Post Pregnancy Family Planning: showcasing project achievement and learnings

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Presentation outline

- Introduction
- Project definition
- Project interventions
- Outcomes
- Sustainability efforts
- Best Practices
- Challenges
Introduction

• The Post Pregnancy Family Planning Project funded by the Bill & Melinda Gates Foundation and MSD for Mothers is a follow-up of the FP 2020 declaration and an opportunity to reduce missed opportunities in the post pregnancy period.

• As family planning stakeholders look to accelerate progress toward Family Planning 2030 goals, the private health sector presents a significant opportunity to increase access to a wider range of modern contraceptive methods for a larger number of women.
Post Pregnancy Family Planning

Post Pregnancy Family Planning is defined as the prevention of unintended and closely spaced pregnancies through the first 12 months after childbirth

• The post-pregnancy period is a critical time to reach women and help them understand how to delay their next pregnancy – for their health and that of their new-born child

• It also represent a missed opportunity due to repeated contacts with the health system

The Project aimed to increase contraceptive use amongst post pregnancy women within the clinical private sector in Lagos state by institutionalizing family planning along the MCH continuum of care
Theory of Change

Interventions

Poor family planning ideation amongst clients and providers

Low demand for contraceptives and desire to use post-pregnancy

Low family planning client volume for post-pregnancy services

Lack of clinical skills and inability to purchase in bulk at affordable costs

Lack of profitability

Creating demand for contraceptives during the post pregnancy period and service delivery interventions will address the lack of skills, motivation, support, and the cost of logistics. Addressing all these will make PPFP financially viable in the intervention facilities

Outcomes

Improved ideation

Increased demand for FP services

Increased client volume

Improved provider skills and competence

Increase profitability
Criteria for selection of the private health facilities

01 Registration with HEFAMA
02 Evidence of submission of data to the LGA
03 Provide maternal and child health services
04 MD’s commitment to family planning
05 Provide an acceptable level of quality services
Implementation sites

236 private health facilities across 19 LGAs
Private sector landscape

• Scanty and outdated SBC materials for family planning services (PPFP materials non-existence)

• Less than 10% of facilities utilized protocols and guidelines for the provision of FP services with low technical competence

• Weak Monitoring and Evaluation system - for quality FP data, reporting & use in the private sector

• Paper-based data submission, cumbersome, and time consuming

• Poor integration of family planning services into maternal, new-born, and child health (MNCH) services

• High prevalence of provider related bias for FP service provision

• Misperception around timing for contraceptive use in the post pregnancy period

• Lack of perceived need for family planning among women leading to poor demand for service

1PPFP Facility Survey 2018, 2PPFP Qualitative study 2018
3-pronged implementation model

Advocacy
Create an enabling environment for project activities and stakeholders' engagement

Demand Generation
Theory driven demand generation efforts using multiple channels to disseminate culturally sensitive messages that addressed issues and concerns around FP

Service Delivery
Strengthen the health system by improving the quality of family planning services

With Research, Monitoring and Evaluation cross cutting the various thematic areas
Advocacy interventions

- Advocacy visits to the State and key private sector Associations (AGPMPN and AGPNP), which facilitated entry into the private health facilities
- Visited the facility owners on program implementation modalities
- Collaborated with the InterFaith Forum for visits to the health facilities affiliated with religious organizations
- Supported and participated in the Lagos state’s FP TWG
Demand Generation Interventions

- Developed SBC materials and videos focused on the post pregnancy period
- Developed 2 radio spots specific for PPFP
- Trained health workers on inclusion of family planning health talks
- Supported in-clinic mobilization during MCH clinics
- Branded the health facilities and providers
- Conducted social mobilization activities within the communities
Service Delivery interventions

• Trained 14 Trainers on the inclusion of PPFP in the training module
• Developed job aids and guides for quality FP services
• Linked the private health facilities to various options for the supply of family planning commodities including the state government
• Renovated and equipped 236 private health facilities in the state
• Supported peer learnings by the FP providers
• Developed quality improvement guides
Research, Monitoring and Evaluation

- Built the capacity of 966 health workers on the use of NHMIS data tools.
- Printed and distributed the 2018 HMIS registers to the supported facilities.
- Piloted the use of the mobile DHIS for collection of MCH data reporting in 20 facilities.
- Strengthened the capacity of the facility to better use data for planning and decision making (progress score cards).
Project outcomes
Social mobilization activities

- **171,553** persons reached with family planning messages during MCH clinic and community mobilization
- **15,414** women referred for FP information and service provision
- **13,190** completed referrals (88% completion rate)
Improved ideation

- 6.5% Increase in personal family planning advocacy.
- 6.2% Increase in women who engage in FP discussion with spouse.
- 17% Increase around the rejection of myths around the use of family planning around the post pregnancy period.
- 21.1% Increase in overall perceived self efficacy to use FP in the post pregnancy period.
Reduced provider bias for FP services

18%
Reduction in provider restriction to offer IUD and implants to women based on parity

10%
Reduction in provider restriction to offer IUD and implants to women based on marital status

10%
Reduction in provider restriction to offer IUD and implants to women based on minimum age

27%
Reduction in provider restriction to offer any short acting method to women based on parity

16%
Reduction in provider restriction to offer any short acting method to women based on marital status
Health system strengthening for PPFP services

- **229** functional quality Improvement Teams
- **1,208** Doctors and Nurses trained on LARC
- **300** lower cadre health workers on IPCC and referrals
- **199** CHEWs trained on Injectibles
- **236** facilities renovated
Multiple sources of FP commodities

<table>
<thead>
<tr>
<th>Source</th>
<th>Before the Project</th>
<th>After Project implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Commodities</td>
<td>27%</td>
<td>0</td>
</tr>
<tr>
<td>Local Government Area</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td>Other Vendors</td>
<td>27.50%</td>
<td>28%</td>
</tr>
<tr>
<td>Social Marketing organizations</td>
<td></td>
<td>55%</td>
</tr>
</tbody>
</table>

42.50% before the project vs. 55% after project implementation.
Reduction in commodity stock out

Percent commodity stock out for family planning

Batch 1 facilities
Batch 2 facilities
Batch 3 facilities
Batch 4 facilities
Quality improvement Measures

Waste Segregation

Handwashing

Instrument decontamination

48% → 97% → 59% → 97% → 42% → 97%
Contraceptive uptake post implementation

Modern contraceptive uptake before Project implementation

4,653

31,621

Modern contraceptive uptake after project implementation (endline)
FP counselling across supported facilities
Increased contraceptive uptake across the facilities

Contraceptive uptake among women across supported facilities April 2018 - May 2021
Women who report obtaining contraceptives in private facilities doubled across survey rounds

Baseline
- Government: 32.7%
- Private: 24.1%
- CHW: 22.2%
- Pharmacy: 2.6%
- Chemist: 9.8%
Endline
- Government: 36.1%
- Private: 19.6%
- CHW: 16.8%
- Pharmacy: 1.8%
- Chemist: 22.2%
- Others: 6.5%
Use of Implants more than doubled from baseline to end-line
Key learnings

• Use of facility score cards and peer learnings enhanced healthy competition and created a drive for improvement
• Development of guidelines enriched the delivery of quality FP services
• Linking the facilities to existing structures for FP commodities, reduced stockout rates
• Service provision alone does not bring the big change in PPFP uptake but must be paired with demand activities. Many women and couples make their decisions about methods before they get to the service location.
• The media materials generated discussions among clients and encouraged FP uptake.
• Step down training is key to ensuring retention of knowledge and skills
• Using clinic-generated data to advocate with owners was key in ensuring ownership of interventions
• Developed operational guides for various interventions
• Strengthened the link between the private sector providers (clinical and non-clinical) through the formation of a Family Planning Providers Network
• Provided electronic copies of all SBC materials and job aids
• Facilitated inclusion of quality improvement measures in the facilities.
• Developed a website for repository of PPFP resources
Challenges

- High attrition worsened during the COVID pandemic
- The high cost of FP services especially in health facilities using HMOs
- Delay in transition from LAM to modern FP method
- Sub-optimal implementation of the TSP
- Inadequate dissemination of adapted strategies and best practices to the private sector
Conclusion

• Post Pregnancy Family Planning in Lagos’ private sector is crucial, a quick win, diffuses and impacts other components of Maternal and Child services.

• This project has generated evidence (especially based on experiences in working with the private sector) for better programing of PPFP in Nigeria

• Investment in private sector PPFP during the maternal continuum of care is a viable strategy to impact change
“It’s long been accepted as fact that the availability of family planning services saves lives. Where women have access to these services, children and families are healthier, and society at large benefits”

Martha Plimpton
Thank you!