

Improving Quality of Family Planning Services Across Selected Sites in Lagos State: A Case Report

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Background

- Good quality of care received by new acceptors of family planning (FP) is necessary for contraceptive continuation and reducing the likelihood of having unintended pregnancy (Jain et al, 2012).
- In Nigeria, quality improvement measures and process of conforming to standards have been sub-optimal.
- This study seeks to assess the impact of quality improvement interventions across selected high-volume health facilities.

Program Intervention

- The Nigerian Urban Reproductive Health Initiative (NURHI 2), now in its second phase, aims to eliminate all barriers to demand and supply of contraceptives in 3 Nigerian states - Kaduna, Oyo and Lagos.
- One of NURHI2's strategic intervention to ensuring more women have access to contraceptives is through quality Improvement System Strengthening (QISS).
- The components of the QISS includes:
 - Family planning Supportive Supervision (FPSS):** Supervision to identify gaps in quality service provision in facilities
 - On Job Training (OJT):** need-based trainings following the recommendations from FPSS
 - Whole Site Orientation (WSO):** orienting every healthcare facility employee (clinical and non-clinical) about the importance of quality healthcare services and positioning them to respond favourably to prospective FP clients.
 - Setting up **Ward Health Committees (WHC)** which the role of the **Quality Improvement Team (QIT)**... involve the immediate communities in the affairs of the facilities. e.g. infection prevention, hands out, erect structures etc.

Methodology

- Quality improvement intervention was implemented across 30 high volume sites in Lagos State over a 12-month period.
- A pre- and post-intervention assessment was conducted in five areas of service provision on quality improvement status in health care using a supervisory checklist.
- The five areas include: Clinic setting, Procedure room, Infection prevention, Counselling skill and Knowledge skill and method provision
- Only a maximum score of 25 is possible, given that a facility scores 5 across the five areas.
- Final scores for each facility pre- and post- intervention were pooled and a paired t-test was used to determine if the mean difference was statistically significant.

Pattern of QI Scores across LGAs

Very poor								Very good
LGA	y2q1	y2q2	y2q3	y2q4	y3q1	y3q2	y3q3	y3q4
Agege	7.4	13.0	17.2	16.0	17.8	18.0	18.6	19.2
Alimosho	7.8	13.4	14.8	15.8	15.2	14.6	15.8	15.8
Ajerosimi/ Ifelodu	7.4	12.0	16.0	17.0	17.2	16.8	17.2	17.0
Ibeju-Lekki	6.0	10.0	12.8	16.8	17.6	16.6	17.4	18.0
Kosofe	7.2	15.2	15.6	17.2	18.2	16.8	17.4	18.0
Lagos Mainland	7.0	9.2	12.4	14.4	15.6	16.2	15.8	17.8
Mushin	6.8	12.0	17.2	18.2	18.2	18.2	17.4	16.4
Ojo	6.6	10.4	15.6	17.0	17.2	17.0	17.2	18.2
Oshodi/ Isolo	6.6	12.0	16.6	17.0	17.0	16.8	16.2	17.2
Shomolu	6.2	8.4	14.0	15.0	15.2	13.8	15.0	15.4
Total	6.9	11.6	15.2	16.4	16.9	16.5	16.8	17.3

Result

- Pre-intervention, most facilities ranked “very poor” with a mean score of 6.9
- As the year progresses however, majority of the facilities gradually move into the “very good” zone with a mean score of 17.
- The percentage increase over the years was also mostly positive and the difference of mean inter-period were mostly statistically significant (at $p < 0.05$)

Table 2 : Mean quality improvement over time in Lagos

Time	Mean QI	% Increase	P-value
Yr. 1, 1st Qtr.	6.9	-	0.000
Yr. 1, 2nd Qtr.	11.6	67.5	0.000
Yr. 1, 3rd Qtr.	15.2	31.7	0.001
Yr. 1, 4th Qtr.	16.4	8.0	0.009
Yr. 2, 1st Qtr.	16.9	2.9	0.088
Yr. 2, 2nd Qtr.	16.5	-2.6	0.188
Yr. 2, 3rd Qtr.	16.8	1.9	0.007
Yr. 2, 4th Qtr.	17.3	3.0	

Program Implication/Conclusion

- With a positive change in quality improvement post intervention, QI activities have been successful.
- Sustaining and creating sense of ownership post-intervention for QI activities is key.
- In conclusion, as sustainability is a major concern, it is recommended that in implementation of related activities, the clinical or administrative environment of health facilities, on which such interventions can leverage on, must be carefully considered.

Recommendation

- Efforts should be renewed in training nurses
- Provide healthcare providers with procedure rooms and equipment
- Update FP providers and other healthcare workers about their QI performance
- Install a supervision strategy