NURHI Nigerian Urban Reproductive Health Initiative

Service Delivery: the NURHI approach

Overview

The Nigerian Urban Reproductive Health Initiative (NURHI), funded by the Bill and Melinda Gates Foundation, is designed to increase the use of modern family planning methods among the urban poor in six cities: Abuja, Ibadan, Ilorin, Kaduna, Benin City, and Zaria. Nigeria is one of four countries implementing urban reproductive health initiatives; other countries implementing similar projects include Kenya, Senegal, and India.

NURHI assists national, state and local government and private health services to expand access to and demand for modern family planning through four key approaches:

- **Strengthening Service Delivery:** NURHI works with networks of private and public sector health services to improve the quality and availability of a full range of family planning methods.
- **Generating Demand for FP Services:** The "Get it Together" campaign utilizes entertainment education radio programs and harnesses the reach of radio and television with the power of face-to-face communication through a network of social mobilizers to drive modern family planning use.
- **Advocating for Support:** NURHI works with partners at national, state, city, and community levels to leverage greater support for the family planning program.
- **Research, Monitoring and Evaluation:** NURHI strategies and approaches are research and monitoring data driven.

NURHI is managed by the Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (JHU·CCP) in partnership with the Center for Communication Programs Nigeria (CCPN) and the Association for Reproductive and Family Health (ARFH).

A friendly service provider conducts a health assessment for a new FP client in one of the NURHI supported health facilities in Ilorin, Kwara State.

Introduction

In 2009, when NURHI began working in the four cities of Ilorin, Ibadan, Abuja and Kaduna, they found a family planning service delivery system in collapse. Government health facilities were poorly staffed, equipped, and riddled with contraceptive stock outs. Many couples were getting family planning services from patent medicine vendors (PMV) or pharmacists, who offered only condoms, pills and emergency contraception. Implants and IUDs were only available in some hospitals. NURHI adopted three approaches to address this situation:

1. Improving the quality and accessibility of services through improved contraceptive logistics, training health providers in family planning counseling and provision of IUDs and implants, and improving health facility management systems;
2. Integrating family planning with existing maternal, neonatal and child health (MNCH) and HIV services; and
3. Strengthening relationships and referrals between public and private sector providers of family planning services.

These approaches have proven successful; according to the MLE Midterm Survey and service delivery data collected from service delivery sites strengthened through NURHI, stock-outs of contraceptives were rare, clients of MNCH and HIV services were substantially more likely to receive family planning information, and contraceptive prevalence had increased for all modern methods, most notably in the use of implants, IUDs, injectables and lactational amenorrhea method (LAM).

Implementation Process

STEP 1: Define and select high volume health facilities and identify pharmacies, and patent medical vendors

To get the most out of available resources, NURHI concentrated its systems strengthening and quality improvement efforts on health facilities that served the largest number of clients. In each city, NURHI identified and selected high volume sites (HVS), which are secondary level health care facilities and some primary health care clinics (PHCs).

Under the NURHI project, HVS is defined as public or private health facilities that had the highest volumes of antenatal, delivery, and immunization clients. Most of the HVS found were tertiary or teaching hospitals, secondary level facilities or general hospitals, military hospitals and hospitals that provide free maternity services.

NURHI took three months to identify and select the 82 HVS in the first four cities: Ilorin, Ibadan, Kaduna and FCT. NURHI reviewed the public health facilities HVS annual utilization statistics of the State Ministry of Health (SMOH) of antenatal, delivery and immunization records. Identifying the private sector HVS was challenging because the State Ministry Of Health (SMOH) lacked information about private sector patient load. Therefore, NURHI interviewed SMOH officials and other implementing partners to recommend popular private health care facilities. These facilities were then visited and the same utilization statistics were collected. Most private facilities did not have organized records and had to estimate their client load NURHI utilized this methodology for the HVS site selection and later utilized available data to refine the list.

The Measurement Learning Evaluation (MLE) Baseline Assessment results validated the HVS selections, except in a few cases prompting the addition of two or three hospitals. For the two expansion cities—Zaria and Benin City—NURHI requested the MOH Family Planning (FP) Coordinators for the names and locations of the largest hospitals, both public and private which became the high volume sites in those cities in order to identify sites.

Findings from the 2008 NDHS and the MLE Baseline Assessment results showed that pharmacies and patent medicine vendors are points where women access FP services and information outside the formal health care facilities. Pharmacies and PMVs who participated in the NURHI Project were selected using the following criteria:

1) Must be located within NURHI HVS;
2) Must be registered with a professional association, either the Nigeria Association of Patent and Proprietary Medicine Dealers (NAPPED) or the Association of community Pharmacists in Nigeria (ACPN);
3) Must have a valid practicing license; and
4) Must be willing to be part of the Family Planning Providers Network (FPPN) and abide by its roles and regulations.

STEP 2: Conduct participatory assessments of high volume sites, pharmacies and patent medicine vendors

To serve as a baseline against which to measure progress, and to inform performance improvement plans for family planning services, NURHI conducted participatory facility assessments. As a first step, NURHI developed facility assessment tools, which is designed to measure quality indicators that the project intends to address at the various high volume sites. This Indicators were based on the "National Performance Standards for Family Planning Services for Nigerian Hospitals" developed by the Federal Ministry of Health in 2009.

The facility assessments included structured facility observations and interviews with health facility staff. All these were done in collaboration with the management team in the health care facility. The questionnaires accessed issues such as hours of operation, personnel information as regards cadre, numbers and type of training received, service statistics, infrastructure, equipment, contraceptive stocks, record keeping, and other services for integration of FP.

A list of pharmacies and PMVs that met the criteria stipulated in step 1 was generated. From that list, 15 pharmacies and 20 PMVs were selected in each city. A capacity assessment was then conducted for the selected pharmacies and PMVs. Also the number and training of service providers, the types and volume of family planning methods provided, record keeping, infrastructure, contraceptive stocks, and willingness to join the Family Planning Providers Network (FPPN) were issues assessed.

From the assessment, gaps that needed to be addressed including training and equipment needs, as well as cross-cutting issues such as supportive supervision and contraceptive supplies logistics were identified. NURHI then hosted meetings in each city to discuss key findings with SMOH, LGA and representatives of the health facilities assessed. During these meetings, participants discussed strategies and approaches to improve family planning service provision at all levels and a consensus was reached that NURHI would be responsible for service provider training, provision of essential equipment, strengthening record keeping and FP commodities logistics management. Some of those key suggestions were include in the project implementation plan.

STEP 3: Plan for Performance Improvement

After NURHI project start up, NURHI facilitated performance improvement planning sessions with staff in each of the 85 HVS. NURHI engaged the State Ministry Of Health (SMOH) or Local Government Authority (LGA) FP Coordinator, health facility staff to facilitate one-day meetings. At the first meeting findings from facility assessments were reviewed addressing major gaps and plans were drawn.
Site specific performance improvement plans (PIP) defined targets for each standard for family planning services, actions to be taken, and the investments required by NURHI, SMOH, LGA and the facility to achieve those targets. These finalized PIPs were shared with SMOH and LGA representatives to aggregate input and inform the project workplan and budget.

STEP 4: Support the implementation of performance improvement plans

NURHI supported the implementation of Performance Improvement Plans (PIPs) through a variety of key activities including: training, procurement and distribution of equipment, provision of guidelines, IEC and reference materials, continuous supervision and mentoring,

integrating FP with other services, and family planning outreach services.

Training
NURHI assisted the State Ministry Of Health (SMOH) in the project implementation sites to offer standardized family planning training courses tailored to the needs of service providers and their current level of family planning training. NURHI supported master trainers in the four initial cities to provide these trainings.

- Initial Family Planning Training for Nurses and Doctors. This 4-week course trains providers to offer a full range of family planning methods, including Long acting and permanent method (LAPM) IUDs and implants, and certifies them as family planning providers.

- Family Planning Refresher Training. This is a 5-day course for certified family planning providers who have completed the initial 4-week course in the previous three years. It focuses on counseling skills, long acting and permanent method, side effects management, and addressing myths and misconceptions.
- Post-partum IUD Training. This is a 5-day on-site training for midwives and doctors. During the training, trainees get experience inserting IUDs in the labor ward during the first 48 hours after delivery. Trainees also get experience counseling and recruiting antenatal, postnatal, post abortion clients and mothers bringing their children for immunization.

- Family Planning Interpersonal Communication and Counseling Skills Training. This is a 5-day training course for CHEWs. It focuses on information on all family planning methods (natural and modern), interpersonal communication skills, counseling skills, referrals, record keeping and mobilizing for family planning outreaches.

- Family Planning Interpersonal Communication and Counseling Skills Training for Non-Clinical Providers. NURHI also developed and offers a 3-day training course for pharmacists, pharmacy technicians/assistants and patent medicine vendors (PMV) on family planning counseling, provision of non-clinical family planning methods, referrals for clinical methods, and record keeping.

- Contraceptive Logistics Management System (CLMS) Training. This is a modified 2-day specialized training course for health workers who had completed family planning training to address gaps in record keeping, projecting contraceptive needs, tracking contraceptive stocks, and timely ordering of commodities.

- On-Job-Training (OJT) curricula. NURHI assisted the FMOH to develop OJT curriculum manuals focusing on counseling, clinical service provision and contraceptive logistics management systems (CLMS) for use by trainers and supervisors to strengthen family planning service delivery skills. This refresher training is done on-site in the health facilities. The advantage of this approach is that it minimizes interruptions in services that occur when service providers attend classroom training elsewhere.

- Distance Education Application for mobile phones. NURHI developed an innovative Distance Education Application to provide a platform from which providers can access relevant educational content and resources from Android based smart phones or tablets. The Distance Education

platform was developed in response to the need for the re-enforcement of skills post-training and is intended to supplement existing forms of traditional training and supportive supervision. The application is designed be a refresher of the three key components of the OJT curriculum.

Procurement and distribution of equipment
Based on site-specific PIP performance improvement plans, NURHI procured and distributed essential equipment to health facilities. The project distributed equipment to facilities soon after it had trained service providers.

Provision of guidelines, IEC and reference materials
In response to needs identified during the health facilities assessments, NURHI re-produced and distributed to all trained providers the WHO Medical Eligibility Criteria Wheel for Contraceptive Use, National Performance Standards for Family Planning Services for Nigerian Hospitals, the National FP/RH Service Protocols, the FMOH family planning flipchart and wall chart, the GATHER chart, Infection Prevention Materials, and FP Interpersonal Communication and Counseling Tools (IPCC), FP family planning integration chart and the NURHI Clinical Practical Record Booklet.

Continuous supportive supervision, mentoring and coaching, including on job training (OJT)
The Family Planning Trainers conduct in-depth supportive supervision every two months, using national supervisory and monitoring tools, the NURHI Health Systems Strengthening Template and exit interviews with clients to identify weaknesses; then use the OJT training-manual to address gaps. NURHI staff conduct monthly monitoring visits to health facilities.

Outreach Family Planning Services
Reviewing monthly routine service statistics collected from HVS during supportive supervision and monitoring, NURHI realized that some of the HVS were under-performing in the provision of IUDs and implants. To address this, in December 2011, the project embarked on a pilot in Abuja and Kaduna to test the feasibility of providing long-term methods through outreach services provided by a travelling team of trained providers managed by Marie Stopes International - Nigeria (MSIN).

During the pilot, NURHI Social Mobilizers promoted and referred women for the FP services two days prior and during the outreach services. With promising results from the pilot, NURHI adopted the outreach services to low-performing sites in each NURHI LGA.

As result of the outreaches NURHI provided IUDs and implants to more than 7,000 women in six months. Based on these impressive results, the project decided to scale up its outreach program.

Integrating family planning with other services
In 2012, NURHI embarked on a program of "Active Referrals" for family planning services from HIV, post-abortion care, delivery and post-natal care, and child health services. For more information about the NURHI approach to integration, click here.

The 72- hour Clinic Make-Over
To make family planning services more inviting for clients and address the dilapidated infrastructure and state of disrepair of the facilities that the PIP revealed, NURHI crafted a cost effective and efficient way of improving health care facilities.

NURHI developed a unique *72- Hour Clinic Makeover* approach to improve quality FP services without disrupting normal daily services. After NURHI trained health care workers and ensured

good record keeping, provided materials for referrals, job aids SOPs, IEC etc., the project worked with facility management and community members to become involved in the "make-over" their facility. A process of assessment prioritization and cost effectiveness is ensured through direct labour, which brings about community involvement.

The "make-over" begins with a planning session with community members and service providers agreeing on what will be done in a chosen facility. By the close of business on Friday, repairs, renovations and installing of equipment are carried out through the weekend, and by Monday morning the clinic reopens in a renewed state, ready to provide optimal family planning services.

The results of the make over were highly positive. Providers and FP coordinators were reinvigorated by their 'new' working environment and reported an increase in the number of clients. Additionally, this approach helped create community ownership of the health facility. In some communities leaders pledged their own money and resources to help with the renovations.

In the fourth year of the project, NURHI modified its 72-Hour Clinic Make-over concept to focus on the cleaning, repair and utilization of existing equipment in the facilities. NURHI altered its approach in response to the PIP findings that revealed that equipment in some facilities just needed minimal repairs, cleaning and refurbishing as opposed to purchasing brand new equipment. This modified clinic makeover approach helped to save time and money while yielding similar results.

STEP 5: Monitor and re-plan

To monitor progress on the implementation of the PIP and associated changes in family planning service utilization and quality, NURHI conducts service utilization reviews on a quarterly basis and collects monthly service statistics on FP services. See Research, Monitoring and Evaluation for more information.

Data from the MLE midterm assessment was used by NURHI and the state teams to identify areas that needed to be refined, intensified and sustained to address realities on the ground and new gaps identified. In 2013, NURHI expanded successful approaches including trainings, integration, outreaches, clinic makeovers, and provision of equipment and materials into selected facilities in the two additional project cities of Benin and Zaria.

Integration

During health facility assessments, NURHI realized that many potential family planning clients visited High Volume Sites (HVS) for antenatal care, childhood immunization services, labor and delivery, post abortion care or HIV services. Yet, these clients were rarely counseled about family planning, nor were they provided family planning services. To address these missed opportunities, NURHI embarked on a program of "Active Referrals" for family planning services from points where women of reproductive age group access care in a health care facility and these became points of integration. According to the MLE Midterm Survey, these integration efforts have resulted in substantial increases in the proportion of women and HIV clients receiving family planning information.

Planning for Integration
NURHI drafted a strategy for integrating family planning counseling, services and referrals with MNCH and HIV services, which it shared with heads of HVS, State Ministry of Health, and Federal Ministry of Health for inputs. It was agreed that to promote family planning information, counseling and services, clients

attending antenatal care (ANC), delivery, post-natal care (PNC), immunization clinics, post abortion care (PAC), HIV counseling and testing (HCT), and Antiretroviral Therapy services would be referred to the FP clinic. The Integration Strategy was revised accordingly.

Training FP Providers at Integration Sites.
NURHI conducted a 10-day training in family planning counseling for service providers working in ANC, PNC, labour and delivery, immunization, ART, and HCT wards at HVS, and provided IEC materials. Service providers working in labour wards were trained to counsel clients in the immediate post-delivery period while those providing PAC services were trained to provide family planning methods.

Establishing Post-Partum IUD Services.
NURHI selected one HVS per city with the highest volume of labor and delivery clients to provide post-partum IUDs insertions. From these, midwives and doctors were trained on post-partum IUD insertion. Providers working in ANC counseled in post partum IUD and registered those interested with the labour and delivery ward. A system for ensuring adequate supplies of IUDs and the necessary equipment were also provided.

Monitoring and Tracking Integration.
Monitoring of family planning services referrals provided through integration sites is an important aspect of referrals. NURHI established a referral system with color-coded referral cards to track sources of referrals within health facilities, from social mobilization, community health workers, or from other facilities. Through this system, NURHI is able to monitor the number of referrals for family planning services, as well as the numbers of clients at each integration sites who were counseled for family planning. Using this information, supervisors can provide targeted interventions to address performance gaps as they arise.

Outreaches

Initially, NURHI conducted a pilot test in Abuja and Kaduna to test the feasibility of providing long term methods through outreach services. In collaboration with Marie Stopes International - Nigeria (MSIN), NURHI began conducting outreaches in 30 HVS with travelling team of trained providers managed by MSIN. As result of the initial outreaches NURHI provided IUDs and implants to more than 7,000 women in six months.

Based on these impressive results, the project decided to scale up its outreach program.
With promising results from the pilot, NURHI adopted the outreach services to low-performing sites in each NURHI LGA in effort to increase the number of new FP users and utilization of LAPM. Building on the lessons learned and gains from these initial outreaches, the Outreach model was amplified utilizing the NURHI trained providers to take a more active role in implementation. Coverage was then expanded to markets and military barracks to cover heavily populated areas and other underserved slum areas.

To address this, in December 2011, the project embarked on a pilot in Abuja and Kaduna to test the feasibility of providing long term methods through outreach services provided by During the pilot, NURHI Social Mobilizers promoted and referred women for the FP services two days prior and during the outreach services.

All outreaches are linked to strong community-based social mobilization, ensuring high levels of endorsements and support during outreach visibility and service days, and complemented by partnerships with religious and traditional leaders in NURHI sites.

To conduct outreaches NURHI selected one Primary Health Clinic (PHC) or hospital (where there was no PHC) per slum. The Project

employed teams of nurses or midwives trained in LAPM to visit each PHC center for two days once every month. These providers also continue to provide services during 2-day outreaches in HVS to help the trained providers deal with increased demand generated by social mobilization. As a result the providers were able to refine their skills with practical experience and gained more confidence in providing LAPM.

To implement the Outreach events, the NURHI team holds planning meetings two weeks before the actual outreach with NURHI social mobilizers, State Ministry of Health/LGA FP Coordinators and clinic staff to finalize the outreach plans and dates.. Two days before and two days during the outreaches, NURHI social mobilizers conduct visibility parades, door-to- door visits, and other activities to educate and invite clients for outreach services. Each client referred received a "Go Card" to take with them to the outreach. This way, NURHI is able to track the number of clients referred through social mobilization.

After the MLE Midterm Survey and project monitoring data revealed the effectiveness of outreach services through PHCs in slums, the approach was implemented in a variety of settings e.g markets and barracks in effort to expand reach. Findings showed that the facility based outreach were more successful in terms of new acceptors and cost effectiveness.

Sustainable Family Planning Provider Network

The Family Planning Providers Network (FPPN) is a unique model of public private partnership initiative comprising family planning providers from both the non-clinical and clinical health sector. The FPPN is made up of a core of highly trained FP service providers in all six NURHI cities. Before the creation of this network, the providers in the NURHI four initial cities (Abuja, Kaduna, Ibadan and Illorin) were working in silos. NURHI created the FPPN to establish a platform for these providers to interact in order to improve the quality of FP services through increased access and referrals.

In July 2013, the FPPN officially registered as the Sustainable Family Planning Provider Association (SFPPA). The SPFFA consists of networks of public and private clinical and non-clinical FP providers in all NURHI High Volume Sites (HVS), pharmacies including wholesalers and patent medicine vendors (PMVs) in each city.

The SFPPA has four main functions:

- Improving contraceptive logistics management for private and public sector providers.
- Improving the quality of FP services provided through a series of trainings in family planning service provision
- Strengthening referrals between service delivery points i.e. PMVs, HVS and pharmacies.
- Increasing the access to and uptake of family planning services through branding and promotion.

Commodities Logistics Management (CLMS) through Public-Private Partnerships

The FPPN has been instrumental in improving the regular supply of contraceptives among its members through proactive commodities logistics management, which involves three interventions:

1. **Provider capacity strengthening in FP logistics management:** NURHI trained 146 FPPN providers in contraceptive logistics management to improve forecasting and record keeping, and provided contraceptive logistics

management system (CLMS) tools. NURHI Quality Improvement and Systems Strengthening (QI/SS) Officers visit HVS and telephone FPPN providers at least once every two weeks to ask about logistics challenges such as low stock or the need for more CLMS forms.

2. **NURHI Opportunity Stock:** USAID donated contraceptive commodities (Combination 3 oral contraceptive pills, Copper T IUDs, Jadelle implants, and Depo Provera Injectible contraceptives) to NURHI for use as a buffer against stock-outs among FPPN members. The stock is both branded and unbranded. Unbranded stock is held by NURHI in each city. In the event that one of the government HVS has a stock out, NURHI brings stocks to the facility to tide it over until government stocks arrive. NURHI also has a memorandum of understanding with the Society for Family Health (SFH), the social marketing organization that sells and distributes socially marketed commodities in Nigeria, to distribute branded stock through wholesalers that are members of FPPN. Branded stock provided by USAID to NURHI is sold by the wholesalers as a priority to FPPN private sector members.

3. **SMS Commodity Tracking System:** The SMS Tracking System also allows NURHI to track stock-outs on a monthly basis for its monitoring system. The NURHI SMS commodity tracking system takes advantage of the fact that each provider has a personal mobile phone. This phone is used to send stock information from their CLMS forms into the NURHI monitoring system. Providers at HVS text their stock balance to NURHI on the 5th of each month. If they experience stock-outs, they can text earlier. If they experience a stock-out or low stock, NURHI QI/SS Officers visit the health facility with opportunity stock for government providers. If private sector HVS experiences a stock-out or low stock, the NURHI QI/SS Officer puts the provider in touch with a FPPN wholesaler for restocking. This system gives information on how each facility(HVS) is faring as it pertains to their stock levels.

Distance Education Application for Mobile Phones

NURHI launched a Distance Education (DE) tool in November 2013 to provide a platform from which providers can access relevant educational content and resources from Android based smart phones or tablets. The NURHI DE was developed in response to the need for re-enforcement of skills post-training. NURHI has trained family planning providers in the clinical and non-clinical elements of family planning provision, medical eligibility, interpersonal communication and counseling, and method-specific clinical skills. The training is followed up by supportive supervision.

However, the skills learned in training are not always fully utilized without consistent practice, refreshing and reinforcement. For example, issues such as provider bias can be difficult to change, and can still remain persistent even after training. The NURHI midterm data revealed provider bias to FP due to age, parity, marital status and religion were still apparent. In response, NURHI developed the distance education application to address the need for the re-enforcement of post-training skills. The tool is intended to compliment the existing curriculum of the On-the-Job training and supportive supervision. The application is designed be a refresher of the three key components of the NURHI On the Job Training (OJT) curriculum:

1) Counseling;
2) Clinical Service Provision; and

3) Contraceptive Logistics Management Systems (CLMS)

The NURHI App can be uploaded to any android smart phone. The application is available for free download on Google Play.

Development Process
Content development was guided by findings from the NURHI Midterm Assessment that revealed a high prevalence of myths; misconceptions and provider biases still existed among providers. NURHI held content development workshops, script writing meetings and reviews to aid in the design of the tool and content with creative consultants, NURHI partners and NURHI demand generation and service delivery advisors.

After much discussion and consultations, NURHI opted to create a series of case studies and quizzes, where the user is asked a series of questions about key content covered in the videos to test their knowledge. In addition, the application includes a library of relevant reference FP materials including the Federal Ministry of Health (FMOH) protocols and job aids currently used in Nigeria thus providing easy access to the user should they wish to refresh their knowledge.

NURHI issued an RFP for a company that could do both the creative development and production of the videos. The African Radio Drama Association (ARDA), a NURHI partner who also worked with NURHI on the radio program, was hired to develop and produce the scripts. The technical team reviewed all scripts and videos pretested with providers prior to final production.

The entire layout of the DE application was designed to be entertaining, interactive and user-friendly. The initial NURHI DE application modules included introductory videos, scenario based counseling videos, pre and post tests and a library function were strategically designed and developed to:

- Decrease provider bias based on age, parity, religion, and other factors;
- Increase understanding and use of medical eligibility for FP provision; and
- Improve client counseling and responsiveness.

In addition NURHI equipped all the phones with ACE, the Application for Contraceptive Eligibility, developed by USAID K4Health Project. This app is a resource that providers can use to help with determining patient eligibility for various FP clinic methods. The application can also be downloaded from Google Play.

Selection of data plans and mobile phone providers
Mobile phone suitability tests were conducted and phone models selected. The project sought to find an android phone with at least 5 inches screen and other specific features.

All major telecommunications companies (MTN, Globacom, Etisalat, Air tel) were considered for the provision of data plan for the DE initiative, however, only two providers (Globacom and Etisalat) responded to our, requests for collaboration. Globacom Nigeria was selected to provide the service because Etisalat has limited coverage in some areas of Ilorin (Irepodun and Offa). Globacom provided free sim cards for the data plan on monthly subscription, which we modified to suit our demand.

Field/Pilot Testing
Two NURHI project cities: one in the North (Kaduna) and one in the South (Ibadan) were selected for pilot testing: 20 service providers were selected in of these each cities to receive the training and the phones with the DE platform.
A one-day orientation was conducted in each city where the selected providers were taken through the registration process and use of the phone.

Providers were then left to operate the phones independently for one week after which the project conducted a Focus Group Discussions (FDG) to get feedback on the use of the phones and applications. The applications were then fine-tuned based on feedback from the FDG before launching the DE program.

Roll out in the four NURHI cities
400 participants were selected from the NURHI training database to partake in the Phase I DE program. Providers were oriented on use of phone in each of the four cities. A total of 348 mobile phones were procured and 285 were distributed. Each of the 285 providers was registered with the DE program system. NURHI was able to monitor and providers usage and access to the DE platform. Initial data showed that usage remained consistent months after the phones were distributed indicating that providers continued consistently to utilize and access the DE application.

Revision and Expansion
After the positive response of the initial Distance Education application and module on counseling by the providers, NURHI expanded the content to include the other two OJT components of Clinical Service Provision and CLMS and also worked to improve the functionality of the library.

The additional modules to the NURHI mobile distance education application focus on the areas of the Clinical Service Provision Training and Contraceptive Logistics and Management Training. The modules were designed in the similar style and format as the Counseling module, consisting of short videos and quizzes aimed to:

- Motivate providers on the importance of clinical counseling procedures
- Provide information to and build confidence of providers to manage and counsel on Side Effects- with a focus on Bleeding – the most common side effect
- Re-enforce and refresh skills on proper Contraceptive Logistics Management System (CLMS)

Impact Evaluation
NURHI plans to conduct an evaluation of the Distance Education Application to assess its impact on quality care and knowledge of providers for FP service provision. The evaluation will take place in early 2015.