



# Adoption and Implementation of Service Delivery High Impact Interventions in TCI-supported States

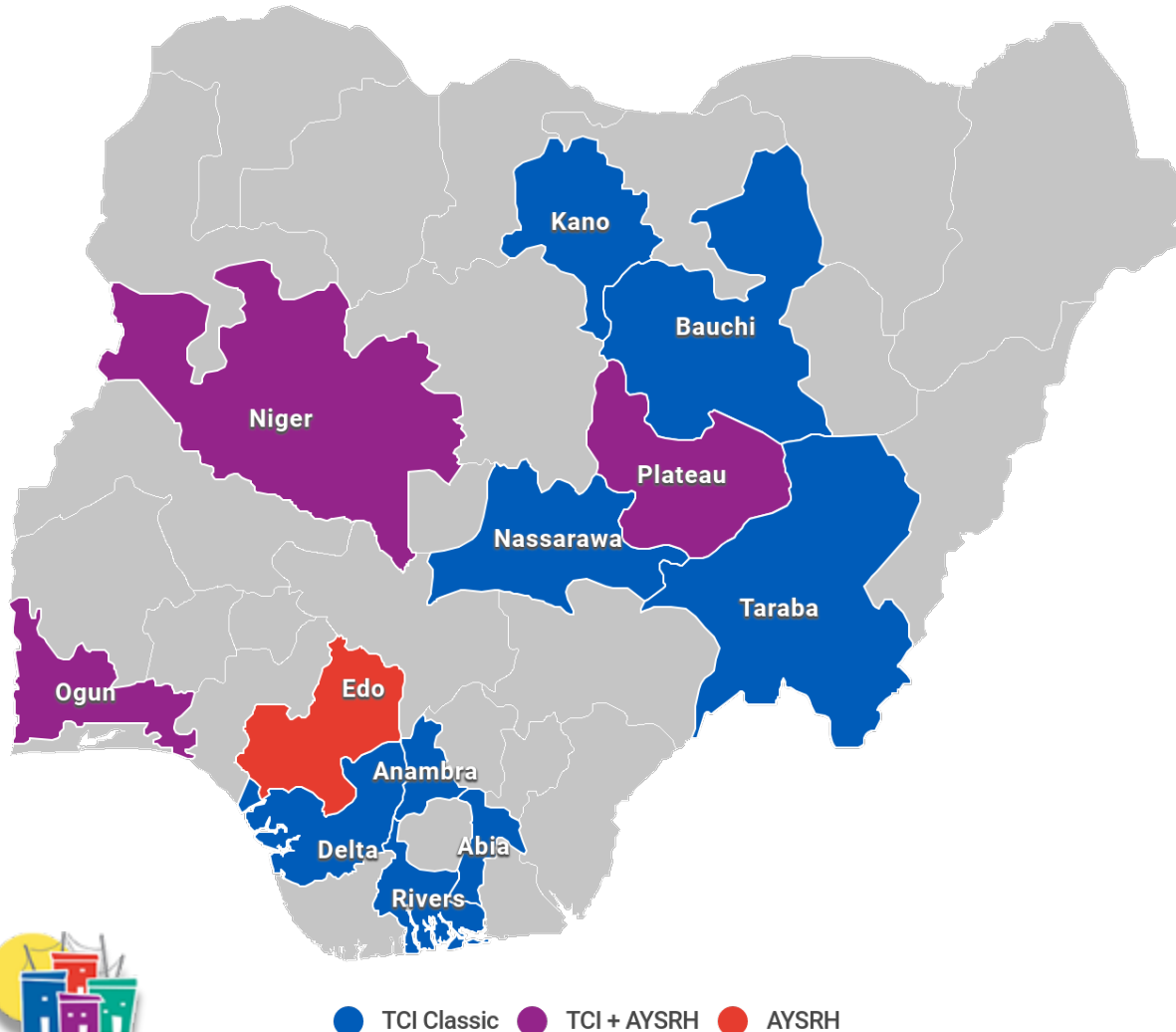
October 2020

# TCI's Shared Vision

*A "business unusual" approach to scaling up and sustaining proven urban reproductive health solutions*



# TCI Nigeria Footprint



## Nigeria Key Approaches

- Advocacy
- Demand Generation
- Service Delivery
- Adolescent and Youth Sexual Reproductive Health
- Research, Monitoring and Evaluation

**12 Implementing states**

**122 Implementing LGAs**



# Objectives

In this webinar, participants will:

- Be introduced to TCI's service delivery interventions for FP & AYSRH and provided reasons why adoption and replication of these interventions by state governments is important
- Learn about interventions adopted by state governments, reasons for adoption of these interventions and the process of adoption
- Learn key lessons from the states' adoption experience
- Understand challenges that some of the states experienced in adopting these interventions and tips for successful adoption and replication of the high-impact interventions (HIIs)



# Panelists

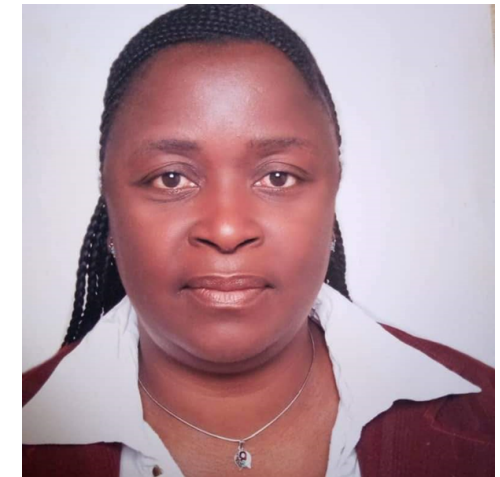


Dr. Emem-Obong Jaja  
MNCH Focal Person, Rivers  
State Primary Healthcare  
Management Board



Mrs. Confidence Ogboso  
State Family Planning Coordinator,  
Abia State Ministry of Health

Presented by Dr. Ikechukwu Opara,  
TCI's service delivery technical lead  
for Abia State



Mrs. Rahila Telfim  
Family Planning Coordinator,  
Plateau State Primary  
Healthcare Development Board





# Overview of Service Delivery Strategy

Dr. Deborah Samaila

# Goals of FP Service Delivery

There are two broad goals:

1. Increased ACCESS to Family Planning Services
2. Improved QUALITY of Family Planning Services



# Elements of Expanding Access



# FP Integration

## Intra-facility Integration

- Antenatal care
- Delivery
- Postpartum
- Postabortion
- Immunization
- Prevention of Mother To Child Transmission of HIV/AIDs & HIV Counselling and Testing
- Out Patient Department

## Community-level Integration

- Patent and Proprietary Medicine Vendors/Community Pharmacists
- Community Reproductive Health Influencers (CRHI)
- Youth organizations



# Reach & Method Mix

- Facility-based In-reaches
- Whole Site Orientation (WSO)
- Quality Improvement Teams (QIT)
- Referrals
- Task Shifting

- Commodity Security
- Task Shifting



# Elements of Quality

ENVIRONMENT

CAPACITY  
STRENGTHENING

TOOLS



# Environment

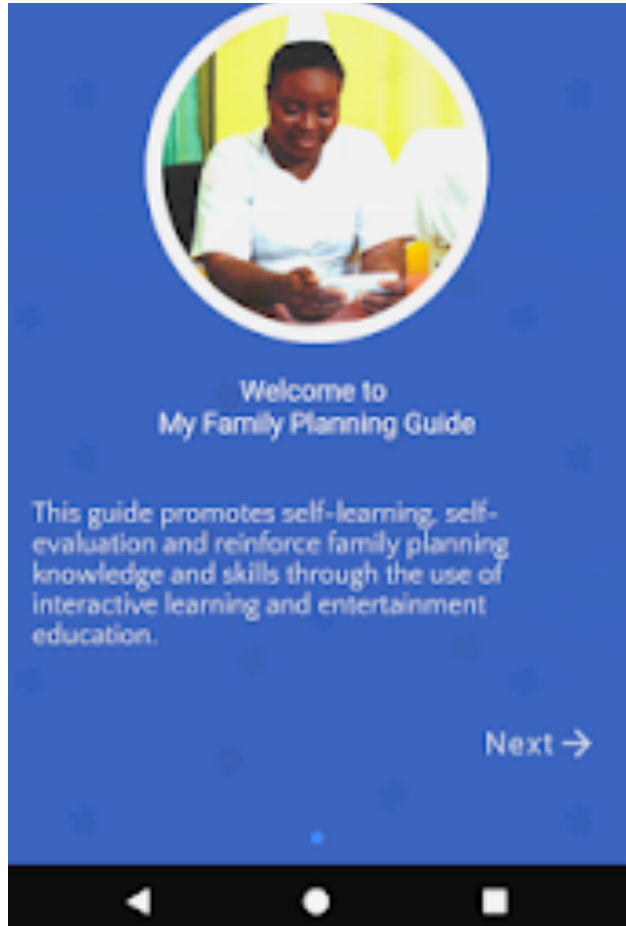
- Performance Improvement Assessment/Performance Improvement Plan (PIA/PIP)
- Whole Site Orientation (WSO)
- Quality Improvement Team (QIT)
- Clinic Makeovers (72-hour Clinic Makeover)
- Client-Provider Dialogue
- Use and Adherence to SD Policies e.g., TSTSP



# Capacity Strengthening

- Contraceptive Technology Update
- Competency-Based Trainings on FP/LARC/AYSRRHS, CLMS, IPCC – Training of Trainers, Step-down trainings, On-the-job Training
- Mentoring & Coaching
- Supportive Supervision





# Tools

- Get-It-Together Distance Learning Education App (My Family Planning Guide)
- NHMIS Tools (FP Facility register, daily consumption register, monthly summary registers)
- FP On-the-Job training Manual
- Counseling Guide
- Training Manuals
- 72-hour Clinic Makeover How-to-Guide



# Why Adopt & Replicate Service Delivery High Impact Interventions

- These are high-impact interventions (HII) that are proven to work
- These approaches are cost efficient and easy to replicate
- To ensure diffusion of learnings on these approaches to other LGAs that are non-TCI demonstration LGAs
- To ensure state-wide improvement in FP indices
- To ensure sustainability beyond TCI





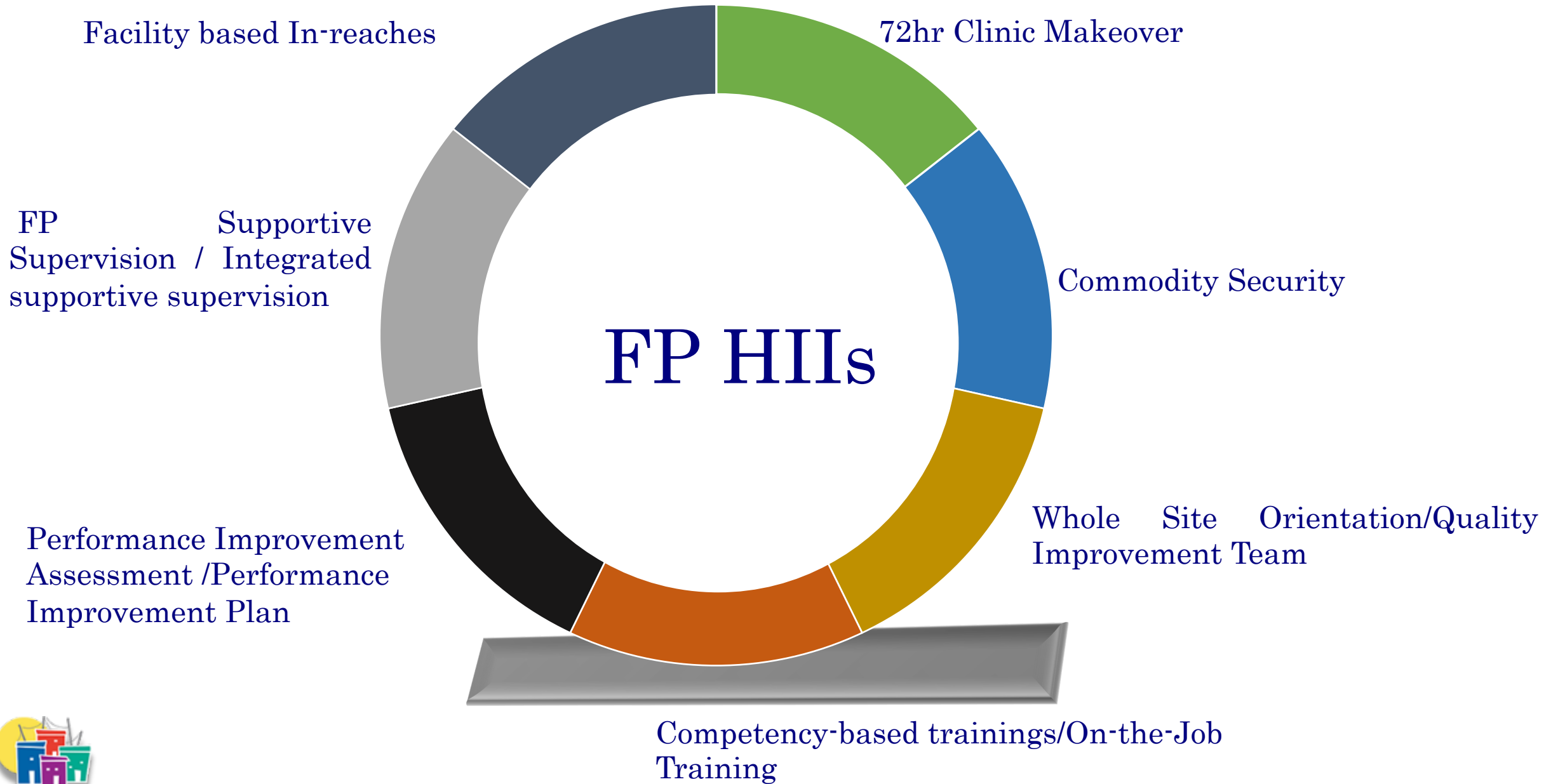
# Challenges to Adopting the Service Delivery Interventions and Tips for Successful Adoption And Replication

## Rivers State

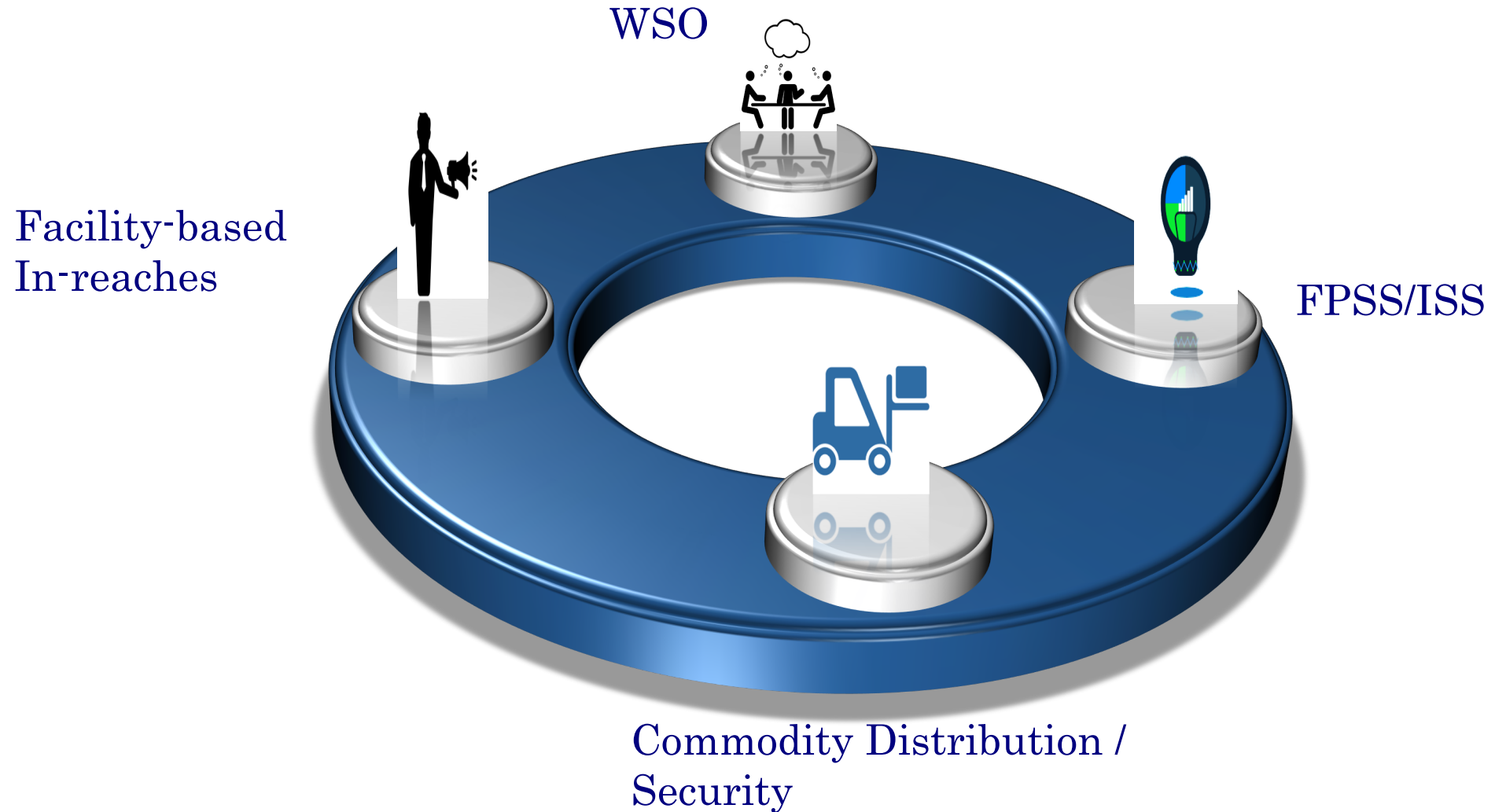
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# Rivers State FP Service Delivery Interventions



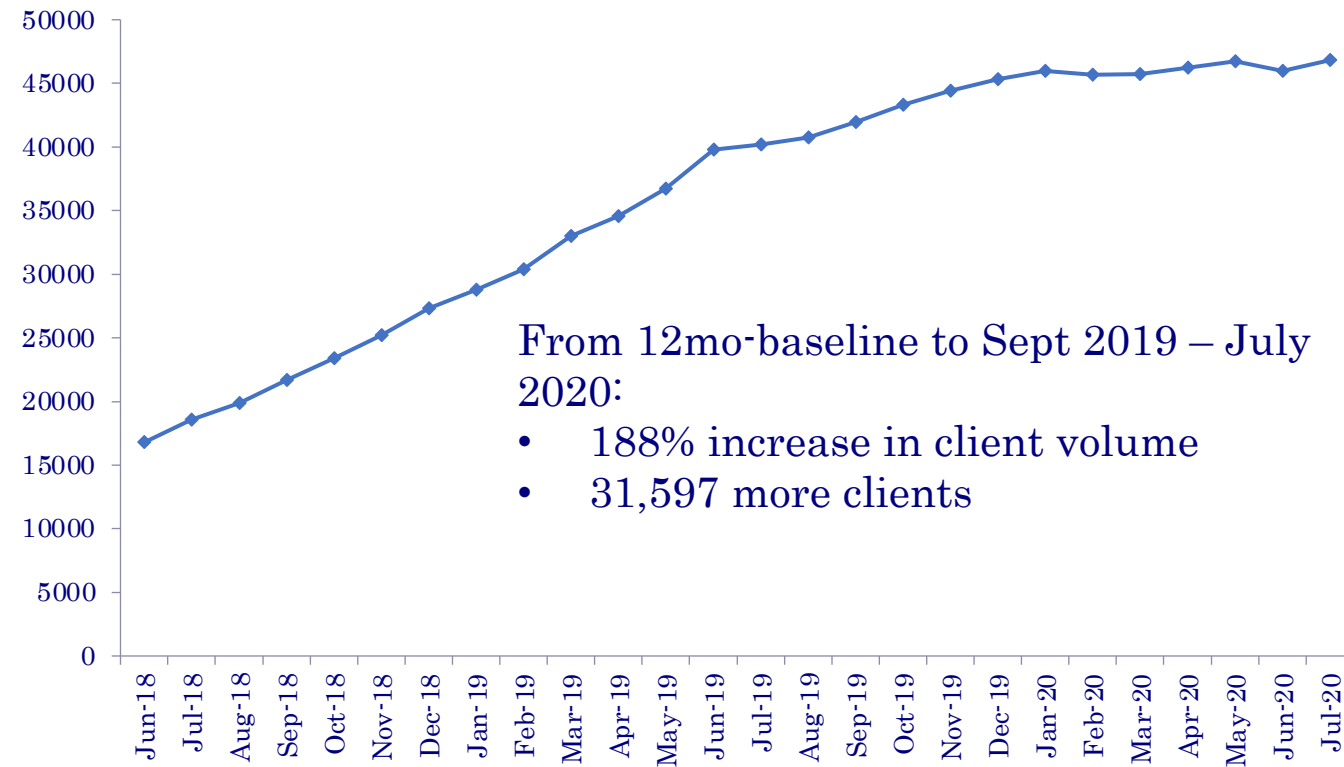
# Rivers State Adopted Service Delivery Interventions



# Key Program Results/Outcomes

# Benefits of Adoption to the State

## Estimation of client volume in Rivers State, June 2018 – July 2020

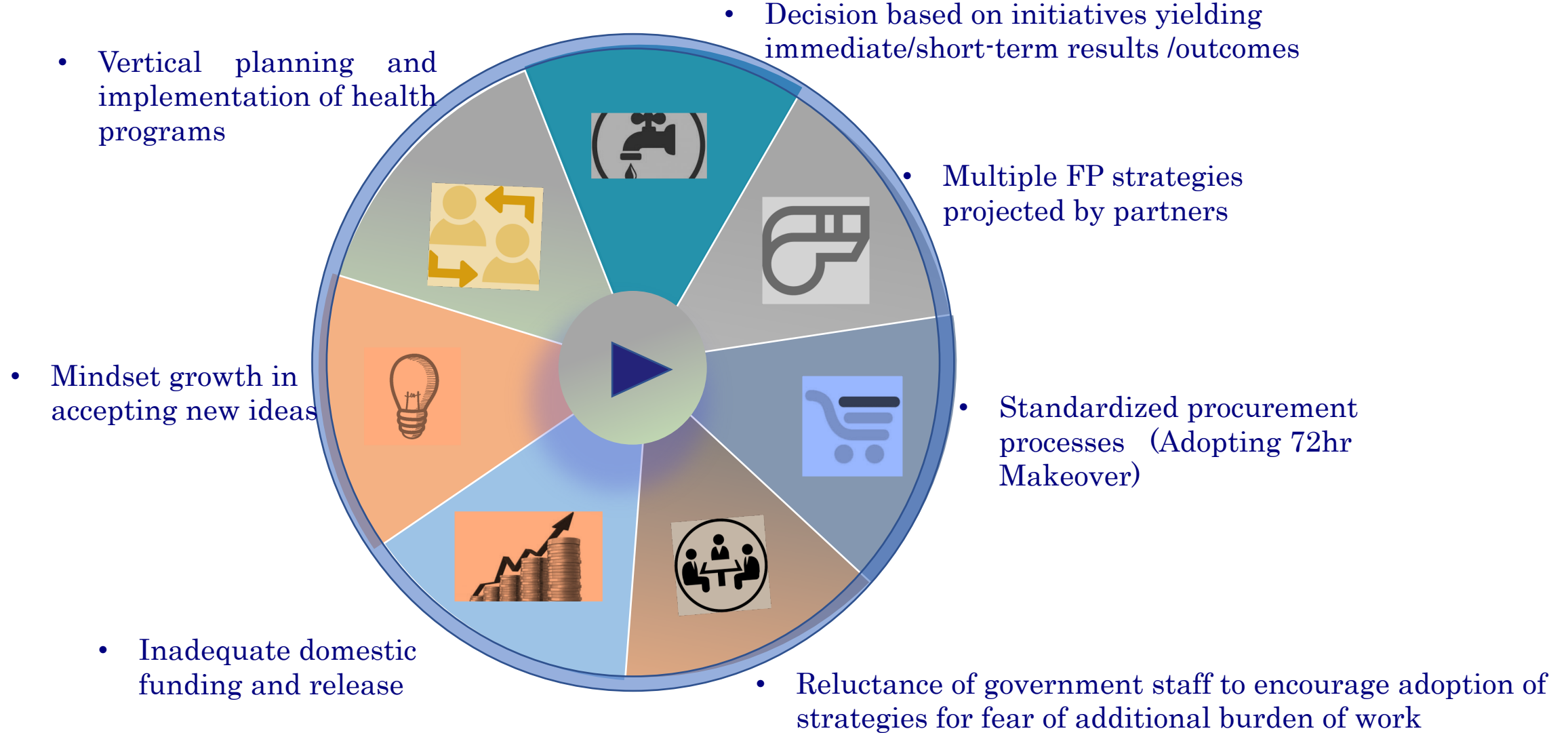


- The state appreciated a more cost-effective way of generating demand and service uptake
- The state improved on integration as a benefit of adopting the WSO with non-clinical and clinical providers across programs participating
- The state adapted the FPSS checklist into the state ISS checklist which is being used to improve delivery of quality FP services



Data Source: DHIS 2

# Challenges to Adoption of Service Delivery HII



# Tips for Going Forward

Continuous reinforcement of SD strategies at different levels - LGA staff, technocrats and policy makers



Continuous - periodic feedback to government keeping them up to speed with implementation and linking FP as a tool for socio-economic growth and development



Show the work!



Use data as evidence to the engage decision makers on the benefits of adoption as well as the negative consequences of inaction/non-adoption



Ensure the strategies are embedded into the state strategic health plans, AOP, work plans and guidelines



Effective coordination and synergy between partners that facilitates government ownership and adoption of strategies



# Tips for Going Forward, Cont'd.

Intentionality with integrating/linking multiple health programs for the best use of available resources



Improving the human resources for health



Address mindset shift/change at all levels using coaching strategy



Identify and engage champions within relevant MDAs that have insights into political, budgeting and finance processes



Strategically identify issues decision makers are concerned about and leverage to advocate for FP



Increased advocacy for policies that can enable the redistribution of financial resources to FP interventions



# Quote



*"...Most of the new strategies you introduce are working and we can see it. Most of them we are adopting and how you can know is that most of what we do nowadays in terms of planning whether it is FP or not, you are part of it. That shows that your technical input is well appreciated!"*

*~ Dr. Agiriye Harry, Permanent Secretary, Rivers State Primary Health Care Management Board*



# Conclusion

*Make the work fun, easy and exciting!*





# Interventions adopted from TCI and replicated in Abia state

Mrs. Confidence Ogboso  
State Family Planning Coordinator, Abia State Ministry of Health

# Overview of TCI in Abia State



- TCI presents as a platform which demonstrate tested, proven and replicable interventions that improves family planning implementation and service uptake
- Partnership with TCI in Abia commenced in June 2018, demonstrating in 9 out of 17 LGAs in the state and in 36 High volume sites across these 9 LGAs
- TCI Abia state team through their technical support and coaching, demonstrated many High Impact service delivery interventions some of which Abia state has successfully adopted and replicated

The Map of Abia state showing the 17 LGAs.



# High-Impact Interventions Adopted and Replicated by the State



1. Family Planning In-reaches



2. Coaching and mentoring



3. On-the-Job Training



4. 72-hr Clinic Makeovers



# Synopsis of the Adopted and Replicated HII

## ❖ Family Planning In-reaches

- September 2020 in-reach report served over 2,000 new acceptors on LARC in about 64 facilities.

## ❖ Health Facility Renovation

- Over 10 facilities were renovated across 7 LGAs by ABSPHCDA since February 2020.

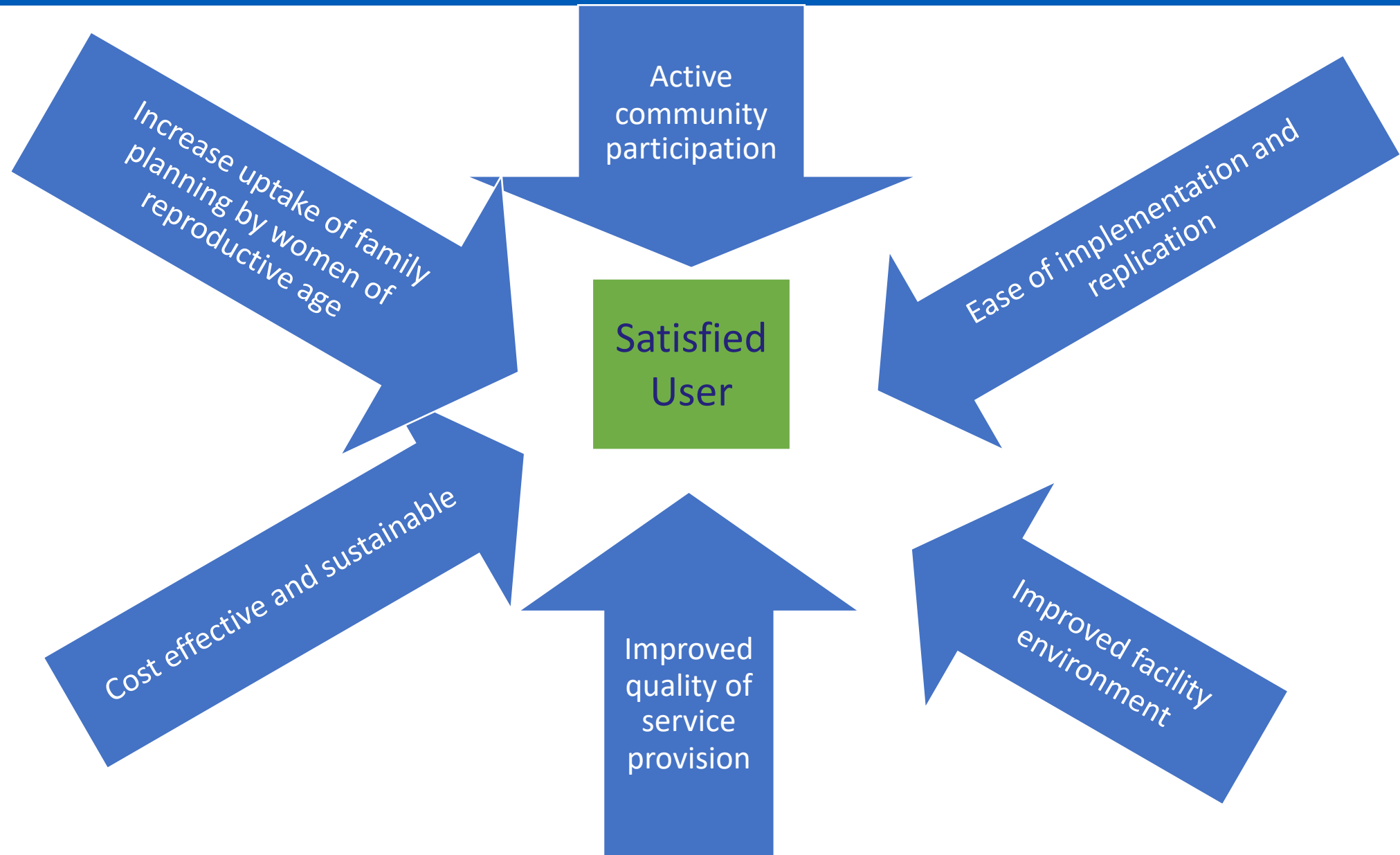
## ❖ On-the-Job Training (OJT)

- Leveraged on in-reaches to conduct OJT for Nurses and CHEWs on SARC and LARC. This has increased the pool of facilities now offering and reporting LARC.

## ❖ Coaching and mentoring

- FP supervisor and the state master trainers now go on routine coaching and mentoring visits to facilities in their LGAs, strengthening the capacity of service providers and closing gaps identified.

# Reasons for Adoption



# The Process of Adoption



Analysis of data and results from the implementation of the HIIs



Presentation of these results to policy makers at the SMOH/ABSPHCDA



Development of budget to support scale up and replication of the HIIs across other HFs and LGAs



Approval of budget for activity implementation



The implementation proper



# Conclusion

- Implementation of these HIIIs have become a norm and the state is willing to further scale up the interventions to other LGAs not yet saturated.
- In-reaches which has become a common name in most facilities across the state is seen as a game changer because with little efforts and resources, many new acceptors are reached. This has skyrocketed our new acceptors since we started replicating this intervention.



# Adoption of Hlls for FP/AYSRRH in Plateau State (The SD Approach)

Mrs. Rahila Telfim  
Family Planning Coordinator, Plateau State

# Background

- Plateau, State is located in North-Central Nigeria.
- SMOH created FP Unit under the MCH dept in 1976 and is still existing at the SPHCB.
- TCI came to the state after expression of interest by the state in 2018.
- TCI SD approaches was introduced to the state and LGA SD stakeholders via various capacity strengthening platforms.



# Improving Quality

- FP Supportive Supervision - Adopted for implementation during ISS across all the LGAs
- Performance Improvement Assessment - Replicated across all 17 LGAs
- Adoption of SD job aids
- Quality Improvement Team - Incorporated into existing VDC
- 72-hour facility makeover - Replicated in some LGAs
- On-the-job Training - Institutionalized as a cost-efficient strategy for capacity building of frontline health workers



# Improving Uptake



- Integration – Facilities are reporting intra facility community integration resulting in increased referrals and uptake
- WSO - Adopted and modified to expanded WSO which includes PPMVs and other community influencers
- In-reaches - Adopted as a strategy for improving uptake and building capacity for competency based certifications in FP service provision



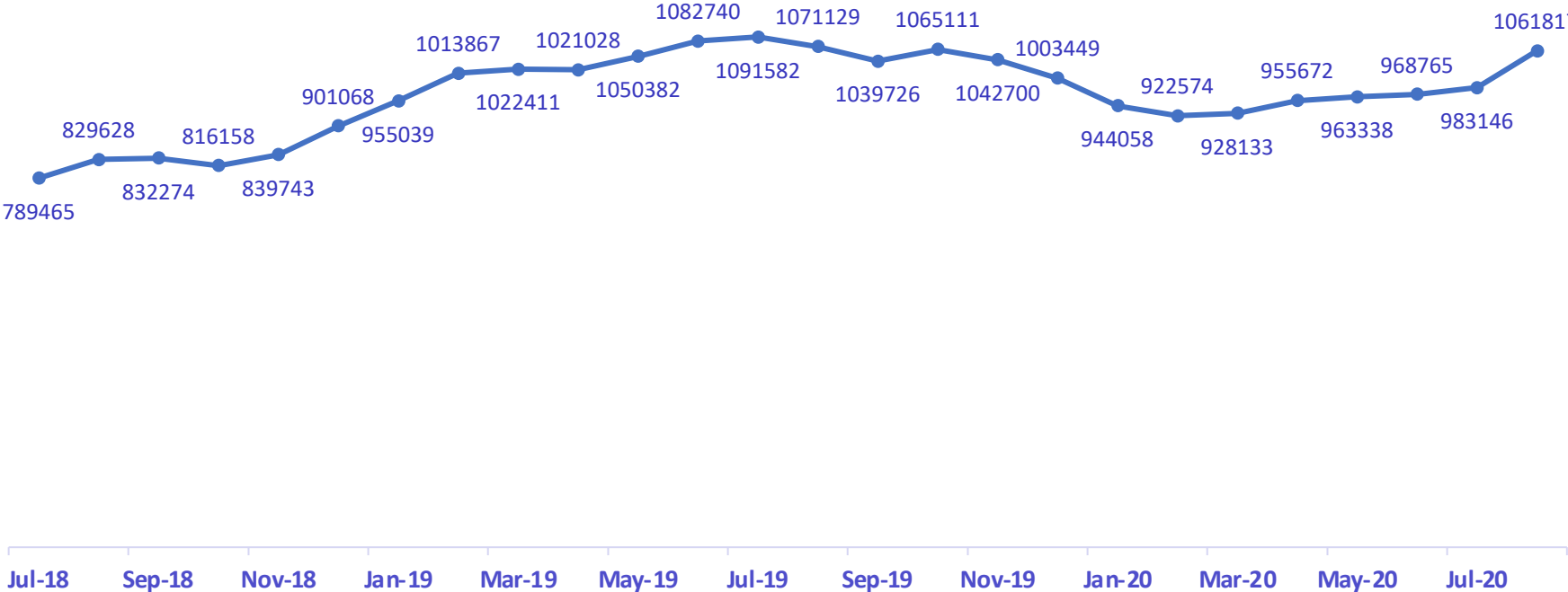
# AYSRH Integration into Existing Health Facilities

- Adopted a pool of state LPAY ambassadors who support service delivery activities such as QITs, and during in-reaches.
- Adopted and support out of facility service delivery outlets such as PPMVs, CORPS through mapping and linking with facilities by the LGA RHCs as a strategy to improve access for AYs.



# Results

## PLATEAU STATE FAMILY PLANNING CLIENT VOLUME FROM JULY 18 (BASELINE) TO DATE



272,352 additional clients

35% increase in total FP client volume

Current CPR at 22.7%

### Drivers of Impact:

- Facility in-reaches
- Outreaches
- WSO
- Integration



# Key Learnings



- The cost efficiency/cost-effectiveness achieved by leveraging interventions to improve both access and quality of services has potentiated the adoption of certain strategies.
- Engaging young people as an integral part of SD such as VDC (QIT), etc. improves access to contraceptive services for young people (*Young people for young people*).



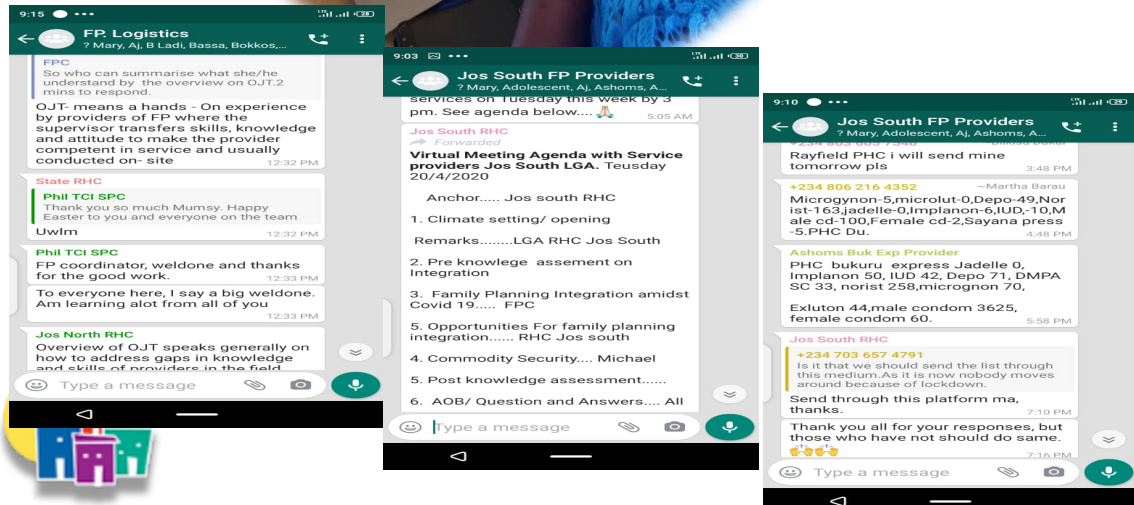
- Community participation and involvement alongside aligning of strategies with existing policies and systems have also facilitated the adoption and scale up of strategies.
- Leveraging on existing state structures/meetings have facilitated the adoption of some of these strategies, e.g., VDC, WSO.



# Key Learnings, Cont'd.



- Quarterly RHCs coordination meeting is a low hanging fruit that pushes adaptation and integration of SD approaches across other LGAs, including the use of other coordination platforms such as AYTWG, FPTWG, etc.
- Use of OJT/virtual platforms for capacity building (as compared to the normal classroom approach) is cost-effective and efficient for replication of SD approaches across the State
- Strategies or approaches less cumbersome
- Cumber or less technical to implement facilitated adoption



**Thank you!**