NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE
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Strengthening Referrals Between Family Planning Providers Using the NURHI Family Planning Providers' Network: Lessons Learned

Authors: Celina Johnson, Mojisola Odeku

Background

The Nigerian Urban Reproductive Health Initiative (NURHI) is a five-year project with the goal of increasing the contraceptive prevalence rate (CPR) in six selected Nigerian urban cities by 2014.

Family Planning (information and/or services) is provided at all levels of healthcare by different cadres of health care professionals in Nigeria however this is influenced by skills and technical competencies as well as ethical regulations which permits the non-clinical providers (pharmacies and patent medicine vendors) to provide only short-term methods while the clinical providers (doctors and nurse midwives) have the license to provide a wider range of methods. FP providers have hitherto operated with little or no interaction with each other thus limiting the possibility of a full range of referrals for the client with an unmet need.

While a national document exists that recognizes the need for a referral system in Nigeria, the document is yet to be fully implemented.

The NURHI Family Planning Providers' Network (FPPN) was therefore established as a platform to promote such interaction with the assumption that the referral system would be improved thus linking clients to their methods of choice thereby increasing the overall CPR

Program intervention/activity tested

The referral system in Nigeria is not effectively operational even though a referral document exists. The NURHI project intervention tests how to resuscitate this system through the establishment of the innovative FPPN; this network provides a platform for the interaction for all family planning providers: doctors, nurses, pharmacists, patent medicine vendors (PMVs) in each NURHI intervention site irrespective of professional background. This interaction is critical to breaking down professional barriers, promotes shared learning thus ultimately improving referrals.

The FPPN has a membership that is drawn from both clinical (comprising private and public sector) healthcare providers and non-clinical (pharmacies and PMVs) healthcare facilities.
The NURHI referral system strategy is an intervention that focuses on the following key areas:
Community level referrals, the non-clinical level referrals and clinical level referrals which is divided into inter-facility and intra-facility level referrals

The service providers operating at these key levels were identified and trained by NURHI to improve the quality of FP service delivery. They were also trained specifically on the NURHI referral system and the use of its tools.
NURHI technical team provide further support for these providers through supportive supervision where skills and confidence are built up to provide services, refer clients if necessary and enter proper records

Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach)

The referral strategy recognizes the fact that Family planning referrals takes place at different levels as noted above, a referral manual was developed detailing how actions take place at each level.

The NURHI social mobilizers are responsible for referring clients at the community level to any NURHI site (non-clinical or clinical health facilities)
The pharmacies and PMVs are responsible for referring into the clinical facilities clients whose needs go beyond refill of OCPs or condoms.
At the level of the clinical facility referrals could either take place between two health facilities (inter-facility) or within a single facility (intra-facility) where different departments like immunization, HIV units refer clients to the FP clinic.

Referral tools
NURHI designed all the referral tools in use except the clinical referral forms that were adapted from the existing HMIS forms, they are:
1. Know Talk Go cards used by the social mobilizers
2. Non-clinical referral forms and tally sheets for pharmacies and PMVs
3. Colour coded plastic tally cards for use by immunization and HIV departments
4. HMIS (adapted) referral forms for clinical referrals

Results/key findings

An effective referral is one that ends with a referred client accepting a method. The different levels exhibited distinct trends as follows:

Community level
The social mobilizers are responsible for a greater percentage of community referrals mainly to clinical sites because the clients prefer a 'one-stop shop' where a wider array of methods are available compared to the non-clinical sites who are restricted by law to provide short-term methods. Even with the marked city specific variations in referral trend the social mobilizers still account for over 50% of the completed referrals.

Non-clinical referrals:

The trend for this cadre also remained fairly the same across all sites, with the non-clinical providers accounting for the lowest number of referrals and total contributions to the referrals. Clients who patronize them are always in a hurry and do not want to be counseled either due to lack of time or lack of privacy
The providers themselves are more interested in selling more commodities rather than invest time in counseling
Attrition of trained non-clinical providers (pharmacy attendants) makes it difficult to impart skills from trainings
At the intra-facility level, referrals from immunization unit are significantly higher than those from HIV units; again this picture is similar across all NURHI sites

Program implications/lessons

Establishing the NURHI referral system has provided a lot of opportunities to learn valuable lessons, professional barriers between FP providers have been considerably broken as can be seen from current interactions compared to when the network was first established.

The non-clinical providers are still a critical mass of community FP service providers accounting for about 60% visits (NURHI midterm evaluation result 2013) especially as they are more sustainable compared to the social mobilizers because they are facility based however, they are also the weakest in terms of referrals to higher levels of care because of the uniqueness of their settings and ethical limits this came out strongly at the NURHI midline results (March 2013). This has informed a strategic modification where NURHI will still engage them but more as sources of disseminating FP information rather than on referrals.

The NURHI referral system is not perfect yet; NURHI is working with the stakeholders (FPPN) to establish a sustainable and effective network. This output is key because this network presents unique potentials that can be used by the government

of Nigeria or other projects for scale up to other sites and future programme interventions

Key words: Family Planning Providers' Network, Referral System, Clinical Providers, Non-clinical Providers, Family Planning, Social Mobilizers