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SHOPS
Strengthening Health Outcomes *through* the Private Sector

Nigeria Program Profile

PROFILE

Summary: The SHOPS project began working in Nigeria in 2010 and aims to strengthen private sector family planning, reproductive health, and maternal and child health services. This profile presents the goals, components, results, and the following lessons learned from the SHOPS program in Nigeria:

- Focused provider training, combined with demand creation, is a powerful tool for encouraging providers to introduce new clinical methods.
- Use of SMS technology offers a cost effective way of reinforcing training and increasing efficiencies in commodity logistics.
- Microfinance institutions, supported by DCA credit guarantees, offer critical opportunities for smaller providers to access credit and expand their services.

Keywords: behavior change communication, business and finance training, child health, demand generation, family planning, LARC/PM, maternal health, mhealth, Nigeria, private sector, provider access to finance, reproductive health, sub-Saharan Africa, zinc

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Cover photo: Shawn Leishman

Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

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Nigeria Program Profile

Shawn Leishman

CONTEXT

Nigeria is Africa's largest country in both landmass (910,770 sq. km) and population (approximately 174 million) (World Bank). The poverty rate is almost 63 percent (UNDP, 2013). Though on a downward trajectory, the maternal mortality ratio is still an estimated 350 deaths per 100,000 live births, higher than the Millennium Development Goal of 250; under-5 mortality also falls short of its target of 63.7, at 94 deaths per 1,000 live births (UNDP, 2014).

A variety of factors influence maternal health and mortality, including use of family planning to help avoid unintended pregnancies, thereby allowing women to regain their health between pregnancies. However, despite high reported knowledge of modern contraceptive methods among women (84 percent) and men (94 percent) in Nigeria, the modern contraceptive prevalence rate is only 10 percent among currently married women (National Population Commission and ICF International, 2014), a modest increase from just under 9 percent in 1999 (National Population Commission and ICF Macro, 2009). From 1990 to 2013, the total fertility rate declined marginally, from 6.0 to 5.5 (National Population Commission and ICF International, 2014). Much work remains for Nigeria to achieve its FP2020 commitment of a contraceptive prevalence rate of 36 percent by 2018 (FP2020, 2015).

In the area of child health, despite promising reductions in mortality, approximately 600,000 children die each year from preventable and easily treatable illnesses. For example, diarrhea prevalence[1] in Nigeria overall is 10 percent; however, prevalence rates reach as high as 26 percent and 14 percent in states in the North East and North West zones, respectively (National Population Commission and ICF International, 2014). Diarrhea accounts for 11 percent of all child deaths.

A key channel for addressing these issues is the private health sector. Nigeria has a strong and growing for-profit health sector that offers a wide range of services, albeit at variable levels of quality. The sector comprises the gamut of tertiary, secondary, and primary health care facilities, patent medicine vendors, pharmacists, and traditional practitioners. It provides several priority public health services, including family planning and reproductive health as well as HIV and AIDS services. The Nigerian Saving One Million Lives Initiative reports that 40 percent of the nation's health facilities are private and 60 percent of health services are provided by the private sector (Saving One Million Lives Initiative, 2015).

Services provided by the private sector are either subsidized (e.g., nonprofit, faith-based health facilities) or full cost (e.g., privately owned clinics and hospitals), and payment for these services are made in cash or in kind (Barnes, 2008). Private expenditure—mostly household out-of-pocket—on health as a percentage of total health expenditure in Nigeria has increased over the years and accounts for 75 percent of health expenditures (Soyibo et al., 2009; National Population Commission and ICF Macro, 2009). Given that health insurance and other

[1] Caregivers reporting diarrhea in children under 5 years of age in the past two weeks.

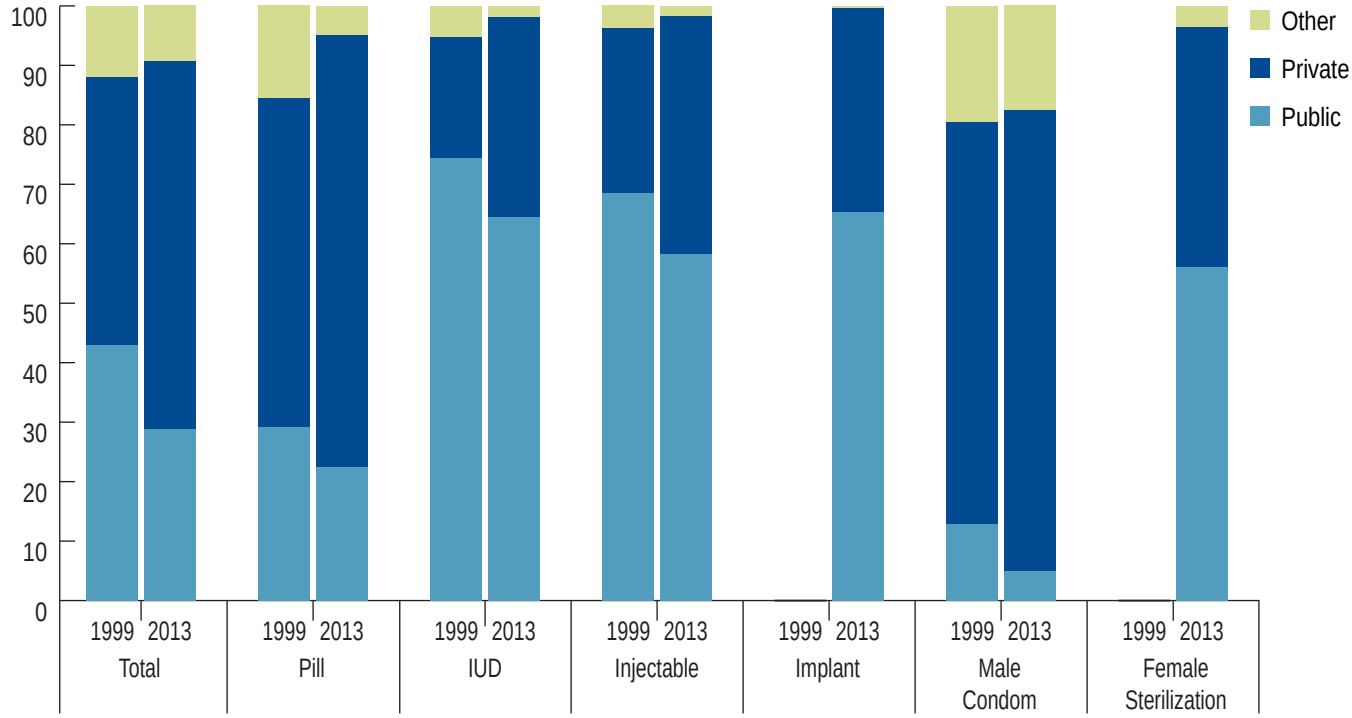
health financing schemes are primarily available to people who are formally employed, for-profit facilities account for a high percentage of health expenditure. Even the National Health Insurance Scheme is implemented by private enterprises contracted by the federal Ministry of Health.

While these total expenditure amounts demonstrate that the for-profit health sector is heavily used, there are regional and urban-rural disparities in that use. On average, private health facilities are concentrated in southern Nigeria, while public facilities dominate in the North (Dutta et al., 2009). According to the International Finance Corporation, even though the for-profit health sector is often concentrated in urban areas where people have a higher willingness to pay for services, over 50 percent of rural Nigerians routinely turn to these facilities to meet their basic health needs.

As shown in Figure 1, the private health sector is increasingly the leading source of contraceptive supply, providing modern contraception to more than twice as many women as the public health sector (National Population Commission and ICF International, 2014). The majority of this supply consists of short-acting methods, although long-acting reversible contraceptives (LARCs) are sourced from private sector providers in increasing amounts.

The private sector is also a major source of health care for childhood illnesses among all wealth quintiles in Nigeria, ranging from 78 percent in the poorest quintile to 61 percent in the richest among those who seek treatment. The dominance of the private sector in providing diarrhea care is shown in Figure 2.

Figure 1. Comparison of source of modern method of family planning, 1999 and 2013 (%)



Source: National Population Commission, 2000; National Population Commission and ICF International, 2014.

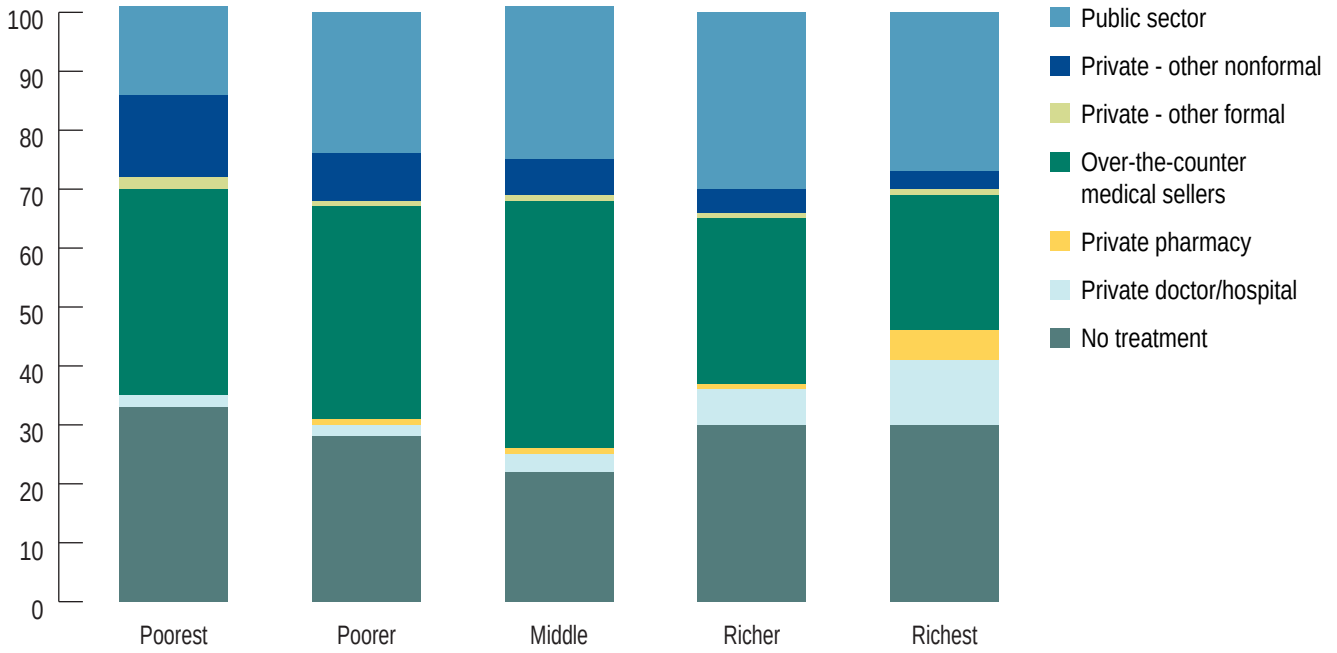
GOALS

The overall goal of SHOPS in Nigeria is to strengthen private sector family planning, reproductive health, and maternal and child health (MCH) services. The project has implemented family planning and reproductive health and MCH health activities in six diverse states: Abia, Benue, Edo, Kaduna, Lagos, and Nasarawa (Figure 3). Three states (Abia, Benue, and Nasarawa) were the sites of more focused child health activities, including training of proprietary patent medicine vendors (PPMV).

The specific goals of the SHOPS program in Nigeria are:

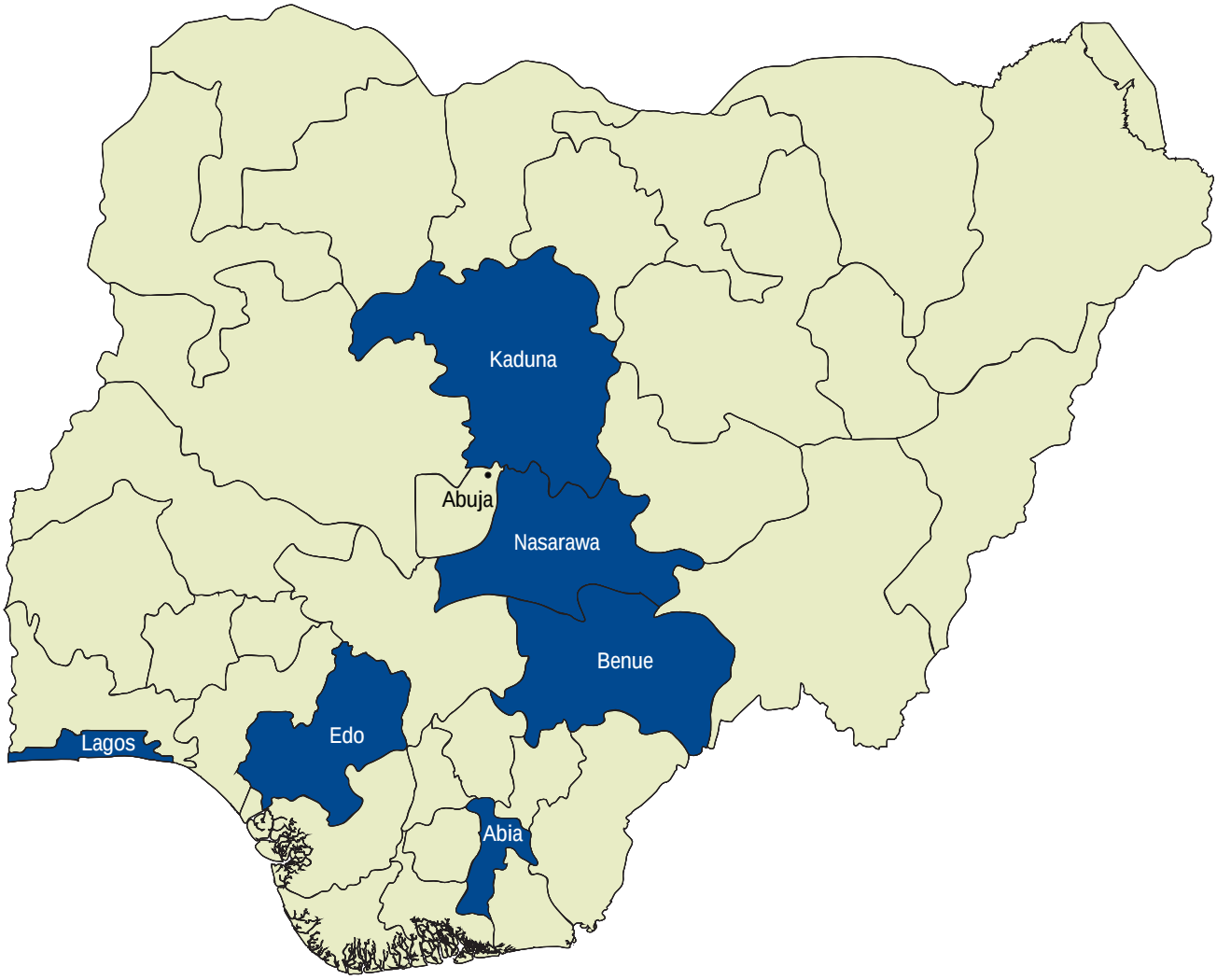
1) Increasing knowledge of the private health sector.
2) Building the capacity of health providers in family planning and reproductive health and MCH services.
3) Increasing the supply of family planning and child health commodities.
4) Increasing the sustainability of private facilities that offer family planning and reproductive health and MCH services.
5) Increasing demand for family planning and child health products and services.

Figure 2. Source of care for diarrhea, by wealth quintile (%)



Source: National Population Commission and ICF International, 2014.

Figure 3. Map of SHOPS program in Nigeria, with focus states



COMPONENTS

Increasing Knowledge about the Role and Potential of the Private Health Sector

To better understand the private sector's role in provision of family planning and reproductive health services, USAID/Nigeria asked the SHOPS project to conduct a private sector assessment in 2010. Recommendations included:

- Improve knowledge of the private sector through a rigorous research and knowledge agenda.
- Expand supply of high quality family planning services in the private sector through clinical and business training.
- Increase demand for private sector family planning and reproductive health and MCH.
- Improve the enabling policy environment for the private sector.

SHOPS designed a program to address these issues through a strong research component, a broad menu of training offerings, community-level demand interventions, and policy work.

To complement the private sector assessment, SHOPS conducted a comprehensive private health facility census in its six program states. While government agencies and insurance companies maintain lists of private health facilities, many of the lists are outdated or otherwise inaccurate, and contain only basic information about the facilities. The census identified more than 5,000 formal private health facilities in the six states, more than half of which were in Lagos (Figure 4). In addition to collecting basic information on the facilities and the services they provide, the census gathered extensive data on facility business practices and quality of family planning counseling services for a subset of the facilities in Lagos (Johnson et al., 2014).

Timeline

2010: Complete private health sector assessment and begin Family Wellness and business trainings in Lagos State

September 2010: Development Credit Authority signs with Diamond Bank and Accíon Microfinance Bank

October 2011: Begin family planning trainings in Lagos State

2012: Expand family planning trainings to Kaduna State and begin business trainings in Lagos and Kaduna states

May 2012: Include workplace providers in family planning trainings

2013: Expand trainings to Abia, Benue, Edo, and Nasarawa states

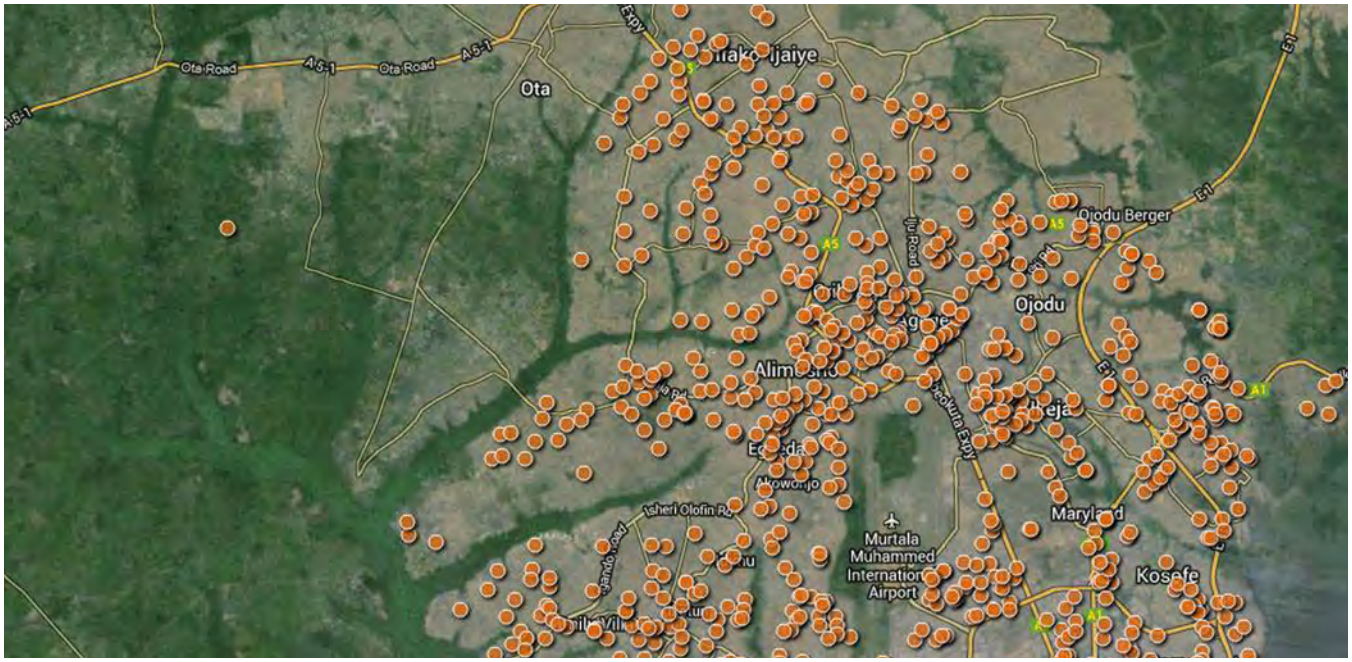
2013: Collect baseline data for impact evaluation to assess the impact of family planning and business trainings on family planning service provision

March 2013: Focus maternal and child activities on oral rehydration solution (ORS) and zinc for treatment of childhood diarrhea, intermittent preventive treatment of malaria in pregnancy, pneumonia, and malaria case management

June 2014: Finalize census of private providers in six project states

May 2015: Finalize impact evaluation

Figure 4. Sample of private health facilities identified in Lagos State census



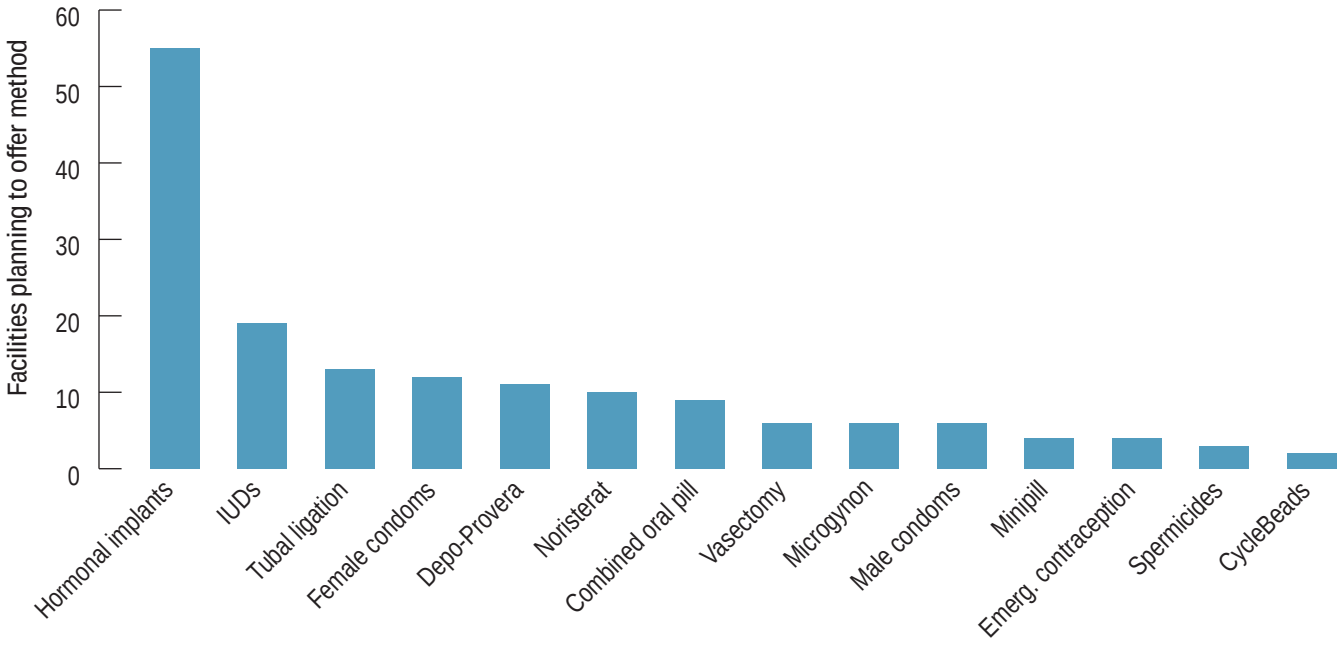
The private facility census provided valuable and detailed insights into what factors are likely impeding increased delivery of family planning by private facilities. Table 1, for example, shows reasons that providers in Lagos gave for not offering family planning services. These census results confirm that the SHOPS strategy of combining provider training and demand creation could increase the provision of family planning services in the private sector.

Table 1. Reasons for not offering family planning, private health facilities in Lagos State (%)

Facility type	No demand	Not **profitable**	Inadequate knowledge/ skills in family planning	Cannot obtain the money needed	Planning to offer, but not yet	Other
Clinic (n = 164)	29	2	21	0	20	29
Hospital/medical center (n = 114)	25	6	18	1	18	35
Nursing home (n = 92)	34	2	24	0	17	23
All facilities (n = 370)	25	2	25	1	16	33

Reinforcing the potential value of the SHOPS approach, 42 percent of facilities in Lagos reported that they were planning to offer additional family planning methods in the coming year. More than half of the facilities wanted to add implants and almost 20 percent wanted to add IUDs to their method mix (Figure 5).

Figure 5. Among facilities planning to offer additional family planning services in Lagos State, which new services they plan on offering (%)



Improving Private Provider Capacity and Knowledge in Family Planning and MCH

Training programs are not always offered to private providers, or they may be offered at times or locations that are inconvenient. As business owners, providers often risk losing clients and revenue when their facilities close while they attend trainings. SHOPS offered a wide range of training opportunities that accommodated private providers, including doctors, nurses, midwives, community pharmacists, and PPMVs (Table 2).

Table 2. Number trained, by training course and provider type

	Family Wellness	Balanced Counseling Strategy	Contraceptive Technology Update	Clinical Skills **for LARC**	Infection Prevention and Control	MCH Update	Diarrhea, Pneumonia, and Malaria Case Management
Doctors	N/A	137	423	255	251	279	N/A
Nurses/midwives	N/A	686	917	696	1,269	557	N/A
Community pharmacists	359	N/A	N/A	N/A	N/A	N/A	N/A
PPMVs	N/A	N/A	N/A	N/A	N/A	N/A	4,317
Facilities trained	332	728	1,158	737	417	659	4,317

Doctors, nurses, and midwives training

The private clinic-based providers with whom SHOPS works are largely general practitioners who offer a wide variety of health care services in their communities, including a range of women's and children's health services. The integration of new or updated family planning and reproductive health and MCH knowledge and skills into these clinics is therefore a natural fit. SHOPS offers training on improved family planning counseling and family planning and MCH service provision. A particular focus has been to increase provider skills in LARC services so providers can expand the method choice they offer to clients. In 2015, SHOPS introduced a training module on cervical cancer prevention and screening in response to provider requests and client need.

SHOPS also integrated an MCH update training into its offering. It focuses on appropriate treatment of childhood diarrhea with ORS and zinc and on the prevention of malaria in pregnancy—two leading causes of maternal and child morbidity and mortality in Nigeria. The general practitioners with whom the project works are a first destination for care in their communities. SHOPS trains participants on how to integrate family planning into these and other MCH services so as not to miss opportunities to educate women on the topic. Anecdotal information shows that providers appreciate the addition of the MCH update into SHOPS trainings.

To sustain family planning training in the private sector, SHOPS is working with medical regulatory bodies in Nigeria to explore the awarding of continuous medical education (CME) credits for doctors, nurses, and midwives. The Medical and Dental Council of Nigeria has already approved 20 CME credits for the project's family planning training curriculums, and the topic is under discussion with the Nursing and Midwifery Council of Nigeria. Another SHOPS sustainability strategy involves the support of private provider associations, including the Association of General and Private Medical Practitioners of Nigeria and the Association of General and Private Nurse Practitioners. SHOPS coordinates recruitment of private providers into training through these associations, and supports their efforts to promote professional development and adherence to good quality practices. SHOPS and the associations have jointly implemented activities, such as a trade fair for the private health sector and a workshop on group practice. By strengthening and increasing the visibility of these associations, SHOPS is strengthening local institutions to serve as an efficient entry point by which the government and development partners can reach the private health sector.

Community pharmacist training

Community pharmacists are important primary health providers, particularly in urban settings where they are often more accessible than health centers or hospitals (Auta et al., 2014). As a result, they are in an ideal position to educate and counsel their clients on family planning and other health areas and, when needed, refer them to a higher-level trained provider for additional counseling and service provision. The SHOPS *Family Wellness* course takes a holistic approach, integrating family planning into a variety of topics of interest to community pharmacists, including appropriate treatment of childhood diarrhea using ORS and zinc, prevention of malaria in pregnancy, and maternal and child nutrition. The course teaches about interpersonal communication for more effective counseling and the importance of offering information to clients proactively. By April 2015, SHOPS had trained 359 pharmacists through the course.

After learning that it was challenging for many community pharmacists to leave their shops to attend the two-day course, SHOPS developed a mixed methods course so the first day of didactic information could be delivered via CD or Internet at the student's own pace, while the second day of practical counseling and interpersonal communication is classroom-based to ensure that the necessary skills are acquired.

To increase the sustainability of the *Family Wellness* course, SHOPS worked with the Association of Community Pharmacists of Nigeria to build the capacity of their staff to facilitate this training. SHOPS also discussed with the Pharmacist Council of Nigeria the awarding of CME credits to pharmacists who take the course.

Training to expand contraceptive method choice

Dr. R. S. Oriloye, owner and medical director of Unita Hospital in Lagos, has offered family planning services since the facility opened in 1996. He feels it is important to offer the services in his community to improve women's health. According to Oriloye, "If you space your family as a woman, you become healthier than the woman who doesn't." Unita Hospital serves a variety of clients, but mostly women who work in the market and housewives. Before attending a SHOPS training, Unita Hospital offered a variety of family planning methods, including IUDs and short-acting methods such as injectables, oral contraceptives, condoms, and CycleBeads. Oriloye was interested in learning how to provide Jadelle implants so he could offer his clients another LARC option. The SHOPS training is both a how-to in new technologies and a refresher for providers who have already learned but don't often have the opportunity to practice clinical skills such as IUD insertion.

After Oriloye attended the SHOPS *Contraceptive Technology Update* and *Clinical Skills for LARC* trainings, Unita Hospital began offering implants. With this addition, he reported that Unita's family planning client flow increased and the implant was the most popular method among his clients. "More women now prefer long-acting methods, especially Jadelle," he said. SHOPS also helped Unita Hospital with demand-generation and community-mobilization activities to inform the community of the new services provided in their area. At a clinic event in November 2014, about 45 women opted for family planning and in particular the Jadelle implant—demonstrating there is demand for this new service.

"When we started intensive mobilization with SHOPS, we realized that people need reminders [of why family planning is important]… so continuous mobilization, sensitization exercises yield us a better result."

— Dr. R. S. Oriloye, Owner and Medical Director, Unita Hospital

Oriloye also cited the SHOPS trainings and regular supportive supervisory visits as important refreshers for procedures not often correctly practiced, such as IUD clinical skills and standard infection prevention protocols—a practice he finds particularly beneficial, as it helps the facility maintain standards required by regulatory bodies.

PPMV training

In Nigeria, PPMVs are the major source of care for childhood illness and provide caregivers access to key treatments, particularly in rural areas. To improve the knowledge and skills of this large cadre of providers, SHOPS collaborated with the Pharmaceutical Council of Nigeria and other stakeholders to develop a training curriculum covering management of diarrhea, pneumonia, and malaria. The project delivered a training of trainers to the council's trainers from the three target states focusing on child health (Abia, Benue, and Nasarawa). Upon completion, the SHOPS team successfully worked with state-level representatives from the Pharmacy Council, Department of Pharmaceutical Services, National Association of Patent Medicine Vendors, and state and local chapters of other PPMV associations to launch the PPMV training program. In addition, SHOPS trained senior staff and officers in charge of public sector primary health care units on the use of ORS and zinc in diarrhea management. In all, SHOPS trained more than 4,300 PPMVs, comprising 88 percent of all PPMVs in the three child health focus states.

Ensuring quality services

Monitoring of provider quality and supportive supervision are important to help providers apply and retain their new skills in family planning and MCH services in an environment that is safe for both facility staff and clients. SHOPS implemented the following activities to supplement its trainings and provide continuous learning opportunities for trainees:

- Facility-based *Infection Prevention and Control* training and supportive supervision visits to allow staff throughout the facility to learn and take ownership of their role in ensuring quality services. Supportive supervision visits allow for immediate and practical feedback to staff on their progress and where improvements are needed. SHOPS trained more than 400 facilities in these practices.
- A system of supportive supervision visits to review family planning and MCH service provision, which included opportunities to review providers in action and provide feedback on areas that are successful and those that need correction.
- A regular text message dissemination program, which includes a variety of technical updates and information to all providers.

Institutionalizing support systems

SHOPS built the capacity of the state Departments of Pharmaceutical Services, whose mandate is to conduct regular inspections of community pharmacies and PPMV outlets to ensure proper dispensing of medicines and accuracy of advice given to clients. This process was aided by a supervisory checklist and mhealth application developed by Abt Associates. SHOPS purchased smartphones and trained inspectors on how to use them to collect data and become effective supervisors, emphasizing a shift in perception of inspections from a punitive to a supportive action. This mobile application allowed both the project and departments to access data in real time, better understand knowledge levels so that refresher training could be improved, and immediately address drug stockouts through follow up with zinc suppliers. Each supervisor engaged the PPMV in a case study discussion and provided feedback and on-the-job training.

Vicki MacDonald

A pharmaceutical detailer discusses zinc with a proprietary patent medicine vendor in Abia State.

Increasing Supply of Family Planning and MCH Commodities

A variety of family planning commodities, including LARCs, are already available in Nigeria. However, small independent clinics face high prices because they do not have the client volume for purchasing in bulk. For this reason, SHOPS provides a starter pack of commodities to all providers who complete training to ensure that they can immediately begin to offer the new services. As shown in Table 3, SHOPS provides starter stock to facilities that participated in the *Contraceptive Technology Update* training (Combi-3 oral contraceptives and Depo-Provera), and the *Clinical Skills for LARC* training (IUDs and implants). Initially, the project gave equal quantities of stock to every facility in each state. After discovering that not all facilities were using the entire quantity, amounts were revised to match the provider needs in each state.

Table 3. Seed stock distribution by state and commodity type

State	Number of facilities	IUD	Jadelle	Depo-Provera	Combi-3
Lagos	580	16,125	5,025	35,400	34,500
Kaduna	77	3,732	700	3,580	3,800
Edo	107	564	470	3,630	6,000
Benue	74	864	720	2,910	5,750
Abia	36	432	360	1,080	1,800
Nasarawa	51	684	200	1,750	2,150
Total	925	22,401	7,475	48,350	54,000

SHOPS trains providers on stock management to help them properly store the commodities they receive and to reduce stockouts of family planning commodities. Providers received information on the two social marketing companies in the country (DKT International and the Society for Family Health) that offer affordable commodities in small quantities. SHOPS is also facilitating a pilot program that will enable private providers to access free family planning commodities from the federal government as part of their commitment to improve access to family planning. This pilot will test if access to free commodities is an incentive for private providers to report their services provided to the health information system, which would enable the government to better track all services provided in the country.

In addition, SHOPS facilitated the introduction of products that were not previously available. Prior to 2012, zinc was neither manufactured nor imported in Nigeria. The Clinton Health Access Initiative (CHAI), USAID, and other partners quickly moved to begin an advocacy program to encourage local pharmaceutical manufacturers to enter the market with either a zinc product or a co-packaged diarrhea treatment kit containing both ORS and zinc. CHAI and SHOPS have worked together closely in Nigeria, with CHAI contributing over $6 million in matching funds to implement parallel programs in another set of target states. By early 2013, four firms had begun the process of producing and testing zinc products, and USAID arranged for interested firms to receive advice from U.S. Pharmacopeia on either quality manufacturing of pediatric dispersible zinc or qualifying for WHO/UNICEF Good Manufacturing Practice certification.

By late 2013, SHOPS had developed catalytic partnerships with two firms ready to enter the commercial market: Olpharm Pharmaceuticals, an importer of ORS and zinc products, and CHI Pharmaceuticals, Ltd., a local pharmaceutical manufacturer. SHOPS subsequently awarded cost-shared marketing grants to both firms to secure their commitment to supply target states and to ensure that their products effectively reach all urban and rural areas in those states. Partner firms manufacture both ORS and zinc, and make these products available in individual units as well as co-packaged treatment kits. SHOPS worked with each of the pharmaceutical company's marketing teams to review marketing plans, map out territory, and develop a sales call plan and an annual calendar of National Association of Patent Medicine Vendors monthly meetings and events in which they should participate to follow up on training and supply issues.

Using market activation to increase sales of ORS and zinc

Penetration to rural areas was low due to high distribution costs. The absence of wholesalers close to the rural markets meant that PPMVs stocked out of the product before their next trip to bigger towns to purchase more supplies. In response, SHOPS developed a market activation concept with the aim of "pushing" zinc supply to all outlets in the states, branding them with zinc messages, and mapping local wholesale points with a view to stocking them with zinc for easy purchase by PPMVs.

Detailers visited every outlet within the target states—hospitals, clinics, pharmacies, and PPMVs—branding the outlets as ORS and zinc suppliers, providing information materials, offering sales discounts, and connecting outlets to wholesale supply points. SHOPS sent mass SMS to all providers two days before the activation and weekly reminders. These reminders helped generate direct sales.

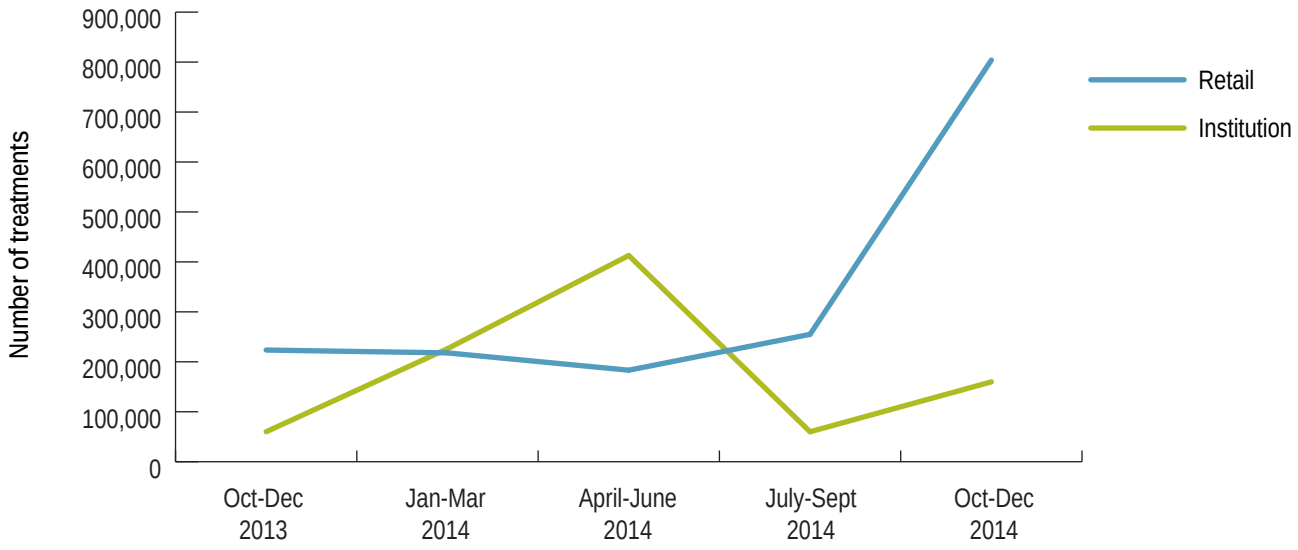
The market activation effort was very successful. In Abia State, 1,658 outlets were reached, and 14,000 blisters of zinc and 9,200 sachets of ORS were sold. In Nasarawa State, 911 outlets were reached, and 19,685 treatments of zinc and 5,900 sachets of ORS were sold. PPMVs were happy with the discounts and the opportunity to stock supplies. They reported that caregivers were coming in to ask for ORS and zinc, and the market for these products was moving well.

Vicki MacDonald

Fred Egbuchene, a proprietary patent medicine vendor from Umaharia in Abia State

Fred Egbuchene, a PPMV in Abia State, said, "This is the best thing that has ever happened for mothers and their children."

Figure 6. Zinc sales by channel, 2013–2014



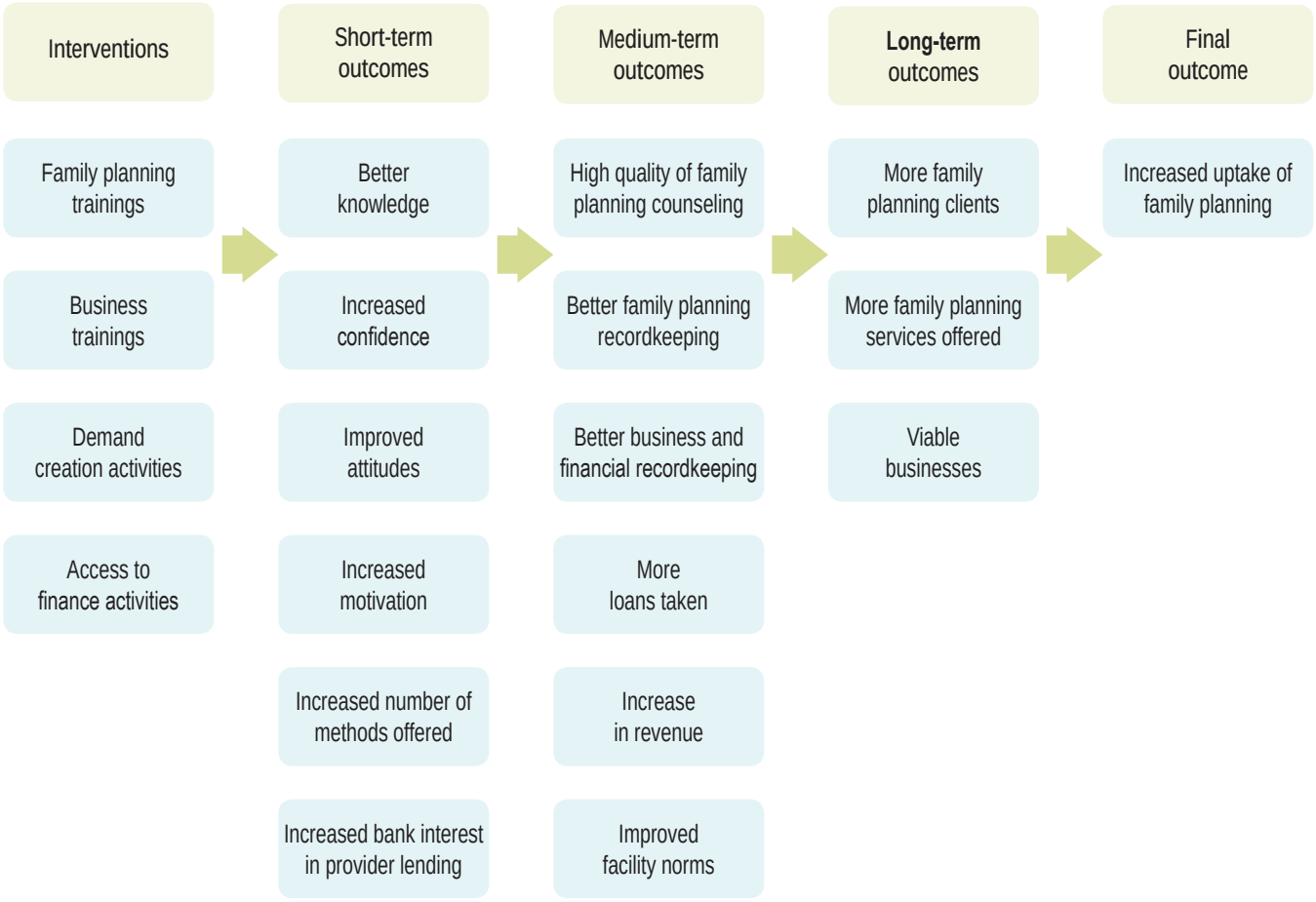
Sales of zinc from SHOPS partners totaled 2.6 million treatments (1.6 million retail sales; 919,000 institutional sales) from February 2013 through December 2014 (Figure 6). Retail sales have generally increased since the beginning of the project, while institutional sales to state ministries of health have been irregular.

Increasing Private Facility Sustainability

In Nigeria, private health care facilities are fairly small and face constraints including lack of financing, poor business skills, and limited market linkages. These constraints restrict providers from accessing inputs, such as lower-cost drugs and information technology, which they need to expand and improve their businesses. Without access to financing, private health providers are forced to rely on financing from their own savings and borrowing from friends and family. These sources limit and slow growth, making it difficult for providers to invest in their businesses. Expanded access to financing can lead to increased capacity, new services, more modern facilities and equipment, and increased clientele.

The conceptual framework in Figure 7 outlines how SHOPS interventions in Nigeria work together to achieve improved family planning and reproductive health and MCH outcomes.

Figure 7. Conceptual framework for expanding a private sector health facility



Business capacity

Business and financial management skills are not included in medical school curriculums, and medical professionals who open private practices often have no exposure to the skills and experiences required to operate a business efficiently. As a result, they often do not know the extent to which their business is profitable, or the drivers of and threats to their own financial sustainability. Yet, if a clinic is not financially sustainable, it will close and vital health service provision will cease.

Additionally, many providers are unable to evaluate the potential return on investment in facility upgrades or equipment and to raise the necessary capital. The result of these capacity constraints is reduced ability to sustain or expand their provision of health services to their communities.

To address these capacity constraints, SHOPS offers two courses. *Managing a Healthy Business* exposes private health providers to the basics of business management. The training builds their capacity to understand and apply fundamental business management skills. It also enables participants to view their practices as businesses, explore challenges and issues that arise at different stages of business development, focus on key challenges around customer service and optimal staffing mix, discuss opportunities for marketing and new client acquisition, understand the importance of recordkeeping, and conduct basic business planning.

Financing a Healthy Business focuses on the efficient use of funds to maintain and grow a health practice. The course assists participants with understanding the financial needs of their practices, recognizing available sources of finance, understanding the importance of keeping good financial records, learning about what makes credit applicants attractive to financial institutions, and developing financing plans. By April 2015, the project trained 1,138 private providers in *Managing a Healthy Business* and 917 in *Financing a Healthy Business* across the six project states.

In order for the training to be attractive to more providers and to ensure the sustainability of the courses, SHOPS partnered with the continuing professional development units of medical associations and regulatory bodies to develop a curriculum for a training of trainers, and offered it to their members and trainers. Doing so ensured members could earn CME units by participating in the business trainings.

SHOPS also developed a seminar on group practice based on information from business trainings and the facility census, which showed the private sector is dominated by small independent private providers. The seminar provided information on the importance of collaborating to capitalize on benefits such as shared overhead costs, larger purchasing power, the ability to offer a broader range of services, shared staff, and more borrowing power.

Access to finance

A variety of factors on both the supply and demand side of credit have produced limited interactions between formal financial institutions and private health providers. High interest rates, extensive collateral requirements, and the disinclination of formal financial institutions to serve private health providers discourage them from applying for loans from formal financial institutions. Additionally, the perception among banks and microfinance institutions that private providers are not focused on profits and have weak business systems makes them disinclined to explore the group as a market segment. SHOPS estimates that only two percent of providers who attend trainings had annual budgets, and only five percent had monthly budgets. About 15 percent had a documented business plan, and less than 40 percent had a structured stock management plan in place.

SHOPS's access to finance activities are designed to help improve the level of understanding of all parties, benefitting both financial institutions and health providers. SHOPS therefore supports Nigerian financial institutions that have been granted Development Credit Authority (DCA)[2] lending guarantees designed to boost their lending to private providers who offer family planning, reproductive health, and MCH services. SHOPS works with these institutions to help them understand private provider lending needs, monitor the performance of their health lending portfolios, and ensure that all borrowers meet the required criteria to participate in the DCA program. Additionally, the project offers technical assistance to DCA and non-DCA partner financial institutions, including market information sharing, linkages with private providers and associations, and loan officer training on financing the private health sector.

[2] The DCA guarantee lowers the risk to financial institutions of extending loans to new or risky borrowers by reimbursing the bank for 50 percent of net losses of the principal loan amount in cases of default. Terms of the guarantee, and specifics regarding qualifying borrowers and use of funds, are agreed between the financial institution and USAID.

Providing private providers with needed financial support
Kevin Ezeh, a proprietary patent medicine vendor, struggled to access the financing he needed to purchase stock when he relocated his business. As a result, he was not able to meet his financial obligations, including paying rent. Ezeh approached Accíon Microfinance Bank (AMfB) and was granted a "My Own" loan, covered under a USAID DCA guarantee through the SHOPS project.

SHOPS provided AMfB with a variety of technical assistance, including training loan officers and sharing private health sector market information. The assistance aimed to help AMfB better understand the private health sector and ultimately to provide high quality financial products and services to these borrowers.

By December 2014, AMfB had issued 1,416 loans to private health providers, of which 328 (23 percent) were issued under the DCA guarantee. The total amount of loans reached over $1.7 million, which is more than $1.3 million above the guarantee limit, more than doubling the initial credit guarantee. The average loan amount was about $1,500, and the loans performed well, with no defaults under the guarantee. AMfB reached the DCA cap in May 2012 and continued to lend to private health providers even without the guarantee.

In January 2013, Ezeh received funding, part of which was used to pay off his rent and restock commodities. He is currently in his fourth cycle of the "My Own" loan and is working toward his long-term plan to upgrade his facility and establish a chain of pharmacies. He believes that these goals are possible with the AMfB financial support.

Increasing Demand for Family Planning and MCH Services

Generating demand for family planning services requires both mass media and individual-level interventions. SHOPS work at the individual, facility, and community level complements broader mass media campaigns in the country. SHOPS has trained family planning community health promoters (CHPs) (volunteers who are respected in their communities) who use family planning counseling brochures and job aids to educate people in their communities and make referrals to trained private providers. CHPs also work directly with trained facilities to organize promotion events like community health days, which offer services to the community to attract new clients. SHOPS is also piloting a collaboration with traditional birth attendants (TBAs) in Lagos State on family planning counseling and referral to project-trained providers. TBAs do not provide family planning, so this collaboration is a way to reduce missed opportunities for family planning information and services in the postpartum period.

To increase demand for SHOPS LARC clinical training sessions and provide trainees with enough clients to complete their observed practical training, CHPs conduct intensified community efforts around the training sessions. SHOPS provides services for free during these sessions and, in the North in particular, high demand for these services has been observed. This demonstrates that there is unmet demand for services that could potentially be met by private providers in the right conditions.

To increase awareness among caregivers of the new recommended diarrhea management protocol of ORS and zinc, SHOPS aired two radio spots in English, Pidgin, and Igbo in Abia State and in English, Hausa, and Eggon in Nasarawa and Benue states. In its second year, SHOPS continued to broadcast the radio spots but, in addition, contracted with two radio programs, Mama and Papa Bomboi and Ogbonge Life, to inform the public about the new diarrhea management protocols. These radio programs, which use a combination of information and question/answer formats, are very popular with community members and have a high listenership.

To supplement the mass media communication, SHOPS selected a community-based organization to conduct community mobilization in each of the three states (Rural Development Planners, International in Abia; Ohonyeta Care Givers in Benue; and Delybimb Malaria Foundation in Nasarawa). SHOPS developed a flipchart for use in community mobilization, materials for training advocates and zinc champions, dosage and danger-sign posters, and other materials, and then distributed them to these community-based organizations. Each organization completed a series of advocacy meetings with community leaders, selected and trained a set of zinc champions, organized radio listening groups, and conducted community mobilization activities within target local government authorities.

Supporting private sector innovations to overcome persistent MCH challenges

USAID/Nigeria provided funds to the HANSHEP Health Enterprise Fund, implemented by the SHOPS project, to identify innovative solutions to address the government of Nigeria's Saving One Million Lives Initiative. In 2014, the fund selected two grantees to receive seed funding to begin or expand their operations and provided tailored technical assistance designed to help strengthen their business models:

- **Hecahn Health Services Ltd.** is extending its school-based primary health care program to low-income students.
- **Deji Clinic** is building a network of clinics that aims to expand access to essential health services for low-income populations through community-based health insurance.

With SHOPS support, by April 2015, Hecahn had enrolled two schools in its school-based health care program and had an additional school negotiating an agreement. Deji Clinic re-evaluated its insurance model with the assistance of a SHOPS health care financing expert and redesigned it to be more profitable. By April 2015, Deji had enrolled 10 clinics in its community-based health insurance product and expanded into additional communities.

Results

Vicki MacDonald

RESULTS

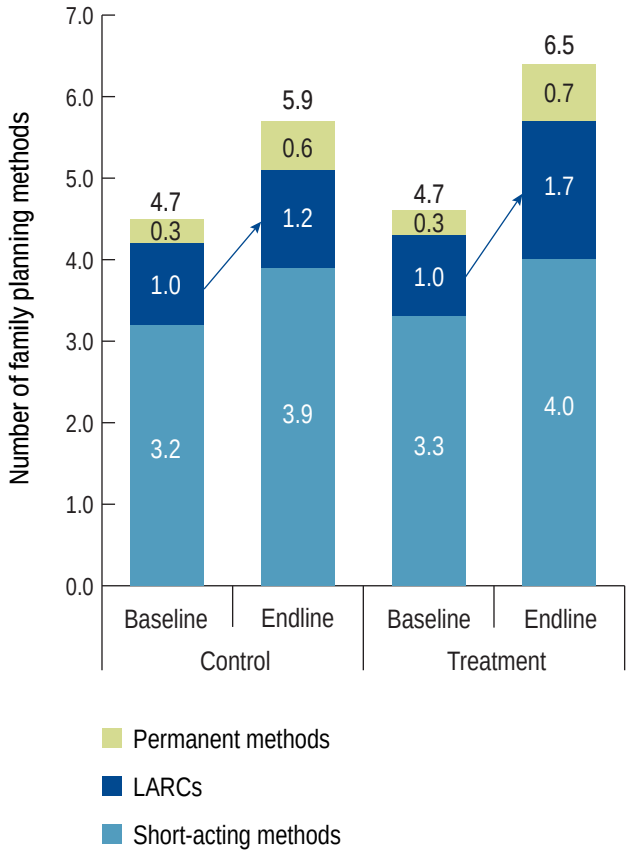
Improving Private Provider Capacity and Knowledge

On average, providers show significant increases in knowledge after family planning trainings—35 percentage points in *Balanced Counseling Strategy*, 47 percentage points in *Contraceptive Technology Update*, and 13 percentage points in *Clinical Skills for LARC*—based on pre- and post-test scores. Trained facilities have also seen an average 30 percentage point increase in facility scores on meeting infection prevention and control standards. As a result, newly trained providers have provided more than 54,000 family planning services, 16 percent of which are LARCs, generating 110,724 couple years of protection since the start of the project and demonstrating the reach of these providers.

To further assess the impact of the family planning trainings, SHOPS conducted a randomized controlled trial in Lagos State.[3] Evaluation results show the positive effect of building the capacity of private providers in family planning. The statistically significant findings show that the quality of counseling in the treatment group is higher than in the control group. They also show that, at endline, trained providers offer 11 percent more modern methods than the control group (6.5 methods vs. 5.9 methods), as shown in Figure 8. These results highlight the potential and benefits of helping private providers to expand their method offerings and quality.

PPMV supervision data show that more than 90 percent of those trained know that ORS and zinc are the correct treatments for childhood diarrhea and 70 percent know that antibiotics are not the correct treatment. However, to better understand the post-training knowledge and practices of PPMVs in the correct treatment of childhood diarrhea, SHOPS conducted a mystery client survey of 450 trained PPMV shops in Abia, Benue, and Nasarawa states. Results from the survey indicated that 48 percent of PPMVs went on to recommend ORS and 30 percent recommended zinc. However, the mystery client survey showed that only 25 percent of PPMVs correctly recommended ORS and zinc together, highlighting a gap between knowledge and practice. Correct recommendation of zinc (37 percent) and ORS and zinc together (33 percent) was consistently higher in Abia State than in the other two states.

Figure 8. Average number of family planning methods offered



Note: The totals include other modern methods, which are less than 0.2 for each bar.

[3] The study involved 965 private health facilities, which were randomly assigned to a treatment group that was offered trainings—in family planning counseling, contraceptive technology, and business practices—or a control group that was not offered such trainings.

Increasing Demand for Family Planning and MCH Services

To date, CHPs have worked with 94 facilities to organize 206 community health days. These health days have resulted in 2,364 women being counseled and accepting a family planning method. The TBA pilot has also shown initial promise with trained TBAs facilitating 14 clinic events with more than 500 women opting to take a family planning method.

More than 380 zinc champions have been trained and over 600 community meetings held reaching nearly 20,000 individuals with messages about using ORS and zinc. Several communities took significant action to prevent diarrhea through the construction of latrines, hand washing stations, improved water storage, and related activities. In one community in Abia, women pooled resources and bought supplies of ORS and zinc for the community. Particularly, the community-based organizations strengthened the referral system by engaging the community members on the danger signs of diarrhea and linking community members to primary health care units. As a result of the various demand-generation efforts, PPMVs are now reporting that caregivers are coming into their shops asking for zinc and that ORS and zinc are moving well in the market.

Increasing Private Facility Sustainability

The average knowledge gained by providers is 25 percentage points for the *Managing a Healthy Business* course and 35 percentage points for the *Financing a Healthy Business* course based on pre- and post-tests. Providers reported an enhanced understanding of the importance of sound business and financial management to the health mission of their practices. They recognized how skills such as marketing and promotion enable them to boost both their practices' profitability and their clinical mission.

The endline data collected for the randomized controlled trial found that a large share of these facilities had a separate bank account set up to manage these funds. An additional note regarding recordkeeping was that 81 percent of these facilities can access immediately the total number of clients visiting their facilities in a similar manner. Finally, facilities that were offered training overwhelmingly stated (82 percent) that their business management skills have improved in the last year.

DCA and non-DCA partner institutions have made 1,748 loans valued at $9.5 million to private health providers; 678 of the loans, or 39 percent, were extended to female providers, constituting 15 percent of the total value lent by partner banks.

Doug Trapp

A provider at Agape Medical Center in Lagos counsels a couple on their family planning options.

Lessons Learned

Vicki MacDonald

LESSONS LEARNED

Focused provider training, combined with demand creation, is a powerful tool for encouraging providers to introduce new clinical methods.

The SHOPS trainings offered to private providers led to positive results in overcoming existing barriers for introducing new clinical methods, such as implants and IUDs, as well as utilizing ORS and zinc to combat childhood diarrhea. This training offers great potential, particularly given a recent policy change in Nigeria that now allows community health extension workers to provide LARCs—thus making it easier to expand access for women to these methods in underserved areas and demonstrating the government's commitment to improving access to family planning. Moving forward, SHOPS is exploring how to incorporate this cadre into LARC trainings.

Vicki MacDonald

A proprietary patent medicine vendor holds the SHOPS market activation display in Abia State.

When combined with increased demand generation efforts for these services, enhanced results are evident. With Nigeria's low levels of contraceptive prevalence and family planning uptake, particularly for LARCs, demand generation is essential to sustain providers' interest and their confidence in their skills to provide these new services and methods. As such, SHOPS increased individual- and facility-level demand generation efforts to reach clients in providers' catchment areas, using a combination of community outreach and effective counseling.

Use of SMS technology offers a cost effective way of reinforcing training and increasing efficiencies in commodity logistics.

Implementation has shown that use of SMS after training allows providers to ask questions and obtain added information regarding family planning service provision. Effective linkages were also made between PPMVs and zinc suppliers using SMS. Many PPMVs took advantage to request additional stock of zinc. In addition, during supportive supervision, inspectors were able to assess ORS and zinc stocks using their smartphones and immediately notify SHOPS of stockouts. Both of these channels allowed the distribution system to efficiently pinpoint providers in need of stock and immediately respond.

Microfinance institutions, supported by DCA credit guarantees, offer critical opportunities for smaller providers to access credit and expand their services.

While DCA guarantees do not typically involve microfinance institutions, the DCA credit guarantee with AMfB demonstrated that these guarantees can facilitate impressive gains for small providers, especially community pharmacists who obtained loans from microfinance institutions. AMfB quickly reached its lending ceiling under the DCA agreement and continued strong lending to the health sector even without the guarantee. Through this mechanism, SHOPS demonstrated the value in working with financial intermediaries to extend credit to small providers, who are often not served due to their more limited borrowing needs, even by banks with a DCA guarantee.

CONCLUSION

The Nigerian health context is particularly difficult as it has high rates of maternal and child mortality. Given that 60 percent of care and treatment for childhood illness is sought from private sector sources, primarily PPMVs and pharmacies, SHOPS's efforts are critical for reaching a majority of caregivers in the six target states. The SHOPS program successfully reached over 4,300 PPMVs, created demand for zinc and ORS, and ensured that supplies of these products are available in retail outlets throughout the states of Abia, Benue, and Nasarawa. SHOPS also trained over 800 doctors, nurses, and midwives and 300 community pharmacists with updated knowledge on contraceptive methods. These traditional approaches for collaboration with the private sector were enhanced with the provision of targeted demand creation, business training, and access to credit through SHOPS interventions.

As the private sector remains the leading source for family planning services in Nigeria, SHOPS interventions are critical for expanding the method mix offered by private providers and for enhancing their sustainability. The program activities supported by SHOPS have shown the effectiveness of focused and integrated provider training, reinforced by demand generation, to support the introduction of new methods through private providers. Additionally, a recent policy increasing task sharing of family planning services (specifically LARCs) to community health extension workers is another positive step, particularly in the North, where private sector facilities are often staffed by a larger number of lower cadre staff than doctors, nurses, or midwives. Finally, the provision of business training to independent private health providers was especially effective in enhancing their business practices and future sustainability, while improving their opportunities for access to finance helps improve their capacity to grow their business or offer new or expanded family planning and other health services to their clients.

Deji Adeyi

A private provider offers free blood pressure screenings at a community outreach day hosted by Unita Hospital in Lagos.

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For more information about the SHOPS project, visit: www.shopsproject.org

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