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**Comparative Analysis of Quality of Care at the different levels of health care in Nigeria.**

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This study assessed the quality of health care available in health facilities in Nigeria. We defined quality as an aggregate of what health workers know, what they do and what they have to work with. The objective of the study is to bridge this gap by using data collected from a nationally representative survey to determine the level of quality of care in Nigeria’s health facilities and identify factors that significantly contribute to the quality of health care.

Methods

The study utilized data from the Service Delivery Indicators (SDI) Survey, undertaken by the World Bank in Nigeria. The study involved surveys in randomly selected health facilities in 12 states across the country’s six geopolitical zones. The surveys were conducted between July, 2013 and January 2014.

Three broad categories of indicators of quality health service were addressed in the SDI survey. These are provider’s knowledge, provider’s effort and input (what provider’s work with). Provider’s knowledge was measured using clinical vignettes to assess providers’ skills in managing seven health conditions. Measures of provider’s knowledge include diagnostic accuracy and adherence to clinical guidelines. Each of the components of quality was measured on a scale of 0-100 and the average was taken to determine the level of quality of health care.

Data analysis

SPSS version 16 was used for data analysis. Data was analyzed using descriptive methods such as frequencies and cross tabulation to measure the level of association between variables. Mean scores were calculated for indicators of quality of care/service. We used linear regression to assess whether the determinants of quality of care/service vary by composite quality of care index as the primary outcome. Regression coefficient was estimated together with the 95% confidence interval, p-values and coefficient of determination ( ). Finally we used Pearson’s linear correlation coefficients.

Results: The mean scores for the composite score of all the three dimensions of quality of care shows that composite index of quality of care score is significantly higher in both health clinic/centres and hospital. Remoteness is not a limitation to accessing quality of care. In both privately and publicly owned facilities, providers’ effort and what providers have to work with contribute significantly to general service quality. However, quality of care in privately owned facilities is significantly higher than in public facilities in terms of what health workers have to work with and provider effort. There is less absenteeism in privately owned facilities compared to publicly owned.