NURHI Nigerian Urban Reproductive Health Initiative

Service Delivery: the NURHI approach

Overview

The Nigerian Urban Reproductive Health Initiative (NURHI), funded by the Bill and Melinda Gates Foundation, is a five-year project (2009 – 2014) designed to increase the use of modern family planning methods among the urban poor in six cities: Abuja, Ibadan, Ilorin, Kaduna, Benin City, and Zaria. Nigeria is one of four countries implementing urban reproductive health initiatives; other countries implementing similar projects include Kenya, Senegal, and India. NURHI is managed by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU·CCP) in partnership with the Center for Communication Programs Nigeria (CCPN) and the Association for Reproductive and Family Health (ARFH). This technical brief shares the step-by-step process NURHI followed for strengthening the availability and quality of urban family planning services so programmers in other cities and countries can learn from and adapt the process to their own settings. For a comprehensive set of NURHI resources and tools, visit **www.nurhitoolkit.org**.

Introduction

In 2009, when NURHI began working in the four cities of Ilorin, Ibadan, Abuja and Kaduna, they found a family planning service delivery system in collapse. Government health facilities were poorly staffed, equipped, and riddled with contraceptive stock outs. Many couples were getting family planning services from patent medicine vendors (PMV) or pharmacists, who offered only condoms, pills and emergency contraception. Implants and IUDs were only available in some hospitals. To address these weaknesses, NURHI adopted three key approaches:

1) Improving the quality and accessibility of services through improved contraceptive logistics, training health providers in family planning counseling and provision of IUDs and implants, and improving health facility management systems;
2) Integrating family planning with existing maternal, neonatal and child health (MNCH) and HIV services; and
3) Strengthening relationships and referrals between public and private sector providers of family planning services.

Mrs. Voke Onodje Moore gestures during a testimonial interview on family planning usage in Karu village, Abuja.

Two and a half years into the project, these strategies have borne fruit. According to the 2012 Midterm Survey conducted by the Measurement, Learning and Evaluation (MLE) Project and service delivery data collected from health facilities strengthened through NURHI, stock-outs of contraceptives are rare, clients of MNCH and HIV services are substantially more likely to receive family planning information, and contraceptive prevalence has increased for all modern methods, most notably in the use of implants, IUDs, injectables and lactational amenorrhea (LAM).

This technical brief shares the step-by-step process NURHI used to strengthen family planning services in the four Nigerian cities of Abuja, Kaduna, Ilorin and Ibadan between 2010 and 2013. Following the midterm evaluation in 2012, NURHI is implementing these interventions in Benin City and Zaria as well.

Implementation Process

Step One: Define and select high volume health services

To get the most out of available resources, NURHI concentrated its systems strengthening and quality improvement efforts on health facilities that served the largest number of clients, and would provide the largest numbers of family planning clients. In each city, NURHI identified and selected high volume sites (HVS), which are hospitals and some primary health clinics (PHCs). NURHI defined HVS as public or

private health facilities that had the highest volumes of antenatal, delivery, and immunization clients. Most HVS are general hospitals, tertiary or teaching hospitals, military hospitals and hospitals that provide free maternity services.

NURHI took three months to identify and select HVS in the first four cities. NURHI found that the state MOH only had information about government health facilities and knew little about the client loads at private facilities. To identify high volume private facilities, NURHI interviewed state MOH officials and implementing partners to name popular private health facilities, then visited those facilities to collect service statistics and ask for names/locations of other popular private health facilities. Many private facilities did not have organized records and had to estimate their client loads.

Using this methodology, a total of 82 HVS were selected in the four phase I cities of Ilorin, Ibadan, Abuja and Kaduna. The MLE Baseline Assessment results validated the selection, except in a few cases, prompting the addition of two or three hospitals. For the two second phase cities—Zaria and Benin City—NURHI asked the MOH Family Planning (FP) Coordinators for the names and locations of the largest hospitals, both private and government; these will serve as the HVS in those cities

Step Two: Conduct participatory assessments of high volume sites, pharmacies and patent medicine vendors

To serve as a baseline against which to measure progress, and to inform performance improvement plans for family planning services, NURHI conducted participatory facility assessments. As a first step, NURHI developed facility assessment tools, designed to measure quality indicators the project intends to address at high volume sites. Indicators are based on the "National Performance Standards for Family Planning Services for Nigerian Hospitals" developed by the Federal Ministry of Health in 2009.

Facility assessments include structured facility observations and interviews with health facility staff, and are done in collaboration with the health facility management. Questionnaires assess issues such as opening hours, personnel (numbers & training), service statistics, infrastructure, equipment, contraceptive stocks, record keeping, and other services for integration of family planning.

NURHI also conducted capacity assessments of 15 randomly selected pharmacies and 20 randomly selected patent medicine vendors (PMVs) in each city. Assessments looked at the number and training of service providers, the types and volume of family planning methods provided, record keeping, infrastructure, contraceptive stocks, and willingness to join the Family Planning Providers Network (FPPN) – (see "Proactive FP Commodities Logistics Management through Public-Private Partnerships").

The NURHI team analyzed assessments from each health facility to identify key gaps that needed to be addressed, including training and equipment needs, as well as cross-cutting issues such as supportive supervision and contraceptive supplies logistics. NURHI then hosted meetings in each city to discuss key findings with Local Government Authority (LGA) and State Ministry of Health (SMOH) representatives and representatives of the health facilities assessed. During these meetings, participants discussed strategies and approaches at the state, LGA, and facility levels required to improve family planning service provision. It was agreed that NURHI was responsible for: service provider training, provision of essential equipment, strengthening record keeping and FP commodities logistics management.

Step 3: Plan for Performance Improvement

Between February and June, 2011, NURHI facilitated performance improvement planning sessions with staff in each of the 82 HVS. During these one-day meetings, facilitated by NURHI staff and the LGA or SMOH FP Coordinator, health facility staff reviewed findings from facility assessments and generated plans for addressing major gaps. Individual performance improvement plans defined targets for each standard for family planning services, actions to be taken, and the investments required by NURHI, SMOH, LGA and the facility to achieve those targets.

NURHI shared summary performance improvement plans with SMOH and LGA representatives. Individual facility performance improvement plans (PIPs) were summarized by LGAs and States to aggregate inputs and inform NURHI workplans and budgets.

Step 4: Support the implementation of performance improvement plans

NURHI supported the implementation of PIPs through training, procurement and distribution of equipment, provision of IEC materials, guidelines and reference materials, continuous supervision and mentoring, integrating family planning with other services, and supporting family planning outreach services.

Training: NURHI assists the SMOH to offer standardized family planning training courses tailored to the needs of service providers and their current level of family planning training. NURHI supports four master trainers in each city to provide this training. As of May, 2013, NURHI had trained 880 nurses, midwives, doctors and community health extension workers (CHEW) through these courses:

- *Initial Family Planning Training for Nurses/Midwives and Doctors.* This 4-week course trains providers to offer a full range of family planning methods, including IUDs and implants, and certifies them as family planning providers.
- *Family Planning Refresher Training.* This is a 5-day course for certified family planning providers who have completed the initial 4-week course in the previous three years. It focuses on counseling skills, IUD insertions and removals, side effects management, and addressing myths and misconceptions.
- *Post-partum IUD Training*. This is a 5-day on-site training for midwives and doctors. During the training, trainees get experience inserting IUDs in the labour ward during the first 48 hours after delivery. Trainees also get experience counseling and recruiting antenatal, postnatal, post abortion clients and mothers bringing their children for immunization.
- *Family Planning Interpersonal Communication and Counseling Skill Training***:** this is a 5-day training course for CHEWs. It focuses on information on all family planning methods (natural and modern), interpersonal communication skills, counseling skills, referrals, record keeping and mobilizing for family planning outreaches.
- *Contraceptive Logistics Management System (CLMS) Training***:** This 2-day specialized training course is for health workers who had completed family planning training to address gaps in record keeping, projecting contraceptive needs, tracking contraceptive stocks, and timely ordering of supplies.

NURHI has assisted the FMOH to develop three On-Job-Training (OJT) curricula on counseling, clinical service provision and contraceptive logistics management for use by trainers and supervisors to strengthen family planning service delivery skills. This refresher training is done on-site in the health facilities. The advantage of this approach is that it minimizes interruptions in services that occur when service providers attend classroom training elsewhere.

NURHI also developed and offers a 3-day training course for pharmacists, pharmacy technicians/assistants and patent medicine vendors (PMV) on family planning counseling, provision of non-clinical family planning methods, referrals for clinical methods, and record keeping.

Procurement and distribution of equipment. Based on individual facility performance improvement plans, NURHI procured and distributed essential equipment to five health facilities at a time. The project distributed equipment to facilities soon after they had trained service providers.

Provision of IEC, guidelines and reference materials. In response to needs identified during the health facilities assessments, NURHI re-produced and distributed to all trained providers the WHO Medical Eligibility Criteria Wheel for Contraceptive Use, National Performance Standards for Family Planning Services for Nigerian Hospitals, the National FP/RH Service Protocols, the FMOH family planning flipchart and wall chart, the GATHER chart, and the NURHI Clinical Practical Record Booklet.

Continuous supportive supervision, mentoring and coaching, including on the job training (OJT). The Family Planning Trainers conduct in-depth supportive supervision every two months, using national supervisory and monitoring tools, the NURHI Health Systems Strengthening Template and exit interviews with clients to identify weaknesses; then

use the OJT Training Guide to address gaps. NURHI Quality Improvement and System Strengthening staff based in each city also conducts monthly monitoring visits to health facilities.

Outreach Family Planning Services. From the routine service statistics collected monthly from HVS during supportive supervision and monitoring, NURHI realized that some of the HVS were under-performing in the provision of IUDs and implants. So, in December 2011, the project embarked on a trial in Abuja and Kaduna to test the feasibility and utility of providing long term methods through outreach services provided by a travelling team of trained providers managed by Marie Stopes International – Nigeria (MSIN). During the trial, NURHI Social Mobilizers advertised and referred women for the services for two days before and two days during the outreach services. The initial test run saw promising results. NURHI then expanded the outreach services to two low-performing sites per LGA for a total of 30 outreach sites. With only one team of MSIN outreach providers, NURHI provided IUDs and implants to more than 7,000 women in six months. Based on this the project decided to scale up its outreach program.

Integrating family planning with other services. In 2012, NURHI embarked on a program of "Active Referrals" for family planning services from HIV, post-abortion care, delivery and post-natal care, and child health services. For more information about the NURHI approach to integration see "Integrating FP with other Health Services."

72-Hour Clinic Makeovers. When family planning services at HVS and selected MNCH or HIV sites have trained family planning service providers, good record keeping, equipment, IEC and reference materials, and confidential spaces for counseling, NURHI supports the facility and community members to make-over the facility. The exercise begins with a planning session with community members and service providers to agree on what will be done. The family planning clinic then closes at 3:30 pm one Friday in its usual state and reopens on Monday at 8:00 am in a renewed state, ready to provide optimal family planning services. In just 72 hours, community members, service providers, and NURHI staff paint, repair windows, put up curtains, test and assemble equipment and ensure providers can use it. The intent is to make family planning services more inviting for clients, thereby increasing utilization. During 2012 and early 2013, NURHI made over 21 health facilities, beginning with five HVS in each of the phase I cities.

Step 5: Monitor and replan

To assess progress on PIPs and associated changes in family planning service utilization, NURHI conducts quarterly reviews and collects monthly service statistics on the number of family planning clients served by method, and source of referrals. The NURHI team also reviews Health Systems Strengthening Templates with each SMOH on a quarterly basis to identify new barriers or issues and make plans to address them.

Following the MLE Midterm Assessment, NURHI and the state teams reviewed strategies and realigned them to address realities on the ground and new gaps identified.

Integrating FP with other Health Services

Many potential family planning clients visit HVS for antenatal care, childhood immunization services, labour and delivery, or HIV services. Yet, these clients were rarely counseled about family planning or provided services. To address these missed opportunities, NURHI embarked on a program of "Active Referrals" for family planning services from HIV, post-abortion care, delivery and post-natal care, and child health services. These efforts have resulted in substantial increases in the proportion of MNCH and HIV clients receiving family planning information.

Planning for Integration. Initially, NURHI drafted a strategy for integrating family planning counseling, services and referrals with MNCH and HIV services, with input from heads of HVS, SMOH, and FMOH. The plan describes how NURHI will actively promote family planning referrals and services among clients attending antenatal care (ANC), delivery and post-natal care (PNC), immunization clinics, post abortion care (PAC), HIV counseling and testing (HCT), and ART services

Training providers at integration sites. NURHI provided 10-day training in family planning counseling for service providers working in ANC, PNC, labour

and delivery, immunization, ART, and HCT at HVS, and provided IEC materials. Service providers working in labour wards were trained to counsel clients immediately post-delivery; and those providing PAC services were trained to provide family planning methods.

Establishing Post-Partum IUD Services. NURHI also selected one HVS per city to provide post-partum IUDs. It selected hospitals with the highest volume of labour and delivery clients. In these facilities, NURHI trained midwives and doctors in post-partum IUD insertion. NURHI also trained ANC providers in these facilities to counsel clients about post-partum IUD and register those who are interested. Furthermore, NURHI established a system for ensuring adequate supplies of IUDs in the labour ward, and provided necessary equipment.

Monitoring and tracking integration. Monitoring referrals and family planning services provided through integration sites is an important aspect of "Active Referrals." NURHI established a referral system with color-coded referral cards to track sources of referrals within health facilities, from social mobilization, community health workers, or from other facilities. Through this system NURHI is able to monitor the number of referrals for family planning services as well as the numbers of clients at integration sites who are counseled or provided family planning. Using this information, supervisors can provide targeted interventions to address performance gaps as they arise.

Reaching the Last FP Client through Outreaches

Following a successful test of outreach services in 30 HVS, NURHI decided to take the approach to scale. By this time, most HVS had service providers trained to insert IUDs and implants. NURHI therefore changed the focus of outreaches for long-acting methods to Primary Health Clinics (PHC) in slum areas.

NURHI selected one PHC or hospital (where there was no PHC) per slum, and trained the service providers to counsel and provide non-clinical family planning methods (oral contraceptives, condoms, LAM, and injectables). The project employed teams of consultant nurses or midwives trained in IUD and implant provision to visit each PHC center for two days every month to provide these long acting methods. Consultant providers also continue to provide services during 2-day outreaches in HVS to help trained providers deal with increased demand generated through social mobilization.

For two days prior to outreaches and the two days during outreaches, NURHI social mobilizers conduct visibility parades, door to door visits, and other activities to educate and recruit clients for outreach services. Each client they refer receives a "Go card" to take with them to the outreach. In that way, NURHI is able to track the number of clients referred through social mobilizers.

Following the MLE Midterm Survey, and based on monitoring data showing the effectiveness of outreach services through PHCs in slums, NURHI decided to test other models for outreach services. NURHI will test these approaches during the last two project years.

- Market outreaches to 14 markets in Ibadan. NURHI plans to train market based agents to provide IEC materials and mobilize clients for monthly outreach services provided by Consultant FP Providers.
- Outreaches to military barracks (police, army, customs officers) in four cities. NURHI will supplement family planning services already provided by health providers in military barracks with regular outreach services provided by Consultant FP Providers.
- Mobile outreach services. NURHI is exploring collaboration with Merck Sharp Dome to provide outreach services to urban areas with poor access to family planning services through mobile clinics.

Proactive FP Commodities Logistics Management through Public-Private Partnerships

NURHI formed networks of public and private clinical and non-clinical providers of FP, including all HVS

plus 35 pharmacy wholesalers, pharmacies and patent medicine vendors (PMVs) in each city. The network is called the Family Planning Providers Networks (FPPN), and has four main functions:

- improving contraceptive logistics management by linking private sector providers with contraceptive wholesalers;
- improving the quality of FP services provided through HVS, pharmacies and PMVs through training in family planning service provision;
- strengthening referrals between pharmacies and PMVs and HVS for long-acting methods (IUD, implants); and
- increasing the uptake of family planning services through branding and promotion of services.

FPPN have been instrumental in improving the regular supply of contraceptives among their members through proactive commodities logistics management, which involves three interventions:

1) Provider capacity strengthening in FP logistics management. NURHI trained 146 FPPN providers in contraceptive logistics management to improve forecasting and record keeping, and provided contraceptive logistics management system (CLMS) tools. NURHI Quality Improvement and Systems Strengthening (QI/SS) Officers visit HVS and telephone FPPN providers at least once every two weeks to ask about logistics challenges such as low stock or the need for more CLMS forms.
2) NURHI Opportunity Stock: USAID donated pills, IUDs, Jadelle implants, and Depo Provera to NURHI as a buffer against stock-outs among FPPN members. The stock is both branded and unbranded. Unbranded stock is held by NURHI in each city. In the event that one of the government HVS has a stock-out, NURHI brings stocks to the facility to tide it over until government stocks arrive. NURHI also has a memorandum of understanding with the Society for Family Health (SFH), a social marketing organization that sells and distributes socially marketed commodities in Nigeria, to distribute branded stock through wholesalers that are members of FPPN. Branded stock provided by USAID to NURHI is sold by the wholesalers as a priority to FPPN private sector members.
3) SMS Commodity Tracking System: Providers at HVS text their stock balances to NURHI on the 5th day of each month. If they experience stock-outs, they can text earlier. If they experience a stock-out or low stock, NURHI QI/SS Officers visit the health facility with opportunity stock for government providers. If a private sector HVS experiences a stock-out or low stock, the NURHI QI/SS Officer puts the provider in touch with the FPPN wholesaler for restocking. The SMS Tracking System also allows NURHI to track stock-outs on a monthly basis for its monitoring system.

These efforts have made stock-outs of contraceptives a thing of the past for FPPN members, and greatly contributed to increases in contraceptive prevalence in Ilorin, Ibadan and Kaduna between 2010/2011 and 2012.