Patterns in Family Planning Service Delivery Practices of Private Health Facilities in Lagos State, Nigeria

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Presentation Outline

- SHOPS Nigeria Project Family Planning Intervention in Private health facilities
- Volume and Types of FP service delivered by private providers in Lagos state
- Quality of Family Planning Counselling offered by Private Health Facilities
- Conclusion and Recommendations

SHOPS Project in Nigeria

- SHOPS Nigeria is a 5 Year USAID supported Project. The project is providing a range of trainings and other interventions aimed at improving the quality of family planning services in private Health facilities.

- Data needed on private health facilities location and capacity. Lack of data make program intervention difficult
- It is also important to measure the quality of service provision in order to sharpen the focus of the SHOPS interventions and accurately assess their impact.

Methods

COLLECT LISTS

Lists of private health facilities obtained from associations and government agencies.

SNOWBALL SAMPLING

Enumerators searched neighborhoods and asked respondents and community leaders to locate additional facilities.

SURVEY CONDUCTED

Data on services offered, infrastructure, and patient flow collected.

MYSTERY CLIENTS

"Mystery client" surveys conducted at sub-set of facilities to measure quality of family planning counseling.

Facilities include private for-profit and private nonprofit facilities, but excludes patent medical vendors.

TOTAL FACILIITES IN CENSUS

TOTAL NUMBER OF FACILITIES BY TYPE

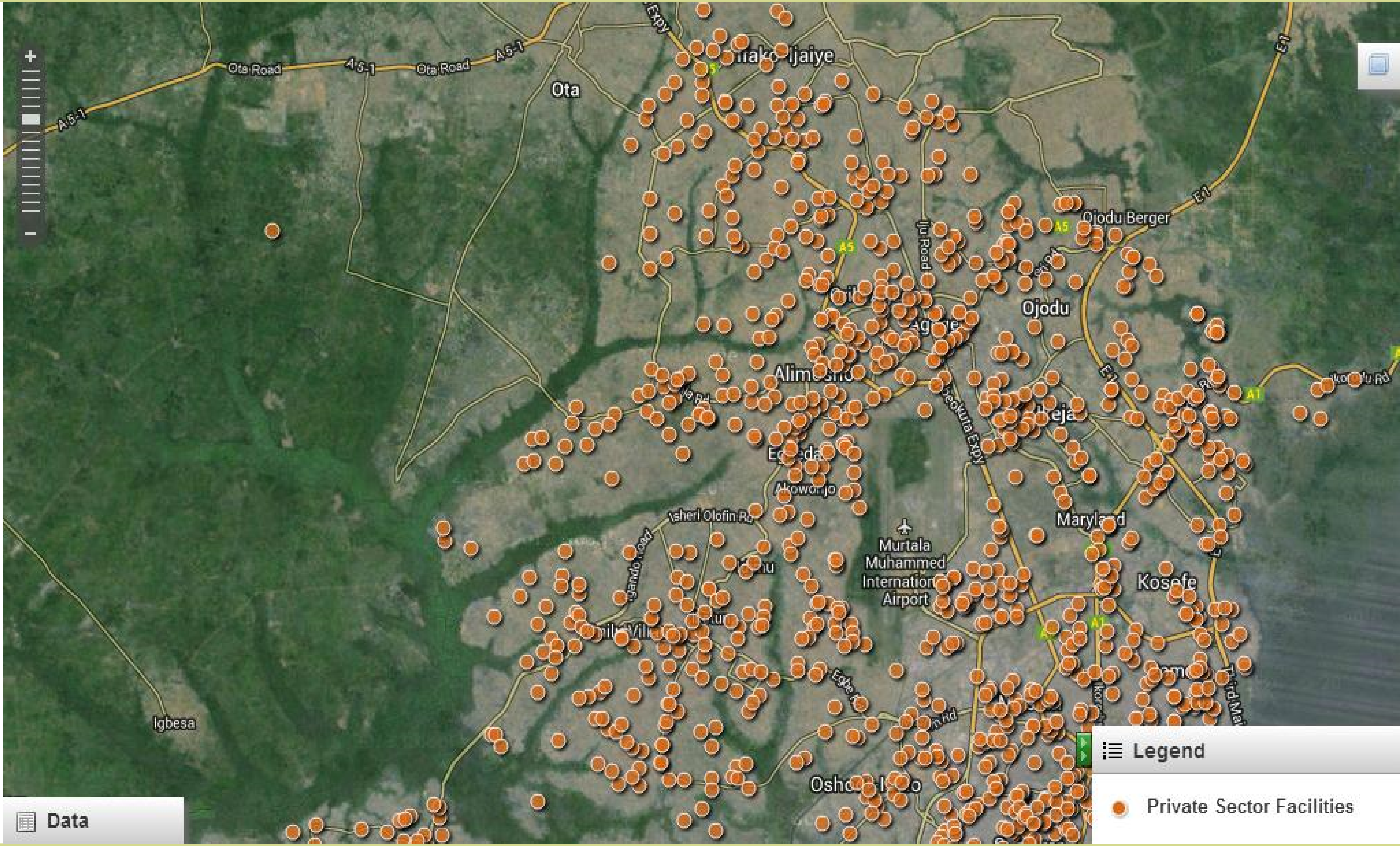
- There were 2,557 private health facilities interviewed in Lagos state

- Approximately 32% of the private health facilities are community pharmacies, 14% are nursing homes, 20% are hospitals or medical centers, and 34% are clinics.

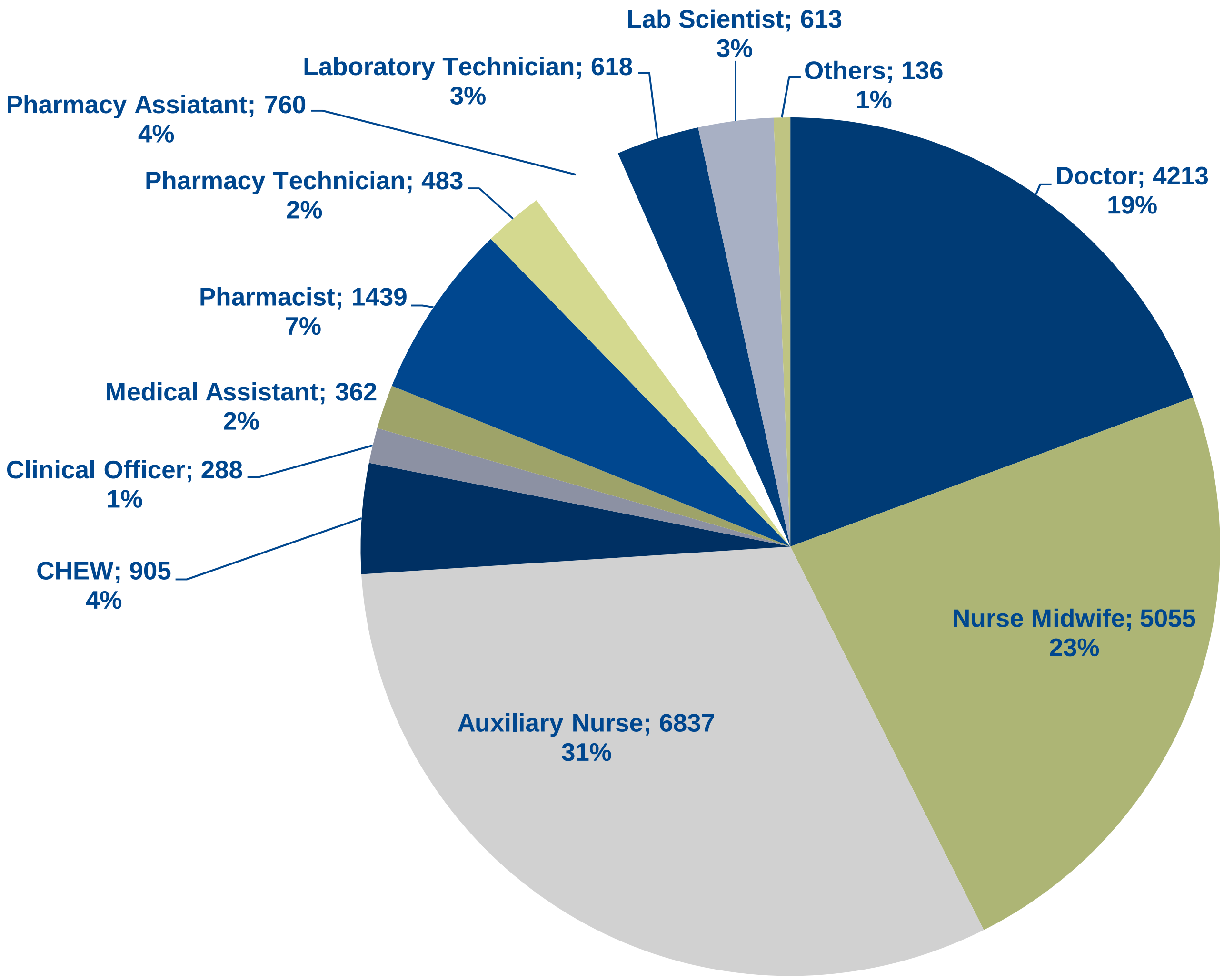
Volume and type of family planning services Private facilities provide

- Solo Practice is prevalence
- Nearly half (42%) of providers were either nurses or nurse midwives and doctors
- Clients volume is low
- Low clients for FP
- Family Planning Quality of service gap

Large but Fragmented Private Sector



DISTRIBUTION OF PROVIDER TYPES (21,772 Providers combined)



DISTRIBUTION OF PROVIDER TYPES

AVERAGE NUMBER OF PROVIDERS WORKING AT EACH FACILITY BY PROVIDER AND FACILITY TYPE

Provider Type (All 6 States)	Clinic	Hospital/Medical Center	Nursing Home	Community Pharmacy	All Facilities
Doctor	1.1	3.1	0.9	0.0	1.
Nurse Midwife	1.1	3.6	1.5	0.1	1.
Auxiliary nurses	1.8	4.5	2.8	0.2	2.
Community health extension worker	1.4	1.2	0.6	0.1	0.
Clinical Officer	0.2	0.2	0.1	0.0	0.
Medical Assistant	0.2	0.3	0.1	0.0	0.
Pharmacist	0.1	0.3	0.0	1.3	0.
Pharmacy Technician/ Asst.	0.1	0.6	0.1	0.7	0.
Lab scientist/ Technician	0.6	1.4	0.2	0.0	0.
Other	0.4	0.9	0.3	0.2	0.
All providers	6.9	16.1	6.6	2.8	8.

AVERAGE / MEDIAN CLIENTS PER DAY BY FACILITY TYPE

Facility Type	Average	Median
Clinic (n=1552)	11.3	7.0
Hospital/Medical Center (n=1463)	23.3	15.0
Nursing home (n=662)	8.4	6.0
Community pharmacy (n=1409)	53.5	30.0
All facilities (n=5086)	28.3	10.0

Low Clients for FP services

- Approximately 55% of private health facilities (excluding community pharmacies) offer at least some family planning service.

- The avg. number of family planning clients at private health facilities was relatively low: 8.4 clients monthly or roughly 2.4% of total clients

PERCENTAGE OF FACILITIES OFFERING FP SERVICES, BY FACILITY TYPE (EXCLUDING COMMUNITY PHARMACIES)

Facility Type	Lagos (N=1,736)
Clinic	54%
Hospital/medical center	63%
Nursing home	43%
All facilities (excluding community pharmacies)	55%

Reasons for not offering family planning

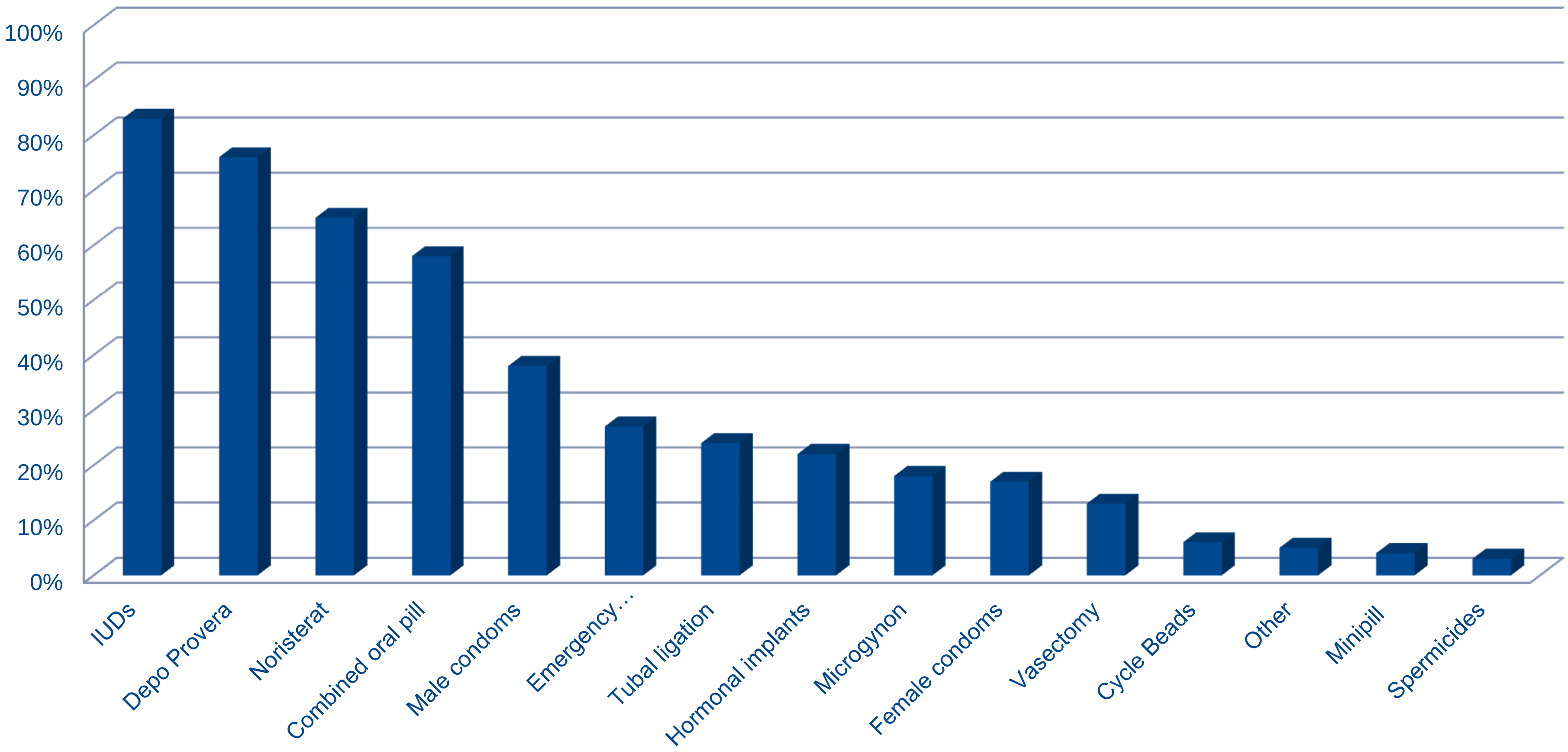
Facility type	No demand	Not profitable	Inadequate knowledge/skills in family planning	Cannot obtain the money needed	Planning to offer, but not yet	Other
Clinic (n=164)	29%	2%	21%	0%	20%	29%
Hospital/medical center (n=114)	25%	6%	18%	1%	18%	35%
Nursing home (n=92)	34%	2%	24%	0%	17%	23%
All facilities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

Several mentioned lack of demand or lack of skills

MEDIAN NUMBER OF MONTHLY CLIENTS OBTAINING FP SERVICES, BY FACILITY TYPE (EXCLUDING COMMUNITY PHARMACIES)

Facility Type	Lagos (N=1,736)
Clinic	5
Hospital/medical center	5
Nursing home	5
All facilities (excluding community pharmacies)	5

AVAILABILITY OF FP SERVICES IN ALL FACILITIES EXCEPT COMMUNITY PHARMACIES



Availability of FP Services by Facility Type (Among Facilities That Offer Family Planning, Excluding Community Pharmacies)

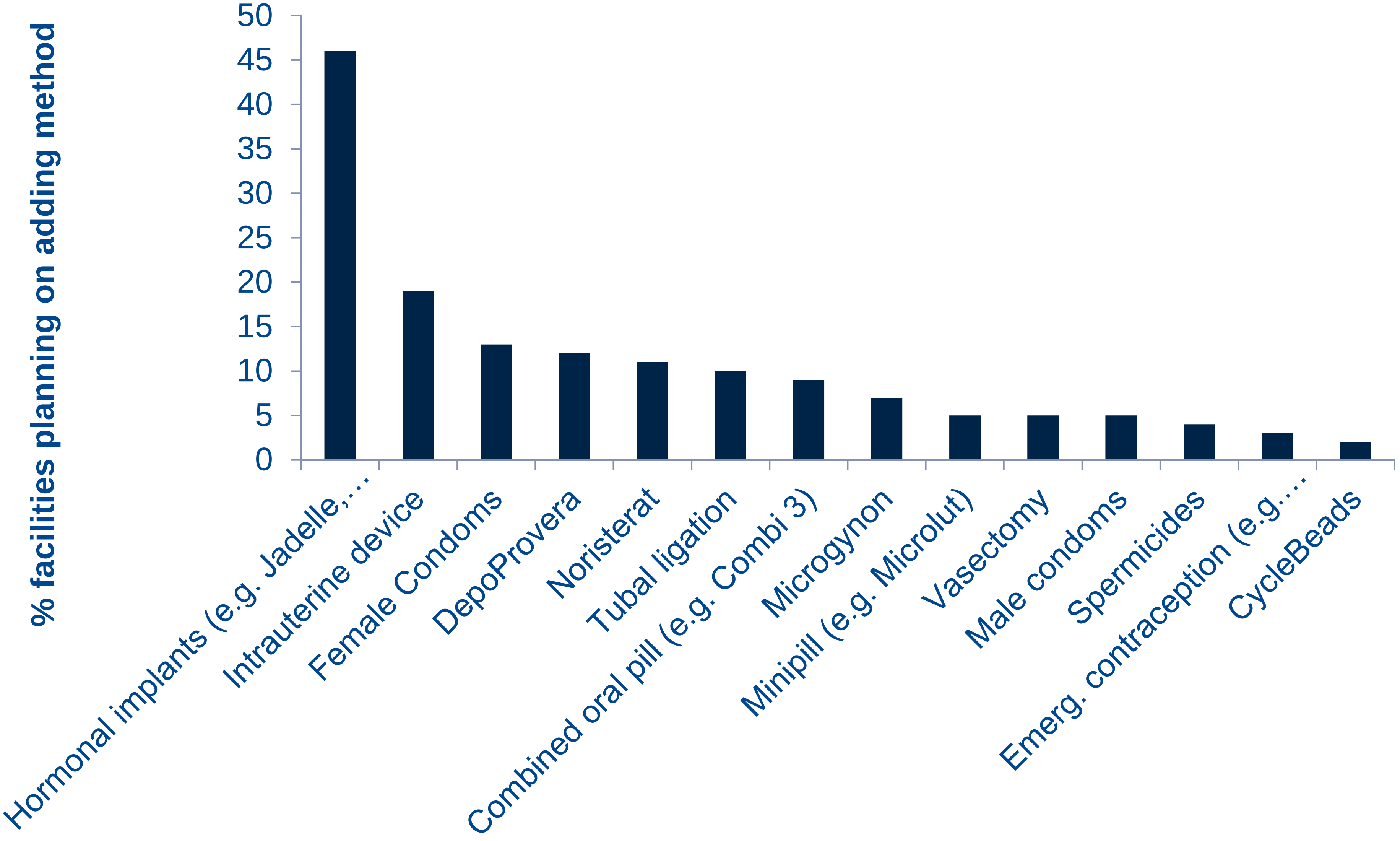
FP Method	Clinic (N=511)	Hospital/Medical Centre (N=876)	Nursing home (N=349)	Total (N=1,736)
Tubal ligation	8%	26%	3%	16%
Vasectomy	2%	4%	1%	3%
Combined oral Pill	26%	43%	36%	37%
Microgynon	7%	15%	10%	12%
Minipill	5%	11%	5%	8%
IUCD	43%	67%	49%	56%
Depo Provera	41%	57%	53%	51%
Noristerat	31%	49%	51%	44%
Hormonal implants	6%	18%	11%	13%
Male condoms	20%	26%	23%	24%
Female condoms	8%	11%	12%	10%
Spermicides	1%	3%	1%	2%
Emerg. Contraception	14%	19%	14%	16%
CycleBeads	4%	6%	2%	4%
Other	3%	3%	3%	3%

FACILITIES THAT PLAN TO INTRODUCE ANY ADDITIONAL FP SERVICES IN THE NEXT 12 MONTHS, BY FACILITY TYPE

Facility Type	% Planning On Offering Additional FP Services*
Clinic (N=511)	40%
Hospital/medical center (N=876)	44%
Nursing home (N=349)	56%
All facilities (N=1,736)	42%

* All facilities, including facilities not currently offering family planning services, included.

AMONG FACILITIES PLANNING ON OFFERING ADDITIONAL FP METHODS, WHICH NEW METHODS THEY PLAN ON OFFERING (n=2,557)



QUALITY OF FAMILY PLANNING SERVICES OFFERED BY PRIVATE HEALTH FACILITIES

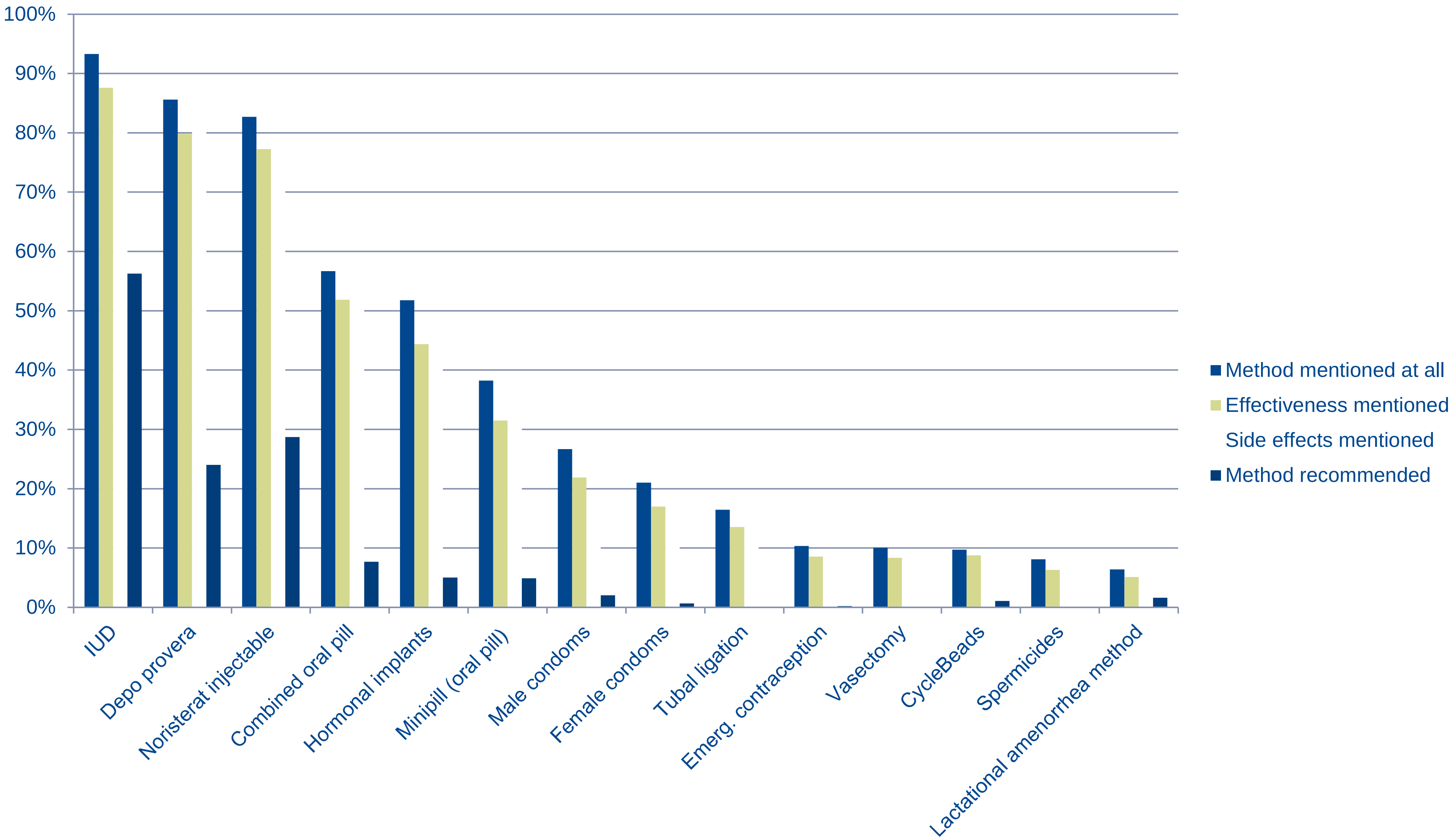
Mystery Clients Survey

- The quality of FP counseling at the facilities selected for the mystery client surveys appeared to be good on some measures but in need of improvement on others.
- In general, providers were responsive to the mystery clients' needs.
- Further, providers for the most part gave information on effectiveness and side effects of any methods they mentioned.
- However, providers often failed to ask key questions necessary to gauge patient preferences, rule out pregnancy, and check for contraindications.

Results from mystery clients in Lagos

Category	Question	% of time question was asked
Background	Your age?	54%
	Are you married?	57%
	How long have you been married?	6%
	Do you have children?	92%
Ask client her preferences	Do you want to have more children in the future?	77%
	Does your partner support you in family planning?	48%
	Are there any family planning methods that you are currently using or have used before?	53%
	Which family planning method would you prefer?	60%
	Are there any family planning methods which you don't wish to use?	10%
	Are there any family planning methods which your husband/partner doesn't wish to use?	13%
Rule out pregnancy	Are you pregnant?	18%
	When was your last menstrual period?	67%
	Have you had unprotected sex since your last menstrual period?	28%
Check for contra-indications	Do you have any major health problems?	25%
	Are you taking any medications currently or periodically?	9%
	Are you allergic to any drugs?	9%
	Do you have heavy periods?	22%

Mystery Client Results – Information Given by Providers



Time allocated to counselling and given attention to Mystery Clients

- Time spent by mystery clients waiting to see a provider was reasonably short.
- Overall average time that providers spent counselling the mystery clients was 14 minutes and median time was 12 minutes
- Family planning posters were displayed at only 8 percent of the facilities visited.
- Family planning brochures were given to mystery clients at only 7 percent of facilities.

Conclusion and Recommendations

- First a large number of facilities offer family planning and among those that do, most offer several methods. Yet family planning make up only a small proportion of overall patient numbers.

- Secondly among facilities that don’t offer family planning, many cite lack of demand as key reason for not doing so.

- These finding suggest that private facilities have unused capacity to deliver family planning services and target demand creation efforts could increase use of family planning services

Conclusion and Recommendations (CONTD)

- Lastly, many private facilities state that they plan on offering additional family planning methods, in particular implants, in the future. Clinical training on implant insertion and removal may help speed the rate at which private facilities offer this service to their clients.
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