

NURHI INCENTIVE CONCEPT NOTES

Background

Family planning services are provided by both health sectors in Nigeria with the public sector (primary, secondary and tertiary health facilities) providing more of the long-term and permanent methods while the private sector providers, mainly the patent medicine vendors and pharmacies, provide the relatively short-term methods such as condoms and oral contraceptive pills. (NDHS 2008; NURHI baseline facility report, 2012) NURHI works with both the public and private sector providers in order to reach its goal of increasing CPR by 20% in the six cities where NURHI operates.

The Family Planning Providers Network (FPPN)

The FPPN was developed in order to test an innovative public and private-sector network approach to improve the quality of FP referral and services.

The FPPN is made up of providers of family planning services from within the NURHI high volume sites, as well as non-clinical providers operating in the same geographic areas. Presently, membership of the FPPN stands at over 400 and includes public and private clinical service providers, pharmacists and patent medicine vendors.

Interactions with these providers reveal that these facilities have hitherto operated in “silos” with little or no interaction between them. Referrals for services, in particular FP, were almost non-existent and if it offered at all, it were usually informal or word of mouth with little or no feedback or follow-up. NURHI will attempt to address this gap through the innovative Family Planning Providers Network.

The network was established in each NURHI city to provide a platform for interaction between members to improve quality of family planning services through an improved referral system. It is also believed that the network will foster social relationships (the basis for the FPPN Social Network Studies) between providers. The regular FPPN review meetings are designed to provide a platform for feedback to the FPPN members on their activities including referrals. Providing incentives for the FPPN members is part of the overall FPPN strategy upon which referrals depend.

Purpose of Incentives:

Incentives give the providers a “reason” to be part of the network, as they can enjoy a wide range of exclusive benefits. Incentives also function to encourage the providers to “let go” of their clients by referring them to access FP services at a higher level, bridging the gap in particular between the clinical and non-clinical providers. Providing incentives is therefore a key part of the overall FPPN strategy.

Method

This concept was discussed with the FPPN members at different meetings to get their input and to get ideas from them of what kind of incentives will be appreciated by them.

Members of the network suggested the following ideas:

- ✓ Recognition ceremonies with presentation of plaque, gift and or certificates
- ✓ Opportunity of local and international travel to attend seminars and share the FPPN experience (subject to approval by NURHI and availability of such opportunities)
- ✓ Opportunities for peer review by attending FPPN meetings for other sites
- ✓ Assurance for the non-clinical members that clients would be referred back for refills
- ✓ Instant prizes such as recharge cards, phones, maybe laptops and so on.

At these sessions NURHI suggested the following, which were also deemed acceptable:

- ✓ Feature on the website,
- ✓ Business development trainings and opportunities,
- ✓ Building capacity in the area of network management.

Moving forward:

Part of the task of the state level FPPN Executive Committee is to establish an incentive sub-committee made up of members within the network who will drive the process of recommending members for such recognition. Recommendation for incentives will be based on active participation within the network such as attendance at meetings, number of effective referrals¹ and for the private sector members, sales of commodities (other criteria will emerge when as the FPPN gets further established).

¹ Effective Referrals is defined as the number of clients who actually presented themselves and took services at the centers they were referred to