

Coaching as a Cost-Effective and Sustainable Approach to Improving the Quality of Family Planning Services; Model from The Challenge Initiative

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Background

Improving the quality of family planning services is one of the strategies to ensuring increased access to services in order to gradually increase the Contraceptive Prevalence Rate (CPR) in the states and the country as a whole. Different capacity building methods have been adopted over the years to improve quality which includes intensive competency based trainings, provision of technical assistance and mentoring and supportive supervision. The intensive trainings which can be basic or master training of trainers are usually expensive especially when it is residential. Coaching is also a form of capacity building usually targeted at health care providers to improve their capacity to offer high quality services to clients. The Challenge Initiative (TCI) presents a new innovative model where the State Government expresses interest and demonstrates financial and political commitment to implement urban FP project. TCI is designed to be state-led and state-driven in order to engender ownership and sustainability. As part of TCI efforts of ensuring quality FP services, it became necessary to develop a cost-effective and sustainable model for capacity building services targeted at FP providers across health facilities in partner states.

Program Intervention

TCI developed a coaching guide to be used as a reference document for coaching services. FP experts across partner states were identified and trained on effective coaching and communication skills. The FP Coaches were also linked to the TCI University which has abundant FP resources and tools including resources on Advocacy, Demand Generation, Service Delivery and Research, Monitoring and Evaluation. The Coaches are to utilize these resources and tools while coaching FP managers and implementers across different geographies in Nigeria. A coaching report and documentation form was also developed to monitor and document coaching services provided alongside the content and quality of coaching.

Methodology

TCI engaged the services of a consultant to support the development of the coaching guide as well as the design of the website working with experts in-house. Already trained State Master Trainers were identified from Government Institutions including Teaching Hospitals, Nursing Councils & Health Facilities, and were trained on Coaching and Communication. The State and Local Government FP officers were supported to conduct a trainings needs assessment for FP providers across health facilities in the state. The providers were categorized into three: Untrained FP providers, Recently trained FP providers and FP providers who were trained over a year ago. Untrained providers were listed for fresh FP training while those trained over a year ago were listed for refresher training. All the three categories of FP providers were listed for coaching. The FP providers were batched and attached to the State Master Trainers for routine coaching services. Coaching is being provided through different methods including virtual vs face to face (F2F) coaching, proactive vs on demand and individual vs group coaching approaches. All of these approaches are being used based on several factors including Coachee's coaching needs and knowledge base, availability of the Coach/Coachee, and whether the request was for individual or group.

Key Findings

Coaching requests are being received through different platforms including the TCI University request link, through emails and phone calls. Most of the requests received so far are on-demand where the coachees want to be coached on a particular subject matter while some of the coaching have also been scheduled and provided proactively to FP managers and implementers. Individual coaching is more common compared to group coaching. Group coaching is usually provided F2F or through skype when it is virtual. Some element of diffusion is being seen as well, with coachees from TCI naïve states requesting for coaching services. People working outside of the FP landscape are equally requesting for coaching services so TCI University is like a conduit for linkage to other resources that benefits the coachees. More coaching requests and actual coaching have been in the area of Service Delivery and Monitoring & Evaluation compared to Advocacy and Demand Generation. The flexibility with coaching services makes it a lot cheaper than the usual intensive trainings which are not typically sustainable. A lot of virtual coaching is happening and for F2F, coachees are linked to nearby Coaches to make coaching easy. This is to complement the proactive coaching which is already planned for supported health facilities in the state. Coaching is not always one-off as coachees have had to request for further coaching in other program areas or beyond the initial requests made. Findings so far revealed that follow up is not very easy and may not be documented if attention is not paid to it. In the same vein, measuring the quality of coaching may be demanding and efforts has to be made to evaluate the content and quality of coaching.

Program Implications

Quality is the fulcrum of any successful program and coaching is an essential component of skills transfer in public health programs. Capacity building in form of trainings is very expensive as this takes significant portion of the program delivery budget. Coaching is one of the cost-effective means of achieving continuous quality improvement while implementing programs in resource limited settings like Nigeria. It is important that FP Program Managers begin to design their programs with plans for evidenced based coaching services to improve the quality of services and ensure that FP users are satisfied. In the light of dwindling donor funds to support programs, coaching which is relatively cheap and sustainable will play a very significant role in improving the skills of service providers. Government should institutionalize coaching and provide support for effective coaching services such that FP providers are satisfied, with resultant provision of high quality FP services.