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Scaling Up through Indigenous Networks in Nigeria

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Abt

Abt Associates Inc. in partnership with:
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Dillon Allman and Partners, LLC
Family Health International
Forum One Communications
IntraHealth International
O'Hanlon Consulting
Population Services International
Tulane University School of Public Health and Tropical Medicine



In the Beginning...

PSP-*One* Private Sector Assessment (2006)

Key Findings

- Private health sector in Nigeria is highly fragmented, with a large number of independent providers that are poorly regulated.
- Presence of multiple provider associations with limited resources at varying levels of activity.
- Weak systems of quality assurance in the private sector. National Health Insurance Scheme (NHIS) accredits private providers, but standards are superficial.
- Many private providers cite lack of access to credit as a constraint to growth and profitability.
- Private providers offer some family planning methods, but knowledge is out of date and donor efforts have focused on the public sector and NGO's.

National Health Insurance Scheme and Opportunities for Preventive Care

National Health Insurance Scheme

- Launched in 2005.
- Provides incentives for preventive care through capitation.
- Enlists providers and assigns them clients to manage.
- Pays capitation - a fixed upfront amount per client payable to the providers through the Health Maintenance Organizations (HMOs) on a monthly basis.

The Interventions: Two Training Programs

Managed Care and Family Wellness

- Training in Managed Care principles.
- Building capacity on setting up a Family Wellness Program at the facility level.
- Technical updates on family planning, malaria, nutrition and routine immunization.
- Strong emphasis on improved counseling.
- Advocacy events in support of private providers.
- Preventive care promotion through communication materials.
- Linkages to social marketing products.

Access to Finance

- Training in business management practices.
- Trade fair for health industry.
- Linkages to development of business services.
- Dissemination of market research on private providers.
- Advocacy to banks to increase health sector lending opportunities.
- Development of appropriate loan products.

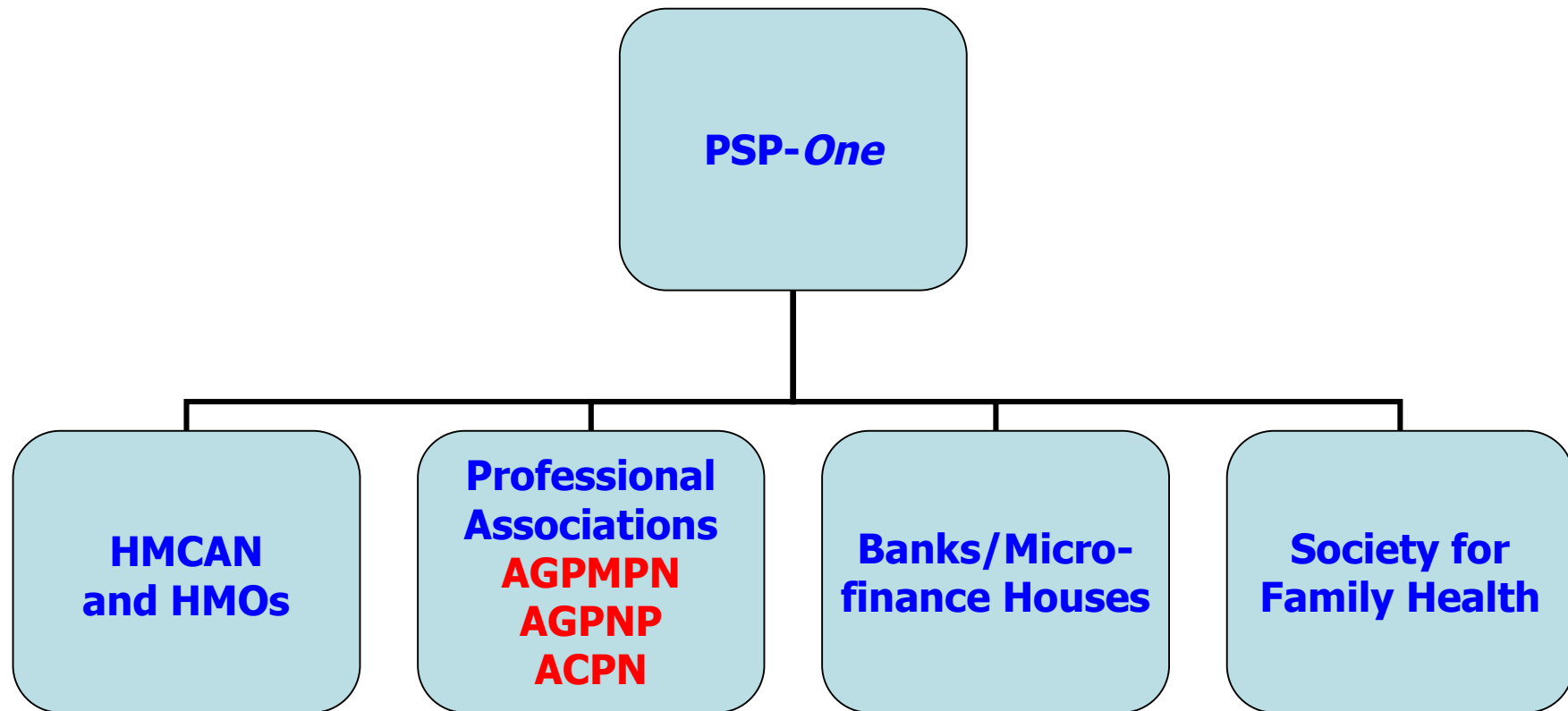
MCFW Training for Providers



BCC Materials for AGPMPN



PSP-*One* Partners



Accessing Providers through a Sustainable Network

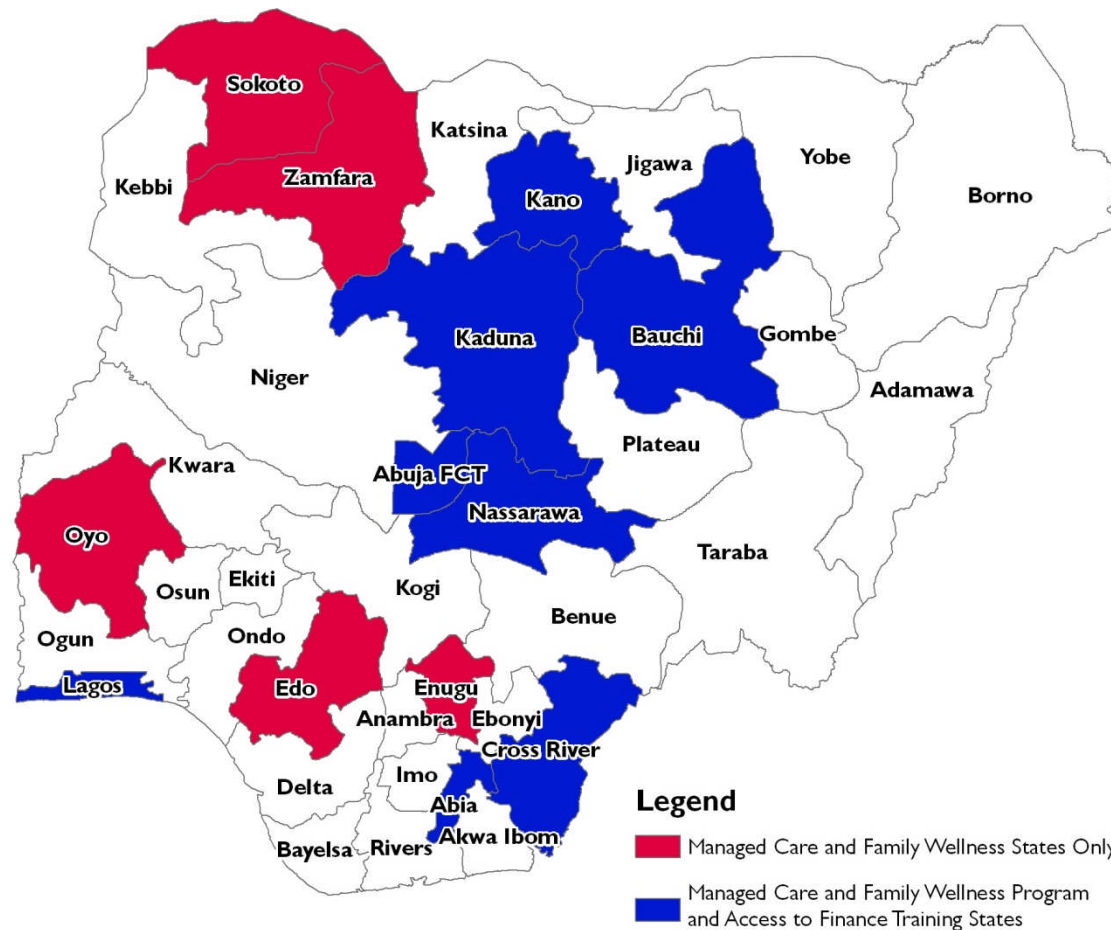
Health Maintenance Organizations

- 10 participating HMOs (An early adopter– Total Health Trust).
- Accredit providers.
- Manage providers' claims and handles capitation payment on behalf of NHIS.
- Have administrative fees to support providers' education.
- Have an interest in making providers happy and profitable.
- Ensures clients' satisfaction.
- Umbrella association– Health & Managed Care Association of Nigeria (HMCAN).

Provider Associations

- 3 Provider Associations in the partnership: AGPMPN, AGPNP, and ACPN.
- Acts as a coordinating point for all the providers.
- Responsible for building the capacity of members.
- Are viewed favorably by providers (members).
- Have experienced trainers.
- Are experienced in organizing training events.

Implementation Sites



Sustainability Strategies

HMOs

- Released staff to be trained and used as trainers for the 2 training programs.
- Added program indicators to their monitoring tools to assist in following-up with trained providers – to identify gaps and strategies for removing them.
- Required staff to add training duties to their client outreach functions; ongoing capacity building as they identify the need.
- Created ownership through the HMCAN association.
- Provided counterpart funds which was added to the training budget.
- Participants are not paid per diem in the trainings.

Professional Associations

- Executive members trained as trainers of the 2 modules.
- Willing to promote the uptake of the 2 training programs among members for Continuing Provider Development (CPD) credit.
- Register courses for CPD credit with Medical and Dental Council of Nigeria.

Results



Results

Managed Care and Family Wellness

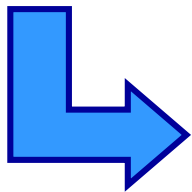
- 25 master trainers actively involved in training providers in all the sites.
- Over 2,000 providers trained.
- Registration of course with Medical and Dental Council initiated.
- Distribution and active use of posters, client brochures, job aids and counseling chart in private facilities.

Access to Finance

- 1,200 providers trained.
- 413 provider loan applications with 253 loan approvals.
- Approximately \$802,168 given out in loans (as of June 30, 2009).
- 21% increase in knowledge of financial management.
- Registration of course with Medical and Dental Council initiated.

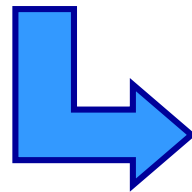
Family Wellness Training Program Evaluation

Training program:



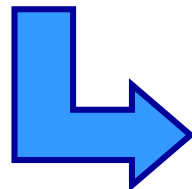
Increased knowledge:

Knowledge scores increased between baseline and endline but with limited reach and several lessons learned.



Improved/increased FP interaction between PSP-*One* trained private providers and their clients:

- Clients seeing PSP-*One* trained providers were twice as likely to use a modern contraception method.
- Clients seeing BCC materials more likely to use a modern contraception method.
- Modest increase in the number of FP visits.

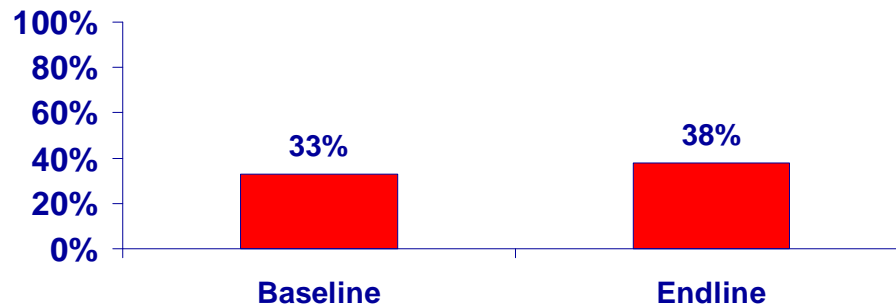


Impact results:

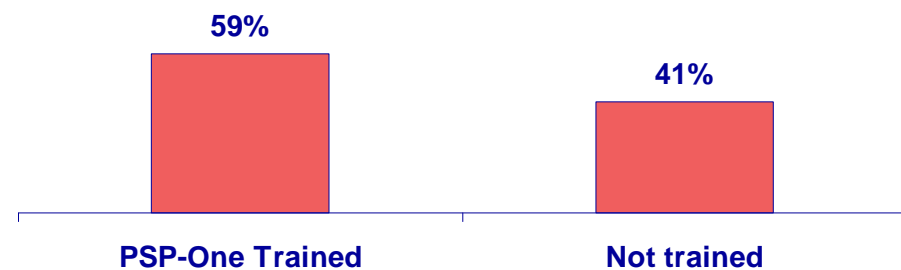
PSP-*One* contributed to the increased CPR and decreased unmet need observed at endline evaluation.

Increased Knowledge

Knowledge Scores Baseline vs. Endline



Knowledge Scores at Endline



- Overall increase in knowledge was modest, but there is a significant difference between PSP-*One* trained providers and those who did not receive the training.
- Recognized limitations include:
 - Inclusion of administrative staff in the training.
 - Limited access to clinical staff who are also administrators.
 - High level of turnover (30%).
- Lessons learned:
 - More training should be conducted on-site to improve reach.
 - Closer on-going relationship between the providers/facilities and the trainers.

Improved FP Interactions

Explanatory variables ¹	Dependent variable ² : Use of current modern contraceptives by married women aged 18-49 years	
	Odds Ratio	95% Confidence Interval
Provider PSP- <i>One</i> trained	1.98	1.03 – 3.79
Behavior Change Communication (BCC) materials available at facility	2.72	1.71 – 4.33

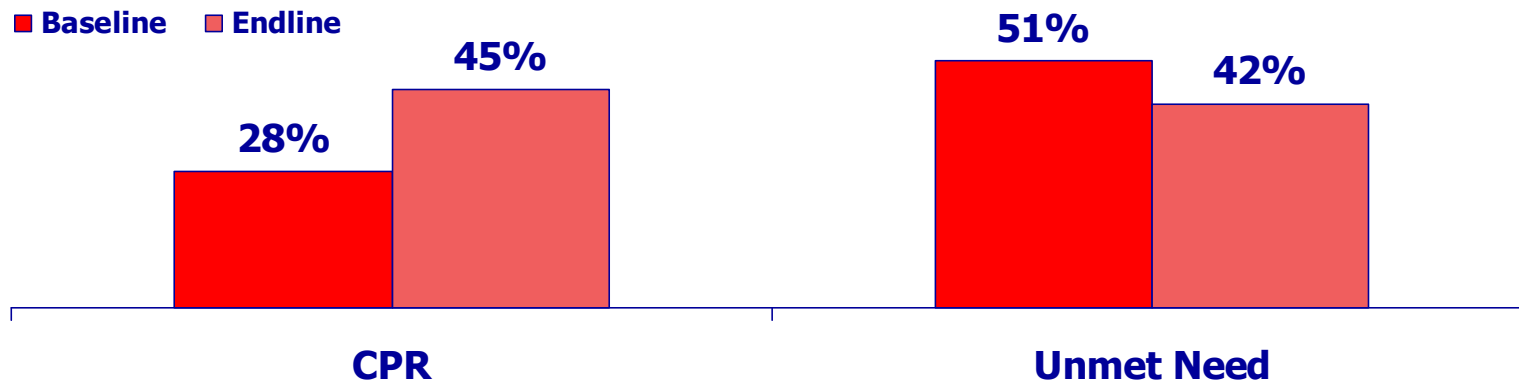
- A logistic regression was performed to estimate the association between the likelihood of modern contraception use by the client who saw a PSP-*One* trained provider and BCC materials provided by PSP-*One*.
- Women who saw a PSP-*One* trained provider were nearly twice as likely to be using contraception compared to those who didn't see a trained provider.
- Women who said that they had seen PSP-*One* specific BCC materials were more than two and a half times as likely to be using contraception as those who had not seen any BCC materials.



¹ A logistic regression estimated with robust standard errors and adjustments were made for client's age, education, wealth, religion, and number of living children as well as for being single, having insurance, and wanting a child within 2 years.

² Binary logistic outcome (1=user, 0=non-user)

Impact Results



- PSP-*One* contributed to the increased use of modern contraception and the decrease in unmet need observed in the program's endline evaluation.
- Women are likely to receive FP messages from several sources and given their higher than average socioeconomic status are more likely to be using contraception than the average Nigerian woman.
- However, providers have limited opportunities to access training programs such as MCFW and PSP-*One* was able to address this gap.
- Even controlling for socioeconomic variables, the impact of PSP-*One*'s intervention remains significant.

Other Interventions

- Launching and distribution of Locon-F – a mid priced oral contraceptive.
- Quality Improvement - a pilot intervention amongst private nurses and midwives in Lagos State.
- IUD training - a 2 week training program for 56 providers in Lagos State.

Acknowledgements

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- SOCIETY FOR FAMILY HEALTH



PSP-*One* Nigeria Field Team