

# Expanding Supply of High Quality FP Services in the Private Sector in Nigeria

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Banyan Global

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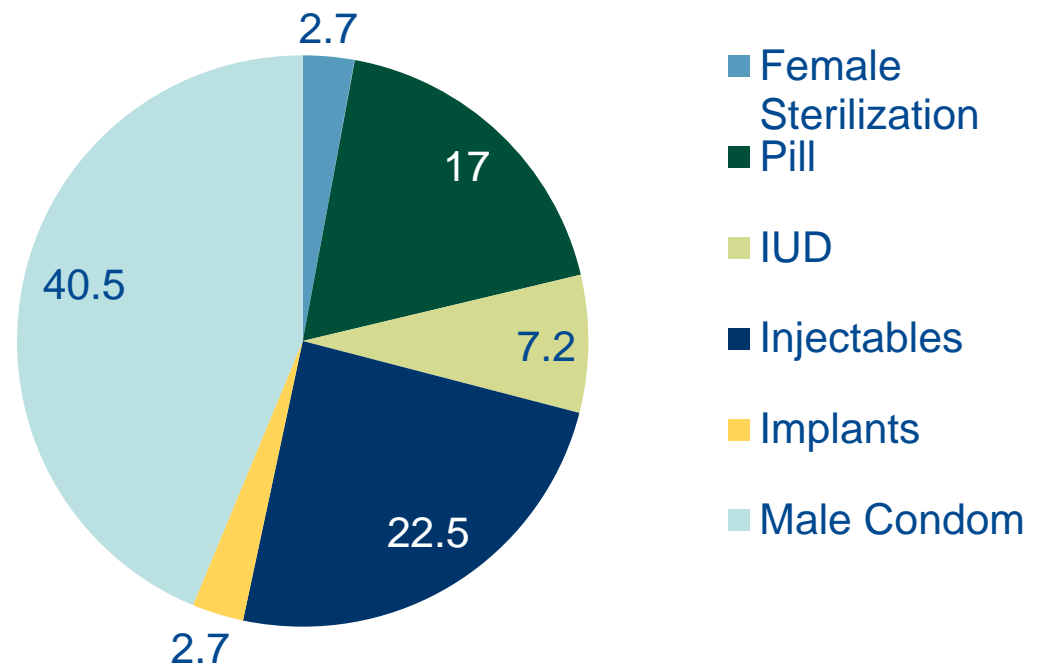
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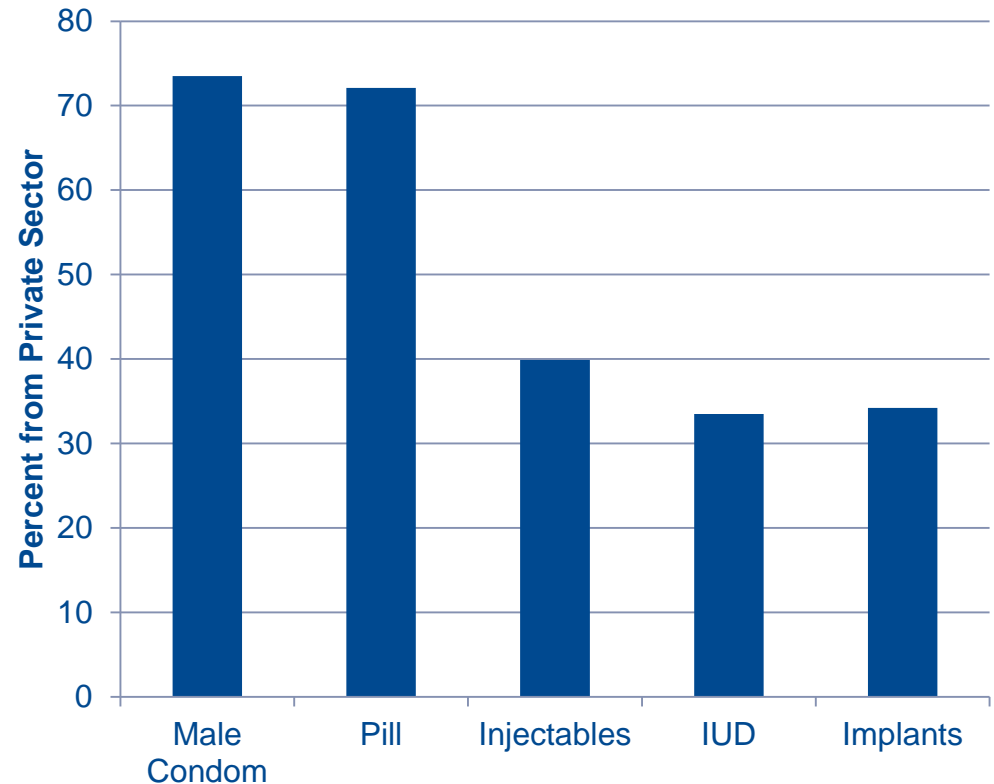
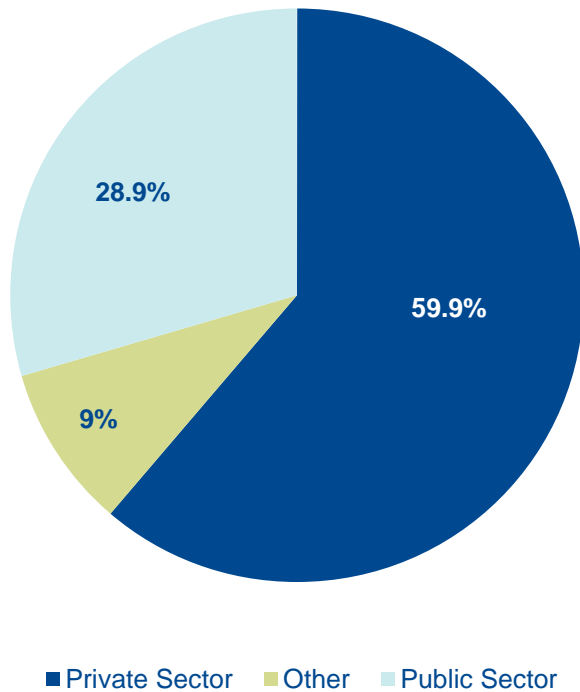
# Nigeria: Low prevalence, high unmet need

- TFR: 5.5; Modern CPR: 9.8%
- Unmet need 16%: 12% for spacing; 4% for limiting



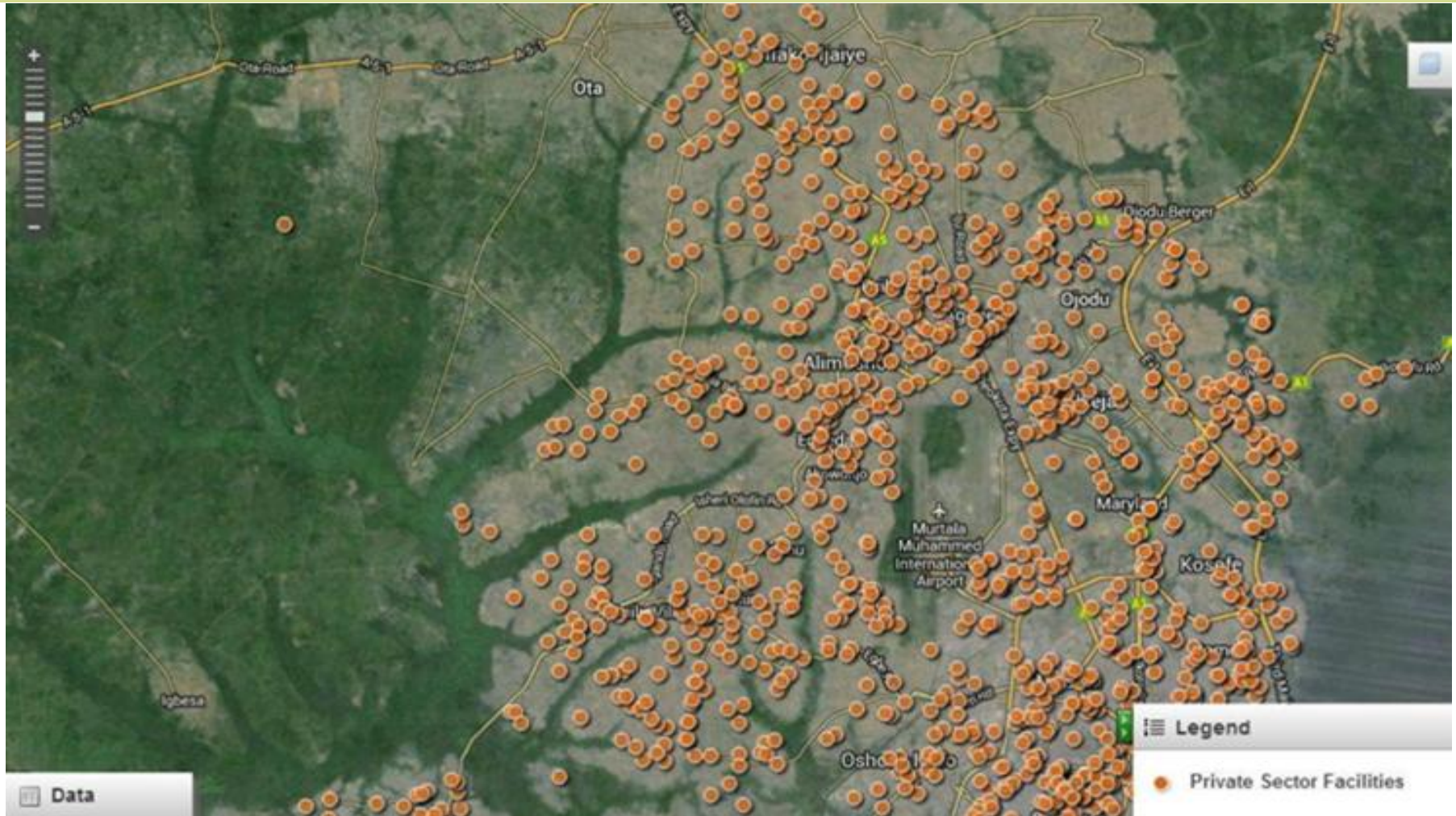
Source: 2013 NDHS

# Private sector a major source for FP, especially short-acting methods



Source: 2013 NDHS

# Large and vibrant private sector



# Private sector challenges and opportunities

- FP client volume still relatively low
- About 40% of facilities in Lagos want to offer new methods – implants and IUDs
- Need to:
  - Increase method choice
  - Generate demand
  - Improve commodity supply
  - Provide business training to enhance viability



# Improving private sector supply

## Supply:

- Family planning training (counseling and clinical skills for LARC)
- Linkages to commodities
- Supportive supervision
- Improving business viability
  - Business training
  - DCA



# Generating private sector demand

## Demand:

- Community health promoters (info and referral)
- Clinic health days
- Integration opportunity with primary care services

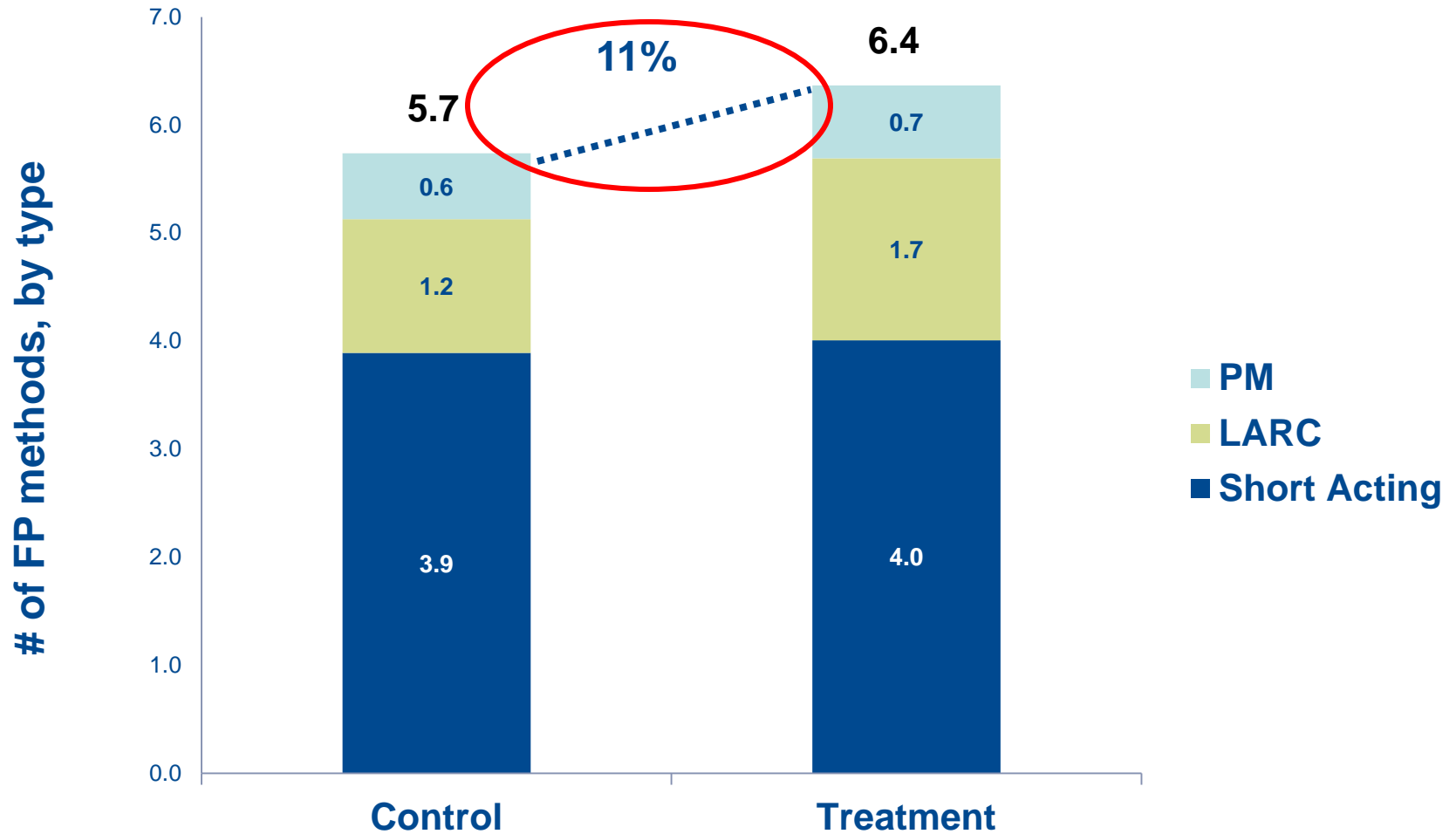


# RCT demonstrates positive outcomes

- 8.5% increase in the quality of FP counseling
- 15.3 percentage point increase in the proportion of facilities keeping the Federal MoH FP register up to date
- 5 percentage point increase in the proportion of facilities that applied for and obtained a loan in the last 24 months



# Results: increased method choice



# Lessons to increasing method choice in the private sector

- FP training, business trainings, and quality and supportive supervision can help private providers to effectively expand method choice.
- Community level demand generation is important to increase local knowledge of FP service from private providers.
- Not all trained providers have the appropriate client flow to be effective providers of LARCs.



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