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Strategy for Family Planning Program Recovery in Nigeria

The Situation

From 1990 to1998, when Nigeria was governed by a military regime, the government's emphasis and spending on public health were curtailed severely. The budget for family planning and reproductive health (FP/RH) initiatives in the public sector plummeted to almost nothing. Accordingly, the FP/RH statistics in Nigeria reflect this neglect. The decline is highlighted by a comparison with Ghana, Nigeria's close neighbor, where FP/RH efforts were underway throughout the 1990s.

	Nigeria	*Ghana*
Population mid 2000	123 m	19.5 m
Births per 1000	41.6	34.3
Fertility	6	4.5
Infant mortality	77.2	56.2
Life expectancy male	52	58
Life expectancy female	52	56
Expected population 2025	303 m	26 m

Responding to the crisis, USAID plans a major expansion of FP/RH programs in the near future. In preparation for an effort of this magnitude, USAID in Nigeria and Washington asked a team of cooperating agencies, headed by PRIME, to conduct a performance needs assessment in December, 2000.

The Assessment

With global partners from MSH, JHU/CCP, and AVSC, PRIME coordinated a Performance Improvement (PI) performance needs assessment of primary level FP/RH delivery sites in the three largest regions of Nigeria. Concentrating on discovering which services are being delivered and at what level of quality, the team set out to answer three main questions:

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- What is the *desired performance* of delivery sites and providers, from the viewpoint of clients and the community?
- What is the *actual performance* of the delivery sites and providers, as compared to the desired performance?
- What are the *root causes* of any gaps found between desired and actual performance?

PI teams visited representative states in each of the three main regions of Nigeria: Oyo in the west, Enugu in the east, and Bauchi in the north. Each regional team used proven techniques to gather essential information:

- *Stakeholder meetings* with clients and community members, clinic administrators, primary-level care providers, and Ministry of Health workers
- *Focus group discussions* with both clients and non-client community members, including male and female participants
- *Observations* of provider performance and provider needs at clinics.

The Findings

While the regional teams found some differences among the regions, they observed some clear common threads. Throughout the country, a significant gap exists between the expectations of the clients and community, and the actual performance taking place at the clinics. The teams identified important gaps in the areas of interpersonal interaction with clients, infection prevention procedures, counseling on family planning, record keeping, and the array of services offered.

Clients expect courteous, prompt treatment with few interruptions. They expect providers to adhere to safe practices to protect them from infections during examinations, injections, and other procedures. Clients expect providers to be knowledgeable about family practice options, and to alert them to the possible side effects of any method. Clients do not expect to be required to give providers the same information, visit after visit; they prefer that providers keep complete and accurate records. Finally, clients expect a wide array of family planning methods to be available at each clinic.

While the teams heard about particular successes with regard to each of these client expectations, for the most part they not being met by the primary care level facilities visited. Providers lack supportive supervision, clear job expectations including updated guidelines and protocols, performance feedback, and motivational recognition for work well done. While most providers have been trained in family planning and reproductive health practices, many of their skills are out-of-date, and need to be upgraded for current better practices.

Next Steps

The findings of the Performance Improvement team were presented in mid-January, and will be used by USAID in both Nigeria and Washington to program FP/RH assistance. Preliminary discussions suggest that this assistance will be available in the near and mid-terms, and will take the form of interventions to close the identified gaps, improving provider performance and ensuring that providers have the essentials for doing their best jobs.

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