



Quality of Care of Family Planning Services in Malawi



Conducted by the Reproductive Health Directorate,
Wadonda Consult Limited
and Johns Hopkins University



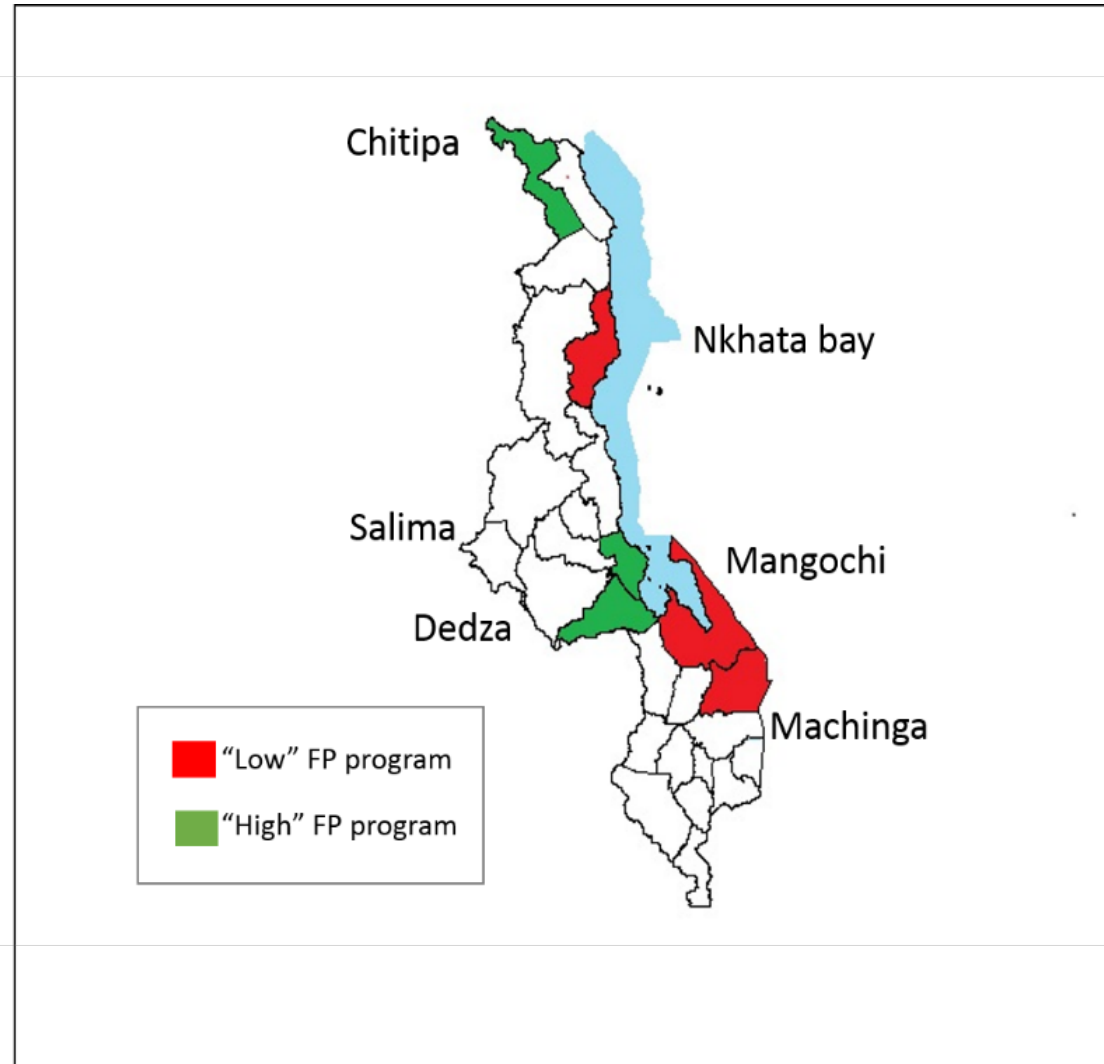
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Study goal: To describe the quality of Family Planning services in the public sector.

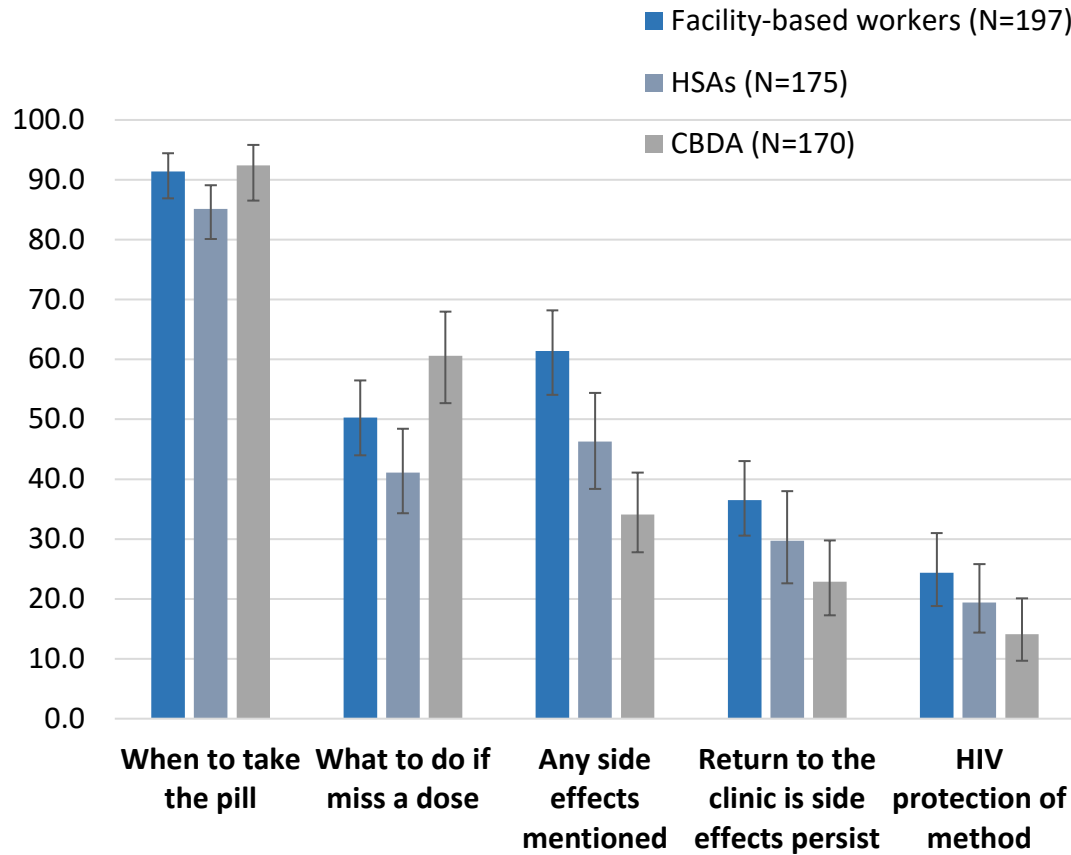
Specific Objective: to describe...	Method
Provider's knowledge of quality procedures	Provider interviews
Provider's ability to practice quality procedures	1. Simulated clients 2. Observation of services
Client's understanding and satisfaction	Exit interviews
Which quality of care factors were associated with Family Planning outcomes*	Comparison of Quality indicators in 3 high FP outcome* vs. 3 low-outcome districts

Study setting and population

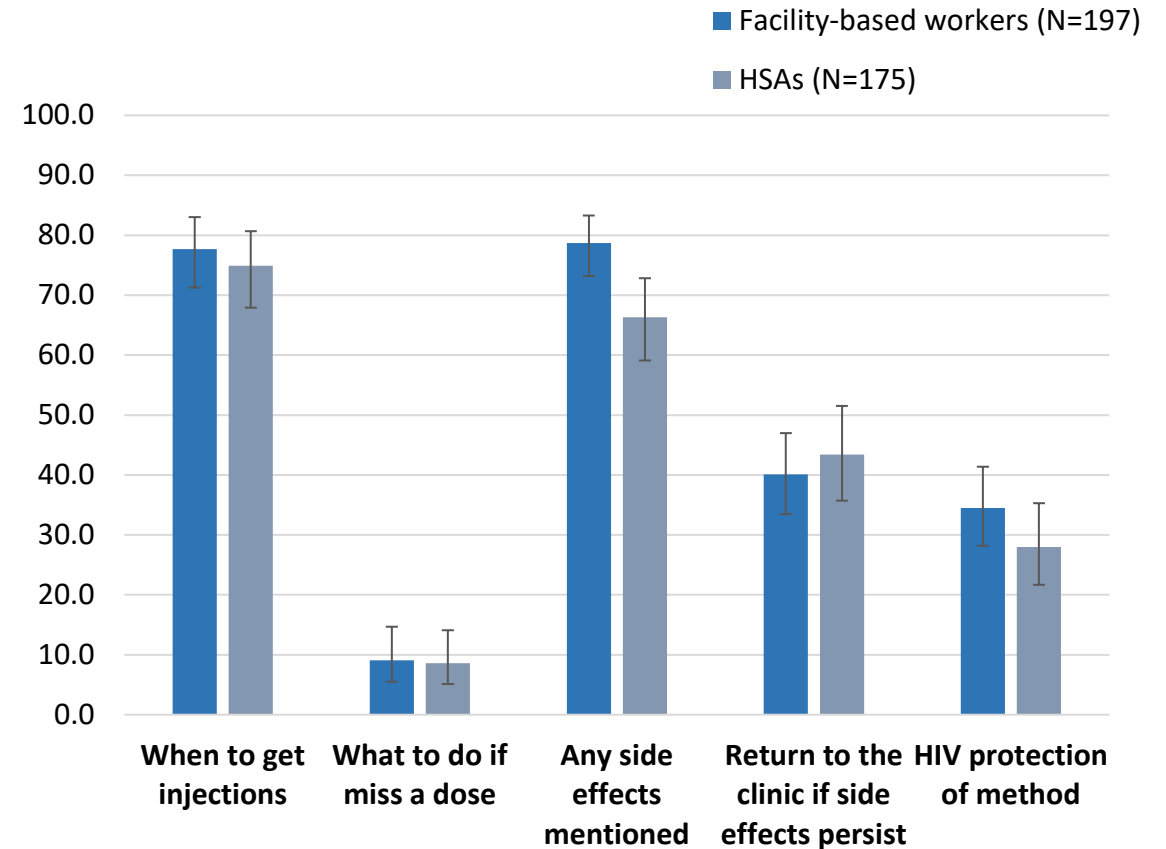
- Public sector FP facility staff
 - Facility, HSAs, CBDAs
- Low FP outcome districts selected and matched to high outcome districts.
- Data collection Jan – March 2018



Knowledge of correct counseling for pills and injectables, provider interviews



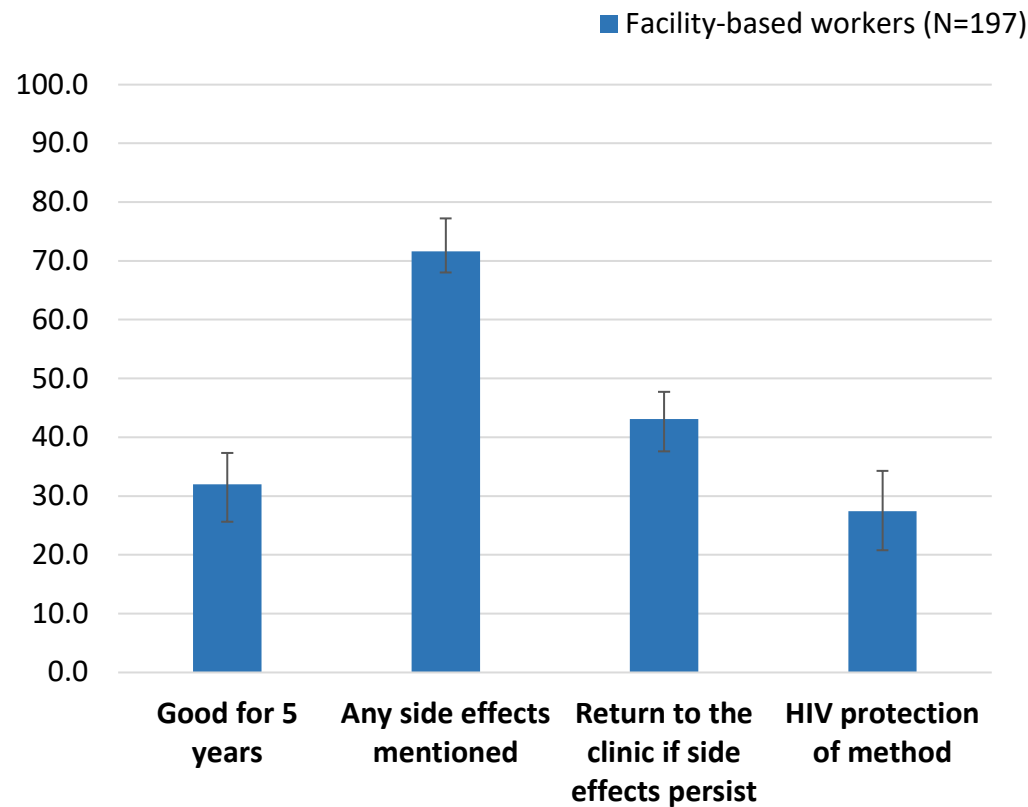
Knowledge of **counseling** for **pills**



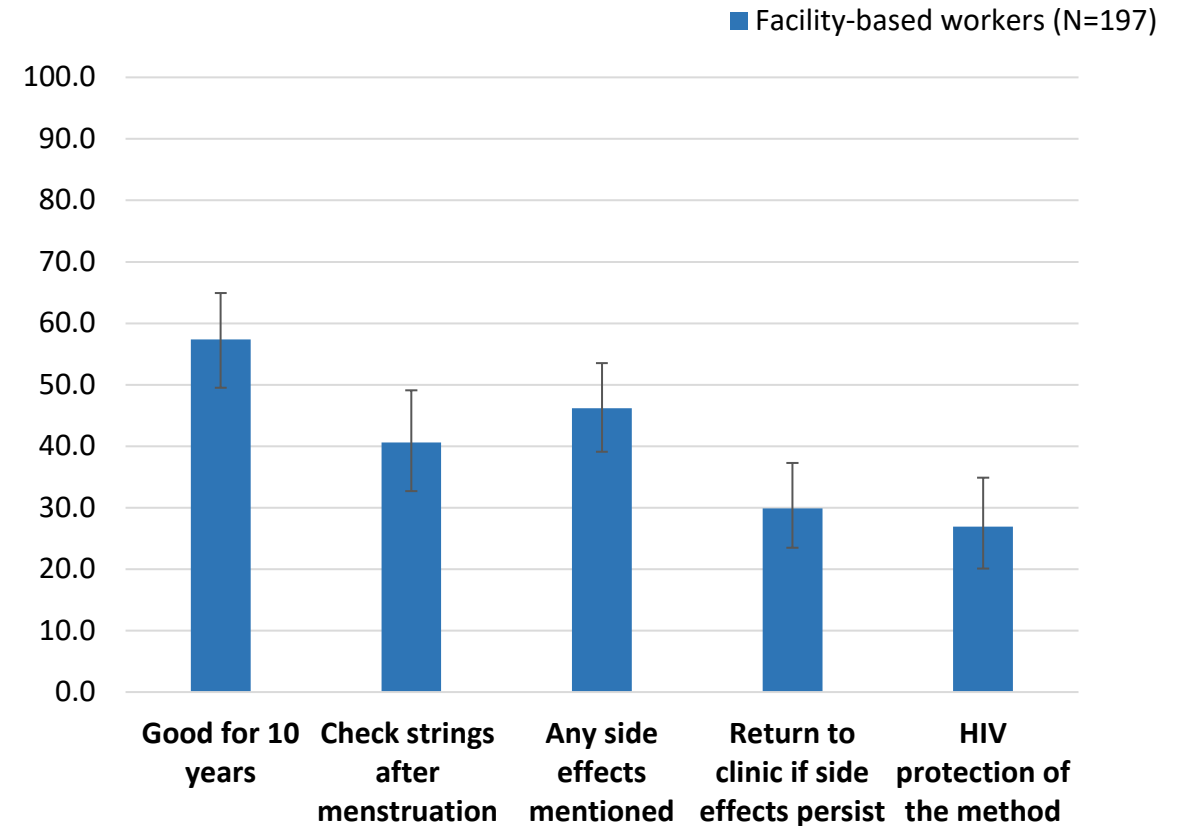
Knowledge of **counseling** for **injectables**

*Note: Error bars indicate the 95% confidence intervals (CIs) calculated using the weighted sample

Knowledge of correct counseling for implants and IUDs, provider interviews

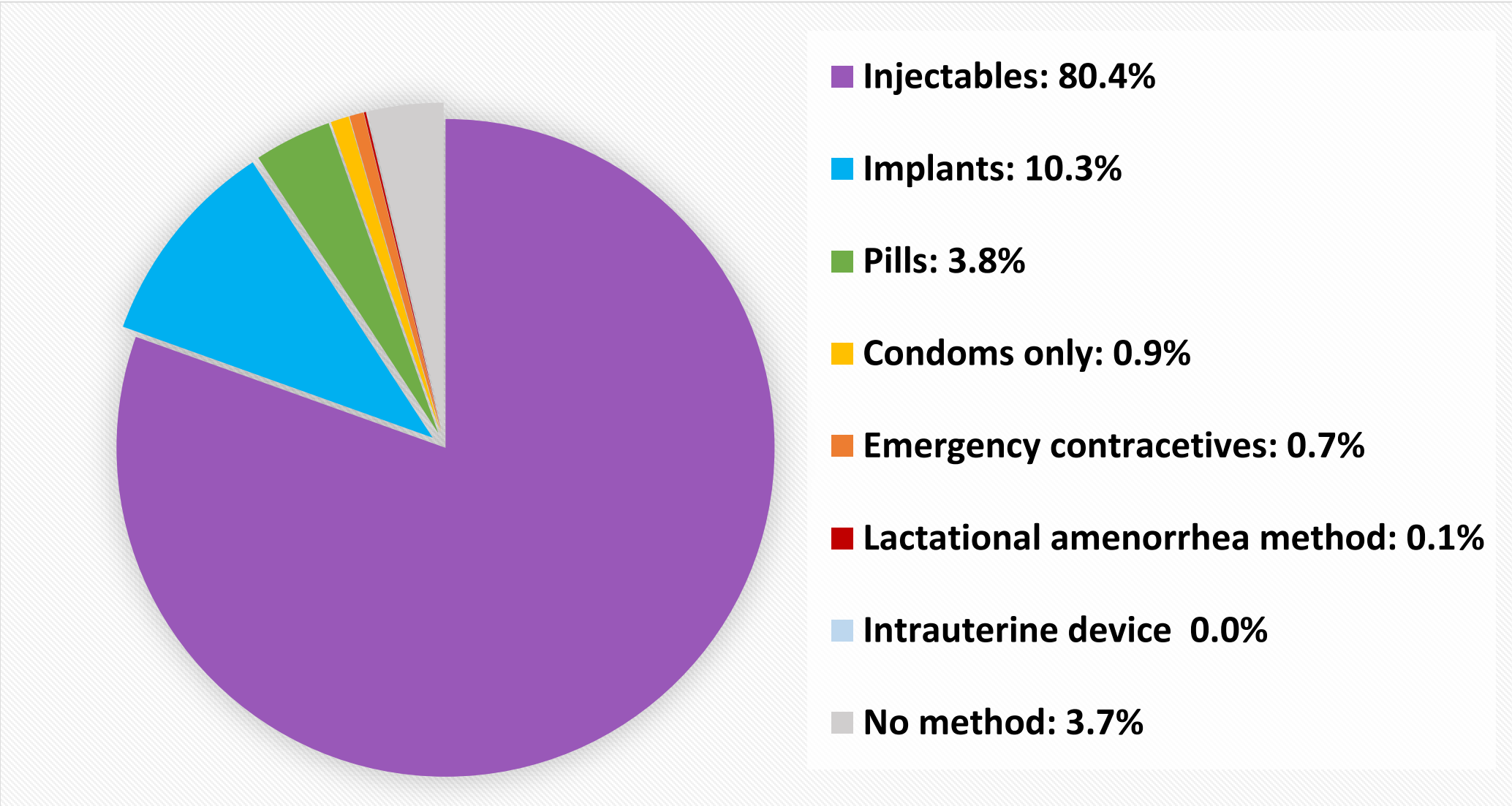


Knowledge of **counseling** for **implants**

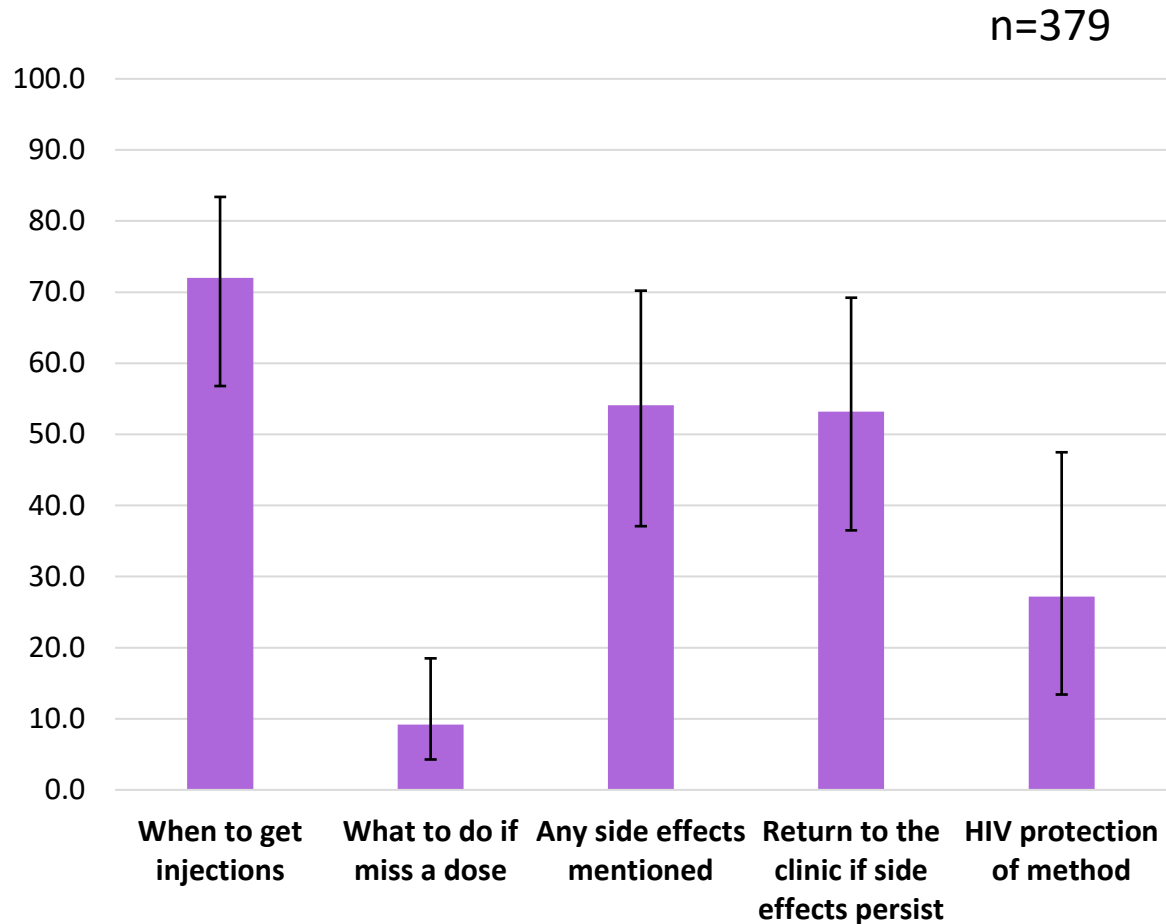


Knowledge of **counseling** for **IUDs**

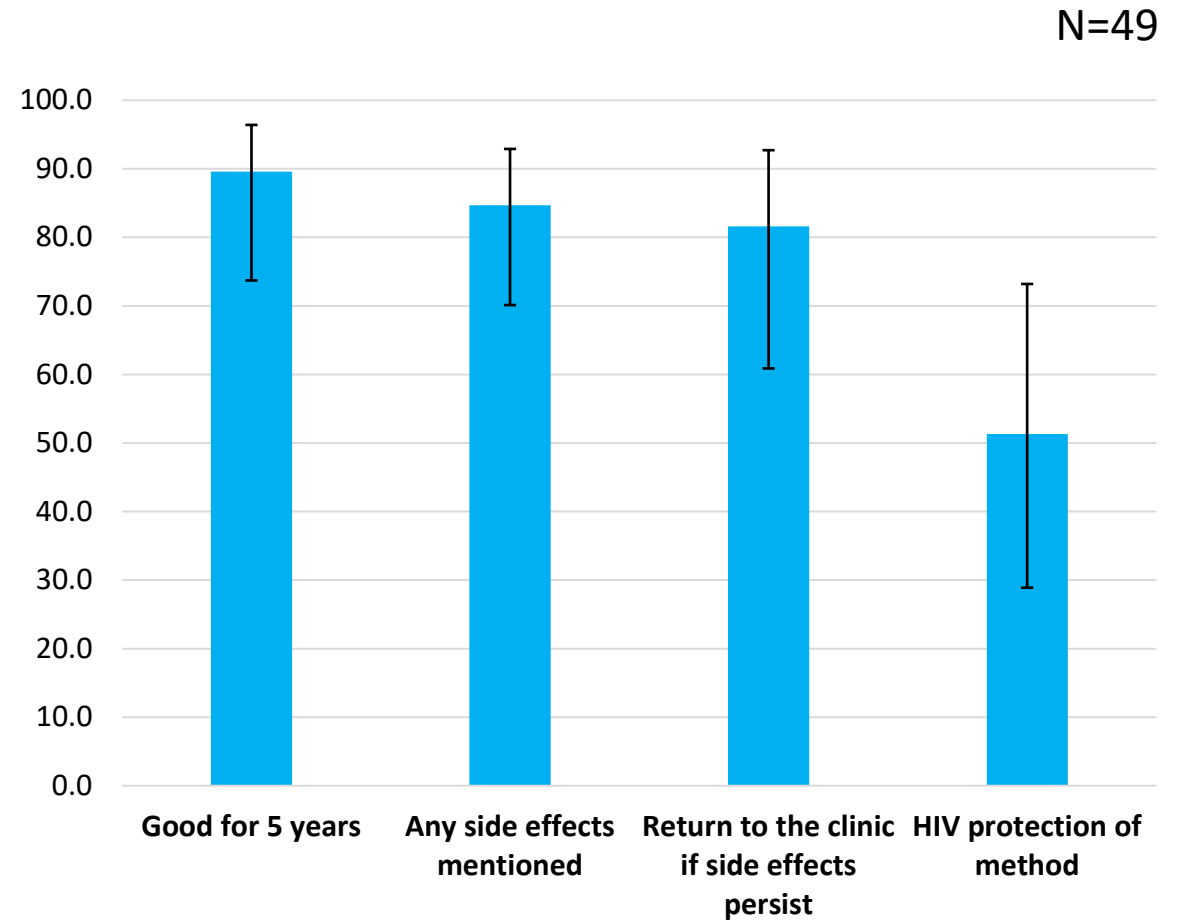
Direct Observations: Methods given during observation



Practice: Correct counseling practice for injectables and implants, direct observation

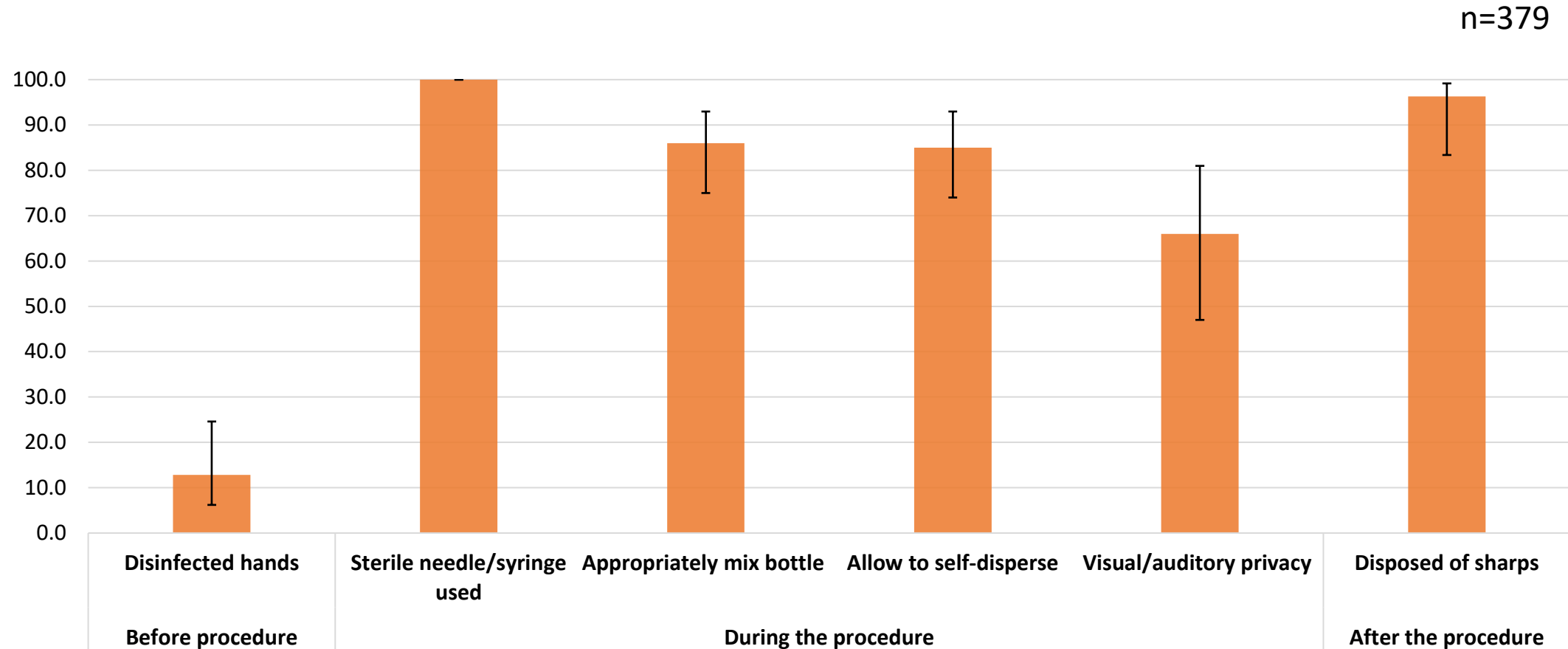


Counseling practice for **injectables**

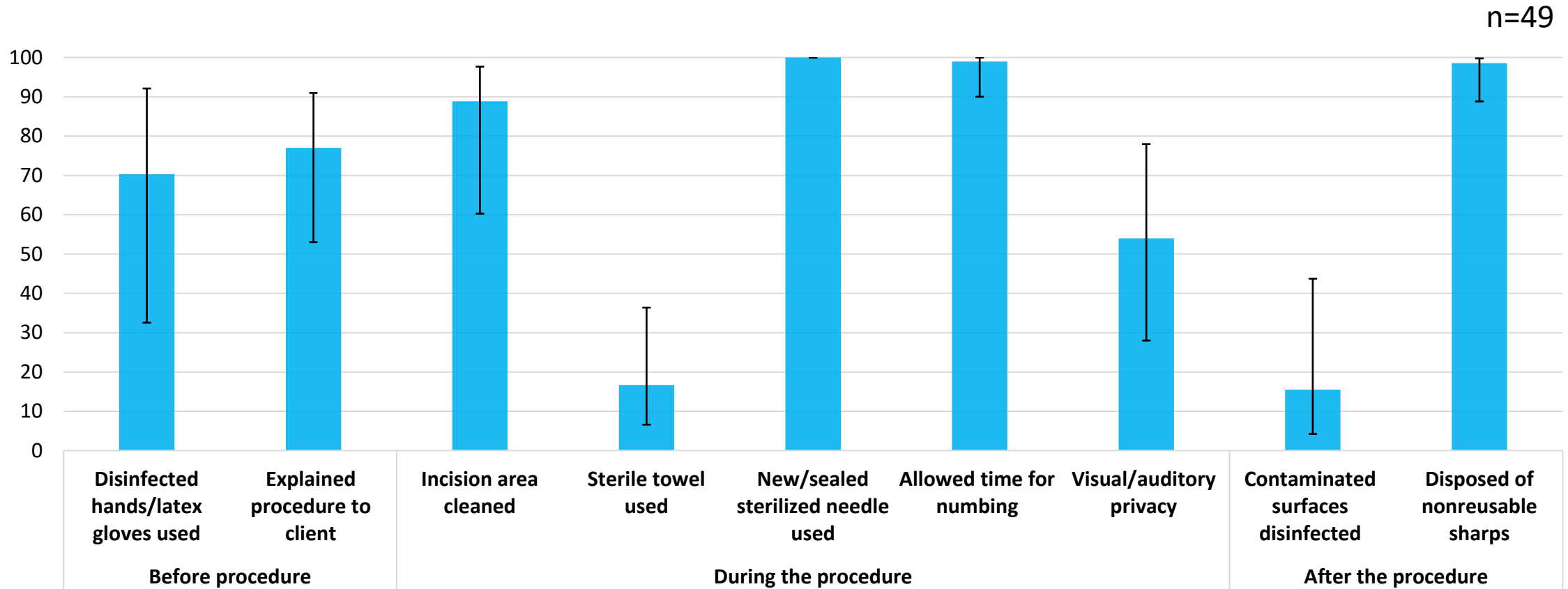


Counseling practice for **implants**

Practice: Clinical procedures for injectables, direct observation



Practice: Clinical procedures for implants, direct observation

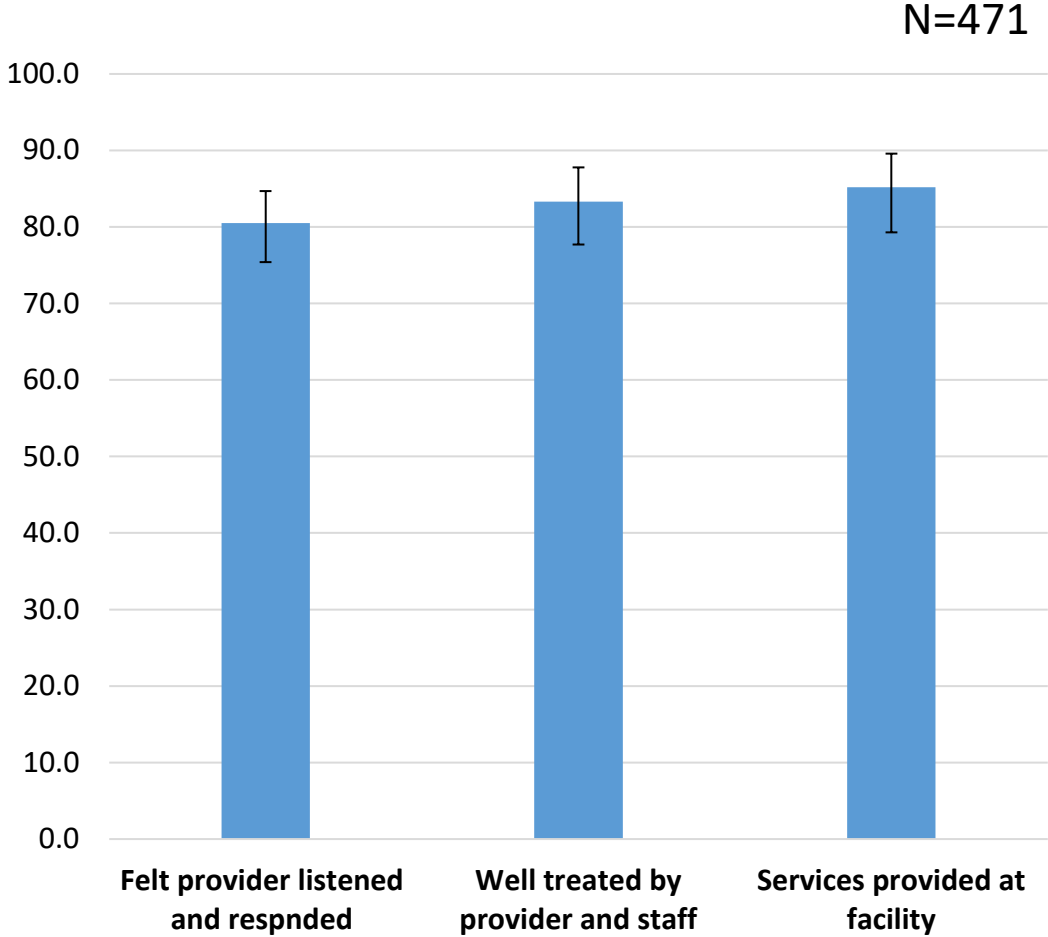


Simulated clients: Refusal of care and poor treatment

Indicator	% (95% CI)
% of consultations where the SCs did not receive method due to refusal of HIV test, TT vaccination or clinic was closed when it was supposed to be open.	11.7 (6.9, 19.2)
% of consultations where the SCs experienced humiliating treatment such as yelling, threatening, scolding, or being insulted.	17.6 (13.1, 23.2)

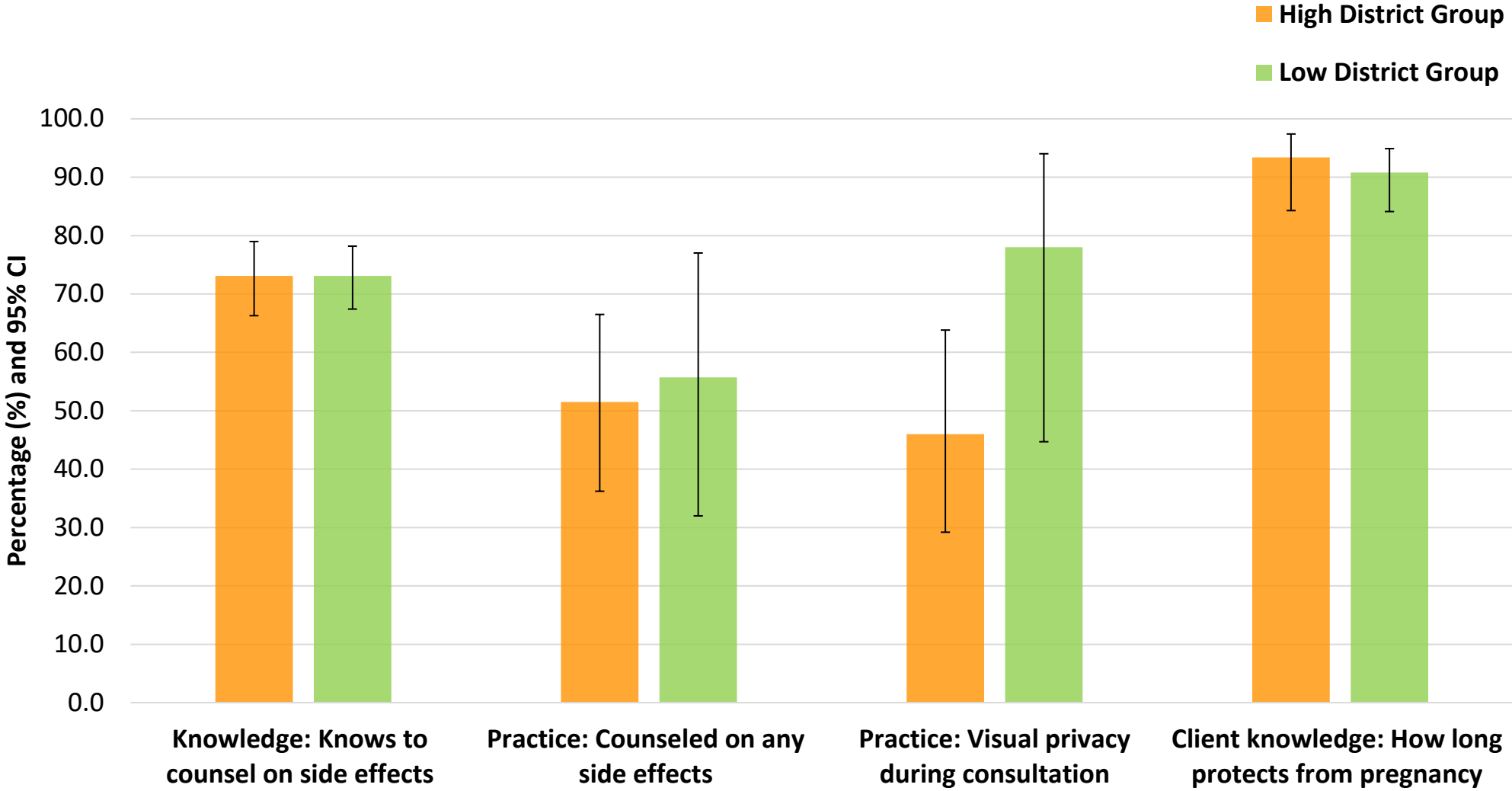
Client impact: Knowledge and satisfaction, exit interviews

Knowledge indicator	% (N) 95% CI
Injectables: Proportion of clients who know correct duration of pregnancy protection from injectables	91.7 (379) (86.7-94.9)
Implants: Proportion of clients who know correct duration of pregnancy protection from implants	89.8 (49) (75.6-96.1)
Pills: Proportion of clients who know pills are taken daily.	94.2 (18) (86.7-94.9)
Knowledge whether method received protects against HIV	84.9 (449) (79.0-89.4)



Client satisfaction

Knowledge, Practice and Impact for injectables: by high and low district group



Limitations

- During direct observation, providers know they are being assessed and may change their behavior.
- Clients may not accurately report their satisfaction so they do not appear rude or ungrateful.
- Provider interviews may not capture their complete knowledge.
 - Being presented with an actual client in a clinic setting may stimulate them to remember more quality behaviors rather than just being asked about them.
- Simulated clients may have been recognized by providers. Also they could only accept pills/condoms and not injectables (the predominant method).
- Small sample sizes resulting in wide confidence intervals.
 - This uncertainty needs to be taken into account when interpreting the data.

Conclusions

- Important gaps found in knowledge & practice, especially around side effects and what to do if a dose of injectables is missed.
- Low percent of providers counseled about the STI/HIV protection of the method.
 - But almost all clients knew whether their method protected against STIs/HIV.
- Clinicians used safe infection control practices during clinical procedures.
- Privacy during clinical procedures was suboptimal.
- No differences in QoC between set of high and low FP outcome districts.
 - Other factors may be driving the difference in measured FP outcomes subnationally such as socio-economic status or cultural factors.

Recommendations

- Improve supervision strategy to address gaps and ensure providers understand the expected level of quality and how to achieve it.
- Improve use of job aids.
- Consider other strategies for improving counseling.
 - Optimize integration of FP services so providers have more time to counsel clients (i.e – more counseling on HIV)
 - Provide more guidance to improve method-specific counseling.
- Augment use of quality improvement teams to improve adherence to clinic quality procedures.
- Ensure community is aware of expected quality and treatment and how to report poor treatment by providers.
- Increase demand for quality FP services among population, not just health but education, transportation and other sectors.

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