits to women, families and societies. Improving the healthcare quality can be achieved by the presence of the creative and committed leadership that enable the proper planning, proactive coordination, resource mobilization, efficient management of available resources, and dissemination of knowledge and experience [4-6]. However, in many developing countries, both sources of knowledge that help program staff sort through the various decision points (e.g. such as intervention toolkits, checklists, and implementation guides) required to improve program effectiveness and efficiency are not accessible [7]. Providing health care efficiently requires that the financial and human resources to be properly balanced among many inputs, e.g. infrastructure, equipment, supply, education and training. The main factors that motivate the health workers are related to responsibility, training, and recognition, next to salary. This can be influenced by performance management; e.g. job descriptions, supervisions, continuous education and performance appraisal. Marjolein. D et al in their study in Mali showed that the performance management is not optimally implemented, as job descriptions were not present or were inappropriate. Their results indicated that only 13% of interviewees received supervision four times per year, and the training needs were not assessed. Forty-eight percent of them perceived that their appraisal as subjective. The study concluded that the methods used were not effective to show recognition, and recommend the adaptations or improvements upon existing performance management to influence staff motivation by matching performance management activities to the motivating identified by operational research [8]. Other evidence showed that the interactive and mixed educational sessions were associated with a significant effect on practice. Moreover, the interactive educations enhance participant activity and provide the opportunity to practice skills can effect change in professional practice and, on occasion, health care outcomes [9- 10]. The human resources management aims to develop the work environment so that health workers are enabled to meet their personal and the organizational goals. Place on an

adequate human resource tools as training, retention, recognition, acknowledging their professionalism, career development and further qualification” can uphold and strengthen the professional character of doctors and nurses. There is a serious human resource crisis in the health sector in many developing countries, particularly in Africa. One of the challenges is the low motivation of health workers; e.g. in Benin and Kenya many health workers are demotivated and frustrated because they are unable to satisfy their professional conscience and impeded in pursuing their vocation due to lack of means and supplies and due to inadequate or inappropriately applied human resources management tools [11]. Jean. P et.al showed other managerial factor that support the provision of health care services in publically oriented health services. They re- examined the integration of the disease control programs from a managerial perspective and they assessed the impact of each program on local health care facilities. Their assessment concluded that integration is essential to support the local health care infrastructure, and it should implemented simultaneously at the operational, administrative and at the service provision level to harmless the health care facilities [12].

Primary health care (PHC) is essential health care based on methods and technology made universally accessible to individuals, families and communities through their active participation and at an affordable cost. PHC is an integral part of a country’s health system, and it is the first level of contact for individuals, families and communities and enables health care to be delivered as close as possible to where people live and work. PHC is therefore the first element of the care continuum [13]. Sudan, principally provides the STIs services as a part of PHC health services. The management and responsibility for PHC centers is decentralized to state and local levels, but the necessary financing from the federal government have remained insufficient leading to the deterioration and the low uptake of the health services over the past decade. In the recent period there was no study conducted to identify the factors affecting the utilization of the STIs health services in the BNS. This paper was intended to explore the management factors at the institution level that affecting the provision of quality sexually transmitted infections primary health care service in EL-Damazin Locality at Blue Nile State, Sudan 2015-2016.

2. Methods

2.1. Study Design

This study was descriptive, cross-sectional health facility-based design applying qualitative methods.

2.2. Study Area

The study area was El-Damazin locality in BNS.

2.3. Study Population

Based on the inclusion criteria, two study populations were included in this study:

a) Health program managers from the BN-SMOH; i.e. SAP coordinator, Reproductive health coordinator (RH), and curative medicine director.

b) STIs care providers' from the all primary health centers in El Damazin locality; i.e. Medical doctors, medical assistants, and health visitors.

2.4. Sample Size and Sampling Method

a) The purposive sampling method applied for health program managers, and hence three health program managers were chosen, i.e. SAP coordinator, RH coordinator and the manager of curative medicine department.

b) The total coverage sampling method applied for the care providers (CPs), and hence ten CPs were chosen, i.e. eight medical doctors, one medical assistant and one health visitor.

2.5. Data Collection Tools

Two in-depth interview tools using open ended questions were used to collect data from the health program managers and health care providers under the study.

2.6. Data Collection Methods

a) The health program manager interviewed directly in Arabic by researcher then notes were taken. The average length of the interviews ranged between 30 to 45 minutes.

b) The CPs interviewed in Arabic directly by data collectors' team supervisor. The average length of the interviews ranged between 5 to 10 minutes.

2.7. Data Quality Assurance

Data cleaned manually by examining the collected raw data during which errors were detected and corrected by omission.

2.8. Data Analysis

The qualitative data was analyzed thematically by a framework analysis. Firstly data analysis matrix with labels related to the issues researched were developed using Microsoft excel office 2013. Then the transcript data entered and adapted by making a brief note (familiarization). Accordingly, the researched issues were summarized and the findings described.

2.9. Ethical Clearance

In this study the ethical clearance was obtained from Sudan Medical Specialization Board and from Blue Nile Ministry of Health. The Informed consent obtained from the study respondents after explaining to them the privacy and confidentiality of information they provided and their full rights to refuse or accept to respond to the questions.

3. Results

The results showed that STIs programs managed by SAP and RH are targeting different categories of beneficiaries

(One respondent said, "RH cadres at the PHC centers provide STIs service for women attending antenatal care"). Two modalities were used to provide STIs services at BNS; community based outreach service provision modality, and the facility based service provision modality. Both modalities include education and counseling on HIV/AIDs and STIs, HIV voluntary testing, condom distribution, and diagnosis of STIs using the syndromic management approach, in addition, the community based outreach service target the key population with STIs (one respondent said, "STIs service provision to key population through the community outreach sessions").

Though the STIs program is managed by SAP and RH programs at BN-MOH, the service provision at the PHC centers is supervised by the curative medicine department (One respondent said, "Curative medicine conducting site supervision visit to PHC centers"). While meetings are the only existing coordination mechanism, it is inefficient, ad hoc, and do not involve all relevant departments. (One respondent said, "We meet only if there is problem or challenges facing the implementation of some program activities"). This study showed that the programs at BN-SMOH are vertical, and not integrated, i.e. plans of SAP, RH and curative medicine departments (One respondent noted "We are not part in the planning phase by others health program").

The insufficient and fluctuated financial resources was reported in this study (One respondent noted "We depend on the external fund"). (Other said, "The fund is fluctuated and in many occasions we faced delay on the service provision due to that"). The study revealed that gaps in delivery of regular capacity building, i.e. the last in-service training conducted on STIs syndromic management was in 2012. (One respondent noted "Since 2012 we are not able to train the care providers on STIs due to un-availability of fund"). The results showed that the STIs were reflected in the annual plans, however not prioritized and budgeted (One respondent noted, "The STIs interventions and activities were not budgeted in SMOH general annual plan"). In regard to the managerial factors at care provision level, the qualitative results revealed that non-responsive local leaderships, with emphasis on the state-ministry of health, as expressed by care providers, is the main challenge in providing quality STIs primary health care; e.g. The weak response from state ministry of health site, frequent drugs stock out, lack of information, education and communication tools, the poor working environment, and lack of training on care providers (One respondent said, "We always reporting STIs drug stock out of STIs drugs to ministry of health, but always their response is late"), and (other respondent said, "No effort to improve the working environment at primary health centers"). (Another respondent said, "I had no experience or training regard to STIs syndromic management, also, the health center where am working in it had no previous printed guide lines toward this matter").

4. Discussion

Health system or health care system consists of all organizations, people and actions whose primary interest is to promote, restore or maintain health; i.e. is the organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations [14]. This study assessed the management factors affecting the provision of quality STIs primary health care service in El-Damazin locality at BNS, 215 -2016. Coordination seeks to bring about unity of purpose in order to achieve the common health objectives, prevent duplication, optimizing the use of resource and increasing political commitment [15]. Our study revealed that STIs programs are provided by multi departments within the MOH at BNS, yet no effective coordination mechanism or approach in place at BNS. This situation is similar to many developing countries like; Nigeria and Bolivia where the coordination is not effectively utilized to control the communicable diseases such as HIV/AIDs, and the health system in developing countries is not well functioning to the challenges and the needs required by PHC [16]. The STIs syndromic management approach was recommended for resource-limited setting and widely practiced in many developing countries like Ethiopia since 2001 [17-18], and in Sudan since 2004 [19]. Around 80% of health care providers did not receive training on STIs syndromic management approach [18] This lack of training and capacity development among the care providers lead to poor confidence and willingness to provide STIs service, which resonates with the findings of Benin and Kenya [11]. STIs as a public health problem is underestimated by MOH as it is not budgeted in their annual plan. Moreover, with limited resource around 65% of the estimated STIs case did not receive the service during 2012 [19]. Combining the above findings together, the importance of efficient and proactive coordination system to ensure optimized use of the scarce resources, Jean. P et.al indicated that minimizing the verticality of health programs will support the local health care infrastructure, and enhance the possibility to deliver health care services in publically oriented health service [12]. In Tanzania, as other resource –constrain settings, striving to provide quality health services with the very minimum of resources available. Decentralization empowers managers at a peripheral level to make decisions in resource allocation and utilization, thus equipping them with knowledge, skill and the attitudes are required for effective resource management [1]. Setting up the high-quality STI services is considerably more difficult in resource-poor settings. Therefore, availability of standard equipment and supplies seeks to ensure that all components of an evidence-based package of services are delivered at the facilities in a quality manner and according to the level of care as per national protocols and guidelines. These study revealed that the need of resource to provide a quality STIs service. Khalid F. A et al in their paper indicated that the PHC centers in El-Damazin locality have limit resources in term of management protocol, wall IEC materials, and medical equipment [19].

This status is similar to a study conducted by R. G. White in six African countries. They found a huge gap in the allocated resources for health interventions [20]. Also, Peterman et al highlighted the need of resources; such as intervention toolkits, checklists, and implementation guides to help the program staff in the provision of quality services and to adopt an intervention used successfully in another context [20].

5. Conclusions

This study investigated the STIs health programs managers and the health care providers regarding the management factors at both level; i.e. system level and care provision level that affecting the utilization of STIs health services in El-Damazin locality at BNS, 2015-2016. STIs program as other health programs needs effective coordination, collaboration, and partnership among multi departments within the MOH, even among different institutes serving the health sector (governmental institutes, NGOs, International organization) as well as community participation to ensure the efficient use of resources and to maximize the utilization of STIs services. Poor and limited coordination mechanism due to the verticality of health programs, inattentive local leaderships, insufficient financial, technical and human resources affected the performance of the STI services at PHC level. In addition, the frequent drugs stock out, lack of information, education and communication tools, the limited investment in care providers' capacities were contributing to the poor performance of STI service provision. Therefore, enhancing the coordination, collaboration, strengthening the stakeholder's engagement effective resource mobilization both financial and human resources are recommended to enhance the performance of the services highly required.

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