Reproductive Health Research
Opportunities and Choices

University of Southampton

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Quality of Family Planning services in Malawi: What can we learn from facility audits?

Introduction

Women and men are influenced in their choice of health provider by many factors, including cost and accessibility. Quality of provision has also been identified as an important driver of service utilisation, and where deficient can represent a barrier to utilisation. Facility audits provide a method of direct assessment of service quality.

Research Aims

The aim of the present study was to collect information about the equipment, staffing and functioning of government and non-government run family planning clinics from a nationally representative sample.

Research Methods

Thirty health facilities were selected with equal representation of the north, central and southern regions. Half were government and half non-government facilities. There was a mix of government hospitals, mission hospitals and health centres, government health centres, private health centres and clinics of Banja la Mtsogolo. The mean number of clients was 288 in government facilities (range 51-1040) and 576 (range 104-1500) in non-government facilities.

In each facility, data were collected by undertaking observations and by asking questions to the officer in charge of family planning.

Findings

Facilities and opening times

Government run services were well established, having been offered for at least 9 years, whereas half of the non-government services had commenced within that period. Most facilities had scheduled weekday opening hours between 7.30 am and 5.30 pm. Saturday opening was offered by only two government and six non-government facilities. Opening times were displayed by almost none of the government facilities and by about half the non-government facilities. During observation, most clients were attended to within 30 minutes of arrival.

Commodities inventory

All the facilities provided pills, Depo Provera and condoms and these were available on the day of survey in all instances. The intrauterine device was offered by 3 government and 10 non-government facilities. About half of the facilities offered other methods such as foam tablets, spermicide and Norplant. Records showed that

some facilities had experienced stock-outs in the previous six months. Four private/ NGO, but no government facilities had run out of condoms. When visited, stocks of family planning supplies were good for all methods except IUDs in government facilities.

Other services provided

Female sterilization was offered at under half the government facilities but at most non-government facilities. Vasectomy was only offered at four facilities, three of them government run. Counselling on natural methods of family planning was available at just under one third of all facilities. All facilities offered treatment for STIs. Pregnancy testing was available at only two government facilities but 10/15 non government facilities. Manual vacuum aspiration was available at one government and five non-government facilities.

The main reason for non-provision of surgical methods at government facilities was lack of equipment and supplies, as indicated by an equipment inventory. For example, only 5 government facilities had a working operating theatre and around half had supplies of local anaesthetic drugs and intravenous fluids. There was a conspicuous lack of antiseptic solution, nail brushes, autoclaves, operating lights and operating tables with the capacity to tilt. Surgical instruments were also lacking.

Working conditions at facilities

Most facilities had a waiting area, although fans were present in only six. Consultation areas were screened in all but four (government) facilities. Privacy during consultations and examinations was well protected in all but two facilities where conversation could be overheard. Lighting was almost always adequate and examination areas were clean. Just over one third of facilities had separate toilets for men and women.

Information, communication and protocols

Half the non-government and only two government facilities had signs indicating the services available. Flip charts were widely available but not brochures. Posters addressing men were seen in under half of facilities. Supervisory visits were uncommon: 6 government and 7 non-government facilities had been visited in the previous year. Written protocols for service delivery could be seen at 7 facilities. Half the facilities had some method of seeking client feedback and the majority had staff meetings. Changes implemented in response to client feedback were:

- More confidentiality
- Male clients seen by male providers
- Maids stopped from assisting delivery
- Subsidized fees
- More staff and equipment

Changes made following staff feedback were:

- More staff and equipment
- Better co-ordination
- Rotation of staff
- Training
- Better uniform
- Reduced fees

Unfilled posts were a significant problem: facilities were below establishment both for clinicians (32%) and nurses (50%).

Conclusions

The facility audit demonstrates the capacity of government and non-government facilities to provide quality services throughout the country. There is evidence of quality enhancement through use of client and staff feedback. Priorities for attention are **human resources** in both sectors, and **supply** issues in government facilities.

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