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ONSE Health Activity
Health Facility Assessment

District Assessments

January 2018



ONSE Health Activity



Photo by Dominic Chavez

ONSE HEALTH FACILITY ASSESSMENT

Introduction and Overview

The ONSE Health Facility Assessment (HFA) was designed to evaluate changes in access and quality of care at targeted health facilities in the 16 project-supported districts of Malawi across the five years of the project. The HFA is comprised of a panel study with three main data points; baseline in year one of the project, midline in year three of the project, and endline in year five of the project. In years two and four, the

project will also collect data on a limited set of indicators from a subset of surveillance facilities. Between May and August 2017, ONSE conducted the baseline HFA across the 16 project-supported districts. Data was collected on provision of priority services; number of people served; quality of care; availability of commodities, equipment and supplies; existing sanitation and water infrastructure; health worker motivation; and client satisfaction. This technical highlight aims to describe the methods used for data collection, applications of the HFA data, preliminary conclusions, and recommendations for future implementation.

About ONSE Health

The USAID ONSE Health Activity (ONSE Health) is a five-year USAID-funded contract working to improve maternal and child health in Malawi. The activity will work through four objectives: (1) Improve access to health care services, (2) Improve quality of health care services, (3) Strengthen health systems, and (4) increase demand for services. ONSE will work across a series of priority health areas, including maternal, newborn, and child health; family planning and reproductive health; malaria; nutrition; and water and sanitation. The activity will build on previous and current successes in the health sector, and will focus on district based service provision and systems strengthening.

Methods

The HFA targeted all 324 public facilities in ONSE supported districts, as well as 95 CHAM facilities submitting data to the MOH DHIS2 and 5 workplace based clinics on tea and sugar cane estates in the project areas. The primary methods of data collection were register data extraction and facility infrastructure, commodities, and equipment observations and interviews. Additionally, self-administered provider motivation and attitude questionnaires were collected. Given ONSE's targeted capacity building approach, specific modules target specific facilities and districts, based on the provided support. For example, specific questions on family planning were fielded only in districts supported with the relevant package.



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The ONSE Health Facility Assessment includes a baseline, midline, and end line assessment in **324** public facilities, **95** CHAM, and **5** workplace based clinics stationed at tea and sugar plantations in targeted districts.

Data collection was conducted by teams trained and deployed to each of the 16 districts. All data was collected using tablets and the following forms:

- **Data extraction form:** used to extract needed data from the relevant registers including data on family planning methods; postnatal care; malaria diagnosis and treatment; receipt of IPTp during ANC; provision of BEmONC and CEmONC; cases of child diarrhea treated; use of uterotonics; use of chlorhexidine; receipt of nutrition services; availability of malaria and family planning commodities; ANC attendance and other data relevant to the project.
- **Facility audit checklists:** used to assess the services provided at each facility; whether the facility has infrastructure (including sanitation and water; human resources), commodities, and equipment needed to provide priority services.
- **Health worker motivation and attitude questionnaire:** a self-administered structured questionnaire to assess health worker motivation and attitudes. This questionnaire includes questions on respectful care.

Applications

Data collected during the HFA baseline will identify gaps and inform future programming specific to each implementation district. As an example, the project will use data to identify and meet equipment and infrastructure needs. Survey results will be shared with the district management teams and used in the district planning process. Project results also will be used to evaluate the effectiveness of the ONSE project in increasing access and quality of care in targeted areas.

All findings, including best practices, lessons learnt, and innovations will be written up in a final report shared with the Malawi MOH and relevant district government staff. Additionally, data collected during the ONSE baseline HFA will be synthesized into a series of district scoping exercises that examine the unique circumstances within each of the 16 supported districts and how the project will tailor specific interventions to address these issues.

Recommendations

The ONSE HFA baseline assessment provided the project with key insights into ways to improve implementation for the midline and endline assessments to be conducted throughout the life of the project. The three major areas of recommendations highlighted by the project were data capture, stock tracking, and facility readiness, which are further highlighted below:

- **Data: capture:** Areas of data capture to be further explored during the midline and endline assessments include both sourcing data from the appropriate registers and making sure that providers are using the right source documentation, including patient intake forms, partographs, feeding charts, etc., to fill in the registers.
- **Stock tracking:** Malawi currently uses C-Stock, a push system for tracking and replenishing stock levels to providers. During the midline and endline assessments, the project will explore other elements of stock tracking that goes beyond just getting certain amounts of stocks to facilities.
- **Facility readiness:** Measures of facility readiness include staff capacity, infrastructure, equipment, and access to transportation. ONSE aims to capture facility readiness to provide access to quality health services.

Additional information can be obtained from:
ONSE Health Activity •MSH Malawi •Mercantile Office Building
Area 13/138, Opposite Area 13 Mosque •Private Bag 398 •Lilongwe, Malawi •+265 1 756 111/081
200 Rivers Edge Drive, Medford MA 02155 •+1.617.250.9550 •info@msh.org