

Quality of Family Planning Services in Six Urban Cities in Nigeria

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Background:

Family planning plays an important role in improving the sexual and reproductive health of women, especially in reduction of unintended pregnancies and abortion. Recent studies have shown that family planning contributes to birth spacing, lower infant mortality risk, and can significantly lower maternal mortality and morbidity associated with unintended pregnancy. Despite these benefits, contraceptive use in Nigeria remains low. Poor quality of care is one of the factors named to be associated with low contraceptive use in Nigeria, yet large scale and up to date studies that assess the quality of family planning (FP) services are rare, even in urban areas. While there is no single definition or measurement for quality, in the last three decades, researchers and program managers have developed several frameworks and indicators for measuring quality of family planning services and client satisfaction. These frameworks can be used to identify the components of family planning services that are weaker or stronger and highlight which areas of the process need improvement.

Objectives:

The objective was to describe the quality of family planning services in selected high volume clinics in urban Nigeria and compare quality across the Northern and Southern cities and the Federal Capital Territory (FCT), Abuja.

Methods:

Data for this paper were collected as part of the 2014 Nigeria Baseline Facility Survey for the Urban Reproductive Health Initiative implemented by the Measurement, Learning and Evaluation (MLE) Project. The MLE project is the evaluation component of the Urban Reproductive Health Initiative (URHI), funded by the Bill and Melinda Gate Foundation (BMGF) aimed to increase access to and voluntary use of quality family planning services for women and men in the urban areas of Kenya, Senegal, Nigeria and India (Uttar Pradesh). This paper utilizes data from the health facility audit, provider survey and client exit interviews from Nigeria.

Results:

Findings are presented based on three vantage points: “preparedness”, “service delivery” and “Outcome of care” described in the Bruce quality of care framework. Our results showed that facilities in the FCT are generally more “prepared” to offer quality services compared to those in the Northern and Southern cities but indicators on “service delivery” aspects of quality is higher among facilities in the Southern and Northern cities. Reported overall satisfaction is highest among FP clients in the Southern and Northern cities and lowest among clients in the FCT, Abuja.

Conclusions:

Our results showed moderate family planning service quality in the high volume sites of the six cities where this study was conducted. A comparison of quality across the regions and the FCT suggest that health facilities in the FCT are the most prepared to deliver quality services but also appear to be weakest in the service delivery process when compared with facilities in the South and the North.