



Improving the Quality of Family Planning Services Provision in Private Health Facilities in Lagos State, Nigeria

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Abt Associates leads the project in collaboration with
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Monitor Group
O'Hanlon Health Consulting

Presentation Overview

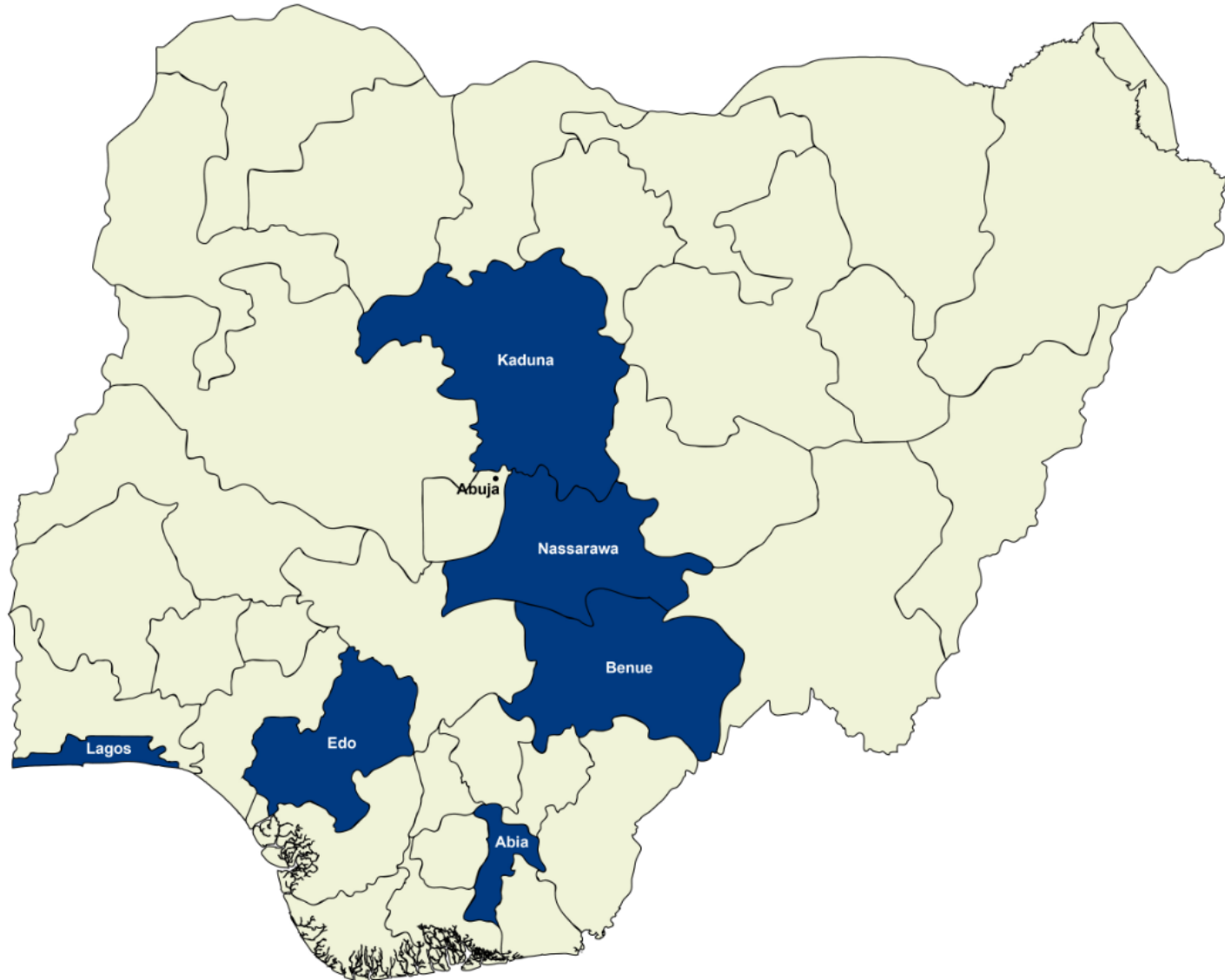
- SHOPS Mandate
- Project Sites
- Capacity building Interventions in engaged private health facilities
- Quality gaps in the study sample
- SHOPS interventions and results
- Conclusion and Recommendations



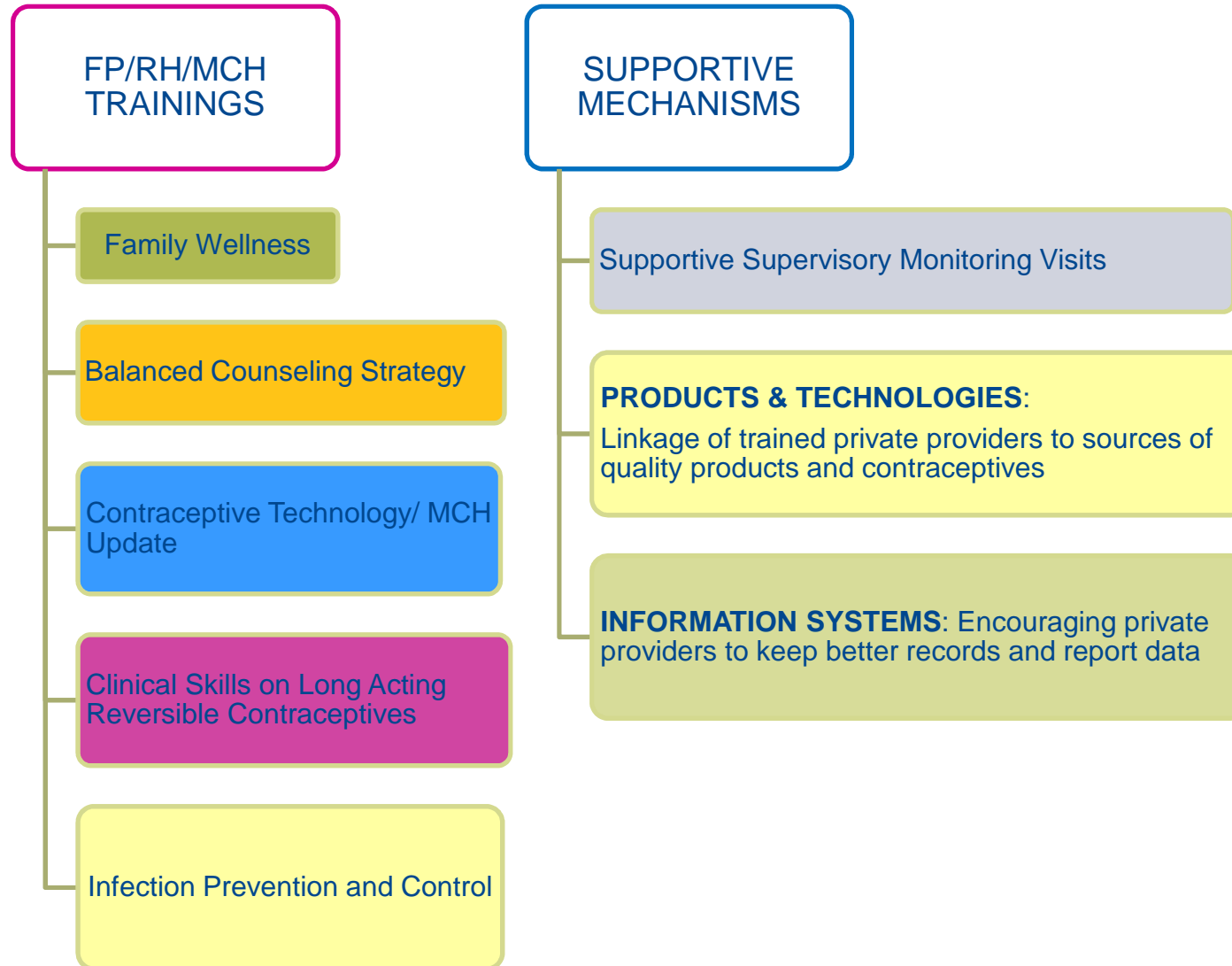
Project Mandate

Strengthen private sector clinic-based family planning, selected reproductive health, and maternal and child health services (FP/RH/MCH) in Nigeria

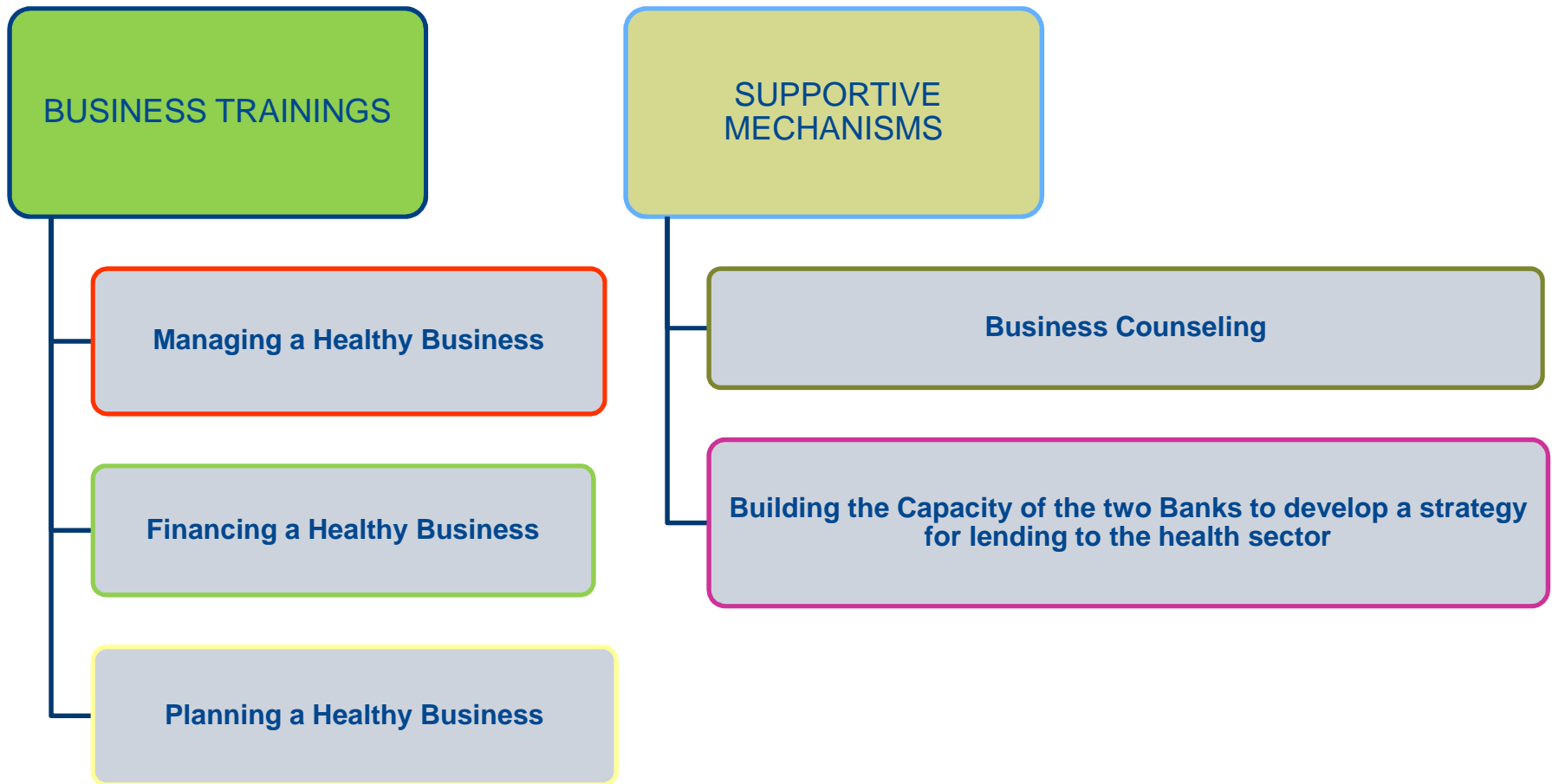
SHOPS Focal States



Strengthening Service Delivery: Health



Strengthening Service Delivery: Business



Study sampling frame

- 23 participating private facilities out of engaged 243 facilities in Lagos state were followed up to document improvement in quality of care through the conduct of Site Supervisory Visits using health facility supervisory monitoring checklist and on site infection prevention and control training.
- Data was drawn from baseline IPAC assessments and compared with follow up assessment to review initial action for change in quality of care at the facilities.

Project Quality Indicators Measured:IPAC

AREAS	NUMBER OF STANDARDS	STANDARDS no	ACHIEVED %
House Keeping	4		
Availability of antiseptics and disinfectants	4		
Decontamination/cleaning of instruments/articles	2		
Sterilization and High level disinfection	6		
Hand hygiene/glove use	4		
Use and disposal of needles and sharps	4		
Waste disposal	4		
GENERAL TOTAL	28		

PROJECT QUALITY INDICATORS:SSVs

AREAS	NUMBER OF STANDARDS	STANDARDS no	ACHIEVED %
FAMILY PLANNING COUNSELING	6		
FAMILY PLANNING METHOD PROVISION	23		
HUMAN,PHYSICAL & MATERIAL RESOURCES	27		
BUSINESS AND FINANCE	9		
GENERAL TOTAL	65		

Quality gaps identified pre-IPAC training

- Antiseptics used in decontaminating instruments.
- Needles sticking out of multi-dose vials.
- Open dump sites without separation of wastes.
- No utility gloves/brushes
- No running water / poor hand washing practices
- Recapping of used needles.
- Facilities without autoclave and cleaners.
- Filled safety boxes
- Washing and boiling of instruments
- Left over intravenous fluids

Quality gaps identified during the SSVs

- Facilities assessed had no visible BCC posters.
- Most of the facilities had not taken any loans to improve their facilities due to lack of interest and fear of high bank interest rate.
- Some trained providers were not in their facilities most of the time to offer services thereby limiting access to commodities and information.
- Some of the facilities did not carry out many procedures within the period under review.
- Some providers had forgotten the sequence of steps in the protocol of procedures due to lack of practice and benefitted from refresher training during the visit.

SHOPS Project quality interventions

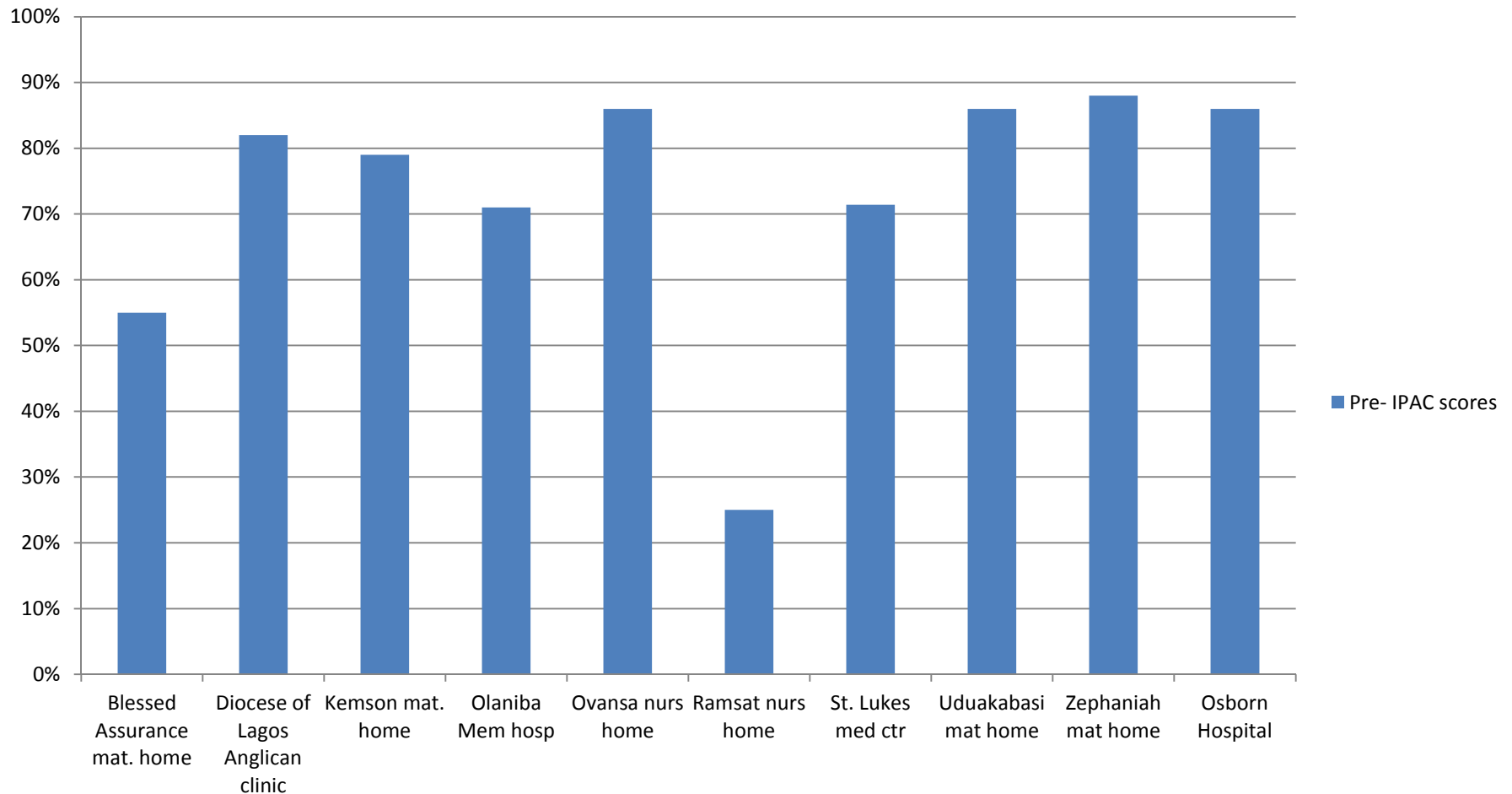
- Facility assessment prior to engagement
- Private facilities access to project RH trainings
- Infection Prevention and Control on site trainings for all LARC trained facilities
- Conduct supportive supervisory visits of engaged facilities on quarterly basis with each consultant assigned a certain number of facilities to be visited each quarter.

Project quality interventions cont'd

- Directors of facilities are encouraged to participate in trainings to provide back up for attrition. Empowered facility director can organize training of new staff as required.
- Engaged private providers access to finance to improve practice which reflects directly and indirectly on quality of service.
- Linkage of trained facilities to source of commodities
.....SFH, DKT
- Regular training and retraining of providers.

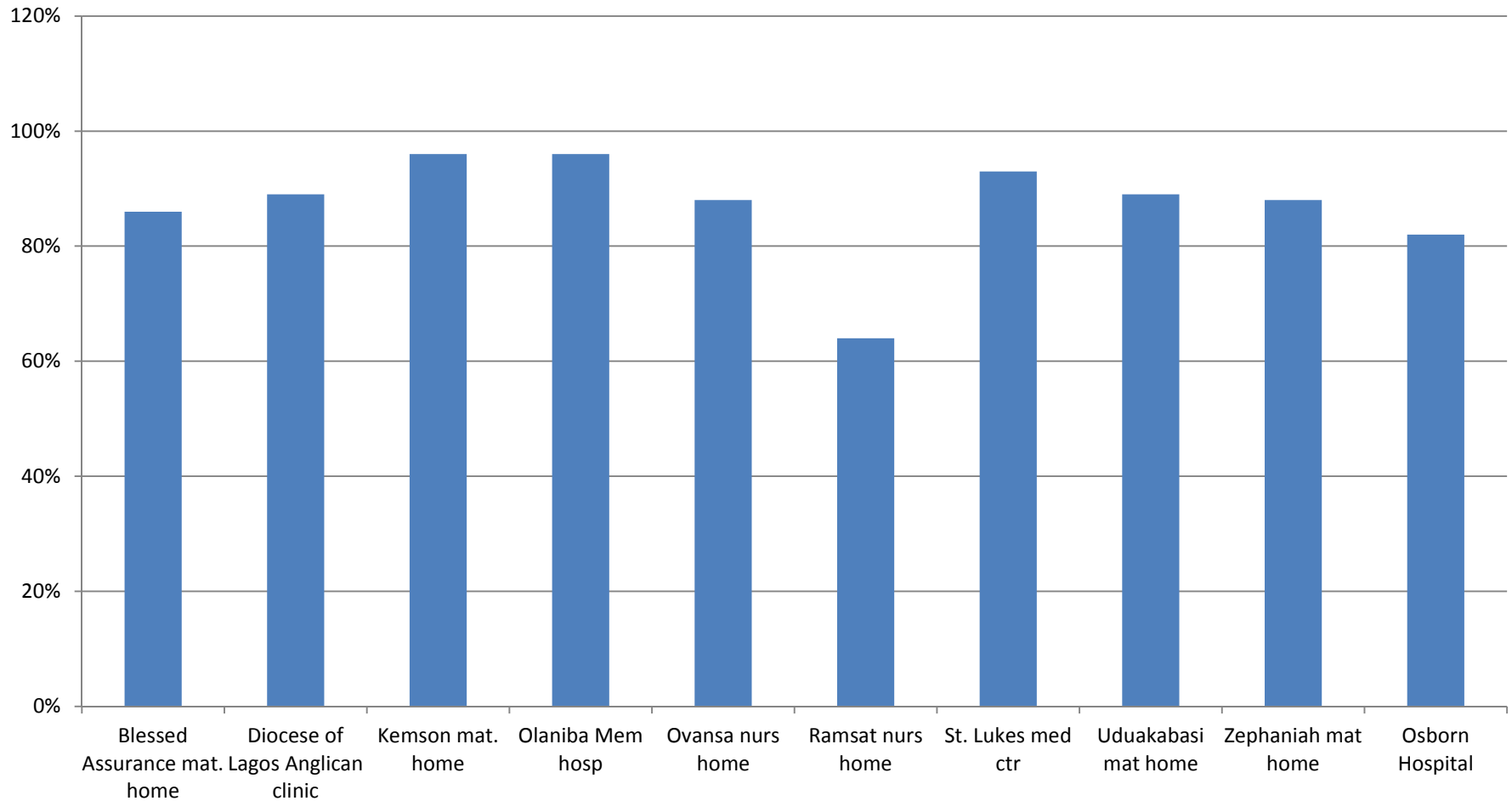
Pre IPAC training assessment results

Pre- IPAC training assessment scores

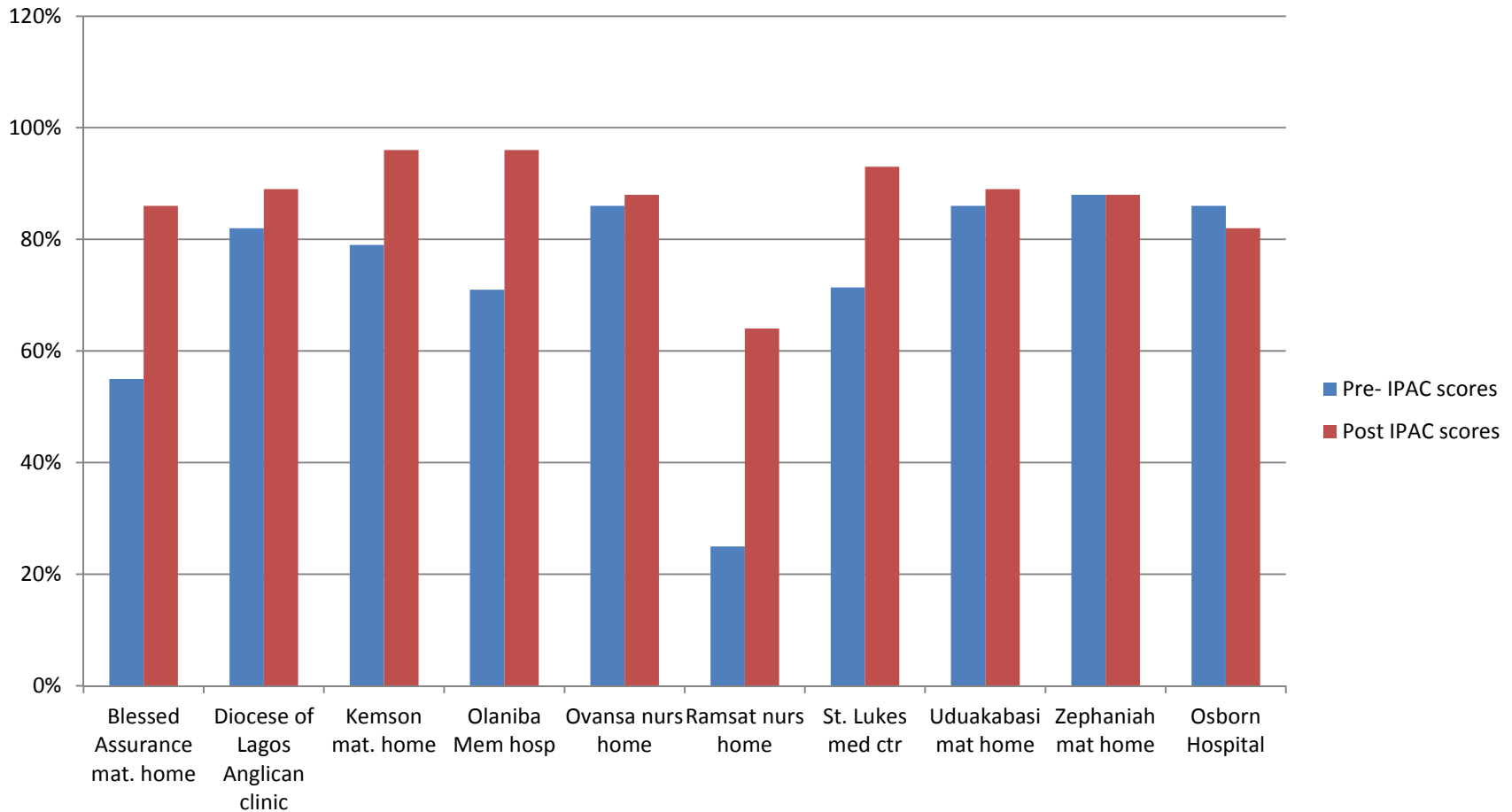


Post IPAC training assessment results

Post IPAC scores

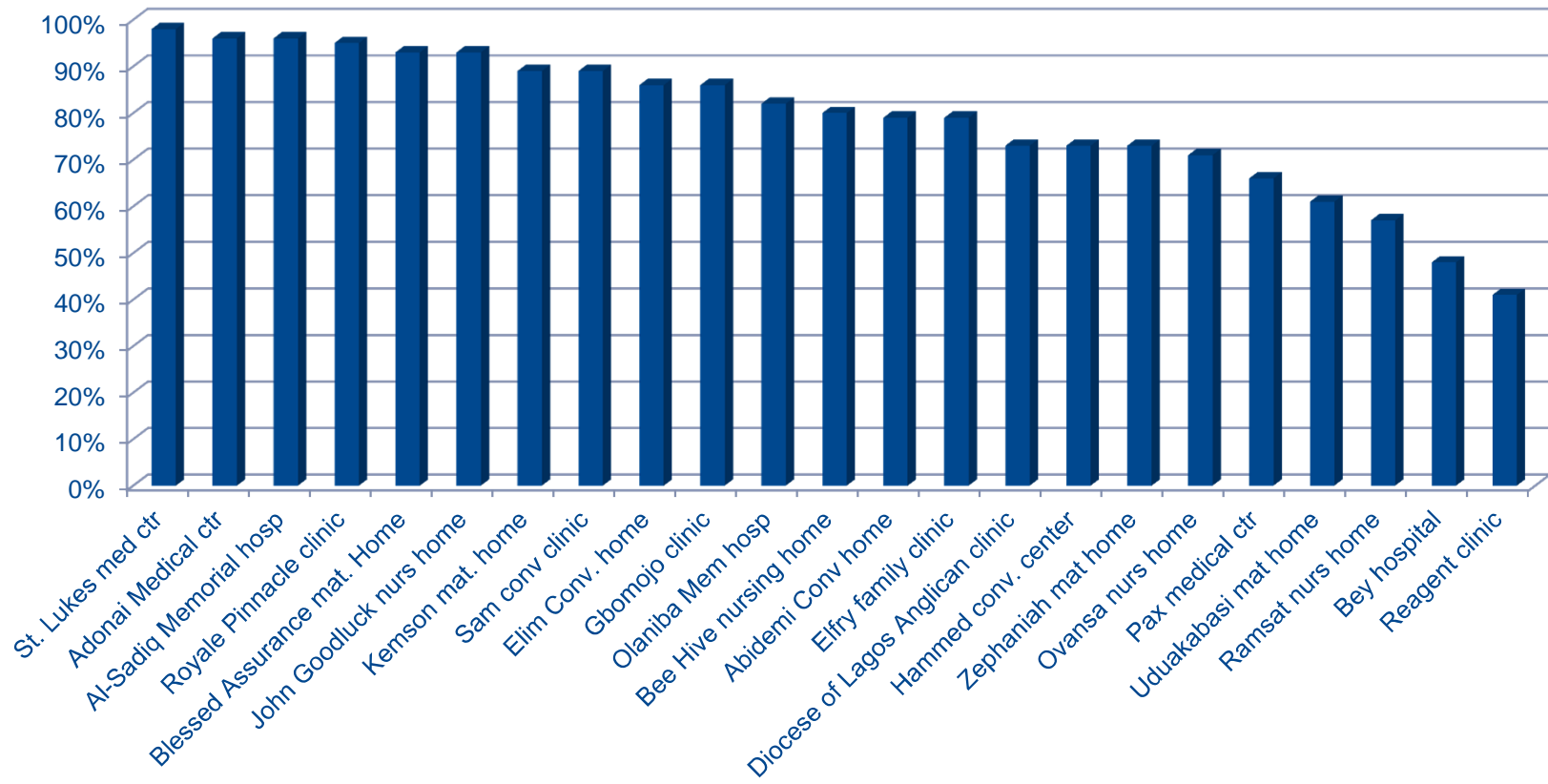


Pre and Post IPAC assessment scores



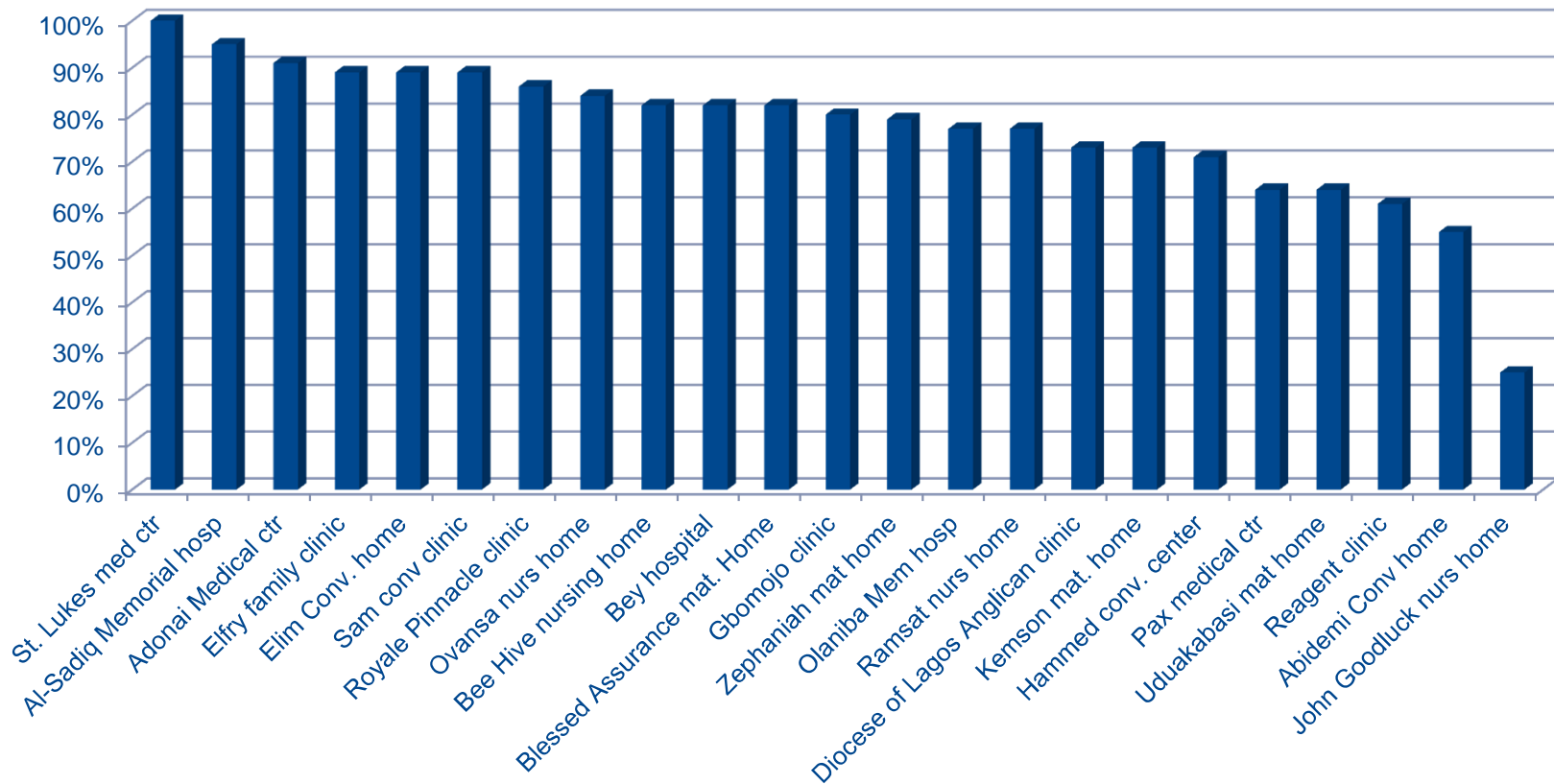
1st SS VISIT: Performance Scores

Scores on 1st visit

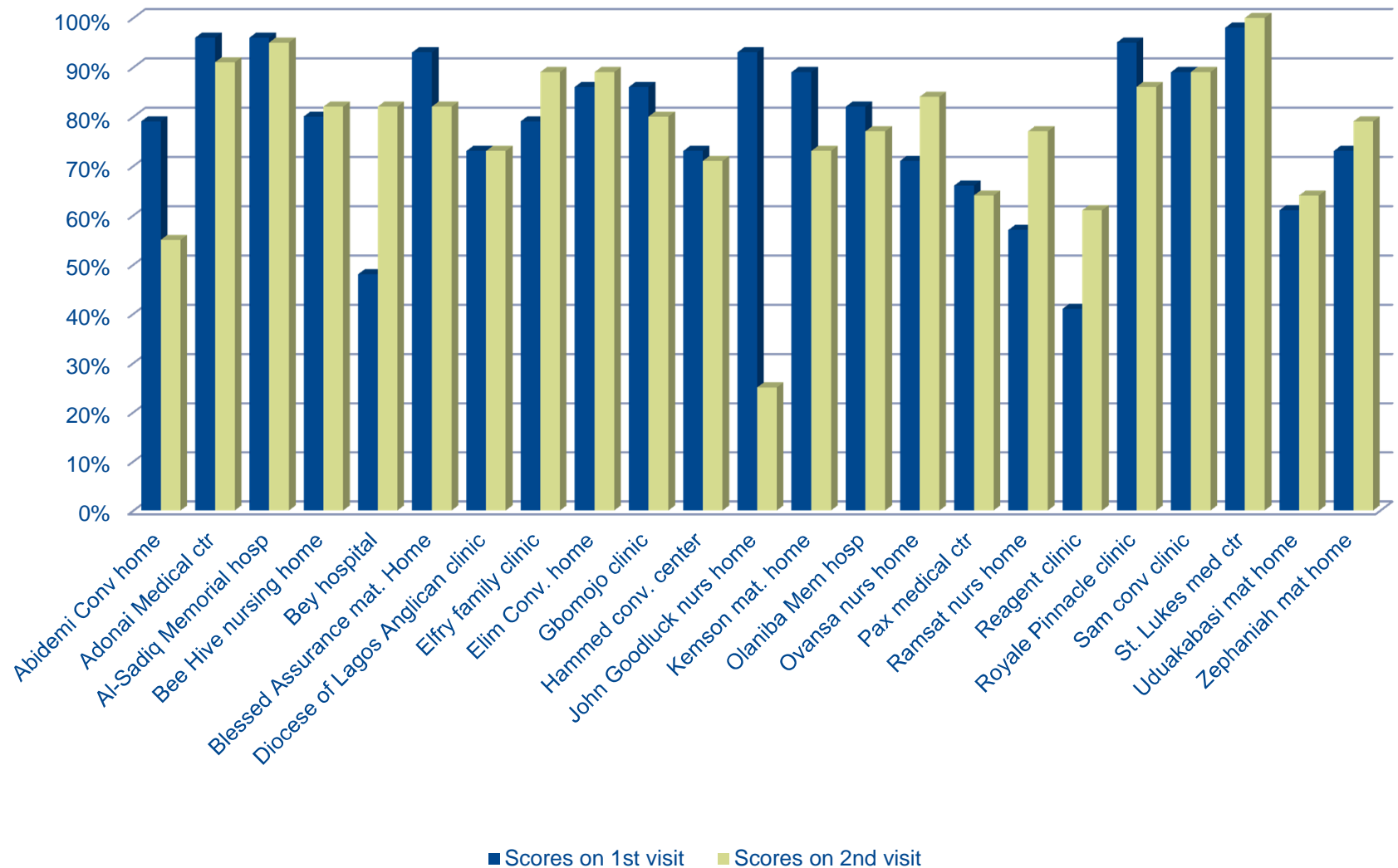


2ND SS VISIT: Performance Scores

Scores on 2nd visit



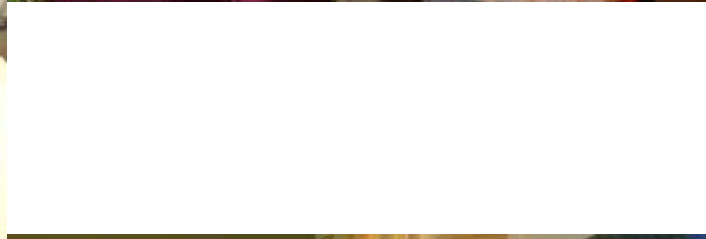
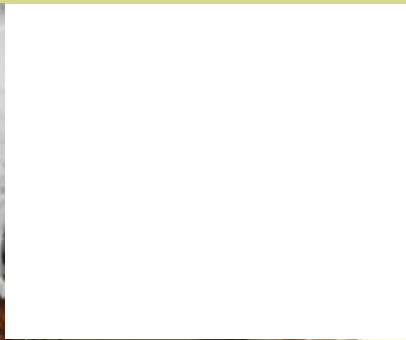
1st & 2nd Visits COMPARE



Conclusion

- Providers with low clientele do not have the opportunity of sharpening their skills
- Providers' skills and practice on FP methods improved through supportive supervisory visits resulting to increased clients' access of LARC methods.
- **There were improved infection prevention practices in the facilities that had** participated in IPAC training.
- Private providers are willing to adopt new health behaviors that can improve facility quality assurance and improve quality of service provision.

Thank you





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Strengthening Health Outcomes
through the Private Sector

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