



ESMPIN

Expanded Social Marketing Project in Nigeria

*My healthy family,
my pride and joy!*



A Book of Abstracts



USAID
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MEDIA ACTION
TRANSFORMING LIVES THROUGH MEDIA
AROUND THE WORLD



FOREWORD

► THE ESMPIN PROJECT IS A SOCIAL MARKETING PROJECT IMPLEMENTED BY Society for Family Health (SFH) along with the Association for Reproductive and Family Health (ARFH), BBC Media Action (BBCMA) and Population Services International (PSI). The goal of the project is to improve the health of women and children in Nigeria by increasing the use of modern family planning methods and child health. To achieve this, the team worked to increase access to family planning (FP), reproductive health (RH) and child health products; increase the use of health products and practice of health behaviors; generate support from all sectors for social marketing as an important part of a total market approach; and improve the viability of local manufacturing of key health products.

As an integrated project, ESMPIN had quality and scale as its implementation focuses. The project therefore used several distinct channels to promote healthy practices among separate target groups in the areas of family planning, malaria, diarrhea and nutrition. The intervention strategies were implemented one at a time or together over a period of time with the aim of changing behavior. The project also used approaches proven over time to design and deliver these messages to the target groups.

To achieve scale, ESMPIN designed and implemented several approaches, some with a nationwide spread, while others focused on 22 states in Nigeria (including the Federal Capital Territory). This document therefore provides a brief outline of specific approaches used by ESMPIN as well as some program outcomes recorded during and after field implementation.

► SIR BRIGHT EKWEREMADU, *Managing Director, Society for Family Health*



Acknowledgment

THIS DOCUMENT IS A PRODUCT OF EXPANDED SOCIAL MARKETING PROJECT IN Nigeria (ESMPIN) consortium partners led by Society for Family Health (SFH). The Federal Ministry of Health (FMoH), along with the various State Ministries of Health (where ESMPIN was implemented), were resourceful in providing support and access to relevant stakeholders and sharing relevant information and data that informed the strategy design. Their efforts are much appreciated. Local government departments of health were beneficial and physically available to support actual field interventions. We are grateful for all their guidance and active involvement during the project implementation. We acknowledge the effort and contribution of the staff of SFH, BBC Media Action (BBCMA), Association of Reproductive and Family Health (ARFH) and Population Services International (PSI) for their relentless drive in achieving impactful results and for taking the time to document the processes involved. Finally, we acknowledge the technical support received from PSI as well as content input from SFH, BBCMA and ARFH staff (both field and program).

► **DR. JENNIFER ANYANTI**, *Chief of Party, ESMPIN Project*

Expanded Social Marketing Project in Nigeria (ESMPIN). 2016. Expanded Social Marketing Project in Nigeria (ESMPIN): A Book of Abstracts (2011 – 2016). Abuja: ESMPIN.

The content of this report is the responsibility of ESMPIN. This material has been funded by United States Agency for International Development (USAID). However, the views expressed do not necessarily reflect the US government's official policies.

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Acronyms

ACRONYM	MEANING
ACPN	Association of Community Pharmacists of Nigeria
ACT	Artemisinin Based Combination Therapy
AGPMPN	Association of General and Private Medical Practitioners of Nigeria
ANC	Antenatal Clinic
AOR	Agreement Officer Representative
APCON	Advertising Practitioners Council of Nigeria
APLS	Annual Population Lecture Series
ARFH	Association for Reproductive and Family Health
ASM	Area Sales Manager
AUX	Auxiliary
BBCMA	British Broadcasting Corporation Media Action
BCC	Behavior Change Communication
BCS	Balanced Counselling Strategy
CAN	Christian Association of Nigeria
CBD	Community-Based Distribution
CBDA	Community-Based Distribution Agent
CBO	Community-Based Organization
CCMS	Contraceptive Central Medical Store
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CHTWG	Child Health Technical Working Group
CHX	Chlorhexidine
CMO	Catholic Men's Organization
CS	Contraceptive and Child Survival
CYP	Couple Years of Protection

ACRONYM	MEANING
CWC	Child Welfare Clinic
CWO	Catholic Women's Organization
DALYS	Disability Adjusted Life Years
DCR	Demand Creation Representative
DHIS	District Health Information System
DT	Dispersible Tablet
EBF	Exclusive Breast Feeding
EC	Emergency Contraceptive
ESMPIN	Expanded Social Marketing Project in Nigeria
FC	Female Condom
FCT	Federal Capital Territory
FGD	Focused Group Discussion
FH+	Family Health Plus Project
FMOH	Federal Ministry of Health
FOMWAN	Federation of Muslim Women Association of Nigeria
FP	Family Planning
FPAWG	Family Planning Advocacy Working Group
FSUP	Family Succour and Upliftment Programme
FY	Fiscal Year
GF	Global Fund
GSM	Global System for Mobile Communication
HCC	Health Communication Coordinator
HCP	Health Care Provider
HF	Health Facility
HIV	Human Immunodeficiency Virus
HNQIS	Health Network Quality Improvement System
iCCM	Integrated Community Case Management

ACRONYM	MEANING
ICFP	International Conference on Family Planning
IEC	Information, Education and Communication
IPCA	Interpersonal Communication Agent
IPC	Interpersonal Communication
IPT	Intermittent Preventive Treatment
IR	Intermediate Result
IUCD	Intrauterine Contraceptive Device
ITD	Inception till Date
IYCF	Infant and Young Child Feeding
JAMB	Joint Admissions and Matriculation Board
KII	Key Informant Interview
LARC	Long-Acting Reversible Contraceptives
LGA	Local Government Area
LLIN	Long-Lasting Insecticide-treated Net
LOP	Life of Project
LTM	Long Term Method
MAP	Measuring Access and Performance
MCH	Maternal and Child Health
MCSP	Maternal and Child Survival Program
MNCH	Maternal, Newborn and Child Health
MDS	Manufacturers Delivery Service
MDK	Media Dark Kit
MEC	Medical Eligibility Criteria
MOS	Month of Stock
MSIN	Marie Stopes International Nigeria

ACRONYM	MEANING
M&E	Monitoring and Evaluation
NAFDAC	National Agency for Food and Drug Administration and Control
NANNM	National Association of Nigeria Nurses and Midwives
NAPPMED	National Association of Patent and Proprietary Medicine Dealers
NCE	No Cost Extension
NEMCM	National Essential Medicines Coordination Mechanism
NPHCB	National Primary Health Care Board
NRHTWG	National Reproductive Health Technical Working Group Meeting
NSPAN	National Strategic Plan of Action for Nutrition
NURHI	Nigerian Urban Reproductive Health Initiative
NTO	Non-Traditional Outlet
ORS	Oral Rehydration Solution
OTC	Over-the-Counter
PBCC	Provider Behavior Change Communication
PCN	Pharmacists Council of Nigeria
PBCC	Provider Behavior Change Communication
P&G	Procter and Gamble
PHC	Primary Healthcare Centre
PMP	Performance Monitoring Plan
PoU	Point-Of-Use
PMS	Patent Medicine Store
PPMV	Patent Proprietary Medicine Vendor
PSI	Population Services International
Q	Quarter
QA	Quality Assurance

ACRONYM	MEANING
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RNM	Registered Nurse/Midwife
SACA	State Agency for the Control of AIDS
SDP	Service Delivery Point
SFH	Society for Family Health
SHOPS	Strengthening Health Outcome of through the Private Sector
SMOH	State Ministry of Health
SMS	Short Message Service
SOP	Standards of Practice
SPARCHS	State Specific HIV/AIDS, Reproductive Health and Child Health Survey
SR	Sales Representative
SSV	Supervisory Support Visit
TBA	Traditional Birth Attendant
THM	Town Hall Meeting
TM	Territorial Manager
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WDC	Ward Development Committee
WHO	World Health Organization
WHP	Women's Health Project
WRA	Women of Reproductive Age
Y/N	Yes/No
YTNA	Ya Take' Ne Arewa
Zn	Zinc

INTRODUCTION

EXPANDED SOCIAL MARKETING PROJECT IN Nigeria (ESMPIN) is funded by the United States Agency for International Development (USAID) and implemented by Society for Family Health (SFH) Nigeria. The five-year (April 2011–March 2016) social marketing project was nationwide and now focuses on 22 priority states in Nigeria (11 in the north and 11 in the south).

ESMPIN contributes to USAID's development objective of improving the health of women and children in Nigeria, primarily by increasing the use of modern family planning methods and by increasing the use of child health products in Nigeria. SFH implements ESMPIN in partnership with the Association for Reproductive and Family Health (ARFH), BBC Media Action (BBCMA) and Population Services International (PSI).

This publication compiles abstracts developed by ESMPIN consortium partners and collaborators, as well as staff of various government ministries, departments and agencies supported by the project. The abstracts were presented at several regional and international family planning and child survival-related conferences and were also published in various national and international journals.

The conferences include:

- 2016 International Conference on Family Planning, Nusa Dua, Indonesia

- Nigeria Family Planning Conference 2016
- 2015 American Society of Tropical Medicine and Hygiene 64th Annual Meeting, Philadelphia, Pennsylvania, USA
- Nigeria Family Planning Conference 2014
- 2013 International Conference on Family Planning, Addis Ababa, Ethiopia

The abstracts provide information on effective family planning and child survival, as well as support information and services for reaching the most women and children. The work presented in the abstracts includes best practices, lessons learned, and recommendations in improving and increasing access to family planning methods and services; and improving knowledge, attitude, perception and practices of healthy behavior.

Not all of the abstracts are based on ESMPIN project data, but ESMPIN did provide technical, institutional and individual support to develop and present the abstracts at regional and international conferences and for publication in various family planning-related journals.

This book of abstracts recognizes the important contributions of the project staff, partners, and collaborators who worked towards achieving the vision of healthy women and children in Nigeria.

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The abstracts provide information on effective family planning and child survival, as well as support information and services reaching the most women and children.”





DEMAND CREATION

► DEMAND CREATION ACTIVITIES UNDER THE INTEGRATED HEALTH ESMPIN project were designed to focus on the provider and the consumer. While provider BCC (PBCC) and mass media activities were held nationwide, the community-level demand creation activities for consumers were implemented across 22 priority locations in Nigeria (11 in the north and 11 in the south). These include Abuja, Adamawa, Akwa Ibom, Bauchi, Cross Rivers, Delta, Ebonyi, Edo, Enugu, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Ogun, Lagos, Oyo, Ogun, Rivers, Sokoto and Zamfara.

The project conducted detailed activities, PPMV trainings, clinical presentations, use of below-the-line materials and leave-behind IEC materials for demand creation across providers. As for community-level demand creation activities for the consumer, the project planned and implemented the IPC and CBD program targeting men and women of reproductive age; developed and distributed IEC materials to the same target group; and used mass media.

With regards to ESMPIN's demand creation activities, abstracts were developed and presented at conferences to showcase our work.

ABSTRACT

Facilitating Knowledge, Access, FP Product Availability and Service Uptake Through Community-Based Distribution

AUTHORS: Ogechi Onuoha, Aliyu Guraguri, Mukhtar, Boladale Akin-Kolapo
PRESENTING AUTHOR: Ogechi Onuoha
EMAIL: oonuoha@sfnigeria.org; eronini@gmail.com **PHONE:** 08037922489
 Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

Nigeria presents a challenge to programmers because of the country's wide-ranging cultural, religious and political contexts. Disparities are apparent between the north and the south. Research has shown that many rural areas, especially in the north of Nigeria, do not have access to medical retailers. In the north, communities and households are widely spread geographically and less densely populated than in the south and women are less likely to seek care outside their homes. The community-based distribution approach provides key distribution channels for FP and MNCH products and health information for families living in these locations.

Objectives

Bridge accessibility, availability and affordability gap and increase FP products uptake in hard-to-reach communities.

Methodology

Since 2011, the Expanded Social Marketing Project in Nigeria has worked in four northern states: Katsina, Jigawa, Kebi and Zamfara, where it implements the community-based distribution strategy in 64 local government areas, covering at least 10 wards per LGA. The project worked

with community and religious leaders to identify trusted community members. These trusted community members are trained as community-based distribution agents who conduct one-on-one and group interpersonal communication (IPC) sessions and distribute family planning and child survival products in the project communities. They are residents in the communities and are able to reach women in purdah. For FP, these agents issue referral cards to willing contacts who visit the closest health facility for family planning counseling and method uptake. The agents also carry non-ethical family planning products, such as the pill, which is sold at little mark-up price to already initiated users. The services of the CBD agents create awareness and generate demand for FP services, and make the products accessible and available to women who ordinarily would have been discouraged by product unavailability.

Results

The project has reached 6,582,840 contacts through IPC as of June 2016. Of these numbers, males are 3,081,556 and females are 3,501,284. The strategy has improved knowledge and understanding of the benefits of child spacing in the communities and uptake of services by women in the communities.

Conclusion

The ESMPIN experience shows that CBD is a proven means for bridging the accessibility, availability and affordability gap in increasing FP products uptake. The networks represent a viable medium of sustaining the strategy.



The services of the CBD agents create awareness and generate demand for FP services, and make the products accessible and available to women who ordinarily would have been discouraged by product unavailability."

ABSTRACT

Contraceptive Information and Access Among Youths: Findings From Bauchi State

AUTHOR: Gbue Denen Daniel
PRESENTER: Gbue Denen Daniel, Society for Family Health, No. 8 Port Harcourt Crescent, off Gimbiya St. Area 11 Garki, Abuja, Nigeria
EMAIL: dangbue2@yahoo.com, dgbue@sfnigeria.org **PHONE:** 08066773092. Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, November 26-28, 2014

Background

Youths, especially female, experience a high risk of unplanned pregnancy because of their limited knowledge about contraceptives. Knowledge of contraceptives and contraceptive use are important indicators of sexual health among youth. Youth have the right to lead healthy lives. They should have access to the tools they need to protect their health—including access to condoms, contraception, and the full array of reproductive health care services. The study used the United Nations' definition of youth "as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States." The study uses the age range of 15 and 24 years to test the hypothesis of the study.

Main research question/hypothesis and program area

The purpose of this study was to test the hypothesis that "youths lack knowledge of contraceptives and access to contraceptives." The study used questionnaires to test the hypothesis.

Methodology

The study used simple random sampling to select three local governments in Bauchi State. One local government was selected from each senatorial district, namely, Bauchi south, Bau-

chi central and Bauchi north. Bogoro, Ningi and Katagum local governments were selected respectively. A total of 50 males and 50 females from each local government were selected for interviews, making a total of 100 per local government. A total of 300 questionnaires were used for the study, 150 males and 150 females. The interviews were carried out among youths between the ages of 15-24. These various sample sizes were determined on the availability and acceptability of the target populations to participate in the study. Data collection was carried out over a four-month period from February-May 2014, using a structured questionnaire administered by the research team. Descriptive statistics were estimated and multivariable logistic regression analysis was used to access contraceptive information and access among youths. SPSS was used for data analysis.

Results/key findings

Findings from the study indicated that 89% of youths knew at least one method of family planning, while only 11% knew more than two methods. 72% did not know that condoms were a method for family planning and so did not know that condoms are used for dual protection. 20% had ever used contraceptives while 80% had never used contraceptives. Out of the 20%, less than 10% acquired it from a provider in the hospital, 56% received it from PPMVs, and 35% said they got it from friends and peer groups. The study also indicated that 83% of youth wanted knowledge of contraceptives and their use, but 74% said they felt more comfortable discussing contraception with friends than providers because providers sent them away, saying that FP was not for youths. Findings from the study revealed that there were no youth-friendly centers that offer FP counseling and services to youths.

Contribution to knowledge

Policymakers and program managers can develop programs that more effectively respond to contraceptive knowledge and needs of youths.

Conclusion

In conclusion, the study is a clear indication that youths who are supposed to be the leaders of tomorrow lack knowledge and access to contraceptives which would help guide and protect their future. There is a need for involving the youths in policies and programming of family planning in Nigeria.

ABSTRACT

Fear of Side Effect as a Barrier to Long Term Contraceptive Use in Ogun State, Nigeria

AUTHOR: Awolaran O, Ogbondeminu F. O, Adebayo E.S **PRESENTER:** Awolaran O, Society for Family Health, 2B, Oyetola Street, Off Ajanaku Street, Off Salvation Road, Lagos State, Nigeria **EMAIL:** segunawolaran@yahoo.com **PHONE:** 234-806-000-2005. Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, November 26-28, 2014

Background

Many studies have used large scale survey data to determine the socio-economic and cultural characteristics which may act as determinants of individuals' contraceptive behavior. In doing so, they have identified several barriers to contraceptive use. One issue consistently raised in such studies in Sub-Saharan Africa is the non-use of contraceptive methods due to fear of side effects or detrimental health effects. This study explored the fear of side effects as a barrier to the uptake of modern long term contraceptives among women in Ogun state.

Main Research Question

Is the experience of side effects among women in Ogun state real or rumored? This was determined by the number of women who have either experienced a side effect from using a contraceptive or have seen someone who has experienced a side effect.

Methodology

This descriptive cross-sectional study carried out in Ogun state, Nigeria was conducted between June and October 2013. A multi-stage sampling technique was used to select the respondents from one local government, each from the three senatorial districts in the state. A total of 515 pre-tested semi-structured questionnaires were administered, sorted out and analyzed using SPSS statistical package. The study population were women attending the antenatal and immunization clinics in primary health facilities in the communities.

Results/key

94% of the respondents had heard of child spacing and their major source of information was from health workers (58.5%). 62% of the respondents had used one form of child spacing method or the other before, while more than half of the women (54.1%) had heard of side effects of child spacing methods but only about 21% had experienced one form of side effect or another. Another 45% of the respondents claimed to have seen someone with a side effect of child spacing. About 58% said they are scared by the side effect information. There is no statistically significant association between the level of education of the respondent and if they have ever used a child spacing method in the past.

Contribution to Knowledge

It can be said that the way people 'perceive' potential side effects is based on the second-hand relating of experience rather than past negative personal experience.

ABSTRACT

Interpersonal Communication: Increasing FP uptake in 3 Northern Nigerian States

AUTHOR: Gbue Denen Daniel

PRESENTER: Gbue Denen Daniel, Society for Family Health, No.8 Port Harcourt Crescent, off Gimbiya St. Area 11 Garki, Abuja, Nigeria

EMAIL: dangbue2@yahoo.com, dgbue@sfnigeria.org **PHONE:** 08066773092.

Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, November 26-28, 2014

Background

The study assesses the role of IPCAs (Interpersonal Communication Agents) in increasing family planning uptake in three northern Nigerian states, where the CPR (Contraceptive Prevalence Rate) is very low, ranging from 0-4%, compared to the south which ranges from 20-50%. It is believed that most community members want FP but lack correct knowledge and have a lot of myths and misconceptions about FP. The study assesses the use of interpersonal communication agents to increase FP uptake by bridging the gaps between knowledge and practice of family planning in northern Nigeria using interpersonal communication.

Main research question/ hypothesis and program area

The assessment was based on the USAID Expanded Social Marketing Project in Nigeria (ESMPIN) community intervention strategy of IPCA's activities to disseminate information on malaria, diarrhea, nutrition and family planning, thereby improving knowledge, attitude, perception and practice of healthy behaviors. IPCAs are recruited and trained to work for a period of six months within their communities, conducting interpersonal communication of FP. The ESMPIN IPC community intervention is carried out in 15

states and the federal capital territory in Nigeria, namely: Kano, Kaduna, Sokoto, Adamawa, Bauchi, Lagos, Ogun, Oyo, Port Harcourt, Cross River, Edo, Enugu, Imo, Delta, Akwa Ibom and Abuja. IPCAs were used as a mechanism to drive demand for FP services and uptake.

Methodology

The study was the assessment of three northern Nigerian states: Bauchi, Kano and Sokoto using referral health facilities within IPC intervention communities as a case study. It covers the period of IPCA intervention from July-December 2013. The IPCAs conducted one-on-one and group sessions with community members after which referral forms were issued to visit health facilities for FP counseling and uptake. The data source of the study is from the health facilities' FP register. The study assesses the number of FP uptakes before the intervention (baseline) and six months after the intervention (end line) to see if there was any significant increase in FP uptake as a result of the IPCAs activities.

Results/key findings

Findings from the study indicated an increase of over 100 percent in FP uptake at referral health facilities. This is a clear indication of the IPCAs direct impact within the communities of intervention. The study results from referral facilities shows; Bauchi (Baseline uptake = 111, end line uptake = 885 making and increase uptake of 797%), Kano (Baseline uptake = 107, end line uptake = 613 making and increase uptake of 909%) while Sokoto (Baseline uptake = 481, end line uptake = 613 making and increase uptake of 127%). This traced back to the FP registers as a result of those who received referral forms and went to the facilities for FP uptake. The increase in FP uptake indicated that interpersonal communication provided better knowledge and information about FP, thus leading to uptake.

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It is believed that most community members want FP but lack correct knowledge and have a lot of myths and misconceptions about [it].”



Contribution to knowledge

The use of IPCAs as interpersonal communicators on FP within communities will help address the issue of low CPR, especially in northern Nigeria. The use of IPCAs provides privacy for clients to discuss FP because IPCAs meet them in the comfort of their homes or businesses. Clients ask questions freely about various methods, myths/misconceptions and their side effects before visiting the health facilities.

Conclusion

The use of IPCAs is a best practice to address FP knowledge and usage in northern Nigeria and in any other country where FP faces challenges ranging from tradition and culture, to religion and illiteracy. Interpersonal communication allows for direct feedback.

ABSTRACT**Interpersonal Communication (IPC); A Strategy to Increase the Acceptance of Family Planning**

AUTHOR: Dave-Agboola I.O; Okafor Uchenna; Society for Family Health

PRESENTER: Dave- Agboola I.O

EMAIL: tumi.lade@gmail.com

PHONE: 08032449243, 08129940476
Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, November 26-28, 2014

Background

The awareness on family planning has increased over the years, but in spite of this acceptance has remained low due to fear of side effects and return to fertility. This poor acceptance has had many drastic consequences ranging from maternal mortality to poor socio-economic conditions. This intervention aimed to improve the knowledge of men and women of reproductive age on family planning.

Program area

Increasing the acceptance of family planning through Behavioral Change Communication

Methodology

The intervention site was Agege local government area, Lagos state. Thirty interpersonal communication agents were trained and deployed into the community to work for a period of six months educating people on family planning in order to dispel the fear of side effects, return to fertility and the benefits of family planning. Referral cards were issued to the target audience to accept family planning methods. The target audience were men and women of reproductive age.

Results

The interpersonal communication agents on the intervention reached 119,200 men and women of reproductive age with family planning messages and the benefits of planning their families using modern contraceptive methods. 23% of the individuals reached with FP messages accepted referrals to FP facilities within the vicinity and about 15% of those referred adopted a family planning method as a result of the intervention.

Contribution to knowledge

The use of modern contraceptive methods can be significantly increased by the use of interpersonal communication (IPC) as a behavior change strategy. Specific individual barriers to family planning uptake can be addressed directly using this method and scale up is recommended, especially with youths.

Conclusion

Interventions to increase uptake of modern contraceptive methods should incorporate the IPC strategy to improve the acceptance of family planning among target populations.

ABSTRACT**Assessment of Interpersonal Communication (IPC) As a High Impact Model to Promote Family Planning Uptake in Nigeria**

AUTHORS: Temple Jagha, Etim Nnanke, Nkiru Awogu, Isa Babale **PRESENTER:** Temple Jagha. Presented at 2013 International Conference on Family Planning, Addis Ababa, Ethiopia, November 12-15, 2013

Significance/background

IPC is largely recognized as a community-level model to influence behavior change, together with other strategies such as subsidized sale of products, clinical practice and use of mass media. IPC interventions focused on the advantages of face-to-face contact, the ability to tailor information to a client's needs and the power of persuasion and social influence. Society for Family Health Nigeria employs IPC as a high-impact strategy to move individuals from simply being knowledgeable about a concept like family planning (FP) to uptake of a method and continued practice of the new behavior.

Main question/hypothesis

This evaluation sought to establish the appropriateness and success of the IPC strategy in the areas of design, implementation and results. In other words, how has the IPC intervention influenced changes in behavior towards increased uptake of contraceptive methods in specific locations in Nigeria?

Methodology

This study was conducted between August and September 2012. A desk review of activity results, facility service statistics, and mixed method qualitative approach (including focus group discussions (FGDs), key informant interviews (KIIs), participatory

learning and action (PLA) techniques of pairwise ranking and flow diagrams) was used for data collection. Twenty-six PLA sessions were conducted, 11 with men and 15 with women. Six KIIs each were conducted with health communication coordinators, facility providers and community leaders. Following FGDs, participants paired and ranked various issues based on criteria they set to identify the issue of most prominence. The most prominent issues were then used to construct a flow diagram of causes, consequences and solutions. A multi-stage sampling technique based on the six geopolitical zones (clusters of six states grouped as north west, north east, north central, south west, south east and south south zones) in Nigeria was used to identify study locations. One state each, from the six geo-political zones, was selected for this study and three IPC intervention localities in each state were visited.

Results/key findings

Findings showed that IPC helped to effectively deliver FP information to community members, and these appeared more accessible within communities. Community leader and male partner involvement increased the target group's understanding of the benefits and need for FP. Findings showed also that referral linkages were strengthened by IPC agents. This is elucidated by the target group's ability to identify community-based referral facilities, thereby reducing complaints about distance/transportation costs. Use of flip charts, messages accompanied by pictures, was overall reported as facilitating better communication of FP information in communities. IPCAs activities led to increased demand to stock contraceptive methods that are legally allowed to be sold off-the-shelf by patent medicine vendors. Thus, there is an increase in update of FP methods as observed

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The use of modern contraceptive methods can be significantly increased by the use of interpersonal communication (IPC) as a behavior change strategy.”

in facility records based on community access.

Three hundred IPCAs in 37 local government areas (LGAs) and 92 communities reached 989,955 people through one-on-one and group sessions in the gender ratio of 1:3. IPCAs successfully referred 65,802 women for FP services and 26,822 redeemed the referrals. Notably, 1127 women (4.2%) who visited health facilities based on these referrals obtained a FP method. This is an important success, considering that there has only been an increase of around 1% in the national CPR, which has been stagnant around 10% in the last decade.

Knowledge contribution

IPC strategies need to be tested and re-tested for effectiveness. This study provided evidence for re-design of the subsequent IPC cycle and strategy. Data from the study highlighted the need to expand the scope and scale of intervention, for instance, increasing the length of time spent by IPCAs in a community per cycle to stimulate more project outcomes. The IPC cycle was increased from four months of activities in a community to six months. The number of IPCAs was slightly increased and use of information, education and communication (IEC) materials increased. In other words, IPCAs used more of counseling flip charts, information brochures, and education posters to communicate messages.

ABSTRACT

Drivers and Barriers of Modern Family Planning (FP) Contraceptives Method Use in Nigeria

AUTHOR: Temple Jagha, Joseph Inungu, Isa Babale **PRESENTER:** Temple Jagha
Presented at 2013 International Conference on Family Planning, Addis Ababa, Ethiopia, November 12-15, 2013

Significance/background

Nigeria's maternal mortality rate is high at 546 per 100,000 live births (NDHS 2008). Studies show that countries with low contraceptive prevalence rates (CPR) are countries with high maternal mortality ratios. This is true in Nigeria where knowledge of modern contraceptives is high (72% all women, 90% all men) but the national CPR among all women is low (15% all methods; 10% modern methods), and the total fertility rate is 5.7 children per woman (NDHS, 2008). This high CPR is attributed to women's inability to access birth spacing contraceptives. Contraceptives are sometimes too expensive, unavailable and not easily accessible to many segments of the population. There is a lack of information on the benefits of family planning (FP), as social and cultural misconceptions are pervasive in many areas.

Society for Family Health/Nigeria implements FP/MNCH programs using strategies that develop commercial markets for the benefit of the poor and ensure that products are available to meet demand in the lowest wealth quintiles. This study highlights socio-cultural influences on contraceptive methods use, and the economic impact of access. Findings from the study aided in developing marketing and behavior change communication plans to increase access to and use of contraceptive methods in Nigeria.

Main Question/hypothesis

The purpose of this study is to use the framework for qualitative studies in social marketing (FoQUS) to determine what motivates and obstructs women from using contraceptive methods. FoQUS provides a unique opportunity to build familiarity with the target audience and the specific contexts where behavior change takes place.

Methodology

FoQUS is a qualitative study employing in-depth, one-on-one interviews and photo

narratives with the study population. This study was conducted between June-July 2013. A sample stratified by FP use (current FP users, FP method switchers, ever users, and never users, all female) and age (aged 20-25 and 30-40 years old) was targeted. Based on existing studies such as the NDHS 2008, and basic social influences (marriage, religion, etc) on women's contraceptive method use, a sample of male spouses of FP users/non-users was also selected to get an insight into social factors from a male's perspective.

Multi-stage sampling, based on existing clusters of six geo-political zones (GPZ), containing six states each, was used to sample study locations and sample population. One state from each of the six GPZs and one out of three senatorial districts in each state was selected. Within the selected senatorial districts, one urban and one rural locality were selected to implement the study.

Results/key findings

According to respondents, the driving force behind contraceptive method use is difficult economic conditions, which lead families to plan their desired number of children. Child spacing is seen as a means of enhancing good health and well-being of family members. In addition, the need for dual protection (simultaneous prevention of pregnancy and sexually transmitted infections) also drives the use of condoms. Many interviewees report that contraceptive methods are easily accessible, cost effective and easy to use for the prevention of unplanned pregnancy.

Across study sites, a major barrier to contraceptive use is men's reluctance to accept and support use of contraceptives by their spouses. This reluctance is primarily due to inadequate information or misconceptions related to effects of contraceptive use; for instance, perceived side effects such as infertility, the belief that FP causes cancer, weight gain and menstrual disruptions. Many

interviewees reported dissatisfaction with condoms as a FP method because they reduce the pleasure of skin-to-skin contact during sex. Finally, interviewees state that providers' bad attitudes, for instance, nastiness, impatience, stigmatizing FP users as promiscuous and the concomitant poor quality of FP services provided are considerable barriers.

Knowledge contribution

FoQUS collects data describing the target population in a way that gives essence to the data, therefore, bringing the target population to life. FoQUS highlights the contextual factors influencing women's use or non-use of contraceptive methods. Men and women continue to harbor misconceptions regarding the use and effects of contraceptive methods, where these methods are available. Most men do not support their spouses use of contraceptive methods because it appears they think the disadvantages outweigh the benefits. Peer group influence still happens; women reported that more of their peers would use contraceptive methods if the husband agrees to let them use. The study, therefore, shows that it is important to target male spouses as a target population in order to increase FP use. With ubiquitous misconceptions regarding FP methods and use, more appears to be required in the area of information, education and communication (IEC). People do not seem to be appropriately informed about methods and benefits or contraindications of different methods. These they misconstrue as negative effects.

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... women reported that more of their peers would use contraceptive methods if the husband agrees to let them use it.”



CAPACITY BUILDING

► A BRIEF INTRODUCTION ON CAPACITY BUILDING AND THE NATURE OF ABSTRACTS published under it: this is one of ESMPIN's core strategies in achieving its overall objectives by strengthening the capacity of both field agents and healthcare providers. ESMPIN's capacity building activities included trainings and meetings which served as suitable platforms to update or correct gaps observed during interventions. With regards to ESMPIN's capacity building activities, abstracts were also developed and presented at conferences.

ABSTRACT

Improved Uptake of Modern Child Birth Spacing Methods Through Provider-Balanced Counseling Meeting in Ajeromi-Ifelodun LGA, Lagos State

AUTHOR: Onyedikachi Ewe

PRESENTER: Onyedikachi Ewe

EMAIL: dikachi01@yahoo.com;

PHONE: 08030523557

Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

The contraceptive prevalence rate in Nigeria still ranks among the lowest in the world at 10%. This is attributed to poor accessibility of family planning services, social support and provider skills. To address these challenges, the United States Agency for International Development (USAID) designed the Expanded Social Marketing Project in Nigeria (ESMPIN). ESMPIN has been working in the family planning and reproductive health sector in Nigeria since 2011 to create demand for modern child spacing methods and child survival products. The project uses Interpersonal communication (IPC), specialized sessions and male involvement meetings among other strategies.

Description of Activity

ESMPIN IPC program was implemented in Ajeromi Ifelodun LGA within a six-month intervention cycle (January to June 2016). Five referral health facilities for family planning services were selected within the intervention communities. Referral forms issued to willing IPC contacts were retrieved on a weekly basis, analyzed and documented.

However, to improve provider skills, a

provider-balanced counseling meeting was held with these health care providers in the third month of the cycle. The meeting helped build the capacity for proper FP counseling using standard guidelines.

Result/key findings

In the first and second month of intervention, uptake was lowest (54 and 125 for January and February, respectively) but steadily increased after the third month once providers were coached on balanced counseling strategy (BCS). The trend in method uptake showed a substantial and steady increase in the number of clients taking up a method after the BCS update with figures of 458, 469, 480 623 from March to June.

The providers meeting also addressed other FP challenges such as the cost of FP services, provider absenteeism, stock out issues and others.

Conclusion

Balanced counseling is key to family planning method uptake. This can only be achieved by continuous training of health care providers. Provision of consumables should also be made to health care providers alongside the free commodities in the public sector as a means of driving down cost of FP services. This will encourage method uptake among clients who are willing to take up a method but cannot afford to pay for these consumables.

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Balanced counseling is key to family planning method uptake. This can only be achieved by continuous training of health care providers.”





SERVICE PROVISION

WITH REGARDS TO ESMPIN'S SERVICE PROVISION ACTIVITIES, ABSTRACTS were also developed and presented at conferences. The SFH strategy for improving the access to child spacing and child survival commodities involved a robust commodity logistic plan. The ESMPIN project leveraged the SFH supply chain platform built over a relatively long period of time and with a track record of widespread distribution, to the admiration of many donors.

The ESMPIN project approach to improve access to commodities at the consumer level are the product sales/distribution to service delivery points and direct service provision through community health extension workers (CHEWs) and community-based delivery agents (CBDA)—the latter led by the ARFH team.

CHEWs who were not employed were identified within intervention communities and trained to conduct ESMPIN IPC. They were further trained on FP service provision with curriculum designed from the FMOH CHEW Training Manual. Trained CHEWs offered family planning commodities that included condoms, oral pills, emergency contraceptives, CycleBeads and injections. The CHEWs went through the intervention communities conducting IPC sessions and providing counseling and on-the-spot service for IPC contacts willing to take up a short or medium term FP method, thereby saving the contacts transport cost (time and money) incurred when referred to the health facility. The CHEWs also work closely with referral HFs to refer contacts who desire long term (insertion) methods as well as to dispose of wastes.

Regarding ESMPIN's activities on service provision, several abstracts were developed and presented at conferences.

ABSTRACT

Changing Patterns of Barriers to Family Planning Method Uptake in Intervention Communities of Selected States of Nigeria

AUTHORS: 1Ohemu Benson, 2Ijaiya Mukhtar, 1Daini Babajide, 1Fajemisin Oluwale, 1Boladale Akin-Kolapo, 1Society for Family Health, 2Association for Reproductive and Family Health

PRESENTING AUTHOR: Ohemu, Benson

EMAIL: bohemu@sfnigeria.org

PHONE: 08073896619

Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

Over the years, stakeholders in Nigeria have used several approaches to increase the modern contraceptive prevalence rate, presently estimated at 11% (NDHS 2013), with little success. A major reason for the low uptake of family planning methods as seen in the 2013 NDHS have been barriers offered as reasons for not using a family planning method. The most common barriers have been desire for pregnancy, opposition to family planning and health concerns about family planning methods.

The USAID-funded Expanded Social Marketing Project in Nigeria (ESMPIN) worked to reduce identified barriers to family planning through information, education and communication using its interpersonal communication strategy.

Objective

This study was carried out in order to determine what changes had occurred after the implementation of the strategy in selected states of Nigeria (Akwa-Ibom, Bauchi, Edo, Kaduna, Lagos, Oyo and Sokoto states).

Method

Secondary analysis was conducted using responses from women aged 15-49 years, who were either married or in a union from two cross-sectional surveys that were held in 2011 (2002 respondents) which acted as baseline to the intervention, and 2016 (1451 respondents) to evaluate the interpersonal communication strategy.

Responses to questions on current use of family planning and reasons for not using were analyzed and compared between these two survey respondents. The surveys employed multistage sampling to select respondents across project sites. Data in both surveys was captured with a semi-structured interviewer-administered questionnaire using a personal digital assistant and analyzed with STATA 14.

Results

Results show that the major contributor to non-use of FP in the selected states was “wanting to have children.” The percentage who wanted to have children was about 40% (baseline: 38.04%, end-line: 43.93%); some reported not being in need for FP (baseline: 23%, end-line: 18.61%); and others mentioned other barriers related to several opposition to FP and method-related barriers (baseline: 26.11%, end-line: 32.9%).

Among those who had reported barriers of opposition and method-related barriers, it was observed that individuals within intervention communities had a reduced opposition to FP; approximately about 5%-point difference (baseline: 17.55%, end-line: 12.13%) and percentage of persons who mentioned health concerns/method related concerns reason rose (baseline 8.56%, end-line 20.73%).

The difference in proportion of women stating method-related reasons between

baseline and the evaluation was higher in rural areas (12.3%) when compared with urban areas (9.9%). No significant difference was noticed as regards to “opposition to FP” in both rural and urban areas. Age of respondents was also recorded to affect the change in barrier pattern of FP; with persons aged 30-39 years more influenced by IPC work.

Conclusion

The findings from this study showed that as people move from self/social opposition to FP with effective IPC strategies, they are possibly moved towards seeking methods and thus method related barriers increased. There is a need to address method-related concerns (access, cost, health concerns) especially in rural areas and among those between 30-39 years.

ABSTRACT

A Study Evaluating the Effectiveness of the Community-Based Distribution Strategy in Increasing Contraceptive Prevalence Rate in Rural North-Western Nigeria

AUTHORS: Ijaiya Mukhtar1, Daini Babajide2, Iheoma Chukwunonso2, Anibi Adedotun2, Fajemisin Wole2
1Association for Reproductive and Family Health, 2Society for Family Health

PRESENTING AUTHOR: Ijaiya Mukhtar

EMAIL: mukhtarijaiya@yahoo.com

PHONE: 08058608298

Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

The country's low contraceptive prevalence rate of 11.1% for modern methods is largely due to inadequate information, as

well as access to and utilization of quality family planning and reproductive health services (NDHS 2013). However, these figures are much worse in northwestern Nigeria (3.6%), where negative traditional perspective, religious and socio-cultural beliefs and myths about contraceptive use are deeply entrenched. This is further compounded by inadequate healthcare services in hard-to-reach rural communities.

Community-based distribution (CBD) programs have been used to bridge the gap in hard-to-reach rural areas where there is inadequate access to both public and private healthcare services. Thirty trusted members of local communities from each of the selected Expanded Social Marketing Project in Nigeria-CBD local government areas (LGA) in four North Western states of Jigawa, Katsina, Kebbi and Zamfara were trained as CBD agents (CBDAs). They were trained to conduct one-on-one and group interpersonal communication (IPC) sessions, distribute short-term family planning (FP) methods and refer individuals for long term FP methods. Four years into the project, an evaluation of the effects of the intervention was conducted.

Objective

This study evaluates the effectiveness of the CBD intervention designed to increase modern contraceptive method utilization amongst hard-to-reach rural populations of four northwestern states.

Methodology

A population-based, cross-sectional survey was conducted in two randomly selected CBD intervention communities and two corresponding contiguous control communities with similar characteristics from the same LGAs in the four states. Consequently, a total of eight intervention communities and eight control communities in eight LGAs (two LGAs per state) were selected. Based on an

“Community-based distribution (CBD) programs have been used to bridge the gap in hard-to-reach rural areas where there is inadequate access to both public and private healthcare services.”



assumption of 50% expected frequency and 95% confidence level, a minimum sample of 400 men and women of reproductive age (15-49 years) were systematically sampled in each group. The survey was conducted in May 2015, with the data captured via a semi-structured interviewer-administered questionnaire using a personal digital assistant. Analysis was conducted using bivariate analysis with significance testing using Stata 13.

Results/Key Findings

Intervention and control groups were comparable for most background characteristics: age, sex, marital status and occupation; and different for level of education and mobile phone possession. Residents of the intervention communities were more likely to be aware of family planning methods (CBD: 55.5%; non-

CBD: 32.1%; $P<0.001$), with 26.6% of them mentioning CBDAs as their source of information as opposed to 4.7% in the control communities. There was a significantly higher level of ever-use (CBD: 15.7%; Control: 3.5%; $P<0.001$) and current-use (CBD: 9.1%; non-CBD: 2.0%; $P<0.001$) of modern contraceptive methods in the intervention communities. Of those currently using family planning methods in the intervention communities, 15% mentioned CBDAs as their source of access and the key informant who suggested its use.

Conclusion

The CBD approach increased the knowledge and practice of modern family planning methods in hard-to-reach rural areas of northwestern Nigeria. An institutionalization and integration of CBD programs into existing healthcare framework represents an opportunity to sustain these gains during post-project implementation.

ABSTRACT

The Influence of IPC Supervision in Improving Access to Health Facilities for Modern Family Planning Services in Ogun State

AUTHOR: Ofoegbu C., Egbeleke O., Ohemu B., Akin-Kolapo B. **PRESENTER:** Ofoegbu C. Society for Family Health, 8 Port-Harcourt Crescent, Area 11, Garki, Abuja **EMAIL:** cofoegbu@sfnigeria.org **PHONE:** 07030968489 Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

Expanded Social Marketing Project in Nigeria (ESMPIN) implemented by Society for Family Health works in 22 states of Nigeria where it conducts demand generation activities

on maternal and child health. ESMPIN uses behavior change communication (BCC) strategy, which actively seeks to change behaviors by altering the social context in which behavior occurs. This strategy emphasizes the need to deliver messages in a phased manner in order to take audiences from “lack of knowledge,” which requires basic awareness raising activities, to “sustained behavior change” which requires specific information on services and reinforcement of the individual and social benefits of behavior change. ESMPIN uses Interpersonal Communication (IPC) to reach men and women of reproductive age (M/WRA) in order to generate demand for modern family planning (FP) method uptake, among other project areas. Occasionally during IPC sessions, quality of messages is reduced, hence, the need for supportive supervision to ensure M/WRA receive qualitative FP messaging and services.

Methodology

ESMPIN’s community IPC implementation activities run in cycles of six months. During this period, IPC is conducted by trained IPC Agents (IPCAs). These IPCAs are supervised by ESMPIN Health Communication Coordina-

INDICATOR	JAN	FEB	MAR	APR	MAY	JUN
Supervision Score Average	2.2	2.4	2.6	2.7	2.7	2.7

Persuasion Score Average	2.3	2.3	2.4	2.5	2.6	2.7
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Recall Score Average	1.4	1.6	1.7	2.0	2.0	2.0
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INDICATOR	JAN	FEB	MAR	APR	MAY	JUN
Referral Cards Redeemed Against Target	17%	23%	55%	87%	117%	113%

tors (HCCs) who assess the quality of messages delivered. Being an integrated project, topics discussed are centered on FP/Malaria for the first three months of a cycle and on FP/diarrhea for the remaining three months. The IPCAs are monitored by HCCs two or three times a month where HCCs directly observe IPC sessions and score IPCAs on different areas including persuasion of target audience (M/WRA), recall of key messages by target audience, and supervision. The supervision component comprises of building rapport with target audience, relevance of message to target audience, message delivery and functional performance. At the end of the sessions, referral cards for FP services are provided to the M/WRA upon expressing interest. Successfully completed referrals were afterwards redeemed (or retrieved) from referral facilities within the intervention communities. The data presented was collected from January-June 2016 in Ogun state.

Results

The monthly figures from Cycle 9 were analyzed to see performance trends of IPCAs. From the observation, IPCA performance seems to be improving on a monthly basis. The supervision score average showed a steady increase from 2.2 in January to 2.7 in June. A similar trend was seen for persuasion score average and recall score average. The number of referral cards redeemed against set target also showed an increase from 17% to 113% between January and June.

Conclusion

The findings from the study showed that with supportive supervision, IPCAs’ performance improved over time, contributing to more people going to referral facilities to take up modern FP methods. There is therefore a need to encourage supportive supervision during IPC sessions to ensure M/WRA receive qualitative FP messaging and services.

ABSTRACT

Expanding Availability, Access and Partnership in the Private Sector through Social Marketing

AUTHORS: Ogechi Onuoha, Boladale Akin-Kolapo, Jennifer Anyanti, Nkiru Anonyuo, Joy Ede
PRESENTING AUTHOR: Ogechi Onuoha
EMAIL: oonuoha@sfnigeria.org; Ogechi.eronini@gmail.com **PHONE:** 08037922489
Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

Nigeria has a contraceptive prevalence rate of 15% and a national plan to increase CPR to 36% by 2018. An assessment of sources of FP commodities reveals that the private medical sector is the most common source for users of modern contraceptive methods, serving 60% of users of FP. This 60% is largely through social marketing. Social marketing uses marketing techniques to influence the voluntary behavior of the target audience for health benefits. Expanding partnership and capacity of the private medical sector has the potential to increase availability of commodities, access and uptake of quality FP services in Nigeria leading to higher met needs and better CPR.

Objectives

Building private medical sector partnerships and capacity for better FP services.

Methodology

The ESMPIN project implemented by Society for Family Health (SFH) employs a social marketing model to influence voluntary adoption of positive FP behavior change among Nigerians, especially in rural and hard-to-reach communities, in order to improve their health and that of

the Nigerian society. The social marketing component has been implemented in 36 states and FCT since 2011. The project engages with patent and proprietary medicine vendors, pharmacies, private health facilities and medical professional associations. It conducts advocacy, FP/RH training, product detailing, clinical presentations, opening of new service delivery points and FP product enlistment in national drug formulary. This is done to increase provider knowledge, address provider bias, influence adoption of positive FP service delivery behavior for providers and increase FP product outlets, especially in rural and hard-to-reach locations. Data on these activities are captured on DHIS and activities are regularly evaluated through surveys to access performance and outcome.

Results

More than 14 million CYPs were generated through socially marketed contraceptive commodities. More than 5,000 new FP service delivery points have been established, and more than 50,000 PPMVs were trained on FP and reproductive health. Maintenance of a strong private sector FP logistic supply system was also developed. In addition, all relevant professional medical associations are engaged on FP, including the Nigerian Medical Association, the National Association of Nigerian Nurses and Midwives and the Pharmaceutical Society of Nigeria, among others.

Conclusion

The social marketing approach of the project is strengthening the FP private sector landscape in Nigeria, building partnerships, strengthening capacity and increasing product reach and access for FP across the nation.

ABSTRACT

Greater Impact at a Lower Cost: Prioritizing Support to Patent and Proprietary Medicine Vendors for Increased Quality Fever Case Management in Ebonyi State, Nigeria

AUTHORS: 1Victor Lara, 2Ogechi C. Onuoha, 1Martin Dale, 2Akin-Kolapo B. Nurat, 1Martin Bell 1Population Services International, 2Society for Family Health
AUTHORS: 1Victor Lara. Presented at American Society of Tropical Medicine and Hygiene 64th Annual Meeting 2015, Philadelphia, Pennsylvania, USA, October 25-29, 2015

Background

In Ebonyi state, Southeast Nigeria SFH, PSI and MalariaCare are working to improve quality integrated community case management of childhood illness (iCCM) in two local government areas (LGAs) by strengthening the capacity of 325 private patent medicine vendors (PPMV).

PPMV are often the first place people go when they seek care for basic health needs. This includes drugs to treat common childhood illnesses such as malaria, diarrhea and pneumonia, which are common causes of death among children under five years. The PPMVs have wide coverage and reach to rural localities where health facilities or licensed pharmacies do not exist. Increasingly, evidence from national surveys such as ACT Watch and the National Demographic and Health Survey show the significant roles of this cadre of private health providers in the health and well-being of the general population. This growing recognition comes with concerns over their capacity for correctly diagnosing, and correctly using drugs, as well as the overall quality of care offered by PPMVs. Large-scale support systems available for PPMVs are currently incomplete, and often do not emphasize quality of care aspects.

Methodology

The project uses two data sources to classify providers:

1. Case management performance observations to classify providers into three different groups (good, average and poor).
2. Commodity stock tracking as a proxy of caseload, to separate PPMVs into two groups according to productivity (high = PPMVs accruing 80% of the overall caseload and low = the remaining 20%).

The analysis yields a performance vs. productivity matrix that helps prioritize providers for support, focusing first on those with a higher caseload and lower performance. This classification enables a more focused and tailored monitoring effort towards those providers who will benefit the most.

The project has launched an innovative approach called Health Network Quality Improvement System (HNQIS). This system will be used to collect data to monitor, track and improve quality of iCCM at PPMV level. The system is based on the development of a District Health Information System (DHIS2)-enabled tablet-based solution that operates off an Android application and it is fully functional without internet connectivity. This technologically-driven system is principally focused on enabling supervisors and project managers to:

- ▶ Effectively plan their support visits to PPMV outlets prioritizing where support is required, and where it will have the most impact
- ▶ Undertake assessments with comparable scoring and benchmarking mechanism

“Expanding partnership and capacity of the private medical sector has the potential to increase availability of commodities, access and uptake of quality FP services in Nigeria leading to higher met needs and better CPR.”

► *Consistently and effectively provide feedback and coaching following quality assessments*

► *Monitor performance of providers over time in order to understand the return on their support efforts*

The system consists of four modules designed to support the focus areas mentioned above: Plan, Assess, Improve and Monitor, respectively. Supervisors will be using the modules to assess and improve during on-site supervision visits, using these observations to assess providers' performance in iCCM and improve PPMVs' case management through the provision of a standardized feedback.

The plan module automatically calculates the date of the next supervision visit taking into account two factors: quality (the score obtained from the on-site supervision visit) and productivity (the client load reported by each PPMV) and offers a way to prioritize PPMVs with poor quality and high client load versus PPMVs with good quality and low client load.

The data is seamlessly integrated into the monitor module that offers an overview of key performance indicators to drive strategic decision-making based on evidence at project management level.

Hypothesis

The pilot seeks to determine if providing training, mentoring and coaching to improve the capacity of PPMVs to manage childhood fevers (non-complicated cases of malaria with ACTs, diarrhea with ORS and Zinc and pneumonia with antibiotics). Strict supervision will ensure compliance to case management standards, thereby reducing the morbidity and mortality among children under five years caused by PPMVs' poor competence and lack of adequate supervision in management of childhood fevers. The pilot will equally facilitate regular commodity supply for childhood fever management to the PPMVs.

Result and key findings

The project implementation is at the commencement stage and has not generated results and key findings. However, the project has received the collaborative support of Nigeria's federal ministry of health and the support of Ebonyi state ministry of health. The commitment of 325 PPMV shop owners to participate in the pilot study has been received. The project has trained 32 state level trainers and supervisors. The training of 325 enlisted PPMVs on iCCM will be held October 2015. Case management by the PPMVs will commence following the training. The assessment of the PPMVs using the HNQIS system to monitor, track and improve the capacity of the PPMVs will commence following the training.

ABSTRACT

Strategic Partnership Linking Behavior Change Communication with Skilled Service Provision in LARCs: The Story of SFH-USAID ESMPIN and MSN-USAID FH+ in Obowo LGA of Imo State, Nigeria

AUTHORS: 1Ibekwe Samuel O., 1Kelly Ikechi Mbakwem, 1Affiah Nsikan, 2Dr. Chideraa Chukwu, 3Ikechukwu Okoro 1Society for Family Health, 2Marie Stopes Nigeria, 3Health Strategy and Delivery Foundation
PRESENTING AUTHOR: Ibekwe Samuel O.
EMAIL: sibekwe@sfnigeria.org
PHONE: 0803 3460422 Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

Imo state lacks trained health care providers (HCP) on long-acting reversible contraceptive (LARC) family planning (FP)

methods. In addition, the state government reduced its annual budget for FP consumable to a paltry hundred thousand Naira (N100,000.00). The few trained LARC health HCPs were discouraged to practice as community members advocate for lower price or free FP services. Religious beliefs which discriminate against modern contraceptives have contributed to the lower LARC adoption rate. This is reflected in the CPR of Imo state for any method at 40.6 % and modern method at 10.6%. In 2015, only 330 IUCDs and 49 implants were inserted across Imo state (DHIS).

Methodology

SFH USAID-funded ESMPIN project targets hard to reach men and women of reproductive age (WRA) in rural communities with FP Behavior Change Communication (BCC) messages in order to create a burst of demand for FP products, which are made available through SFH. Marie Stopes Nigeria (MSN) has USAID funding to implement the Family Health Plus (FH+) project with a focus on training public health providers to provide LARCs. FH+ project commenced in Imo state in February 2016.

Twenty-two interpersonal communication agents (IPCAs) were selected and trained by SFH on BCC using the dialogue framework on a colorfully-illustrated flip chat. This provided sustained mobilization from house to house, one on one and group meetings with supervision from a SFH health communication coordinator. Referrals to HFs were issued by the IPCAs to potential clients. FP registers at the HFs were used to capture uptake data while SFH retrieved dropped referral cards and cross-checked them with the HF register. MSN's FH+ project trained 120 providers from 118 facilities in 27 LGAs of Imo state for six days (four-day classroom session and two days field practicum). Training used discussions/

brainstorming sessions, illustrative lectures, individual and group exercises, role play/ case studies, simulated practice/ guided clinical activities, demonstrations and return demonstrations. After, they received three supportive supervision visits (SSV) by master trainers in their facilities. HSDF collected data from all health facilities and keyed it into the DHIS for the state.

Results/key findings

The collaboration between the two organizations has improved the acceptance of LARC in Imo state. Imo 2015 LARC data from DHIS shows 330 IUCD and 49 implants. However, between January-June 2016, LARC uptake stands at 799 IUCD and 4813 implants. This shows an astronomical percentage increase of 142% for IUCD and 9729% for implants in just six months.

Conclusion/next steps

With the knowledge and skills upgrade of the HCPs in LARC, coupled with sustained BCC messaging, acceptance of LARC in Imo state increased considerably, showing that availability of knowledge and skills impart positively on unmet needs for LARCs and otherwise. Accurate record-keeping by a dedicated manager also results in quality data and better decision-making. This model should be replicated in all communities where LARC unmet need is on the rise.

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FH USAID-funded ESMPIN project targets hard to reach men and women of reproductive age (MWRA) in rural communities with FP Behavior Change Communication (BCC) messages in order to create a burst of demand for FP products, which are made available through SFH.”

ABSTRACT

Comparative Analysis of Facility Type and Product Preferences for Family Planning Services in Two Rural Communities in Nigeria

AUTHOR: Chukwunonso Gerald Iheoma, Kelly Augustina Mbakwem

PRESENTER: Chukwunonso Gerald Iheoma, Society for Family Health, Plot LM Garden Estate, MCC/Uratta Rd. Owerri Imo State

EMAIL: iheomanonso@gmail.com
ciheoma@sfnigeria.org

PHONE: 08066131735. Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, November 26-28, 2014

Background

The types of health facilities and family planning methods available to clients have been shown to be the determinants for acceptance of family planning services. Empirical evidence shows that family planning service uptake could be accelerated if facilities and methods available match clients' preferences. To increase family planning service uptake in Nigeria, it is important to understand clients' preferences in terms of methods and facilities that provide those methods in different geographical scenarios. We compare the facility and product preferences of women of reproductive age (WRA) in two communities in Imo state.

Main research questions

We pose the following research questions: what are clients' facility preferences between public and private facilities and what are clients' preferences with respect to available long and short term family planning methods? Are there differences in facility and method preferences as a result of geographical disparities? This study will provide evidence-based results that will

reinvigorate the discourse on accelerating family planning uptake in Nigeria.

Methodology

The study was conducted in two rural communities in Imo state – Uratta (Owerri North LGA) and Mgbidi (Oru West LGA). Data was sourced from three private and eight public facilities that offer family planning services in Uratta and from six private and 10 public facilities in Mgbidi. The study covered a period of eight months, from February to September 2014. A total of 780 WRA were sampled from Uratta, while 277 WRA were sampled from Mgbidi. Comparative analysis approach was employed to analyze clients' facility and product preferences in both communities.

Results

Results showed that both communities shared similar preferences for facility type and method, though in varying degrees. In Uratta, 72% of all service uptake occurred in public facilities, while 98% of services was accessed from public facilities in Mgbidi. Similarly, both communities showed strong preference for pills—Combination 3 accounted for 50% and 35% of all products uptake in Uratta and Mgbidi respectively. Standard day methods (Cycle Beads) and injectables (Depo Provera) respectively accounted for 20% and 16% of product uptake in Uratta; and 30% and 21% in Mgbidi respectively, indicating a strong preference for these products to others.

Contribution to knowledge

This study highlights the similarities in facility and product preferences of clients in different geographical settings. Family planning programmers will now understand the importance of prioritizing public health facilities in facility selection. Concentration of clients'



product selection on a few products can be minimized by ensuring adequate sensitization of clients on product availability, benefits and challenges associated with their use.

Conclusion

Expanding and sustaining family planning programs in Nigeria would require understanding the choices of potential clients regarding facilities and products. Findings from this study confirm the existence of similar facility and product preferences across different geographical settings. Programmatic implications would require extensive collaboration with public health facilities for improved service delivery. Equally, ensuring redistribution of product preferences from a few products to a wide range of them would require the capacity building of service providers on proper client sensitization on product availability and use.

ABSTRACT

Patterns and Trend in Contraceptive Use in South-South and North-Western Zones of Nigeria: 2003 – 2011

AUTHOR: Onoriode Ezire¹; Samuel Ikani²; Ajibade Theophilus³ 1, 2. Society for Family Health, Nigeria; 3 Population Council, Nigeria
PRESENTER: Onoriode Ezire, Society for Family Health, No.8 Port Harcourt Crescent, off Gimbiya St. Area 11 Garki, Abuja, Nigeria; **EMAIL:** Oezire@sfnigeria.org
Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, November 26-28, 2014

Background

Nigeria is ranked 13th among countries with the highest fertility rates in the world—5.7 births per woman on the average. Age-

specific fertility rates are as high as 121 and 225 per 1,000 for age 15–19 and 20–24 respectively. One of the factors underlying high maternal mortality rates is the low use of modern contraceptives. Only 9.7 percent of currently married women in Nigeria use modern methods of family planning. This figure, however, does not reveal important age, geographic and educational differences in Nigeria. Several efforts have been made to increase use of modern FP methods in Nigeria. Have these improved the use of modern FP methods over time?

Main questions

- *Has use of modern FP methods improved?*
- *Are there geopolitical differences in the use of modern FP methods?*
- *What demographic variables are significant in the use of modern FP methods?*

Methodology

Data for this study was obtained from four waves: the National and State Specific HIV&AIDS, Reproductive and Child Health survey (2003, 2005, 2007 and 2011). The survey is a population-based study among females (15-49 years) and males (15-64 years) living in households in rural and urban areas in Nigeria. Multi-stage cluster sampling technique was used in the selection of respondents drawn from the updated master sample frame of rural and urban localities and developed and maintained by the Nigerian National Population Commission.

Results

Almost one-quarter are age 30-39; one third lives together; 73.8% live in rural locations while 43.3% attained secondary-school education. Use of modern-contraceptives increased from 7.6% in 2003 to 10.2% in

2011, 30.6% among those with higher-education and 1.6% among those with Qur’anic education. Use increases with age but peaks at age 30-39. Rural and urban use of modern FP is 7.1% and 14.2% respectively. Use is higher among the never-married (15.0%) and lowest among those who were formally-married (5.4%).

Years ($p < .001$), educational-attainment ($p < .001$), age ($p < .001$), locality ($p < .001$), marital status ($p < .001$), and geographical-zones ($p < .001$) are significant variables that affects the use. Positive-correlation exists between use and years, education and locality. Women with at least a secondary-school education are almost three times more likely to use a modern FP method; daily pills or long lasting method compared to those without. Women in south-south Nigeria are more than three times and five times as likely to use a modern method and a condom, respectively, as compared with those in northwestern Nigeria.

Knowledge/ contribution results

The use of modern contraceptives has increased in both south-south and northwestern Nigeria. However, there are still differences across age, educational attainment, locality, geographical zones and marital status.

Despite the religious and cultural barriers associated with condoms, it is still the most preferred source of family planning (5.2%). Considering that condoms offer dual protection, scaling up the use of condoms as an FP option, especially among the never-married, is recommended.

Education attainment appears to have a positive correlation with the use of modern FP methods. It is important that female child education is promoted. Early marriage may also need to be addressed, as it reduces the chances of getting the required education useful to making informed decisions about the use of FP services.

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Despite the religious and cultural barriers associated with condoms, it is still the most preferred source of family planning (5.2%).”

ABSTRACT

Using Integrated Family Planning and HIV Care, Support and Referral Services to Reach More Males in Northern Nigeria

AUTHORS: Omokhudu Idogho; Selema Margaret Akuiyibo **PRESENTER:** Omokhudo Idogho, Society for Family Health, Abuja
EMAIL: oidogho@sfnigeria.org
Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, Nov. 26-28, 2014

Background/Objective

This paper seeks to showcase the successful outcomes of integrating family planning (FP) referral services into HIV programming amongst the male population of northern Nigeria. Northern Nigeria is characterized by early marriage, polygamy, patrilineality, and high fertility rates—as high as seven children per mother with a concomitant contraceptive prevalence rate of 3%. On account of these peculiarities, family planning is most crucial in this region which has a significant level of illiteracy, poverty, as well as few men who make the most critical decisions regarding the family.

Method

Enhancing Nigeria’s response to HIV & AIDS (ENR) program data was used to analyze the significant improvements in FP services within its HIV program in Benue and Nasarawa states. Nigeria used interpersonal communication conductors (IPCCs) from the program within three years (2010-2012) of program activity.

Results

Statistics showed that in 2011, 226 men were referred to health centers for FP services in Benue state compared to zero male referral for FP services in 2010. There was a corresponding 32% increase in referral

services the following year, 2012. Nasarawa state also showed significant increase from 0 referrals in 2010 to 771 referrals in 2012. The number of condoms distributed in Benue state between 2010 and 2011 increased by 128% from 45,242 condoms, and by 50% in 2012 to 154,255 condoms. In Nasarawa state, condom distribution increased by 21% between 2010 and 2012. In addition, there was a 319% increase in the number of IEC materials distributed between 2010 and 2012 in Benue state and a simultaneous increase in Nasarawa state from zero IEC materials in 2010 to 25,952 IEC materials in 2012.



Conclusion

Integrated family planning and HIV programming are essential to meet international development goals and targets, including the MDGs, since clients seeking reproductive health and HIV services share common needs and concerns. Integrating these services enables providers to efficiently and comprehensively address these needs. Moreover, because of socio-cultural interplays in northern Nigeria, family planning services need to focus strategically and systematically on both males and females, taking into account gender roles in their society.

ABSTRACT

Strategic Product Placement, A Core Link Between FP Intervention and Service Delivery

AUTHORS: Ibekwe Samuel O., Charles Ezebuike, Society for Family Health, Imo State, Nigeria

EMAIL: sibekwe@sfnigeria.org

Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, Nov 26-28, 2014

Aims/objectives

To establish the link between product placement and family planning acceptance using a strategically tailored product detailing approach targeting FP product sellers and providers.

Background

“No product, no program” is a popular aphorism in social development work, especially in the health sector. This saying is more apt in family planning interventions particularly because demand creation hits brick walls in a state of out-of-stock or lack of stock.

Baseline studies in Imo state southeast Nigeria show that most PHCs lack products due to political logjams with government

product distribution and logistic challenges. Private patent medicine vendors (PPMV) are not faring better, as most lack knowledge of the products, while those who do have knowledge lack access to products since they do not know where to buy them.

In view of this, the USAID SFH ESMPIN project implementing FP interventions in communities with high unmet FP needs designed a program-with-product intervention to forestall out-of-stock and lack of stock situations after demand has been created.

Methodology

PPMV sites were mapped and selected. The PPMVs were identified and selected alongside other non-traditional outlets (NTO). Programmatic intervention included product awareness and knowledge. Product placement and distribution were simultaneously carried out alongside intervention.

The PPMVs were also trained on stocking of FP and other RH products which targeted all the PPMVs within a selected geographic location at the time. They were mobilized under the aegis of their professional association. During the training, all FP products were sampled and explained. While the PPMVs appreciated the over-the-counter (OTCs) drugs, they were also warned of the legal implications of stocking and dispensing the ethical ones. The second approach targeted the service providers who were mobilized through their professional associations on zone or unit basis. This was tagged “Storming the Nightingales.” All FP products were sampled and explained. A simulated demonstration of IUCD and implant insertion was done using arm and abdo-pelvic models. The nurses took turns with simulated demonstrations. The last approach was direct detailing visits to medical doctors with product samples and explanations.

Results

From Jan 2013 to December 2013, 15 PPMV trainings have been conducted, reaching 587 PPMVs. Three sessions of “Storming the Nightingale” have been done, reaching 163 nurses. 1,095 direct medical detailing visits have been done reaching 1,095 doctors. These resulted in the following number of product placements directly and indirectly: 34,139,520 pieces of Gold Circle Condoms; 60,304 pieces of Lifestyle Condoms; 18,288 pieces of Elegance Female Condoms; 17,010 bottles of Lubrica; 3,300 units of IUCD; 472,050 vials of Duofem injection; 121,300 vials of Depo Provera injections; 121,000 vials of Noristerat injections; 2,000 pills of Norigynon tablets; 164,100 pills of Postinor 2 tablets; 12,600 pills of Pregnon tablets and 1,600 strings of Cycle Beads.

Lessons learned

Providers reported that they did not have stock-outs, while clients reported that they never visited a facility without getting a method of choice. This way, demand creation and product placement ensured method adoption.

Conclusion

From the facts above, it is evident that programmatic interventions without accompanying products is an exercise in futility, while product and program leads to method acceptance.

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Providers reported that they did not have stock-outs, while clients reported that they never visited a facility without getting a method of choice.”



ADVOCACY & COLLABORATION

► ONE CORE FOCUS OF THE ESMPIN PROGRAM AT THE NATIONAL, STATE AND community implementation level was partnership and collaboration. Apart from meetings with government and other relevant implementing partners, achieving community and spousal support was objectively sought through routine advocacy meetings with community level stakeholders. Discussions were held to find unique ways to gain the commitment of men and community leaders to promote the overall health status of families, especially in the areas of family planning, exclusive breastfeeding, malaria and diarrhea.

Given that the ESMPIN project worked hard in the area of advocacy and collaboration, various abstracts were developed to showcase activities. These were then presented at conferences.

ABSTRACT

Mobilizing Spousal Support for FP Uptake: Facilitators and Barriers to Family Planning Uptake in Nigeria

AUTHORS: Ogechi Onuoha, Benson Ohemu, Boladale Akin-Kolapo, Joshua David, Pascaline Nnorom, Kelechi Mbakwem
PRESENTING AUTHOR: Ogechi Onuoha
EMAIL: oonuoha@sfnigeria.org; Ogechi.eronini@gmail.com **PHONE:** 08037922489
 Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

Nigeria is Africa's most populous nation with a population of 173 615,0004, a total fertility rate of 6.0 and 7,173,0005 annual births. The country also has a contraceptive prevalence rate of 15%, maternal mortality at 58,000 and lifetime risk of maternal death is one in 227. A comparison of Nigeria's family planning (FP) indices shows that the country is below sub-Saharan Africa averages. In Nigeria, female use of FP methods is influenced by husbands/male partners. In communities, men are known as bread winners and hold decision-making powers, while women are perceived as implementers of these decisions, often without questioning them. Often, these men are excluded from FP programs and interventions where the majority of activities focus on women. Lack of spousal support is a barrier to acceptance and uptake of FP counselling and services. Male involvement will facilitate improved acceptance and uptake of FP.

Objectives

Increase support among men for FP and greater participation in women's health.

Methodology

The ESMPIN project implemented by SFH works in 22 states where it conducts demand

generation activities on maternal and child health. The community demand generation activities run in cycles of six months. One approach used is the male involvement sessions conducted by trained health communication coordinators (HCCs). The HCCs work through the community leaders to form male groups that did not previously exist and this intervention targets two different male groups in each community. The data presented was collected from January-June 2016.

The male sessions were organized to change social norms around male involvement in women's health. Topics discussed at meetings included role of men during pregnancy, labor and child spacing.

Referral cards for family planning services were provided to the men upon expressing interest. These male groups held planned interactions designed to increase social support. They endorsed and carried messages of greater male involvement in their community.

Results

In the 22 locations, 302 male sessions were held with an average of 20 participants per session. The strategy improved men's FP knowledge and understanding of their role in women and children's health, addressing myths and misconceptions. Men take up FP referral cards for their wives/partners and have become champions in their communities due to the information and understanding gained at the sessions. In the period, the project recorded 106,478 redeemed FP referrals and 69,950 method uptake; support from the male sessions contributed to this achievement.

Conclusion

Male involvement sessions are strengthening spousal support for women to access FP counselling services in the intervention communities.

ABSTRACT

The Role of Community Stakeholders in Facilitating Family Planning Uptake: A Case Study of ESMPIN Intervention in Cross River State

AUTHORS: Nnorom Ngozi Pascaline, Comfort Runyi Oyom **PRESENTER:** Nnorom Ngozi Pascaline **EMAIL:** passynnorom@yahoo.com
PHONE: 07030669790 Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

This study assesses the role of community stakeholders in facilitating family planning (FP) uptake among men and women of reproductive age in two local government areas (Boki and Akamkpa) of Cross River state.

Program Area

The Expanded Social Marketing Project in Nigeria (ESMPIN) is a USAID-funded project focusing on improving the health of women and children in Nigeria. ESMPIN intervention strategy involves stakeholders at the community level to advocate for family planning practices through its cycle town hall meeting (THM) and male involvement sessions to address possible barriers that can affect the overall goal of the project. These issues are: lack of trained providers, perceived high cost for FP services and decline by spouse as a result of traditional and religious norms.

Methodology

The intervention was carried out in Boki and Akamkpa LGAs of Cross River state for six-month cycles, respectively, between July 2015 and June 2016. Community structures like the WDC and faith-based leadership were carried along in the selection as well as recruitment and training of Interpersonal Communica-

tion (IPC) agents. Their job was to raise family planning awareness and refer community members to health facilities within their locality. Capacity-building forums such as town hall meetings (THM) and male involvement sessions were carried out while implementation was monitored through demand creation and service provision. Male involvement sessions were also conducted to sensitize men on their roles in family planning and to make them more supportive towards their spouses in taking up FP. Baseline and end line data for FP uptake were sourced from the family planning registers of the 27 referral facilities in the two LGAs for the period of intervention.

Results

The project witnessed an increase in number of women of reproductive age who accessed FP services from a base line of 59 in Boki (June 2015) to an end line of 3,765 by December 2015. In Akamkpa, an increase in FP uptake rose from 61 in December 2015 to an end line of 3,973 by June 2016. This was recorded from both private and public health facilities. Despite the increase in demand for condoms by males, there was also a marked increase in demand for other long-lasting methods of family planning from 59 in June 2015 to 3,353 in December 2015 in Boki and 61 in December 2015 to 3,789 in June 2016 in Akamkpa LGA, which excludes barrier methods. An enabling environment was created throughout the intervention as a result of involving of community structures from the inception. This saw a total of 16 community outreaches carried out in the period of intervention in Boki LGA and an insertion of a total number of 1,884 LARC despite the shortage of trained service providers in the LGA.



An enabling environment was created throughout the intervention as a result of involvement of community structures from the inception..."

Conclusion

Male involvement sessions and town hall meetings help address possible barriers to FP uptake by women of reproductive age. Program implementers should adopt innovative ways to engage community stakeholders for improved FP uptake in the country.

ABSTRACT

Male Involvement: A Key Factor in Promoting the Use of Family Planning Uptake Among Women

AUTHORS: Kelly Mbakwem, Samuel Ibekwe, Dr Eze Nwokoma, Affiah Nsikan
PRESENTING AUTHOR: Kelly Mbakwem
EMAIL: imbakwem@sfnigeria.org
PHONE: 08037779279 Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Introduction

The 2013 Nigeria Demographic and Health Survey (NDHS) shows that in Imo state, the contraceptive prevalence rate for any family planning method is 34.1% and for any modern family planning method was 10.7%. This indicates that the adoption of modern methods is low. In a bid to address this GAP, USAID designed the ESMPIN project, a social marketing project that contributes to USAID's development objective of improving the health of women and children in Nigeria, primarily by increasing the use of modern family planning methods and secondarily by increasing use of child health products in Nigeria. One of the project components is to ensure male participation through a series of activities like male involvement sessions and IPC sessions reaching males. Before the intervention of the ESMPIN project, the major challenge affecting the adoption of family planning was a lack of spousal support. The sessions with male

groups addressed some of the misconceptions preventing spousal support to family planning. The ESMPIN Project is designed to reach six different male groups within a cycle (six months). Each male group is reached for three months with messages on male support during pregnancy, labor and delivery, as well as family planning.

Objectives

To assess the impact of male involvement on family planning method uptake.

Method

Trained IPCAs on behavior change communication reached males within the community along with women of reproductive age. Additionally, the male groups from the communities were identified and visited during their monthly meeting. The team discussed male support for women during pregnancy, labor and child spacing for three months. Six male groups with a minimum of 20 people each were reached with targeted messages to identify and address challenges affecting spousal support.

Results

The monthly figures from Cycle 5 to Cycle 8 were summed to evaluate the performance trend after or within the third month of male involvement sessions for child spacing. It was discovered that when the IPCAs conducted sessions in the first three months, the uptake level, which was 135 on the first month, increased to 995 on the third month when it came to male involvement in child spacing. This upward trend increased until the end of the project which showed 2,061.

Conclusion

ESMPIN intervention reaching male groups has demonstrated an increase in family planning uptake. This is reflected by the increased method uptake shown in four consecutive cycles from five to eight. The male involvement promoted spousal support and complements other key factors affecting

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Before the intervention of the ESMPIN project, the major challenge affecting the adoption of family planning was on lack of spousal support.



family planning uptake in Imo state.

ABSTRACT

Building Alliances for Improved Family Planning Uptake in Nigeria: Enhancing Male Involvement

AUTHOR: Chukwunonso Gerald Iheoma
PRESENTER: Chukwunonso Gerald Iheoma, Society for Family Health, Plot LM Garden Estate, MCC/Uratta Rd. Owerri Imo State **EMAIL:** iheomanonso@gmail.com; ciheoma@sfnigeria.org – **PHONE:** 08066131735. Presented at 2014 Nigeria Family Planning Conference, Abuja, Nigeria, November 26-28, 2014

Background

Most family planning interventions tend to place low recognition on the role of men in family planning decisions during program development and delivery. This latent disregard for the decisive role of men in determining family size is based on the assumption that family planning decisions are exclusively the prerogative of women. Empirical evidence has shown that family planning programs tend to succeed with full integration of men, mainly at the program implementation level. This study evaluates the effect of male involvement on acceptance of family planning services in Imo state.

Main research questions

The study evaluates the following questions: what is the nature of the relationship between male involvement and acceptance of family planning services? What is the magnitude of the effect of male involvement on family planning service uptake? Empirical responses to these questions will influence the perception of men’s importance in accelerating family planning service uptake.

Methodology

The study was conducted in nine communities

in Imo state. Panel data analysis method was adopted and secondary data for a period of eight months, between February and September 2014. Data was extracted from the family planning records of the 27 (nine private and 18 public) health facilities that provide family planning services in those communities. Twenty samples of male contacts, male referrals and service uptakes were collected each month, totaling 160 samples. We developed a multiple regression model expressing service uptake as a function of male contacts, and referrals issued to men. We then used the ordinary least square analysis technique to estimate the parameters of the model.

Results

Results showed a positive correlation between male contacts, referrals issued to men and total service uptake. At 5% level of significance, an increase in male contacts by 1% caused total service uptake to increase by 0.43% (prob. = 0.048). Similarly, a 1% increase in referrals issued to men led to a 0.2% (prob. = 0.033) increase in total service uptake. If both male contacts and male referrals were increased simultaneously by 1%, for example, their joint effect was a 0.63% increase in service uptake. When compared with male referrals, male contacts had a greater effect on service uptake.

Contribution to knowledge

Findings from our study have highlighted the need to recognize the importance of male involvement in accelerating improvements in family planning service uptake. This knowledge remains relevant in developing family planning intervention strategies. The success or failure of any family planning program would be dependent on the extent to which men of reproductive age (MRA) are integrated

into program development and delivery.

Conclusion

The acceptance, success and sustainability of family planning programs would depend on full involvement of MRA as findings reveal that their involvement has a positive and significant correlation with service uptake. Successful interventions on family planning would require the maximization of male contacts and referrals.

ABSTRACT

Increased Uptake of Modern Family Planning (FP) Methods – Lessons from Collaboration Between Implementing Partners (IPs) in Sagamu Local Government Area (LGA), Ogun State

AUTHOR: Egbeleke O. **PRESENTER:** Egbeleke O.
EMAIL: oegbeleke@sfnigeria.org
PHONE: 08060438176 Presented at 2016 Nigeria Family Planning Conference, Abuja, Nigeria, November 7-9, 2016

Background

In Ogun state, though 99% have heard of a modern FP method, modern contraceptive prevalence rate (CPR) for women in the state was at 21.5% (2013 NDHS). Many factors have been associated with this low uptake, some of which include inadequate demand creation in communities and relatively low access to services. Recently, the Expanded Social Marketing Project in Nigeria (ESMPIN), a social marketing project funded by United States Agency for International Development (USAID) and led by Society for Family Health have worked to create demand for family planning services but results were suboptimal due to inadequate access due to cost and FP provider unavailability. A strategy for working in collaboration with a service delivery partner was therefore tried to determine if this would improve the

uptake of modern family planning methods.

Method

A strategic partnership was formed between the SFH-led ESMPIN project and a mobile FP outreach team from Marie Stopes International Organization Nigeria (MSION). ESMPIN focused on creating demand through its interpersonal communication (IPC) strategy, which is based on behavioral change communication theory. On the other hand, the mobile FP outreach team of MSION focused on service provision of Long Acting Reversible Contraceptives (LARC). FP outreaches were organized monthly in three mapped communities in Sagamu LGA. IPC agents under the ESMPIN project engaged contacts through IPC and referred willing clients to health facilities, where MSION provided FP service at no cost to the clients.

Outcome

As obtained from the FP registers of the health facilities where the outreaches took place, FP uptake more than doubled across communities within Sagamu LGA in the months when FP outreaches were conducted, compared to previous months when no outreaches were held.

Conclusion

This experience has shown that though other barriers to FP uptake exist, the number of women who took up a modern method of FP increased during collaboration with a service provider. More pronounced results have been recorded by seeking integration with relevant people, groups and institutions, rather than working in isolation.

Despite the successes recorded in implementing ESMPIN, this study shows that collaboration between stakeholders and partners remains important in achieving improved health performance, particularly between projects implementing complementary activities.

“ Empirical evidence has shown that family planning programs tend to succeed with full integration of men, mainly at the program implementation level.”

NOTES

- 1 Nigeria, (2013) National Demographic Health Survey, NPC, Abuja
- 2 Ibid
- 3 National Cancer Institute, (2005) *Theory at a Glance: A Guide for Health Promotion Practice*, available at <https://www.free-ebooks.net/ebook/Theory-at-a-Glance-A-Guide-for-Health-Promotion-Practice-2nd-Edition-2>, (accessed 13/09/16)
- 4 WHO, (2015) World Health Statistics, Geneva: WHO
- 5 UNICEF, (2013) State of the World Children's Report, New York
- 6 Nigeria, (2013) National Demographic Health Survey, NPC, Abuja
- 7 WHO, (2015) Trends in Maternal Mortality, WHO, Geneva

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USAID

▶ We partner to end extreme poverty and promote resilient, democratic societies while advancing our security and prosperity.

Society for Family Health (SFH)

▶ SFH is an indigenous, nonprofit, non-political, non-governmental organization in Nigeria with a mission to empower Nigerians, particularly the poor and vulnerable, to lead healthier lives. Working with private and public sectors, SFH uses social marketing and evidence-based behavior change communication to improve access to essential health information, services and products to motivate the adoption of healthy behaviors. SFH implements and demonstrates significant impact in various health fields including maternal and child health, malaria prevention and treatment, HIV & AIDS prevention, reproductive health, family planning and safe water systems. SFH also provides health products and clinical services to Nigerians in urban and rural areas, especially among the most vulnerable. SFH in collaboration with Population Services International (PSI) embraces opportunities for furthering its mission through partnerships with several international donors, Ministries of Health and other organizations to create health solutions that are built to last.

The Association for Reproductive and Family Health (ARFH)

▶ ARFH, established in 1989, is a leading fully indigenous nonprofit and non-governmental organization in Nigeria, committed to improving the quality of life of individuals and families by promoting and increasing access to quality health information and services. ARFH has a multi-skilled workforce of 170 staff with the capacity to design, implement and evaluate model initiatives, many of which have gained national and international recognition and are being replicated. Within the 28 years of existence, the organization has successfully managed and implemented over 150 innovative reproductive health and development projects across the 36 states and the FCT and other neighbouring countries, most of which have gained national recognition, shaped national responses to public health challenges and a number are presently replicated nationwide.

BBC Media Action

▶ Established in 1998, BBC Media Action is the international charity of the BBC. Working with media and communication to help reduce poverty and support people in claiming their rights, our aim is to inform, connect and empower people around the world. BBC Media Action reaches some 200 million people through local broadcast partners, BBC channels (especially the BBC World Service), online, mobile and print platforms

and through interpersonal communication. In Nigeria, we work in partnership with more than 300 radio and TV broadcasters – more than any other development organization in the country. Since 1999, we have delivered more than 16 health governance projects reaching and engaging Nigerians across all 36 states and the Federal Capital Territory. About 8.6 million Nigerians listen to Ya Take Ne Arewa in the north, a Hausa radio programme produced under the Expanded Social Marketing Project in Nigeria (ESMPIN).

Population Services International (PSI)

▶ PSI makes it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services. A global health network of more than 50 local organizations, PSI focuses on serious challenges like a lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, diarrhea, pneumonia and malnutrition. A hallmark of PSI is a commitment to the principle that health services and products are most effective when they are accompanied by robust communication and distribution efforts that help ensure wide acceptance and proper use. PSI works in partnership with local governments, ministries of health and local organizations to create health solutions that are built to last.

Go Deeper

For more ESMPIN project resources, please find the following online briefs:

ESMPIN INTEGRATED HEALTH IMPLEMENTATION PROJECT
<http://bit.ly/2mPc47Z>

SUCCESS STORIES
<http://bit.ly/2mhWcgb>

BOOK OF ABSTRACTS
<http://bit.ly/2mlclSL>

BOOK OF STANDARDS
<http://bit.ly/2mNtaD9>

TECHNICAL BRIEFS
<http://bit.ly/2mldoSC>

GUARD BOOKS
<http://bit.ly/2mSLIBb>

POLICY BRIEFS
<http://bit.ly/2m2FoHX>

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8 PORT HARCOURT CRESCENT AREA 11, GARKI, ABUJA • TEL: +234 (0) 709 822 1440, 709 822 1445, 709 822 147 • EMAIL: INFO@SFHNIGERIA.ORG

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