

“72 Hour Clinic Makeover”

Facility Readiness for Providing Quality Family Planning Services

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Background: Family planning services have three dimensions of quality; infrastructure, process and outcome. This intervention deals with the infrastructure component. The Nigerian Urban Reproductive Health Initiative (NURHI) envision a Nigeria demand and supply barriers to contraceptives are eliminated. It has both an ambitious and a bold target of achieving 20 percentage point increase in contraceptive prevalence rate (CPR). This target required the unpacking and deconstruction of previous family planning intervention approaches and charting a new path. Across the NURHI Project sites, evidence from facility readiness assessment indicated that allocated space for family planning services were inadequate, poorly located, poorly organized, and lacked functional integration with other existing services to meet project end. In some instances the space also lacked both auditory and visual privacy. Equipment across the sites were at various stage usability - worn-out, obsolete or inadequate. Achieving project goal, therefore, required repositioning of not only the family planning services, but also the service infrastructure. This involved renovating, remodeling buildings and negotiating for more appropriate accommodation for family planning services. The process of renovation and remodeling “occupied spaces” similarly required carefully staged procedures that minimize downtime. As facility functions cannot be duplicated elsewhere, continuous operation was paramount. The concept of “72 Hour clinic-makeover” supports such minimal disruptions.

Intervention: Over the course of four years 2011 -2014, NURHI project has renovated and provided equipment support toxx.... facilities across all its sites. The concept of “72-hour clinic make over” involves minimizing any form of disruptions in the normal operational functions of the health clinics. All transformation work is carried out seamlessly within a space of three days/72 hours, starting from close of work on a Friday to start of work the following

Monday, by which time the facility is made ready for commissioning. Depending on the intensity of work, additional labour is scheduled. An inventory of equipment supports and other systems are delivered and organized within the remodeled space. Another essential task in the planning and implementation process is to communicate with staff and users early on. This helps establish acceptance for the plan and lessen staff and client turmoil.

Methodology: The process involved a thorough assessment of facility readiness, followed by a painstaking performance improvement plan, cost analysis and budgeting. Key parameters in facility readiness assessment included the assessment of: the Infrastructure (counseling and procedure rooms, storage cabinets, toilets, electricity and water supply, and functionality of space vis-à-vis constellation of other integration services); Equipment (Family Planning Insertion Kits, BP apparatus, Stethoscope, Couch, angle pose lamp, sterilizers, autoclave, etc); FP Commodity and Supplies (commodities, consumables, tools, etc); and Staff (skills level, capacity/competence, and provider/client ration, etc). All interventions are subjected to cost effectiveness test, and big bang for every dollar through direct ordering of equipment and direct labour use for implementation.

Result: Mid-term evaluation results of family planning service uptake showed marked improvement across all sites. The result was collaborated by the 2013 Nigerian Demographic and Health Survey (NDHS). Service statistics across program supported facilities similarly spiked following the renovations. Providers morale improved and clients' perception of quality of service and comfort with environment equally improved.

Contribution to knowledge: Family planning cannot be repositioned without a critical look at the service environment and a repositioning of the family planning unit in health facilities. Quality of service is a perceived and reinforced by service processes, outcome and visual appeal.

Conclusion: Allocation of space for family planning services must take pride of place among other constellation of services within the health system. It must be repositioned as we reposition the services itself. Previous projects failed to pay attention to the critical role of space, privacy, and perception of quality arising from the beauty of the family planning unit had in determining whether a woman felt comfortable accessing family planning from the unit or not.