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## RESEARCH INSIGHTS

### Impact of Offering Family Planning and Business Trainings to Private Facilities in Nigeria

Evidence shows that offering family planning and business trainings to private providers has a positive and significant effect on the number of contraceptive methods, particularly long-acting and reversible methods, offered in health facilities and the overall quality of family planning services.

In Nigeria, the modern contraceptive prevalence rate is low, at approximately 10 percent. Roughly 60 percent of women using modern methods obtain them from private sector facilities. However, data collected in 2012 by the SHOPS project in Lagos State revealed that private sector providers were not offering a wide range of family planning methods. The providers cited a lack of skills or knowledge and uncertainty about demand as reasons for not offering long-term methods. The data also revealed some service quality issues, like providers failing to gauge fertility preferences or rule out pregnancy.

The SHOPS project in Nigeria addressed these issues by offering trainings in family planning counseling, contraceptive technology and clinical skills (focusing on IUDs and implants), and business practices (including recordkeeping, planning, and financing) to private providers. The trainings took place from January 2013 to April 2014. This brief presents the results of an evaluation that measured the effectiveness of these trainings.

#### Methods

The SHOPS project conducted a randomized controlled trial with 965 private health facilities in Lagos State. The facilities were randomly assigned to a treatment group that was offered trainings or to a control group that was not offered trainings (see Figure 1). Baseline and endline data were collected using two complementary surveys. *Facility surveys* comprised face-to-face interviews with facility managers about family planning practices and services offered. *Mystery client surveys* assessed provider behavior during family planning counseling visits and were used to derive quality measures. Mystery client surveyors went to health facilities posing as mothers with two young children seeking contraception for two to three years. SHOPS compared both groups to assess the impact of trainings on two outcomes: the average number of contraceptive methods offered at facilities and the overall quality of the counseling sessions.



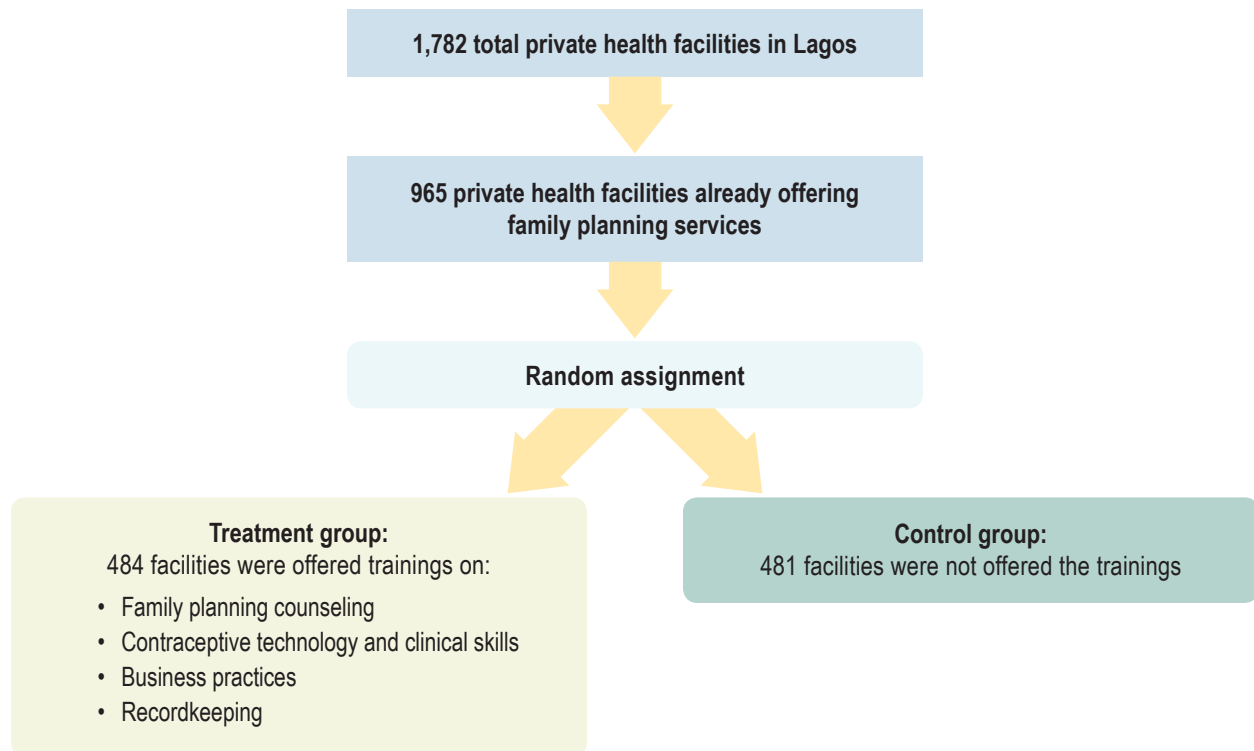
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*Counseling session during health fair at a facility trained by the SHOPS team in Nigeria.*

#### Key Findings

- Offering trainings increased the average number of contraceptive methods made available by health facilities by 11 percent.
- The increase in the range of contraceptive methods offered was due primarily to a greater provision of long-acting and reversible methods, especially implants.
- Overall quality of counseling services also improved due to the intervention.

Figure 1. Randomized controlled trial study design



## Findings

**Offering trainings increased the average number of contraceptive methods made available by health facilities by 11 percent.**

Due to the intervention, private health facilities in the treatment group had an average of 6.5 family planning methods available, compared to an average of 5.9 methods among facilities in the control group (see Figure 2). This difference represents a positive and statistically significant impact ( $p < 0.001$ ) of 11 percent.

**The increase in the range of contraceptive methods offered was due primarily to a greater provision of long-acting and reversible methods, especially implants.**

Most of the positive effect was driven by a greater provision of long-acting and reversible contraceptive methods, especially implants, among treatment facilities. In both groups, the average number of long-acting and reversible contraceptive methods offered at baseline was one method; at endline, control facilities had increased slightly to 1.2 long-acting and reversible contraceptive methods, while treatment facilities reported an average of 1.7. The increase in the number of short-acting and permanent methods observed, on the other hand, was similar across facilities from both control and treatment groups.

**Overall quality of counseling services also improved due to the intervention.**

Using information compiled by the mystery client surveyors, the SHOPS project assessed the overall quality of the counseling visits as graded against an “ideal” visit, which would cover all attributes of successful family planning counseling. For example, among numerous other attributes, in an ideal counseling visit, the provider would delve into relevant medical history and risk factors, determine existing family planning preferences, and discuss the advantages and disadvantages of various methods. The team compared these quality indicators across control and treatment facilities between baseline and endline.

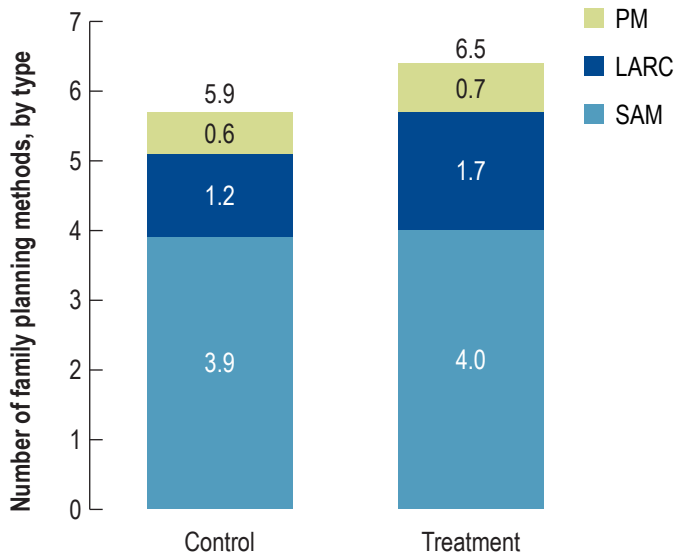
The SHOPS project found that offering family planning and business trainings to private health facilities has a positive effect on the quality of family planning counseling sessions. On average, providers from treatment facilities properly addressed 45.4 percent of all quality items, compared to 42 percent among facilities in the control group (see Figure 3). This overall difference is statistically significant and represents an improvement equivalent to 0.27 standard deviations.



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Despite this positive impact, important issues are still not properly covered or addressed by the providers. For example, only 20 percent of the providers in the treatment group at endline asked the mystery client surveyor if she was pregnant.

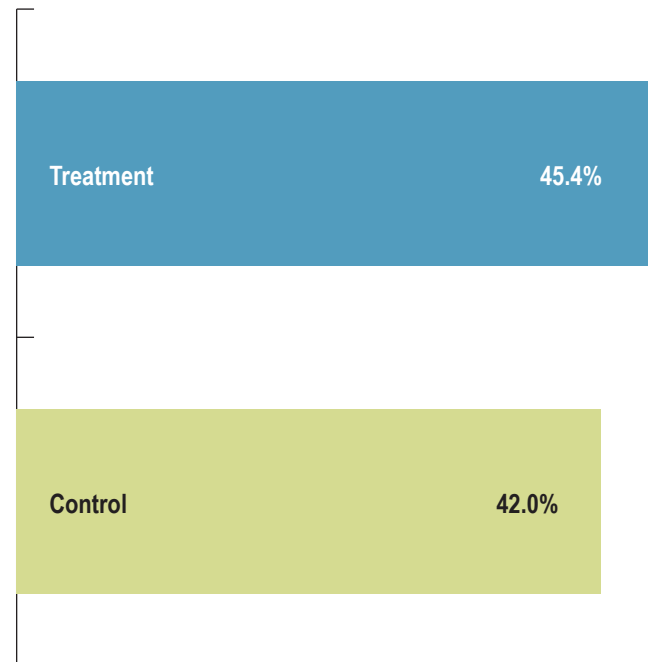
**Figure 2. Increased number of family planning methods**



*Note: The totals include other modern methods, which are less than 0.2 for each bar. Facilities were randomly assigned to a treatment and a control group.*

PM = Permanent methods  
 LARC = Long-acting and reversible methods  
 SAM = Short-acting methods

**Figure 3. Increased family planning service quality**



N = 857

## Program Implications

The study findings indicate that family planning and business trainings are a promising approach for increasing method choice offered by private facilities. Of particular interest is that the trainings drove an increase primarily in long-acting and reversible contraceptive methods, which were a key focus of the family planning trainings conducted by SHOPS Nigeria. These trainings were designed to match the needs of private facilities as reported at baseline in 2012, when it was determined that 42 percent of those facilities in Lagos wanted to start offering additional methods, in particular implants and IUDs.

Given the private sector's key role in providing short-acting methods, this finding confirms that private providers have the willingness and potential to offer clients a broad spectrum of short- and long-acting methods. It is important, therefore, to offer trainings in long-acting methods to private providers. In addition, programs should facilitate improved and affordable access to commodities so that providers are equipped to meet the market's family planning needs.

The randomized controlled trial design measured the combined impact of the family planning trainings and business trainings offered by SHOPS in Nigeria. It is not possible to measure the effect from the trainings separately, as they were designed to mutually reinforce each other. These trainings were intended to address supply-side barriers and limitations and should be supplemented with demand-generation efforts across all types of methods, but especially long-acting methods.

Offering family planning and business trainings to private facilities also improved the overall quality of the family planning counseling sessions provided by private health care facilities. This improvement is particularly important in the Nigerian context, where baseline results revealed significant gaps in how providers interacted with their clients. Despite the positive impact of the training, there is still substantial room for improvement, as important issues are still not properly covered or addressed by the providers during their counseling sessions. Trainings on family planning counseling should focus on these identified gaps in counseling and should also be integrated with trainings on clinical skills to ensure that all providers have an opportunity to improve the interactions with their clients.

This summary is based on research conducted by the SHOPS project. For more information, contact [info@shopsproject.org](mailto:info@shopsproject.org).

The Strengthening Health Outcomes through the Private Sector (SHOPS) project in Nigeria (No. AID-620-LA11-00001) is a USAID/Nigeria-funded five-year associate award under the SHOPS project. Its goal is to strengthen private sector clinic-based family planning and reproductive health services in Nigeria. The program will accomplish this goal by working with private providers to increase counseling options and quality, increasing access to finance, and delivering business and management support. The views expressed in this material do not necessarily reflect the views of USAID or the United States government

For more information about the SHOPS project, visit: [www.shopsproject.org](http://www.shopsproject.org)



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