NURHI 2

SERVICE DELIVERY STRATEGY

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CHAPTER 1 - INTRODUCTION

EXECUTIVE SUMMARY

In the past three decades, changes in the use of family planning have largely determined national fertility trends. Evidence has shown that where contraceptive use is widespread, fertility levels and maternal mortality are low. In Nigeria however, the use of modern contraceptive methods has remained low (mCPR – 10%), fertility rates are at a national average of 5 to 6 births per woman, and maternal mortality rates are still very high. According to the 2013 National Demographic Health Survey (NDHS), thirty-one percent (31%) of currently married women in Nigeria have a demand for family planning but only a third of this potential demand for family planning is being met. This means that millions of women who say they want family planning are not using it due to one or several factors, thereby exposing them to several challenges and complications related to having unwanted or unplanned pregnancies.

The Nigerian Urban Reproductive Health Initiative (NURHI) is part of a broader Urban Reproductive Health Initiative. The initiative was designed based on the hypothesis that when demand for family planning rises, supply will rise to meet the demand over time. NURHI defines demand for family planning as the desire and ability among women and/or men to take action to plan their families.[1] So from 2009 to 2015, NURHI phase 1 project was implemented to increase the use of modern family planning methods among the urban poor in six major cities in Nigeria (FCT, Ibadan, Ilorin, Kaduna, Benin and Zaria) by 12.5 percentage points. NURHI Phase 1 service delivery interventions relied heavily on evidence from in-country data to determine strategies and activities that were adopted. Findings from the 2008 NDHS and the MLE Baseline Assessment were used to understand the family planning situation in all the project cities which subsequently led to the key strategic interventions - The "72-hour clinic makeovers" and training of FP providers. While the clinic makeovers ensured that supported facilities had the basic standard of infrastructure/equipment needed for the provision of FP services, the training guaranteed that all project cities had a pool of trained and skilled FP providers to support FP service delivery. NURHI Phase 1 succeeded in contributing to an impressive 11.5 percentage point increase in modern contraceptive rate (mCPR) use among women of childbearing age over five years of project implementation. As a result, over 350,000 more families are now using family planning methods.[2]

Building on the proof that demand drives supply, NURHI phase 2 was birthed to envision a Nigeria where supply and demand barriers to contraceptive use are eliminated and family planning becomes a social norm. NURHI 2 aims at scaling up the proven interventions from NURHI 1 to catalyze replication of same in other States within the country and in the long run facilitate the institutionalization of these strategies into existing and new systems.

RATIONALE

NURHI is one single project proven to increase contraceptive use in Nigeria by an average of 11.5% among the poorest in six project cities. The strategies implemented were tested and proven with defined evidence of success and impact. In the 2013 NDHS report, three of the NURHI 1 project States (Kaduna,

[1] *Krenn S, Cobb, L, Babalola S, Odeku M, Kusemiju B. Using behavior change communication to lead a comprehensive family planning program: the Nigerian Urban Reproductive Health Initiative. Glob Health Sci Pact. 2014;2(4):427-443. http://dx.doi.org/10.9745/GHSP-D-14-00009*

[2] *http://ccp.jhu.edu/nigerian-urban-reproductive-health-initiative-nurhi/*

Kwara and Oyo) were among the States with significant increase in CPR. This is an indicator that, sustaining and replicating these models and best practices could likely result in an increase in CPR in other States in Nigeria.

NURHI 2 is replicating and expanding these proven strategies and intervention statewide in Kaduna and Oyo as well as scaling up to a new State – Lagos. This means that implementation of NURHI 2 will leverage on the experience and lessons learned from NURHI 1, as well as seek new strategies to accelerate the impact of ongoing and future FP work in Nigeria. This document sets the scene for strategy, design and delivery of comprehensive family planning services.
The objectives of this document are;

1. To provide a framework for providing efficient and quality family planning services.
2. To provide state-specific strategies that will maximize the impact of NURHI 2 intervention at the project states.

OBJECTIVES & SCOPE

NURHI 2 will be implemented in three states; five years (2015-2020) in Lagos and Kaduna States, and three years (2015-2018) in Oyo State.

The goal of NURHI 2 is to increase the mCPR by 12.5% in each of the intervention States by facilitating a positive shift in family planning social norms, at the structural, service and community levels.
Furthermore, with emphasis on sustainability, integration, replication and scale-up, NURHI 2 will focus on working within new and existing government structures at national, state and local government levels to ensure that every opportunity is used to share and disseminate project innovations and achievements.

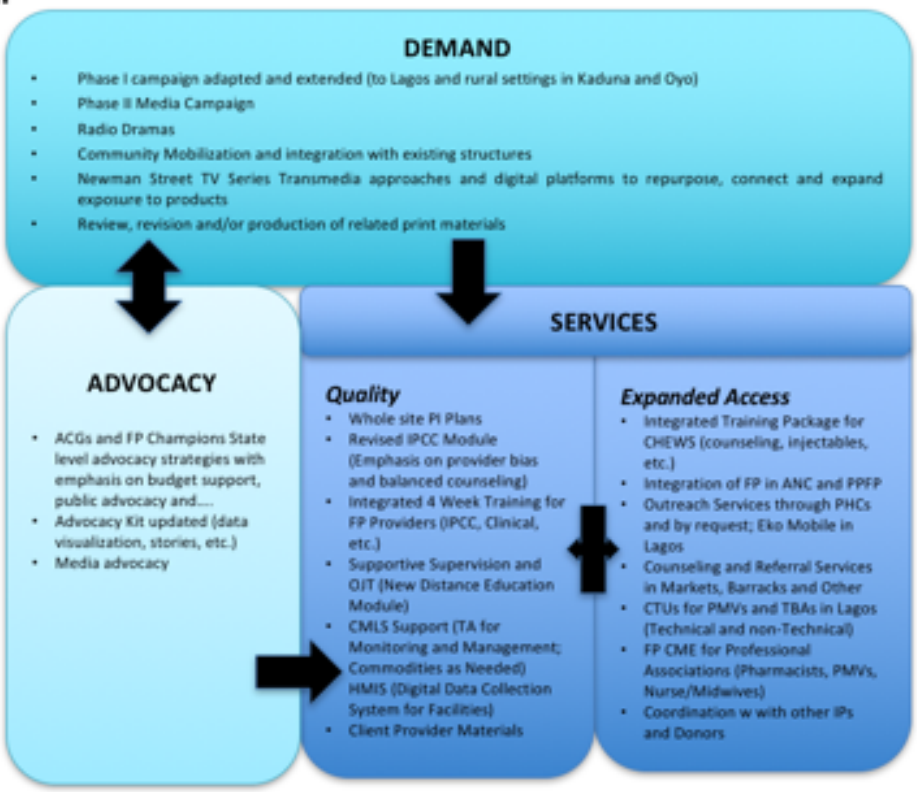
APPROACH

To effect this transformation, NURHI 2 will continue with the holistic approach to advocacy, service delivery and demand generation adopted from NURHI 1. These approaches are mutually dependent such that advocacy and demand generation will support service delivery closely with;

Advocacy will continue to ensure a supportive environment for FP service delivery, especially with regards to staffing, funding and improving implementation of FP policies at all levels of government to ensure quality FP service provision at all levels of healthcare. In addition, key stakeholders at all levels of society will be engaged to enhance dialogue on myths, misconceptions and the role of modern FP methods in present day Nigeria.
On the other hand, ***Demand Generation*** will be aimed at creating awareness of FP services through the use of several mediums such as radio, television entertainment, multi-platform social media, social mobilizers under the "Get it together" Campaign. These will improve awareness and ensure that potential users know about FP, have access to FP services and utilize these services.

The diagram below describes the interactions, relationships and influences of the different building blocks of NURHI 2.

NURHI II



As a result of this synergy between the different building blocks of NURHI, four intermediate outcomes are expected to happen in NURHI 2;

1. Increased support by key stakeholders for FP at the State and LGA level.
2. Quality of family planning service provision improved at NURHI intervention sites.
3. Expanded equitable access of women to family planning services through new and existing service channels.
4. Increased demand for family planning by women and men.

Two of these intermediate outcomes are directly related to service delivery - quality improvement of family planning service provision improved at NURHI intervention sites and expanding equitable access of women to family planning services through new and existing service channels.

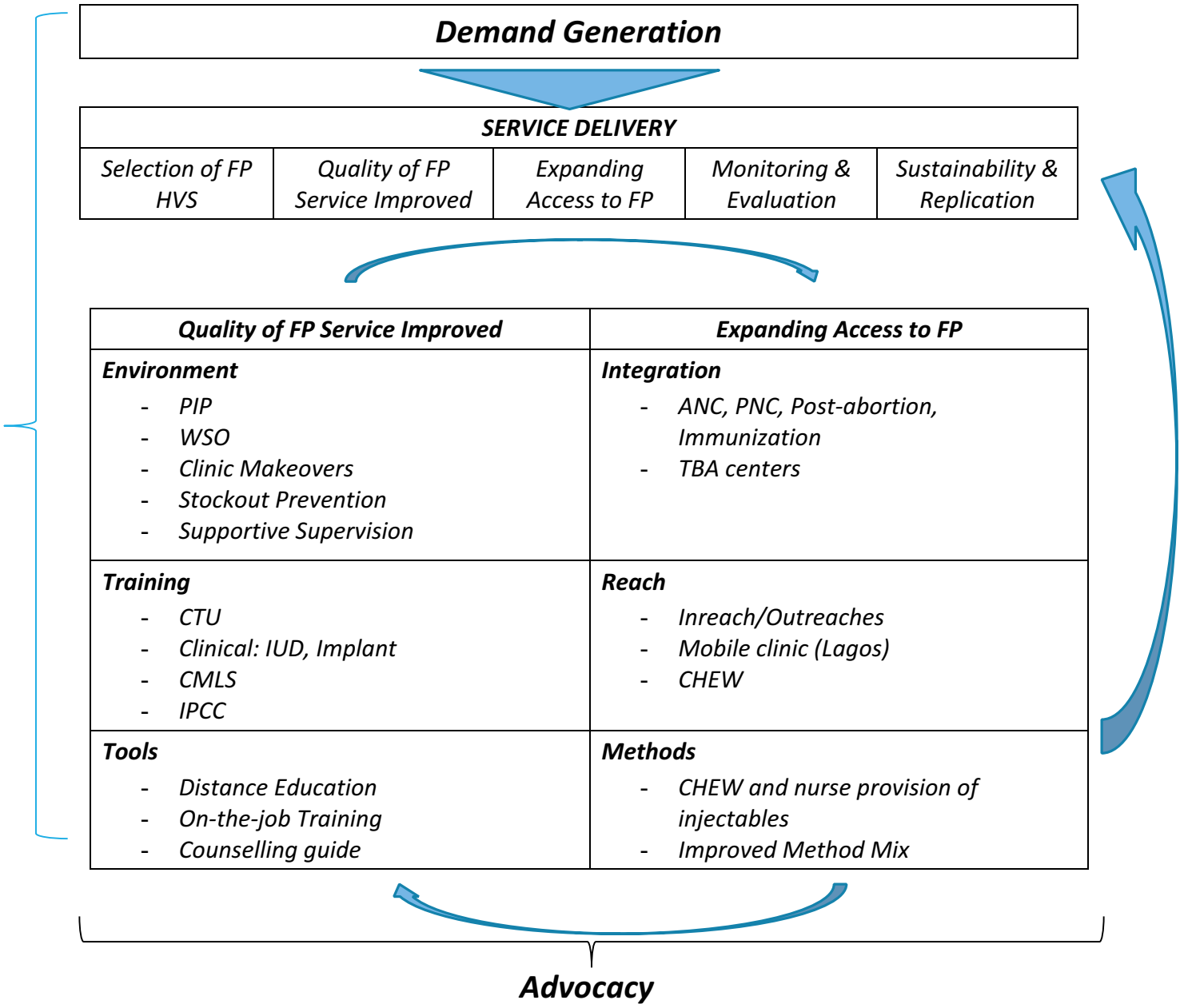
It is expected that these two outcomes will have a great influence in determining the strategies adopted and implemented in the service delivery component.

CHAPTER 2 - SERVICE DELIVERY ESTABLISHMENT

The guiding principles and approaches to NURHI 2 FP service delivery comprises of two sections;

- Service Delivery Framework
- Service Delivery Strategy

NURHI 2 SERVICE DELIVERY FRAMEWORK



STRATEGIES FOR SERVICE DELIVERY

The primary goal of NURHI 2 Service Delivery is "Quality improvement" and "Expanding Access" of FP services. These two important intermediate outcomes of service delivery are interrelated and mutual. Where quality FP services are unavailable, there is likely to be lower demand for the FP services and where demand occurs, a weak service system cannot support increased demand thereby accentuating that demand is central in expanding access to FP services. Additionally, there is need to ensure a standardized quality of FP service provision by all FP providers irrespective of their cadre when expanding access to contraceptives.

The primary goal of NURHI 2 will determine the interventions implemented during the project cycle. New innovations will be developed in anticipation of specific challenges based on the current situation in the country whilst also ensuring that many proven strategies from NURHI 1 will be continued. Furthermore, State specific modifications will be considered to ensure successful implementation of NURHI 2 at each of the project states.

NURHI 2 service delivery strategies are discussed under the following headings;

A. SELECTION OF HIGH VOLUME SITES (HVS)

In NURHI 1, facilities that serve the greatest number of Maternal Newborne and Child Health (MNCH) clients in the project States were categorized as high volume sites (HVS). These facilities served as primary intervention points in each project LGA. In NURHI 2, there will be scale-up and expansion in 2 project States (Kaduna & Oyo States) and entry into a new State (Lagos State), which means that more facilities will be recruited and supported to provide FP services. The facility selection criteria will be continued in NURHI 2 thereby ensuring that HVS are those that will be directly supported on the program. However, other facilities with smaller outpatient/clinic attendance which are not directly supported on the project will be clustered around HVS in the same community to ensure that they benefit from these interventions such as outreach programs, etc.

The scale-up implementation will increase FP service coverage to the following areas;

NURHI Supported State	No. LGAs	No. HVS
KADUNA*	15	73
LAGOS	10	50
OYO^	15	71

*NURHI 1 Kaduna - 7 LGAs & 33 HVS (including 2 private facilities)
^NURHI 1 Oyo – 5 LGAs & 28 HVS (including 5 private health facilities)

In NURHI 2, FP service implementation into the new HVS will be accomplished using a phased approach. All supported LGAs will be clustered into a minimum of 2 groups and maximum of 5 groups based on demographics and population densities of the LGA. Program implementation will commence in the selected HVS within LGAs that have the highest population densities. This ensures that there is a maximum of 10 HVS in every cluster where service delivery will be rolled-out over a period of 2 to 3 months, before moving onto the next cluster of facilities. The states will experience an overlap in

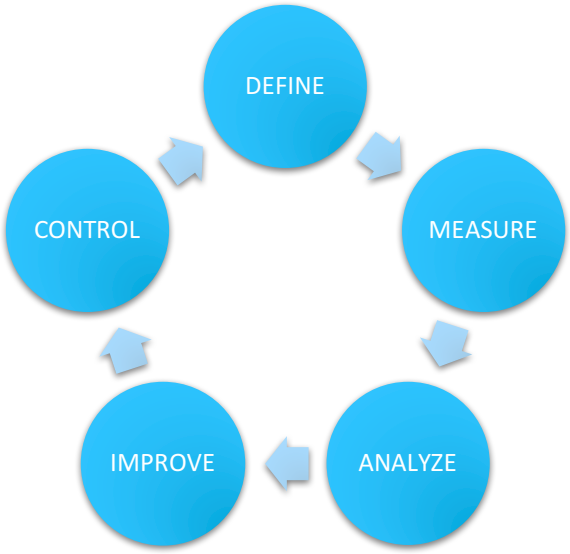
activities thus providing opportunities for continuous contact and monitoring of all NURHI supported HVS (see Appendices for complete list of supported LGAs/State and HVS).

B. QUALITY IMPROVEMENT

Quality health care is defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"[3]. In FP, there are already standards of practice or protocols in existence which have laid down expectations for quality. Therefore, NURHI 2 Quality Improvement (QI) adopted a process-improvement technique guided by data, to identify inefficiencies and then influence positive changes to close the gap between the current and the expected outcomes, while both satisfying the client and increasing coverage.

The NURHI 2 QI strategy utilizes a five-phased process known as define, measure, analyze, improve, and control (DMAIC approach)[4] to influence changes in six elemental areas outlined in the Bruce/Jain framework. These six elemental areas namely, 'choice of methods', 'information given to clients', 'technical competence', 'interpersonal relations', 'follow-up and continuity mechanisms', and 'appropriate constellation of services', together constitute the foundation for defining the goals and evaluating the outcomes of the NURHI 2 quality improvement strategy. These are discussed in more details in the latter part of this document.

Diagrammatic Representation of the DMAIC Approach



Using the DMAIC approach, two distinct measures were adopted in the NURHI 2 quality improvement plan;

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[3] *McNally MK, Page MA, Sunderland VB. Failure mode and effects analysis in improving a drug distribution system. Am J Health Syst Pharm. 1997;54:17–7. [PubMed]*

[4] *Pande PS, Newman RP, Cavanaugh RR. The Six Sigma way . New York: McGraw-Hill; 2000.*
Barry R, Murcko AC, Brubaker CE. The Six Sigma book for healthcare: improving outcomes by reducing errors . Chicago, IL: Health Administration Press; 2003.
Lanham B, Maxson-Cooper P. Is Six Sigma the answer for nursing to reduce medical errors and enhance patient safety? Nurs Econ. 2003;21(1):39–41. [PubMed].

1. Identify and compare best practices within the organization, and also compare current practice over time
2. Use comparative data between organizations to judge performance and identify improvements that have proven to be successful in other organizations

These measures are realized by the use of a robust system of well developed tools to measure, monitor and track progress in quality improvement across the supported project states. Of notable mention is the *Quality Scoring Based System,* where facility scorecards are compared during learning fora (internal and external) to stimulate cross sharing of information, learning, healthy competition and improvement. Other tools include FPSS checklist/tool, post training assessment tool, and providers & clients' interview guides to conduct periodic & biannual quality assessment that will measure successes and gains based on the indicators.

C. EXPANDING ACCESS

The ultimate goal in expanding access is to reach every deserving woman in need, with quality FP services providing a wide range of modern contraceptive options. This will be achieved by preventing any missed opportunity through:

- Scale-up to new HVS and new LGAs, and subsequently to the rural areas of project states.
- Encouraging family planning service integration at all health service delivery points
- Conducting clinic outreaches to boost uptake of family planning services
- Promoting taskshifting to enable CHEW provide long-acting and reversible family planning methods.

D. RESEARCH, MONITORING AND EVALUATION

NURHI 2 project will use evidence-based programming to track how health systems respond to increased inputs, and the impact that these improvements may have on improved health indicators. This will be achieved through the use of multiple data sources to provide sufficient information for monitoring service delivery interventions and addressing the gaps in data availability and quality.

Additionally, the project will conduct operations research, surveys and implement routine monitoring system to ensure that data continues to be available for program design, tracking its processes and for assessing and evaluating the outcomes from its interventions – especially in the service delivery dimensions of its thematic areas.

E. FOSTERING SUSTAINIBILITY AND REPLICATION

The efforts of the NURHI 2 project are directed at sustainability and replication of its proven strategies, even in non-NURHI supported States in Nigeria. To foster sustainability, the service delivery team will provide technical assistance and work closely with other developmental partners and government agencies. The service delivery team will provide support and guidance in building their capacities in developing technical briefs/papers, memo writing and budgeting, supervision of family planning activities and programming.

Other state specific strategies outlined to foster this process include;

- In Kaduna state, selection of new HVS in the new LGAs will be aligned with the new government policy of "one PHC per ward" to leverage on the potential advantage of staffing, funding and patient flow.
- In Lagos state, HVS selection will be achieved in collaboration with the Lagos State Primary Health Care Board (LSPHCB) and other RH partners in the state. This will prevent duplication of effort while also harnessing the collective efforts of all contributors in helping Lagos improve it maternal and child health indicies.
  Also, NURHI 2 will 'piggy back' on existing platforms and related high point days at state and LGA level such as Eko Mobile and MNCH weeks, to expand FP access.
- In Oyo state, retired FP coordinators and providers will be identified and enabled to provide mentorship and oversight to their conterparts in the new scale-up LGAs. They will also be involved in supporting service provision during clinic outreaches since they have a good understanding of the communities and the government facilities.

NURHI 2 is poised on strengthening existing government and community structures to improve family planning service delivery and uptake of FP services. This is evident in the efforts by the project to strengthen data documentation and reporting, as well as the Contraceptive Logistics Management System through the emphasis on the use of NHMIS and CLMS tools. Similarly in Lagos state, NURHI 2 will work with the State to develop and incorporate an FP component within the state Integrated Supportive Supervision (ISS) structure, which at present is non functional.

CHAPTER 3 - QUALITY IMPROVEMENT

Quality improvement of FP services within NURHI 2 project sites involves developing systemic plans to improve the performance of FP service delivery in the health facilities within the respective States. The three elements that determine quality improvement in FP service delivery performance includes the Environment, Training and Tools. NURHI 2 will adopt a combination of approaches to influence these elements by:

- Providing adequate family planning equipment to support effective delivery to NURHI 2 intervention health facilities.
- Improving the competencies of family planning service providers by delivering quality training and retraining.
- Preventing stock-out by ensuring commodity security from 2016 to 2020.

ENVIRONMENT

The service delivery environment can be described as the surroundings and conditions in the health facilities that influence the delivery of the services to prospective clients. These can be tangible factors (e.g. infrastructure, personnel, equipment and supplies) and intangibles (e.g. treatment received from the staff, educational messages received).

Therefore, NURHI 2 will focus on;

- ***More "client centered" approach to FP service delivery*** with the expectation that improved quality of care would increase client satisfaction and enable clients to exercise control over their fertility and achieve their reproductive goals. Efforts to improve quality of care, much like efforts to increase geographic and financial accessibility, are typically classified as supply-side family planning interventions because they facilitate a couple's ability to use family planning, responding to an existing demand for services.
- ***Support state governments to provide proper coordination and collaboration*** amongst developmental partners to avoid duplication of efforts and conflict of interest during project implementation.
- ***Engage all key stakeholders*** to get the commitment of the already existing social networks, community and religious leaders and other stakeholders. In addition to this is the dissemination of well tailored messages to reach different groups in the population as well as promote information that support FP and thus contribute to enabling a supportive environment.

These strategies will be achieved through the following activities;

Performance Improvement Plan (PIP)

At the onset of NURHI 2, performance improvement assessments (PIA) will be conducted in all the newly selected HVSs in the new LGAs to understand the current state of affairs with regards to family planning service delivery and also identify gaps in training, equipment, infrastructure, logistics and data documentation and reporting. The findings from the PIA will be used to develop the performance improvement plan (PIP), which will then be shared with all key stakeholders at the LGA and State levels with the intent of getting them onboard to be key contributors towards implementation of the PIP. This will be done to encourage some level of contribution from the government so that the objectives of NURHI 2 project to stimulate sustainability and replication will be achieved.

Furthermore, NURHI 2 will work in each project State to strengthen existing quality improvement (QI) committes where they exist or support the establishment of a QI committee where none is available. The QI committee will be made-up of a team of three to eight persons, consisting of members from the Ward Health Committee and Ward Development Committee (WDC), the LGA FP coordinator, FP providers, heads of health facilities and two or three community representatives. The teams will work with a terms of reference, which will require they hold quarterly meetings, conduct a rapid assessment of the quality of care in the facilities within their care, develop an improvement plan and lead the advocacy to address gaps at the facilities that cannot be met locally. Consequently, the role played by the QI committes can further establish the function of PIPs as a positive instrument for improving the quality of FP service delivery. NURHI 2 will also advocate for a biannual meeting for all the QI committes within the S tate to share ideas, experiences and lessons learned, as well as to serve as a platform to recognize outstanding efforts of any committee.

Whole Site Orientation (WSO)

Whole Site Orientation (WSO) is designed to provide information on family planning and to improve FP knowledge for all staff working in health facilities. These staff include doctors, nurses, community health workers and support staff such as hospital assistants, record clerks, cleaners and security staff. The aim of sensitizing all the health facility staff about FP is to ensure that all clients visiting the facility receive correct information on FP services regardless of the cadre of staff they encounter.

In NURHI 2, WSO will be conducted quarterly at all the existing and newly supported facilities. The frequency of this activity ensures that even newly transferred or redeployed staff will benefit from the sensitization forum. In addition, NURHI 2 State teams will use the PHC cluster system to conduct WSO for smaller PHCs within the same LGA. The PHC cluster system is structured so that smaller PHCs are linked to high volume flagship PHCs within the same ward or district in an LGA. Sensitizing health care workers (HCWs) at the smaller non-NURHI supported facilities will contribute towards directing traffic of end-users to FP service delivery points, strengthening referrals for FP services, as well as strengthening the PHC system.

Clinic Makeovers

Health facilities with adequately trained HCWs but without the correct infracture and equipment to provide FP services will be unable to contribute to an increase in CPR within their locality. Performance improvement assessment (PIA) carried out showed that most of the HVS lacked standard FP units and FP equipment, and where available, these were either in a state of despair or the FP unit had to share with other units in the same facility. Therefore, an important strategy in NURHI 2 is to ensure that all supported HVS will have a compendium of basic equipment and infracture as stipulated by the National Service Protocol guidelines for setting up an FP clinic. The aim is to provide a private and safe environment for confidential counselling and family planning method administration. To achieve this, NURHI 2 service delivery will conduct clinic make-overs which will include a modified 72-hour make-over, and the procurement and distribution of standard equipment and furniture for provision of quality FP services.

The processes and activities for the 72-hour makeover will be similar to that in NURHI 1. Initial assessment, prioritization, quantification and implementation of the renovations carried out during

these make-overs will be done by local artisans within the neighborhood where the NURHI-supported HVS facilities are located. This will foster "ownership" and ensure cost-effective completion of the renovations. It is important to note that the number of new acceptors of methods will not form a criteria for prioritization.

Several vendors with tested records will be engaged to provide cost-effective and standardized FP equipment and furniture. NURHI 2 will negotiate terms that cover warranty, delivery, installation and maintenance of these equipment based on the type of the equipment involved. To ensure global best practices in infection prevention, there will be emphasis on providing infection prevention equipment at all NURHI 2 HVS. State health agencies will also be engaged to review and retrieve available FP equipment locked away in storage or in need of minimal repairs or maintance. This will enable each State to make maximal use of the available resources at their disposal, and other donations provided by developmental partners.

NURHI 2 FP Clinic Standards

Physical Infrastructure	All sites will have; - A separate clean counselling room - Procedure room that allows proper infection control (tiled floor, space for infection control materials) - A descent waiting area that does not breach privacy Counselling and referral stations at integration points in the facilities will be made clean and conducive for clients.
Clinic Equipment	See Appendices for list of basic FP equipment recommended by FMOH

Stockout Prevention

NURHI 2 is committed to guaranteeing that FP supply barriers to contraceptive use are eliminated. It is During expected that there will be a sharp increase in demand for family planning due to the demand generation activities in the community and the scale-up in the number of FP service delivery facilities in the project States. To prevent any imbalance between the supply and demand of FP commodities as a result of inadequate FP commodity stock to meet the initial increase in demand for FP services, NURHI 2 will ensure contraceptive security is achieved by assuring the continuous availability of a range of quality contraceptive methods. This will be achieved by providing 'opportunity stock' to NURHI 2 supported facilities to fill in the gap until the next supply of FP commodities.

Supportive Supervision (SS)

Supportive supervision (SS) will be conducted in NURHI 2 supported facilities to promote mentorship, joint problem-solving and communication between supervisors and supervisees. Two levels of supportive supervision will be conducted to help FP service providers develop and ensure consistent quality of service.

- The first level of SS will be conducted monthly by the LGA cluster consultant and FP supervisors. The LGA cluster consultant are trained FP supervisors who will be engaged to oversee a cluster in each project state.

- The second level of SS will be carried out quarterly by NURHI 2 service delivery team, who will also provide oversight for the first level of SS and assess their input.

The first SS visit will be conducted six weeks after the training. Thereafter, training needs will be assessed at bi-annually (6 month) intervals. A Quality Assessment (QA) tool (HSS Template) will be used during SS to develop and share QA results for each facility. FP managers and their team will also provide feedback to a follow-up contact to ensure that all recommendations are implemented.

TRAINING

Training is an important instrument for imparting knowledge and skills to an array of audiences involved with FP service delivery. The fundamental audiences that will influence the success of NURHI 2 service delivery include the FP service providers, the health care worker not directly involved with FP service delivery and the policy makers including administrators and technocrats. NURHI 2 will empower these key stakeholders through;

- ***Adopt a conventional and unconventional approach to trainings*** to address key areas regarding provider competences and client satisfaction. The conventional trainings (clinical, behavioural and logistic training) will take place in the first two years of the project while the unconventional ones will continue all through the life of the project.
- ***Focus on building the capacity of different cadre of FP providers*** in the different project states. This will improve the technical competence and adherence to medical guidelines and protocols of service providers, as well as address the incessant challenge of the shortage of highly trained FP providers due to staff attrition, transfers without replacements and absolute shortages in HCWs. NURHI 2 aims to have at least two trained FP providers per facility whose capacities are built to offer all FP methods including LARC with high proficiency.
- ***Address provider bias through emphasis on trainings on 'information given to clients', and 'inter-personal relations'***. While the former focuses on appropriate information that allows the client choose from a variety of methods and also prepares them to anticipate the possibility of experiencing side effects, trainings on inter-personal relations will be targeted at getting more positive and productive interactions take place between the client and provider.

These strategies wil be achieved through the following activities;

Contraceptive Technology Update (CTU)

The goal of the CTU is to provide exposure to family planning and to improve the knowledge of policy makers (including community and religious leaders) and technocrats on the benefits of quality FP services and to get their support in promoting FP service delivery. At the onset of NURHI 2, CTU will be conducted for policy makers, as well as technocrats within the health ministries at the local and state governments in project states. The forum will also be used as an advocacy tool to set the stage for creating an enabling environment within the health system and the community.

Contraceptive Logistics Management System (CLMS)

NURHI 2 commodity security and logistics is based on the national plan for CLMS which uses defined minimum stock levels and fixed ordering periods from an established system (e.g. PHCs request from

states, and states request from regional/central warehouse). NURHI 2 CLMS interventions are aimed at strengthening the CLMS at the state and LGA levels. This will be done by incorporating the use of the CLMS into FP trainings for service providers, so that they can be equipped with the knowledge and skills of monitoring and tracking commodity stocks in order to prevent frequent occurrence of commodity stock outs. In addition, NURHI 2 will continue with the use of the Short Messaging Service (SMS) platform in commodity tracking and reporting to guide stock requisition and ensure prompt restocking. Service providers in all NURHI 2 supported HVS will be trained in the use of this mobile phone based-technology. Also, during supervisory visits and on-the job training, supervisors will follow-up and mentor FP providers on the effective use of the CLMS. NURHI 2 servive delivery officers will also provide technical assistance to the LGA logistics officer and RH/FP cordinators in forecasting and supply planning to ensure an effective and efficient contraceptive logistics system, and improved availability of FP commodities in all three project states.

Trainings

The expectations in NURHI 2 is to have two trained and highly proficient FP providers per high volume site. At the commencement of NURHI 2, integrated trainings will be provided with the aim of reaching the desired number of trainees to improve their compentencies and ability to provide high quality FP services. All trainings planned in the first year of NURHI 2 will consist of clinical modern FP methods such as Long Acting Reversible Contraceptives (LARC), interpersonal communication and counselling (IPCC), data monitoring and logistics. IPCC skills of FP providers will be strengthened to address provider's bias and values. In Kaduna and Oyo States, service delivery will build the capacity of FP providers and strengthen the existing system within new and old project facilities. Whereas in Lagos State, NURHI 2 will identify training gaps and build a pool of FP trainers and proficient FP service providers towards ensuring that quality FP services are provided.

The areas of focus for these training were selected based on the goal of NURHI 2 and it will be implemented as follows;

Training	Summary	Aim
TOT/Supervisory Skills Training	A central training of trainers will be conducted for 1 week for experienced trainers, nurses and midwives from Lagos, Oyo and Kaduna. These participants will also benefit from training on Supervisory skills.	- To build capacity as trainers - To improve their supervisory skills for effective FPSS and OJT functions.
Fresh Training for previously non-FP providers	NURHI 2 will conduct a four week (two weeks didactic and two weeks practicum) state level fresh competency based training for doctors, mid-wives and nurses. IPCC, including BCS, FP methods administration and management of side effects will be taught.	- To improve skills and quality of FP service delivery - To improve access by equipping more providers
IPCC and Injectable Training for CHEWs	This training will consist of building capacity in providing injectables and IPCC.	- To improve access by equipping CHEW to provide injectables.

		- To equip CHEW to identify side-effects and complications - To promote and strengthen referrals
LARC Refresher Training	The participants of this training will be previously trained FP providers such as doctors, nurses and midwife nurses.	- To reinforce already learned skills - To update on current FP trends and methods.
Training for non-clinical providers	A one day training targeted at PMVs, TBAs and Pharmacist.	- To equip with skills to provide FP information - To strengthen FP referrals

Other strategic measures such as the distance learning application, supportive supervison and on-the-job training will also be used to ensure continued competence and mentoring on new developments and innovations on family planning.

TOOLS

Quality cannot be said to be complete if the necessary tools for carrying out the job are not provided. There are several FP service delivery tools and materials available from NURHI 1, alongside several new tools adopted by the FMOH. NURHI 2 will;

- ***Provide technical assistance to FMOH for the review and development of national FP tools, guidelines/manuals and other resources.***
- ***Work in partnership with all stakeholders to promote the use of the Federal Government of Nigeria tools for FP service delivery****.*
- ***Review and adapt FP service delivery tools*** to suit the current need in all NURHI 2 project states to improve provider competency, as well as counseling skills and behavior. This would involve creation of new tools where necessary, reviewing old tools, and measuring the effect of these tools in improving the quality of FP service delivery.

Additional activities to accomplish these strategies include;

Materials

NURHI 2 will provide and disseminate all FP tools to all SDPs. This includes provision of hard copies of service protocols and other job aids and IEC materials to be given to all trained FP providers.

Promote use of the Distance Learning Application i.e. the iDEA (Interactive Distance Education Application)

NURHI 2 will widen the provision and use of the Distance Learning Application tool by facilitating the download and installation of NURHI iDEA on the phones of all service providers (both official or personal android-base phones) and providing DLE CDs. The application developed in NUIRHI 1 is a library of service protocols, job aids, videos and books related to FP service delivery.

On-The-Job Training (OJT)

For effective service delivery, continuous update on new FP concepts and practices of FP providers to refresh their knowledge and skills is required to ensure they maintain a high proficiency level. The OJT curriculum developed in NURHI 1 was structured to provide FP knowledge through direct instructioning to reinforce the 'new skills' acquired. The OJT manual contains three modules: Clinical service delivery, CLMS and Counseling. Ten (10) hours is required to complete each module, i.e. five (5) sessions of two (2) hours each. All service points are expected to have at least 2 OJT in a year.

In NURHI 2, OJTs will be conducted to improve the quality of FP service delivery and limit the effect of provider biases on counselling and method choice. OJTs will commence after the trainings have been concluded and the newly trained FP providers have had at least two (2) supportive supervisory visits by their supervisors. Health care workers will be clustered into groups using the closest HVS as the hub. Also, supervisors made-up of experienced FP providers will be selected to provide oversight functions and backstop one or more clusters. It will be the responsibility of the supervisor to conduct OJT within the assigned clusters, document the findings and report all activities to the NURHI state office. NURHI service delivery team will also work closely with the LGA FP managers so that they are provided with the technical assistance and mentoring to conduct and eventually institutionalize these processes.

CHAPTER 4 - EXPANDING ACCESS

Expanding access in *"NURHI 2 will focus on using proven approaches and well as new strategies towards improving acess to an array of modern contraceptive methods.* For instance, providing HCWs with correct FP messaging during continuous WSO ensures that clients who have contact with these HCWs are exposed to information about the benefits of FP and are referred to FP service delivery points. This strategy thus contributes to expanding access to quality FP services. Other more specific approaches in NURHI 2 directed at improving access to modern contraceptives will include;

INTEGRATION

Many women of reproductive age visit health care facilities for many other reasons apart from seeking FP services; many of these women also however need FP but may never get FP information or receive FP services. NURHI 2 service delivery intends to eliminate these missed opportunities by promoting integration of FP services such that FP counseling and referrals are provided at other health service delivery units such as ANC, labour ward, postnatal, post-abortion care and HIV/PMTCT clinics. Every visit to the health facility by a woman of reproductive age, will be regarded as an opportunity to provide FP information, counsel and offer FP services.

Using an integrated training approach, NURHI 2 will;

- ***Implement an integrated approach to training of FP providers*** such that all trainings will provide knowledge on modern contraceptive methods, CLMS and IPCC.
- ***Implement an integrated approach to FP service delivery at all levels of health care*** to increase access of FP services to all clients regardless of where they access care or the primary reason for visiting a health facility. At the secondary health facilities, FP service delivery will be integrated into key areas such as Child welfare, GOPD, RH services and Infectious disease clinics e.g. TB/HIV/PMTCT clinics. NURHI 2 will equip these units to provide a minimum of FP counseling for potential clients before they are referred to an FP unit. This will ensure that missed opportunities are eliminated.
  At the primary healthcare level, NURHI 2 will work in collaboration with other initiatives such as the 'PHC under one roof initiative' and 'SOML initiative' to reinforce comprehensive RH/FP service delivery.
- ***Strengthen referrals for FP within and outside the facility setting*** to ensure that all missed opportunities are addressed. NURHI 2 will support facility and community systems to ensure that the key individuals that influence referrals have the appropriate information and tools necessary for a successful referral. All referrals to the FP units will be tracked with the aid of referral forms/cards.

Referral Network and Information Dissemination using Traditional Birth Attendants (TBAs) and Patent and Propriety Medicine Vendors (PPMVs): In Lagos, the Landscape Survey showed that PPMVs play a big role in FP service delivery, by their number and the fact that they sell oral contraceptives and condoms. Likewise, TBAs in Lagos also have a large clientele and are organized into a strong trade union that are held in regard by the community. In NURHI 2, TBAs and PPMVs will serve as points for providing essential facts about FP and referrals for FP services. Tailored training using NURHI 1 demand generation materials will be provided for these TBAs to enable them counsel and refer potential clients to PHCs were FP services are available.

REACH

Because access to modern long-acting FP methods is usually restricted to the general hospitals within the urban cities and high user fees are a barrier for easy access, NURHI 2 will facilitate in-reach and outreach FP efforts to find and connect potential FP users with modern FP services at no cost to the client in the following ways;

- ***Use an outreach model that will allow for flexible and strategic deployment of resources,*** including health care providers, family planning commodities and consumable supplies to areas in greatest need at intervals that most effectively meet demand. This will help to reach a larger number of clients (i.e. the poor, those living in remote areas and urban slums, people with little education and other vulnerable groups lacking access) and address inequities in access to family planning services and commodities in order to help women and men meet their reproductive health needs.
- ***Strengthen the process of collection and analyzing in-reach FP service data,*** and feeding this back to improve the quality of FP service delivery at the SDPs.

Clinic Outreaches, Support Systems & Linkages

In NURHI 2, clinic outreaches will be conducted to provide free quality FP services to larger numbers of men and women who would not otherwise be able to access them. These outreaches will be focused on bringing clinical services to PHC facility where clients from the community have been mobilized to attend. Quarterly outreaches will be conducted at existing HVS in Kaduna and Oyo States, while monthly outreaches will be conducted in the newly selected HVS in all three project states.

The clinic outreaches will be strategically planned to involve community based activities that will build-up to special FP service delivery days that may coincide with other high point days in the health facility like the MNCH week. Also, NURHI 2 service delivery team plan to reach more women by identifying the annual or monthly meetings and key life events for various groups within the communities served.

Social mobilizers selected by the community will be engaged during clinic outreaches to generate demand for FP services and provide information and referral of clients to FP service delivery points within their communities. These social mobilizers are nominated from everyday members of the community such hairdressers, barbers, okada drivers, food vendors, etc. This approach was adopted from NURHI 1 because it promoted ownership by the host community with several community members becoming FP ambassadors, and also contributed towards generating discussions about FP within the community.

METHODS

Findings from the 2013 NDHS revealed that despite the wide availability of non-clinical methods of contraceptives, access to modern clinical methods is less widespread and usually limited to mainly the larger health facilities within the urban cities. NURHI 2 is poised to promote FP and increase the uptake of all types of FP methods, however with more inclination towards increasing the uptake of long-acting modern contraceptive methods. NURHI 2 plans to realize this by ensuring that a wide range of modern FP methods are available thus increasing the opportunities available to potential users. NURHI 2 will;

- ***Provide TA to support commodity tracking and monitoring***, and also work with state governments to develop and strengthen state commodity logistics systems/ last mile distribution. Where

necessary, NURHI 2 will strategically provide stop-gap measures in commodity supplies through partnership with other implementing partners/donors and FMOH.

- ***Support and promote the dissemination and adoption of the Task shifting policy*** in all the project states. The policy provides an inexpensive and cost-effective opportunity to broaden the FP health workforce and expand access to FP services.
- ***Focus on equipping CHEWs***, especially in relation to their roles in FP service delivery at the PHCs and communities they serve. NURHI 2 will also focus on the quality of FP service delivery by maintaining these middle – lower level cadres in the provision of effective contraceptive methods.

Task Shifting for Chews

The Federal Ministry of Health adopted the taskshifting policy in order to bridge the gap caused by the dearth of nurses and doctors which is especially evident in rural areas and the northern parts of the country. This policy offers an excellent opportunity to expand the method mix available to women living in hard-to-reach rural communities. NURHI 2 will key into this policy by training CHEWs in all PHCs to provide injectables, and later LARC after careful review of the results of pilots carried out by other partners that have trained and supervised CHEWs to provide LARC.

CHEWs will also be involved in NURHI 2 social mobilization during the clinic outreach programs.

CHAPTER 5 – MONITORING & EVALUATION

Effective monitoring and evaluation of NURHI 2 activities in the three project states will be achieved through the following:

A. Routine Monitoring System

NURHI service delivery team will support the Research, Monitoring &Evaluation (R, M & E) teams to track service statistics – new and returning clients by contraceptive methods, stocking levels and stock-outs. This data will be reviewed on an on-going monthly basis for on-time spotting of abnormalities. NURHI 2 service delivery related indictors (with their data sources) to be monitored and reported on monthly, quarterly, yearly and at the end of the project cycle include the following;

Modern contraceptive prevalence rate by method, age, SES, state, and marital status	**PMA 2020 MLE x-section**
Percentage of service providers who report approval of service provision without bias.	NURHI Health Facility Survey
Percentage of women who would return to their provider and refer a friend or family member	NURHI Health Facility Survey
Percentage of women who were told of other methods, by age, parity, SES, and marital status	NURHI Health Facility Survey x-sectional
Number of providers attending training (All methods)	NURHI activity reports NURHI monitor
Number of providers attending training (LARC)	NURHI activity reports NURHI monitor
Number of NURHI sites that have been given counselling tools	Service Delivery receipt from ISS report NURHI HFS
Number of high-volume sites whose provider(s) have been trained in contraceptive logistics management	NURHI activity reports NURHI Health Facility Survey
Percentage of public and private health care facilities that offer 5 or more contraceptive methods.	NURHI Health facility Survey
Percentage of women who know of a provider in their community who provide FP	PMA 2020 x-sectional
Number of integration sites trained in family planning	NURHI activity reports NURHI monitor
Number of outreaches conducted by high-volume sites	NURHI activity reports NURHI monitor
Number of CHEW trained in contraceptive methods and counselling	NURHI activity reports NURHI monitor
Number of PMV and TBA trained	NURHI activity reports NURHI monitor

B. Operations Research Platform

Through its operations research platform, the project will assess the effectiveness of its approaches with the view to identify gaps and bring about necessary changes. At the early stage of NURHI 2 project, performance improvement assessment (PIA) and health facility mapping will be conducted in the project states. These surveys at the facility and population levels help to monitor and track project level indicators at output and outcome levels.

Other specific research related questions of interest that can influence NURHI 2 service delivery includes;

1. How do ideational factors define intention to use and innovations towards modern FP methods?
2. What is the current workload of FP providers and how does it influence performance as relates to uptake and type of FP method?
3. Provider bias vs provider convenience: Which plays a greater role in method choice?
4. What is the current diffusion rate with regards to FP service provision to non-NURHI supported sites and what aspects diffuse the most and what is the preferred media of diffusion?
5. How well do CHEWs counsel and provide injectabes?
6. In Lagos, what provider attitude exists and how has IPCC training impacted on these attitudes?
7. What are the main reasons behind discontinuation of modern contraceptive use in Kaduna and its implication for programming?
8. What are the factors that influence completed FP referrals from PPMVs and TBAs?
9. Why does the method mix for routine service provision and outreaches differs in all the states: Implants and injectables are higher during outreaches whilst injectables are higher in routine services.

CHAPTER 6 - CONCLUSION

There are many opportunities that exist to achieve the NURHI 2 expected outcomes which will ultimately increase CPR by 12.5% in each intervention State. These include but or not limited to;

- The government policy for task shifting to CHEWs.
- The Policy of PHC under one roof (PHCUOR).
- The FP blueprint and the state CIPs.
- The FP 2020 goal.

These opportunities are not mutually exclusive but positively support each other's goals, including the objectives of NURHI 2 service delivery which is dedicated to expanding access to quality FP services. The opportunities offered by these resources made significant contributions to NURHI 2 service delivery strategies outline in earlier chapters. Similarly, NURHI 2 service delivery strategies are extremely interrelated and dependant on the role of advocacy, demand generation and research, monitoring & evaluation in facilitating maximal output in achieving the objectives of NURHI 2.

It is essential to note that the outlined service delivery strategies were carefully considered and evaluated using evidences from NURHI 1 and also taking into consideration the presiding situation in all the intervention sites. This was done to ensure that implemention of service delivery strategies during NURHI 2 project cycle would be seamless and not disrupted or truncated by any avoidable threats.

APPENDICES

1.1. NEW NURHI 2 SUPPORTED LGAs and HVS

KADUNA	LAGOS	OYO
IGABI LGA	AJEROMI IFELODUN LGA	AKINLEYE PHC
- PHC Jaji	- Ajeromi GH	- Moniya PHC
- PHC K/Tasha	- Layeni PHC	- Ikereku PHC
- PHC K/Zango	- Amukoko PHC	- Olorisaoko PHC
- PHC Mando	- Tolu PHC	- Ajibode PHC
- GH Rigasa	- Ibafon PHC	- Ojoo PHC
JEMA'A LGA	ALIMOSHO LGA	EGBEDA LGA
- PHC Ung. Fari	- Alimosho GH	- Kumapayi PHC
- PHC Godo-Godo	- Ikotun PHC	- Oremeji PHC
- PHC Kafanchan	- Akowonjo PHC	- Kajorepo PHC
- GH Kafanchan	- Meiran PHC	IBARAPA EAST LGA
- PHC Kagoma	- Isheri PHC (Olofin)	- Temidire PHC
KACHIA LGA	IBEJU LEKKI LGA	- Maya PHC
- GH Kachia	- Awoyaya PHC	- Anko PHC
- PHC Kateri	- Bogije PHC	- Eruwa PHC
- PHC Sabon Sarki	- Orimedu PHC	- Oke Imale PHC
- PHC Crossing	- Lakowe PHC	ISEYIN LGA
- PHC Kachia	- Lekki PHC	- Ode Oba PHC
KAURU LGA	KOSOFE LGA	- Isalu PHC
- PHC Kwassam	- Gbagada GH	- Ado-Awaye PHC
- RH Kauru	- Ikosi PHC	- GH Iseyin
- PHC Dama Kasuwa	- Agboyi Ketu PHC	- Koso Iseyin Maternity Center
- PHC Bakin Kogi	- Alapere PHC	KAJOLA LGA
- PHC Dan Daura	- Ajegunle PHC	- Okeho PHC
KUBAU LGA	LAGOS MAINLAND LGA	- Isia PHC
- RH Pambegua	- Simpson LGA	- Ayetoro Maternity Centre
- PHC D/Wai	- Ali Dawodu PHC	- Agbagi Ilero PHC
- PHC Zuntu	- Ebute Metta PHC	- Isemile PHC
- MPHC Kubau	- Otto PHC	LAGELU LGA
- PHC Pambegua	- Oba Salami PHC	- Alegogo PHC
LERE LGA	MUSHIN LGA	- Monotan PHC
- GH Saminakan	- Mushin GH	- Lagun GH
- PHC Lere	- Isolo road PHC	- Lalupon PHC
- PHC Garun Kurama	- Itire Ijesha PHC	- Abidiodan PHC
- MPHC R/Kura	- Palm Avenue PHC	ONA-ARA LGA
- PHC UNG/Bawa	- Anikulapo PHC	- Gbaremu PHC
SOBA LGA	OJO LGA	- Olosunde PHC
- PHC Yakasai	- Iba PHC	- Amuloko PHC
- PHC Soba	- Isashi PHC	- Oke-Imole PHC
- PHC Richifa	- Okokomaiko PHC	
- PHC Magada	- Ijanikin PHC	

- RH Maigana ZANGON KATAF LGA - PHC Farman - RH Zonkwa - GH Zangon Kataf - PHC Jankasa - PHC Zonkwa	- Era PHC ORILE AGEGE LGA - Orile Agege GH - Sango PHC - Dopemu PHC - Iloro PHC - Odumbaku PHC OSHODI ISOLO LGA - Isolo GH - Oshodi PHC - Ilasa PHC - Sogunle PHC - Iyana Ejigbo PHC SHOMOLU LGA - Shomolu GH - Akoka PHC - Wright PHC - Asogun PHC - Oloja PHC	- Sarat Adesina PHC OGBOMOSHO NORTH LGA - Tarra PHC - Aaduin PHC - Osupa PHC - Katangua PHC - Baaki PHC OLUYOLE LGA - Ayetoro PHC - Adaramagbo PHC - Mosfala - Odo-Ona Elewe PHC - Ajofeebo PHC OYO WEST LGA - Kolobo PHC - Iyaji PHC - Iseke PHC - Akeetan PHC - Isokun PHC

1.2. EXISTING NURHI 1 LGAs and HVS

KADUNA	OYO
CHIKUN LGA - GH Kujama - PHC M/Rido - PHC T/Wada K - PHC Nasarawa - PHC Sabo Tasha GIWA LGA - Giwa GH - Gangara PHC - Giwa PHC KADUNA NORTH LGA - GH Kawo - BDSH - Zakari Isa - PHC U/Shanu - PHC Badarawa KADUNA SOUTH LGA - Yusuf Dantsoho GH - Gwamna Awan GH - PHC Makera 1 - PHC Barnawa	IBADAN NORTH LGA, GATE - University College Hospital - Adeoyo Maternity Hospital - Sabo PHC - Idi-Ogungun PHC - University Clinic, Jaja - Sango PHC - Bashorun PHC IBADAN NORTH EAST LGA, IWO ROAD - Ayekale PHC - Oke-Adu PHC - Iwo rd PHC - Akeke PHC - Alafara PHC IBADAN NORTH WEST LGA, ONIREKE - Ayeye PHC - Oniyanrin PHC IBADAN SOUTH EAST LGA, MAPO - Molete PHC - Oranyan PHC

- 44 Military Hospital - PHC Kabala West - PHC U/Muazu - PHC Kagoro - Polythecnic - FHU T/Wada - PHC Television KUDAN LGA - Kudan PHC - Hunkuyi PHC - Hunkuyi GH SABON GARI LGA - Kwata PHC - Samaru PHC - Muchia PHC ZARIA LGA - Baban dodo PHC - Tundun Wada PHC - Gambo Sawaba GH	- Boluwaji PHC - Agbongbon PHC IBADAN SOUTH WEST LGA, MAPO - Ring Road State Hospital - Jericho General Hospital - Oni Memorial Child Hospital - Foko PHC - MCH Apata

1.3. NATIONAL SERVICE PROTOCOL GUIDELINES FOR BASIC EQUIPMENT AND INFRACTURE IN AN FP CLINIC

1	Cheatle Forceps and Container
2	Instruments Trolleys
3	Forceps Holding Jug
4	Sims Specula (1 large & 1 medium)
5	Blunt Nose Scissors
6	Alligator Forceps
7	Remover Hook
8	Large Kidney Dish
9	Graduated Plastic Uterine Sound
10	Plastic Buckets with Lids
11	Fitting Rings for Diaphragm
12	Stethoscope
13	BB Apparatus (Sphygmomanometer)
14	Angle Poised Lamp
15	Weighing Scale
16	Brushes for Hand Instrument and General Scrubbing
17	Autoclave
18	Bed Screen
19	Utility Gloves
20	Clinical Thermometer
21	Pedal Bin
22	Brooms
23	Mopping Bucket and Mop Stick
24	Flannels for Dusting
25	Electric Sterilizer
26	Stove and Covered Aluminum Pot (Camp Gas and Pot)
27	IUD Kit - 3 Vaginal Specular (1 large, 1 medium, 1 small) - 1 Vulsellum or Tenaculum - 1 Gallipot - 1 Pair of Blunt Nosed Scissors - 1 Pair of Latex Rubber Gloves - Uterine Sound - 2 Sponge Holding Forceps - IUD Inserter
28	IUD Remover Hook
29	Implant Insertion /Removal Kit (6) - Sterile/Clean Dry Surgical Drape - Pair of Sterile Latex Gloves - Syringe (5 or10ml) and 2.5 To 4cm Long Needle (22g) - Size 10 Trocar with Plunger - Scapel with Size No 11 Blade

	- Ordinary Band Aid or Sterile Gauze with Surgical Tape
30	Mackintosh
31	Draw Sheets
32	Dirty Linen Bag
33	Hand Towels
34	Sterile Linen and Drapes for Implants

1.4. SUMMARY OF NURHI 2 QUALITY IMPROVEMENT STRATEGIES AND MEASUREMENTS

QI STRATEGIES	TOOLS	DETERMINANTS	MEASUREMENTS
ENVIRONMENT	PIP	- PIA	- Review of progress reports of activities such as trainings (Proficiency of the service provider), provision and repair of equipment and infrastructure, logistics and data documentation and reporting. - Quality Scoring tool
	WSO: Whole site orientation agenda	- Availability of hospital staff - Funds release	- Client flow to the HF - Client exit interview
	Clinic Makeovers	- Findings from Quantification/Assessment of the facility - Funds release/approval - Buy in of the stakeholders in effecting changes (e.g. demarcation of FP room into counselling and insertion rooms). - Community support - Availability of skilled artisans	- Review/analysis of before and after client statistics in the health facility to measure its impact. - Client exit interview - Service provider interview
	Stock Out Prevention	- Availability of stock in the central store. - Proper quantification or forecasting of commodities. - Prompt submission of RIRF - Effectiveness of logistics and LMD	- Quarterly review/Analysis of the SMS tracking reports, DCR, FP registers. - Quality Scoring tool

	Supportive Supervision/Mentoring	- Technical competence of supervisors. - Availability of supervisors - Funds release - Frequency of visits	- Review of Post training assessment tool/checklist - Review of Supervisory visit using HSS template - Quality Scoring tool
TRAINING	Training Of Trainers	- Availability of qualified persons to be trained.	Review of the quality of trainings done by the trainers using; - Post training evaluation of the trainers by the trainees. - Competency of their trainees.
	Fresh Training	- Availability of staff for trainings - Clashing with other state programs - Other issues such as venues, getting dates and approval from the MOH and PHCB - Funds release - Client to provider ratio - Need to update providers on new trends in FP	- Post training assessment tool - Supervisory visit using - HSS template - Observation of FP consultation - Service provider interview - Client exit interview - Adverse event reporting. - Quality Scoring tool
	LARC Refresher Training	- Availability of staff for trainings - Clashing of other State programs - Other issues such as venues, getting dates and approval from the MOH and PHCB - Funds release - Client to provider ratio - Need to update providers on new trends in FP	- Post training assessment tool - Supervisory visit using - HSS template - Observation of FP consultation - Service provider interview - Client exit interview - Adverse event reporting. - Quality Scoring tool
	IPCC	- Availability of staff for trainings - Clashing with other state programs - Other issues such as venues, getting dates and approval from the MOH and PHCB - Funds release - Client to provider ratio	- Observation of FP consultation - Service provider interview - Client exit interview - Referrals from non-clinical providers

		- Need to update providers on new trends in FP - Need to train non-clinical providers.	- Results of M&E Operations Research (OR) - Quality Scoring tool
	IPCC And Injectables for CHEWs	- Availability of staff for trainings - Clashing with other state programs - Other issues such as venues, getting dates and approval from the MOH and PHCB - Funds release - Client to provider ratio - Need to update providers on new trends in FP.	- Observation of FP consultation - -Service provider interview - -A register for the CHEWs to document services provided. - Client exit interview - Referrals from CHEWs. - Quality Scoring tool
	CLMS Training	- Availability of staff for trainings (staff attrition and redeployment) - Other issues such as venues, getting dates and approval from the MOH and PHCB - Funds release - Introduction of new tools - Capacity to complete the tools appropriately - Availability of CLMS tools	- Reporting rate of routine FP service provision data (M&E). - Improvement in quality of data using Data Quality Assurance (DQA) - Timely submission of RIRF and DCR by providers. - Quality Scoring tool
	HCD Training	- Provider bias	- Client exit interview - Fish bowl - WhatsApp groups - Feedback from interactive forum for experiential learning amongst providers. - Quality Scoring tool
	CTU	- Availability of stake holders and policy makers. - Funds release - Need to update stake holders and policy makers on new trends in FP.	- Statements made in favour of FP by stakeholders and policy makers regarding FP.
TOOLS	Smart phones for Distant Education	- Availability of smart phones with service providers. - Funds release - Availability of data bundle on smart phones.	- Number of providers that have iDEA tools on their phones - Quality Scoring tool

	On the job training	- Feedback from supportive supervision and Post training assessment tool.	- Continuous supportive supervision till provider gets to a level of proficiency. - Quality Scoring tool
	Client-provider materials such as job aids, counselling guides/tools, and new materials.	- Review and update of materials based on new trends. - Need to Print and reprint new and old tools	- Client exit interview. - Observation of FP consultation - Service provider interview - Supervisory visit using HSS template - Quality Scoring tool

1.5. SUMMARY OF NURHI 2 STRATEGIES AND MEASUREMENTS FOR EXPANDING ACCESS

EXPANDING ACCESS STRATEGIES	TOOLS	DETERMINANTS	MEASUREMENTS
INTEGRATION	- Integration sites at Immediate Post partum period, ANC, Immunization, GOPD and HIV/PMTCT/HCT/ART clinics	- Availability of trained staff in the integration sites - Availability of BCC materials in the integration sites. - Availability of FP commodities in the integration sites	- Number of referrals from integration sites - Number of ANC clients that selected an FP method selection at 36 weeks - Quality estimation tool
	- Referral Network and Information Dissemination using Traditional Birth Attendants (TBAs) and Patent and Propriety Medicine Vendors (PPMVs):	- Funds release - Cooperation of the governing bodies of the association	- Number of referrals from them - Client exit form
REACH	Monthly outreaches	- Availability of funds. - Availability of commodities. - Social mobilizers - Availability of trained and outsourced providers	- Outreach reports - Increase in uptake in the health facilities - FP register - Daily consumption register - RIRF
	Monthly reporting of in-reach data	- Availability of appropriate NHMIS tools	- FP register

		- Availability of mobile phones for data reporting - Funds release - Availability of internet data/airtime - Availability of trained providers	- Increase in uptake of FP services in the facility
METHODS	Task shifting to CHEWS	- Acceptance of the task shifting policy for CHEWs - Availability of CHEWs in the health facility - Availability of trained CHEWs to go into the community.	- Observation of FP consultation - Service provider interview - A register for the CHEWs to document services provided. - Client exit interview - Referrals from CHEWs. - Quality estimation tool
	Improved method mix	- Availability of stock in the central store. - Proper quantification or forecasting of commodities. - Prompt submission of RIRF - Effectiveness of logistics and LMD	- Quarterly review/Analysis of the SMS tracking reports, DCR, FP registers. - Quality estimation tool