



GAINING GROUND IN THE PRIVATE SECTOR – NIGERIA EXPERIENCE

Ayodele Iroko June 10, 2013



SHOPS is funded by the U.S. Agency for International Development. Abt Associates leads the project in collaboration with

Banyan Global Jhpiego Marie Stopes International Monitor Group O'Hanlon Health Consulting

Presentation Overview

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Introduction to Nigeria





Population: 162,470,737 (World Bank 2011)

140,003,542 (NPC Census 2006)

WRA: 30,800,779 (UNFPA)

CPR (modern): 9.7% married (NDHS 2008)
 10.5% for all women

Unmet Need: 20.2% (World Bank 2008)

Growth Rate: 2.83% (NPC Census, 2006)

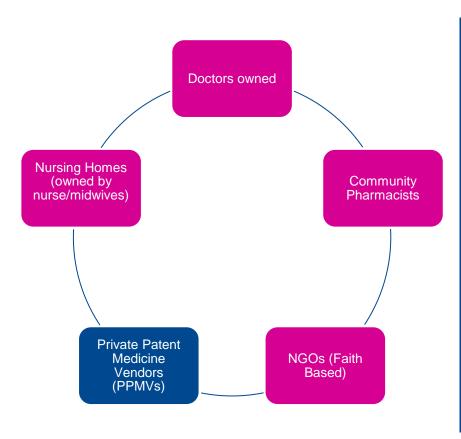
Total Fertility Rate: 5.7 (NDHS 2008)

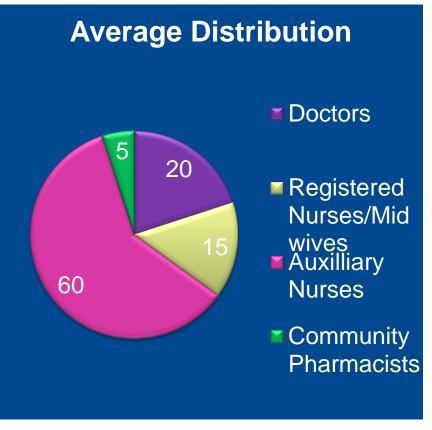


Private Health Sector Workforce in Nigeria

FP Private Providers (facility type)

Private Facility Workforce (NDHS 2008)





Reasons for Implementation in the Private Health Sector in Nigeria

Over 60% of modern method users access FP services in the private sector, closer to the community – almost the first port of call

Inability of the Public sector to meet the health demands of the total population. Weak and low functional government primary health care center

Low quality of service provision in private health facilities (needs improvement). Non maximization of opportunities available resources in the private sector. Need to close gaps in health systems (public-private partnership)

Project Sites

Lagos State



Abia State



Kaduna State



Nasarawa State



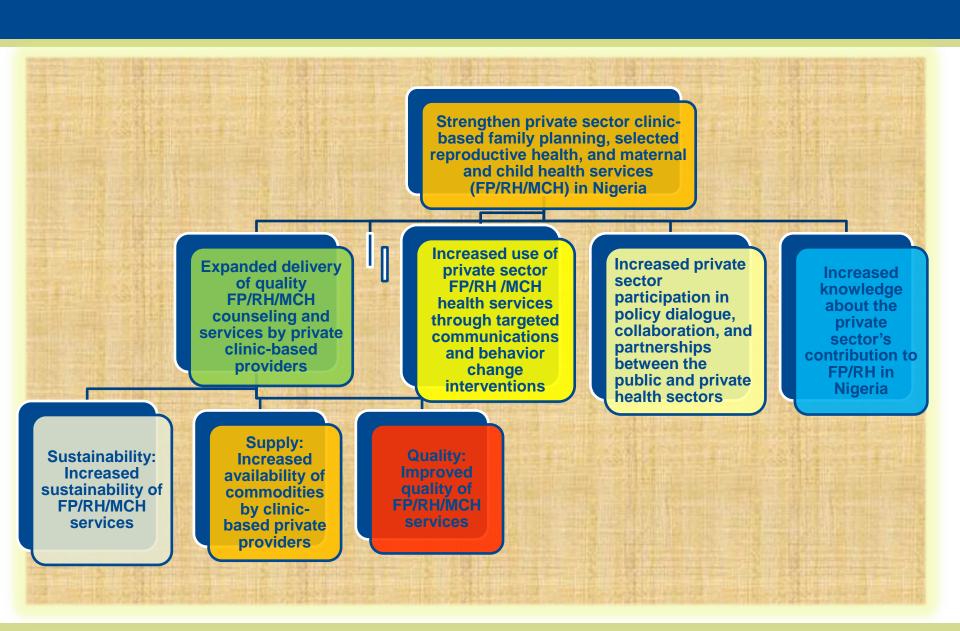
Edo State



Benue State



Results Framework



Collaborating Partners

Accion
 Microfinance
 Bank Ltd

Association of General & Private Medical Practitioners of Nigeria

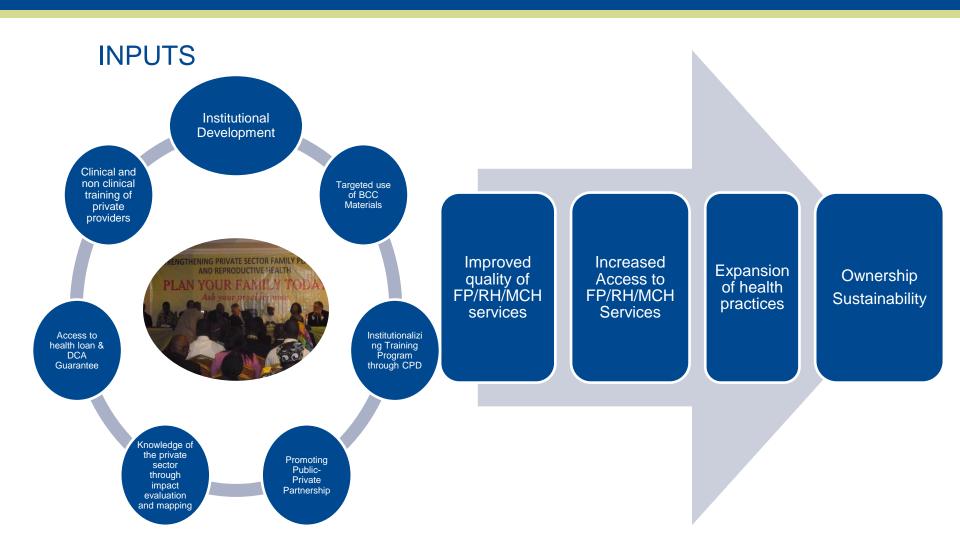
 USIPS/NON-USIPS; ESMPIN/SFH; NURHI; CHAI

Association of General Private Nursing Practitioners

Federal
Ministry of
Health & State
Ministry of
Health

 Diamond Bank of Nigeria Ltd Association of Community Pharmacists of Nigeria

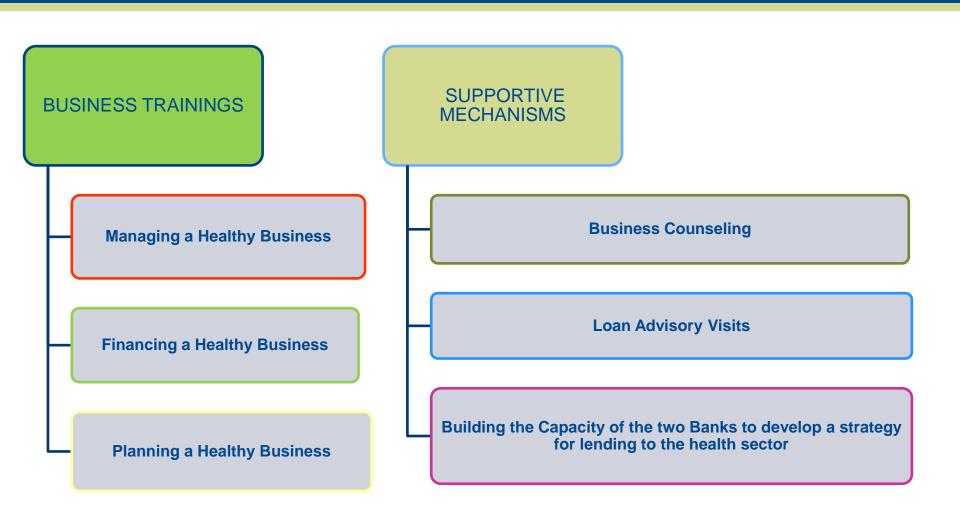
Program Focus



Strengthening Service Delivery: Health

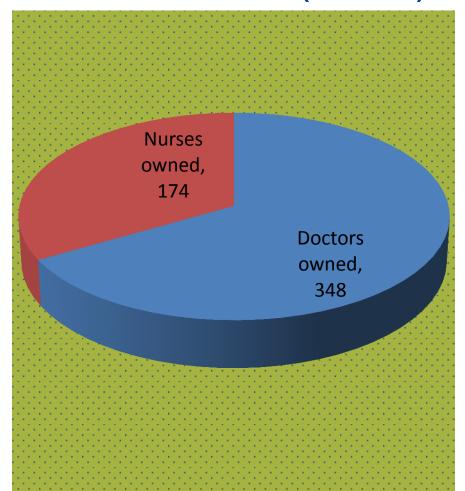
FP/RH/MCH **SUPPORTIVE MECHANISMS TRAININGS** Family Wellness (Integrated) Supportive Supervisory Monitoring Visits Balanced Counseling Strategy **PRODUCTS & TECHNOLOGIES:** Linkage of trained private providers to sources of quality products and contraceptives Integrated Approach: Contraceptive Technology/ MCH Update **INFORMATION SYSTEMS**: Encouraging private providers to keep better records and report data Clinical Skills for Long Acting Methods Infection Prevention and Control

Strengthening Service Delivery: Business

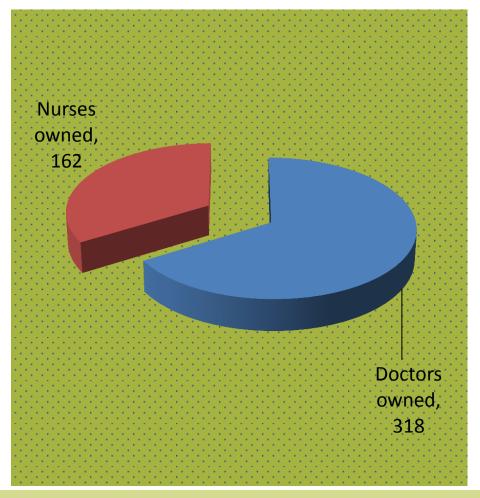


Project Results: Training

FACILITIES TRAINED (RH/MCH)



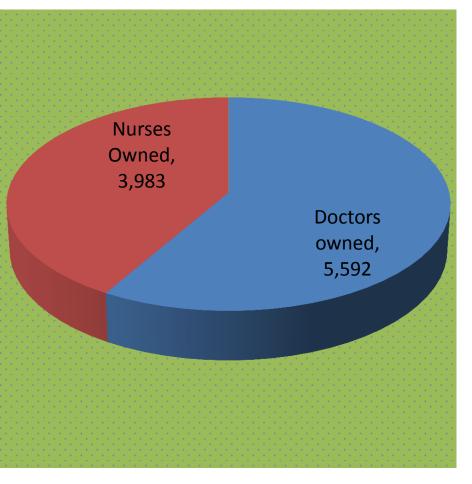
FACILITIES PROVIDING FP SERVICES

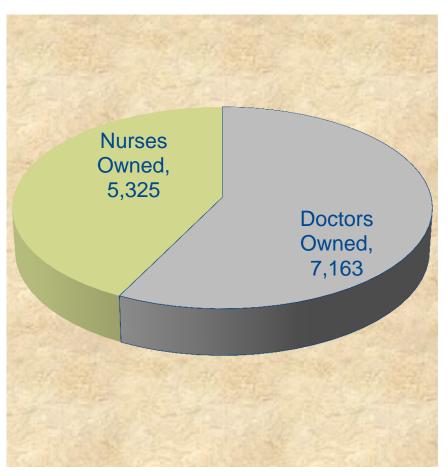


Project Results: Service Statistics

SERVICE STATISTICS (FY 2012) CYPs

SERVICE STATISTICS (FY 2013) CYPs



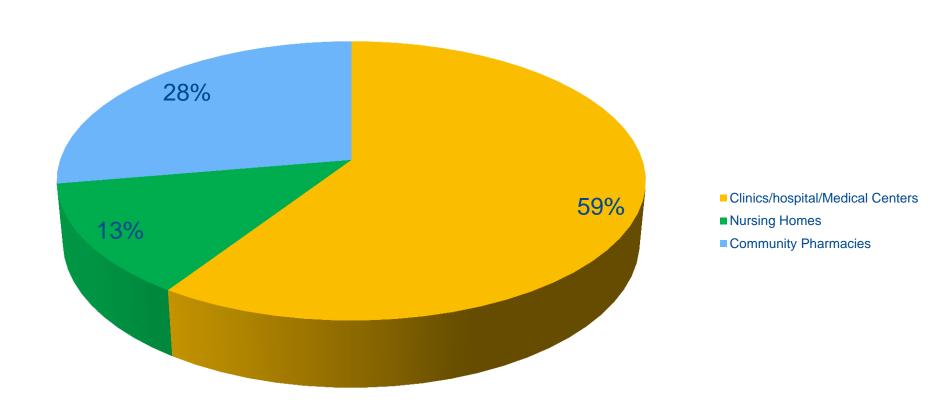


RCT HIGHLIGHTS

- Mapping
- Mystery Client Survey
- Baseline Survey

MAPPING RESULT: 5,086 facilities Mapped

Facility Type Mapped



Research: Mystery Clients Results

Mystery
client
interviews
were
conducted
at 937
private
health
facilities
(not yet
engaged by
SHOPS)

METHOD RECOMME NDED

IUCD (83%)
Injectables (76%)

Pills (59%)
Implants(23%)

FP CLIENTS ACCESS

30% of facilities only reached 10 clients in the last 12 months GAPS IN SERVICE PROVISION

In 32% of visits, providers did not ask any pregnancy related questions and in 75% of visits providers did not ask clients about any major health problems

CONCLUSION

Need for Capacity building for private providers and strengthening of FP methods mix at the facilities for quality improvement

Facilities were selected based on whether they offered family planning services and have not benefited from SHOPS training.

Project Activities: Institutional Capacity



Demand Creation: Community
Volunteers trained as
Community Health Promoters
to mobilize for FP uptake

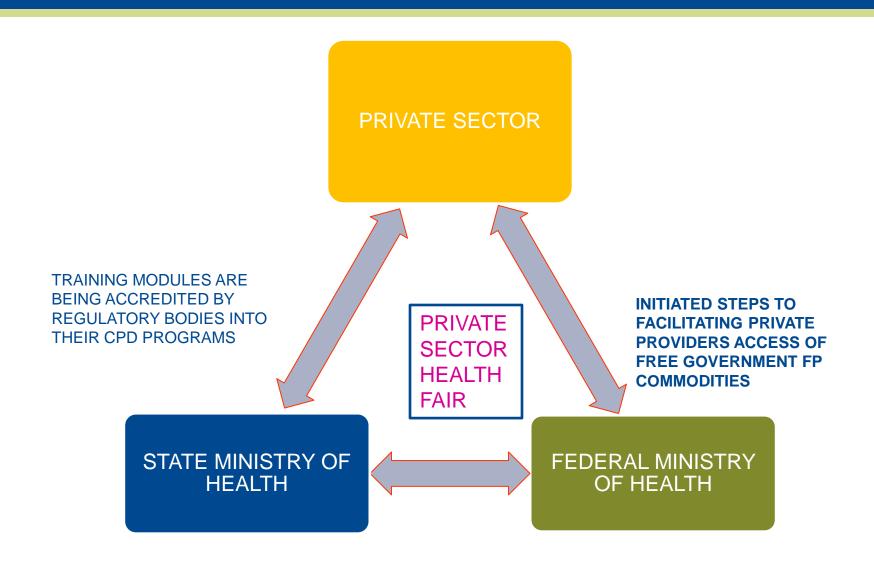


Workplace Implementation: Integration of FP/RH/MCH issues into Workplace facilities service provision (ongoing)

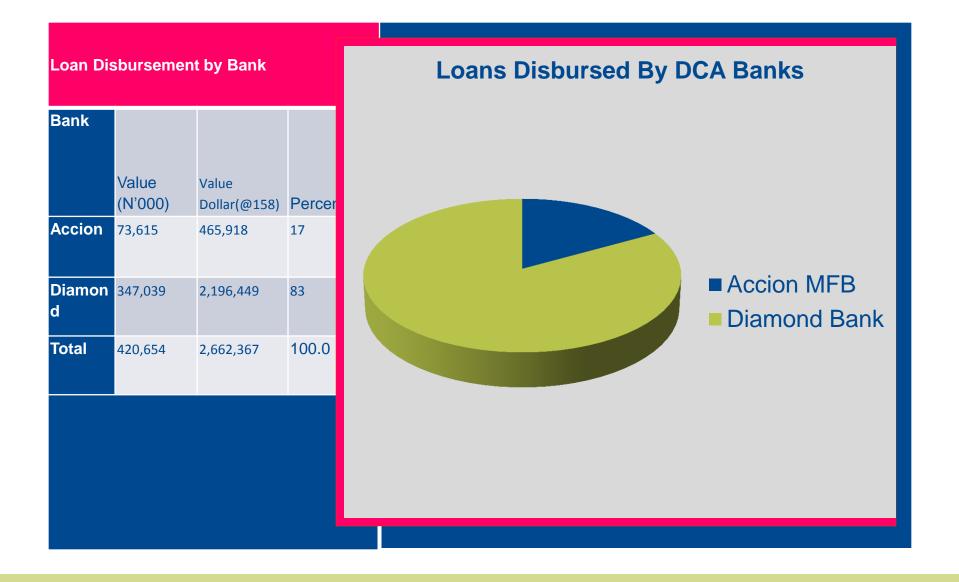


Extending capacity building into faith based facilities to increase clients access

Project Activities: Policy

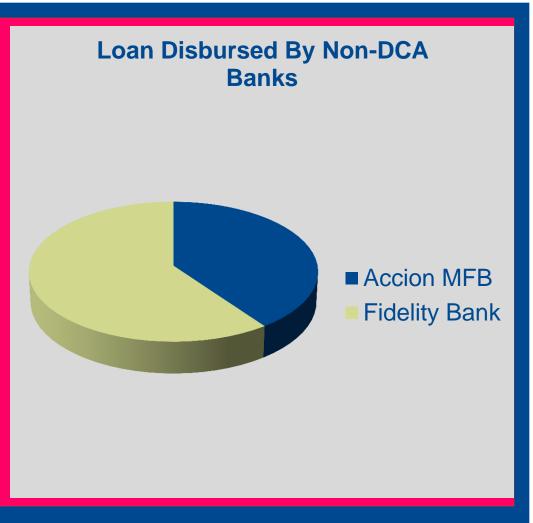


Project Results: DCA Update



Project Results: NON-DCA Update

Loan Disbursement by Bank Bank Value Value (N'000)Dollar(@158) Percer Accion 57,660 364,937 40 **Fidelity** 88,190 60 558,165 Total 100.0 145,850 923,102



SUSTAINABILITY: REGULATORY BODY

MEDICAL & DENTAL COUNCIL OF NIGERIA

Managed Care & Family Wellness (MCFW)

CTU/MCH UPDATE (ongoing)

PHARMACIST COUNCIL OF NIGERIA

- Family Wellness
 Module
- Managing a Healthy Business
- Financial a Healthy Business (ongoing)

SUSTAINABILITY: GOVERNMENT

FEDERAL MINISTRY OF HEALTH

- Involvement of private sector partners in health committees
- Plan to include private facilities in access of free government FP commodities (concept paper being processed)

STATE MINISTRY OF HEALTH

- SMOH recognition of private providers efforts in improving quality service delivery
- Active participation of SMOH during the trade fair.
- SMOH involvement of private providers representatives in the State Council of Health meetings

CHALLENGES

KNOWLEDGE OF THE PRIVATE SECTOR

Lack of existing information on the size of the private sector

Fragmented private sector

REGULATION

Weak mandatory continuing medical education

Weak or no regulation of private providers by the public sector

FACILITY BASED

Private providers perception of FP services as 'small profit' oriented

High staff attrition rate at private facilities: retraining

Low clients uptake of FP services

CHALLENGES

CLIENTS PERCEPTION

Low uptake of FP services – ignorance, myths and misconceptions

RECORD KEEPING

Bad Record Keeping and low level reporting

SECURITY/ENABLING ENVIRONMENT

Security issues in the Northern part of the country

CHALLENGES

TRAINING INSITUTIONALIZATION

Weak professional associations

TRAINING SCALE UP

Medical & Dental Council slow and weak process of enforcing Continuing Professional Development

Moving Forward.....

- Scale up of capacity building of private providers to improve quality of FP services, increase uptake and improve on business practices.
- Scale up the strategy of Community Health Promoters to mobilize the community and increase demand for FP services
- Provide technical backstopping to trained facilities to be involved in demand creation activities
- Intensive supervisory monitoring visits to trained facilities to encourage application of knowledge gained from trainings to improve quality of service provision

Moving Forward.....

- Pilot mobile data collection for FP service statistics at facilities sites and promote efficient and effective data reporting
- Maximize the opportunity of DCA market demonstration effect to provide necessary backstopping to interested banks to expand health loan program
- Continue to promote Public Private Partnership and Private-Private Partnership (PPP): Pilot and possible scale up of private sector access of government free FP commodities program
- Selective approach in future in the type and number of service delivery sites we scale up into to ensure value for money.

OUR VISION, OUR RESOLVE

WE ARE RESOLVED:

- Continue to contribute our quota to improving the quality of FP/RH/MCH services in Nigeria
- To leverage and synergize with the shops leader
- Collaboration with other USIPs and other donor related funded projects within the project scope
- Serving as the leader on knowledge about working with the private health sector in Nigeria

Thank you







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