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Association for Reproductive and Family Health (ARFH)

Presents a Webinar on:

Addressing the Unmet Needs and Missed Opportunities for Family Planning Services in Nigeria: DMPA SC Self Injection as a 'Game Changer'

February 7th, 2024

AN OVERVIEW OF FAMILY PLANNING SERVICES IN NIGERIA

7th February 2024

Dr. Binyerem C. Ukaire, *MBBS, FWACS*
(Consultant Obstetrician & Gynaecologist)
Director & Head, Reproductive Health Division
Family Health Department
Federal Ministry of Health & Social Welfare
Nigeria.

Outline

- Statistics
- Contraceptive Methods
- Public Health Impact
- Policy Landscape
- Demand Generation for Family Planning Services
- Commodity Availability
- Integrated Reproductive Health Services
- Going Forward

Statistics

- TFR - 5.3
- MMR - 512/100,000lbs (14% of global maternal deaths)
- mCPR 12%
- All methods 17% [National Target, 27% by 2030]
- Unmet need - 48% among sexually active unmarried women
- Unmet need - 19% currently married women

Contraceptive Methods: Available in Nigeria

- **Traditional Methods:** Coitus interruptus, postcoital douche, lactational amenorrhoea, periodic abstinence (rhythm or natural family planning methods).

- **Modern Methods:**

✓**Barrier methods**: Condoms (male and female), Diaphragm and Cervical Cap.

✓**Intrauterine Devices (IUDs):** Copper IUD (Copper T 380a) & H-IUDs

✓**Hormonal methods:** Oral contraceptives, injectables (DMPA-IM, DMPA-SC and Noristerat), implants (Jadelle, Levoplant and Implanon NXT), and Progesterone Vaginal Ring (PVR).

✓**Standard Days Method** e.g. Cycle Beads

✓**Permanent Methods/Sterilization**- Tubal ligation and Vasectomy.

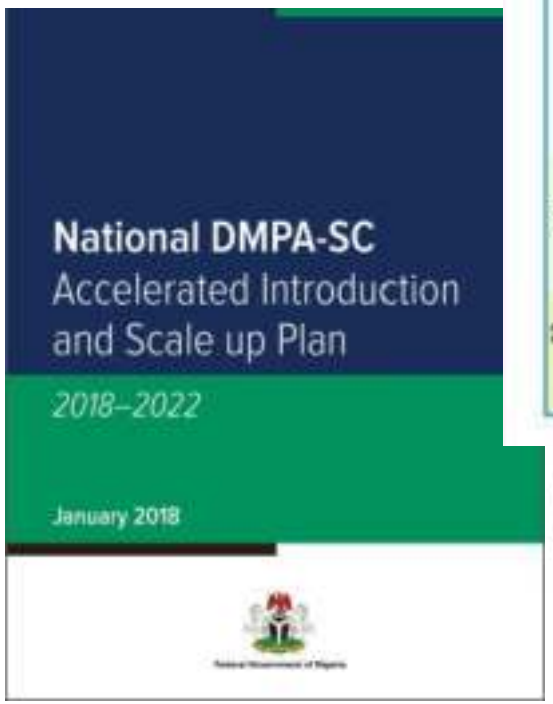
Public Health Impact

Policy Landscape

- National Health Policy (2016)
- National Population Policy for Sustainable Development (2023)
- Reproductive Health Policy (2017)
- Task Shifting, Sharing Policy (2021)
- Free Commodities Policy (2011)
- National Adolescent and Youth Policy (2017)
- Nigeria Family Planning Blueprint (2020-2024)
- Nigeria FP 2030 Recommitments (2022)

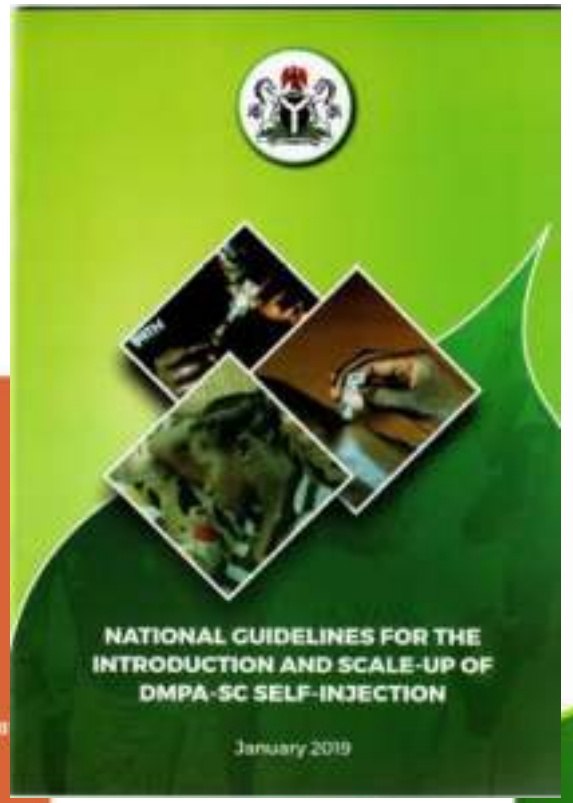
National Policy Documents

5-year national strategic plan



Revised national FP fact sheets

National training manual



Self-injection guidelines

Revised TSTS policy

Demand Generation for FPS

- Implementation of the National Family Planning Communication Plan - The 'Green Dot' Logo.
- Implementation of the Delivering Innovations in Self-care (DISC) Project to scale up Self-injection of Depot medroxyprogesterone acetate subcutaneous (DMPA-SC) injection.
- Sustained advocacy to traditional and religious stakeholders
- Demand generation activities on H-IUD with support from the Centre for Communication and Social Impact.
- Implementation of the National Guidelines on Self-care for Sexual, Reproductive and Maternal Health.

Commodity Security

Efforts:

- Government Counterpart Contribution (GCC) for procurement of family planning Commodities.
- National Guidelines on State-funded Procurement of Family Planning Commodities.
- National Private Sector Engagement Strategy.
- National Investment Case and Sustainability Plan for Family Planning Services.

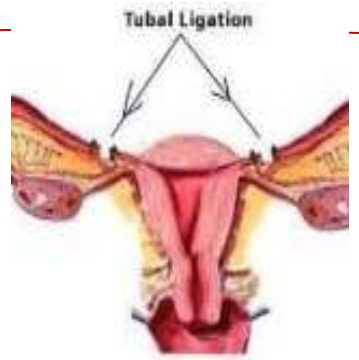
Improving Coverage:

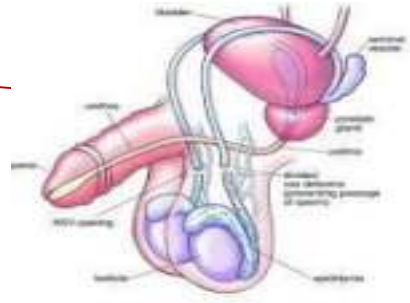
FP integration into:

- ANC and PNC Services
- HIV Services
- PHC Services
- National Self-care activities

Going Forward

- Strengthen the implementation of the Revised TSTSP across the country.
- Facilitate the implementation of the National Private Sector Strategy to expand outlets for the provision of family planning services.
- Advocacy to include FP services in the National Health Insurance Scheme
- Secure implementation of the Investment Case and Sustainability Plan for Family Planning.
- Sustain advocacy to States to provide a dedicated budget line for State-funded Procurement of Family Planning Commodities and activities.
- Strengthen demand generation activities on FP across the country.





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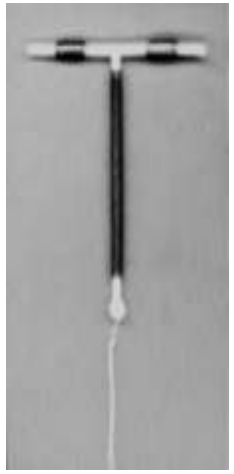
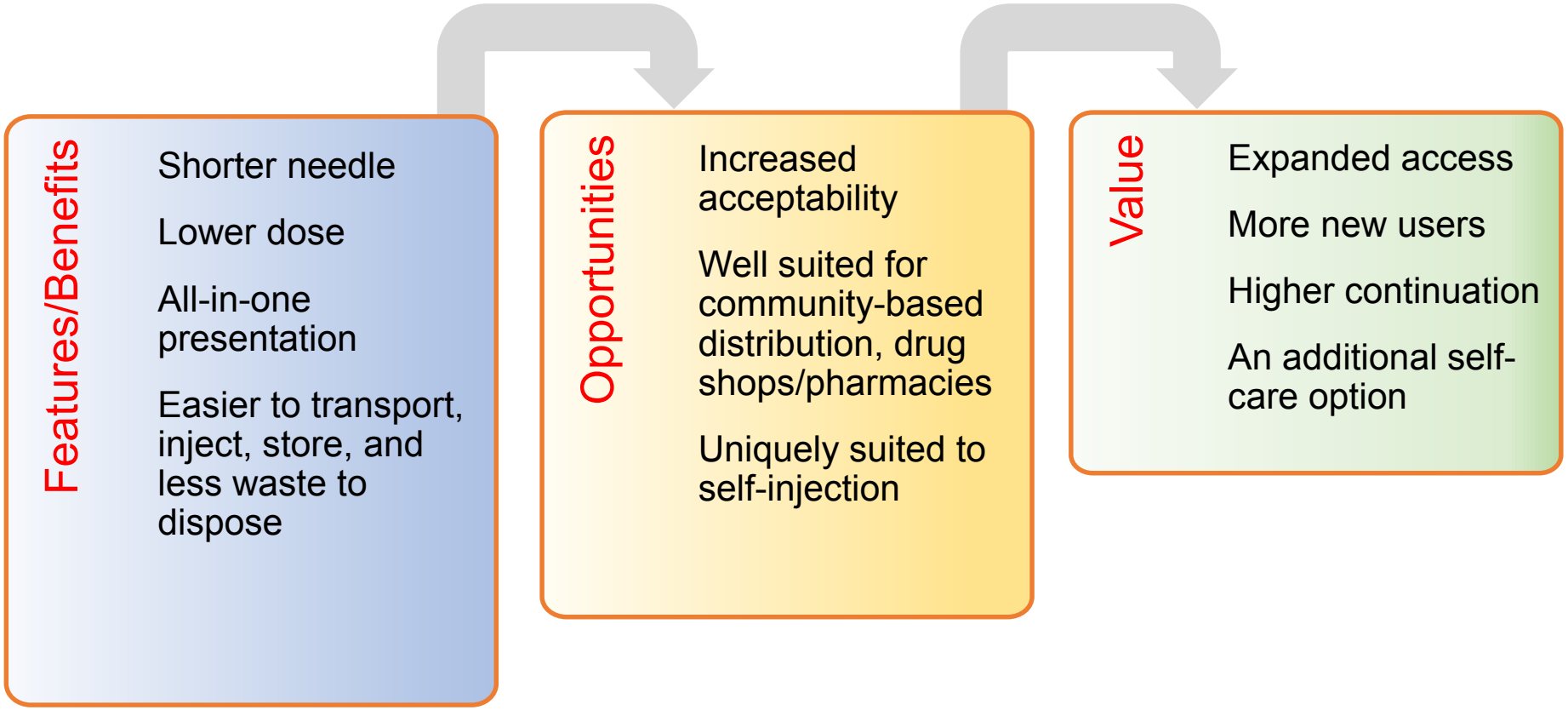


DMPA-SC AND SELF-INJECTION SCALE-UP IN NIGERIA: THE JOURNEY SO FAR

The Nigeria DMPA-SC Introduction and Scale up Story

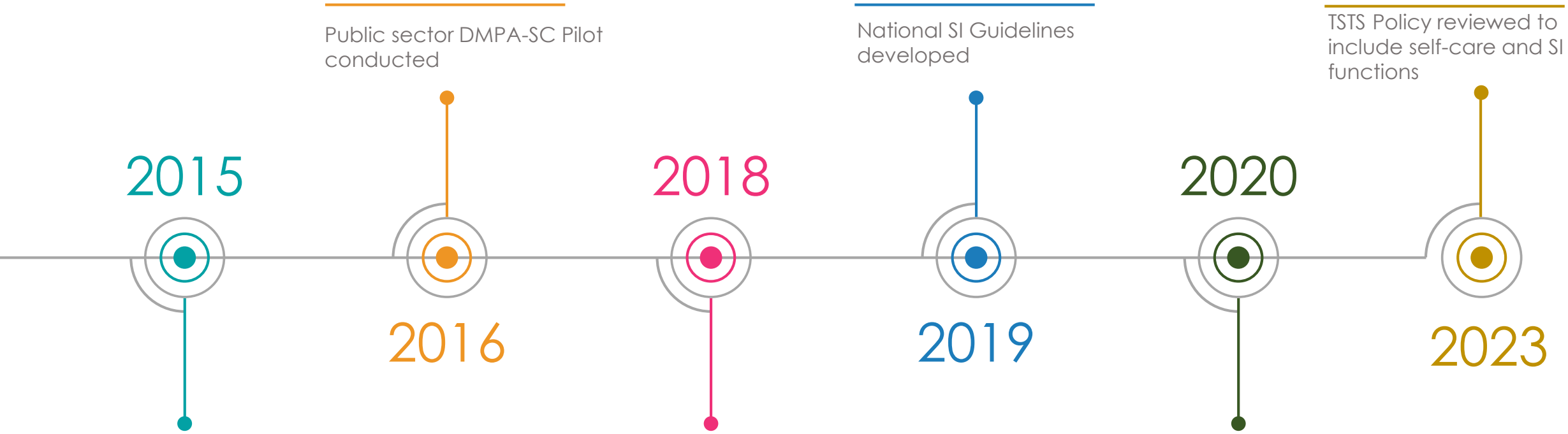
Since 2017, the FMOH with partners have been working to increase women's and girls' contraceptive choices and empowerment by making a substantial contribution to ensuring the **long-term, sustainable availability of DMPA-SC self-injection as part of an expanded range of contraceptive methods.**

The transformative potential of DMPA-SC self-injection



More information: www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa

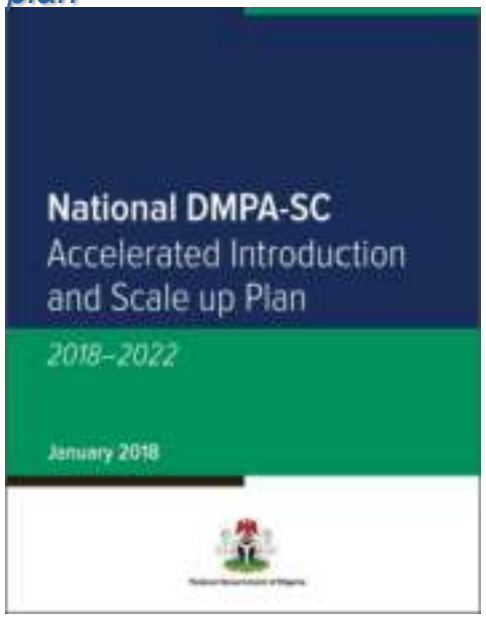
Timeline of Key DMPA-SC Events in Nigeria

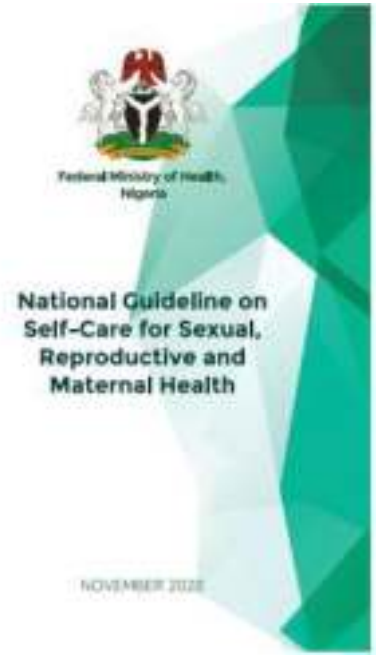


Creating an Enabling Environment for DMPA-SC Scale-up

The FMOH developed a suite of country policy resources to aid roll out at the state level

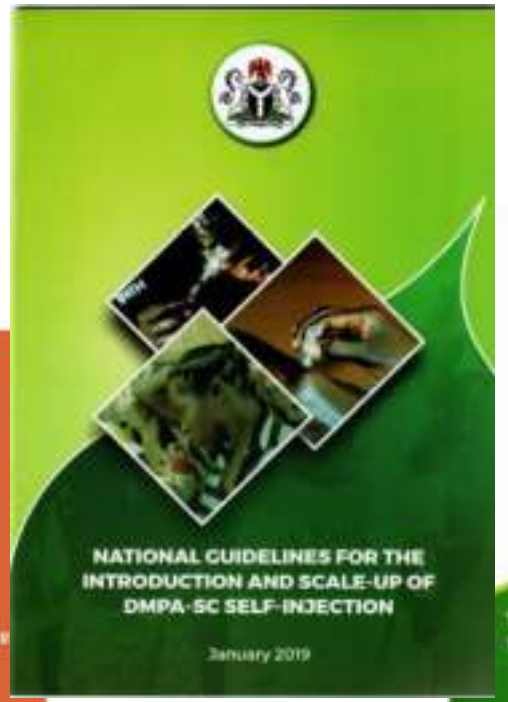
5-year national strategic plan





National Self-care Guidelines

National DMPA-SC training manual



National Self-injection guidelines

Revised TSTS policy

Overview of Progress to date

Nigeria has made significant progress over the past six years; many foundational pieces and bottlenecks have been addressed to pave way for national scale up

Service Delivery

- Standardized training curricula and other service delivery guidelines and SOPs for use by all cadre and for SI across both public and private sector
- Integration of DMPA-SC into national FP training curricula

Policy and Advocacy

- EML updated with DMPA-SC included (in September 2018, allowing PPMVs to stock product.
- TSTS policy updated in December 2018, with PPMVs and CBDs able to administer DMPA-SC
- DMPA-SC Self-injection guidelines developed and launched in January 2019

Coordination

- DMPA-SC incorporated in national HMIS and M&E framework
- Dashboards developed to tracking implementation progress (training, consumption, partner activities)
- Quarterly steering committee meetings

Supply chain

- DMPA-SC integrated into routine forecasting and quantification.
- Product distributed to all state stores

Demand Generation

- Revision of all national SBC material to include DMPA-SC and other new products
- Materials to be disseminated in September 2020

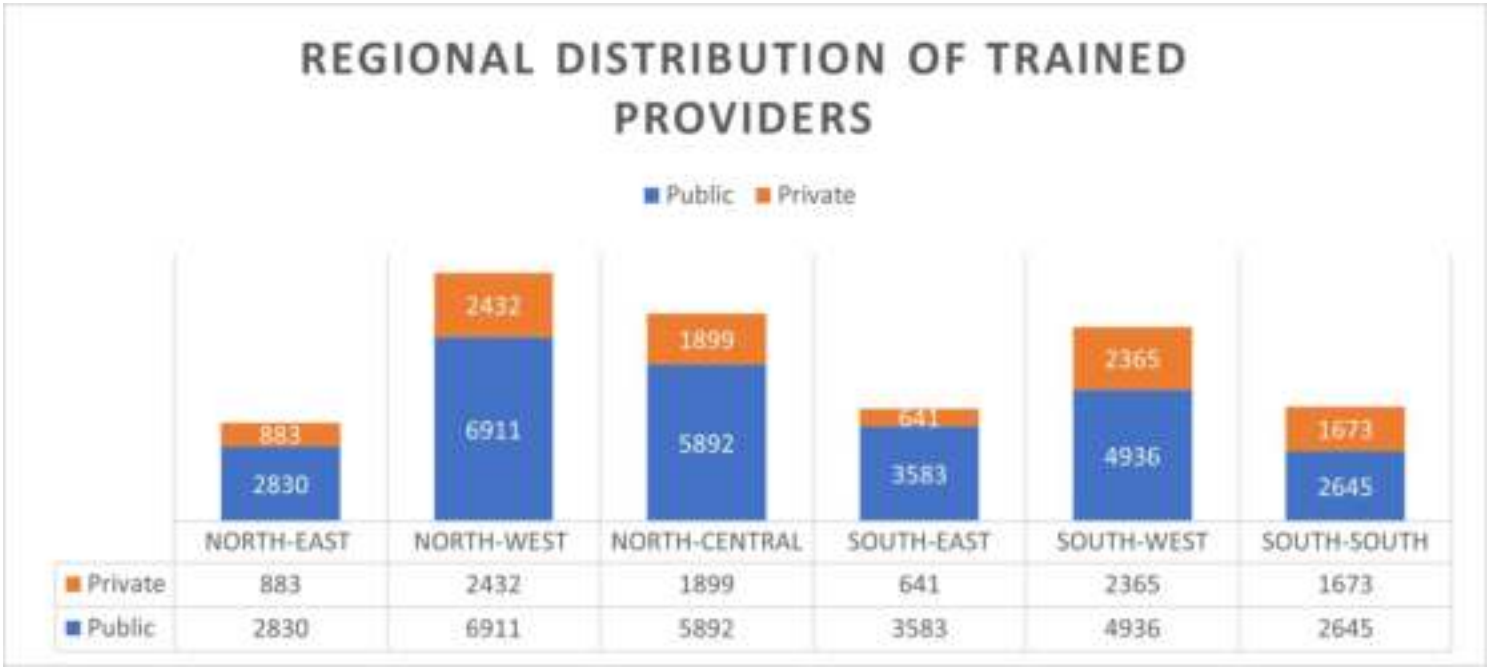
National Progress on Capacity Building for DMPA-SC

41,651 providers trained

3,486 CORPs

7,651 nurses

4,967 PPMVs



% of trained providers out of national target

CHEWS 27%

Community Pharmacists 21%

PPMVs 3%

Channels actively offering self-injection:

Health facilities | Pharmacies | Drug shops | Community

74% of public-sector service delivery points actively offering DMPA-SC self-injection

14,497 self-injection visits nationally in Dec. 2023

Overview of Progress to date

About 80% of facilities report DMPA-SC consumption but SI uptake has a much lower coverage

0.0% 100.0%

Logistics Service Coverage

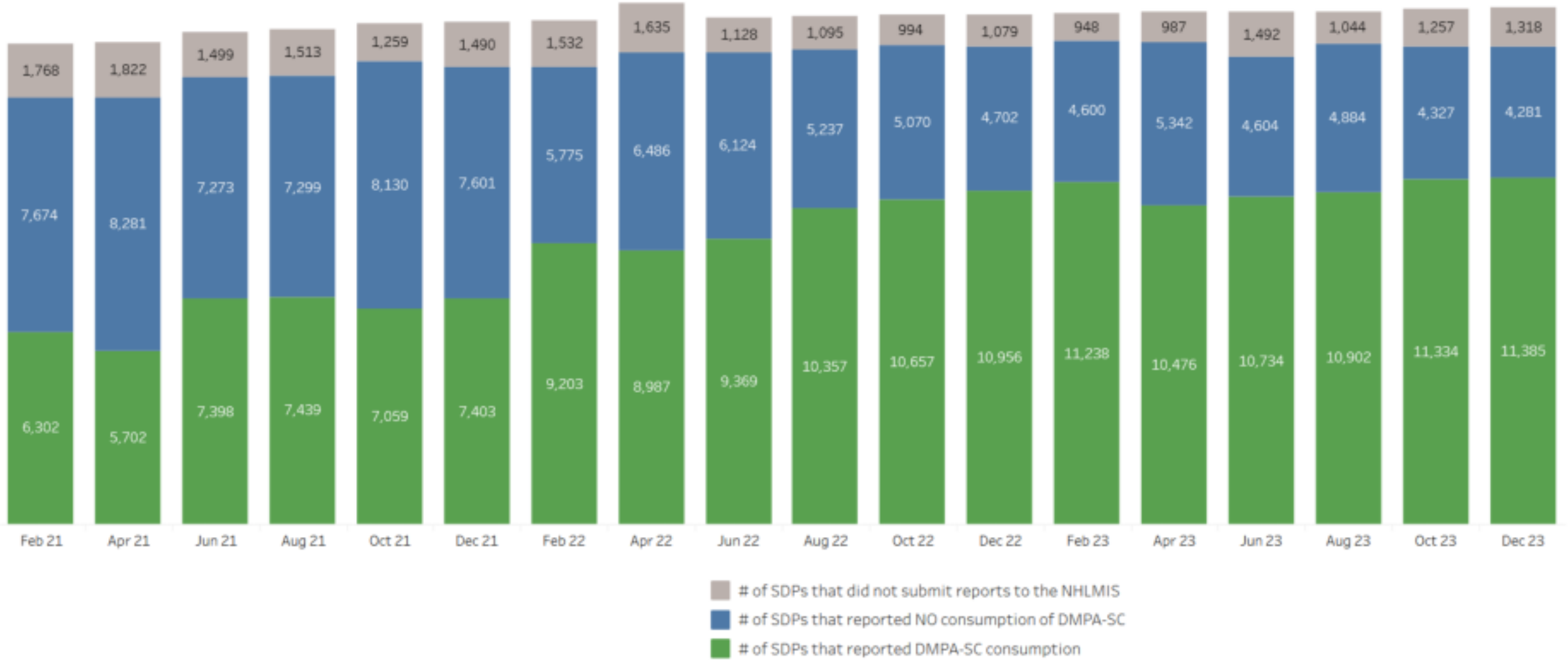
Source: NHLMIS

Service Data Coverage

Source: DHIS2

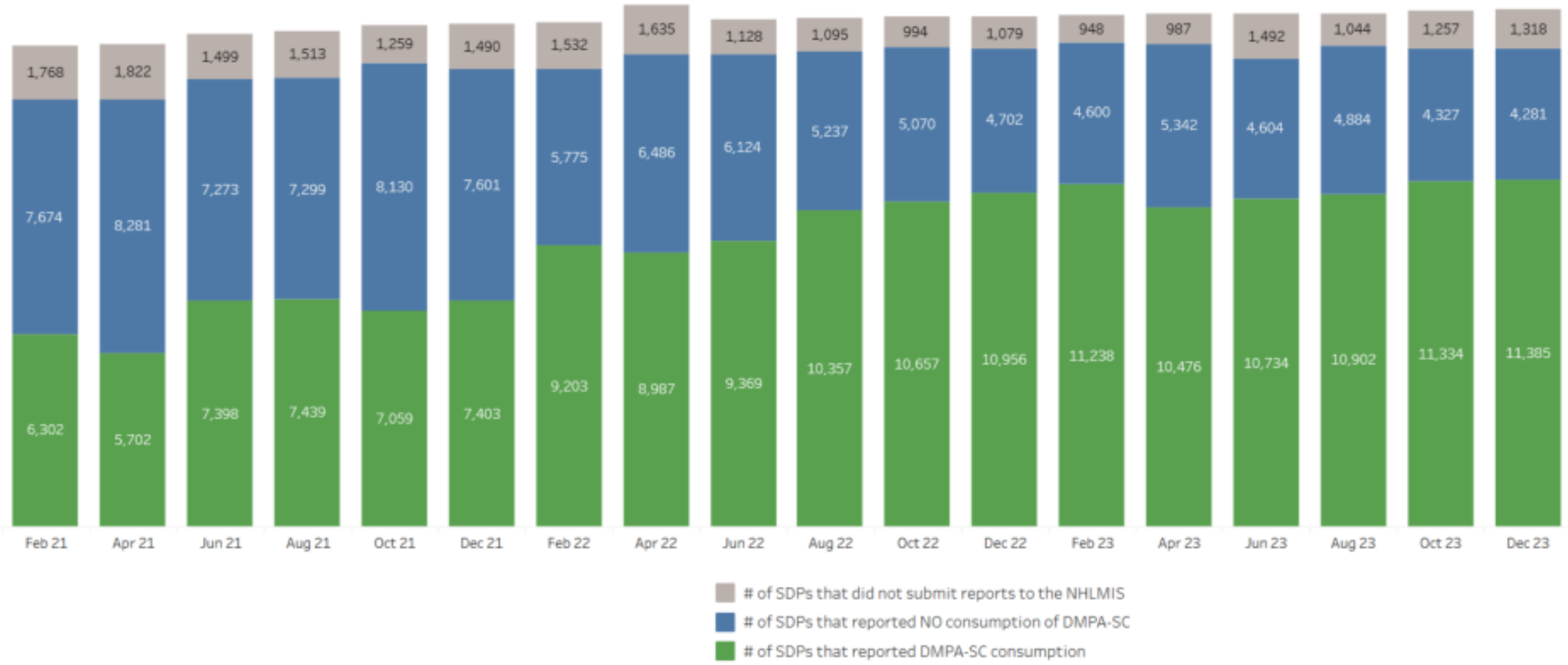
Overview of Progress to date

Increasing number of facilities report DMPA-SC consumption



Source: NHLMIS

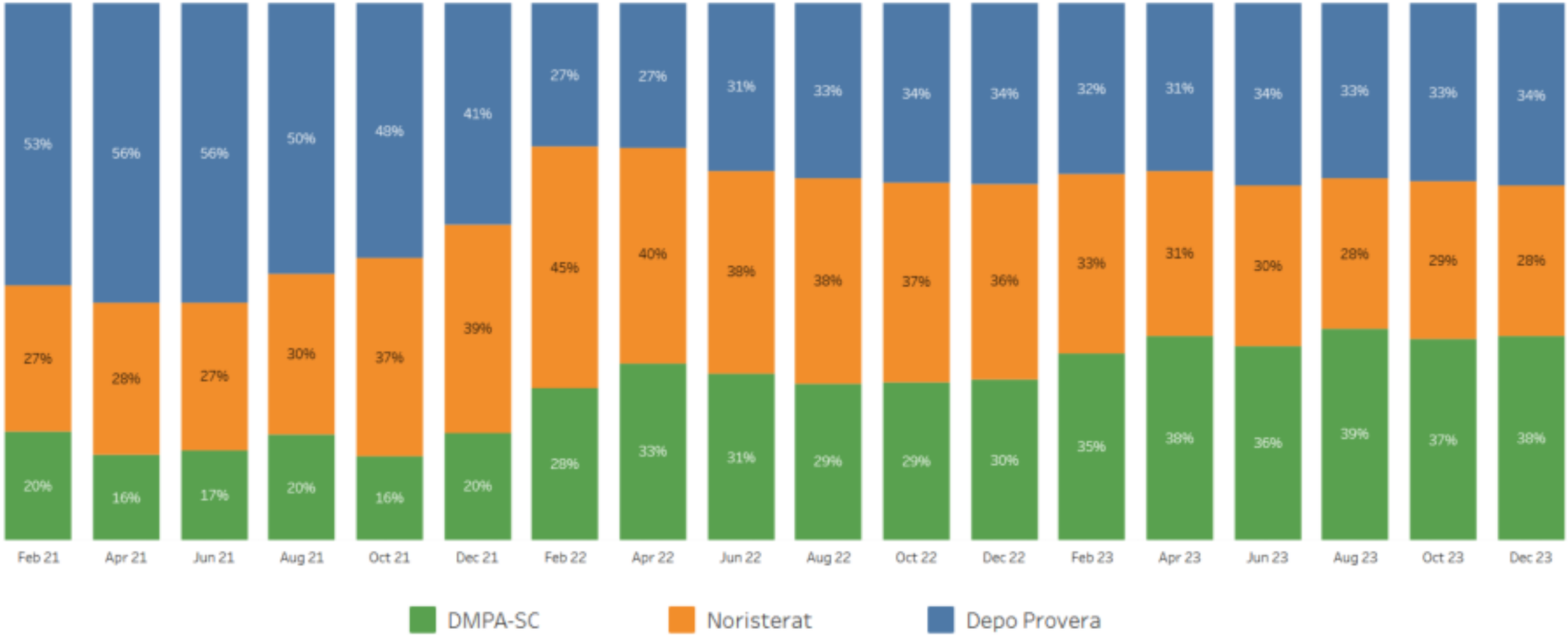
DMPA-SC Consumption Growth Trends



Source: NHLMIS

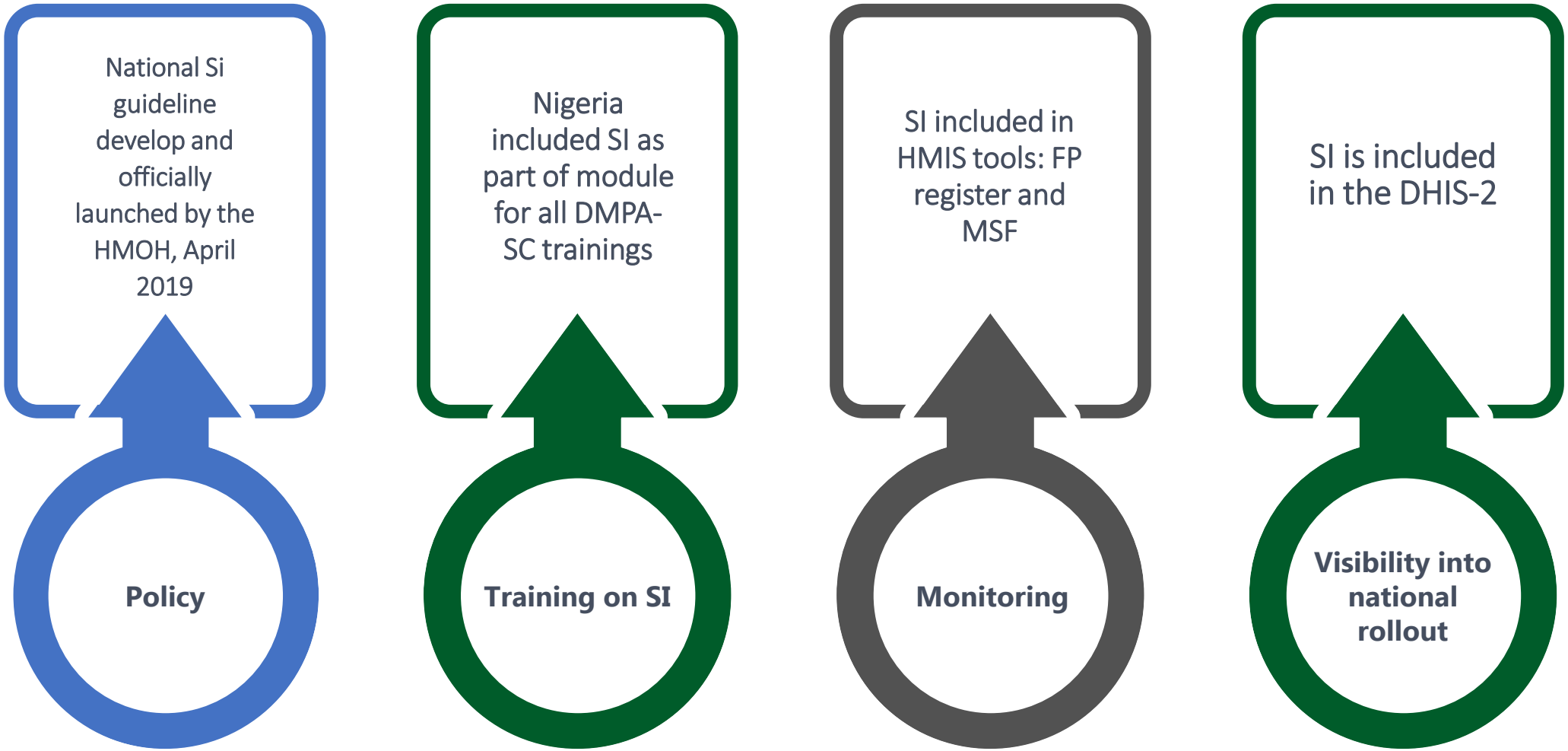
DMPA-SC in the Injectable Method Mix

There is a steady increase in DMPA-SC contribution to the injectable method mix. DMPA-SC increased from 20% in Feb 2021 to 39% in Dec 2023.

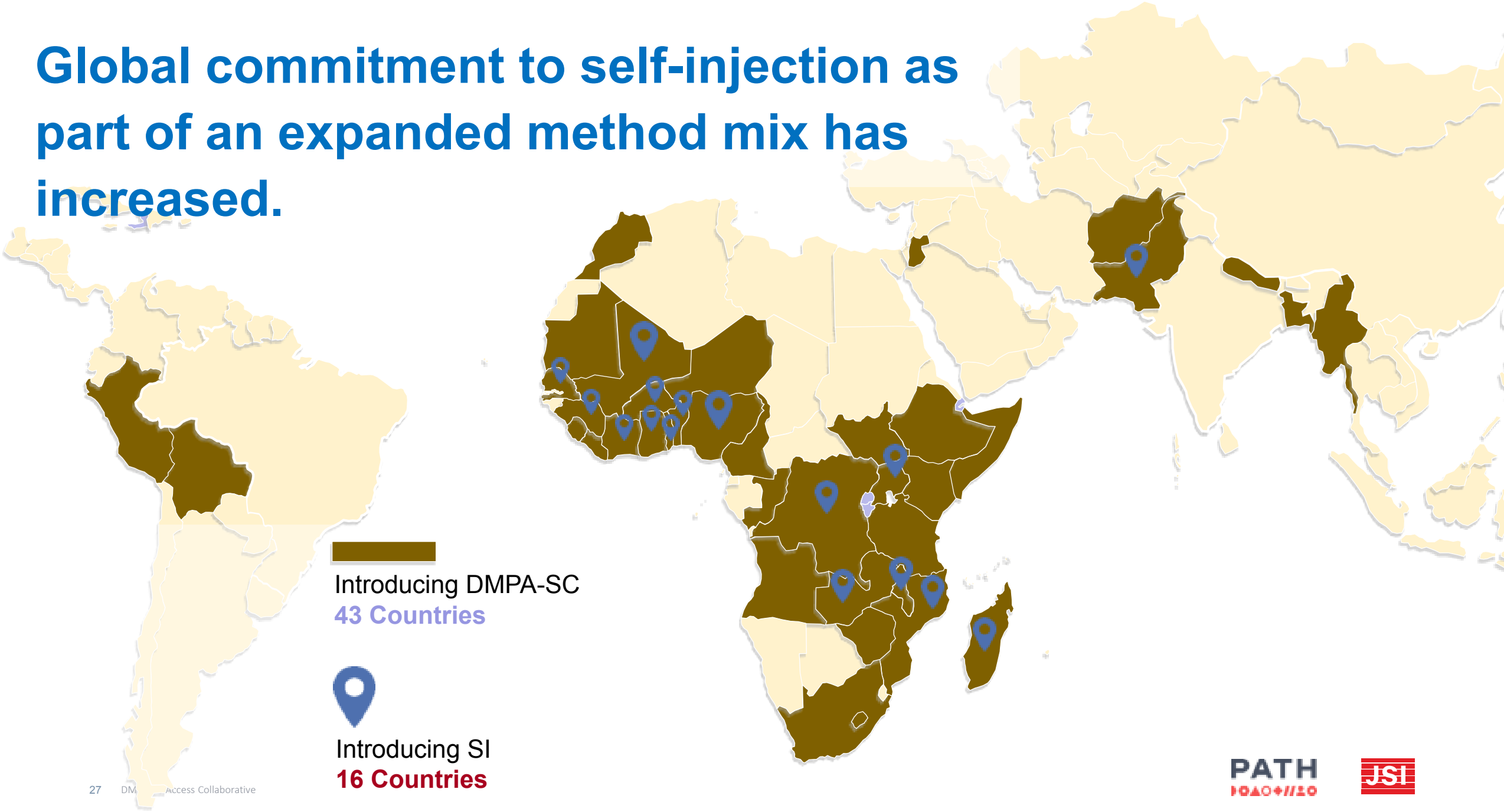


Synopsis of self-Injection Journey in Nigeria

From inception to date



Global commitment to self-injection as part of an expanded method mix has increased.



Weaknesses Against the Current DMPA-SC/SI Scale-up Efforts in Nigeria

The national DMPA-SC Plan is **outdated**, and there are a few policy contradictions that create a **lack of clarity** around advance provision and data reporting

Central-level **stock-outs** and issues with last-mile-distribution result in facility-level stock outs

Low number of providers trained. Inadequate engagement with the private sector. P**oor data visibility** hampers service provision from the private sector who is responsible for about half of FP services

Provider bias towards client autonomy and **poor awareness** of SI result in low demand and uptake for SI among WRA especially the adolescents

THANK YOU !

Increasing Access & Uptake of DMPA-SC Self Injection in Nigeria: The ARFH Experience

By

Dr. Uba Sabo

7th February 2024

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Presentation Outline

1. **ARFH Profile & Commitment to RH Programming**
2. **Lessons from Project Implementation**
3. **Self Injection as a ‘Game changer’**

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ARFH PROFILE

Service Delivery Areas:

- RMNCAH+NM,
- TB Prevention Programs
- Capacity Building,
- HIV & AIDS Prevention, care and Support
- Orphans & Vulnerable Children (OVC) Programming
- Adolescent & Youth Programs
- Non Communicable Diseases
- Malaria prevention & Case Management
- Family Planning
- Men & Women's Health
- Nutrition

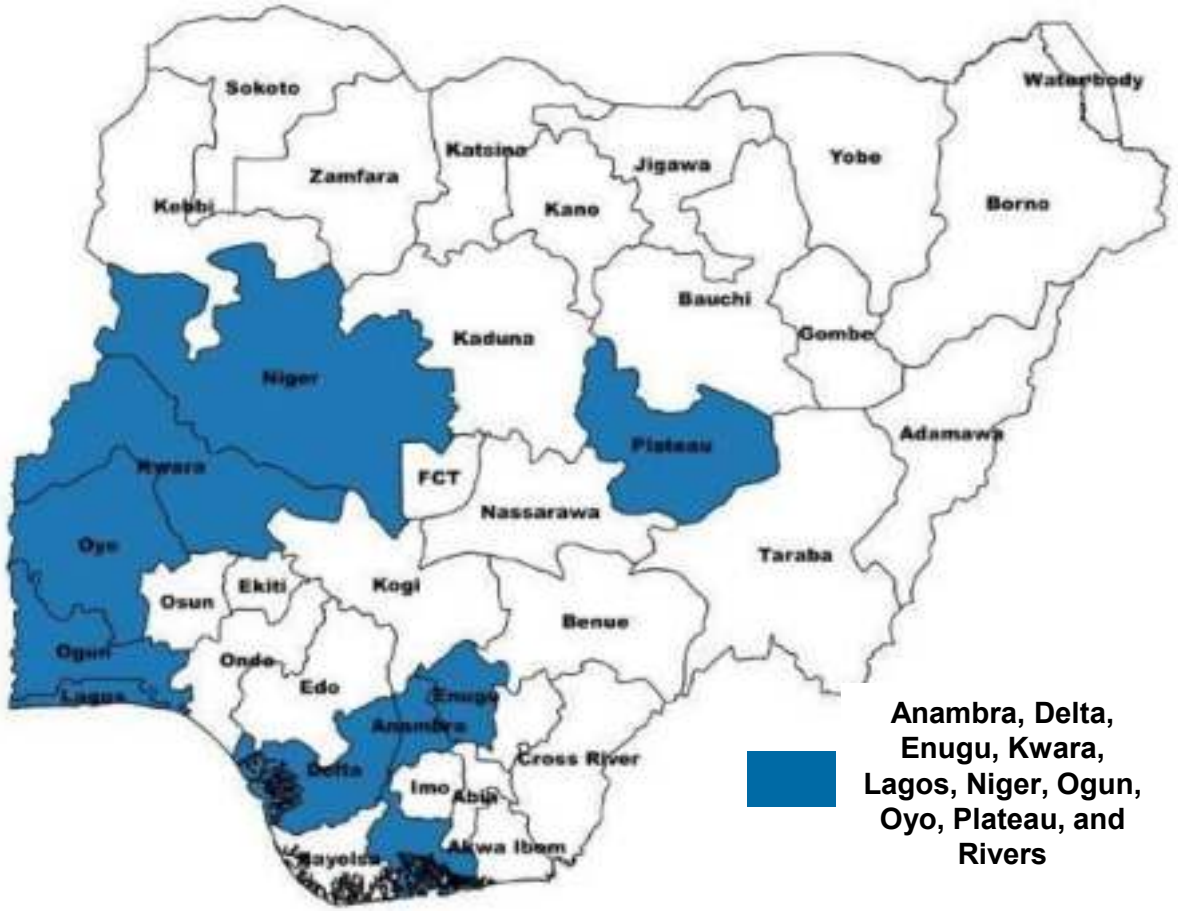
Fully Indigenous non-profit organization established in 1989

Funded by donors like the GFATM, USAID, UKAID, CIDA; WHO, UNICEF, UNESCO, UNFPA, UNDP, WHO; Foundations like BMGF, Mc Arthur, Ford, Rockefeller, Packard, & Clinton; Columbia University, Havard Sch of Health, JHU, Maryland among many others.

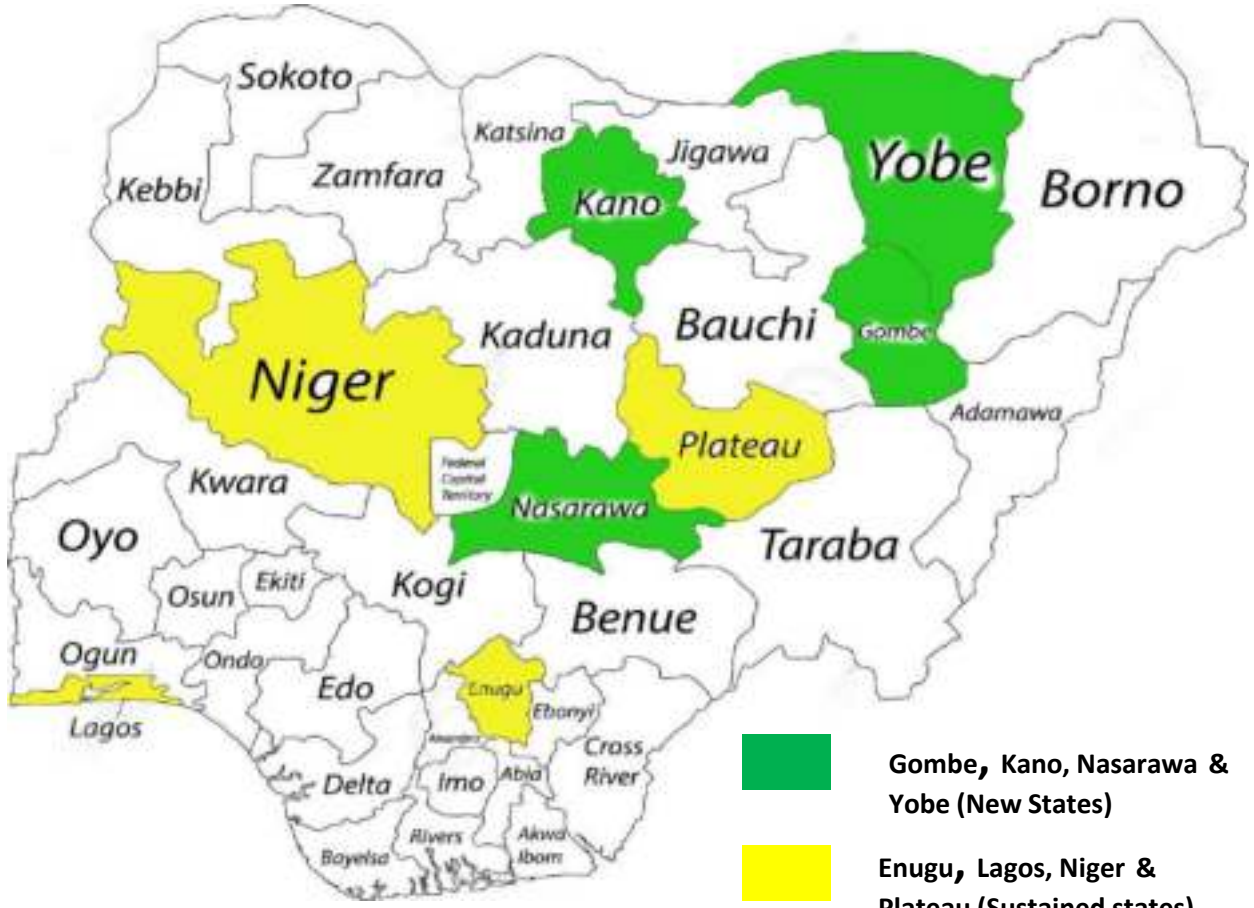
Committed to improving the quality of life of under-served and vulnerable communities in Nigeria.

Lessons from Project Implementation

ARFH's National footprint in DMPA-SC Self injection



Anambra, Delta, Enugu, Kwara, Lagos, Niger, Ogun, Oyo, Plateau, and Rivers



Gombe, Kano, Nasarawa & Yobe (New States)

Enugu, Lagos, Niger & Plateau (Sustained states)

RASUDiN Project Locations:10 state

CODSAiN Project Locations: 8 states

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Strategy Shift/Transition From RASuDiN to CODSAiN

←----------CODSAiN Project----------→

Engagement of Community Health Influencers, Promoters and Services (CHIPS) and Community Resource Persons (CORPS) as requested by the states

Engagement of Community-based Organizations (CBOs)

Engagement of Adhoc staff in sustained states

State-led DG approach
I. LGA Health Educator
II. CBOs
III. CHIPS
IV. Community Actors
V. Religious/Community Leaders
VI. State Orientation Agency

Service Delivery

Coordination, Monitoring, Reporting in the new states(Gombe, Kano, Nasarawa & Yobe)

Coordination, Monitoring, Reporting in sustained states(Enugu, Lagos, Niger & Plateau)

Demand Generation

Engagement of Community Resource Person (CORPS)

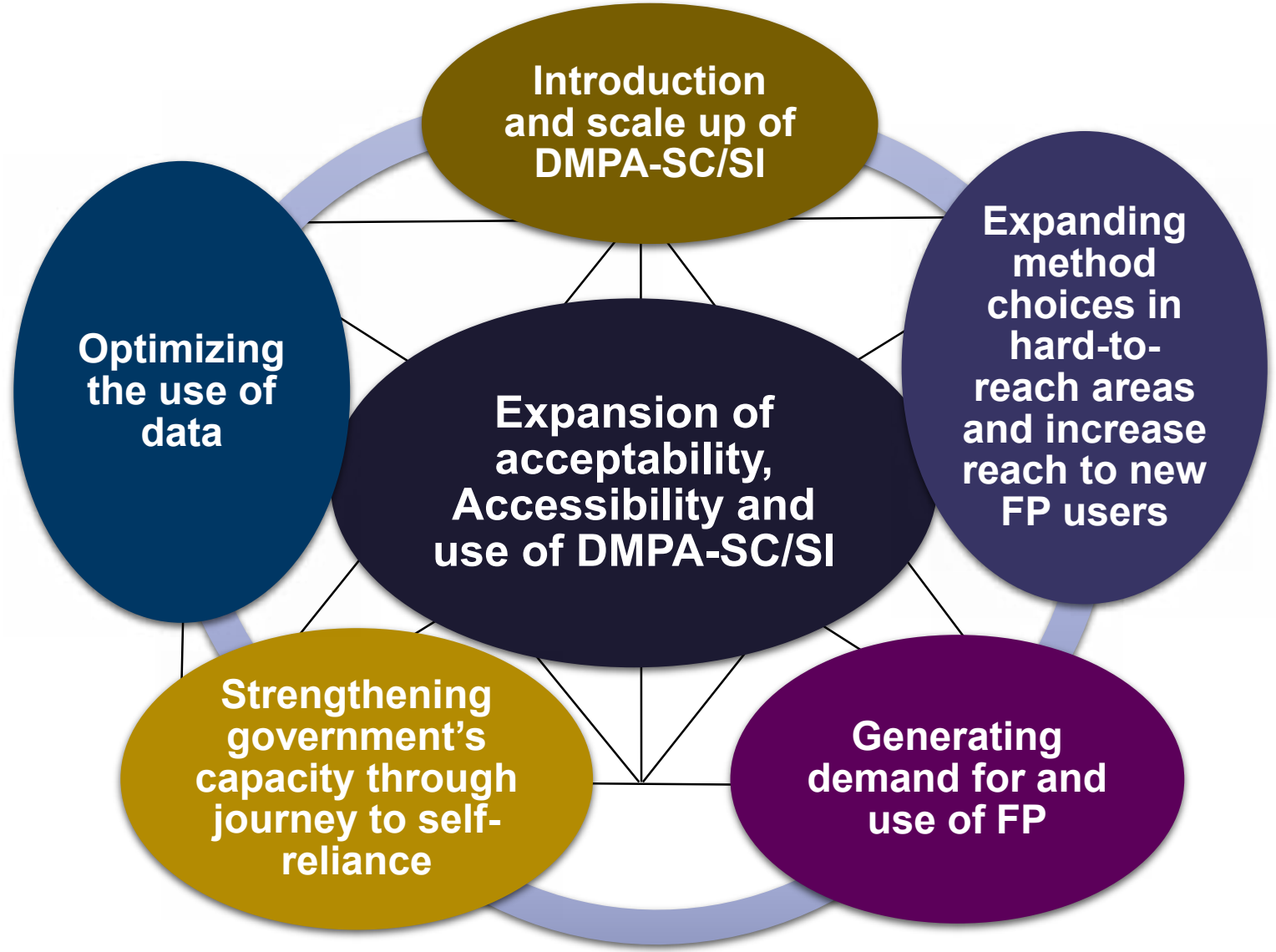
State Programme Officers

Engagement of State Programme Officers

CCSI coordinated the Demand generation
I. Radio
II. Social Mobilization
III. Social Media

←----------RASuDiN Project----------→

CODSAiN Project Objectives



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KEY CODSAiN PROJECT ACTIVITIES

1. Continuous Federal and States stakeholders' engagement to secure commitments

2. Collaboration with other implementing partners

3. Landscape assessment and facility and community audit

4. Training of facility and Community health workers for FP service delivery across all PHCs in all the LGAs of the project states

5. State-led demand generation activities
   - ***Through the State and LGA Health Promotion Units.***
   - ***Community Actors will work closely with the Health Promotion Officers to drive demand for FP***

6. Community-level DMPA-SC and SI service provision by Community Resource persons and Community health influencers (CORPS/CHIPS)

7. Coordination and supportive supervision through **CBOs**, state officials (FP Coordinators, Health Educators), and ARFH staff

8. Routine monitoring, evidence-based research and data reporting and management

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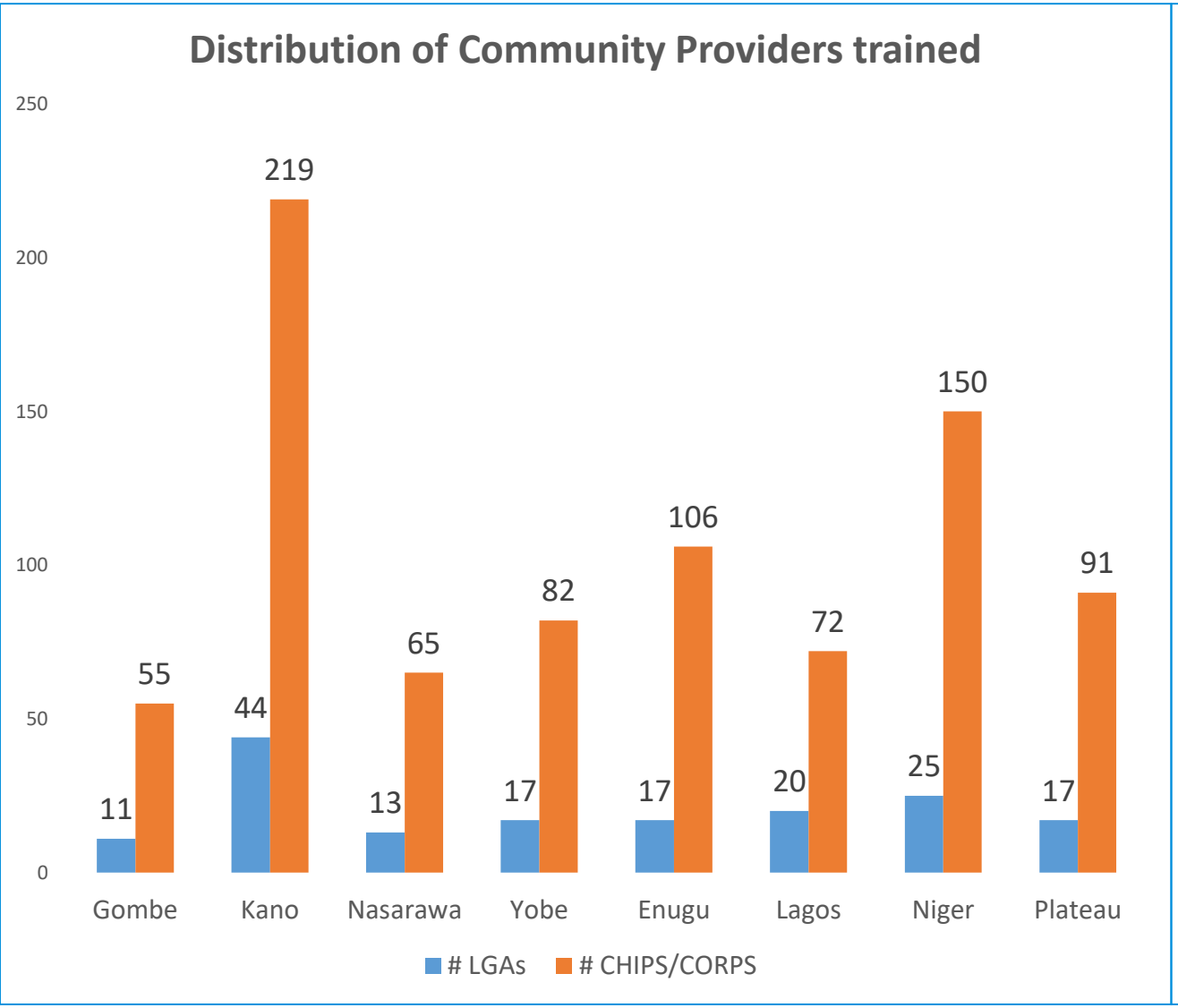
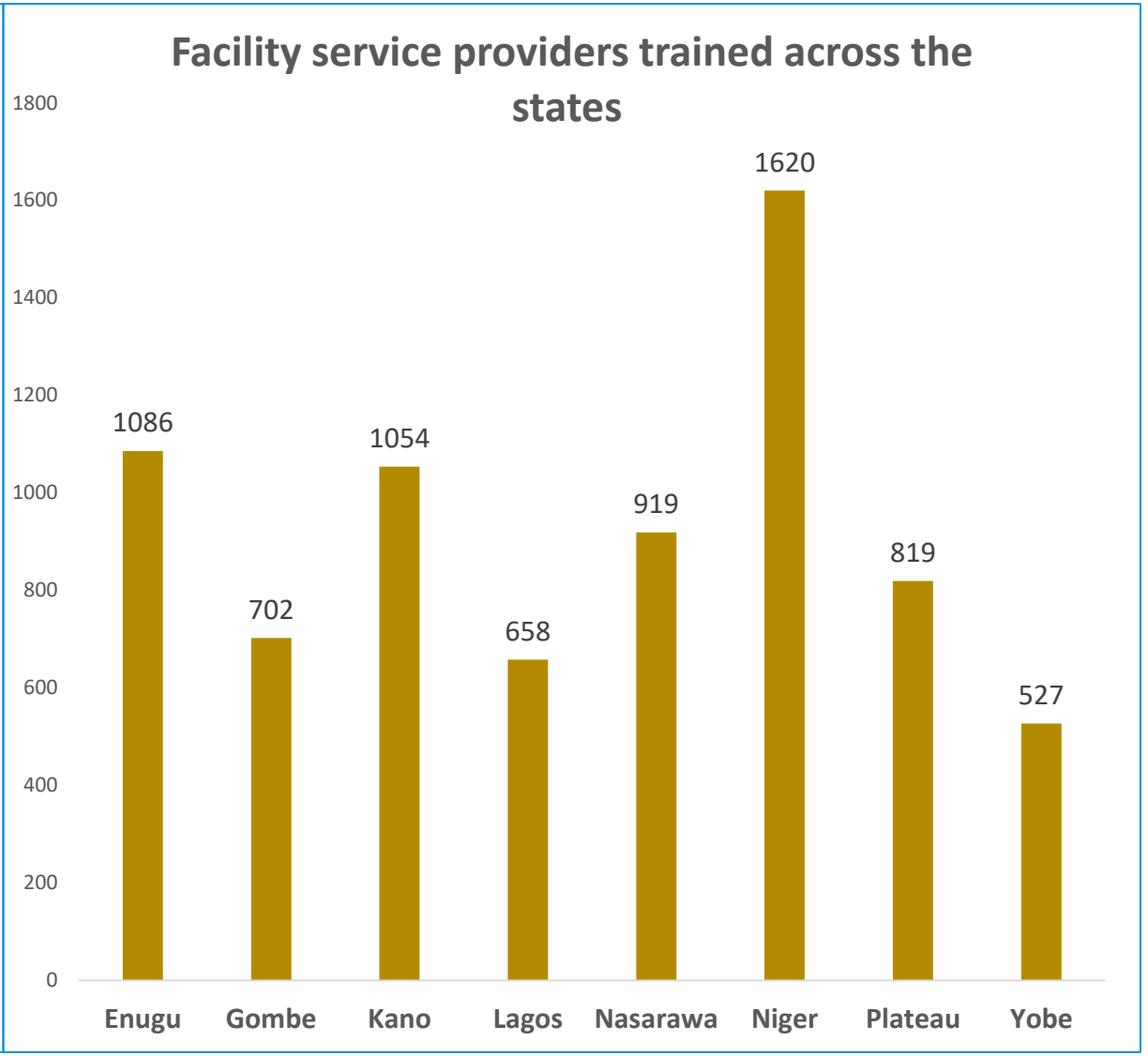
Capacity Building to increase Uptake of DMPA-SC Self Injection





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Self Injection as a ‘Game changer’

Disaggregation of DMPA-SC/SI Uptake by states during RASUDiN (August 2018 – July 2022)

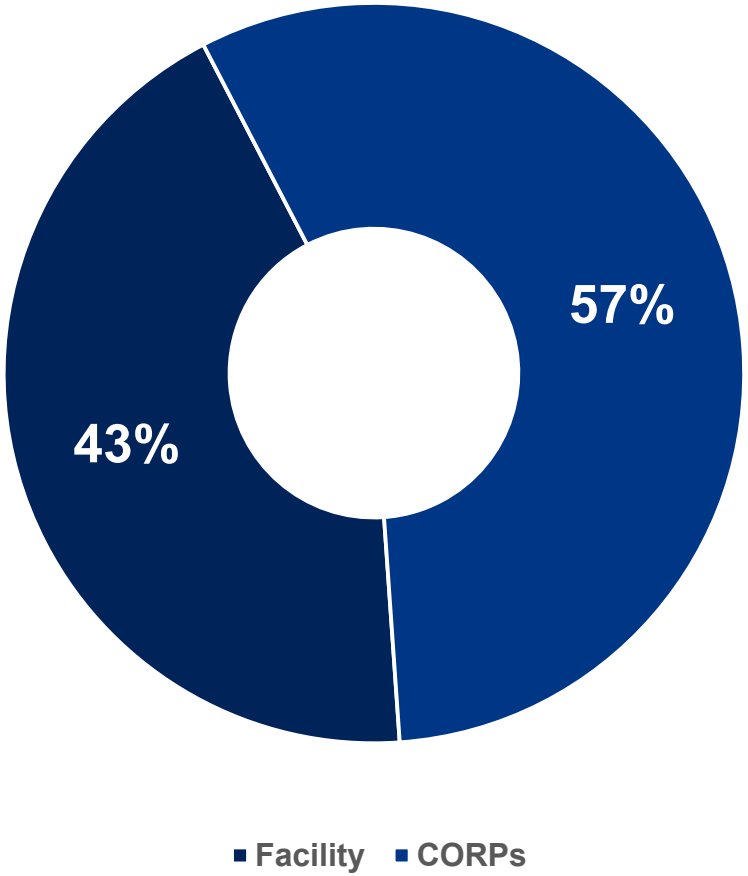
STATE	New Acceptors	Revisit	Total Uptake of DMPA-SC	SI
Anambra	41,170	35,326	76,496	4,293
Delta	47,676	34,231	81,907	1,805
Enugu	35,410	29,648	65,058	8,817
Kwara	35,719	43,017	78,736	4,504
Lagos	55,258	78,302	133,560	12,622
Niger	139,359	83,404	222,763	27,592
Ogun	48,657	44,522	93,179	2,763
Oyo	84,411	73,571	157,982	12,854
Plateau	44,316	46,686	91,002	14,940
Rivers	35,914	35,893	71,807	4,752
Total	567,890	504,600	1,072,490	94,942

Disaggregation of DMPA-SC/SI Uptake by states during CODSAiN (June 2023 – November 2023)

STATE	New Acceptors	Revisit	Total Uptake of DMPA-SC	SI
Gombe	5,853	4,620	10,473	603
Nasarawa	11,145	8,266	19,411	8,577
Kano	26,567	13,001	39,568	3,383
Yobe	25,003	4,414	29,417	2,031
Enugu	13,145	11,233	24,378	8,533
Lagos	14,776	18,142	32,918	16,106
Niger	41,782	25,633	67,415	29,854
Plateau	18,061	17,036	35,097	14,350
Total	156,332	102,345	258,677	83,437

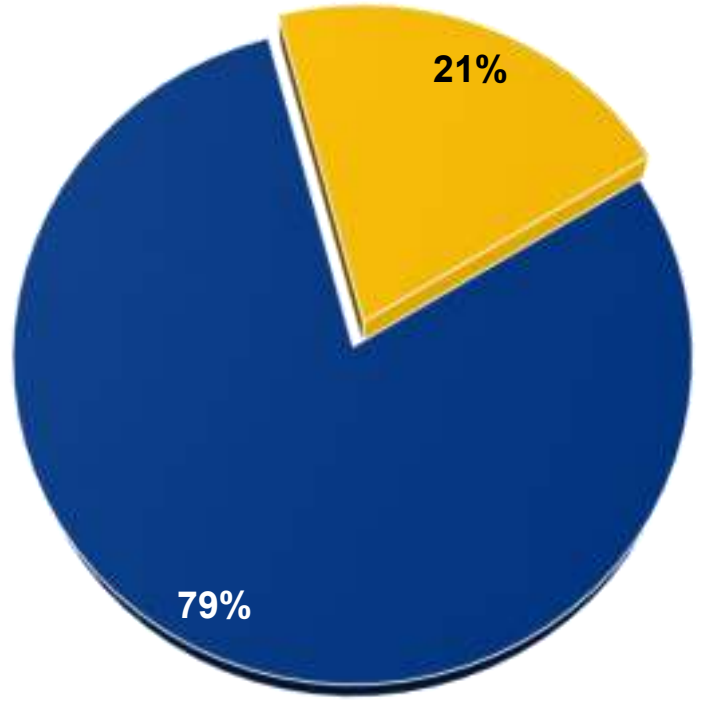
RASuDiN Project Key Findings*

Contribution of Cadre of FP Providers to Total SI Uptake



New acceptors of DMPA-SC and SI contribute 21% of new acceptors of all modern FP uptake **(i.e. *1 in 5 women on contraceptives use DMPA-SC)***

Proportion of New Acceptors of DMPA-SC to total New Acceptors of All FP Methods



Programmatic data

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Feasibility of DMPA-SC /SI being a Game Changer: Excerpts from RASUDiN Evaluation

State	Total Population (2022)[1]	WRA (22%)[2]	Total FP Contraceptive Prevalance Rate (%)[3]	Contribution Of DMPA-Sc/SI to CPR[4]
Anambra	6,388,117	1,405,386	5.90	1.67
Delta	6,784,041	1,492,489	7.1	1.26
Enugu	5,227,010	1,149,942	6.7	0.87
Kwara	3,804,902	837,078	14.6	3.77
Lagos	14,920,048	3,282,411	9.4	1.81
Niger	6,744,554	1,483,802	23.7	6.16
Ogun	6,267,473	1,378,844	10.9	2.33
Oyo	9,546,932	2,100,325	15	4.36
Plateau	4,868,310	1,071,028	21.4	4.12
Rivers	8,853,416	1,947,752	8.8	1.84

1. Total population obtained from NPC
2. Women of Reproductive Age 15-49 years computed as 22% of total population
3. National contraceptive prevalence rate obtained from DHIS2
4. Contraceptive Prevalence rate (CPR) of DMPA-SC was obtained from DHIS 2

BARRIERS		ENABLERS
DMPA-SC/SI is an injectable, which in certain communities triggers concerns due to the association of injections with drug abuse, leading to reluctance in adopting this contraceptive	1	Engagement of religious/cultural leaders to dispel these misconceptions Community awareness/ dialogues
Occasional Stock out of FP commodities affected demand generation of DMPA-SC/SI in some project states	2	ARFH liased with FMoH to ensure commodity availability in the affected states
Frequent posting and/or transfer of trained FP providers at the facility consistently led to a shortage of DMPA-SC trained providers in affected facilities.	3	Two health workers per facility trained for DMPA-SC/SI service provision, with plans to facilitate skill transfer to other staff through collaboration with the State Ministry of Health
Many health facilities offering DMPA-SC/SI services are not included in the DHIS2 platform, leading to underreporting or delayed reporting of service delivery data.	4	The data generated from these health facilities are reported through facilities that are enlisted in the DHIS2 Platform

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Sustaining the Gains of DMPA-SC and Self-Injection

Expanding the CORPS/CHIPs Programme

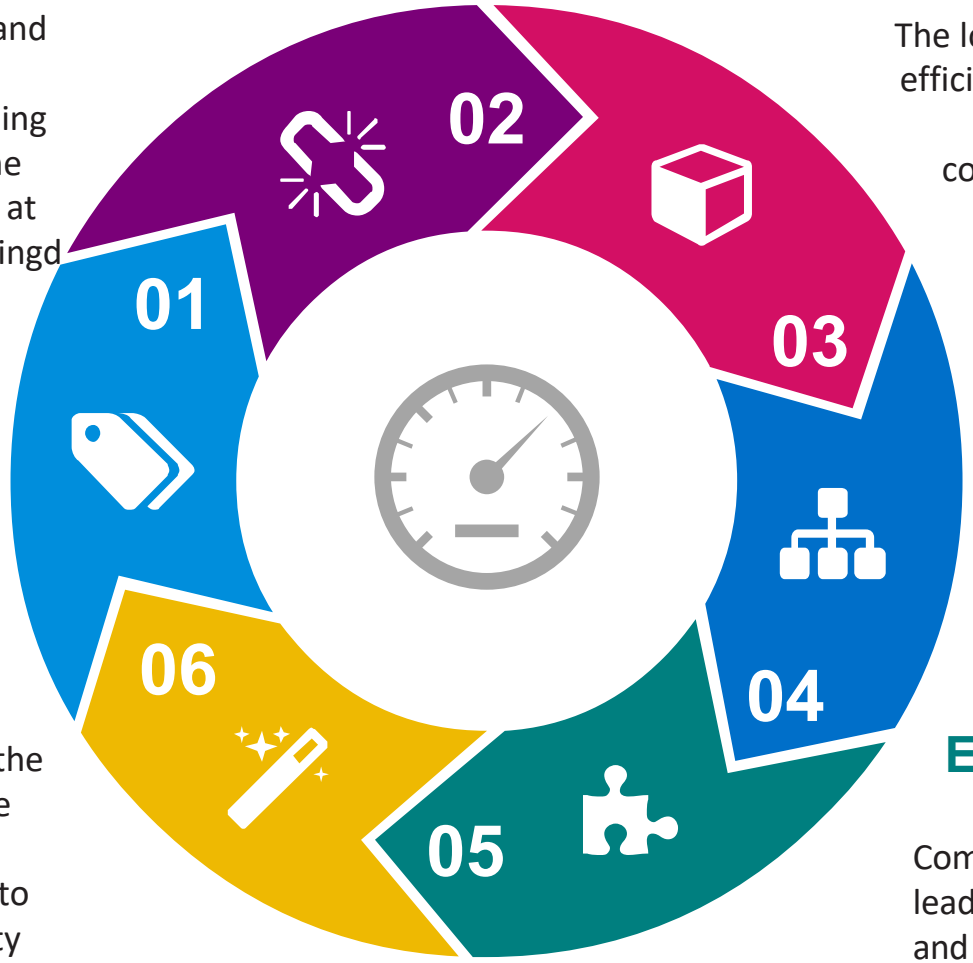
The government of Nigeria should train existing and new CHIPS agents to provide adequate family planning counselling and service provision including DMPA-SC at the community level in line with the National TSTS policy. Therefore, there should be at least one CHIPS/CORPs per warcounscounselingelingd of the local government area

HR retainership

After training, the government should retain her health facility staff in the health facility for at least three years so that such trained persons can be properly utilized by the community

Increased Funding

In line with the FP2030 Nigeria commitment, 1% of the national and sub-national health budget should be dedicated to the procurement and last-mile distribution of FP commodities including DMPA-SC to avert stock-out at the health facility and community levels to sustain continuation of Self Injection



Health System Strengthening at Sub National Level

The local government areas should be made to be more efficient to establish a framework that ensures that the FP-listed facilities are regularly supplied with contraceptives to enhance easy access and timely utilization of contraceptive services.

Increasing Health coverage in rural/HTR communities

Improving access and distance to health facilities are viable incentive to contraceptives use in general and DMPA-SC/SI in particular. Communities without/with sub functional health centres should be reactivated for total saturation as exemplified on RASuDiN.

Engaging the community Gate keepers

Community leaders and other stakeholder leaders should be sensitized on DMPA-SC and Self Injection.

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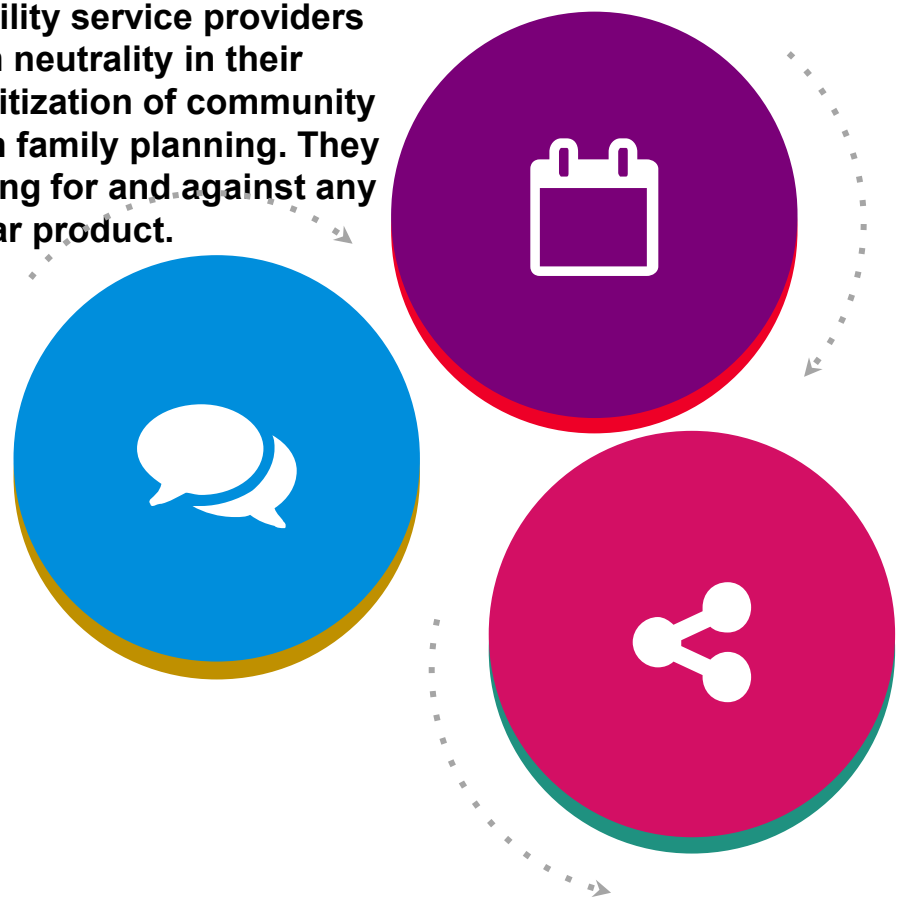
Sustaining the Gains of DMPA-SC and Self-Injection (2)

Patient centered Counselling

Community and facility service providers should maintain neutrality in their promotion and sensitization of community members on modern family planning. They should avoid speaking for and against any particular product.



Focused Demand Generation campaigns on FP

Health talk on FP methods including DMPA-SC and self-Injection should be provided at every primary health care facility alongside with community sensitization programme to create general awareness about the contraceptive and provision of on the spot service delivery .

FP Ambassadors

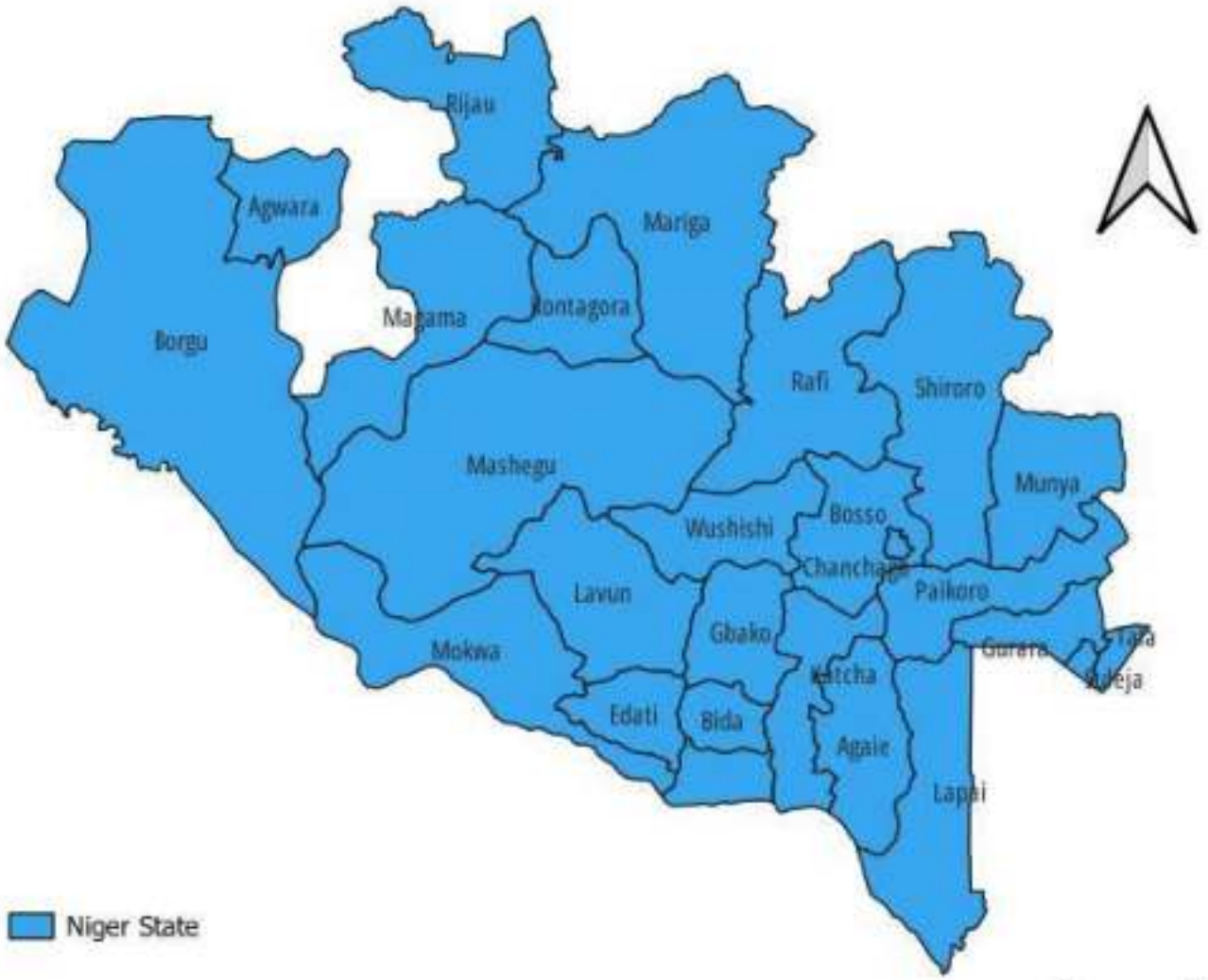
To close the gaps in unmet need and access to FP , Users who are highly satisfied with DMPA-SC and SI method should be encouraged to be ambassadors of FP in the respected communities

THANK YOU !

Optimizing DMPA- SC Self Injection Uptake at the sub-national level: Niger State account

Presented By:

Nurse Dorcas Talatu Abu (RN/RM,BNSc, B/ED, PGDE,MPH)
Family Planning Coordinator,
Ministry of Primary Health Care, Niger State



Population- 7**,216,978**

LGAs-**25**

Hard to reach communities-**2,105**

Landmass- **76,469.903** km^2 equivalent to about **10%** of the total land area in Nigeria

International boundary-Republic of Benin at Babanna in Borgu Local Government Area in the Northwest.

Women Of Child Bearing Age(WCBA)-**1,586,415**

TFR- 5.8

Mcpr -12.6%

CPR-15.3%

Data sources: MICs 2021,DHIS,2018 NPOPC

Introduction

- **Overview:** DMPA SC: is a form of contraceptive injection called Depot Medroxyprogesterone Acetate (DMPA). DMPA SC is administered subcutaneously (under the skin) as opposed to intramuscularly (into the muscle) and self injection indicates that the DMPA SC injection can be administered by individuals if trained rather than healthcare providers to promote selfcare.

Importance of DMPA SC/SI

- DMPA is a highly effective method of contraception that provides protection for an extended period after a single injection.

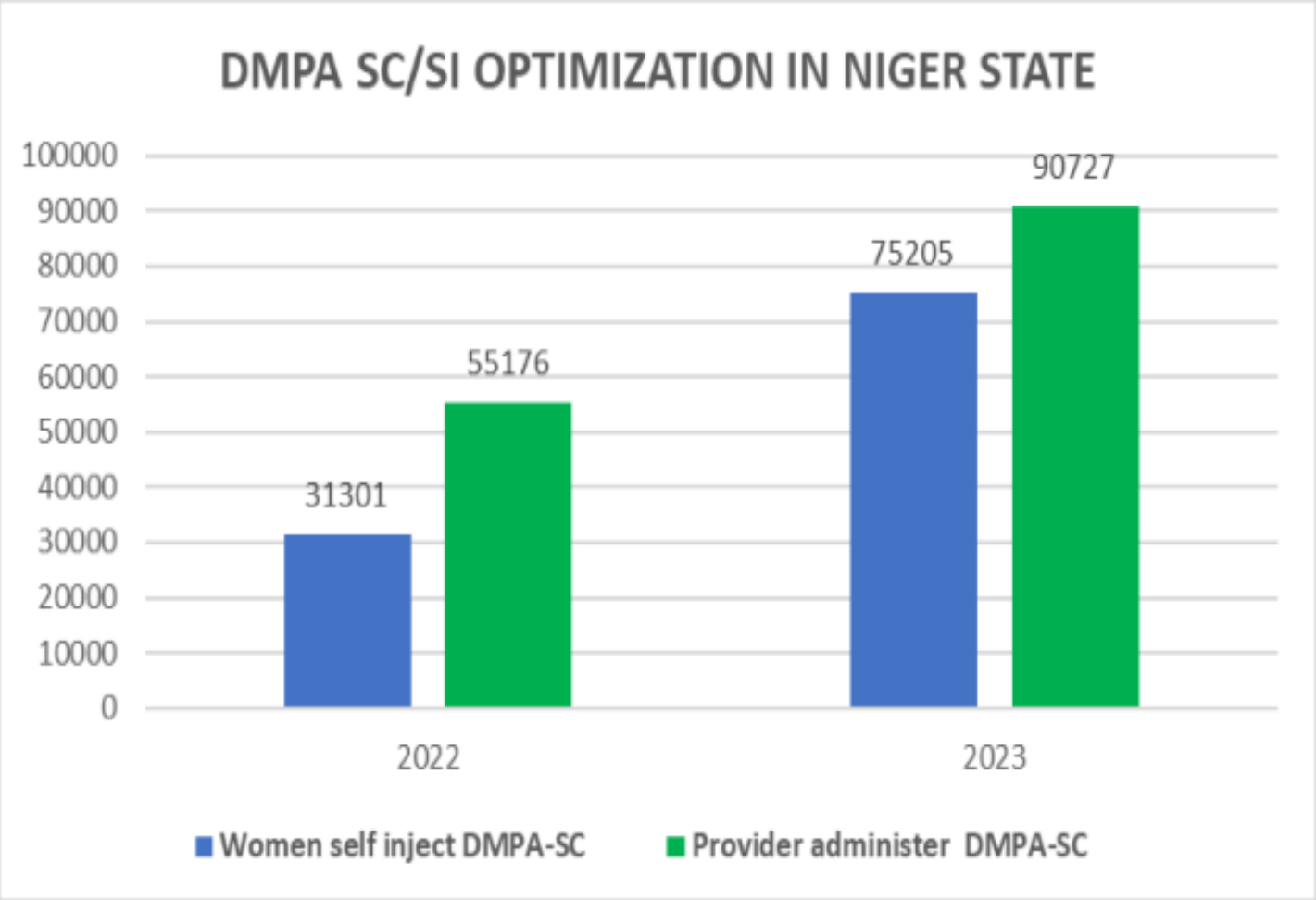
- It is reversible and offers a convenient option for individuals who value privacy.

- it is administered less frequently, reducing stress of daily adherence, risk of missed doses and financial burden

Goal:

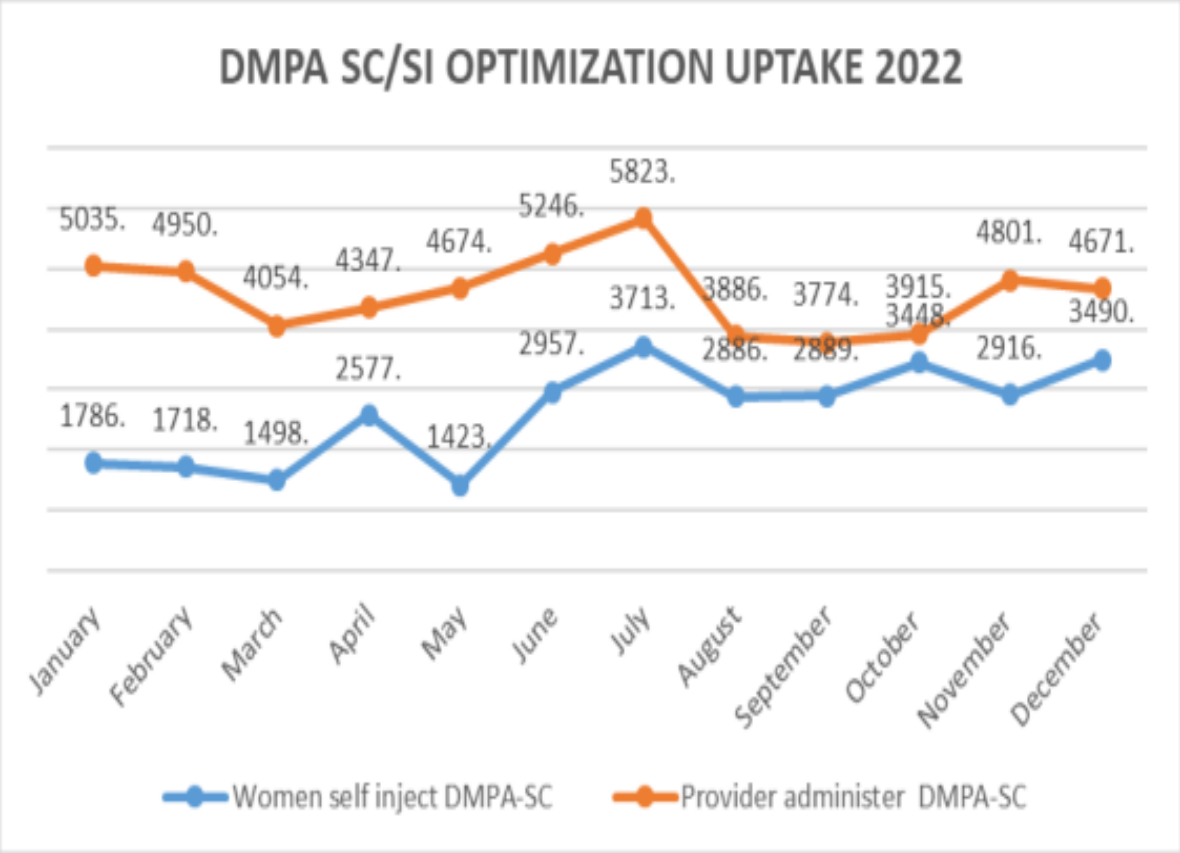
- It aimed at increasing awareness, access, education, and support for self-injection, ultimately leading to higher rates of adoption and utilization in Niger State.

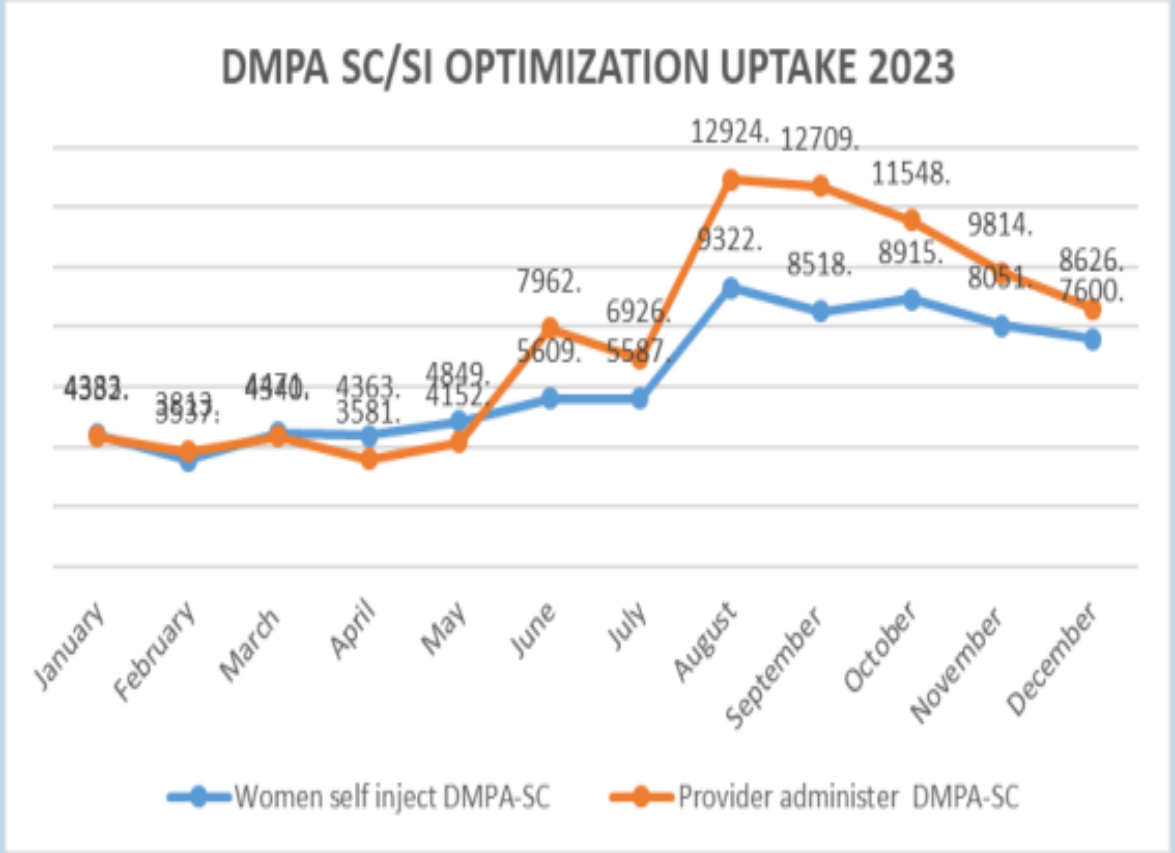
CURRENT SITUATION



There has been a steady increase in the uptake of DMPA SC/SI despite the challenges faced. Above all, DMPA SC/SI has proven, without reasonable doubt, to be a “game-changer”. If the momentum is sustained, by the end of 2024, the uptake is expected to double.

CURRENT SITUATION(2)





KEY DRIVERS

- High political will
- Availability of Annual operational plan (AOP)
- Pool of master trainers in the state.
- Increase in accessing DMPA services by increasing SDPs from 222 -527
- Reduction in time waiting in the facility since its self administered
- Availability of trained FP service providers (HR) across 527 SHF&PHC facilities.

…..KEY DRIVERS

- Monthly community outreaches (CHIPS and CORPS &SPs)
- Traditional leaders engagement (First Class Emirs, and community leaders)
- Collaboration with inter faith group such as CAN,JNI, FOMWAN, WOWICAN.
- Child birth spacing advocacy working group(Pathfinder and TCI)

…..KEY DRIVERS

- Presences of partners in the state e.g ARFH,SFH,MSI,
- Continuous sensitization, outreaches and service integration carried out and supported by the State.
- Working closely with other MDAs to achieve result(MWA.MOE.MYS etc)
- Leveraging on other programs such as Integrated People Centred Health and Services (IPCHS),Ward Health Development Committee (WHDC) .

IPCHS :

Create knowledge and awareness on the benefits of service integration

Explore different mechanisms for promoting integration in different contexts (state vs LGA, community vs facility, management vs service delivery etc)

Ensure ownership of efficient strategies targeted at promoting integration across different levels

Promote access to integrated basic packages of services for the poor and vulnerable

BOTTLENECKS

- Banditry and kidnapping
- Over 2,105 hard to reach communities in the state
- Unmet needs of 19.2%(NDHS 2018)
- Bureaucracy in release of fund
- Gaps in contraceptive logistics management system(CLMS)
- Yet to commence and domesticate procurement of FP commodities(though, it has been captured in the 2024 AOP)
- Robust monitoring and evaluation

Monitoring and Evaluation: Establishing robust monitoring and evaluation mechanisms to track uptake, adherence, and outcomes of DMPA SC self-injection programs is essential. Limited resources, data collection challenges, and the complexity of measuring impact may pose obstacles.

ACHIEVEMENTS

- mCPR from 6.4% (NDHS 2018) to mCPR 15.3% MICS survey 2021
- Trained 1331 SPs on DMPA-SC SI across 25 LGAs by ARFH
- We have 25 designated FP coordinators across 25 LGAs
- Reduction of Unmet needs from 24,3% - 19.2%(NDHS 2013&2018) respectively
- Engagement of 150 Corps across 25 LGAs by ARFH in the CODSAIN project

CONCLUSION

Together, we can make significant strides in expanding contraceptive options and promoting reproductive autonomy, ultimately leading to a healthier and more empowered communities where Women and Girls reach their full potential.

CONCLUSION

In conclusion, optimizing the uptake of DMPA SC self-injection in Niger State presents a valuable opportunity to improve access to contraception and reproductive health services. By leveraging on existing resources, engaging stakeholders, and addressing challenges, we can work towards empowering individuals to make informed choices about their reproductive health and contribute to better health outcomes .

GALLERY

Creating Awareness on DMPA in Gbako LGA , Niger State

SI Client at PHC Tunga , Niger State

Creating Awareness on DMPA in Gbako LGA , Niger State

DOP ARFH Visit to Ministry Of Primary Health Care

THANK YOU