Northern Uganda has suffered war and violent conflict since 1986. The 21 years of war have resulted in a breakdown of health service delivery in the region. Approximately 1.8 million people have been internally displaced to overcrowded and underserved camps during the course of the war. This study focuses on two districts of Acholiland where the largest proportion of Internally Displaced Persons live; Gulu and Amuru. Violent conflict has adversely affected the health services sector; trained health personnel have left the region, supply chains have been disrupted, and infrastructure has deteriorated. The signing of a cessation of hostilities agreement between the Lords Resistance Army (LRA) and the Government of Uganda in August 2006 has created an relative peace in the region. As Northern Uganda begins to rebuild, it is imperative that policy makers and health personnel understand the quality of services that are being provided. This study examines the quality of reproductive health services available to Internally Displaced Persons (IDPs), specifically the quality of antenatal and family planning services, in Gulu and Amuru.

Improving the quality of care of family planning and other reproductive health services has been shown to increase uptake of services and reduce the number of adverse maternal health outcomes Impact studies have demonstrated that women's contraception use is higher in regions where clients feel that they received quality care. In a study conducted in rural Tanzania, Mroz et al found that among all possible effects (quality, access, distance, and travel time) included in the model of women's contraceptive use, only community perceptions of quality have direct effect on contraceptive use. Increasing the quality of facilities and the perception of the quality of care is essential if reproductive health programs are to be effective. Identifying lack of satisfaction in reproductive health at the facility level is an important aspect for understanding why women fail to access care at the facility. This study examines perceived and actual quality of family planning and maternal health services in these regions, as examples of the quality of reproductive health care available to IDP women.

This study combines two distinct approaches to assess quality of care in reproductive health services: a qualitative and population-based approach to learn community perceptions of services and a quantitative health facility-based approach to assess antenatal care. In order to fully assess how communities perceive family planning

services, it is necessary to conduct research within the communities. Research has shown that there is a disparity between perceptions of care when interviews are conducted at health-care facilities and when focus-group discussions are conducted in communities. Community reports of quality of care do not generally correlate to data gathered from facility surveys regarding contraceptive availability, infrastructure, and equipment and supplies. Rather, characteristics associated with high perceptions of quality of care are travel time, availability of immunizations, and the ratio of staff to outpatients. The quantitative approach aims to assess the level of satisfaction of ANC at the facility level. Quality of care in health facilities is monitored through a three pronged approach;

- Facility assessment – A checklist of objective measures of quality gathers data on services provided, availability of supplies, waiting time and management conditions.
- Client-provider observation – Routine ANC visits are observed to gather data on services offered, information given in the visit, and interaction between the client and provider.
- Client exit interviews – A short interview with the same clients take place outside of the facility gathers data regarding patient's satisfaction with the treatment, facility and interaction with her provider.

During data collection, sixteen structured (16) focus group discussions (FGD) were conducted in four IDP camps and one return settlement. Participants were asked to describe six components of quality as defined by the Bruce-Jain framework: method availability, client-provider interaction, information, constellation of services, continuity of follow up, and technical competence of providers. Nine assessments of health facilities serving these communities were performed in conjunction with eight health worker interviews assessing these same criteria. Respondents are pregnant women above the age of 18 who sought antenatal care at a health facility. Facility assessments were conducted at 12 health facilities in the two districts, 48 provider-client ANC visits were observed and 46 women were interviewed after leaving the facility. Patient flow was not very high at the facilities so all women willing to participate were taken into the study.

Initial findings indicate that perceptions of the quality of family planning services are low. Method choice was limited at all facilities and was reported by focus group participants to be a barrier to using services. Technical competence of workers was difficult for communities to assess. However, health workers reported that many workers were untrained in family planning and overworked, which may influence impressions of quality in the community. Chronic absenteeism of workers was also reported by health workers and community members. Communities had difficulty describing the information given at health facilities regarding family planning, indicating that information is not readily available to community members. No continuity or follow-up services were reported available by either FGD participants or health facilities. Reports of client-provider interaction varied between communities and may correspond to levels of absenteeism and doctor:patient ratio. Participants reported that very few people go to the health facility exclusively to learn about family planning. Rather, they access it when attending clinics for some other reason, generally ante-natal or post-natal care, which was confirmed by reports from health workers. This may be a barrier for men, who rarely access these services.

These results indicate that the services offered by the health facilities are of low quality. This is supported by the health facility assessments and observation of antenatal care services. Health facilities were all under-staffed, lacked adequate supplies and medicines, women often did not understand the importance of proper antenatal care, and re-attendance during pregnancy dropped significantly. Attendance of 1st ANC visits in the northern region of Uganda is quite high, nearing 100%. Subsequent visits are not as highly attended and few women attend the recommended minimum of four visits. In the north, institutional delivery is very low at 30%

This study shows an acute lack of human and material resources has negatively affected quality of both FP and antenatal care services in this unique context. Attention is needed in the provision of culturally appropriate, quality reproductive health services that can meet the unique needs of this IDP.