



FPwatch

Nigeria 2015 Outlet Survey Dissemination

Photo Credits: Augustine Alemoh and Elizabeth Okunlola, Society for Family Health

Background

In 2015, FPwatch, a project of Population Services International (PSI), implemented a family planning outlet survey in six geopolitical zones of Nigeria to investigate the availability, price and market share of contraceptive commodities and services. The study results were presented at a dissemination event in Abuja on December 6, 2016. Findings included the public and private sector readiness and capacity to deliver modern contraceptive methods and services in the selected zones. This evidence is key to help inform national strategies and policies aimed at achieving the FP2020 commitments.

Overview

The Nigeria 2015 Outlet Survey Dissemination Event was held on December 6th, 2016 at the Transcorp Hilton Hotel in Abuja, Nigeria. Dr. Adebimpe Adebisi, Director of the Family Health Department at the Federal Ministry of Health (FMOH), gave the welcome address and Dr. Kayode Afolabi, Head of the Reproductive Health Division at the FMOH presented Nigeria's national FP2020 commitments. Data from the 2015 FPwatch outlet survey were shared. Event participants from **over 100 leading government, nonprofit, academic and private institutions** discussed the findings and developed relevant key action points in the areas of contraceptive availability, quality and choice. The audience also explored suggestions and considerations for potential future rounds of FPwatch. This document summarizes the event and its key outcomes.

Event Objectives

To understand the current contraceptive market landscape and to identify key recommendations to inform family planning strategies in Nigeria.

Specific meeting objectives include:

1. To present the FPwatch survey methodological approach
2. To discuss key findings of the 2015 survey regarding outlet availability, price, market share and service readiness in the contraceptive market.
3. To summarize what the evidence shows in the context of national policy and on-going strategies to address the family planning access.
4. To develop recommendations and suggested strategies and priority areas for funding based on the evidence provided by the outlet survey.



Sir Bright Ekweremadu (SFH) and Dr. Kayode Afolabi (FMOH)

Key Takeaways

Event participants were asked to discuss action items as they relate to three of the Reproductive Health Supplies Coalition's strategic pillars: **availability, quality and choice**.¹ These pillars are critical in achieving contraceptive access. Participants also brainstormed study improvement ideas for potential future rounds of FPwatch. The action items discussed are highlighted below:

Contraceptive Access

Availability

- Strengthen the supply chain to improve access for rural areas and difficult to reach populations
- Bundle commodities with service equipment (ex. Injectables with syringes)
- Monitor the cost-free public health care policy
- Scale-up training/supervision, especially for long acting reversible contraceptive (LARC) services

Quality

- Encourage the public and private sectors to collaborate and share best practices
- Strengthen and standardize data reporting
- Urge private sector outlets to collect and report data to the government
- Improve government coordination and monitoring of the private sector

Choice

- Expand method choice in PPMVs
- Work to understand the common use of PPMVs over free public outlets, the drivers of low LARC availability in certain areas, and the popularity of implants over IUDs despite a higher cost

The Future of FPwatch:

Consider an updated methodology and added indicators, including questions on commodity bundling, referrals, user experience, and socio-cultural factors affecting contraceptive access.

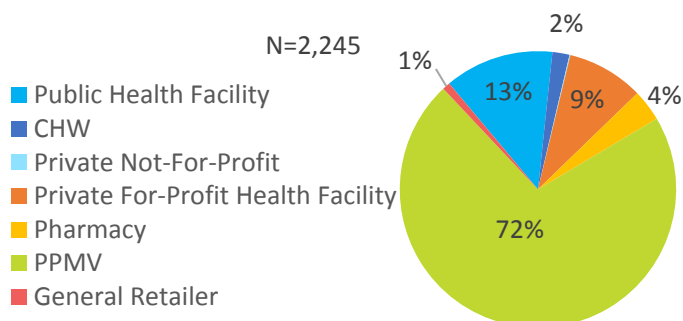


1. Reproductive Health Supplies Coalition. (2016) "Our Pillars." Available at: <http://www.rhsupplies.org/about-us/strategy/>.

FPwatch Study Results

The 2015 FPwatch Nigeria findings are detailed in a comprehensive report*, which includes the complete study methodology and sampling, along with full tables and graphs for each indicator. The abridged results were presented to event participants, and are summarized below.

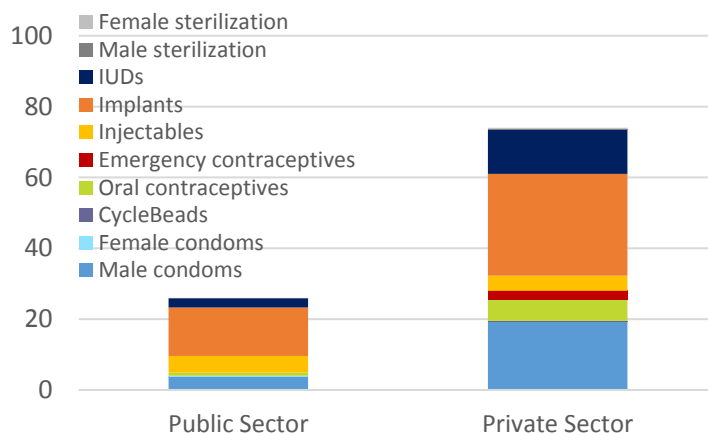
Market Composition: The private sector accounted for 86% of outlets stocking contraceptives or providing services in Nigeria, with 72% percent being PPMVs (see right). Public sector outlets were a considerably smaller proportion of the contraceptive market composition in Southern Zones compared to Northern Zones. Community Health Workers (CHWs) stocking modern contraceptives were common only in the North Central Zone.



Availability: LARC availability was largely restricted to public health facilities and private for-profit health facilities. However, even in these outlets, availability was below 25%. Over 40% of CHWs were found to be stocking injectables, while about half of public sector outlets and over 80% of private sector outlets did not stock injectables on the day of the survey.

Method diversity: Over two-thirds of public health facilities and nearly half of CHWs had at least one modern method available. Most pharmacies, PPMVs and private health facilities had at least one method available. Three or more methods were available in 80% of pharmacies, half of public facilities, one-quarter of private facilities, and 10% of PPMVs. Overall, no private sector outlets had more than 20 percent of outlets stocking three or more modern methods.

Market share: As a proportion of the total volume of couple years of protection (CYP) for all methods, the public sector accounted for about one-quarter of the total volume of CYP, almost entirely from public health facilities. The private sector accounted for nearly three-quarters of the total volume of CYP distributed. Overall, contraceptive implants accounted for 42%, male condoms accounted for 23%, IUDs accounted for 15% and contraceptive injectables accounted for 9% of the total volume of CYP distributed. LARC methods accounted for 69% of the total volume of CYP distributed in the North Central Zone, 68% in the South South Zone, 42% in the North West Zone, 27% in the North East Zone, 24% in the South East Zone and 21% in the South West Zone.



Service readiness: Over half of public and private facilities and CHWs offered contraceptive injection procedures. Only one-fifth of public facilities and one-third of private facilities offered contraceptive implant and IUD insertion procedures. Many public and private facilities did not have trained and credentialed staff available or did not have commodities available.

Price: There was little price variability among contraceptive methods between private outlets. The median price for equivalent methods tended to be higher in the South East and South West Zones. In terms of CYP, male condoms and implants were almost seven times the cost of IUDs and injectables and oral contraceptives were more than five times the cost of IUD.

*Available at:

<http://actwatch.info/sites/default/files/content/publications/attachments/Nigeria%202015%20FPwatch%20OS%20Report%20Final.pdf>

Action Items

The following, comprehensive action items were discussed based on the FPwatch results in the areas of availability, quality, choice, and the future of FPwatch:

AVAILABILITY ACTION ITEMS

- **Co-package FP commodities with medical supplies**
 - Address stock outs caused by a lack of medical equipment in public outlets by co-packaging government bulk commodities with supplies (ex. Co-packaging injectables and syringes).
- **Strengthen supply chain management**
 - Improve distribution infrastructure and monitor the supply chain to ensure a sustainable distribution of commodities to less accessible public and private sector outlets. A break in commodity supplies earlier in the year further emphasized the need for this in Nigeria.
- **Uphold cost-free care policies and monitor/support commodity availability**
 - Regulate public health facilities that charge customers for client cards and medical supplies to uphold the government's policy of free health care in the public sector.
 - Encourage the government to support local FP coordinators by actively sharing updates and communicating current gaps in commodity availability.
 - Consider strategies in the context of geographic realities. For example, ensure equitable access to commodities across the highly impoverished and rural Northern states.
 - Assess criteria for outlet readiness to provide contraceptive commodities and services to youth.
- **Build capacity and expand training**
 - Promote both basic and refresher trainings for providers and staff at all levels given that only one-fifth of public facilities and one-third of private facilities offer contraceptive implant and IUD insertion procedures often due to lack of staff credentials to provide these methods. Focus on LARC and injection service training for PPMVs.
 - Ensure that resources supporting the CHW task shifting initiative are not being diverted from other non-CHW capacity building activities, such as those that train higher-level nurse midwives.
 - Increase the uptake of workplace supervision to strengthen staff skills.
 - Include public sector providers in informal provider (IP) private sector trainings.
- **Strengthen public-private partnerships**
 - Develop cross-sector partnerships to encourage systematic collaboration and sharing of best practices.
- **Need to better understand:**
 - Why the availability of contraceptives and associated CPR in the North West is so low.

QUALITY ACTION ITEMS

- **Improve reporting**
 - Train staff on how to capture data, as data on commodity use is lacking, especially for the private sector where data is not routinely reported to the government.
 - Standardize a data reporting system for use in both the public and private sectors.
 - Consider use of FPwatch data as part of a private sector reporting mechanism that will help to more accurately monitor progress towards FP2020 goals given the magnitude of products and services provided by private providers.
- **Collaborate across sectors**
 - Create opportunities for public and private sector providers to share best practices.
 - Develop cross-sector partnerships to expand access to funding opportunities.
 - Engage the private sector in monthly government coordination meetings at the state and regional levels.
 - Expand trainings to be integrated to span both sectors.
 - Consider health from a holistic perspective that involves both the public and private sectors.
- **Consider provider attitudes and knowledge**
 - Engage with providers around their behaviors and role in strategy implementation.
 - Explore how bias and personal values affect decision-making.
- **Need to better understand:**
 - Provider behavior and decision-making both in patient counseling and provision of methods.
 - How, despite the local political crisis, the North East appears to be doing better on certain indicators compared to some other zones.
 - Region-specific findings, including the low LARC availability in South West, the low availability of commodities in public facilities in the South West despite the commodities being free, and the low CPR in North West.
 - Why women are paying to go to PPMVs for commodities and services rather than to free public facilities.
 - Why implants are more popular than IUDs despite the comparatively higher price per CYP of implants.
- **Organizations should leverage** the Save One Million Lives funding for their work addressing CPR.

CHOICE ACTION ITEMS

- **Build capacity at the outlet and provider levels**
 - Make PPMVs more client friendly by expanding choice and training staff on method choice counseling.
 - Scale-up training for providers to offer a diversity of commodities and services, including LARC services.
- **Engage both sectors**
 - Involve the dominant private sector in planning and strategy to expand method mix and choice, especially in terms of referrals and linkages to care for higher-level services.
 - Use data to improve forecasting and supply chain monitoring so that a diversity of methods is available.



From left: Chinazo Ujuju (SFH), Dr. Bryan Shaw (PSI), Dr. Jennifer Anyanti (SFH), and Danielle Garfinkel (PSI)

THE FUTURE OF FPWATCH ACTION ITEMS

Participants considered the possibility of future FPwatch survey rounds and offered ideas for improvement as well as suggestions for additional information to be added to the survey.

- **Update the methodology and survey items**
 - Examine the availability of commodities bundled with equipment as an indicator for service readiness.
 - Explore the user perspective and investigate ways to improve the user experience.
 - Facilitate private sector reporting to the government.
 - Explore and assess criteria for youth readiness to provide contraceptive commodities and services.
 - Work to better understand the relationship between the public and private sectors and their referral systems. Consider adding a referral item as a measure of wider patient choice.
 - Collect data that illustrates the sociocultural factors affecting family planning in the different regions, such as the North East. This can help us better address some of the underlying issues.

Event Activities

The event featured: 1) An introduction and overview of the current family planning activities and goals in Nigeria; 2) A presentation of the FPwatch 2015 Outlet Survey Findings; and 3) An audience-focused discussion session to generate action points from the FPwatch data. Additional detail from the day is shown below.

Agenda	
Activity	Facilitator
1. Opening and introductions	Mr. Victor Anolief
2. Welcome address	Dr. Adebimpe Adebisi, Director of the Family Health Department, FMoH
3. Opening Remarks	Sir. Bright Ekweremadu, Managing Director, SFH
4. FP2020 national commitments and objectives	Dr. Kayode Afolabi, Head of the Reproductive Health Division, FMoH
5. How is the outlet survey implemented: <i>FPwatch objectives, methods and sample</i>	Dr. Bryan Shaw, PSI-DC and FPwatch
6. What does the contraceptive landscape look like? <i>Availability, price, market share of contraceptives</i>	Chinazo Ujuju, SFH Dr. Bryan Shaw PSI-DC and FPwatch
7. Service readiness of family planning	Dr. Bryan Shaw PSI-DC and FPwatch Dr. Jennifer Anyanti, SFH
8. Action points discussion	Availability: Dr Anthony Nwala Quality and Choice: Rakiya Idris Labaran The Future of FPwatch: Fatima Muhammad.
9. Summary, implications and next steps/Closing Remarks	Dr. Jennifer Anyanti, SFH

Organizations represented

Government: Nigeria Federal Ministry of Health (FMoH); 30 states represented, State Primary Health Care Development Agency (SPHCDA); 4 states represented, National Agency for Food and Drug Administration (NAFDA), National Population Commission (NPC).

Private: Association for the Advancement of Family Planning (AAFP), Medical Imaging Society of Nigeria, Palladium, Pharmacists Council of Nigeria.

Not-for-profit: Society for Family Health (SFH); Population Services International (PSI), FHI360, Marie Stopes International (MSI), Pathfinder International, Clinton Health Access Initiative (CHAI), DKT Nigeria, AFRICARE, Congregation of Anglicans in North America Missionary (CANA), Center for the Right to Health, The Centre for Integrated Health Programs (CIHP), In-depth Rural Health Access and Action Initiative (IRHAAI), The Health Reform Foundation of Nigeria, The Partnership for Advocacy in Child and Family Health, BBC Media Action.

Education/Research: FP CAPE at the University of North Carolina, The Institute of Human Virology, Rova College

Donors: The United States Agency for International Development (USAID)



Dr. Jennifer Anyanti (SFH) is interviewed by the news media on the FPwatch project

Media coverage: Africa Independent Television (AIT), Armed Forces Radio, Aso Radio, Daily Times, Daily Trust, Editor News, Federal Radio Corporation of Nigeria, Health Reporters Info, Leadership News, Newspaper, Nigeria Health Watch, National Television Authority, Punch, SPM Consulting Gombe, Steve Rachael Media, the Guardian, the Tribune, TVCNews, Vision FM.

Nineteen representatives from the television, radio, online and print news media attended the dissemination event. Media coverage was wide, and included this video example from AIT News: <http://bit.ly/2hiubmv>

FPwatch findings on the family planning market suggest that there is potential to expedite progress toward FP2020 commitments, providing increased access and choice to women in Nigeria.

Learn more at FPwatch.info