



RESEARCH INSIGHTS

Census of Private Health Facilities in Nigeria

This census of six Nigerian states assesses the private health sector's capacity, geographic distribution, and services offered. It reveals that private facilities are overwhelmingly concentrated in Lagos and that existing lists of private facilities are inaccurate. The findings indicate that private facilities may have excess capacity to deliver family planning services.

A major challenge in working with private health facilities in developing countries is that information on them is often unavailable or inaccurate. Without data on the number of private health facilities, where they are located, and their capacity, it is difficult to design interventions targeting these facilities, provide appropriate and relevant training, and set appropriate program targets. Lack of data also makes it difficult for the government to regulate or supervise private providers.

Prior to this study, only limited data on private health facilities existed in Nigeria. State ministries of health, professional associations, and insurers maintain lists of private health facilities, but these lists are often incomplete and contain limited data on each facility. To fill this gap, SHOPS conducted a comprehensive census of all formal private health facilities (excluding patent medical vendors) in the six states in which SHOPS conducts operations: Abia, Benue, Edo, Kaduna, Lagos, and Nasarawa. This study represents the first effort to comprehensively gather data from all private health facilities in a large area of Nigeria.

Methods

First, the SHOPS team compiled a master list of private health facilities using lists from government agencies, provider associations, and insurance companies. Then, surveyors used "snowball sampling" and interviews with community members to identify additional facilities in the areas they were surveying.

At each facility, the team administered a comprehensive questionnaire with questions on infrastructure, health services, staff, patient volume, pharmaceutical supply, and record keeping.



A private provider offers free blood pressure screenings at a community outreach day hosted by Unita Hospital in Lagos.

Key Findings

- The ratio of private health facilities to total population is substantially higher in Lagos than in other states.
- Existing lists of private facilities are inaccurate.
- Private facilities may have excess capacity to deliver family planning services.
- Prescribing practices of private facilities related to malaria and pediatric diarrhea need improvement.
- Facilities that do not offer family planning cite lack of demand and inadequate skills, but not access to finance, as key barriers to offering family planning.

To estimate the proportion of private health facilities missed during normal surveying, a second more intensive search of facilities was conducted in 30 randomly selected areas of Lagos. In these locations, surveyors canvassed the area street by street to identify any private health facilities that were overlooked during the first survey.

Key Findings

The ratio of private health facilities to total population is substantially higher in Lagos than in other states.

The census identified a total of 5,086 private facilities in the six focus states, roughly half (2,654) of which were located in Lagos state. These included 1,552 clinics 1,463 hospitals/medical centers, 662 nursing homes, and 1,409 community pharmacies. Lagos had 2.5 private health facilities per 10,000 people, followed by Nasarawa (1.9 facilities), Benue (1.4 facilities), Edo (1.4 facilities), Kaduna (1.2 facilities), and Abia (0.84 facilities).

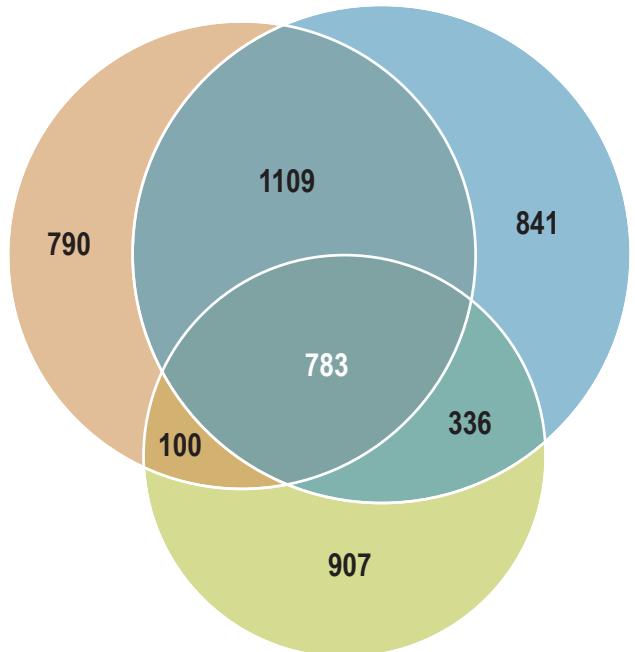
Existing lists of private facilities are inaccurate.

A comparison of the facilities found through the survey with those on the lists from government agencies revealed that the government lists are incomplete and inaccurate. Approximately 32 percent of the private health facilities found by surveyors were not included in official government lists, while approximately 53 percent of the private health facilities included on official government lists could not be found by surveyors. This diagram shows the relative accuracy of the two lists obtained for Lagos.

Private facilities may have excess capacity to deliver family planning services

A large proportion of clinics (63 percent), hospitals/medical centers (80 percent) and nursing homes (71 percent) offer family planning services. Facilities offer, on average, four different family planning methods. A large proportion of the facilities plan to offer additional methods, particularly implants, in the future.* The number of family planning clients is relatively low though, at only 10 clients per month or roughly 2.4 percent of all clients.

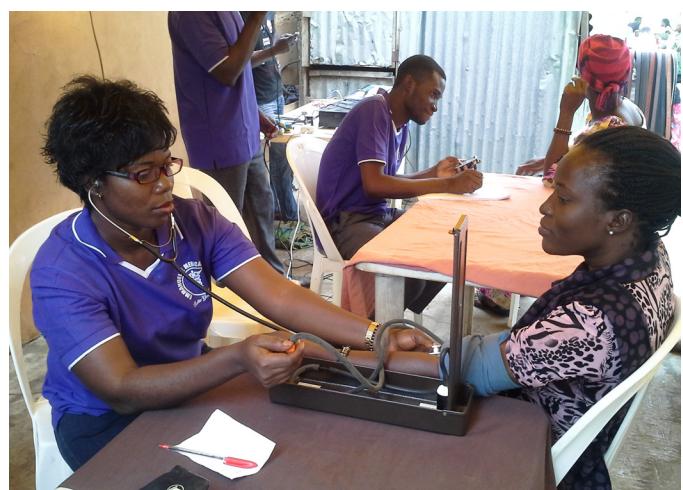
Accuracy of facility lists in Lagos



● Actual facilities

● Included in government list

● Included in insurance list



A woman receives a blood pressure screening at a health outreach event hosted by Immanuel Medical Clinic, a private facility.

*Only providers in Lagos were asked if they plan to offer additional methods in the future. Of those facilities, 42 percent plan to offer additional methods and 55 percent plan to offer implants in particular.

Prescribing practices of private facilities related to malaria and pediatric diarrhea need improvement.

For cases of child malaria, 85 percent of facilities reported using artemisinin-combination therapy (ACT), the recommended first-line treatment for malaria in children. Yet a substantial portion of facilities reported also using other less effective methods such as chloroquine (27 percent) and sulfadoxine-pyrimethamine (7 percent). In addition, 18 percent of facilities reported using artemisinin monotherapy, which is not only less effective than ACT but also risks creating resistance to artemisinin-based therapies.

Prescribing practice for pediatric diarrhea followed similar patterns. Seventy-nine percent of facilities reported prescribing oral rehydration solution, which, along with zinc, is the recommended treatment for uncomplicated pediatric diarrhea. Only 5 percent reported prescribing zinc, perhaps due to the recent introduction of zinc in Nigeria. Antibiotics, which are recommended only in certain less common cases when there is presence of blood in the stool, and antidiarrheal medication, which is never recommended, are used much more frequently than zinc (59 percent and 39 percent respectively).

Facilities that do not offer family planning cite lack of demand and inadequate skills, but not access to finance, as key barriers to offering family planning.

In Lagos, SHOPS asked proprietors of facilities that did not offer family planning services why they did not offer these services. The two most common reasons cited for not offering family planning services were lack of demand (mentioned by 27 percent of facilities) and lack of family planning knowledge or skills (mentioned by 25 percent of facilities). Inadequate financing was mentioned only rarely as a key reason for not offering family planning services, despite the fact that few facilities had taken out a loan from any source in the past 12 months (5.5 percent of facilities not offering family planning). In addition, stockouts, often a sign of credit constraints, were relatively rare for family planning commodities and basic pharmaceuticals. Levels of stockouts did not vary significantly according to whether the facility had access to trade credit or an outstanding loan.

Reasons for not offering family planning services (Lagos only)

Facility Type	No Demand	Not Profitable	Inadequate Knowledge/ Skills in Family Planning	Cannot Obtain the Money Needed	Planning to Offer in the Future	Other
Clinic (n=164)	29%	2%	21%	0%	20%	29%
Hospital/medical center (n=114)	25%	6%	18%	1%	18%	35%
Nursing home (n=92)	34%	2%	24%	0%	17%	23%
All facilities (m=370)	25%	2%	25%	1%	16%	33%

Policy Implications

Data from the most recent Demographic and Health Survey show that the private sector is a major provider of family planning and other health services in Nigeria. For example, 60 percent of all family planning visits are to a private sector provider. Findings from this census reveal several ways in which the private sector may be better used to increase access to family planning specifically and to increase the quality of overall health care through the private sector.

First, the census revealed that lists of private health facilities maintained by government agencies are incomplete and inaccurate. Accurate lists are essential for governments to understand the capacity of the private sector and design appropriate strategies for working with the private sector. The results from the current census may provide a one-time boost to the accuracy of these lists but changes to the way the government maintains its lists of private providers are needed if the lists are to remain accurate in the future. The most logical method would be to use the lists of private facilities that have current operating licenses. Ideally, the government would provide some benefits to facilities who relicense their facilities annually (e.g., access to free government commodities) and some threats for those who do not (e.g. threat of closure).

Second, a large number of facilities offer family planning services, and, among those that do, most offer several methods. Yet, family planning clients make up only a small proportion of overall patient numbers. Further, among facilities that don't offer family planning, many cite lack of demand as the key reason for not doing so. These findings suggest that private facilities have unused capacity to deliver family planning services and that targeted demand creation efforts could increase use of family planning services.

Third, many private facilities state that they plan on offering additional family planning methods, in particular implants, in the future. Clinical training on implant insertion and removal may help speed the rate at which private facilities offer this service to their patients.

Lastly, many private facilities do not follow recommended guidelines for treating malaria and pediatric diarrhea. Greater effort should be made to educate providers on correct prescribing practices for these common diseases through interventions such as training, detailing visits, and mass media campaigns. Data should be collected on an ongoing basis to monitor progress against these goals.

This summary is based on research conducted by the SHOPS project. For more information, contact info@shopsproject.org.



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A provider at AGAPE medical center in Lagos counsels a couple on their family planning options.

The Strengthening Health Outcomes through the Private Sector (SHOPS) project is a five-year cooperative agreement (No. GPO-A-00-09-00007-00) funded by the U.S. Agency for International Development (USAID). The project focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. SHOPS is led by Abt Associates, in collaboration with Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting. The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

For more information about the SHOPS project, visit: www.shopsproject.org



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