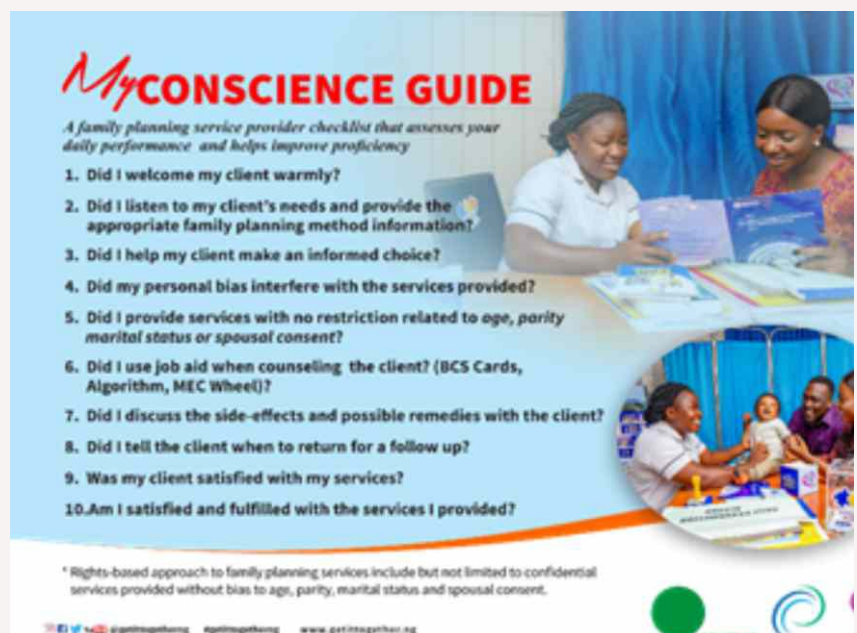


Bias among service providers in the private sector, what has changed?

Voluntary family planning remains one of the key services provided by the health sector in many developing countries where the unmet need is high, coupled with demand and supply-side barriers. In Lagos State, the contraceptive prevalence rate is low (29%)², and the private sector, which provides health services to more than 65% of its populace, provides an opportunity to address these gaps. For the supply side barrier to contraceptive use,¹ studies have shown that health care providers through their actions can influence uptake and continued use of family planning by women. Health providers through their personal bias¹ can impose restrictions in the provision of certain methods to clients based on characteristics such as **age, parity, and marital status**, thus impacting the uptake of family planning services by women in the most sought private sector. The Post Pregnancy Family Planning (PPFP) Project aimed to increase contraceptive use among post-pregnancy women in the private sector in Lagos State, within an enabling environment in the private sector.

To address provider restrictions, the project applied the ‘human-centered design’ approach (HCD) in its service delivery interventions. The HCD approach offered a creative way to address provider bias innovatively with solutions tailored to suit the end-users (service providers) needs by building empathy.⁵ In line with this, the project was intentional about incorporating values clarification and rights-based family planning sessions in the capacity building of service providers on FP methods and interpersonal communication and counselling skills. Relevant job aids (guides),⁴ and distant learning education videos were developed to support counselling during service provision.³

Service providers were continuously oriented on the need to make provision of FP to women unrestricted during workshops, supportive supervision visits, and technical meetings. Following the project’s interventions in 236 supported private facilities, the results from the baseline (2019) and endline (2021) private health facility survey are presented below.



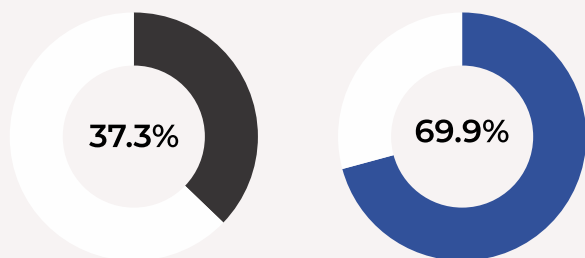
MyCONSCIENCE GUIDE
A family planning service provider checklist that assesses your daily performance and helps improve proficiency

1. Did I welcome my client warmly?
2. Did I listen to my client's needs and provide the appropriate family planning method information?
3. Did I help my client make an informed choice?
4. Did my personal bias interfere with the services provided?
5. Did I provide services with no restriction related to age, parity marital status or spousal consent?
6. Did I use job aid when counseling the client? (BCS Cards, Algorithm, MEC Wheel)?
7. Did I discuss the side-effects and possible remedies with the client?
8. Did I tell the client when to return for a follow up?
9. Was my client satisfied with my services?
10. Am I satisfied and fulfilled with the services I provided?

* Rights-based approach to family planning services include but not limited to confidential services provided without bias to age, parity, marital status and spousal consent.

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Providers who received in-service training on FP

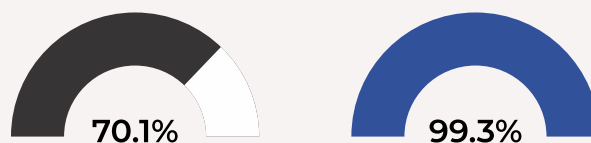


Baseline 2019

Endline 2021

Percentage of providers who received in-service training on FP increased from 37.3% to 69.9%

Providers knowledgeable about PFP methods

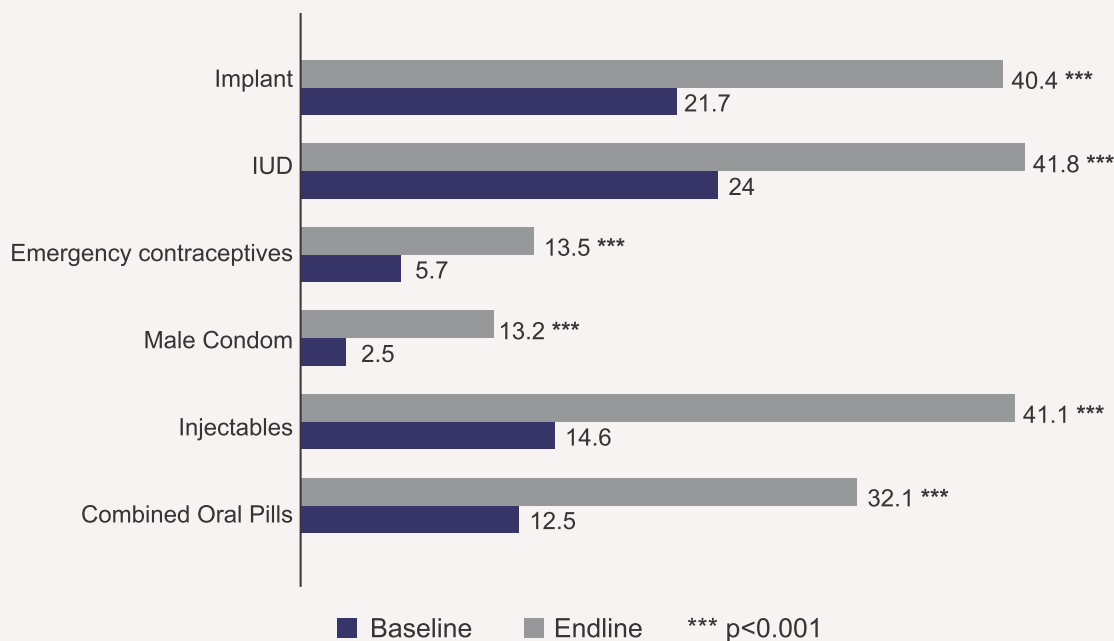


Baseline 2019

Endline 2021

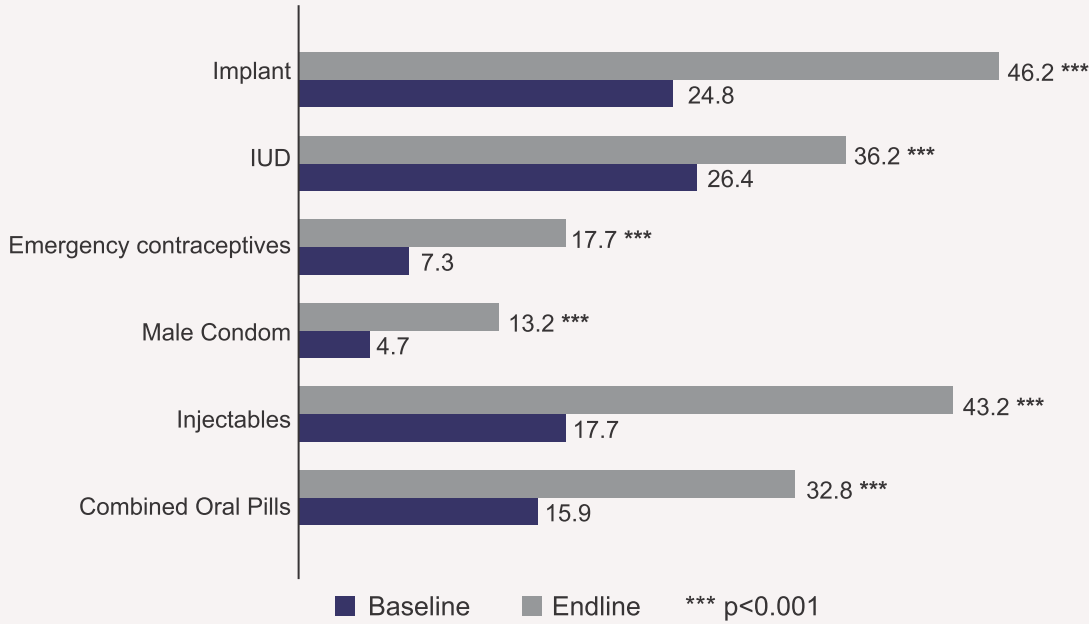
Percentage of providers with knowledge about PFP methods increased from 70.1% to 99.3%

Bias based on parity of woman



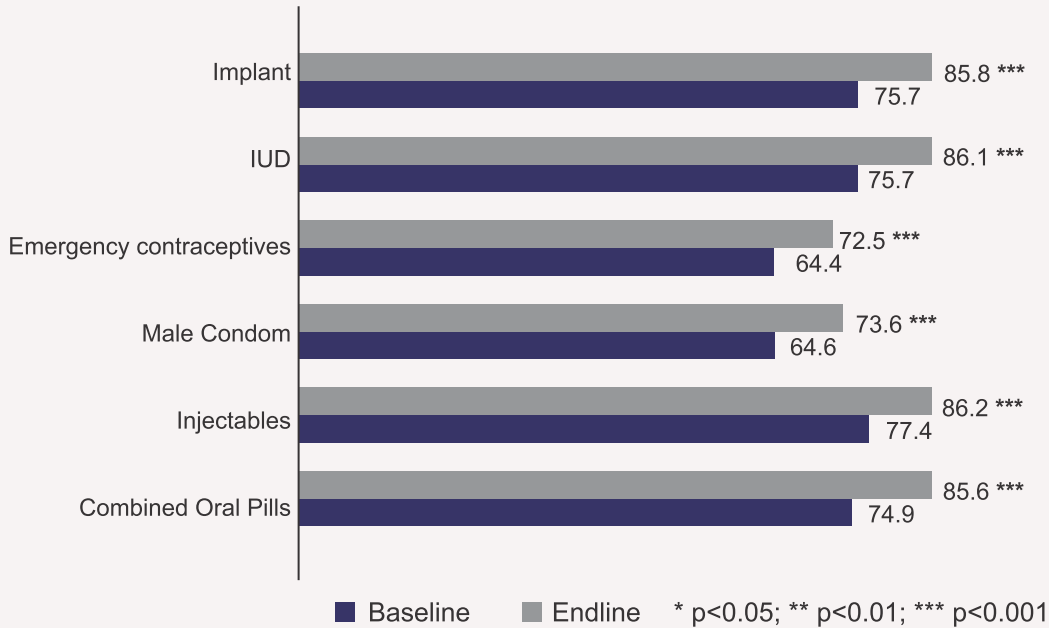
Significant reduction in the proportion of service providers who restrict provision of specific family planning methods based on parity

Bias based on marital status



Provider restriction in offering IUD and Implants to women based on her marital status reduced by at least 10%

Bias based on minimum age



Provider restriction in offering specific family planning methods to women based on her marital status reduced by at least 10%

The results above shows there have been some significant changes in the prevalence of service provider bias to offering modern contraceptives to women, however, more needs to be done in addressing minimum age bias in the private health sector.

The PFPF project supported 236 private health facilities in Lagos State to increase the contraceptive prevalence rate in line with the FP2020 declaration. Since commencement in 2017, the project worked with selected private health facilities to create demand for post-pregnancy family planning and build a supportive environment for the provision of comprehensive family planning services.

A total of 537 family planning service providers were interviewed during the PFPF private health facility survey.

References

1. Schwandt, H.M., Speizer, I.S. & Corroon, M. Contraceptive service provider-imposed restrictions to contraceptive access in Urban Nigeria. BMC Health Serv Res 17, 278 (2017). <https://doi.org/10.1186/s12913-017-2223-2>
2. National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.
3. <https://play.google.com/store/apps/details?id=org.nurhi.mfpg&hl=en&gl=US>
4. www.pfpf.ng
5. <https://breakthroughactionandresearch.org/wp-content/uploads/2021/02/Leveraging-HCD-for-FP.pdf>

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