Malawi Service Provision Assessment Survey 2013-2014

Preliminary Report

Malawi Ministry of Health

ICF International

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Ministry of Health
Lilongwe, Malawi

ICF International
Rockville, Maryland USA

May 2014

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Government of Malawi
Ministry of Health

This report presents preliminary findings of the 2013-2014 Malawi Service Provision Assessment Survey (2013-14 MSPA), which was implemented by the Malawi Ministry of Health. ICF International provided technical assistance. The 2013-2014 MSPA is part of the worldwide MEASURE DHS project which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programmes. The survey was funded by the United States Agency for International Development (USAID).

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Information about the MEASURE DHS project can be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850 USA. Telephone: 301.572.0200; Fax: 301.572.0999; E-mail: reports@DHSprogram.com; Internet: http://www.DHSprogram.com.

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin combination therapy
AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
BCG	Bacillus Calmette-Guerin
CAFE	computer assisted field editing
CAPI	computer assisted personal interviewing
CHAM	Christian Health Association of Malawi
CSS	care and support services
ELISA	enzyme-linked immunosorbent assay
HBB	Helping Babies Breathe
HIV	human immunodeficiency virus
IMCI	integrated management of childhood illnesses
IPTp	intermittent prophylactic treatment in pregnancy
ITN	insecticide-treated net
MCH	maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MOH	Ministry of Health
NGO	nongovernmental organisation
PMTCT	prevention of mother-to-child transmission (of HIV)
SP	sulphadoxine-pyrimethamine
STI	sexually transmitted infection
TT	tetanus toxoid
USAID	United States Agency for International Development
WHO	World Health Organization

1. INTRODUCTION

1.1 Background

The 2013-14 Malawi Service Provision Assessment (2013-14 MSPA) survey was undertaken by the Malawi Ministry of Health. Technical support for the survey was provided by ICF International under the MEASURE DHS Project. The United States Agency for International Development (USAID) provided the financial support. A steering committee and a technical committee were constituted to oversee all policy and technical issues related to the survey.

The objective of the 2013-14 MSPA was to collect information on the delivery of health care services in Malawi and to examine the preparedness of facilities for provision of quality health services. These health services were in the areas of child health, maternal and newborn care, family planning, sexually transmitted infections, HIV and AIDS, and tuberculosis. The 2013-14 MSPA also included a module on the observation of normal deliveries and newborn resuscitation.

This preliminary report presents provisional results on facility infrastructure and service delivery based on information collected from the health facilities. This information will help health programme managers and policy makers to prioritise interventions that will enhance the provision of quality health services. A comprehensive report on the survey findings will be published later in 2014.

1.2 Survey Objectives

The objectives of the 2013-14 MSPA were to:

- Assess the preparedness of health facilities in Malawi to provide quality child and maternal health and family planning services.
- Provide a comprehensive body of information on the performance of different types of facilities that provide essential health care services.
- Identify gaps in the support services, resources, and processes that are used to provide health services and that may negatively affect the ability of facilities to provide quality services.
- Describe the processes used to provide essential health care services and the extent to which accepted standards for quality service provision are adhered to.
- Compare the findings by facility type, management authority, and region.
- Describe the extent to which clients understand how to follow up on the service received so that the best health outcome is achieved.

2. SURVEY IMPLEMENTATION

2.1 Sample Design and Implementation

The 2013-14 MSPA was designed to be a census of all formal sector health facilities in Malawi. A master list of 1,060 formal sector health facilities in Malawi was obtained from the Central Monitoring and Evaluation division of the Malawi Ministry of Health. The list included hospitals, health centres, maternities, dispensaries, and health posts. These facilities were managed by the following authorities: the government, the Christian Health Association of Malawi (CHAM), private businesses, NGOs, and companies.

Table 2.1 presents the percent distribution of the facilities on the master list and the results following attempts to visit those facilities. Some facilities on the list refused to be surveyed (3 percent) or had closed down (2 percent); in 1 percent of facilities there was nobody available to respond to the assessment, and in 2 percent they were inaccessible for various reasons. As a result, data were successfully collected from a total of 977 facilities, representing 92 percent of those on the master list.

Table 2.1 Result of facility contact, by background characteristics

Percent distribution of sampled facilities according to result of visit of the survey team to the facility, by background characteristics, Malawi SPA 2013-14

Background characteristics	Completed	Respondent not available	Refused	Closed	Unreachable	Total percent	Number of facilities surveyed
Facility type							
Hospital	97	0	1	1	1	100	119
Health Centre	98	0	1	0	1	100	489
Dispensary	86	2	4	4	4	100	424
Health Post	71	4	11	0	14	100	28
Managing authority							
Government	94	1	2	1	3	100	509
CHAM	98	0	1	1	1	100	170
Private	83	2	7	6	4	100	252
NGO	97	0	2	0	2	100	59
Company	96	0	0	3	1	100	70
Region							
Northern	97	2	1	1	1	100	173
Central	91	1	3	2	4	100	400
Southern	92	1	3	2	1	100	487
Total	92	1	3	2	2	100	1,060

Note: Some of the rows may not add up to 100 percent due to rounding.

Table 2.2 presents the percent distribution by background characteristics of the facilities that were successfully assessed. The majority of facilities in the country (using adjusted/weighted proportions to reflect actual facility distribution in Malawi) are health centres (48 percent) and dispensaries (38 percent). Hospitals (12 percent) and health posts (2 percent) are the fewest in number. About half (48 percent) of the health facilities are managed by the government, about two-fifths (22 percent) are private-for-profit. A slightly smaller proportion (17 percent) is managed by CHAM.

The Southern and Central regions contain the largest proportion of the facilities (46 percent and 37 percent, respectively) compared with the Northern region (17 percent).

Table 2.2 Distribution of surveyed facilities, by background characteristics

Percent distribution and number of surveyed facilities, by background characteristics, Malawi SPA 2013-14

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Hospital	12	113	116
Health Centre	48	466	477
Dispensary	38	375	364
Health Post	2	23	20
Managing authority			
Government	48	472	478
CHAM	17	163	167
Private	22	214	208
NGO	6	58	57
Company	7	69	67
Region			
Northern	17	165	167
Central	37	362	364
Southern	46	450	446
Total	100	977	977

2.2 Data Collection Instruments

To achieve the objectives of the assessment and to capture information from the different categories, data were collected using the following instruments:

- A **facility inventory questionnaire** was used to obtain information on how prepared the facilities are to provide each of the priority services. The facility inventory questionnaire collects information on the availability of specific items (including their location and functional status), components of support systems (e.g., logistics, maintenance, and management), and facility infrastructure, including the service delivery environment. Hence, the person most knowledgeable about the organisation of the facility and/or the most knowledgeable provider of each service was interviewed by the data collectors. If another provider needed to give some specific information, that provider was invited (or visited, if appropriate) and questioned about that information. The inventory questionnaire is organised into the following three modules:

  (1) Module 1 elicits information on service availability.

  (2) Module 2 collects information on general facility readiness. Seven sections cover topics such as facility infrastructure (sources of water, electricity, etc.), staffing, health management information systems, health statistics, processing of instruments for re-use, health care waste management, availability of basic supplies and equipment, laboratory diagnostic capacity, and medicines and commodities.

  (3) Module 3 solicits information on service-specific readiness. Sections cover child health (child vaccination, growth monitoring, and curative care), family planning, antenatal care, prevention of mother-to-child transmission of HIV (PMTCT), delivery and newborn care, and infectious diseases such as tuberculosis, malaria, and HIV/AIDS.

- A **health provider questionnaire** was used to solicit information from a sample of health service providers on their qualifications (training, experience, and continuing education), supervision they had received, and their perceptions of the service delivery environment. Table 2.3 shows the number and percent distribution of health providers who were

interviewed with the health provider questionnaire. A total of 2,667 providers were interviewed, most often in health centres (50 percent).

- **Observation protocols** captured key components of consultations and examinations of sick children, antenatal care, family planning, and normal deliveries. Once in a facility, interviewers attempted to observe a sample of consultations for their respective service component (antenatal care, family planning, sick child, or normal delivery) as they occurred. Table 2.4 presents the number and percent distribution of observations of consultations (actual and weighted). Most of the observations, in order of frequency, were of sick children (3,329), antenatal care clients (2,068), and family planning clients (1,499). A total of 474 normal deliveries were observed.
- **Client exit interview questionnaires** were designed to assess each client's understanding of the consultation and/or examination as part of their visit to the facility. With the exception of clients who were observed for normal deliveries, client exit interviews were conducted with clients whose consultations had been observed.

Table 2.3 Distribution of interviewed providers

Percent distribution and number of interviewed providers, by background characteristics and provider type, Malawi SPA 2013-14

Background characteristics	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Hospital	28	756	689
Health Centre	50	1,323	1,296
Dispensary	21	570	664
Health Post	1	19	18
Total	100	2,667	2,667
Managing authority			
Government	58	1,544	1,444
CHAM	23	614	598
Private	11	290	362
NGO	4	119	144
Company	4	100	119
Total	100	2,667	2,667
Region			
Northern	15	396	409
Central	42	1,109	1,061
Southern	44	1,163	1,197
Total	100	2,667	2,667
Provider type			
Doctors	1	31	35
Technician	5	121	97
Nurses	32	866	1,214
Other clinician	21	571	846
Other	40	1,078	475
Total	100	2,667	2,667

Table 2.4 Distribution of observed consultations

Percent distribution and number of observed consultations for outpatient curative care for sick children, family planning, antenatal care, and normal delivery, by type of facility, Malawi SPA 2013-14

Facility type	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	36	1,189	567
Health Centre	54	1,809	2,062
Dispensary	9	312	685
Health Post	1	18	15
Total	100	3,329	3,329
FAMILY PLANNING			
Hospital	46	684	292
Health Centre	46	693	897
Dispensary	8	122	310
Health Post	0	0	0
Total	100	1,499	1,499
ANTENATAL CARE			
Hospital	42	861	527
Health Centre	56	1,152	1,449
Dispensary	2	46	87
Health Post	0	9	5
Total	100	2,068	2,068
NORMAL DELIVERY			
Hospital	73	344	229
Health Centre	27	128	242
Dispensary	0	1	3
Health Post	0	0	0
Total	100	474	474

2.3 Data Collection Approaches

The inventory questionnaire was loaded onto tablet computers, which were used during interviews to ask questions and also record responses (computer assisted personal interviewing–CAPI). All other types of questionnaires were paper based, but responses were entered into computers and edited in the field (computer assisted field editing–CAFE).

2.4 Training and Data Collection

Pre-Test

The pre-test for the 2013-14 MSPA took place February 26, 2013–March 16, 2013, in Lilongwe. Six health providers (nurses and clinicians) from the Ministry of Health were trained as interviewers in the application of the questionnaires and computer programmes. During pre-test data collection, health facilities within Lilongwe district were surveyed for three days to test and refine the survey instruments and the computer programmes. After the pre-test, the questionnaires and computer programmes were finalised for the main data assessment.

Main Assessment

The main training for the 2013-14 MSPA took place May 20, 2013–June 8, 2013, in Lilongwe. Eighty-six health providers (nurses, nurse midwives, and clinicians) from the Ministry of Health were trained in the application of survey instruments and computer programmes. The training included classroom lectures and discussion, practical demonstrations, mock interviews, role plays, and field practices. The participants were also given daily homework—to conduct mock interviews among themselves using the survey tools. Weeks one and two of training were dedicated exclusively to training interviewers on use of paper questionnaires, and also to field practice. The one day of field practice was to ensure that the participants understood the content of the (paper) questionnaires, as well as how to organise themselves once in a health facility.

During the third week of training, participants were first introduced to tablet computers, and then transitioned to the use of the tablet computers for data collection (CAPI) and for data entry and editing (CAFE); this was done using completed paper questionnaires from the facilities visited during the pre-test. For the duration of the third week, participants practiced all questionnaire types and CAPI/CAFE approaches in teams and in pairs. About 30 participants received additional training in the protocol for observing normal deliveries and newborn resuscitation. Nurse midwives and clinicians with hands-on experience in the conduct of normal deliveries and newborn resuscitation, as well as those who had received specific training from the Maternal and Child Health Integrated Program (MCHIP) in Helping Babies Breathe (HBB), were identified for this aspect of the training.

ICF International personnel and the six interviewers from the pre-test conducted the training. Training in observing normal deliveries and newborn resuscitation was conducted by guest lecturers from the University of Malawi College of Nursing.

Following the training, 15 teams were formed, each consisting of a team leader, three to four interviewers, and a driver. Eleven of the 15 teams had two interviewers with additional training assigned to observe normal deliveries. These 11 teams were deliberately sent to facilities where clients were likely to come for normal delivery services.

Data collection took place in two phases. Phase one took place from June 11, 2013, to August 20, 2013; the second phase took place from November 13, 2013, to February 7, 2014.

Fieldwork supervision was coordinated by MOH. Five of the six MOH trainers were each assigned three to four teams to supervise. They made periodic visits to their teams to review work and monitor data quality. The sixth MOH trainer, a clinician, assumed the role of a data editor in the survey central office.

2.5 Data Analysis

Several conventions were observed during the analysis of the 201314 MSPA data.

- First, unless otherwise indicated, the 2013-14 MSPA considered only those items observed by the interviewers themselves to be available.
- Second, in a majority of facilities, multiple health workers contribute to the services received by clients. The health worker, who ultimately assesses the client, makes the final diagnosis and prescribes any treatment, if necessary, is identified as the primary provider for the particular service. This health worker is the provider who the survey observes using the observation protocols.

- Third, quite often, certain measurements (e.g., measuring blood pressure and temperature) are routinely done by health workers other than the primary provider, and separate from the actual consultation. Where this system is used, and all clients receive these measurements as part of their visit, then clients who are selected for observation are assumed to have received these measurements, even if the primary provider does not take these measurements.

3. RESULTS

3.1 Availability of Basic Client Services

Table 3.1 presents information on the availability of basic maternal and child health services, family planning services, and services for adult sexually transmitted diseases, both individually and as a package. Availability of a package of services contributes to ease of access and use of services.

Table 3.1 Availability of basic client services

Among all facilities, the percentages offering indicated individual basic client services and all basic client services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Child curative care	Child growth monitoring services	Child vaccination services	Any modern methods of family planning	Antenatal care services	Services for STI	All basic client services[1]	Number of facilities
Facility type								
Hospital	95	83	83	70	91	96	58	113
Health Centre	99	98	97	89	96	98	84	466
Dispensary	90	38	32	78	22	94	13	375
Health Post	45	100	100	77	10	20	10	23
Managing authority								
Government	95	96	95	95	84	94	81	472
CHAM	99	96	94	57	91	96	49	163
Private	93	22	17	79	21	95	8	214
NGO	83	37	31	81	17	93	10	58
Company	81	52	46	68	41	97	35	69
Region								
Northern	96	82	79	85	71	95	63	165
Central	93	72	69	84	65	96	51	362
Southern	93	71	69	80	62	93	49	450
Total	94	73	70	82	65	95	52	977

[1] Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and services for sexually transmitted infections (STIs).

The basic services assessed by the 2013-14 MSPA are each available, on average, in 65 percent or more of all Malawian facilities. For example, curative care for sick children and adult STI services are each available in 94 and 95 percent of all facilities; child growth monitoring and child vaccination services are each available in 73 and 70 percent, and family planning services are available in 82 percent. Antenatal care services are the least likely of the basic services to be available, in just 65 percent of all facilities.

On average, half (52 percent) of all facilities offer all basic services. In general, six of ten hospitals and eight of ten health centres offer all basic services. Dispensaries and health posts are much less likely to offer all basic services, at around 10 percent each. Dispensaries are also less likely to offer child growth monitoring services (38 percent), child vaccination services (32 percent) and antenatal care services (22 percent). In health posts, availability of these basic services varies widely; only 10 percent offer antenatal care services while most offer both child growth monitoring and vaccination services.

Government and CHAM facilities are generally most likely to offer each of the basic services. However, there is considerable variation among private, NGO, and company facilities. For example, although over nine of every ten private facilities offer child curative care and STI services, just about two offer child vaccination services.

About half of all facilities in the Central and Southern regions offer all basic client services compared with 63 percent of facilities in the Northern region.

Basic Amenities for Client Services

Although good services can be provided in minimal service delivery settings, both clients and providers are more likely to be satisfied with a facility that has basic amenities and infrastructure such as a regular source of electricity, supply of improved water, and basic sanitation. Table 3.2 presents information on availability of basic amenities for client services.

Table 3.2 Availability of basic amenities for client services

Among all facilities, the percentages with indicated amenities considered basic for quality services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Amenities							Number of facilities
	Regular electricity[1]	Improved water source[2]	Visual and auditory privacy[3]	Client latrine[4]	Communication equipment[5]	Computer with Internet[6]	Emergency transport[7]	
Facility type								
Hospital	79	98	91	60	90	73	93	113
Health Centre	65	93	98	18	70	21	87	466
Dispensary	49	96	96	54	79	44	60	375
Health Post	30	70	80	4	56	5	40	23
Managing authority								
Government	63	91	95	21	69	21	85	472
CHAM	68	97	97	32	71	44	86	163
Private	44	96	95	51	87	42	46	214
NGO	49	100	98	74	91	84	73	58
Company	72	96	100	73	79	52	91	69
Region								
Northern	56	89	98	33	73	30	82	165
Central	66	94	95	37	76	33	74	362
Southern	55	96	96	38	76	39	77	450
Total	59	94	96	37	76	35	77	977

Note: The indicators presented in this table comprise the basic amenities domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).
[1] The facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than two hours at a time during normal working hours in the seven days before the survey, or the facility has a functioning generator with fuel available on the day of the survey, or else the facility has back-up solar power.
[2] Water is piped into the facility or piped onto facility grounds, or else water is from a public tap or standpipe, a tube well or borehole, a protected dug well, a protected spring, or rain water, and the outlet from this source is within 500 metres of the facility.
[3] A private room or screened-off space is available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation can be held without the client being seen or heard by others.
[4] The facility has a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.
[5] The facility has a functioning land-line telephone, a functioning facility-owned cellular phone, a private cellular phone that is supported by the facility, or a functioning short wave radio available in the facility.
[6] The facility has a functioning computer with access to the Internet that is not interrupted for more than two hours at a time during normal working hours, or the facility has access to the Internet via a cellular phone inside the facility.
[7] The facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or the facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

In general, six of ten facilities have *regular*, *uninterrupted* electricity (i.e., the facility is connected to a central power grid, or has solar power or both, and power is routinely available during regular service hours), or has a functioning generator with fuel. As expected, hospitals (79 percent) and health centres (65 percent) are more likely than dispensaries (49 percent) and health posts (30 percent) to

have regular, uninterrupted electricity. Government, CHAM, and company facilities are also more likely than private and NGO facilities to have regular, uninterrupted electricity.

In general, over 90 percent of all facilities have an *improved water source* in the facility (i.e., water is piped into the facility or onto facility grounds, or else water is from a public tap or standpipe, a tube well or borehole, a protected dug well, or protected spring or rain water), and the outlet from this source is within 500 metres of the facility. However, health posts are less likely than other types of facilities to have an improved water source (70 percent).

On average, fewer than four of every ten facilities (37 percent) have a *functioning client latrine*. Hospitals (60 percent) and dispensaries (54 percent), as well as health facilities managed by NGOs (74 percent) and companies (73 percent), are more likely to have a functioning client latrine compared with health centres and health posts and facilities managed by government, faith-based, and private authorities.

Overall, *transport for emergencies* is available in three of every four facilities (i.e., the facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey), or else the facility has access to an ambulance or other vehicle stationed at or operating from another facility. Health posts are least likely to have emergency transport, at 40 percent.

3.2 Child Health Services

The 2013-14 MSPA used the Integrated Management of Childhood Illnesses (IMCI) guidelines as the basis for assessing the provision of child health services. These guidelines are based on two major principles: (1) that all sick children should be routinely assessed for *major symptoms* (fever, cough, or difficult breathing; diarrhoea; ear pain or discharge; nutrition and immunisation status; feeding problems; and other potential problems) and (2) that all children should be examined for *general danger signs* that indicate the need for immediate referral or admission to a hospital. Observations of sick child consultations provided the information needed to determine whether providers were adhering to standards for providing quality services.

As evident in Table 3.3, outpatient curative care for sick children is available in almost all facilities (94 percent). Growth monitoring (73 percent) and child vaccination (70 percent) are less widely available services. Dispensaries are the facilities least likely to offer growth monitoring or vaccination services. Overall, only two-thirds (67 percent) of all facilities offer the entire basic array of child health services (i.e., growth monitoring, vaccination, and curative care for sick children). Hospitals and health centres (81 percent and 96 percent, respectively) are the facilities most likely to offer all basic child health services. The managing authorities with the highest likelihood of providing all basic child health services are the government (91 percent) and CHAM (93 percent). Availability of all basic services by region varies, from 76 percent of facilities in the Northern region to 64 percent of facilities in the Southern region.

Table 3.3 Availability of child health services

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities that offer: Outpatient curative care for sick children	Growth monitoring	Child vaccination[1]	All three basic child health services	Routine vitamin A supplementation	Number of facilities
Facility type						
Hospital	95	83	83	81	85	113
Health Centre	99	98	97	96	91	466
Dispensary	90	38	32	29	39	375
Health Post	45	100	100	45	35	23
Managing authority						
Government	95	96	95	91	87	472
CHAM	99	96	94	93	87	163
Private	93	22	17	14	36	214
NGO	83	37	31	31	31	58
Company	81	52	46	44	40	69
Region						
Northern	96	82	79	76	77	165
Central	93	72	69	67	74	362
Southern	93	71	69	64	62	450
Total	94	73	70	67	69	977

[1] Routine provision of DPT/pentavalent, polio, and measles vaccination in the facility to children

Availability of Guidelines, Trained Staff, and Basic Equipment for Child Curative Care Services

The availability of treatment guidelines for easy reference contributes to the overall quality of services that clients receive. Trained staff and basic equipment are also necessary to assess and examine sick children properly. Table 3.4 shows, among facilities that offer outpatient curative care for sick children, the percentages with (1) IMCI and growth monitoring guidelines, (2) staff who have received recent in-service training, and (3) basic equipment for client assessment and examination.

In general, availability of guidelines and staff with recent training is quite low among facilities. They are much more likely to have equipment such as a child scale (74 percent), length or height board (71 percent), thermometer (89 percent), and stethoscope (94 percent). Availability of equipment varies by facility type; however, hospitals and health centres are generally more likely than dispensaries and health posts to have equipment.

Table 3.4 Guidelines, trained staff, and equipment for child curative care services

Among all facilities offering outpatient curative care for sick children, the percentages having indicated guidelines, trained staff, and equipment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Among facilities offering curative care for sick children, percentage that have:											Number of facilities offering outpatient curative care for sick children
	Guidelines		Trained staff		Equipment							
	IMCI	Growth monitoring	IMCI[1]	Growth monitoring[2]	Child scale[3]	Infant scale[4]	Length or height board	Thermo-meter	Stetho-scope	Growth chart	Timer	
Facility type												
Hospital	41	41	40	51	88	74	84	98	98	65	93	107
Health Centre	45	39	31	36	86	72	93	83	92	62	92	459
Dispensary	26	11	15	17	51	30	38	95	97	18	91	338
Health Post	34	46	0	11	100	11	68	43	42	77	88	10
Managing authority												
Government	47	37	33	40	83	67	90	79	89	61	91	450
CHAM	38	43	28	35	90	73	87	99	99	63	90	161
Private	21	5	14	15	45	28	28	98	99	10	93	200
NGO	11	10	17	15	53	36	42	100	98	15	98	48
Company	41	21	13	15	72	42	55	100	94	37	91	56
Region												
Northern	38	35	27	26	68	57	74	89	90	53	90	158
Central	41	26	31	30	74	55	67	91	95	43	93	338
Southern	34	29	22	32	75	57	74	87	94	47	92	418
Total	37	29	26	30	74	56	71	89	94	46	92	915

Note: The indicators presented in this table comprise staff, training, and equipment domains for assessing readiness to provide preventive and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

[1] At least one interviewed provider of child health services in the facility reported receiving in-service training in Integrated Management of Childhood Illness (IMCI) during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[2] At least one interviewed provider of child health services in the facility reported receiving in-service training in growth monitoring during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[3] A scale with gradation of 250 grams, or a digital standing scale with gradation of 250 grams or less, where an adult can hold a child to be weighed

[4] A scale with gradation of 100 grams, or a digital standing scale with gradation of 100 grams or less, where an adult can hold an infant to be weighed

Child Vaccines

The availability of child vaccines was assessed only in facilities that reported offering vaccination services and that also stored vaccines at the facility for use. Detailed information on vaccine availability on the day of the survey is presented in Table 3.5.

Individually, pentavalent, polio, measles, and BCG vaccines were available on the day of the survey in more than 80 percent of the assessed facilities. However, collectively, only about seven in ten facilities had all the basic child vaccines available in the facility on the day of the survey. Health posts were the least likely to have all the basic child vaccines in stock (47 percent) compared with other facility types. Similarly, among facilities, the NGOs were least likely to have all the basic vaccines in stock (46 percent) compared with facilities managed by other authorities (between 66 percent and 75 percent). The Central region had the lowest availability of vaccines (67 percent) when compared with Northern and Southern regions (78 percent and 77 percent, respectively).

Table 3.5 Availability of vaccines

Among facilities that offer child vaccination services and routinely store vaccines at the facility, the percentages having unexpired indicated vaccines observed on the day of the survey, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering child vaccination services and storing vaccines where the following vaccines were observed:					Number of facilities offering child vaccination services and storing vaccines
	Pentavalent[1]	Oral polio vaccine	Measles vaccine	BCG vaccine	All basic child vaccines[2]	
Facility type						
Hospital	95	94	99	96	87	92
Health Centre	89	81	91	89	73	404
Dispensary	86	80	87	80	66	94
Health Post	81	74	81	60	47	17
Managing authority						
Government	88	82	92	90	75	398
CHAM	92	89	91	87	74	141
Private	90	86	86	76	69	30
NGO	70	54	77	69	46	13
Company	91	79	92	83	66	24
Region						
Northern	93	86	91	89	78	107
Central	84	76	86	88	67	216
Southern	92	87	95	88	77	285
Total	89	83	91	88	73	608

Note: The measures presented in this table comprise the indicators included as part of the medicines and commodities domain for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).
[1] Pentavalent = DPT + hepatitis B + Haemophilus influenza B
[2] At least one unexpired vial or ampoule each of DPT/pentavalent vaccine, oral polio vaccine, measles vaccine, and BCG vaccine with relevant diluents available.

3.3 Family Planning Services

Table 3.6 provides information on the availability of family planning services in all facilities. Eighty-two percent of facilities in Malawi offer temporary modern family planning methods. Availability of temporary modern family planning methods varies from 70 percent of hospitals to about 90 percent of health centres. Practically all government-managed facilities (95 percent) and about eight out of every ten NGO-managed facilities and privately-managed facilities (81 and 79 percent, respectively) offer a temporary modern family planning method. Only a little over half (57 percent) of CHAM facilities, however, offer temporary modern family planning methods. There is little difference in availability of temporary modern family planning methods at the regional level.

Overall, only about four of every ten health facilities offer male or female sterilisation services; that is, health workers in these facilities actually provide the service in the facility, or else they discuss this option with clients and then refer clients elsewhere to obtain the service.

Table 3.6 Availability of family planning services

Among all facilities, the percentages offering temporary methods of family planning, male or female sterilisation, modern family planning, and any type of family planning, by background characteristics, Malawi SPA 2013-14

Background characteristics	Temporary methods of family planning (FP)			Percentage offering male or female sterilisation[3]	Percentage offering any modern FP[4]	Percentage offering any FP[5]	Number of facilities
	Percentage offering any modern method of FP[1]	Percentage offering counselling on periodic abstinence/ rhythm	Percentage offering any temporary method of FP[2]				
Facility type							
Hospital	70	43	70	55	70	70	113
Health Centre	89	45	89	40	89	89	466
Dispensary	78	34	78	29	78	78	375
Health Post	77	15	77	41	77	77	23
Managing authority							
Government	95	50	95	47	95	95	472
CHAM	57	24	57	26	57	57	163
Private	79	33	79	23	79	79	214
NGO	81	40	81	63	81	81	58
Company	68	27	68	21	68	68	69
Region							
Northern	85	50	85	43	85	85	165
Central	84	42	85	41	84	85	362
Southern	80	34	80	32	80	80	450
Total	82	40	82	38	82	82	977

[1] Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condoms, female condoms, CycleBeads for Standard Days Method, or other modern methods such as the diaphragm or spermicides.
[2] Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, or periodic abstinence.
[3] Providers in the facility perform male or female sterilisation or counsel clients on male or female sterilisation.
[4] Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilisation (tubal ligation), or male sterilisation (vasectomy).
[5] Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilisation (tubal ligation), male sterilisation (vasectomy), or periodic abstinence.

Availability of Guidelines, Trained Staff, and Basic Equipment for Family Planning Services

Some infrastructure and resources need to be in place to ensure that clients get the best possible service. These include service guidelines, trained staff, and basic equipment. About six of ten facilities that offer any modern family planning methods have family planning guidelines available at the service site (Table 3.7); the proportion ranges from 40 percent of health posts to 68 percent of hospitals. Private facilities are slightly less likely to have family planning guidelines.

About half of family planning facilities have staff with recent training. Hospitals (65 percent) and health centres (54 percent) are more likely than dispensaries (42 percent) and health posts (20 percent) to have trained staff.

With the exception of a few items, facilities that offer family planning services are likely to have equipment that supports and enhances the provision of such services. For example, about seven of every ten family planning facilities have a blood pressure apparatus. Close to nine of every ten facilities have an examination bed; a similar proportion have samples of different family planning methods available at the service site. However, an examination light is not widely available; only three of ten facilities have one. Not a single health post has an examination light. Less than half (45 percent) of facilities have a model for

demonstrating condom use. Hospitals (63 percent) and health centres (53 percent) are more likely to have a model for demonstrating condom use.

Table 3.7 Guidelines, trained staff, and basic equipment for family planning services

Among facilities offering any modern family planning methods, the percentage having family planning guidelines, the percentage having at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of the survey, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering any modern family planning and having:									Number of facilities offering any modern family planning methods
			Equipment							
	Guidelines on family planning[1]	Staff trained in family planning[2]	Blood pressure apparatus[3]	Examin-ation light	Examin-ation bed or couch	Samples of family planning methods	Pelvic model for IUCD[4]	Model for showing condom use	Other family planning-specific visual aid[5]	
Facility type										
Hospital	68	65	69	56	94	93	14	63	78	79
Health Centre	61	54	58	17	87	89	3	53	70	416
Dispensary	50	42	84	38	89	85	8	32	54	292
Health Post	40	20	6	0	20	80	0	14	67	18
Managing authority										
Government	60	55	53	19	84	88	4	50	71	449
CHAM	57	45	67	23	80	85	5	62	62	93
Private	48	40	95	41	96	86	3	16	48	168
NGO	61	72	91	59	87	91	35	74	85	47
Company	57	23	85	39	94	85	2	41	52	47
Region										
Northern	67	45	67	28	89	90	6	55	73	139
Central	55	56	67	24	87	85	6	40	65	306
Southern	55	47	68	30	86	89	5	46	62	360
Total	57	50	68	28	87	88	6	45	65	805

Note: The measures presented in the table concerning guidelines for family planning and staff trained in FP comprise the staff and training domains, and blood pressure apparatus comprises the equipment domain, for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012).
[1] National guidelines or any other guidelines on family planning
[2] The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning during the 24 months preceding the survey. The training must involve structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[3] A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope
[4] IUCD = intrauterine contraceptive device
[5] Flip charts or leaflets

3.4 Antenatal Care, Prevention of Mother-to-Child Transmission of HIV, and Malaria Services

Antenatal Care

Table 3.8 presents information on the availability of antenatal care (ANC) services and indicates how often these services are offered. The table also provides information on the availability of tetanus toxoid (TT) vaccine in facilities that offer ANC services.

Overall, 65 percent of all facilities offer ANC services. Over 90 percent of hospitals and health centres offer ANC services, compared with 22 percent of dispensaries and 10 percent of health posts. Government (84 percent) and CHAM facilities (91 percent) are more likely than those managed by other authorities to offer antenatal care services.

In general, a larger proportion of health facilities offer ANC services 1-2 days per week than offer the services 5 or more days per week (45 percent and 37 percent, respectively); however, by far, hospitals are most likely to offer ANC services 5 or more days a week (63 percent) compared with health centres (31 percent) and dispensaries (35 percent).

A significant proportion of facilities (82 percent) that offer ANC services also offer TT vaccines every day that ANC services are offered.

Table 3.8 Availability of antenatal care services

Among all facilities, the percentage offering ANC services; among facilities offering ANC services, the percentages offering the service on the indicated number of days per week; and the percentage also offering TT vaccine every day ANC is offered, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week[1]			TT vaccine every day ANC is offered	Number of facilities offering ANC
			1-2	3-4	5+		
Facility type							
Hospital	91	113	24	12	63	91	103
Health Centre	96	466	48	20	31	82	445
Dispensary	22	375	51	1	35	71	81
Health Post	10	23	50	0	0	50	2
Managing authority							
Government	84	472	44	19	34	83	399
CHAM	91	163	47	16	37	89	149
Private	21	214	35	2	54	64	45
NGO	17	58	10	0	90	50	10
Company	41	69	65	0	28	79	28
Region							
Northern	71	165	66	10	20	80	118
Central	65	362	32	17	48	83	235
Southern	62	450	46	18	34	83	279
Total	65	977	45	16	37	82	632

[1] Some facilities offer ANC services less often than one day per week, so the total percentage may be less than 100 percent.

Medicines for Routine ANC

Table 3.9 reports on the availability of medicines and supplies essential for the provision of routine ANC services. As evident from the table, medicines for the provision of routine ANC are widely available in facilities that offer ANC services. With the exception of TT vaccines (available in 77 percent of facilities), medicines such as iron tablets (97 percent) and folic acid (94 percent) are almost universally available in ANC facilities.

Table 3.9 Availability of medicines for routine antenatal care

Among facilities offering ANC services, percentages with essential medicines and TT vaccine for ANC observed to be available on the day of the survey, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that have indicated medicines				Number of facilities offering ANC
	Iron tablets	Folic acid tablets	Iron or folic acid tablets	Tetanus toxoid vaccine	
Facility type					
Hospital	100	100	100	85	103
Health Centre	97	93	97	77	445
Dispensary	96	90	96	70	81
Health Post	100	100	100	50	2
Managing authority					
Government	96	94	96	77	399
CHAM	100	98	100	84	149
Private	98	87	98	62	45
NGO	100	90	100	40	10
Company	93	89	93	79	28
Region					
Northern	99	98	99	68	118
Central	100	95	100	81	235
Southern	94	92	94	78	279
Total	97	94	97	77	632

Notes: The medicines and vaccine presented in the table comprise the medicines and commodities domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).

Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 6.17.

Infection Control

Infection control is vital to the overall quality of services. Table 3.10 presents information on the availability of items for infection control at ANC service sites. Overall, about half (53 percent) of all ANC facilities had soap and running water, or else alcohol-based hand disinfectant, at the ANC service site on the day of the visit. Hospitals were more likely than other facility types to have these items. Government facilities were less likely than those managed by other authorities to have these items. Availability of latex gloves and a sharps container was high (85 percent and 87 percent, respectively) with little variation by facility type and managing authority. Availability of a waste receptacle, however, was less common (43 percent).

Table 3.10 Items for infection control during provision of antenatal care

Among facilities offering ANC services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that have items for infection control								Number of facilities offering ANC
	Soap	Running water[1]	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	
Facility type									
Hospital	83	91	81	27	83	88	88	53	103
Health Centre	47	74	43	7	45	85	87	40	445
Dispensary	62	80	61	20	62	80	86	52	81
Health Post	50	50	50	0	50	50	100	0	2
Managing authority									
Government	46	74	43	7	44	87	92	41	399
CHAM	63	78	60	17	64	76	76	42	149
Private	73	84	71	31	73	86	80	44	45
NGO	70	80	70	31	70	90	79	60	10
Company	86	97	82	22	82	89	100	72	28
Region									
Northern	57	78	55	5	55	92	93	46	118
Central	57	76	52	16	55	86	87	46	235
Southern	52	78	50	12	51	80	85	40	279
Total	55	77	51	12	53	85	87	43	632

[1] Piped water, water in bucket with specially fitted tap, or water in pour pitcher
[2] Non-latex equivalent gloves considered acceptable
[3] Waste receptacle with plastic bin liner

Prevention of Mother-to-Child Transmission of HIV

Prevention of mother-to-child transmission (PMTCT) of HIV usually involves a four-pronged approach: (1) the primary prevention of HIV infection, (2) prevention of unintended pregnancies in HIV-positive women, (3) use of a comprehensive treatment package that includes antiretroviral (ARV) medicines for HIV-positive pregnant women, and (4) provision of comprehensive care to the mother, the newborn, and other family members. PMTCT services are often offered in conjunction with antenatal and delivery services. They may include a variety of interventions. The degree to which a facility offers the total package often reflects the level of staffing and whether the facility offers either antenatal care or delivery services, or both.

Table 3.11 first provides a summary measure assessing the availability of any PMTCT service among facilities that offer ANC services. The table also presents information on the availability of the individual interventions or components of PMTCT at facilities offering ANC and any PMTCT services.

In general, nine of every ten ANC facilities provide PMTCT services. PMTCT services are universally available in hospitals and health centres that offer ANC services. All government and all CHAM facilities that offer ANC services also offer some component of PMTCT services.

Among ANC facilities that offer PMTCT services, availability of each of the assessed components of PMTCT is generally very good. For example, (1) HIV testing and counselling for pregnant women, (2) antiretroviral (ARV) prophylaxis for HIV-positive pregnant women, and (3) ARV prophylaxis for infants born to HIV-positive women are each available in almost all facilities. HIV testing for infants born to HIV-positive women is slightly less available than the other services (92 percent).

Table 3.11 Availability of services for prevention of mother-to-child transmission of HIV in facilities offering ANC services

Among facilities offering ANC services, the percentages offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among the facilities offering PMTCT services, the percentages with specific PMTCT programme components, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that provide any PMTCT[1]	Number of facilities offering ANC	Percentage of ANC facilities offering PMTCT that provide:							Number of facilities offering ANC and any PMTCT services
			HIV testing for pregnant women	HIV testing for infants born to HIV+ women	ARV prophy-laxis for HIV+ pregnant women	ARV prophy-laxis for infants born to HIV+ women	Infant and young child feeding counselling	Nutritional counselling for HIV+ pregnant women and their infants	Family planning counselling for HIV+ pregnant women	
Facility type										
Hospital	97	103	95	84	97	99	97	97	94	100
Health Centre	97	445	96	95	95	99	97	99	98	433
Dispensary	56	81	95	77	91	82	98	96	100	46
Health Post	50	2	100	100	100	100	100	100	100	1
Managing authority										
Government	96	399	96	94	97	98	98	98	100	382
CHAM	95	149	96	91	92	99	97	99	90	142
Private	62	45	96	61	89	86	90	90	93	28
NGO	69	10	100	100	100	85	100	100	100	7
Company	71	28	100	95	85	90	95	100	100	20
Region										
Northern	92	118	96	94	95	99	99	99	99	108
Central	90	235	98	89	94	98	98	98	95	211
Southern	93	279	94	92	96	96	96	98	98	261
Total	92	632	96	92	95	97	97	98	97	579

Note: ARV = antiretroviral

[1] Facility provides any of the following services for the prevention of transmission of HIV from an HIV+ pregnant woman to her child: HIV testing and counselling for pregnant women, HIV testing for infants born to HIV+ women, ARV prophylaxis for HIV+ pregnant women, ARV prophylaxis for infants born to HIV+ women, infant and young child feeding counselling for prevention of mother-to-child transmission, nutritional counselling for HIV+ pregnant women and their infants, and family planning counselling for HIV+ pregnant women.

Malaria Prevention and Treatment

Table 3.12 presents information on the availability, in facilities offering ANC, of guidelines for intermittent preventive treatment of malaria during pregnancy (IPTp), trained staff, insecticide-treated bed nets (ITNs), and medicines for malaria, as well as supplies and equipment for diagnosis of malaria. Hand-written guidelines were acceptable, provided they clearly outlined relevant information.

In general, IPTp guidelines, trained staff, and ITNs are available in fewer than six of ten ANC facilities. However, medicines for the prevention of malaria in pregnancy and medicines for the treatment of malaria are almost universally available in ANC facilities. In general, nine out of ten ANC facilities had malaria rapid diagnostic test kits available in the facility on the day of the visit. However, only 17 percent of ANC facilities had a functioning microscope with glass slides and relevant stains for malaria microscopy. As expected, hospitals were more likely (62 percent) than other facility types to have a functioning microscope. Furthermore, less than a third (28 percent) of ANC facilities had the capacity to test for haemoglobin. Not all hospitals had the capacity to test for haemoglobin (88 percent).

Table 3.12 Malaria services in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages having indicated items for the provision of malaria services available on the day of the survey, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering antenatal care services that have:											Number of facilities offering ANC
				Medicines				Diagnostics				
	IPTp guidelines	Trained staff[1]	ITN[2]	ACT[3]	SP	Quinine	Iron or folic acid	Malaria RDT[4]	Malaria microscopy[5]	RDT or microscopy	Haemo-globin[6]	
Facility type												
Hospital	57	78	46	98	99	98	100	95	62	98	88	103
Health Centre	49	58	62	98	99	98	97	94	6	94	15	445
Dispensary	39	44	37	86	96	90	96	85	17	86	23	81
Health Post	100	0	100	100	100	100	100	100	0	100	0	2
Managing authority												
Government	50	64	58	98	99	99	96	94	11	94	18	399
CHAM	51	56	63	99	100	99	100	97	26	97	46	149
Private	31	40	15	73	91	82	98	74	36	80	55	45
NGO	29	50	29	100	90	90	100	100	19	100	39	10
Company	57	39	83	90	100	90	93	82	7	82	14	28
Region												
Northern	53	54	51	98	100	99	99	93	16	94	22	118
Central	47	66	55	96	100	97	100	90	17	91	28	235
Southern	49	56	60	96	97	96	94	95	16	95	30	279
Total	49	59	56	96	99	97	97	93	17	93	28	632

IPTp = intermittent preventive treatment of malaria during pregnancy; SP = Sulfadoxine/pyrimethamine (Fansidar).
[1] At least one interviewed provider of ANC services reports receiving in-service training on malaria in pregnancy during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[2] Facility reports that it had ITNs in storage in the facility on the day of the survey.
[3] Country-recommended artemisinin combination therapy (ACT) drug for treatment of active malaria.
[4] Facility had unexpired malaria rapid diagnostic test (RDT) kits available somewhere in the facility.
[5] Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.
[6] Facility has capacity to conduct haemoglobin test using any of the following means: haematology analyser, haemoglobinometer or colourimeter, HemoCue, or litmus paper.

3.5 Delivery and Newborn Care Services

Table 3.13 provides information on the availability of maternal health services and on providers of delivery and newborn care services

Normal delivery services are available in about half (54 percent) of all health facilities. These services are almost exclusively available only in hospitals (84 percent) and health centres (89 percent). However, 5 percent of dispensaries also offer normal delivery services. Government and CHAM facilities (73 percent and 86 percent, respectively) are more likely to offer normal delivery services than private, NGO, or company facilities.

As expected, only a small proportion of facilities (7 percent) provide Caesarean delivery services. Caesarean delivery services are available mainly in hospitals (57 percent of hospitals).

All facilities that offer normal delivery services reported that they have a provider of delivery care available on-site or on-call 24 hours a day. However, when a duty schedule is also assessed, only about half of facilities that offer delivery services meet all criteria. Hospitals are more likely than health centres and dispensaries to have providers on-site or on-call, and also more likely to have a 24-hour duty schedule.

Table 3.13 Availability of maternal health services

Among all facilities, the percentages offering specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentages having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Malawi SPA 2013-14

	Percentage of facilities offering:						Percentage of facilities offering normal delivery services that have:		
Background characteristics	Antenatal care (ANC)	Normal delivery service	Caesarean delivery	ANC and normal delivery service	ANC, normal delivery, and Caesarean delivery	Number of facilities	Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	Number of facilities offering normal delivery services
Facility type									
Hospital	91	84	57	84	56	113	87	100	95
Health Centre	96	89	0	89	0	466	47	99	414
Dispensary	22	5	1	5	1	375	33	100	19
Health Post	10	0	0	0	0	23	-	-	0
Managing authority									
Government	84	73	7	73	7	472	50	99	347
CHAM	91	86	16	86	16	163	66	100	141
Private	21	11	5	11	4	214	41	100	24
NGO	17	5	0	5	0	58	67	100	3
Company	41	19	0	19	0	69	46	100	13
Region									
Northern	71	62	7	62	7	165	37	99	102
Central	65	55	8	55	7	362	53	99	198
Southern	62	50	7	50	6	450	62	100	227
Total	65	54	7	54	7	977	54	99	528

Guidelines, Trained Staff, and Equipment for Delivery Services

The quality of delivery services depends partly on the availability of guidelines, staff with up-to-date training, and certain basic equipment. Table 3.14 reports the extent to which these items were available on the day of the survey in facilities that offer normal delivery services.

Availability of guidelines related to delivery and newborn care, and of trained staff is generally low (45 percent and 24 percent, respectively) in facilities that offer normal delivery services. However, about nine in ten facilities have transport. Also, about nine in ten facilities had a delivery pack available on the day of the survey visit, (i.e., either the facility had a sterile delivery pack available at the delivery site, or else all the following individual equipment were present: cord clamp, episiotomy scissors, scissors or blade to cut cord, suture material. and needle holder). A suction apparatus (mucus extractor) was less widely available, with only 63 percent of facilities that offer delivery services having one available at the service site on the day of visit. Hospitals (88 percent) are more likely than health centres (58 percent) and dispensaries (50 percent) to have a suction apparatus.

A neonatal bag and mask were available in nine of ten facilities. Dispensaries that offer delivery services are less likely than hospitals and health centres to have these items.

Table 3.14 Guidelines, trained staff, and equipment for delivery services

Among facilities offering normal delivery services, the percentages having guidelines, at least one staff member recently trained in delivery care, and basic equipment for routine delivery available in the facility on the day of the survey, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering normal delivery service that have											Number of facilities offering normal delivery services
			Equipment									
	Guide-lines on IMPAC[1]	Staff trained in IMPAC[2]	Emergency transport[3]	Examination light[4]	Delivery pack[5]	Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit[6]	Neonatal bag and mask	Parto-graph[7]	Gloves[8]	
Facility type												
Hospital	52	41	96	62	97	88	82	55	96	95	100	95
Health Centre	43	20	88	23	91	58	32	17	89	87	97	414
Dispensary	45	11	95	60	89	50	22	16	66	83	94	19
Managing authority												
Government	43	26	89	26	89	62	42	26	92	87	98	347
CHAM	52	23	90	39	99	64	43	23	88	92	96	141
Private	29	13	84	63	91	66	33	25	83	83	96	24
NGO	33	0	100	33	100	100	0	0	67	100	100	3
Company	47	7	100	46	100	61	7	0	60	85	100	13
Region												
Northern	49	20	89	43	86	65	35	18	93	86	100	102
Central	42	32	89	26	91	65	45	25	92	87	97	198
Southern	46	18	90	31	96	60	40	26	86	90	97	227
Total	45	24	89	32	92	63	41	24	89	88	97	528

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide delivery care within the health facility assessment methodology proposed by WHO and USAID (2012).
[1] IMPAC (Integrated Management of Pregnancy and Childbirth) guidelines or other, country-specific guideline.
[2] Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.
[3] Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.
[4] A functioning flashlight is acceptable.
[5] Either the facility had a sterile delivery pack available at the delivery site or else all the following individual equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder.
[6] Facility had a functioning vacuum aspirator or else a dilatation and curettage (D&C) kit available.
[7] A blank partograph at the service site
[8] Disposable latex gloves or equivalent available at the service site

3.6 HIV and AIDS

Given the high prevalence of HIV/AIDS in Sub-Saharan Africa, several initiatives have been implemented to ensure appropriate prevention of new HIV infections and to treat people already living with HIV and AIDS. The 2013-14 MSPA collected information on various aspects of facilities' preparedness to provide quality HIV and AIDS services to the people of Malawi, including HIV testing and counselling, HIV and AIDS care and support services, and antiretroviral therapy (ART) services. Some of the findings are presented in Table 3.15.

HIV Testing and Counselling

A facility has an HIV testing system if the facility (1) reports conducting HIV testing in the facility or (2) reports testing in an external testing site and has an agreement with that external site that test results will be returned to the facility. Overall, about eight in ten of all health facilities in Malawi have a testing system, including 95 percent of hospitals and health centres. About half (54 percent) of dispensaries and three in ten health posts also have HIV testing systems. Nine of every ten government facilities have a testing system.

Table 3.15 Availability of HIV testing and counselling services

Among all facilities, the percentages that report having an HIV testing system and, among facilities with an HIV testing system, the percentages that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counselling services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of all facilities with HIV testing system[1]	Number of facilities	Percentage of facilities with HIV testing system that have:					Number of facilities having HIV testing system
			HIV testing capacity[2]	HIV testing and counselling guidelines	Trained provider[3]	Visual and auditory privacy[4]	Condoms[5]	
Facility type								
Hospital	95	113	100	80	100	79	68	107
Health Centre	95	466	100	80	100	76	71	444
Dispensary	54	375	100	70	100	56	70	202
Health Post	28	23	100	82	100	68	82	7
Managing authority								
Government	90	472	100	82	100	79	75	424
CHAM	97	163	100	83	100	74	58	158
Private	39	214	100	39	100	46	58	84
NGO	84	58	100	92	100	69	79	49
Company	64	69	100	74	100	44	86	44
Region								
Northern	82	165	100	80	100	83	78	135
Central	79	362	100	74	100	69	66	286
Southern	75	450	100	79	100	69	71	339
Total	78	977	100	77	100	71	70	760

Note: The guidelines and trained staff indicators presented in this table correspond to the staff and training domain for assessing readiness to provide HIV testing and testing services within the health facility assessment methodology proposed by WHO and USAID (2012). Similarly the visual and auditory privacy items comprise the equipment domain, the HIV testing capacity comprises the diagnostic domain, and condoms comprise the medicines and commodities domain for assessing readiness to provide HIV testing and counselling services within the WHO-USAID framework.

[1] Facility reports conducting HIV testing in the facility or else in an external testing site and having an agreement with that external site that test results will be returned to the facility.

[2] Facility reports conducting HIV testing in the facility and had HIV rapid diagnostic test kits, ELISA testing capacity, or other HIV testing capacity observed in the facility.

[3] Facility had at least one interviewed staff member providing HIV testing services who reported receiving in-service training in some aspect of HIV/AIDS testing and counselling during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[4] Private room or screened-off space is available in HIV testing and counselling area that is a sufficient distance from sites where providers and/or other clients may be so that a normal conversation could not be overheard and so that the client could not be observed by others.

[5] Condoms are available at the HIV testing and counselling site on the day of the survey.

Among facilities that have an HIV testing system, all had the capacity to test for HIV on the day of the survey (i.e., the facility had an HIV rapid test kit, ELISA testing capacity, or other HIV testing capacity on the day of the survey). However, not all facilities had HIV testing and counselling guidelines available; HIV testing and counselling guidelines were available in three-quarters of facilities having an HIV testing system.

Antiretroviral Therapy (ART)

Table 3.16 presents information on the availability of ART services and the components of quality ART services. Elements identified as important for the provision of good ART services include the availability of staff with recent training, guidelines and protocols, and a consistent supply of antiretroviral medicines.

Table 3.16 Guidelines, trained staff, and items for antiretroviral therapy services

Among all facilities, the percentages offering ART services and, among facilities offering ART services, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ART services[1]	Number of facilities	Percentage of facilities offering ART services that have:							Number of facilities offering ART services
					Laboratory diagnostic capacity for:					
			ART guidelines	Trained staff[2]	Complete blood count[3]	CD4 cell count	RNA viral load	Renal or liver function test	First-line adult ART regimen available[4]	
Facility type										
Hospital	90	113	82	88	44	42	8	44	89	102
Health Centre	95	466	83	71	1	2	1	1	80	441
Dispensary	30	375	81	52	15	1	0	10	70	113
Health Post	5	23	100	0	0	0	0	0	0	1
Managing authority										
Government	86	472	84	75	6	8	2	5	82	406
CHAM	88	163	81	68	12	10	1	12	82	144
Private	21	214	62	50	41	2	0	32	68	44
NGO	36	58	95	71	18	14	14	14	62	21
Company	58	69	85	54	8	0	0	10	64	40
Region										
Northern	73	165	87	66	6	10	2	6	75	120
Central	65	362	78	73	10	8	1	10	89	236
Southern	67	450	84	70	11	7	2	10	74	300
Total	67	977	82	70	10	8	2	9	79	656

Note: The indicators presented in this table correspond to the staff and training, diagnostics and medicines, and commodities domains for assessing readiness to provide ART services within the health facility assessment methodology proposed by WHO and USAID (2012).

[1] Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including providing community-based services.

[2] Facility had at least one interviewed provider of ART services who reported receiving in-service training in some aspects of ART during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[3] Facility had a functioning haematology analyser or functioning haematological counter with the necessary reagents available in the facility.

[4] Facility had the three country-specific, first-line antiretroviral medicines for adult treatment available in the facility.

Overall, two-thirds of all facilities offer ART services; 90 percent of hospitals and 95 percent of health centres offer ART services. As expected, dispensaries and health posts are much less likely to offer this service; only three in ten dispensaries offer the service. Close to nine in ten government facilities (86 percent) and CHAM facilities (88 percent) offer ART services.

Among facilities offering ART services, 79 percent had the first-line ART regimen available in the facility on the day of the survey. This included 89 percent of hospitals, 80 percent of health centres, and 70 percent of dispensaries.

Eighty-two percent had ART guidelines available on the day of the visit. There is little variation by facility type; however, private facilities that offer ART services are less likely to have ART guidelines (62 percent compared with 81 percent and above of other managing authorities).

Seven in ten ART facilities had a recently trained staff for ART services (i.e., at least one interviewed provider of ART in the facility reported having received in-service training in some aspect of ART during the 24 months preceding the survey).

Only one in ten ART facilities had the laboratory capacity to do a complete blood count and CD4 cell count.

3.7 Malaria

Table 3.17 provides an overview of the availability of malaria services. In addition, the table provides information on the availability of service guidelines, recently trained staff, and diagnostic capacity. Malaria diagnosis and/or treatment services are universally available in Malawi health facilities (96 percent); however, only four in ten health posts offer malaria services.

Table 3.17 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services

Among all facilities, the percentages offering malaria diagnosis and/or treatment services and, among facilities offering malaria diagnosis and/or treatment services, the percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality service for malaria, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of all facilities offering malaria diagnosis and/or treatment services[1]	Number of facilities	Percentage of facilities offering malaria diagnosis and/or treatment services that have:							Number of facilities offering malaria diagnosis and/or treatment services
			Guidelines		Trained staff		Diagnostics			
			Guidelines for diagnosis and/or treatment of malaria	Guidelines for IPT[2]	Staff trained in malaria diagnosis and/or treatment	Staff trained in IPT[4]	Malaria RDT[5]	Malaria microscopy[6]	Any malaria diagnostics[7]	
Facility type										
Hospital	96	113	73	53	86	58	96	62	98	109
Health Centre	99	466	71	47	68	39	94	6	94	461
Dispensary	96	375	54	8	45	8	77	9	78	361
Health Post	40	23	36	25	26	0	48	0	48	9
Managing authority										
Government	95	472	72	45	72	40	93	10	93	450
CHAM	99	163	70	47	66	37	96	25	96	162
Private	96	214	49	6	43	8	75	15	77	205
NGO	93	58	57	5	54	9	89	11	89	54
Company	98	69	53	24	37	12	65	6	65	68
Region										
Northern	96	165	64	39	60	31	88	13	88	159
Central	97	362	64	31	68	35	89	15	90	351
Southern	96	450	64	32	56	23	86	13	86	431
Total	96	977	64	33	61	29	87	14	88	940

Note: The indicators presented in this table comprise the staff and training and diagnostic domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (2012).

[1] Facilities self-report that they offer malaria diagnosis and/or treatment services. Facilities offer antenatal care services that reported that they provide malaria rapid diagnosis tests (RDT) or were found on the day of the survey visit to be conducting such tests at the ANC service site were counted as offering malaria diagnosis and/or treatment services. Also, facilities offering curative care for sick children where providers of sick child services were found on the day of the survey to be diagnosing malaria or offering treatment for malaria were counted as offering malaria diagnosis and/or treatment services.

[2] Guidelines on intermittent preventive treatment (IPT) of malaria

[3] Facility has at least one interviewed provider of malaria services who reports receiving in-service training on malaria diagnosis and/or treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[4] Facility had at least one interviewed provider of ANC services who reports receiving in-service training on some aspects of IPT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

[5] Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility.

[6] Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

[7] Facility had either malaria RDT capacity or malaria microscopy capacity.

Among facilities that offer malaria diagnosis and/or treatment services, only two-thirds (64 percent) had guidelines for the diagnosis and treatment of malaria available in the facility. Even fewer (33 percent) had guidelines for IPT available. Capacity to confirm a malaria infection is not universally available in facilities that offer malaria diagnosis and/or treatment services. Eighty-eight percent of these facilities had malaria diagnostic capacity (i.e., the facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility, or else an unexpired malaria rapid diagnostic test kit available somewhere in the facility). As shown in the table, only a small

proportion of facilities had malaria microscopy capacity (14 percent on average), mainly hospitals (62 percent).

Table 3.18 builds on information presented in Table 3.17. It offers information on the availability of malaria medicines at the facility. Among facilities offering malaria diagnosis and/or treatment services, 92 percent had first-line antimalarial medicine available in the facility on the day of the visit. All hospitals and health centres (98 percent each) had the first-line medicine available, compared with eight in ten dispensaries and only half of health posts. About two in ten facilities had other artemisinin-combination therapy (ACT) medicines available, while even a smaller proportion had rectal Artesunate (1 percent).

Paracetamol, a common fever reducing medicine, was available in 87 percent of facilities. Health posts are the least likely to have paracetamol available. Only four in ten malaria facilities had insecticide-treated mosquito bed nets (ITNs) available in the facility for distribution to clients.

Table 3.18 Availability of malaria medicines and commodities in facilities offering malaria services

Among facilities offering malaria diagnosis and/or treatment services, the percentages that have malaria medicines, sulfadoxine/pyrimethamine, paracetamol, and ITNs available in the facility on the day of the survey, by background characteristics, Malawi SPA 2013-14

	Percentage of facilities offering malaria diagnosis and/or treatment services that have:									Number of facilities offering malaria diagnosis and/or treatment services
	Antimalarial medicines						Other medicines and commodities			
Background characteristics	First-line ACT anti-malarial medicine	Other ACT	Injectable artesunate	Rectal artesunate	Oral quinine	Injectable quinine	SP[1]	Paracetamol tablet	ITN[2]	
Facility type										
Hospital	98	62	7	2	90	96	95	100	44	109
Health Centre	98	16	2	1	69	98	97	85	61	461
Dispensary	83	8	4	2	72	79	70	88	13	361
Health Post	48	0	10	0	23	48	48	35	25	9
Managing authority										
Government	97	24	2	0	67	95	93	80	52	450
CHAM	99	23	4	1	83	95	97	99	59	162
Private	77	9	7	2	70	81	67	95	6	205
NGO	98	7	6	10	83	73	64	94	16	54
Company	80	6	1	1	79	79	83	80	39	68
Region										
Northern	96	16	6	1	74	93	94	91	42	159
Central	93	21	4	2	74	92	87	90	40	351
Southern	89	17	2	1	70	86	82	84	40	431
Total	92	18	4	1	72	90	86	87	40	940

Notes: The indicators for first-line anti-malaria medicines, sulfadoxine/pyrimethamine, Paracetamol, and ITNs presented in this table correspond to the medicines and commodities domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (2012). ACT = artemisinin combination therapy; SP = Sulfadoxine/pyrimethamine (Fansidar)

[1] Facility had SP for intermittent preventive treatment of malaria in pregnancy (IPTp).

[2] Facility had ITNs or vouchers for ITNs available in the facility for distribution to clients.