

FP METHOD MIX INTERVENTION





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Acronyms

ANC	Antenatal Clinic
BPC	Birth Preparedness Class
CBO	Community Based Organization
CHV	Community Health Volunteer
CPR	Contraceptive Prevalence Rate
DFID	Department for International Development
FBO	Faith-Based Organization
FCC	Female community Champions
IEC	Information, Education and Communication
IPC	Inter-personal Communication
MCH	Maternal and Child Health (Clinic)
MCPR	Modern Method Use
MOH	Ministry of Health
MOHD	The Ministry of Health Development
PSI	Population Services International
SAHAN	Somali Advocates for Health and Nutrition
SBCC	Social Behavior Change Communication
SGC	Small Group Communication
SHINE	Somali Health and Nutrition programme
TBA	Traditional Birth Attendant
TOT	Trainer of Trainers
SOM	Somalia and Somaliland

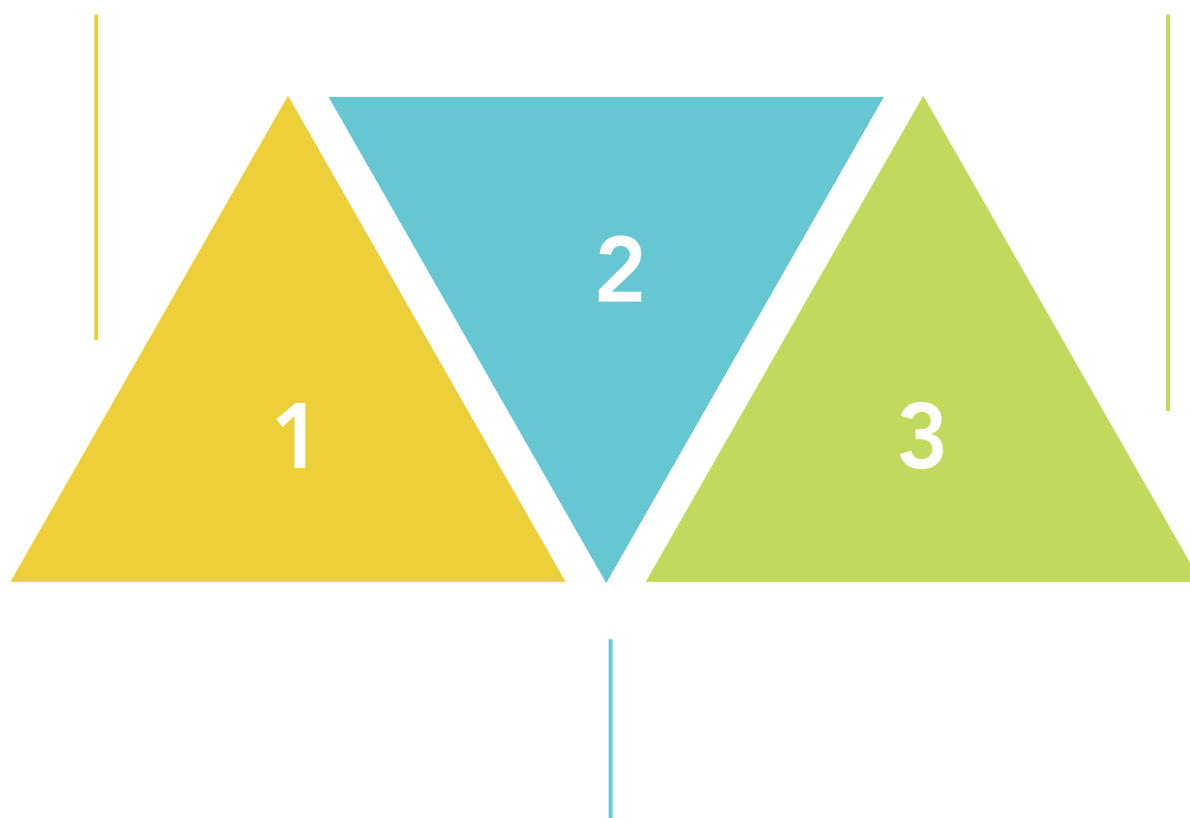


INTRODUCTION

The Somalia and Somaliland MoH and PSI are implementing the Demand Creation for Health Services component of DFID's Somali Health and Nutrition Programme (SHINE) programme dubbed SAHAN (Somali Advocates for Health and Nutrition). SAHAN is the first ever, large-scale dedicated demand creation programme being implemented in the Somali context.

Under this programme, the MoH and PSI aim to increase access to and utilisation of reproductive, nutrition, child, and maternal health services and to promote healthy behaviour change. We are using an adaptive, evidence-based, participatory design to better understand the persistent barriers to uptake of health services and health-seeking behaviour and develop and test innovations in demand creation that target the external factors which influence individual behaviour to improve the health of Somali women and children.

SAHAN's strong learning agenda is to influence the global community of practice (CoP)'s development of reproductive, maternal and child health and social and behaviour change programmes and policies in contexts like Somalia and Somaliland. SAHAN also wants to influence the use of innovative methods like human-centred design (HCD) and social network analysis (SNA) for promoting behaviour change in addition to adaptive learning and management in the Somali context.

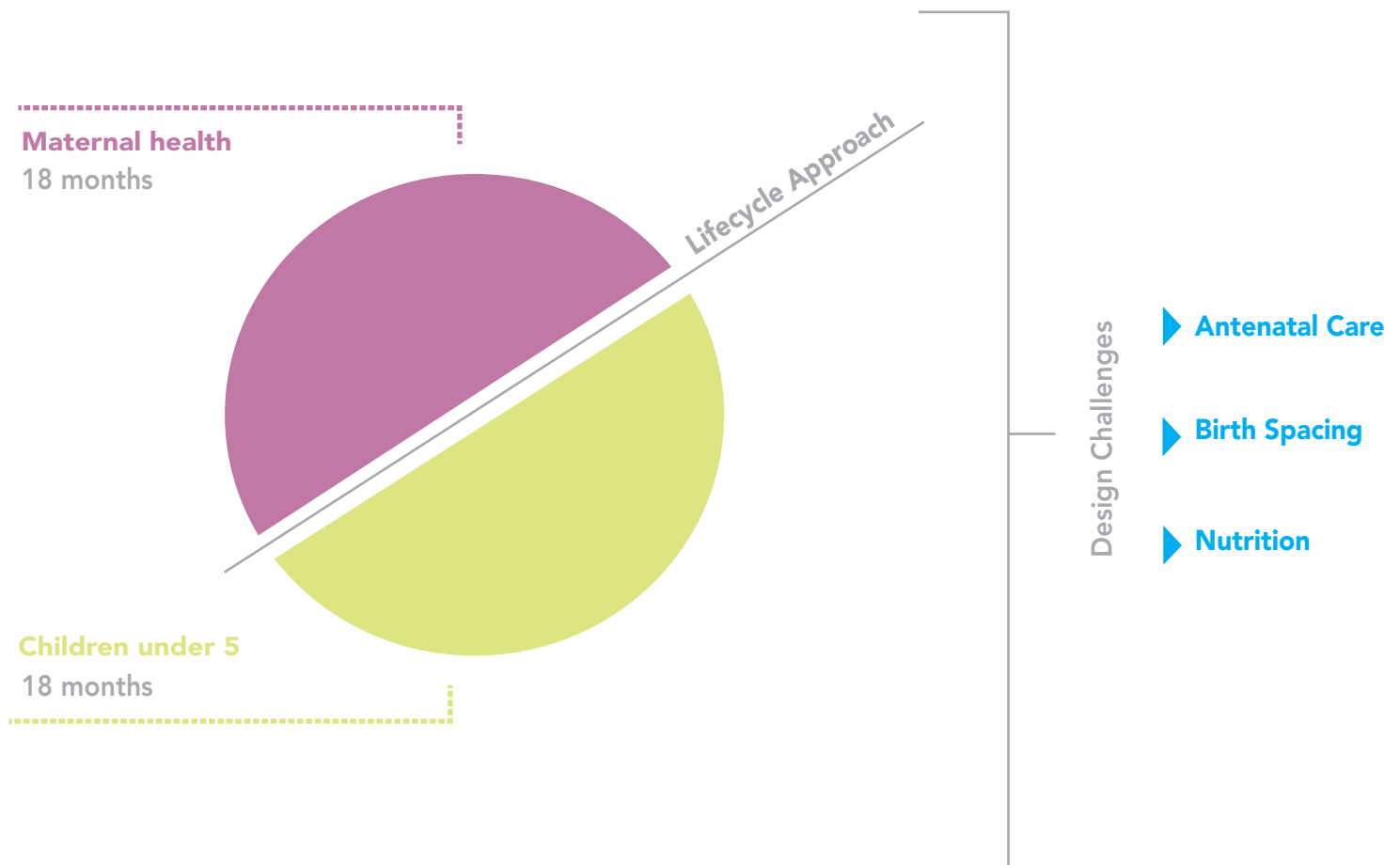


Birth Spacing

SAHAN Program Approach

This program approach involves several rounds of immersive research, which is followed by ideation, design and co-creations activities to produce prototypes. The prototypes designed are then tested and iterated until the user finds them suitable. They are also tested for scalability, desirability and feasibility, the results of which determines if and how they will be piloted. The piloting activities are carried out at a modest population scale, just large enough to provide evidence that will inform country wide scalability, and also influence the international community of practice on key learnings and best practices.

The end products from SAHAN will be used by multiple stakeholders working within the Somali context and beyond, hence proper capture, packaging and documentation of all the processes within SAHAN is of vital importance.

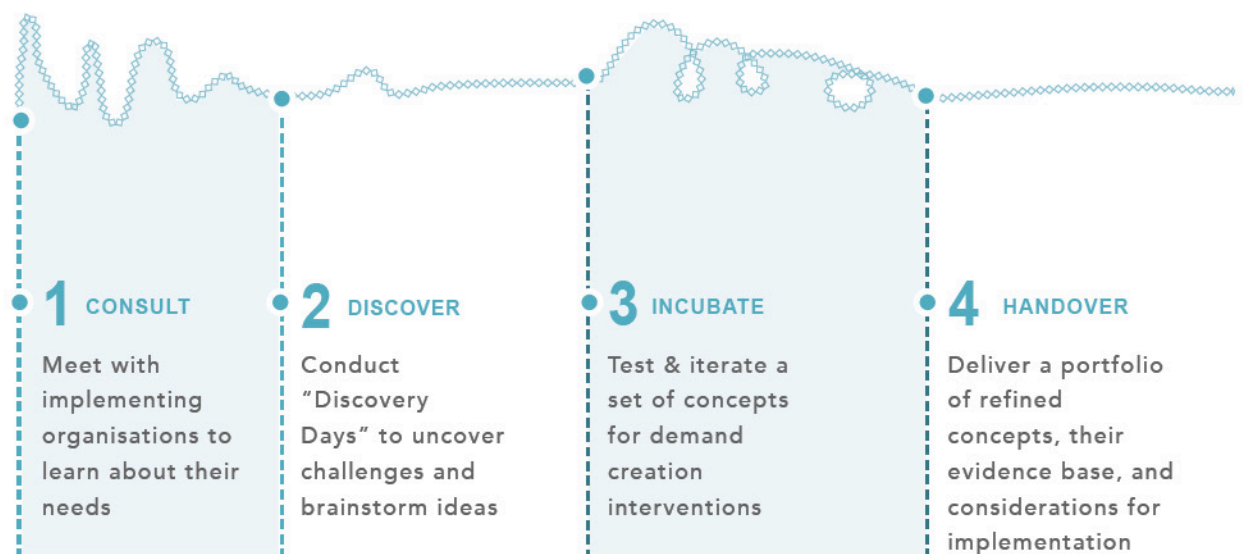




DESIGN JOURNEY

This prototype, is largely partner generated and informed and as such the testing approach is a lot more agile, capturing existing demand creation interventions that either need a larger evidence base or need refining in order to be replicable (scalable) across contexts.

TRACK 2 Partner-led, Driven by testing



FP Method Mix

The term **FP Method Mix** refers to the **range of contraceptive choices** available to a population and the **pattern of use** of these methods¹. It is widely understood that as method **choice and access** expands, so does contraceptive uptake and usage. Nonetheless, in many countries, the availability of a diverse method mix is highly constrained². Other factors that affect method mix include National Policies, availability of health facilities and trained medical personnel, provider bias, cost and user preferences.

The use pattern that emerges when client selects a method depends on the method mix provided, the quality of counselling, the client's needs and preferences and other factors listed above. In addition, method mix offered to clients has a crucial impact on client satisfaction, a factor that is vital to method acceptance and continued³ use.

It is also a known fact that client preferences are influenced by their social networks. Leveraging this knowledge for increased acceptance involves taking advantage of motivational triggers and uncovering and addressing potential barriers. Following several rounds of immersive research on the barriers to the utilization of Family planning services, some of the most reoccurring feedback from Somali women of reproductive age are:

Barriers to the utilization of Family planning services



The lack of knowledge on the importance of FP services.

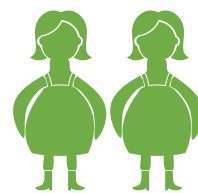


The lack of awareness on the where to source these services.

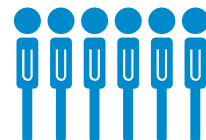


The perception that such services are expensive.

Perceived side effects and negative outcomes of modern family planning methods.



Long waiting times in public facilities.



Lack of privacy and confidentiality in public facilities.

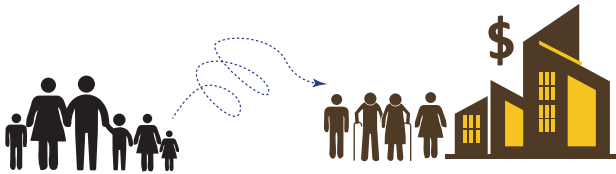
Societal stigma towards FP use.



1. Contraceptive Method Mix, Guidelines for Policy and Service Delivery, WHO 1994.
2. <http://evidenceproject.popcouncil.org/expanding-contraceptive-method-mix-and-method-choice/>
3. Contraceptive Method Mix, Guidelines for Policy and Service Delivery, WHO 1994.

Some insights and quotes from SAHAN Immersive Research

INSIGHT 1



Children are an Investment

Children are regarded as the parents' economic safety net in old age and the source of social capital for the family.

The more the children one has, the lesser the risk.

INSIGHT 2



is a **key measure of a woman's worth** to her family. The Society attaches a lot of value to a woman's ability to bear numerous children and infertile women could experience some stigma or even lose their husband to other women.

INSIGHT 3



FEAR

Fear of societal ostracism prevents husbands from supporting contraceptive use amongst their wives

INSIGHT 4



Poor service quality and the lack of privacy and confidentiality limits FP uptake in the public facilities.



WOMEN GOSSIP

Women tend to trust elder, male doctors because of the belief that women, especially female health workers, will gossip about their health concerns to other people;

SOMALILAND FP LANDSCAPE

Insights generated from the immersion phase of the SAHAN program inspired the need for PSI Somaliland to re-evaluate the Somaliland Family planning landscape. Through a co-creation workshop, the Diagnose and Decide components of the Keystone Design Framework⁴ was applied for the synthesis of insights and literature, and the design of possible solutions. A summary of the outputs are as follows:

Market Gap



Distributors find the contraceptive business unattractive due to **low profit margin and low volumes**. **Stigma** also exists in the pharmaceutical industry as a distributor's association with family planning products can limit the distributor's range of customers.

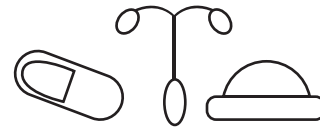


Although, PSI currently has one distributor, he still requires a lot of distribution and marketing support as capacity building.

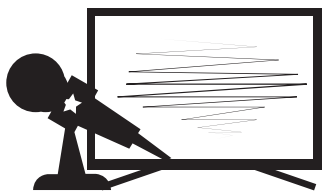
4. In 2018, PSI evolved a new approach that marries a relentless focus on consumer and social behavior change with market development. This is underpinned by the rigorous application of commercial marketing principles and deep public health expertise. The approach is built on consumer and market insights, informed by behavioral theory with focus on the vision of a sustainable market. We apply a user-centered, creative approach to design, with knack for value for money and leading through learning.



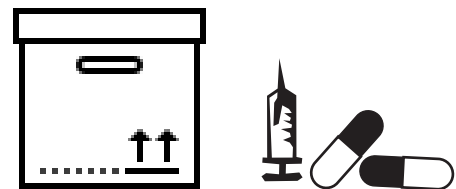
Although there is stigma in the retail end of the market, existing demand has been a motivation for pharmacies and clinics to continue stocking birth spacing products.



Both the private and public sectors lack the basic family planning method mix. The existing portfolio of products restricts the Somali woman to only Copper T, Implants, DMPA, Mini pills and COCs.



PSI is the only player in the demand creation space for FP with generic marketing and communication strategies ranging from mass media to print, social media and inter personal communication.

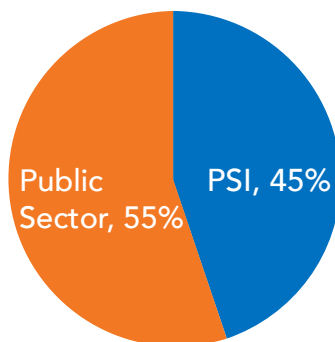


UNFPA provides all the FP commodities used by the Somaliland and Somalia public sector and has already concluded quantifications and procurements for the next 2 years to provide for the public sector alone. However, discussions with UNFPA are underway on the possibility of including commodities for private sector in subsequent forecasts and procurements as is the practice in some countries.

Market Share

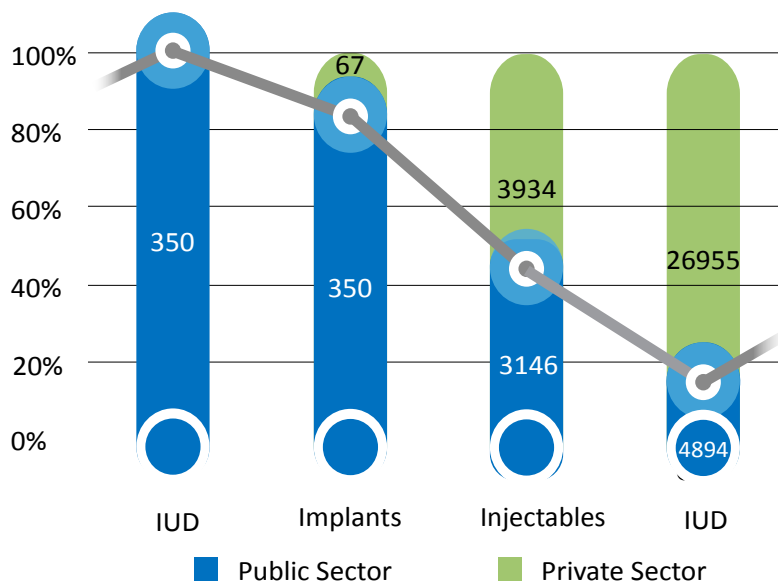
A review found that the private sector (mainly PSI) contributes 45% of the total Couple Years of Protection (CYPs) generated in Somaliland (See Figure 1 and 2).

Figure 1: Private vs Public Sector Market Share



PSI Som distributed 45% of the total CYPs generated in Somaliland

Figure 2: 2016 FP utilization data



PSI Som distributed 85% of the total CoCs and 55% of the injectables consumed in Somaliland



The health impact indicated has been further supported by user insights which show significant preference for FP services provided through the private sector. Some of the reasons include: quicker services; afternoon services are available with a method mix that encourages choice; and spousal consent is not requested as is the case with public facilities. Although spousal consent is not a requirement of the birth spacing guidelines, the practice persists in most public facilities.

Family Planning Policy in Somaliland




Somaliland has signed upto FP2020 commitments. *The Government of Somalia updated its commitment at the Family Planning Summit in London, UK on July 11, 2017.*

Anticipated Impact

1. To reach 20,000 new users by 2020.
2. Increased uptake of FP services leading to increased CPR from 2.6 to 5% by 2020.

However, there has been little traction in improving uptake of modern family planning demonstrated by the fact the Somaliland modern contraceptive prevalence rate (mCPR) remains 1.5% while unmet need for FP is 20.2%. (MICS,2015).

PSI SOMs medium and long-term plans towards supporting Somaliland MOH priorities as outlined in the FP2020 commitments:

	 Policy	 Research	 Service Quality
MOHD FP 2020 Commitments	<ul style="list-style-type: none"> • Ensure that legal policy and strategic frameworks for family planning in Somalia are in place by 2020. 	<ul style="list-style-type: none"> • Increase understanding of barriers to access, demand, and uptake of FP services in Somalia by 2020 	<ul style="list-style-type: none"> • To ensure access to quality reproductive health services, including Family Planning in emergency and crisis settings from 50% of facilities offering FP services in 2017 to 80% by 2020.
PSI SOM's FP 2020 commitments	<ul style="list-style-type: none"> • Influence Policy Shift For longer opening hours in the public sector • Inclusion of Perceived sexually inactive youth (unmarried populations & women with mental and disabilities) • Increased access to Long Term Methods (Implants and IUD) through the private sector. • Wider FP Method Mix: ECP, Sayana press, Noristerat, Condoms 	<ul style="list-style-type: none"> • Foundational work conducted through SAHAN (SHINE demand creation component). Implementation of HKH model and other prototypes to increase uptake of FP services 	<ul style="list-style-type: none"> • Improve service quality and providers skill in both public and private sector through Systemic VCAT. • Implement the HNQIS quality improvement framework. • Conduct joint Supportive Supervision with MOH



**MOHD FP 2020
Commitments**

- To decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline.

- To explore and leverage Public and Private Partnership in FP service delivery by 2018

- To strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey (DHS)

**PSI SOM's
FP 2020
commitments**

- Working with UNFPA to explore potentials of securing UNFPA products for private sector distribution¹.

- Work with UNFPA/MOH to leverage Sayana press availability for distribution through the private sector
- Maximise the potential of the private sector to ensure products easily accessed close to the consumer
- Provide long-term FP method services through private sector clinic franchise

- Report CYPs and "Modern Contraceptive Prevalence Rate for all women (mCPR AW)" generated through the private sector
- Align with the CHANGE programme's mandate to integrate modern "birth spacing" into EPHS facilities

PSI SOM FAMILY PLANNING PRODUCTS STATUS

PSI SOM remains the only private sector player in the Family Planning market across Somaliland and distributes a range of Family Planning products in Somaliland:

1. Nasiye Oral Contraceptives (NOC) – Combined oral Contraceptives
2. Nasiye Injections (NIJ) – DMPA
3. Implanon NXT

While NOC and NIJ are widely socially marketed to a network of clinics and pharmacies through a distributor (Dalsan Pharmaceuticals), the MOHD still restricts the sales of Misoprostol and Implanon to only a few selected and monitored private facilities. In this culturally and religiously unique setting, PSI SOM still boasts of brand equity for these family planning products having pioneered the provision of family planning services through the private sector in Somaliland. In contrast to PSI's child health commodities, FP product distribution to clinics and pharmacies is still being led by PSI. A team of Trade Market Representatives - previously funded by DFID (under HCS) and then USAID up till February 2019 – ensured that FP commodities could be easily accessed through the private sector.



Pharmaceutical distributors do not consider the FP portfolio worthy of investment because of the low volumes and marginal profit. Their lack of interest can also be attributed to the cultural and religious stigma associated to championing FP in Somalia and Somaliland. This situation analysis further emphasized the market gap that still exists in the Somaliland FP market and enumerated below.



HOW DO WE PLAN TO SUSTAIN THE FP PRIVATE SECTOR CONTRIBUTION

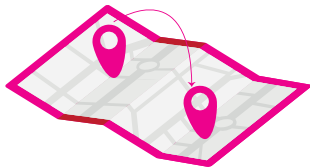
The FP Method Mix Prototype

The Somaliland public sector is not growing at a rate that would easily compliment the contributions of the private sector in the short or medium term. The evolving donor landscape and declining funding for social marketing also makes the future of FP in the private sector very bleak. Irrespectively, it is necessary for the private sector 45% CYP contribution to be sustained and improved, especially for a country with such poor maternal health indicis. While the SAHAN programme continues to design and innovate user-centred interventions aimed at improving healthy behaviours and lifestyle, sustaining these new behaviours especially with respect to FP will be subject to availability and accessibility of products and services. It is also important for the consumers to be able to make choices on what products they prefer, and where they would prefer to access them – Choice and Access.



Distribution Channels

These will remain the same i.e. through the distributor to over 180 pharmacies and private sector clinics. 2 Medical sales representatives will be engaged to carry out trade marketing and quality assurance responsibilities. We will also leverage on the distribution through the distributor's wholesale outlets and an existing network of clinics which were trained on the provision of short-term FP methods in the previous programs.



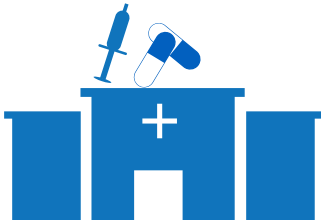
Geographic Coverage

Product distribution will primarily cover Maroody Jeex Awdal and Togdheer regions of Somaliland. However, private sector activities in Sahil as well as wholesaler activities in Sahil and other regions will also be tracked.



Marketing Intelligence

PSI SOM will continue to apply modern marketing techniques to better understand the consumer and to assess their willingness to pay as the price adjustments and other operational modifications are being executed during the transition period.



Method Mix

While sustaining the current market share of short term methods and supporting the addition of new methods like Sayana press, PSI intends to continue the support for the expansion of the long term methods in the private sector. This process will leverage on the CHANGE program which has a mandate to integrate modern birth spacing (FP) services into EPHS health facilities and is already piloting a private sector clinic franchise which has FP as part of the package of services. This road map is designed to increase the number of private facilities currently eligible to provide implant services and secure approval from the MOH for the provision of IUCDs in the private sector.

Expected Performance and Health Impact -Expanding the product range

Within the proposed 2-year period, PSI Somaliland is expected to maintain the year on year increase in private sector CYP contribution of about 20% annually as represented in the table below.

Table 2: Somaliland Private Sector FP Commodity Distribution Projections

Product	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
NOC	28800	38400	42240	46464	51110	56221
NIJ	3150	4200	4620	5082	5590	6149
Implant	270	360	396	436	479	527
IUCD	0	0	360	396	436	479.16
Sayana Press	0	0	3150	4200	4620	5082

Table 3: current forecasts indicates this model can deliver 7,893 CYPs in 2 years and over 10,253 by 2023

Product	2019 - 2021		2021 - 2023	
	Product Forecast	CYP	Product Forecast	CYP
Nasiye OC	67200	4480	88704	5914
Nasiye Injections	7350	1838	9702	2426
Implanon	630	1575	832	2079
Sayana Press	-	-	7350	1838
IUCD	-	-	756	2495
Total CYP		7,893		14,750

Conclusion

Expanding the method mix is critical, both for ensuring individual choices and equitable access, and for achieving the ambitious commitments made at the 2012 London Summit on Family Planning. PSI SOM has hence secured £120,659 from DIFD to be used as a seed revolving funds that will guarantee the continuous availability of FP commodities in the Somaliland private sector. This funds will ensure a sustenance of the distribution channel and brand equity that has been built over the years This will be achieved through the gradual removal of subsidies and minor package modifications and expansion of the product range. The new approach will not only safeguard the a continuous increase in the private sector⁵ CYP contribution, it will also enable an increased method mix in the private sector, as well as continued to empowerment of the Somali women with their product of choice from their preferred source, closest to their homes.

5. Getting to FP2020 - Harnessing the role of the private sector to increase modern contraceptive access and choice in Ethiopia, Nigeria and DRC. ICFP-PSI FPwatch. <https://t.co/iuZAbNs2LE?amp=1>





sahlan