

Assessing facility capacity to provide safe abortion and post-abortion care in Liberia: a 2021 signal functions survey across 48 public health facilities

extent to which health facilities in Liberia are capable of delivering safe abortion and post-abortion care services.

Methods Data for this analysis are drawn from a signal functions survey conducted across 48 public facilities in Liberia from September to November 2021. The signal functions survey captures several safe abortion and post-abortion care-related services, including staff training, equipment, commodities, and supplies. Data were collected from health providers knowledgeable about abortion-related care, such as safe abortion and post-abortion care, across sampled health facilities using a structured questionnaire. Data analysis involved summarizing proportions of clinics, health centers, and hospitals with the capacity to provide either basic and/or comprehensive safe abortion and post-abortion care.

Results Out of the 48 facilities, 65% and 28% were classified as capable of providing basic and comprehensive post-abortion care (PAC) services, respectively. Fewer facilities (27%) could provide basic safe abortion care (SAC) and comprehensive SAC (16%). Differences by facility level were statistically significant for comprehensive PAC. The PAC signal functions fulfilled by the fewest facilities included referral capacity, blood transfusion, and surgical or laparotomy capacity.

Conclusion The study highlights the limitations to providing basic SAC and PAC among our sample of public health facilities in Liberia and the poor capacity of these health facilities to provide comprehensive PAC and SAC services in particular. Full implementation of the 2019 National Comprehensive Abortion Care Guidelines could strengthen critical SAC and PAC services by ensuring adequate resources and training of the healthcare workforce.

Introduction

administration of IV fluids, provision of contraceptives,

Table 1 Variables used to measure the capacity of sab 56.69290(ni c)-8(an)9(t ())TJ ET EMC /P7b EMC2S

size was fairly small and does not necessarily reflect the universe of facilities in Liberia or any singular part of Liberia.

Further, we ran descriptive statistics to assess why some facilities said they did not provide certain signal functions. The proportion of facilities reporting non-provision were counted, along with the reason(s) given for not providing the signal function. Reasons for non-provision were not mutually exclusive, meaning a facility could cite various reasons for not providing a service in the past 6 months.

Results

Description of health facilities in signal function survey

Complete signal functions survey data from 48 facilities were included in the analysis. The distribution across facility levels was as follows: 33% of sampled facilities were clinics, 35% were health centers, and 31% were hospitals. Most of the included facilities (52%) were located in the South Central Region, while only two facilities (4%) were in the North West region. Additional details on the distribution of facilities by level and region can be found in Table 2.

The capacity of health facilities to provide basic PAC

Of the 48 facilities in the survey, nearly two-thirds (65%; 31/48) were classified as capable of providing basic PAC.

Basic PAC services included the removal of retained products of conception using medical or surgical procedures, antibiotics, IV fluids, uterotonics, short-acting family planning methods, and referrals. Approximately three in four hospitals (73%; 11/15) and health centers (76%; 13/17) fulfilled the definition of basic PAC, while only 44% of clinics in our sample (7/16) were classified as able to provide basic PAC (Table 3). This variation was not statistically significant ($p=0.12$).

The only signal functions fulfilled by all facilities in our sample were the provision of IV fluids and uterotonics/oxytocics. Parenteral administration of antibiotics were provided in all but one health center. 96% of facilities could facilitate the removal of retained products of conception either medically or surgically, and a similar proportion (94%) had stocked at least one short-acting contraceptive method. The basic PAC signal function fulfilled by the fewest facilities was referral capacity; 71% (34/48) of all facilities had the systems to refer patients to other facilities for care; when disaggregated by facility level, only half of the clinics in our sample fulfilled this signal function.

The capacity of health facilities to provide comprehensive PAC

Compared to basic PAC, far fewer facilities could provide comprehensive PAC services, which include all

basic PAC services and the provision of long-acting reversible contraceptives, blood transfusion, and surgical procedures such as laparotomic operations (Table 3). Only about one-quarter of the 32 hospitals and health centers (28%; 9/32) fulfilled all comprehensive PAC signal functions and were classified as capable of delivering comprehensive PAC. Differences were statistically significant by facility level ($p < 0.05$); fewer than half of the hospitals (47%; 7/15) and only two of 17 health centers (12%) could provide these services. Most health facilities (91%; 29/32) could provide long-acting reversible family planning methods. All hospitals surveyed could provide blood transfusion, but this was not true for health centers. By standards in Liberia, all health centers and hospitals should provide blood transfusion; however, only 12% of surveyed health centers could. The ability to perform surgical procedures (such as laparoscopic procedures, also a standard for both hospitals and health centers in

Liberia) to address abortion-related complications was also scored poorly. Less than half of the facilities (41%; 13/32) could provide surgery or laparotomy; this service was most available in hospitals (53%) and only available in a minority of health centers (29%).

The capacity of health facilities to provide basic and comprehensive SAC

In contrast to basic PAC, far fewer facilities were classified as capable of providing basic safe abortion care (Table 4). In total, only one-quarter (27%; 13/48) of sampled facilities were classified as able to provide basic SAC, with hospitals and health centers (27% and 35%, respectively) having a higher capacity than clinics (19%), although differences were not statistically significant. As with basic PAC, all facilities were capable of providing uterotonic/oxytocics and IV fluids, and nearly

