# The 72-Hour Clinic Makeover: A How-To Guide

***Strengthening family planning services through improved infrastructure and basic essential equipment***

**Before** **After**

*FP Procedure Room*

*Counselling Room*

*Waiting Area*

# Acknowledgements

In its determination to ensure improved maternal, newborn and child health in Nigeria, the Nigerian Urban Reproductive Health Initiative (NURHI 2) project narrates one of its proven interventions – The 72-Hour Clinic Makeover concept and process. The NURHI 2 project is built on the premise that demand for family planning is a requirement for increased contraceptive use; therefore it is important to generate demand and ensure that supply meets the demand by improving access to quality FP services.

This how-to guide gives a step-by-step narrative on how the 72-Hour Clinic Makeover concept is implemented in the projects' supported states: Kaduna, Lagos and Oyo.

NURHI 2 would like to appreciate the immense contributions of the Federal Ministry of Health; State Ministries of Health (Kaduna, Lagos and Oyo); National Primary Health Care Development Agency; State Primary Health Care Development Agencies in Kaduna, Lagos and Oyo; and the Local Council Development Agency in Lagos State. Our sincere gratitude also goes to the Ward Developmental Committees and community members for their involvement and commitment to the process in each supported LGA and for their donations and support in ensuring that the 72-Hour Clinic Makeover becomes a reality.

NURHI 2 would like to acknowledge, with much appreciation, the efforts and hard work of all our core partners – ARFH and CCPN – for providing the necessary support for quality improvement and community engagement respectively. It also appreciates the efforts of the entire staff members of Johns Hopkins Center for Communication Programs (CCP), the prime organization of the NURHI 2 project, for their commitment in making the 72-Hour Clinic Makeover process a smooth one and for helping to put this how-to guide together.

It is our expectation that all tiers of government, other stakeholders and good meaning Nigerians will take this document and move it beyond a guide into action and reality that will be replicated at all levels so as to improve the health of everyone, especially women and children in Nigeria.

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# Acronyms and Abbreviations

| | |
|---|---|
| ANC | Antenatal Care |
| CHEW | Community Health Extension Worker |
| CHO | Community Health Officer |
| CTU | Contraceptive Technical Update |
| HCW | Health-care worker |
| HMIS | Health Management Information Systems |
| HVS | High-Volume Sites |
| LARC | Long-Acting Reversible Contraceptive |
| LGA | Local Government Area |
| MOH | Medical Officer of Health |
| NGO | Non-Governmental Organization |
| NPHCDA | National Primary Health Care Development Agency |
| NURHI | Nigerian Urban Reproductive Health Initiative |
| PHC | Primary Healthcare Centre |
| PIA | Performance Improvement Assessment |
| PIP | Performance Improvement Plan |
| QISS | Quality Improvement/Systems Strengthening |
| RH/FP | Reproductive Health and Family Planning |
| SBC | Social and Behaviour Change |
| SD | Service Delivery |
| SDPO | Service Delivery Programme Officer |
| SMOH | State Ministry of Health |
| SOP | Standard Operating Procedures |
| SPHCDA | State Primary Health Care Development Agency |
| STL | State Team Leader |
| WDC | Ward Development Committee |
| WHC | Ward Health Committee |

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*Exterior*

# Introduction

Poor strategic and resource planning, lack of government commitment and inappropriate use of funds have contributed to the less than optimal state of the health system in Nigeria. This has affected routine maintenance and upkeep of health facilities, and, as a result, these facilities have become dilapidated and many do not meet required standards and/or lack adequate space to provide family planning services. Additionally, many health workers who work in these facilities often lack the training and continuing medical education to provide high-quality care and services.

NURHI 2 identified these health system gaps and issues, including the prevalence of incorrect information and low uptake of family planning services and, in addressing these issues, works with the government of Nigeria to strengthen the health system's capacity to provide quality family planning services. These health systems strengthening activities include:

- Competency training and retraining of health-care workers (HCWs) on family planning knowledge and skills and health management information systems (HMIS)
- Providing materials for HMIS
- Strengthening commodity logistic systems
- Supporting HCWs to provide quality services through institutional systems strengthening, and
- Improving the physical environment where family planning services are provided.

The environment in which family planning services are provided can make a difference in improving working conditions, boosting morale of providers, and improving quality of care. From the availability of wash bowls (sinks) in procedure rooms to the stock of consumables and contraceptives on hand, the environment directly affects the quality of care. If a physical space lacks critical resources, providers are unable to do their jobs well; thus, creating an uncomfortable experience for clients.

From the availability of sinks in the procedure rooms to the stock of contraceptives on hand, **the environment directly affects the quality of care.**

NURHI 2, in keeping with its goal to create a positive shift in family planning social norms at structural, service and community levels with the aim of increasing the Contraceptive Prevalence Rate (CPR) in Kaduna, Lagos and Oyo States, introduced the innovative 72-Hour Clinic Makeover.

## What is a 72-Hour Clinic Makeover?

A 72-Hour Makeover is an innovative approach to bringing a clinic up to recommended national standard thereby creating a positive environment for providing and receiving family planning services. The makeover is conducted over a 72-hour period—counted from close of business on Friday to Monday morning.

The rigorous assessment of selected facilities determines whether a facility qualifies for a 72-Hour Clinic Makeover. An assessment team, consisting of state family planning program managers, service providers, community members and local artisans, conducts a detailed planning process to identify a facility's improvement needs. After procuring required equipment and materials, the team carries out repairs and renovations, installs equipment or refurbishes, cleans, and rearranges the health-facility space used for family planning service provision so that it is in line with the National Standards of Performance for Family Planning Services.[1]

On Monday morning, the team, along with relevant and influential political or community leaders, commission and reopen the renewed health facility with the HCWs, clients, and community in attendance. The revitalized clinic is now ready to provide optimal family planning services in a cleaner, more functional and supportive environment. The goal of the 72-Hour Clinic Makeover is to make family planning services more inviting for clients, thereby increasing the use of these services.

The 72-Hour Clinic Makeovers are conducted in primary health-care centres or secondary-level facilities; spaces targeted for makeovers include family planning clinics or other integration sites that promote family planning information, counselling, and services, such as antenatal care (ANC), delivery, postnatal care, immunization, post-abortion care, HIV counselling and testing, and antiretroviral therapy units. NURHI 2 uses the 72-Hour Clinic Makeover approach to improve the spaces specifically used for family planning service delivery and counselling.

[1] The complete National Performance Standards for Family Planning can be found online at https://goo.gl/EVhJW7.

The 72-Hour Clinic Makeover approach is a rigorous and systematic process, which differs from general repairs and refurbishment. Specifically, it requires the following activities:

- Conducting a performance improvement assessment (PIA) to review infrastructure and resources at the health facility, including equipment and human resources capacity
- Developing a performance improvement plan (PIP)
- Working with the members of the community to understand their needs and preferences and get their buy-in
- Defining a scope of work to be accomplished during the makeover
- Identifying local artisans and developing a bill of quantity for the scope of work
- Developing a budget
- Identifying medical equipment vendors and procuring select basic medical equipment
- Developing a work plan, which includes procuring and distributing materials, cleaning and arranging the space, planning the commissioning of the health facility, and so on
- Commissioning the health facilities after the makeover

NURHI 2 conducts 72-Hour Clinic Makeovers as just one component of the overall intervention package in targeted facilities, which may also include family planning competency and interpersonal communication and counselling training, provision of tools and social and behaviour change (SBC) materials, and other support activities. A makeover conducted in isolation—without considering the need for other interventions, such as HCW training, good record keeping, and high-quality materials for referrals, job aids, standard operating procedures, information, education, and communication—may not effectively improve service delivery or service uptake.

## Objectives of 72-Hour Clinic Makeover

- To improve access to quality FP services.
- To deliver quality turn-around of the facility at affordable costs within the shortest possible time i.e. 72-hours (or 3 days).
- To demonstrate that quality upgrades can be achieved using local content.

## Overview of 72-Hour Clinic Makeover Process

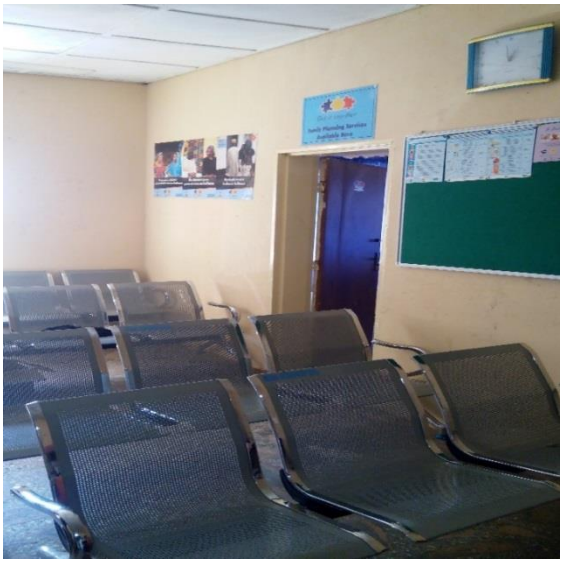
The makeover is conducted after close of work on a Friday and is completed before resumption of work the following Monday. Key stakeholders include state and local government ministries, departments and agencies (MDAs), communities, hospital

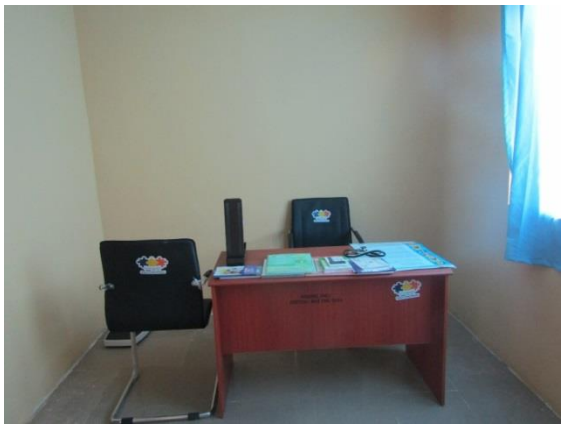
management and staff, and donors. In summary, hallmarks of the 72-Hour Clinic Makeover approach include:

- Close collaboration with key stakeholders
- Implementation within 72 hours
- Cost efficiency through:
  - ✓ A direct labour approach, rather than contracting
  - ✓ Using skilled local artisans and paying for labour
  - ✓ Directly purchasing building materials and equipment
- Renovation, repairs and equipment support.

## Ideal Family Planning Clinic

Recommended National Performance Standards indicate an ideal family planning unit should have a waiting area, counselling, and procedure room. The spaces should be clean, bright, comfortable, and help protect patient privacy.





*Clockwise: Waiting Area, One-on-one counselling room, procedure room*

## Who Is This Guide For?

The Nigeria Urban Reproductive Health Initiative (NURHI) 2 project developed this how-to guide to expand the reach, usefulness, and use of the 72-Hour Clinic Makeover model of promoting quality improvement in health facilities. The guide is designed for non-governmental organization (NGO) project managers working in quality improvement in Nigeria and government program managers who are interested in implementing the 72-Hour Clinic Makeover approach in health facilities.

## How to Use the Guide

The guide features a step-by-step process that leads readers through the strategic design process, providing answers to key questions and points to consider at each stage. Each section is supported by checklists, menus of options, and other tools to facilitate planning (Before), implementation (During), and monitoring (After). “Experience Spotlights” showcase examples and best practices from real project experiences. The appendices provide example documents and tools that can be easily adapted. The guide is designed to help you and your team conduct a makeover without needing any additional documents.

Users of this guide may advance through each step of the 72-Hour Makeover approach in sequence as they implement the process, or they may use sections independently to support their quality improvement efforts.

# Before the 72-Hour Clinic Makeover

This section details the process of preparing for the 72-Hour Makeover. The planning period begins several months before and goes up to the beginning of the makeover weekend. The preparation stage has nine steps:

- **Step 1:** Select the intervention sites
- **Step 2:** Conduct a PIA
- **Step 3**: Develop a PIP
- **Step 4:** Share findings with the key stakeholders at the state and local government area (LGA) levels
- **Step 5:** Determine the scope of work for the makeover
- **Step 6:** Engage the community
- **Step 7:** Identify artisans and vendors
- **Step 8:** Develop a work plan and budget for your activity
- **Step 9:** Procure and transport makeover materials and equipment

The following sections provide more detail about each step. **Some of the most important considerations are listed below.** For more information, refer to the corresponding step listed in parentheses.

## Important Considerations for a 72-Hour Makeover

- Before conducting any facility assessment, it is critical to **seek approval from the state government** and ensure their understanding of your proposed intervention. (Step 1)
- It is important to **conduct an accurate assessment**. If this is not done thoroughly, you may experience major budgeting and implementation challenges. A high-quality assessment is necessary, so you do not miss any details or gaps. As a result, it is crucial to **provide high-quality training** to assessors going into the field. (Step 2)
- It is important to **share the findings with all key stakeholders** at the LGA and state levels. This step is important for engaging them to be key contributors to the makeover process. (Steps 3 & 4)
- **Engage the community** throughout the process—from identifying artisans through the implementation and maintenance of the makeover. (Step 7)
- Select artisans and vendors from **within the local community** where the facility is located. (Step 6)
- **Be clear about your goals and limitations.** Adhere to the work plan and budget, while also allowing for some flexibility to help facilitate the smooth flow of the makeover. (Steps 5-8)

## Step 1: Select the Intervention sites

As soon as you have the idea to conduct a 72-Hour Clinic Makeover, it is crucial to reach out to relevant government stakeholders to secure the appropriate permissions. In this first step, you will need to write an official request to meet with health officials at the state and LGA levels. To get a strong buy-in at both levels, you will need to explain what your project does, what you intend to do, and when you intend to do it. Outreach to the state and LGA levels should begin approximately four to five months before you plan to implement the 72-Hour Clinic Makeover(s).

### Experience Spotlight

During the project's second year, NURHI 2 aimed to conduct 72-Hour Makeovers in 40 high volume facilities in Oyo State. To get started, the NURHI Service Delivery Advisor and the State Team Leader in Oyo wrote an official letter to the Oyo State Ministry of Health to request a meeting with the State Ministry of Health (SMOH) team, which includes the Health Commissioner, Executive Secretary of Health, Director of Public Health, and the Reproductive Health Coordinator, to introduce the work of NURHI and the work the team intends to do within the State. During the meeting, the SMOH team provided NURHI with a database of all the facilities to guide their selection of the high-volume sites. A total of 40 facilities considered High Volume Sites (HVS) were selected based on a number of criteria including client load at ANC, Immunization, Delivery, PMTCT, PAC, and FP. After identifying the high-volume sites from the database, the NURHI team contacted the corresponding LGA and met with the Primary Health Care Coordinator, Facility In-Charge, and community leaders, who included members of the Ward Development Committee and the local government chairman.

Use the data and information provided by the SMOH to determine which facilities qualify as HVS that should be targeted for the 72-Hour Clinic Makeover. Sites that provide maternal and child health services, postnatal care, immunization, delivery services, and/or post abortion care may qualify a HVS. In Step 2, you will conduct an assessment of HVS to determine which sites are appropriate for a makeover.

## Step 2: Conduct a Performance Improvement Assessment

Work with state and LGA officials to determine at which sites your team will conduct a PIA. The PIA is used to assess the status of family planning service delivery and determine if the identified facility is an appropriate site for a 72-Hour Clinic Makeover. It is very important for all assessors and stakeholders to understand the significance of the PIA and the need for the right information to be collected from the facilities, as the PIA will inform the design of appropriate interventions for respective facilities. If the PIA is not conducted effectively, the team will fail to design comprehensive and appropriate interventions.

To that end, the team must ensure the assessors are properly trained so that the PIAs are conducted thoroughly and consistently. NURHI 2 recommends that two or three trained assessors complete the PIA in each facility. One should be responsible for facilitating interviews with facility staff, and at least one should be responsible for documentation. Both should conduct facility observations. The assessors should use interviews with facility staff and direct observations of the equipment, resources, and infrastructure to complete the PIA. The PIA typically takes about a half day to complete in each facility.

Some of the key questions captured in the PIA tool include:

- How many of each type of provider—general physician, obstetrician/gynaecologist, nurse/midwife, community health extension worker (CHEW), or other—work in this facility?
- Does this facility provide family planning, antenatal care, delivery, postnatal care, and/or immunization services?
- If the facility provides family planning services, are they in a separate/standalone unit?
- What methods and brands of contraceptives does this facility stock?
- Does the facility have any type of quality assurance committee that monitors quality control for family planning service delivery?

- What are the names of the full-time staff involved in providing reproductive health services, including family planning and maternal and child health? (Please provide a list.)

The full PIA tool is available online.[2]

**Experience Spotlight**
**Technical assistance support to scaling-up to new geographies using minimal coaching under The Challenge Initiative in Kano**

After securing permission from the state government, the NURHI 2 team worked with the State Ministry of Health (SMOH) to conduct the PIA. State officials identified to participate in the PIA included a family planning clinical expert (LGA reproductive health and family planning [RH/FP] coordinator/supervisor) and a data entry officer (LGA monitoring and evaluation [M&E] officer) from each LGA.

The NURHI 2 team conducted a one -day training for 52 officers (44 LGA RH/FP coordinators and 8 LGA M&E officers) on how to use the PIA tool and conduct the PIA process. Appendix A provides an outline of the training. To complete the PIA, selected officials conducted facility observations and interviews with facility health staff in 40 selected high-volume sites (HVS). A team of 52 assessors were able to complete the full PIA process in the 40 sites in one week.

The entire PIA activity took five days: from Monday to Friday, 30 October to 3 November 2017.

- Day 1 was for the PIA orientation/training for the state and LGA teams on the assessment tool.
- Days 2 and 3 were for field visits to the 40 health facilities for the assessment.
- Day 4 was for data synthesis and entry into a PIA summary Excel sheet.
- Day 5 was for joint development of the PIP (Step 3).

[2] https://goo.gl/EtWxkW.

**Experience Spotlight (Continued)**

The general findings from the PIA revealed that:

- Family planning uptake is very low at the primary health-care centres (PHCs), ranging from zero to five new users of long-acting reversible contraceptive methods (LARCs) and from zero to 20 new users of injectables each month, in each facility.
- Not all facilities have a dedicated family planning unit; for example, intrauterine device insertion is often done in a labour ward.
- Some facilities are old with leaking ceilings, broken louvers, torn window nets, insufficient space, and inadequate equipment. Equipment and tools, such as weighing scales and sphygmomanometers, are shared with other maternal, newborn, and child health services.
- The health facilities have old and torn job aids, flip charts, standard operating procedures, and SBC materials, such as medical eligibility criteria wheels and counselling cards.
- Nearly all health facilities practice poor infection prevention techniques.
- Community health officers (CHOs) and CHEWs are available in most facilities to provide family planning services but often lack appropriate training to adequately provide those services.

## Step 3: Develop a Performance Improvement Plan

In Step 2, you conducted the PIA to objectively and systematically assess the current status of infrastructure, human resources, and tools at the selected HVS. In this step, you will develop a PIP in collaboration with the assessors, the state government, and the providers at the facility. The PIP provides the baseline for continuous tracking of your progress and includes recommended corrective actions to address identified gaps. The PIP includes the findings and recommendations for all sites assessed during the PIA process. During this part of the process, the team may need to return to the facility to further assess what equipment and materials are available in storage, renegotiate the space made available for family planning services, or seek other clarification before finalizing the PIP.

## Experience Spotlight

Based on the findings from the PIA, the NURHI 2 team, the family planning state coordinator, and the facility in-charge from the selected sites developed a PIP as outlined below.

### Infrastructure:

- Up to 55 percent of the facilities required some form of infrastructure upgrade
- Facilities commonly experienced space constraints due to inappropriate placement of services and storage of unused or broken equipment and furniture
- Several facilities needed partitions or curtains to protect patient privacy
- Some of the PHCs occupied buildings built by donors and had no need for renovation

### Operating hours:

- The operational hours in the facilities were determined by the staff, resources available, location of the facility, and security. About 45 percent of the facilities operated 24 hours a day in three shifts, and 55 percent operated between eight and 12 hours a day in a single shift (e.g., 8am to 4pm) or dual shift (e.g., 8am to 1pm and 1pm to 6pm)

### Human resources and services rendered:

- Thirty-five percent of facilities had nurse/midwives who could provide all reversible family planning methods
- The remaining 65 percent of facilities were staffed by CHEWs, with CHOs as their supervisors, or had one CHEW as the head, supported by health attendants; these facilities were only able to offer limited family planning methods
- All but one of the facilities offered ANC, delivery care, and immunization; the one facility with a male nurse provided only immunization

According to Dr. Ann Sigbeku, Oyo State NURHI 2 Service Delivery Program Officer, “You could get into a facility and you find just a very small room for family planning. Some even use the matron’s room that does not provide adequate privacy.”

The NURHI 2 team prepared tables to summarize their findings across facilities. Below is an example table from the PIP for Birnin Kebbi LGA in Kebbi State.

**PERFORMANCE IMPROVEMENT ASSESSEMENT REPORT- KEBBI STATE NURHI II**

Objective; Performance improvement plan is designed to provide an integrated and comprehensive program that will monitor, assess and improve the quality of care delivered at the facility.

| Names of LGAs/LCDAs | Names of Facilities | Staff strength | Basic FP equipment | FP Infrastructure & Operation hours | Services available | Required Intervention(s) |
|---|---|---|---|---|---|---|
| BIRNIN KEBBI LGA | PHC Takalafiya | • Facility has 5 MSS midwives, 5 Nurse/ Midwives, 3 Pharmacy Technicians, 1 Lab technician, 1 record officer, 11 CHEWS, 2 community outreach workers and 7 health attendants.<br>• 4 of the 11 CHEWS provide FP services, and of the 4 CHEWS, 2 were trained in 2015 by UNFPA, training was the National Family Planning Training for CHEWS | • Facility has the basic equipment to offer LARC methods, but does not have a complete IUD kit and does not offer IUD insertion services either.<br>• Equipment needed for injections and implant insertion are available | • Facility does not have a designated room for FP.<br>• ANC and FP services are provided in an open space at the entrance of the facility which also serves as the waiting area for all patients and visitors.<br>• Counselling is done in the same open area where other clients and visitors wait<br>• Facility has electricity but no backup generator<br>• Facility operates between the hours of 8am and 3pm daily | • Family Planning (does not provide IUD insertion services)<br>• ANC<br>• Deliveries, PNC<br>• Immunization, PMTCT<br>• HCT<br>• STI MGT | • Refresher training for the two providers.<br>• Comprehensive IUD insertion training for providers so they can provide IUD insertion services<br>• A room identified to serve as the FP room. Room to be painted, tiled and provided with a screen for privacy during examination and procedure<br>• Provide a bucket and tap for infection prevention<br>• Provide a gynae couch,an angle poise lamp, blinds for the windows and curtains for the door<br>• Sphygmomanometer and stethoscope to be provided<br>• Provide a table and two chairs for counseling, and 3-row seats for the waiting area |

The team used the PIP to determine the type of 72-Hour Clinic Makeover to be conducted at Takafaliya PHC in Kebbi. The full PIP report for Kebbi can be downloaded in Microsoft Word.[3]

### Batching

If you are interested in conducting 72-Hour Clinic Makeovers in multiple facilities, consider grouping health facilities into batches within the same LGA. By 'batching', you can makeover several facilities as part of the same planning process, saving both money and time. Facility batching also helps facilitate their proper monitoring over the course of the 72-Hour Makeover process.

> *Take time to reflect during and after each batch of facilities on the lessons learned, mistakes made, and successes achieved, and consider* ***how you can improve for the next batch****.*

In the NURHI 2 team's experience, the most effective batches include 15 to 20 facilities. In a batch of 20 facilities, NURHI 2 would typically have three to five facilities actively undergoing a makeover during a single weekend. NURHI 2 assigns project staff to supervise each facility, the service delivery program officer does mobile supervision to ensure each site is keeping up with the plan, and the project's state team leader supervises the overall process across facilities. Teams at each facility

[3] https://goo.gl/GAEJsR.

should communicate regularly by phone to share updates on the makeover's progress as well as the challenges and lessons learned.

Focus on one batch at a time, completing the full 72-Hour Clinic Makeover process—from planning to implementation—for all facilities in a batch over a period of about four to five months before moving on to the next batch. Take time to reflect during and after each batch of facilities on the lessons learned, mistakes made, and successes achieved, and consider how you can improve for the next batch.

## Step 4: Share Findings with the Key Stakeholders at the State and LGA Levels

Before starting the implementation process, it is important to share and discuss your findings with all of the key stakeholders at the state and LGA levels. The documents to discuss include:

- the findings and gap analysis for each facility,
- the improvement plans for each facility, and
- the scope of the team's planned activities, including the 72-Hour Clinic Makeover.

It is crucial to solicit stakeholder involvement and support to address all the needs of each facility.

Hold the dissemination meeting during a Contraceptive Technical Update (CTU), which is an opportunity to provide correct updated information on family planning while also providing information on the state of the health facilities. You will likely have to hold at least two dissemination meetings during CTUs in order to reach all of the key stakeholders. Participation in the CTU is an opportunity for technocrats to share information with SMOH officials; National Primary Health Care Development Agency (NPHCDA) officials; health officials/ managers at the LGA, such as medical officers of health; service providers; and apex nurses/matrons. Participation in the CTU gives policy makers the opportunity to share information with key officials from other line ministries, like Economic Planning and Budget, Women Affairs, and Youth and Sports; LGA chairmen and senior civil servants; and opinion leaders from the community.

Organizing and hosting an all-stakeholders meeting requires considerable planning, collaboration, and coordination. Work with the SMOH and NPHCDA from the start to set clear goals and objectives for your meeting, then draft an agenda that outlines the objectives and details for the event. A sample agenda is included in Appendix B.

In collaboration with the state, jointly define the following:

- The audience for the dissemination workshops at the state and LGA levels, and the estimated number of participants
- The findings and conclusions that the team will share
- How the team will share the findings and facilitate the meeting, such as through PowerPoint presentations and group work

**Key participants for the All-Stakeholders Meeting**

**State**

- Key officials include the commissioner of health, director of primary health-care is SMOH and PHC board, the state family planning committee, the family planning coordinator, policy makers

**LGA**

- Members from the Ward Health Committee (WHC) and Ward Development Committee (WDC), the LGA family planning coordinator, family planning service providers, heads of health facilities, two to three community representatives, and policy makers

## Step 5: Determine Scope of Work for the Makeover

Before getting started on the makeover, it is important to go back to the health facility and prioritize which infrastructure upgrades will be addressed during the 72-Hour Clinic Makeover. You will also work with the artisans to determine the scope of work and renovation needed, which will inform the budget and work plan for each facility. For example, you may determine in the PIP, with input from health facility staff and community members, that you will renovate the FP unit, the ANC room, and the Labour and delivery room. Then you will return to those units to prioritize the specific tasks to be completed during the makeover, such as:

- Within the FP unit – demarcate the allocated space to a counselling and procedure room; build a toilet that has a wash hand basin and running water; create a new door way linking the procedure room to the new toilet.
- In the ANC room, create a new palpation room within the client waiting area; create a new window; tile the floor of the ANC palpation room.
- In the labour and delivery room – tile the floor and walls; create appropriate drainage for ease of washing the floor; build a new toilet and shower area linked to the labour room.

Prioritizing which tasks and equipment will be completed and purchased is a critical step in the makeover process. Do not provide what is not needed otherwise, it may not be used. Be realistic and responsive to the community conditions/context. For example,

providing an electric sterilizer instead of a manual autoclave and gas cylinder to a facility without power supply is not practical. Sitting toilets instead of squat toilets may be inappropriate in some communities, such as those in northern Nigeria. The 72-Hour Makeover also provides the opportunity to assist the facility to clean, wash, repair, and repaint damaged and broken equipment.

Work with a minimum of three artisans per service or type of work needed to take measurements and submit detailed quantifications of all the work materials required together with the costs (e.g. FP unit will need 650 square meters of white nonslip 2X2 tiles, 12 bags of cement, 8 gallons of paint, etc.). This quantification will help you in developing a budget for that facility.

You may find that the three artisans estimate different measurements, quantifications, and costs. Negotiate with the artisans and consult with the community and facility staff to help decide the best artisan for the job. Once negotiation starts, you may find that the artisans' estimated quantities and costs begin to converge, and you will be able to more accurately compare quotations. Then use this information to cost and prepare the budget for each facility.

## Step 6: Engage the Community

It is crucial to engage the community throughout the process. The NURHI 2 team works through the facility in-charge to identify the key people to engage within the community. These stakeholders may include the WDC members; local government officials; women's, religious, or youth groups; and other local leaders. The facility in-charge is responsible for involving the community by informing them of the intended makeover.

Before starting the makeover process, it is important to sit down with your key stakeholders to explain, discuss, and negotiate your proposed activities. Give them the opportunity to ask as many questions as they need so they have clear expectations and an understanding of the process. Be transparent and do not raise their expectations too high. Community engagement throughout the process can be very beneficial, as the community members can provide valuable support through their time and resources.

### Experience Spotlight

In one instance in Oyo State, the NURHI 2 team arranged a meeting with the community leaders to brief them about the planned 72-Hour Clinic Makeover. The members had their own ideas and suggestions, and together we reached a consensus. If you approach the community and simply tell them the plan and budget, and do not give them an opportunity to provide their input, you may create conflict and a barrier to moving forward with the makeover. However, by working together and being transparent about your budget and intentions, it is possible to reach an agreement and create a positive relationship with the community.

Community engagement does not always go well at first. If resistance occurs during the first visit, continue to visit community members and talk with them until you feel convinced they are on board. As some NURHI 2 staff experienced, in some instances community members felt the 72-Hour Clinic Makeover initiative was a “white elephant” project being done by the government that would not serve them well. In other instance, they appreciated the project’s efforts and made a commitment that improvements would be maintained, and people would be able to access the services. Regardless of the initial reception, however, the support of the community is crucial to project’s success and sustainability.

Working with the community can also be a way of spreading wealth. In some of the facilities, when the artisans are working during the makeover weekend, the community members buy them food and water in appreciation for their work. Some even stay late to support the efforts. In one instance in Oyo West, the NURHI 2 team did not arrive at the facility until 11pm but found the key community members waiting. They had even assigned one of their own to stay and safeguard the equipment. On the day of the commissioning, the community may also provide some form of entertainment to make the occasion livelier and more colourful.

In our experience, if you engage the community in your analysis, assessment, and planning discussions, they will become the “watchdog”, supporting the integrity and completion of the makeover.

## Step 7: Identify Artisans and Vendors

After developing the scope of work and engaging the community, the next step is to determine how to review and select artisans to implement the work and vendors to provide new equipment and supplies. To manage these tasks, consider setting up a procurement team. The procurement team should consist of the finance officer, the facility in-charge and/or the medical officer, and members of the WDC. The procurement team will facilitate the process of reviewing quotations, assessing the quality of the proposed tools and equipment, and evaluating the background of the proposed vendors.

The responsibilities of the procurement team include:

- Reviewing each facility's list of equipment needs with their specifications. This list is provided to the committee by the technical team.
- Reviewing and verifying the authenticity of the identified vendors (the state service delivery program officers will identify large volume and reliable vendors). This list should also be forwarded to the procurement team, along with a list of all the medical equipment available at each vendor's warehouse and the price list.
- Conducting bid analysis to identify the vendor with the required specifications and best unit-cost price for each equipment item requested. This report determines where the equipment is purchased.

After this, the NURHI 2 admin and finance unit uses the report to seek approval for purchase, while also negotiating delivery and maintenance/warranties for the equipment with the vendor. Once this is done, the service delivery program officer provides the address for delivery of the equipment. Usually, the medical equipment is delivered to the NURHI 2 field office, where it is verified, sorted, and branded for each facility, and then transported to the benefiting facility.

Reputable and strong artisans are key to a successful 72-Hour Makeover. Different artisans should be identified for carpentry, tiling, plumbing, electrical work, masonry, and painting. NURHI 2 recommends requesting quotations from a minimum of three artisans in each specialty to identify the best option. To support local ownership and community engagement, it is important to select local artisans from the geographic area where the facilities are located.

### Experience Spotlight

Some people may see the makeover as an opportunity to make money and inflate the prices of supplies and labour. A typical example from one of the NURHI 2 project sites revealed conflict over who to hire as an artisan. A staff member explained, “In one instance the community leaders wanted to bring in their person to do the labour, while the service provider also had a relative she had earmarked for the job. But we spoke to both teams and requested them to split the work and hire one person to do the tile work and the other person to do the painting.”

*To support local ownership and community engagement, it is important to **select local artisans from the geographic area where the facilities are located**.*

While the quotations you receive from artisans are required to finalize the budget, it is also important to consider the available funds for the overall budget as you determine the scope of the makeover and finalize artisan and vendor selection.

### Experience Spotlight

“The advantage of engaging local artisans is that if they don’t do their work to satisfaction, you can call them back and they will fix it again,” states Stella Akinso, NURHI 2 Oyo State team leader.

In another instance in Oyo, Dr. Anne Sigbeku explained the problems of identifying artisans from outside the community. She said, “We had a facility where the facility in-charge had gone ahead and identified artisans from a neighbouring community without engaging the community leaders. The community members complained because they wanted to hire artisans from within their local network. You need to engage the community and feel their pulse.”

## Step 8: Develop a Work Plan and Budget for your Activity

After determining the scope of the 72-Hour Clinic Makeover, you will need to develop a work plan. In drafting your work plan, specify the various roles and responsibilities of your project staff, the facility in-charge, and the community leaders. Make sure each activity on the work plan identifies an individual who will be responsible for that activity and a budget line item to ensure a proper allocation of resources. An example budget can be downloaded in Microsoft Excel.[4] Include a list of the types of artisans you would like to hire based on the PIP findings and stakeholder discussions, and identify the tasks the artisans will need to complete. For example, you might need a painter to paint the walls of the family planning counselling room and a plumber to install a sink in the family planning procedure room to improve hygiene practices. In addition, this is when you determine the order of implementation of the scope of work, key responsible, supervisors, time/day of implementation, and the amount of materials needed. For example:

- The officer in Charge (OIC) will be responsible for clearing and sweeping allocated space – on Friday morning.
- Tile room – Friday 10am to 3pm – Project staff will oversee; (supply 5 cartons of 2X2 white and non-slip tiles, 5 bags of cement, 2 bags of white cement, etc. to the site latest by Friday 7am
- Project staff responsible for making deposit payment for materials at the stall on Thursday morning and arranging for delivery of materials latest by Friday 7am )

The PIP summarizes the findings from the PIA assessment and identifies the tasks and equipment required in each facility; the work plan creates a process for how to meet the needs of each facility. An example work plan is included in Appendix C.

[4] https://goo.gl/x8uBdJ.

### Experience Spotlight

After drafting the PIP, the NURHI 2 team met with the key stakeholders from the community, which included the local government chairman, the PHC, their facility in-charge, and the medical officers to draft work plan. The work plan indicated each individual's responsibilities, including who will manage the facility, manage the commissioning, identify the photographer, and so on. The facility in-charge and the community leaders were tasked with the role of identifying local artisans. The team jointly visited the selected HVS facilities to assess the rooms that were to undergo the 72-Hour Makeover in order to identify and separate the procedure and counseling spaces. They arranged for a photographer to take the "before" pictures before any renovations were made. The team then drafted a budget detailing the breakdown of the costs to be incurred for each activity.

The budget can serve as a tool to help you set expectations and limitations for your activities. In one NURHI 2 experience, facility staff and the community wanted to include tiling for the entire waiting area and aluminum demarcation as part of the makeover. However, the budget was not sufficient to cover these costs, so the NURHI 2 team had to be assertive about their limitations and work with the stakeholders to identify the top priorities within the available budget.

## Step 9: Procure and Transport Makeover Materials and Equipment

After receiving the final approval of vendors and artisans from the procurement team, the next step is procuring and acquiring your equipment (through direct purchase mechanism). Consider purchasing your materials in bulk as this is more cost effective, especially if you are batching facilities. Develop a checklist based on the work plan to ensure that you purchase the required tools and equipment in the necessary quantities.

Procure equipment before beginning the 72-Hour Clinic Makeover to allow time for delivery of the equipment, branding, and distribution to the benefitting facilities. Procure building materials about a week or a few days before commencement of the makeover work. Some of the materials may be delivered directly by the vendor. If the vendor does not deliver, reserve a van or lorry in advance to transport the equipment to the facility. Choose a vehicle (preferably a 4x4-wheel drive) that can easily navigate the roads/terrain in case of bad weather. Reserve the vehicle a day or two before the start of the 72-Hour Makeover, and plan to do the transportation during the day to avoid traveling at night. Consider how long it will take to transport the equipment to the facility and plan accordingly. When the equipment is delivered to the facility, it is the

responsibility of the facility in-charge to receive the items and ensure their safe storage; many of these materials—such as planks, drums of paint, gravel, and cement—are bulky, heavy, and may occupy a lot of space.

**Experience Spotlight**

In one instance in Oyo, “There were heavy rains that led to the collapse of one bridge barring us from ferrying the supplies we had already bought. In order to stick to the schedule, we had to buy the equipment from elsewhere,” explained Tolafunmi Abimbola , NURHI 2 Oyo State finance officer.

## Tips

Continuously sensitize and discuss with all stakeholders who include Vendors, Artisans, Clinic management and staff, WDC/WHC, Community members, State and local government officials, Philanthropists, and Project staff about the concept of 72-Hour Clinic Makeover. Be sure to set clear expectations for the quality of work and reinforce the importance of ensuring that the quality work is not compromised. Be clear about the expected outcomes when the clinic reopens on Monday morning.

# During the 72-Hour Makeover

Once you have purchased the equipment and selected the artisans to be hired, it is time to conduct the 72-Hour Makeover. This section of the guide details the activities to be completed from Friday evening through Monday morning of the makeover weekend.

## Step 10: Stay Organized and On Track

During the weekend, work with the facility in-charge staff, the artisans, and community members to ensure that the whole process flows smoothly. Staying organized and on track during the 72-Hour Clinic Makeover is very important. Identify the facility in-charge or medical officer who will supervise the artisans. In the NURHI 2 team's experience, we have found that assigning this responsibility to the facility in-charge or medical officer engenders a sense of ownership, ensures an individual oversees the whole process from start to finish, and helps ensure the work is completed at a high standard.

If the person in charge is not available at any time, they need to designate someone else to supervise the process while they are unavailable. If your facility is typically open 24 hours daily, use your discretion and plan how to serve patients seeking care at the

facility during the makeover weekend. For those receiving daily treatments, designate a place where they can receive services while the makeover is taking place.

Ensure that the tools and equipment to be used by the artisans are stored in a place that is easily accessible. In some facilities, CHEWs can help coordinate activities, rally staff members at the facility around the artisans, and recommend where to get help at the facility. All staff members who are in the facility are responsible for ensuring that the equipment, consumables, and other new materials are organized properly to be accessible to facility staff.

Below is an example of a checklist that can help the team stay on track during the makeover. In the first column, write the name of the person in charge and the role they are playing. In the second column, write the specific role activity they need to complete during the makeover. In the third column, keep track of the status of the activity. You can add specific activities you have identified as part of each makeover to this checklist.

### 72-Hour Makeover Management Checklist

| Person in charge | Specific role | Status |
|---|---|---|
| Facility In-Charge/ Medical Officer | Supervise the implementation of the makeover, including overseeing the artisans | |
| | Confirm all required equipment and supplies have been delivered | |
| | Confirm all required equipment and supplies have been stored in a safe a secure place | |
| | Indicate the number of artisans onsite, their individual responsibilities, and the status of each activity | |
| | Ensure the targeted room has been cleaned and the artisans can get started | |
| | Transfer patients to a safe space, far from the noise | |
| | Introduce yourself to the artisans and explain your role onsite | |
| | Brief the artisans and determine if they understand their roles | |
| | Clean the facility after completion of the makeover | |

Remember to take several action and beautiful photographs to document the process. “Before,” “During,” and “After” photos are a powerful way to illustrate the work that you have done. Take Before, During, and After photos of the same spaces from the same angles so that you can juxtapose the pictures to highlight the changes.

## Tips to Staying on Track

- Ensure frequent, clear, and positive communication between the artisans and facility supervisor
- Agree on the time to commence and end work daily
- Agree on the expected deliverable for each day
- Walk-around the site to inspect quality of work
- Ask and try to understand the artisans' needs and challenges so you can be aware of any developing situations
- Take several photographs throughout the weekend
- Invite community members and stakeholders to observe the progress of work

## Step 11: Make the Improvements

This section of the guide provides detailed recommendations for making several specific improvements to the family planning services space in the selected facilities. Although we recommend using the PIA, PIP, and work plan to identify all of the areas of improvement, the following focus areas are of particular importance.

| **Create a comfortable and well-ventilated waiting area** |
| --- |
| Ensure you have more than one window and install curtains. Use a board to place posters with family planning information. Ensure there are no obstructions in the waiting area by placing chairs on either side of the path where people pass. |
| **Create a private and comfortable family planning counselling room** |
| Ensure that the room is private by separating the counselling and FP procedure room area, if necessary. However, the counselling and FP procedure rooms should be side by side or very close by. Privacy is important. If the counselling room is open and public, clients will feel uncomfortable if others can see that they came to the facility for family planning services. Install fans in the room for fresh air. |
| **Create a private, clean, and safe family planning procedure room** |

The family planning procedure room should be well lit and have good ventilation. It should be private, cleaned daily, and kept in order. Bright, unpolished tiles should be installed on the floor. In the FP procedure room, ensure you have a gynaecological couch and curtains in the windows for privacy.

**Create a clean and adequate toilet area**

If you want to maintain a clean toilet, you should have running water and the toilet should flush. Ideally, the toilet should be close to the FP procedure room.

**Install high-quality floor tile**

Install bright, unpolished tiles, not shiny and smooth tiles, which can be slippery and cause clients to fall.

**Paint the walls**

Choose bright-coloured paint, such as cream or off-white, to create a bright and happy atmosphere. Choose gloss paint for the doors and use high-quality paint that will not wash off easily.

**Install a notice board**

Choose a board that pieces of paper can easily be attached to and install it in the counselling room.

**Select and place patient three-seater chairs**

The three-seater effort chairs are the most recommended. Assemble and inspect them immediately to make sure they are not faulty.

**Select and install fans**

Standing fans are ideal, especially for the counselling room and FP procedure room, because you can control the direction where the air needs to flow. Install a ceiling fan in the waiting room.

**Select and install meshing or netting on the windows**

Get double-layer ring net and galvanized wire.

**Select and place waste bins**

Pedal bins, that you step on to pop open the top, are recommended for hygienic reasons. During an insertion, a provider can drop something inside the bin without using a hand to open it.

**Select and install a new TV set or radio to keep clients informed on family planning while waiting**

Choose a TV set with a DVD player that can hang on the wall.

**Select and install curtains**

Curtains should not be too long; they should stop just short of the window level.

**Select and install filing cabinet, card shelves, and medicine cupboard**

Purchase a three-drawer metal filing cabinet and place it in the provider's counselling room. NURHI 2 also recommends installing a glass medicine cupboard that the provider is able to see into.

**Facility landscaping**

Use chemicals that can clear unwanted grass and shrubs quickly in order to create a clean and uncluttered facility exterior.

**Brand equipment appropriately**

Inscribe metallic chairs with the supplier, the code the name of LGA, facility, year, and the project.

**Waiting area and antenatal care room**

Ensure there is a space for a waiting area and an ANC palpation room. Both rooms should have family planning SBC and service delivery materials on display on the walls. Health providers in this unit should have been trained on family planning counselling and referral. The ANC palpation room should have a basin/bucket with tap apparatus for washing hands.

**Labour room (where facility is a delivery centre)**

The walls should be tiled, preferably with white tiles, up to at least a third of the wall height. The room should have a washable floor with a floor drain. The room should also have family planning service delivery materials, including waste disposal posters on the wall. The room should have a functioning adjoining toilet and shower and handwashing basin.

## Step 12: Motivate your Team

Over the long weekend, it is important to think of ways to motivate the workers, recognizing and acknowledging their level of effort for going the extra mile on a weekend to get the job done. The community members can play a crucial role during this time by providing entertainment, being present onsite, and encouraging the team. You may also want to consider providing food and drinks, if your budget permits.

# After the 72-Hour Clinic Makeover

The 72-Hour Makeover is not complete when the artisans finish their work. The official commissioning of a 72-Hour Makeover facility and monitoring the facility's use is the last phase of your activity. The lessons learned from this phase will help you determine if the whole makeover process met your expectations and what changes you would like to make in your next round/batch.

## Step 13: Commission the Facility

Gain the consent of the state government in advance of the makeover and request they drive the official commissioning of the 72-Hour Clinic Makeover facility. Think of how many key stakeholders you may want to invite and send them official invitations. Stakeholders may include the health commissioner, the health secretary, the reproductive health coordinator, and LGA representatives, which may include the PHC coordinator, head of local government, local council, WDC representatives, and other community members. Through the WDC, mobilize the community members to attend the commissioning ceremony.

Start preparing for the commissioning early by completing the following tasks:

- Prepare plaques/signage for the facility
- Purchase decorations, the ribbon, and scissors
- Alert the media (print and electronic) to be on standby

On the day of the commissioning, request that facility staff and social mobilisers come to the venue ahead of time to mobilize the people in the community. Engage community groups to provide some form of entertainment—the livelier and more colourful the event, the more likely people will attend.


During the commissioning, acknowledge all stakeholders, especially the artisans, who made the work a success. Let the artisans publicly identify with their work and contribution to the community health centre. This helps to reinforce local ownership.

## Tips During Commissioning

- Take good photographs showing:
    - cutting of the ribbons,
    - unveiling the plaque,
    - reading the plaque,
    - and being pinned with the NURHI lapel as an FP Champion
- Encourage facility staff to lead the process and showcase the “new face” of their facility.
- At the commissioning:
    - Acknowledge contributions and support from the facility and community
    - Acknowledge contributions by local artisans
    - Use the occasion to stress the importance of community engagement

## Step 14: Post-Makeover Review

Review the whole process to help correct any identified gaps, sustain strengths and focus on improved performance for the next round. Write a report to document work completed; include before, during and after clinic makeover photographs. Include lessons learnt and success stories.

## Step 15: Monitor

After the makeover, it is important to reflect on the event and discuss what worked and what could have been done better. A post-makeover review of the whole process can help correct any gaps identified, sustain strengths, and focus on improved performance. This is especially important when preparing for future 72-Hour Makeovers.

Complete a cost analysis at the completion of the makeover. This is a valuable activity that can help you see how your budget was spent. Compare the planned costs with the final incurred costs after the work has been completed and the planned equipment needs with the actual equipment supplied. During the makeover, unidentified needs may have emerged that require unanticipated costs and equipment. You may also receive unexpected contributions from the community and/or government to expand the scope of the makeover. By doing a cost analysis, you will be able to explain your current spending and better anticipate potential spending in future makeovers.

Every aspect of the makeover should be transparent and accounted for. This reinforces the trust between you, the facility, and community. Transparency helps them understand that this process is different from the regular contracting model.

Write a report to document the work completed during the makeover, including what you learned through your reflection and analysis. Be sure to include before, during, and after photographs.

After the makeover, remind the facilities to maintain standards through supportive supervision.

**Experience Spotlight**

“One of the key lessons learnt in the previous makeovers is that it is not rocket science. You need to carry everyone along: the providers, artisans, and the community members. Everybody needs to understand what they are supposed to do. Sometimes they can be slow, invite them to learn in advance,” Stella Akinso, NURHI 2 Oyo State, state team lead

.

# Appendices

## Appendix A. Outline of PIA Assessor Training

### Outline Agenda for PIA Training/Orientation

**Date:**

**Venue:**

| Time | Activity | Responsible Person |
|---|---|---|
| **09.00 - 09.15am** | Arrival and Registration | Secretariat |
| **09.15 – 09.30am** | Opening Remarks | Executive Sec., SPHCDA |
| **09.30 – 09.40am** | Objectives of the meeting | State RH Coordinator |
| **09.40 – 10.00am** | Overview of NURHI 2 | NURHI SD officer |
| **10.00 – 11.00am** | Overview of Family Planning | NURHI SD officer |
| **11.00 – 11.30am** | **Tea Break** | All |
| **11.30 – 12.00am** | Family Planning & Demographic Dividends | NURHI SD officer |
| **12.00 – 12.15pm** | Introduction to PIA and Performance Improvement Plan (PIP) | NURHI SD officer |
| **12.15 – 1.30pm** | PIA tool review | All |
| **1.30 – 02.30pm** | **Lunch** | All |
| **02.30 – 03.00pm** | Review of the data collation template | NURHI SD officer |
| **03.00 – 03.15pm** | Questions & Answers | State M&E officer |
| **03.15 – 03.30pm** | Closing Remarks | |

# Appendix B. Example Stakeholder Meeting Agenda

## AGENDA

## PIP Dissemination and CTU for POLICY MAKERS

## 24TH May 2016

| Time | Topics | Presenter/Facilitator |
|---|---|---|
| 09.00-9.30 | Registration | All |
| 09.30-09.35 | Opening Prayer | Volunteer |
| 09.35-09.45 | Welcome Address | QISS Officer/ STL |
| 09.45-10.00 | Self-Introduction by Participants | Program Associate |
| 10.00-10.30 | Review Objectives/ Overview of NURHI 2 | SD Officer/ STL |
| 10.30- 11.00 | FP situation in Nigeria and Oyo State | LGA MOH |
| 11.00-11.30 | Coffee/Tea Break | |
| 11.30-12. 30 | Nexus of FP, maternal health and the achievement of the SDGs | STL |
| 12.30- 1pm | Family planning- A pathway to poverty reduction (15 minutes video followed by discussion) | QISS Officer |
| 1pm- 1.30 | Overview and benefits of FP(Types)<br>Contraceptive security | State FP coordinator |
| 1.30- 2. 00 | PIP dissemination | RM&E officer |
| 2.00- 2.30 | FP commodity assessment report | LGA MOH |
| 2.30-3.30 | Policy Environment and resource requirement<br>Group-work<br>1) Human resource availability and Deployment<br>2) Access to resources and service integration<br>3) Commodity security-how do we ensure funding for FP<br>4) Sustaining NURHIs approaches | LGA MOH |
| 3.30-3.45 | NEXT STEPS | STL |
| 3.45- 4.30 | LUNCH BREAK/ departure | |

**Participants: Commissioner /PS SMOH, LGASC, LGACM, ECONOMIC PLANNING (PS&Director) (2) MOWA (8)**

**CHAIRMEN OF ALL PROJECT LGAs (15)**

**Head of LGA administration and Directors of Finance (30)**

**ADVOCACY NETWORK (2), RELIGIOUS LEADERS (2) MEDIA (2)**

**DIRECTOR OF NURSING SERVICES (1) CIVIL SERVICE COMMISION (1)**
**EXECUTIVE SECRETARY OF PHCDA (1)**

**FACILITATOR AND NURHI STAFF (8) TOTAL 70**

## DAY 2

## PIP Dissemination and CTU FOR TECHNOCRAT

## 25TH May 2016

| Time | Topics | Presenter/Facilitator |
|---|---|---|
| 09.00-9.30 | Registration | All |
| 09.30-09.35 | Opening Prayer | Volunteer |
| 09.35-09.45 | Self-Introduction by Participants | Program Associate |
| 09.45-10.00 | Welcome Address | STL/ QISS Officer |
| 10.00-10-30 | Review Workshop/ Overview of NURHI 2 | SD Officer |
| 10.30-11.30 | Family planning and maternal health-global to local perspectives | LGA MOH |
| 11.30-11.45 | TEA BREAK | |
| 11.45-12-45 | Overview of FP programing- PROVEN INTERVENTIONS | STL |
| 12.45-1PM | Overview of FP methods and benefits including new Trends | QISS/ SD Officer |
| 1.00-2PM | Commodity security- Ensuring commodity availability and CLMS | State FP coordinator |
| 2.00-2.30PM | PIP DISSEMINATION | SD Officer |
| 2.30-3.00PM | FP Commodity assessment report and performance review at NURHI supported HVS | Prog. Officer-RM&E |

| Time | Topics | Presenter/Facilitator |
|---|---|---|
| 3.00-4.00 | Role of health personnel in improving access to quality FP services<br><br>GROUP WORK<br><br>1) Family planning availability and deployment<br><br>2) Commodity security including quality data and CLMS<br><br>3) How do we ensure access to quality service (avoiding illegal charges and improving CPI)<br><br>4) Service integration | LGA MOH |
| 4.00-4.15 | Next steps | |
| 4.15 | Lunch and Departure | |

**PARTICIPANTS; PHC Directors (15) State FPC and deputy (2), LGA FP supervisors (15), selected service providers from LGA headquarter facility (15), Teaching hospital and secondary facilities**
**(5) Implementing partners (PPFN, ARFH, MSIN, SFH) (4), PLUS (8) NURHI and facilitator**
**TOTAL=**
**64**

# Appendix C. Example Work Plan for Batch 1

***NOTE: Friday to Sunday – Renovations; Sunday – Cleaning and Arranging Equipment; Monday - Commissioning**

| ACTIIVITY | TIMELINE | KEY RESPONSIBLE/ SUPERVISOR | |
|---|---|---|---|
| | | NURHI LAGOS | HQ |
| Procurement of Equipment | Should start at least 1 week before makeover starts | | |
| Branding & Distribution of Equipment | Branding Equipment – 1 week<br>Complete Delivery of Equipment to HVS – Tuesday to Thursday | | |
| Payments/Advance for Artisans | Wednesday<br>*Direct purchase of building materials and delivery to facility (Wednesday to Thursday) | | |
| Photographer | Pre-makeover pictures – Thursday<br>During makeover pictures – Friday & Saturday<br>Post-makeover pictures - Sunday | | |
| Social Mobilizers | - To inform community heads, WDC, etc about commencement of makeover activity<br>- For Commissioning Ceremony | | |
| Plaques | Confirm names written on plaque & fitted at the HVS – Sunday | | |
| SBCC Materials | Complete Cleaning & Arranging – Sunday<br>*All FP rooms will be arranged with equipment and SD materials after completion of the renovations | | |
| NHMIS Tools | | | |
| Commodities & Consumables | | | |
| Documentation | Write-up a detailed report highlighting lessons learnt, success stories and feedback from the implementation of the 72-hour makeover – this should be completed within 1 day of commissioning | | |
| Commissioning Event | Ribbons and Decorations should be in NURHI Colours<br>*30 minutes to 1 hour event depending on request & preparations from the community | | |

***KEY DATES:**

- Delivery of Equipment to NURHI Oyo Office – 15th to 19th August
- Branding of Equipment for Batch 1 – 17th to 19th August

- Batch 1 = 20 HVS over 1 month (i.e. 5 HVS every weekend for 4 weekends)
- 1 NURHI Officer to supervise 1 HVS during makeover (i.e. 5 NURHI Officers every weekend super-vising; STL gives oversight function)

*Example of Schedule

| DATES | KEY DATES | Name of Facility | Supervisor Per Site |
|---|---|---|---|
| 25TH to 27TH August | -Delivery of Equipment from NURHI Office to 1st set – 22nd to 24th August<br>- Pre-implementation meeting with artisans & advance payment – 24th August<br>- Commissioning – 29th August | | |
| 1st to 3rd September | -Delivery of Equipment from NURHI Office to 2nd set – 29th to 31st August<br>-Pre-implementation meeting with artisans & advance payment – 31st August<br>-Commissioning – 29th August | | |
| 9th to 11th September | -Delivery of Equipment from NURHI Office to 1st set – 5th to 7th September<br>-Pre-implementation meeting with artisans & advance payment – 7th September<br>-Commissioning – 12th September | | |
| 16th to 18th September | -Delivery of Equipment from NURHI Office to 1st set – 12th to 14th September<br>-Pre-implementation meeting with artisans & advance payment – 14th September<br>-Commissioning – 19th September | | |

**FREQUENTLY ASKED QUESTIONS ON THE NURHI 72-HOUR CLINIC MAKEOVER PROCESS**

1. ***What happens between the collation of three quotations from artisans and developing a single budget for the makeover? Is there a procurement committee involved?***

The three quotations are used to determine the most likely cost of carrying out the required facility upgrade. A procurement committee is involved in deciding the final artisan(s) that conduct the work. We often notice that artisans tend to overestimate the cost of work, therefore it is important for the procurement committee to do a market survey.

The budget is developed on an excel spreadsheet with an additional sheet detailing the quotation from all vendors, including their names and contact details. This comes in handy on the field, during the makeover, when you need to reach out to additional vendors (should the need arise).

2. ***Does the 72-hour clinic makeover require artisans and staff to work overnight?***

No. However, there are times when facility staff and community members get so committed and excited that they work overtime and/or stay as late as about 9.00pm or 10.00pm to ensure that the task earmarked for the day is completed and they are back again as early as 5.00am the next day. We have had cases were the artisan or community members rented and fueled electricity generator sets just to ensure that the work was completed in due time.

3. ***What's the role of State Ministry of Health (SMOH) in the 72-hour clinic make over?***

The role of the State Ministry of Health cuts across several levels of the makeover. The SMOH provides the initial approval for the selected facilities to be made over. They are involved in the PIA/PIP and the findings from the facility assessment are shared with them. We agree with the SMOH on the scope and scale of upgrades to be implemented during the makeover and they are present during the makeover to inspect the work while it is ongoing. Afterwards, they are involved in the commissioning of the facility and thereafter, provide other needed support to the facility and continue to monitor the upgrades made. The process also offers a capacity building opportunity and transfer of skills in adopting the concept of cost efficient model of creating enabling environment at the facility level.

4. ***Are the equipment and other materials provided in abundance? If so, what happens to the excess?***

The equipment and materials are not provided in abundance. Quantification of needed equipment is usually done for each facility. The makeover is about cost efficiency and effectiveness i.e. only what is needed and can be used is purchased. We open and assemble all equipment at delivery for immediate use. When bulk purchase is made, it is done to increase efficiency; all the equipment and materials needed for a batch of facilities to be made over in one weekend is purchased at once. This also promotes cost efficiency as the materials are purchased at a cheaper rate and the cost of delivery and moving such materials from the vendors warehouse to the facilities is also reduced.

5. ***Is the budget for the makeover determined by the state or a combination of funds provided by the implementing project and the state?***

The budget for the makeover is determined by the sponsor of the activity. On the NURHI project, the makeover activity was sponsored by the Bill and Melinda Gates Foundation. However, for other

initiatives adopting this model it will be dependent on the established funding mechanism. For example, states may decide to scale up this approach using funds from their regular budget or other MNCH related projects such as the Saving One Million Lives (SOML), Primary Health Care Under One Roof (PHCUoR) or The Challenge Initiative (TCI) project, the makeover activity may be co-sponsored by TCI and the State governments, because the TCI uses a shared model of financing.

6. ***In terms of defining criteria and the issue of poor infrastructure, is there a minimum level of infrastructural upgrade the makeover can cover, considering that you can't do everything?***

Yes. The minimum level of infrastructural upgrade is targeted at upgrading the facilities in line with the recommendations of the National Performance of Standards for Family Planning developed by the Federal Ministry of Health i.e. create a well-ventilated waiting area, private and comfortable counselling room and a private FP procedure room. In addition, ensure provision of flowing water to support adequate handwashing and toilet facilities.

7. ***How do you ensure that community artisans deliver quality work? For instance, payment after verification of work or, any warranty period?***

The artisans are not paid in full until after their work has been verified. Also, it is important that they are from the community where the makeover is being carried out. Community artisans are held responsible by their community leaders and members. This is why community engagement throughout the process is important. We once had a situation where an artisan absconded, and his mother called him back after the facility staff identified his mother and reported him to the community leaders.

8. ***How are you able to measure improved quality after the 72-Hour Clinic Makeover?***

There are checklists to monitor and measure quality. The PIA serves as a baseline while continuous survey can be done on a monthly, quarterly and yearly basis to measure quality improvement. Quality monitoring is carried out using the quality indices benchmarked against the initial baseline and health facility surveys, which also includes client-exit surveys.

9. ***What are some of the key differences between the makeover implemented by NURHI 2 and those implemented by scale up projects?***

Some of the key differences would be the source of funding for the makeover and the approach of deploying direct labour/purchasing rather than contracting. While on the NURHI 2 project the makeover was solely funded by the donor, on other projects the funding model may differ based on the project design.

10. ***What has the experience of the beneficiary communities been like? How do you get them to talk about the makeover everywhere and drive traffic to these clinics?***

There have been positive responses in most of the communities where the 72-hour clinic makeover has been carried out. There were instances where the community, inspired by the massive turnaround of the facility, went ahead to make contributions to improving the facility; such as building of toilets, sheds/waiting areas for the clients and so on. Because the community is involved from the outset, word

about the facility upgrade goes around quickly and facility staff have recorded significant increases in client volume after the makeover. In addition, outreaches are also conducted following the makeover and social mobilizers, who are also members of the community, go into the community to drive traffic to the facility.

**11. Was there a time when you had a challenge with the stipulated hours? What is done to address the time challenge if the work exceeds 72 hours?**

Yes, this is a common challenge NURHI has faced several times during the makeover activity. It is important to keep focused and not get discouraged. Rather, we do a situation analysis to understand the cause of the delay. In many cases, we face genuine unpreventable challenges such as heavy rains, far distance and poor road networks which affects travel time and movement of goods, etc. In such cases, it is very important to constantly give feedback to all stakeholders involved with the makeover about the current challenges being faced. They are also able to appreciate the reality of the challenge by being encouraged to visit the work site to observe the progress of work. Where necessary, make provision to extend the makeover by the appropriate time needed. This means that the commissioning event would also have to be postponed accordingly. Irrespective of the challenge of exceeding 72-hours, it is important to emphasize that the standard of the quality of work be maintained.

***12. What is the role of WDCs or Quality Improvement Teams (QITs) during the makeover? What is the role of the end users in the process?***

The WDC and end users have been very instrumental in ensuring the delivery of high quality of work during the makeover activity. As members of the community where the facility is located, and as the primary beneficiaries of the facility, these 2 key stakeholder groups are engaged very early in the planning process, to sensitize them about the activity, educate them about the relevance of the activity and share with them the expectations from the makeover activity. The sensitization exercise is not a one-off event but is continuous throughout the planning stage and even involves details about how cost-efficiency is achieved when delivering on the makeover. By ensuring stakeholder buy-in before commencing the implementation of the activity, NURHI typically gets a very positive responsive from these stakeholder groups and they actively visit the facility throughout the implementation process thereby ensuring the makeover is a success**.**

***13. How do you document in-kind contributions to the 72- hour makeover? Is there a tool?***

On the NURHI 2 project, all in-kind contributions were comprehensively documented and reported as success stories, showing how the makeover activity inspired the host community, other philanthropists within the communities, the facility staff and management, and the local and state governments to act and replicate the makeover. These success stories also feature direct quotes from the contributors, extensive photographs, and voice recordings.

***14. Are there Challenges with getting three (3) quotations from artisans?***

Yes, there are sometimes challenges with getting three quotations, particularly in very remote areas. In such instances, we make do with 2 quotations.