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Quality of Care in Family Planning Services at Health Facilities in Senegal

Analysis Brief from The DHS Program

Why look at quality of care in family planning services?

Use of modern methods of contraception remains relatively low in Senegal (20%, 2014 DHS) and unmet need for family planning is fairly high (25%, 2014 DHS). Quality of care in family planning can increase uptake and continuation of family planning methods. This brief summarizes the additional analysis of Senegal Service Provision Assessment (SPA) data from 2012-13 and 2014 to assess the quality of family planning services in formal health facilities in Senegal and highlights the interventions that could help increase the quality of care, and ultimately, use of family planning. Increased use of family planning can lead to improvement in maternal health outcomes.

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How to define quality of care?

Three areas were examined to study quality of care in health facilities of Senegal:

- The facility's structure: includes basic infrastructure, equipment, and availability of family planning methods using data from both surveys.
- The provider of the family planning service: includes counseling and examinations by the provider using data only from the 2012-13 survey.
- The client's outcome from the family planning visit: measured by client overall satisfaction and correct knowledge on whether their method protects from sexually transmitted infections [STIs], including HIV/AIDS using data only from the 2012-13 survey.

Key Findings: What is the quality of family planning services in Senegal?

General Structure of Facilities:

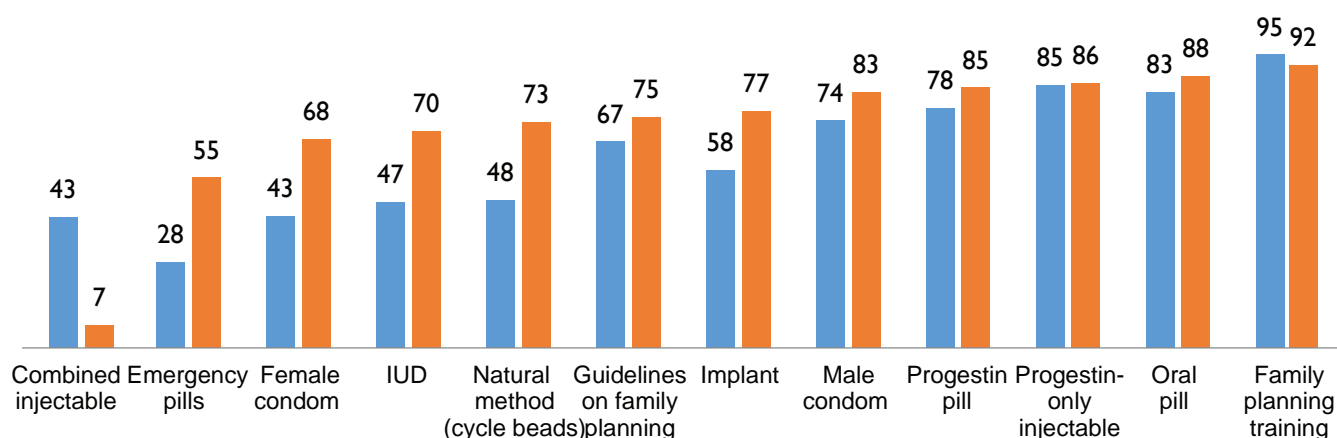
- The great majority of facilities have an improved water source, adequate sanitation, and a private room for consultations. However, many facilities lacked access to electricity, communication equipment, emergency transport, and computer and internet.
- In 2014, public and rural facilities were significantly more prepared with essential equipment compared to private facilities and those in urban areas.
- In 2012-13 and 2014, hospitals and health centers, private facilities, and urban facilities had higher diagnostic capacity compared with health huts, public facilities, and rural facilities.

HEALTH FACILITIES REPORT CARD

<i>Percent of family planning facilities with:</i>	2012-13	2014
Electricity	58%	57%
Water	89%	93%
Sanitation	98%	98%
Communication equipment	58%	50%
Private room	99%	98%
Emergency transport	65%	66%
Computer/internet	26%	33%

Facilities with Family Planning Commodities and at least one Staff Member Trained in Family Planning

■ 2012-13 ■ 2014



Availability of Family Planning Commodities

- Availability of family planning methods increased between the two surveys, especially the availability of condoms, implants, IUD, emergency pills, and cycle beads.
- The availability of the combined injectable, which is recommended over the progestin-only injectable by WHO, significantly decreased between the two surveys.
- Oral and progestin pills and progestin-only injectables were available in most facilities in both surveys.
- In both surveys, public facilities were significantly more likely to have progestin-only injectables and combined oral pills available compared with private facilities.
- Combined oral pills were more available in health posts than hospitals in both the 2012-13 and 2014 surveys.

Provider's Counseling and Pelvic Examination

- Family planning counseling in Senegal is inadequate. Only 18% of providers counseled their clients on all three items examined—how to use their method, possible side effects, and when to return. Just 9% of providers counseled on whether their client's method protects from STIs.
- Providers with a monthly or daily salary were significantly more likely to provide counseling on STIs compared with providers with no salary.
- Providers with the most supervision were significantly more likely to provide high-quality pelvic examinations compared with providers with no supervision.
- New clients were significantly more likely to receive counseling and high quality pelvic exams than returning clients.

Client Outcome: Overall Satisfaction

- About 8 in 10 clients reported being very satisfied with family planning services.
- Clients with a lower level of education, those who did not have to wait to see a provider, and those who left the facility with a family planning method were significantly more likely to be very satisfied compared to clients with higher education, clients who had to wait and clients who did not leave with a method.
- Clients from the Northern region were the least likely to be satisfied with services compared to other regions.
- Clients who did *not* receive counseling on side effects and when to return were significantly more likely to be very satisfied with services than clients who received counseling.

Client Outcome: Knowledge of Method's Protection from STIs

- Only 58% of clients had correct knowledge of whether their method offered protection from STIs; 42% of the clients believe their method is protecting them when it is not.
- Clients who saw a provider who had recent training in family planning were significantly more likely to have correct knowledge about protection from STIs compared with clients who saw a provider with no recent training.
- Clients from the Northern region were the least likely to have correct knowledge compared to other regions.
- Whether or not the client received counseling from a provider on their method's protection from STIs was not a significant predictor of having correct knowledge.

Conclusions and Implications

- *Facilities may need more support for increasing availability of electricity, communication equipment, emergency transport, computer and internet, and the combined injectable.*
- *Progestin-only injectables and combined oral pills should be made more available in private facilities and in hospitals.*
- *More supervision is required to increase the quality of pelvic exams.*
- *More counseling is required, especially to insure that providers counsel their clients on how to use their method, the side effects of the method and when to return. In addition, providers should give not only counsel new clients but also returning clients.*
- *More counseling is also needed on the method's protection from STIs, especially since mainly clients had incorrect knowledge in this area.*

- *Providers need training on how to provide quality counseling that is effective and client-oriented.*
- *Further exploration is required to understand why the Northern region appears to be performing the worst in terms of client satisfaction and client's knowledge compared to other regions.*

This brief summarizes The DHS Program's Analytical Studies 55, by Shireen Assaf, Wenjuan Wang, and Lindsay Mallick of ICF International with funding from The United States Agency for International Development through The DHS Program.

For the full report or more information about the Service Provision Assessment Survey in Senegal, visit www.dhsprogram.com.