NURHI

Nigerian Urban Reproductive Health Initiative

Service Delivery Strategy

Background to NURHI and Service Delivery Component

NURHI is comprised of five key objectives to help achieve the 20 percent increase in CPR in the selected urban areas:

1. Develop cost-effective interventions for integrating quality family planning with maternal and newborn health, HIV and AIDS, post-partum and post-abortion care programs.
2. Improve the quality of FP services for the urban poor with emphasis on high volume clinical settings.
3. Test novel public-private partnerships and innovative private-sector approaches to increase access to and use of family planning by the urban poor.
4. Develop interventions for creating demand for and sustaining use of contraceptives among marginalized urban populations.
5. Increase funding and financial mechanisms and a supportive policy environment for ensuring access to family planning supplies and services for the urban poor.

NURHI's vision is to effectively reach and respond to the contraceptive needs of the urban poor. Driven by the hypothesis that demand can drive supply, NURHI is linking supply and demand through the innovative Family Planning Provider Networks (FPPN). The formation of the FPPN is a major strategy for ensuring networking and linkages across all the NURHI thematic areas: (integration, quality, demand creation, public private partnership and advocacy). This unique network to which both public and private health sector providers (doctors, nurses, midwives, pharmacists, patent medicine vendors) belong in NURHI geographical areas provides a platform of interaction between members to improve quality of family planning services through an improved referral system.

To this end, NURHI's objectives 1, 2 and 3 converge to create a holistic and linked network of providers within each site. The desire to take a different approach to service delivery – seeing it through the consumer's eyes – led to the development and launch of the FPPN, which disregards dividing lines like public and private to focus on serving the client. FPPN members span the spectrum of family planning providers in each of these cities, representing high volume public and private sites, clinics, pharmacies, and patent medicine vendors.

Context of FP Service Delivery in NURHI Sites

According to the Performance Improvement Plans (PIP) conducted in high volume sites the following issues have been highlighted:

Public sector systems and infrastructure are weak and neglected as evidenced by dilapidated buildings, an absence of running water and electricity as well as poor repair or absence of toilet facilities in facilities. Equipment needed for FP service provision is either absent or obsolete in most public facilities. Similarly, job aids, service protocols and service registers are often in short supply.

Regular supervision and on the job trainings are virtually non-existent in most public facilities.
The number of service providers is insufficient in quantity, and many do not have the requisite competencies needed to deliver quality FP services, due to out of date knowledge, and inability to effectively counsel, provide long acting and permanent methods (LAPM[1]) and refer. The shortage of providers with skills to provide FP services is exacerbated by high rates of attrition (from either internal transfer of trained personnel to a different service area not necessarily relevant to their skills or to transfers to other hospitals as well as retirement and resignations from the public sector).

[1] In this document we use the term long acting and permanent methods (LAPM). We recognize that in Nigeria, <1% of Nigerian women in target cities choose permanent methods. As a result, NURHI will focus primarily on long-term methods even as we use the term LAPM.

Recurrent contraceptive stock outs have been a major challenge to the public health system. The national, state and local government Contraceptive Logistics Management System (CLMS) has been weak and ineffective. The serious commodity crisis at the start of the project was partially addressed by the 'free contraceptives' policy announced by the Minister of Health in April 2011. This policy is not without its challenges since the issue of who pays for FP consumables (antiseptics, gloves, syringes, etc.) has yet to be addressed.

The bulk of provision of FP services and commodities in the private health sector is from Patent Medicine Vendors (PMV) and pharmacies. Private clinical facilities also provide services but on a smaller scale compared to the public sector mainly due to dearth of skilled personnel and lack of equipment, high attrition of staff and the general cost of provision of services in a for-profit environment. Most private facilities, both clinical and nonclinical, operate in "silos", and referrals, if present at all, are rudimentary. Commodity stock outs are also an issue. The main source of contraceptive commodities is through social marketing groups, primarily the USAID-supported Society for Family Health (SFH).

From NUHRI's initial baseline and formative research, the following service delivery themes emerged:

PMV and Pharmacies: Patent medicine stores and community pharmacies are the primary source of FP in most cities. NURHI will focus on helping these providers re-conceptualize their role in FP provision to focus on promotion of FP as well as selling, consulting and referring to other FPPN members.

Provider Bias: All types of providers have real and damaging biases against providing FP to women who are too young, unmarried, or who have fewer than 3 to 4 children. NURHI will address these biases through training and supportive supervision that emphasizes WHO's Medical Eligibility Criteria for FP provision, Interpersonal Communication and Counseling (IPCC) training that focuses on values, and focus on health benefits of birth spacing. Providers in selected service sites preferred by youth will be given training on provision of Youth Friendly services.

Client Counseling: Given the fear of side effects, good counseling on "what to expect" is needed; in addition, counseling can introduce the option of long acting methods for spacing and can be youth-friendly, all needs identified from the data. Some options include supporting all FPPN members to provide good counseling; branding the FPPN with the message that counseling is offered; and reviewing the On the Job Training (OJT) curriculum to ensure a robust focus on these counseling issues.

Referral: Couples currently using FP rely heavily on methods provided by PMV and pharmacies, primarily condoms, OCs, and EC. In order to move these users to more reliable methods and to address concerns and side effects that may arise, NURHI will develop a robust referral strategy within the FPPN, with providers incentivized to refer up the provider chain (see NURHI's referral approach on page 12 of this document).

Integration: Currently there are missed opportunities when clients are coming to High Volume Sites (HVS) for other services and could be referred for family planning, counseled on methods and/or provided with methods. NURHI will develop specific interventions to capture women receiving care from other clinical areas in the targeted HVS including ANC clinics, well child immunization clinics, and labor/postpartum wards in hospitals, HIV/AIDs clinics and PAC sites. Specific focus will first be given to sites where greatest numbers of eligible women can be reached (i.e., ANC clinics/labor wards and immunization clinics) and plans will be developed for a quick rollout.

Family Planning Demand Themes

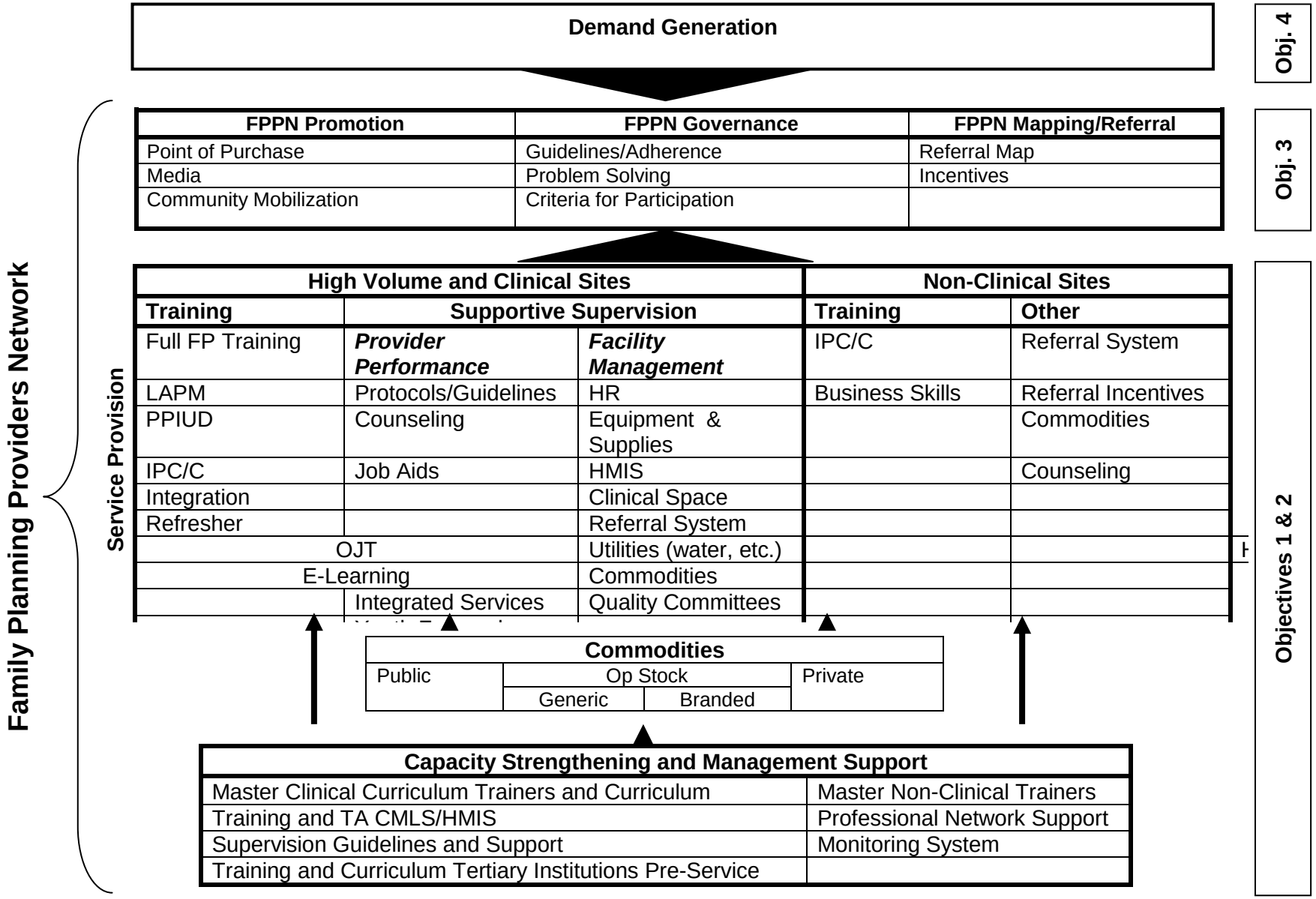
Fears, Misconceptions, and Myths: Side effects are cited as the largest barrier to use of FP. Demand creation will address the benefits and healthfulness of FP, while service delivery interventions will focus on ensuring that providers counsel clients on real side effects and their management.

Low Intention to Use: Most respondents do not intend to use FP in the next 12 months. The major reason given was "want more children". NURHI can focus communication on benefits of a 2-3 year birth interval and the existence of healthy, acceptable methods for every woman.

NURHI Service Delivery Framework

The diagram below depicts the different elements of NURHI's service delivery component and how they relate to one another. The FPPN is the overall umbrella under which SD inputs are made with providers and service delivery sites. It also serves as the focal point for promotion. **Service delivery investments are made with the primary aim of increasing access to services and improving the quality** of the services provided. Systems related work critical to the delivery of services includes commodities management and logistics, in addition to institutional capacity strengthening in training, CMLS, HMIS and other related areas.

With the limitation of time and resources, NURHI's interventions are not intended to address the entire system. Rather they are focused on a subset of the system, with the expectation that NURHI's learnings, tools and approaches will be used by others to support further strengthening of the system. NURHI's approach is further predicated on maximizing use of existing resources and capacity.


Demand Generation
Obj. 4
FPPN Promotion
FPPN Governance
FPPN Mapping/Referral
Point of Purchase
Guidelines/Adherence
Referral Map
Media
Problem Solving
Incentives
Community Mobilization
Criteria for Participation
Obj. 3
Family Planning Providers Network
Service Provision
High Volume and Clinical Sites
Non-Clinical Sites
Training
Supportive Supervision
Training
Other
Full FP Training
Provider Performance
Facility Management
IPC/C
Referral System
LAPM
Protocols/Guidelines
HR
Business Skills
Referral Incentives
PPIUD
Counseling
Equipment & Supplies
Commodities
IPC/C
Job Aids
HMIS
Counseling
Integration
Clinical Space
Refresher
Referral System
OJT
Utilities (water, etc.)
E-Learning
Commodities
Integrated Services
Quality Committees
Commodities
Public
Op Stock
Generic
Branded
Private
Capacity Strengthening and Management Support
Master Clinical Curriculum Trainers and Curriculum
Master Non-Clinical Trainers
Training and TA CMLS/HMIS
Professional Network Support
Supervision Guidelines and Support
Monitoring System
Training and Curriculum Tertiary Institutions Pre-Service
Objectives 1 & 2

To increase CPR by 20% across the 4 cities, NURHI will need to add approximately 115,000 new acceptors over the next three years. The table below shows the numbers of new users needed in each city site, in addition to a projection of users by method. The projected method mix is based on a shift from the current method mix, dominated by condom use, to an increased use of long term methods and short-term methods other than condoms. [2]

Cumulative number of new modern contraceptive users by method needed to reach a 20 percentage point increase in CPR by 2014, assuming new method mix, by Nigerian city:

City	Pill	Implant	IUD	Injectable	Female Steriliza.	Condoms	Others*	2014
Abuja	1708	3173	7323	8787	488	2929	0	24,411
Ibadan	4674	3824	9772	17421	1274	5523	0	42,491
Ilorin	2197	1798	4594	8190	599	2597	0	19,978
Kaduna	3916	1468	4161	10035	1223	3671	0	24,478
Total	12,495	10,263	25,850	44,433	3,584	14,720	0	111,358

*Others=vaginal barrier and male sterilization

Building Blocks for Service Delivery Strategy

Over the past two years, NURHI has undertaken a number of critical interventions to set the stage for increasing access and improving the quality of family planning services available in the four initial NURHI sites. Among these are the:

- **Selection and assessment of high volume sites** for NURHI interventions in the public and private sector. Assessments were undertaken with support from a consultant, NURHI team members and key stakeholders within each of the cities. Tools used for the Performance Needs Assessments (PNA) were developed through a collaborative process including NURHI staff, FMOH, PPFN, SFH, IPAS, and FCT public health department among others. PIP for the city sites and individual facilities were developed based on these assessments. Equipment and supplies purchases are being made based on these plans.

- **Identification, assessment and orientation of non-clinical providers** in each city. This includes PMV, pharmacists and those providing services in pharmacies. In the case of Abuja, the base of pharmacies is being expanded to fill the void created by the non-participation of PMV. Performance needs assessments were also completed with this cadre of providers.

- **Formation of a FPPN** in each city site, comprised of the clinical sites and non-clinical providers noted above. A key component of the FPPN is the establishment of a referral system between the non-clinical and clinical providers. The composition of each FPPN is as follows:

City	Clinical Providers	Non-Clinical Providers	Total
Abuja	70	16	86
Ibadan	82	40	122
Ilorin	87	49	136
Kaduna	68	36	104
	307	141	448

- **Training of a variety of cadres of providers** across the four sites, including Master trainers in each site, contraceptive technology updates, five week training (2 weeks didactic, 3 weeks of clinical

[2] Numbers for the *new* method mix projected are calculated from current method mix in baseline survey.

practice), interpersonal communication and counseling skills training, and refresher trainings among others.

- **Development and/or modification of curricula** to meet the training needs above. Several other curricula are under development or planned, including an OJT curriculum that is in the final stages of review.

- **Development of new and reproduction of existing job aids** for providers to reinforce training and enhance the provider and client interaction. These include **National Family Planning/Reproductive Health Service Protocols (FMOH, 2009), Performance Standards for Family Planning Services in Nigerian Hospitals (FMOH, November 2009)**, **National Family Planning Training Manual for the Private Sector (FMOH, 2010),** and **WHO Medical Eligibility Criteria and WHO Medical Eligibility Criteria Checklist**. NURHI developed family planning method posters, method specific patient education pamphlets, counseling cards as well as materials to support the referral system. Point of purchase materials have also been provided to all FPPN members, including danglers, stickers, and badges. These materials reflect the branding for the FPPN and the first phase of the demand creation campaign, "Get It Together," with the tagline, "Know, Talk & Go".

- **Ensuring availability of commodities** for both public and private sector sites. NURHI has worked closely with the FMOH and State MOH teams to support implementation of the new system established for provision of free commodities within the public sector. NURHI has also played a key role in advocating for government investment at the federal level to procure commodities for the country, which have historically been provided exclusively by donors. An arrangement with SFH, supported by USAID, is now in place to provide NURHI with an Opportunity Stock (OS) to ensure that product is available as demand is increased. The OS will be used to incentivize private sector clinics and non-formal providers (using SFH branded products) and to support outreach services in the public sector (using the generic products) as needed. The OS will phase out as the program matures and the public and private sector systems become more responsive to demand.

Service Delivery Strategy

In the context above, NURHI's key strategic approaches in service delivery over the next 3 years include:

1. **An incremental approach to quality improvement focusing on essential interventions** needed to deliver services within the NURHI sites and facilitated through a system of supportive supervision and on the job training.
2. **Maximizing SD opportunities** within the FPPN through an emphasis on long-term methods, FP integration and youth friendly services.
3. **A robust referral system** within the FPPN and through the Social Mobilization (SM) strategy for youth and outreach services in partnership with Marie Stopes International Nigeria (MSIN).
4. **Proactive management of FP commodities** in all NURHI sites to ensure the full range of methods is consistently available in all NURHI sites.

In the service of all of the key strategic approaches above, NURHI will explore working with the Johns Hopkins Center for Clinical Global Health Education (CCGHE), a leader in using technology to help providers globally access state of the art health information and training. NURHI will work with them to 1) advance NURHI's distance education for providers, 2) quickly develop applications for mobile phones (both "basic", SMS-based models as well as "smart" phones) to track commodities and supplies, and 3) communicate with providers on family planning practice. CCGHE is the developer of the popular Android "eMOCHA" platform that can be used for a variety of data collection, communication, tracking, and M&E activities.

1. Incremental Quality Improvement

NURHI's quality improvement activities are grounded in the Federal Ministry of Health's **Performance Standards for Family Planning Services in Nigerian Hospitals** that were reviewed and updated in 2009. In addition to investments already made in training staff in family planning, NURHI will address other **essential** aspects of quality service delivery in the next three years, informed by both the PNAs and the facility based assessment conducted by MLE in early 2011. Four issues, described below, have been prioritized based on their potential to quickly contribute to improved quality and contraceptive uptake.

Quality issues

A. Improving provider interpersonal communication and counseling skills	
Context	**Need To Address**
NURHI baseline assessment reveals lack of ability to counsel on FP among some providers, and on some methods such as implants and IUDs NURHI baseline assessment shows certain aspects of counseling among some facilities/providers is lacking, specifically on implants and IUDs and on side effects for all methods	Enhancing client knowledge of FP Reducing myths and misconceptions Increasing continuation rates/decreasing discontinuation
B. Provision of basic equipment and supplies	
Context	**Need To Address**
NURHI baseline assessment shows that most HV sites did not have all the needed equipment to provide IUDs and implants under sterile conditions.	Equipment and supplies for infection prevention Equipment and supplies for LAPM provision
C. Reducing provider bias in provision of methods	
Context	**Need To Address**
PNA revealed provider bias based on lack of confidence in skills NURHI baseline assessment reveals significant biases in provision of methods based on parity and marital status	Reducing method bias among providers/increasing use of medical eligibility criteria with special focus on removing barriers related to: *Marital Status *Parity Status *Provider Preference - Lack of confidence in skills - Personal experience
D. Provision of on-site mentoring and supportive supervision	
Context	**Need To Address**

PNA and NURHI baseline assessment reflect limited supervision of services and support for quality adherence Supervisory support for referral and integration agendas critical to reducing "missed" opportunities. According to the NURHI baseline assessment, 39% of non-FP clients said they would like to receive FP counseling, referral or service.	Mentoring and reinforcement for practice of "new" skills to ensure competency Regular feedback for facilities (and Quality Assessment Committees) on QA issues Adequate system support for provision (commodities, referrals and integration)

NURHI Trainings OCTOBER 2010 TO NOVEMBER 2011.

1. **Training of Master trainers.**

Training of Trainers (TOT)	**Number Trained**
FP TOT	24
FP TOT Refresher	17
FP TOT for Pharmacist	22
Total Master trainers	**63**

2. **Service Provider Training**

CLINICAL PROVIDERS	**Number Trained**
FP/IPCC Training for Doctors, Nurses & Nurse Midwives (Refresher)	82
Full (Fresh) Training on Family Planning & IPCC	90
FP & IPCC Training for Community Health Extension Workers	102
Training on Long Acting and Permanent FP Methods	57
TOTAL	**331**
NON – CLINICAL PROVIDERS	
FP/IPCC Training for Pharmacist	60
FP/IPCC Training for PMV	73
TOTAL	**133**
TOTAL NUMBER OF PROVIDERS TRAINED	**464**

Strategic Approach
Phase 1
NURHI will focus on using **supportive supervision and on the job training to address the quality issues** identified above. The OJT curriculum, in its final stages of development, will be used as the key tool to support this approach.

- Training of FP providers to facilitate integration and improve competence is being approached in two steps: training master trainers to train other providers. Working with training facilities, institutions, schools of Nursing and Midwifery, Doctors, Nurse and Nurse Midwives with training background from project sites, ARFH selected a team of Master trainers and built their capacity through a TOT.

- These trainers are responsible for training providers from high volume sites. This is to ensure that providers have the competence and skills to provide FP services. The ARFH master trainers and other clinical trainers (consultants) mentor and coach these service providers on site as well as at various clinical trainings.

- To support non-clinical service delivery, Pharmacists were selected from the Association of Community Health Pharmacists, prioritizing those in the Association's training committee. These FP Pharmacy trainers are responsible for training pharmacists, PMV and non-pharmacist providers in pharmacy stores in IPCC and FP.

- The OJT curriculum will be used by the core training team at the state level to roll out supportive supervision to the facility level. In addition to the MOH staff and consultant trainers, each of the State training teams will also include a representative from the private sector. Supervisors at the clinic level will be trained in supportive supervision.

- A "light" quality assessment tool (observation and questionnaire) derived from established quality standards will be employed to support ongoing improvements at the facility level. The QA tool will be administered at the facility level on a quarterly basis, supported by the training team and in collaboration with the onsite supervisor.

- Quality assessment results will be shared and used by the on-site supervisors and the facility quality committees (QCs) where they exist, to address ongoing issues.

- Quality committees, which include community membership, will be established in clinical sites where they don't already exist. In addition to addressing issues identified through the QA process, the QCs, which have specific protocols, will identify other issues they wish to address. QCs from the different LGAs will be brought together every six months to share and exchange experiences. This will also be a platform through which to provide recognition for their efforts.

- Provider job aids will be made available in all sites. An Internet-based distance learning program to augment provider training and other resources will also be made available for providers, in collaboration with K4Health.

Phase II

- Additional training needs for providers
- Continued provider training to reach target of 880 by end of Year 3
- Refurbishment of clinical space
- Strengthening clinic outreach
- Facilitating establishment of state level QC
- Establishing a recognition scheme for facilities/providers

Linkages with Other NURHI Components

- The advocacy team will provide ongoing support to ensure trained staff are maintained in NURHI facilities and to advocate with state and local governments to invest resources in staff training and other basic needs.

- The Demand Generation team will assist with promotion of FPPN sites, provision of provider job aids and client materials.

- The research and evaluation team will assist with tracking the QA information.

2. Maximizing Service Delivery Opportunities

NURHI's overall approach is predicated on making FP easily accessible to the client, whatever their specific needs may be. To this end, there are a number of areas of focus within the broad service delivery framework to address in order to make services **more relevant and easily accessible** to potential clients. In short, NURHI seeks to eliminate missed opportunities and to ensure that women (and their partners) are offered what they need when they need it, including:

- Ensuring the availability of a FP clinic in each of the supported HV sites

- Integrating FP with ANC, Post partum, PAC and HIV/AIDS services in supported HV sites that meet the required criteria.
- Provision of youth friendly services within existing facilities to cater for the underserved youth population.
- Conducting outreaches in underserved urban settings.
- Providing a strong referral network within the FPPN.

A. Integration of FP into existing services	
Context	**Need To Address**
In NURHI baseline assessment: 56-79% of non-FP clients surveyed said they did not receive information on FP 39% of non-FP clients said they would have liked to receive FP counseling, referral or service Limited level of comfort among non-FP providers to counsel or refer for FP	Equipping non-FP providers with the skills to counsel, refer and/or provide FP services as appropriate Strengthening internal referral systems
B. Provision of LAPM, with a focus on PPIUD	
Context	**Need To Address**
NURHI baseline assessment exit interviews show between 7-24% of clients don't want another pregnancy while 49-70% would like to space A Post Partum IUD (PPIUD) curriculum exists, but few sites are offering PPIUD services The PNAs and NURHI baseline assessment indicate there is a low level of confidence among providers to offer LAPM. In addition, providers' own biases may interfere with provision of these methods	Building skills of providers in PP settings to provide or refer for 6 week PPIUD Build skills of ANC providers to counsel during third trimester so that immediate PP IUD insertion is an option Build skill of providers working in labor ward to provide LAPM before discharge to women counseled in ANC (immediate IUD insertion after delivery) Reducing personal provider biases around provision of LAPM Enhancing confidence of providers to deliver LAPM
C. Ensuring provision of youth responsive services	
Context	**Need To Address**
NURHI baseline assessment reveals clear biases against provision of FP services to unmarried youth at all levels of the system Unmarried, sexually active youth need access to FP services to protect against unwanted pregnancy (17-47% of sexually active unmarried women had an unmet need for FP)	Reducing biases against provision of services for unmarried youth Identifying and facilitating access to FP service sites known to be youth friendly

Strategic Approach

In general, NURHI will work at each site to identify specific service delivery points (SDP) in each FPPN through which to integrate FP services, provide LAPM, and provide youth friendly services. Once specific sites and areas of focus are agreed upon, curricula and tools will be adapted and training will be conducted as needed to support implementation. Once initiated, the supportive supervision structure will be utilized to monitor and further strengthen these approaches.

The overall strategy for each of these key issues is described in further detail below.

A. FP Integration

- NURHI's definition of FP integration includes the provision or either counseling, referral and/or the provision of actual FP services within other service areas. The specific level of integration will be determined based on the facility and the technical service in which FP is being integrated.

- NURHI's priorities for integration in the immediate future include PAC sites; HIV service sites, and post-partum services. Some tools exist for integration already including ***National Guidelines for the Integration of Reproductive Health and HIV Programmes in Nigeria (FMOH, Jan 2008)*** and ***The National Training Manual on Training in Postpartum Intrauterine Contraceptive Device (PPIUD) Insertion Techniques for Reproductive Health Professionals (FMOH, 2004)***, while others will need to be developed and/or adapted from other places.

- NURHI will develop a matrix of sites for the FPPN which shows what sites will integrate FP and into what services. These integration efforts will be supported by: the referral system, the supportive supervision and QA process and job aids.

- The Systems Strengthening (SS) and QA approach will reinforce the need for routine integration of FP into ANC services and Whole Site Orientations (orientation and sensitization of all staff regardless of role) on FP will be undertaken to ensure all staff are equipped to at least refer potential clients for FP.

- Training plans to address integration will be developed and executed as needed based on the integration matrix.

Linkages

- The advocacy team will advocate at the state level for support of the integration agenda. Data from the NURHI baseline assessment will be particularly valuable in making this case.

- The Demand Generation group will work with the SD team to develop appropriate job aids to enhance integration efforts.

B. LAPM

- NURHI's immediate focus will be on ensuring the provision of IUDs and Implants for which there already seems to be some existing demand.

- In addition to routine provision of IUDs, the team will also work with the facilities to increase provision of PPIUD. The goal is to introduce PPIUD insertion in at least one facility per LGA (Ilorin 5; Ibadan 5; Kaduna 3; FCT 2) including private sector hospitals, focusing on the ones with the highest number of deliveries.

- NURHI will not invest directly in the provision of permanent methods; however, NURHI will develop a separate leaflet for each city site where permanent methods are available. This will be provided to all FPPN members and other key stakeholders.

- NURHI will partner with MSIN to increase availability of LAPM within the FPPN through special outreach activities. The social mobilizers will promote the availability of services on particular days at a specific site(s); MSIN will work with the providers to offer LAPM and others, while building their capacity to do so; generic commodities will be provided for these outreaches through USAID/SFH.

- Private clinics in the FPPN network will be provided with branded seed stock to support their delivery of LAPM.

- Based on the limited capacity to provide LAPM in Ilorin, a mentoring initiative will be established to enhance the FP skills of doctors currently working in the High Volume Sites (HVS).

Later
Assess opportunities for permanent methods through partnership with other programs/projects such as the USAID/RESPOND project that is expected to launch in late 2012 or 2013. Demand for permanent methods is negligible as revealed in the baseline survey.

Linkages

The Demand Generation team will support the outreach component of the work with MSIN.

C. Youth Responsive Services

- NURHI's youth focus will prioritize the needs of sexually active unmarried youth. Given the bias against provision of FP services to this cohort, NURHI will identify and work with 1-2 clinical sites and 3-5 pharmacists/PMV within the FPPN who are known to be supportive on the issue of providing youth services. NURHI will work with providers in sites preferred by youth to strengthen their ability to provide youth-friendly services.

- Emphasis will also be given to geographical sites where youth are prominent, such as in and around polytechnics and other schools.

- NURHI will use existing standards, protocols, curricula and materials to bolster the provision of youth friendly services within the SDP. The team will also draw on its' own vast experience in working with youth through COMPASS, Ku Saurara, CEDPA, etc.

- As with the permanent methods, a special leaflet will be developed that identifies the youth friendly SDP. This will be provided to FPPN members and all other key stakeholders.

- At the same time NURHI focuses on particular sites, it will continue to address the barriers that exist across the system around provision of youth services through our other interventions.

Linkages
- The Advocacy team will support advocacy for adolescent reproductive health services.

- The Demand Generation team will support social mobilization of youth through the Youth Urban Mobilization (YUM) strategy, as well as providing job aids and materials for youth.

3. Referral System

Done effectively, referrals can quickly increase the uptake of services, thus it is a core element of NURHI's SD agenda. While some elements of a referral system exist within the current structure, NURHI investments will help establish a more functional, holistic and robust system of referrals to facilitate ease of access for clients, as well as to enable the service delivery system to function as a whole. Priorities for NURHI include the following:

A. Improving internal referrals (within sites)	
Context	**Need To Address**
In NURHI baseline assessment: 56-79% of non-FP clients surveyed said they did not receive information on FP 39% of non-FP clients said they would have liked to receive FP counseling, referral or service PAC, Post Partum, other service areas not providing FP.	Clinic staff knowledge of on-site FP and importance of referrals Cross referral for FP information and services, especially in PAC and post partum care
B. Facilitating referrals within the FPPN	
Context	**Need To Address**
Limited referrals take place between providers of different levels Limited knowledge of who to refer clients to for services (up or down the system)	FPPN referral network for PMV/Pharmacists to refer upward and for HVS to refer downward
C. Increasing referral for LTPMs	
Context	**Need To Address**
NURHI baseline assessment exit interviews show 7-24% don't want another pregnancy and 49-70% would like to space Access to FP has been challenging: there is little information available in the system; providers are ill equipped; commodities have not been in regular supply Fear of side effects and misconceptions inhibit women's desire to use FP and LAPM in particular	Facilitating easy access to information and services for women with unmet need, especially for LAPM
D. Increasing referrals to services through SM and advocacy	
Context	**Need To Address**
Little has been done to bring FP information to communities; to increase acceptability of FP; and to link communities with specific services	Increasing awareness and acceptability of FP Linking communities with quality services

Strategic Approach
Phase I

- The referral system will be holistic in that it will address referrals at all levels of the system: internal referrals within the FPPN (non-clinical to clinical and vice versa); in-site referrals; referrals for special service days (MSIN partnership) and services (permanent methods and youth); and referral in general, through social mobilization activities.

- The system will utilize existing referral structures where they exist, but will add on "friendly" easy to use referral cards that have a similar look and feel across the system.

- The system will enable NURHI to track and monitor referrals through the use of referral boxes placed at FPPN SDP. Information on referrals will be provided back to referrers as part of this process.

- To immediately increase internal in-site referrals, a whole site orientation on FP and available FP services will be undertaken in HVS through orientation meetings and trainings of all cadre of hospital personnel (clinical and non-clinical) from the security personnel at the gates to cleaners, administrative staff etc.

- In addition, a leaflet listing all of the FPPN sites will be developed for each location. Special leaflets will also be developed to identify SDP offering permanent methods and youth friendly services to facilitate referrals for these special needs. This will be provided to FPPN members and all other key stakeholders. These will be updated, if needed, on a quarterly basis.

- Incentives and recognition for upward referrals from non-clinical providers, social mobilizers, quality committees, will be established based on recommendations by the FPPN. This might include recognition twice a year with incentives such as certificates, airtime for phones, etc.

- Pending identification of sites for youth services and other considerations, such as the preferred providers identified in the NURHI baseline assessment, NURHI will consider the current FPPN membership as the "core" members.

- Additional members who wish to join will be subject to criteria for expansion established by the FPPN and NURHI such as practicing within NURHI local government areas (LGAs); up to date professional affiliation; operating in line with rules/regulations of the FPPN; etc. New members will also not necessarily receive the full package of support already provided to core members. For example they may be required to contribute to staff training costs, but could be provided with support materials and/or seed stock, as well as the point of purchase (POP) materials.

Later
- Expansion of FPPN to new members as appropriate based on criteria for expansion.
- Provision of agreed upon minimum NURHI package to new members – seed stock; promotion.
- Sustainability of the FPPN.

Linkages
- Advocacy support will help reinforce the need for the referral system, as well as increasing awareness and support for FP among community leaders.

- The Demand Generation team will provide support for the referral agenda through the social mobilizers in each site. They will also assist with the design of the referral cards for the system.

- The R&E team will assist with referral and tracking issues.

4. Proactive Management of Commodities

Access to a steady supply of commodities has been a challenge for all types of FP providers for many years. This is due to unreliable supplies from the national level, in addition to issues with the distribution system that largely relies on a "pull" system in both the public and private sectors. As noted earlier, NURHI has been proactively trying to ensure that NURHI sites have access to the commodities they need, without which all other project efforts are for naught. In addition to continuing its advocacy efforts for contraceptive security, NURHI will prioritize commodities management issues at the site level. These include:

A. Proactive tracking of commodities among FPPN members	
Context	**Need To Address**
NURHI baseline assessment report on shortages: not too bad in terms of overall method mix, but lots of gaps for individual SDP	Improving restocking practices among all providers Reducing stock outs among all providers
B. Augmenting the "pull" system with a "push" system for FPPN members, especially in the private sector	
Context	**Need To Address**
NURHI baseline assessment shows current system results in gaps; due to ordering practices as well as general availability of commodities in system NURHI baseline assessment shows for private sector providers, result is loss of client to other provider	Ensuring FPPN members fully stocked: - To respond to new demand - To encourage continued participation and expansion of private sector in FP provision
C. Addressing bottlenecks in the public sector at the State, LGA and facility level	
Context	**Need To Address**
NURHI baseline assessment /PNA reveals limited capacity of public system to effectively monitor and manage commodities issues Challenges with overall supply, ordering by facilities, and accessing (transport)	Strengthening system at all levels to proactively track, manage and creatively address commodities challenges

- NURHI will focus its effort on FPPN network members' ability to access appropriate commodities as and when needed to meet demand. Specifically it will support mechanisms at the City Site level to push commodities – in addition to supporting the pull system. The opportunity stock from USAID/SFH will facilitate the push, as the pull system is strengthened and greater demand for FP is established which in the longer term will be responsive to this demand.

- In the Public Sector NURHI will support commodities management through:
  - Supportive supervision and quality assurance efforts
  - Support for HMIS to regularly assess ordering, use and availability within system and specific sites
  - Use of National Youth Service Corps (NYSC) members where possible to help with tracking and movement of commodities
  - Trouble shooting by city site teams with SMOH and Federal as needed
  - Provision of generic subsidized commodities for NURHI/MSIN work (MOU with SFH/USAID)

- In the Private Sector, NURHI will:
  - Through its partnership with SFH/USAID access the opportunity stock that will be used to provide branded seek stock to the private sector providers (clinical and non-clinical)
  - If possible, use NYSC members to help with tracking and movement of commodities
  - Facilitate access of branded products (push) to PMV and pharmacists and those working in pharmacies, utilizing consultants identified by and from the FPPN to undertake distribution to Network members. It is expected this will ultimately lead to a system that can be sustained by and for the FPPN

- NURHI will seek out external STTA to support the overall CMLS agenda and provide guidance to the NURHI team.

Linkages
Advocacy for budgetary contributions to commodities procurement (LGA, State and National) and advocacy around overall contraceptive security.