

Project overview, RMEL Design and Research findings

- Overview of the PFP Project
- RMEL design
- Methodology
 - household survey
 - health facility survey
- Key findings from household survey
- Key findings from health facility assessment
- Discussion
- Questions and answers

The PFPF 3-Pronged Intervention Model

Activities at the three levels
were guided by the Ideation
model



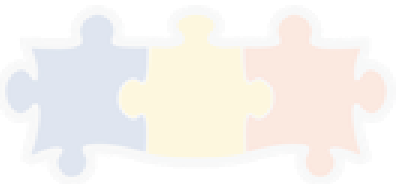
- Create enabling environment for demand generation and service delivery, engaging with all stakeholders irrespective of sensitivities



- Theory-driven DG efforts used multiple channels to disseminate culturally sensitive messages that addressed issues and concerns around FP

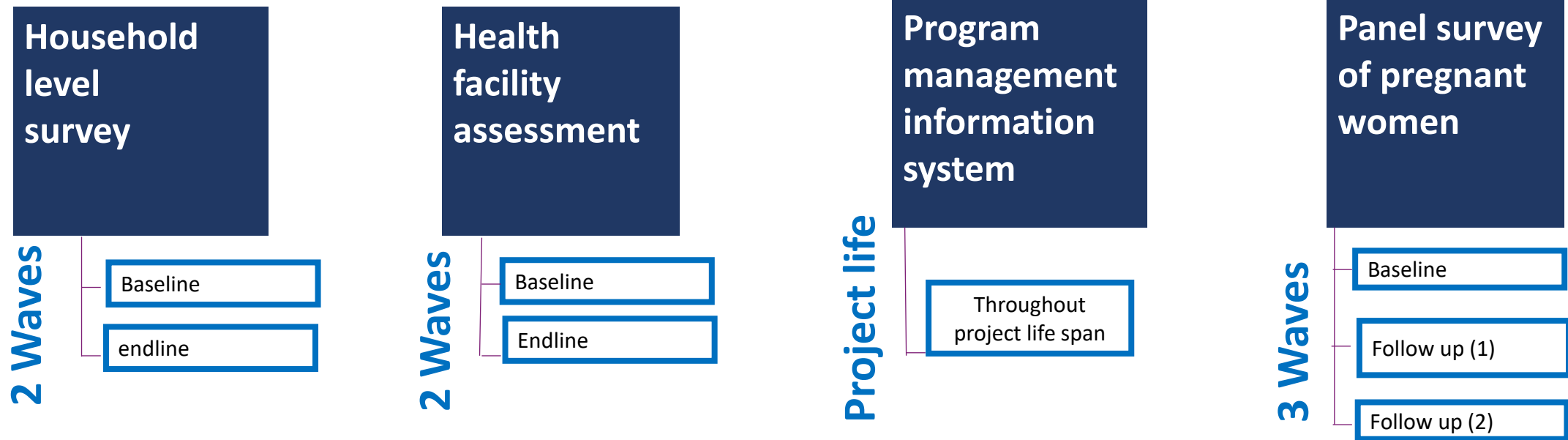


- Strengthen the health system by improving quality of FP services



Methodology

RMEL Design for the PFP Project

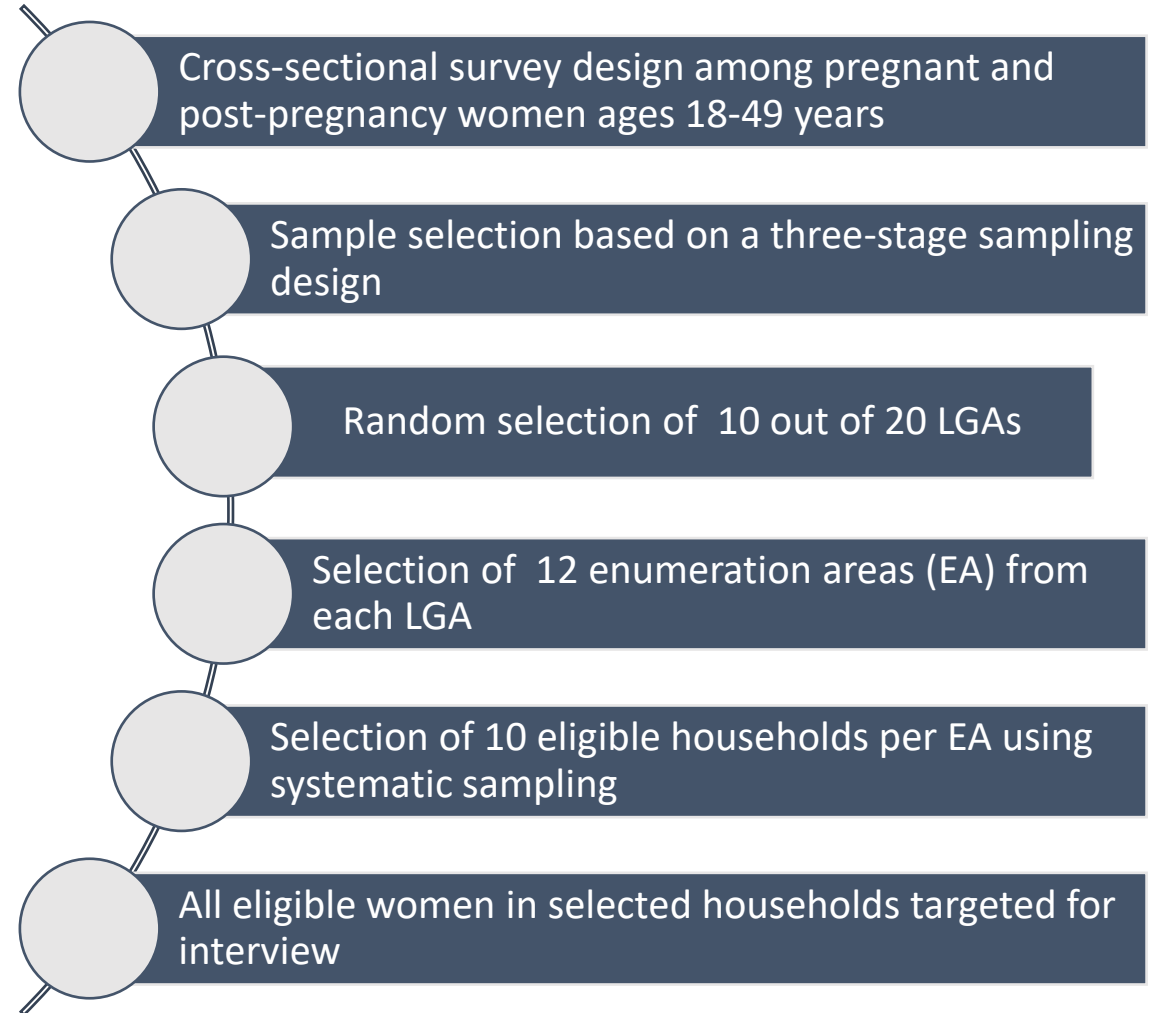


Household survey

Study Objectives:

- Gather data to guide program design and implementation.
- Monitor the reach of PFP multi-channelled communication programs in Lagos state;
- Assess the association between PFP demand generation activities and intermediate outcomes, including ideational variables

Survey design and sampling approach



Household survey

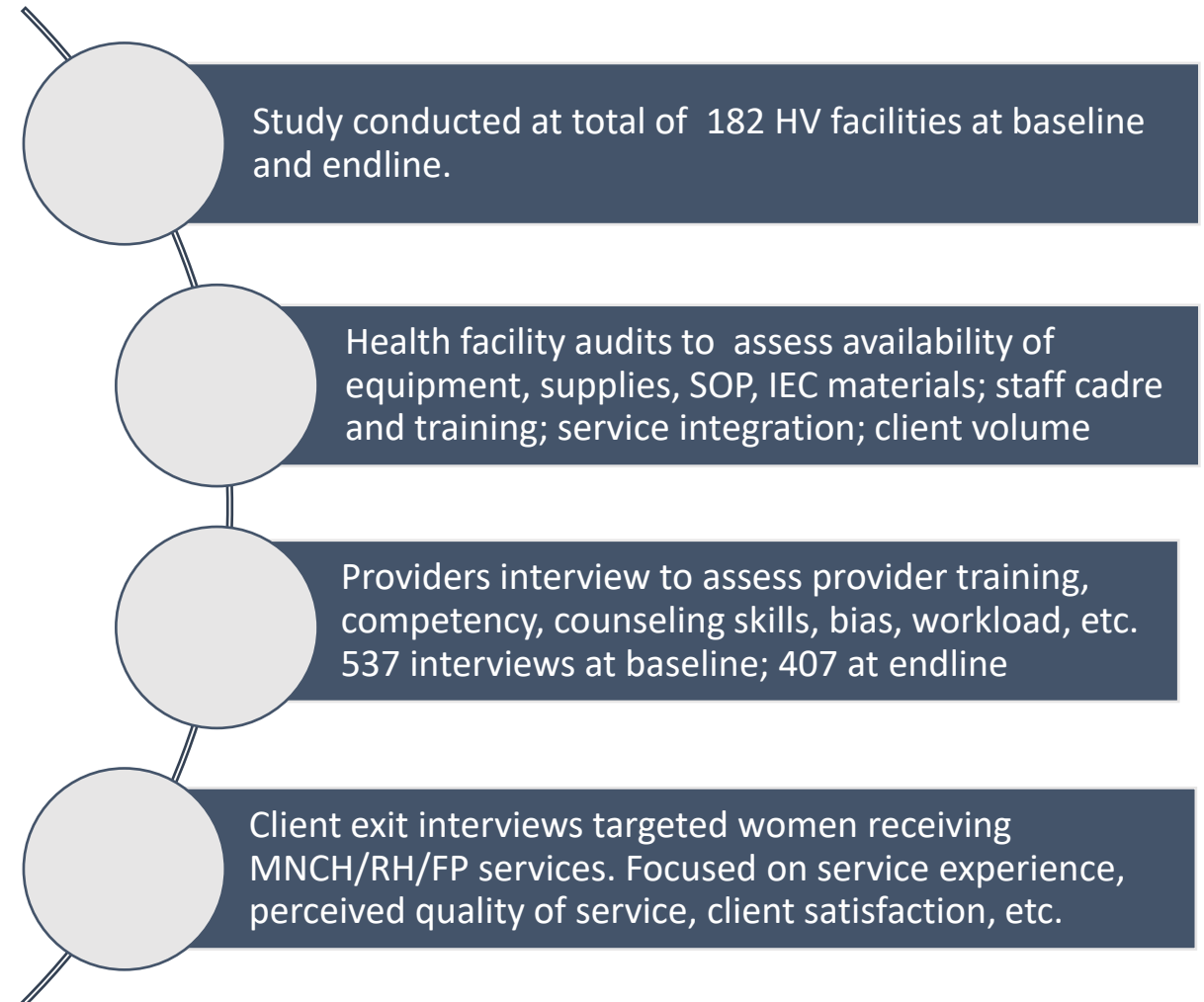
- Eligibility: Women aged 18 – 49 years and either currently pregnant or had a child within the last 12 months
- Implemented in 2018 (baseline) and 2020 (endline)
- Ethical approval obtained from the Lagos State University IRB and the Johns Hopkins University IRB
- Sample size: 1244 at baseline, 1347 at endline

Health Facility Assessment

Study Objectives

- Assess preparedness of HVS to provide quality integrated FP services.
- Describe the processes followed by providers in providing FP counseling and services.
- Document the extent to which FP services are integrated into other MNCH services.
- Identify gaps in equipment, training, commodity, and resources needed to offer quality FP counseling and services.
- Understand clients' perceptions of FP services and satisfaction with service quality.

Survey design and sampling approach



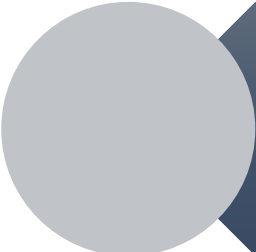
Health Facility Assessment



Nested data allow linking facility, providers and clients




Implemented in 2018 (baseline) and 2021 (endline)



Ethical approval obtained from the Lagos State University IRB and the Johns Hopkins University IRB

Program Management Information System (PMIS)



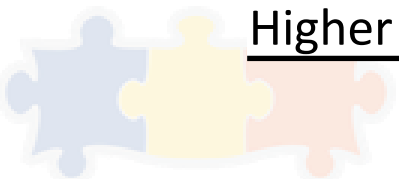
Monitoring system implemented at service delivery, demand generation, and advocacy levels:

- **Service delivery:** Tracked FP uptake, method mix, commodity stock-out and referral system at HVS
- **Demand generation:** Tracked number of spots aired, number of clients reached during events, and referrals during in-clinic mobilization activities and facility-led outreaches
- **Advocacy:** Tracked number reached through advocacy-related activities and exposure to religious leaders' and places of worship activities

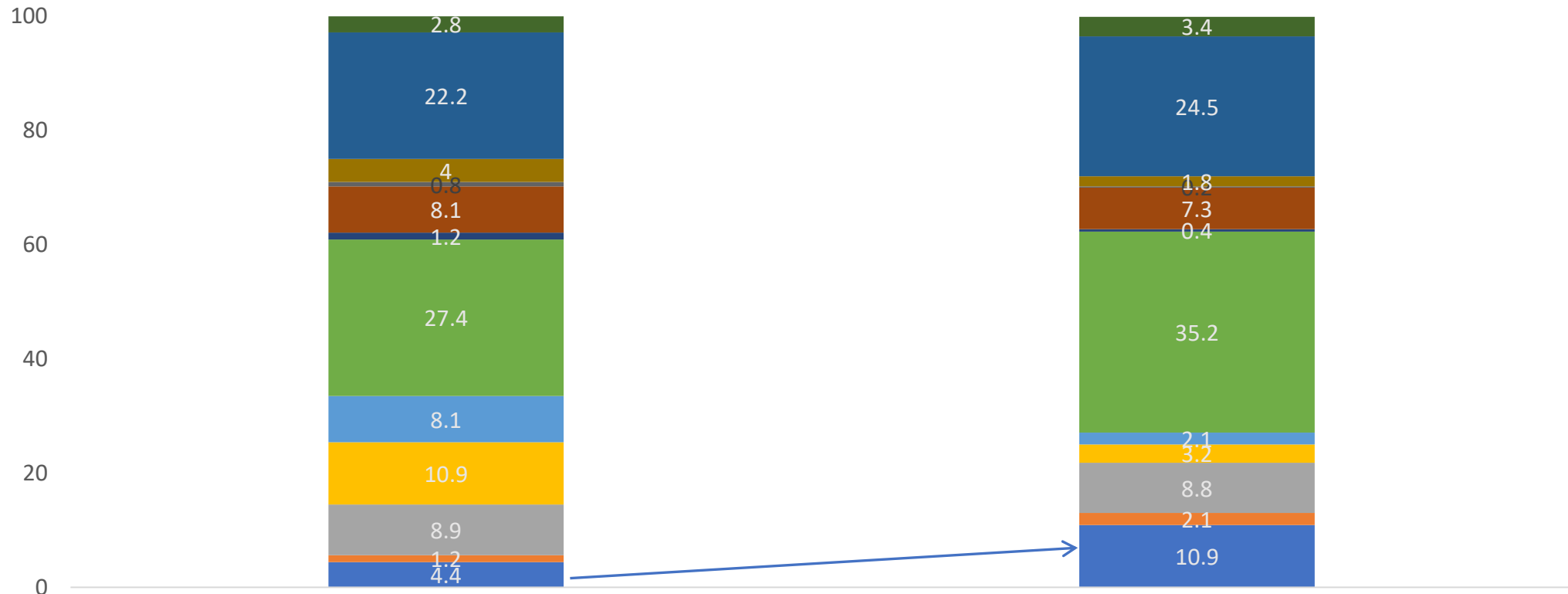
Household survey – Key Findings

Demographic characteristics of PP women in Lagos State

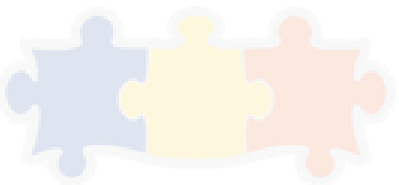
Age group	Baseline (N=1244)	End-line (N=1347)
below 20	3.3	5.2
20-24	16.5	14.5
25-29	32.4	31.0
30-34	27.7	27.2
35+	20.1	22.1
Religion		
Christianity	62.1	65.3
Muslim	37.1	33.1
Traditional/Others	0.8	1.6
Currently married or living with a partner	96.2	94.1
Currently pregnant	35.8	38.5
Highest level of education		
Primary	9.0	2.2
Secondary	68.1	73.4
Higher	22.9	24.4



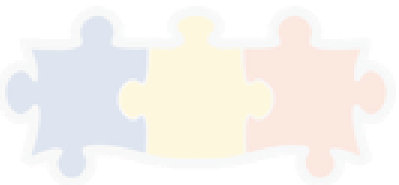
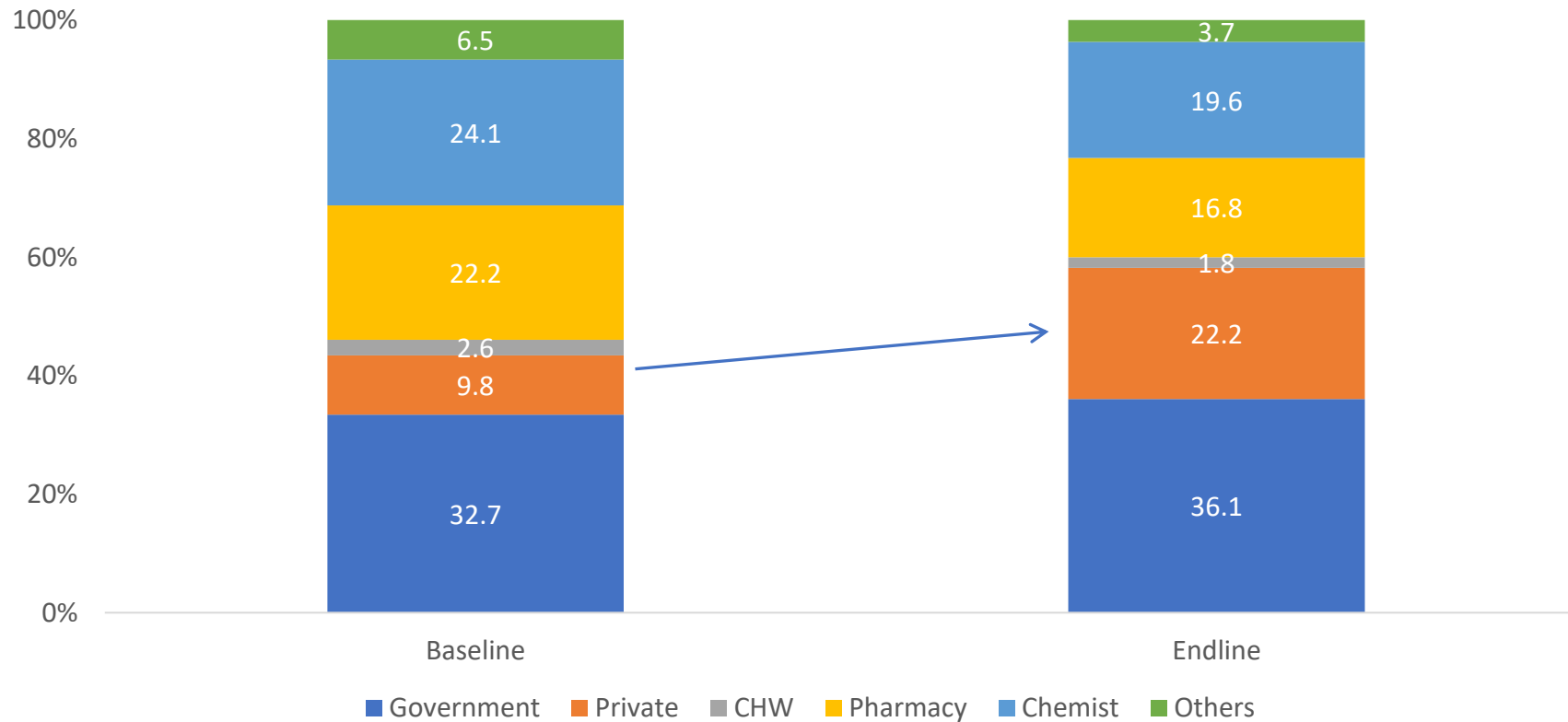
Use of Implants more than doubled from baseline to endline



- Implant
- IUD
- Injectable
- Daily Pills
- Emergency pills
- Male condom
- Female condom
- LAM
- Female sterilization
- Standard Days Method
- Withdrawal
- Others



Women who report obtaining contraceptives in private facilities doubled across survey rounds



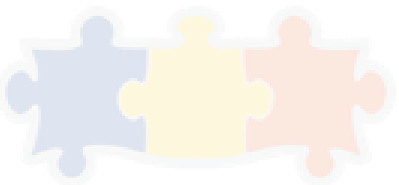
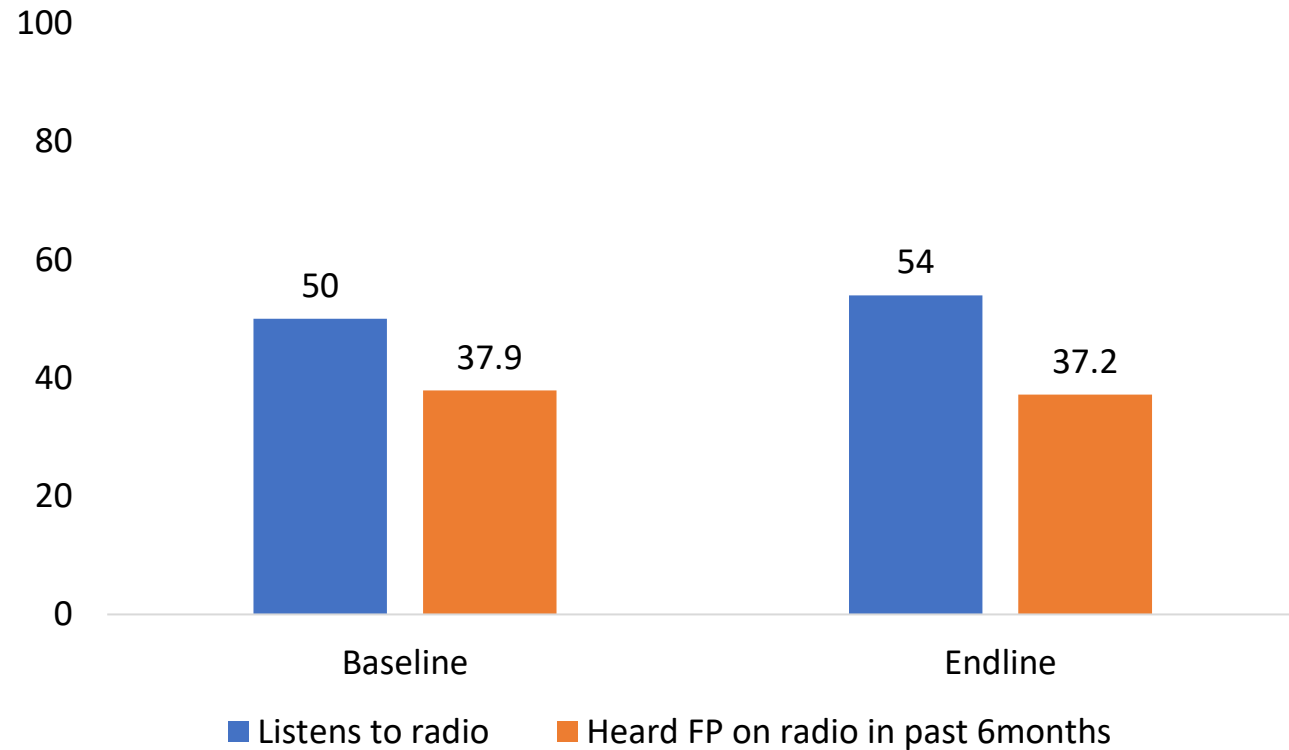
Reported reasons for non-use of contraceptives among PP women

Reasons for non-use of contraceptives	Endline (N=307)
Infrequent sex	7.8
Away from spouse	6.8
Recently had Baby	33.3
Partner Opposes	2.6
Health concern	2.3
Side effects	7.2
Breastfeeding	47.8

Women who reported to have ever heard of LAM by reason for non-use:

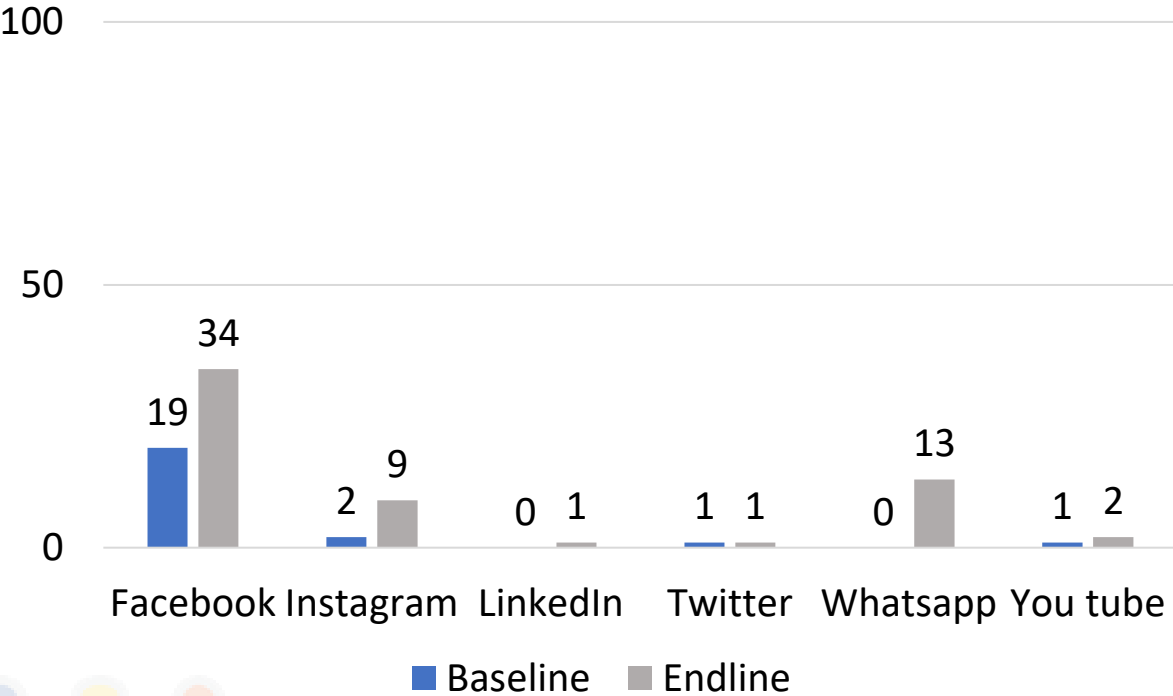
- Only about one-fifth of women with breastfeeding as reason for non-use have heard of LAM
- Likewise only 19.7% of women of who gave reason of recent birth for non-use of FP said they were that just had a baby have ever heard of LAM

Approximately 1 in 3 PP women report that they heard FP info on radio in the last 6 months

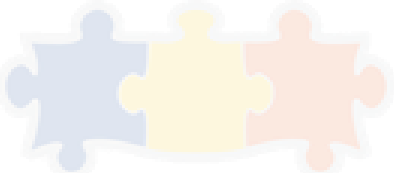
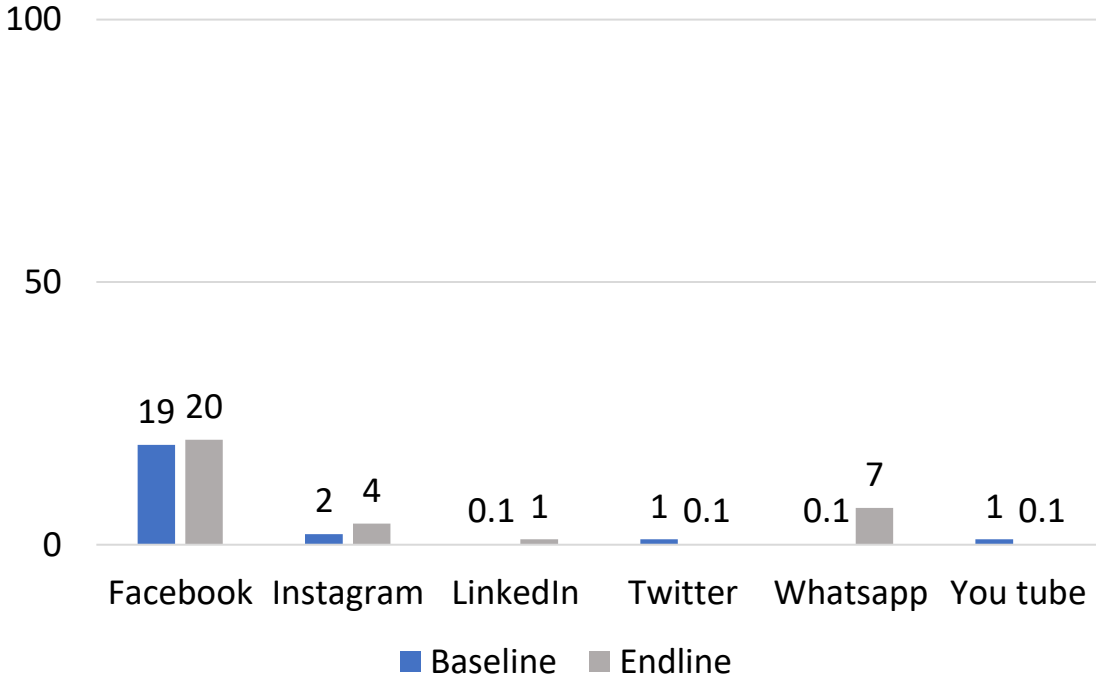


Facebook is reported to be the mostly assessed social media platform in the past 3 months

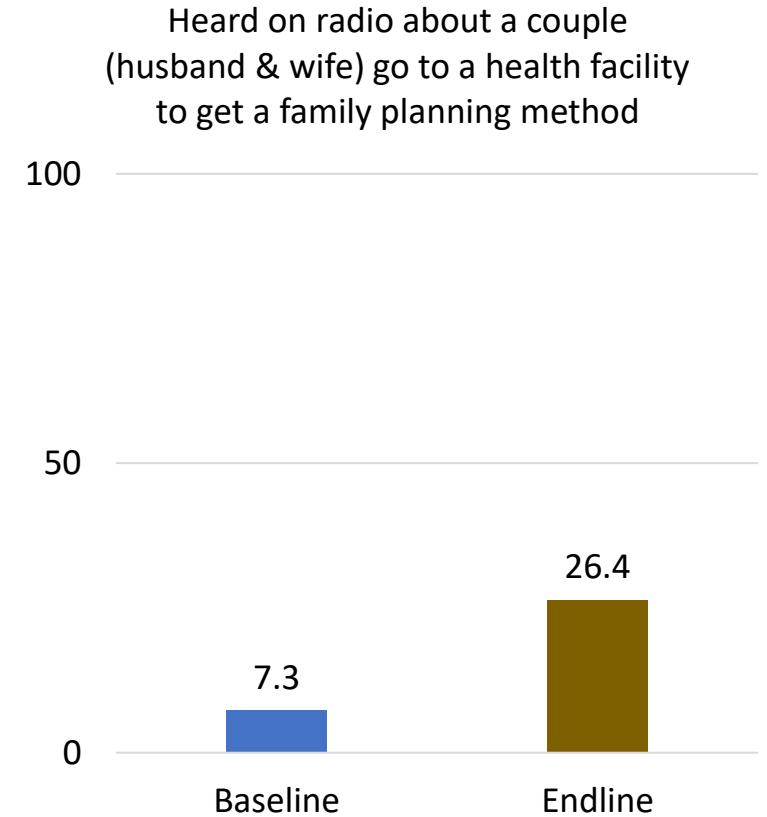
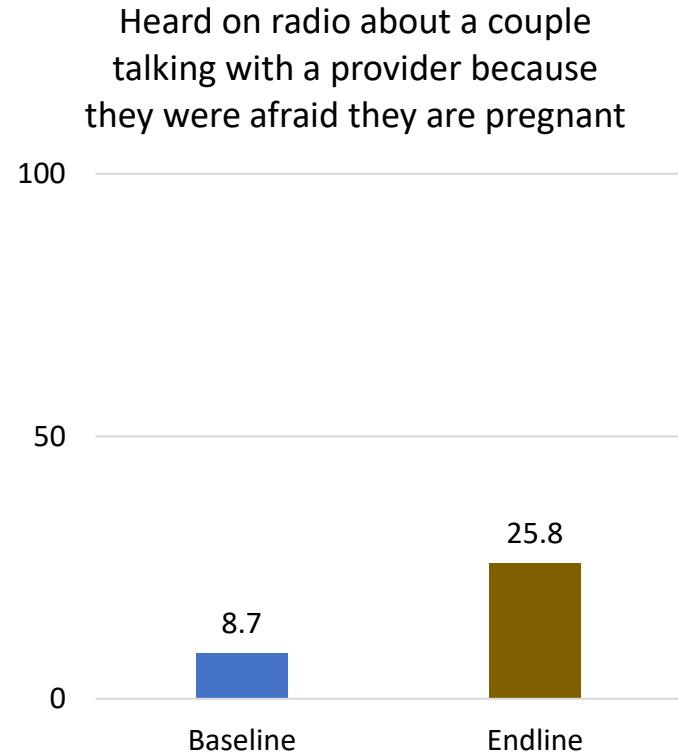
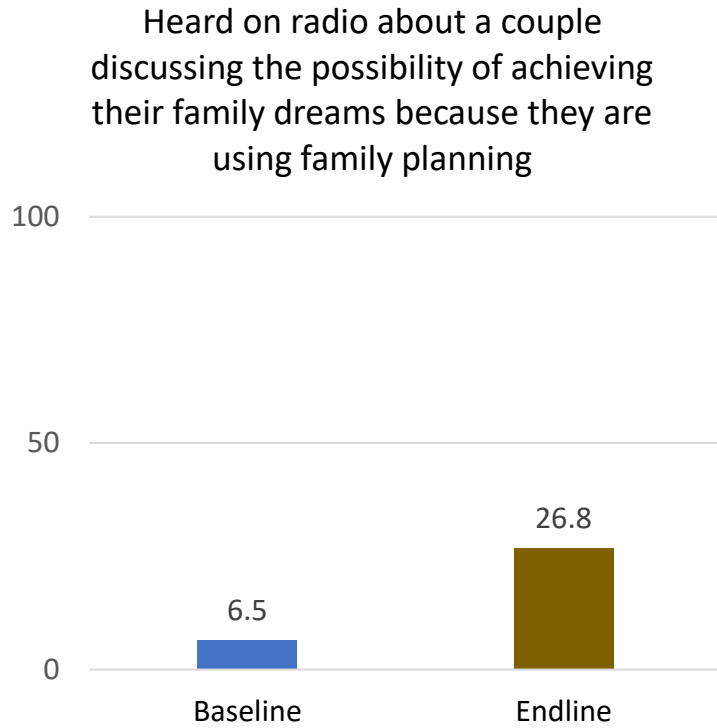
FB is reported to be the mostly used Social Media in last 3 months



1/5th of FB users reported to have seen FP on FB in the last 3 months



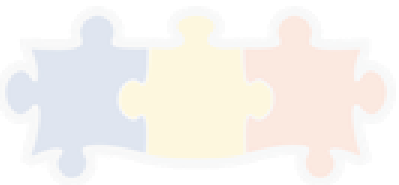
Exposure to radio spots on FP



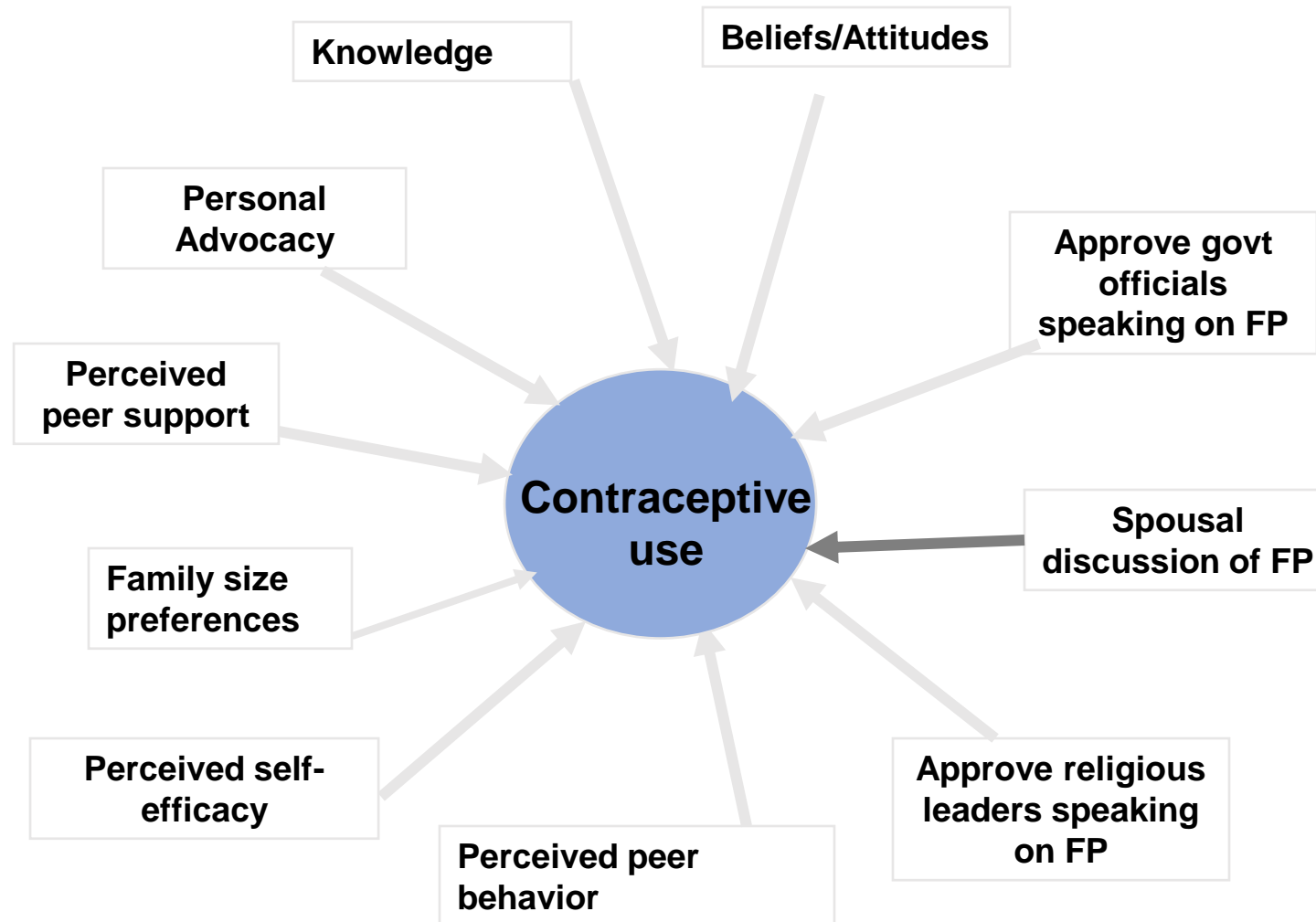
These spots were aired on popular radio stations over a period

Are there any changes between baseline (2018) and endline (2020) as regards ideation, intention and contraceptive use at population level?

- Ideation refers to beliefs, ideas and feelings that people hold about specific behaviors
- Changing people's ideation can change behaviors, including contraceptive use etc.



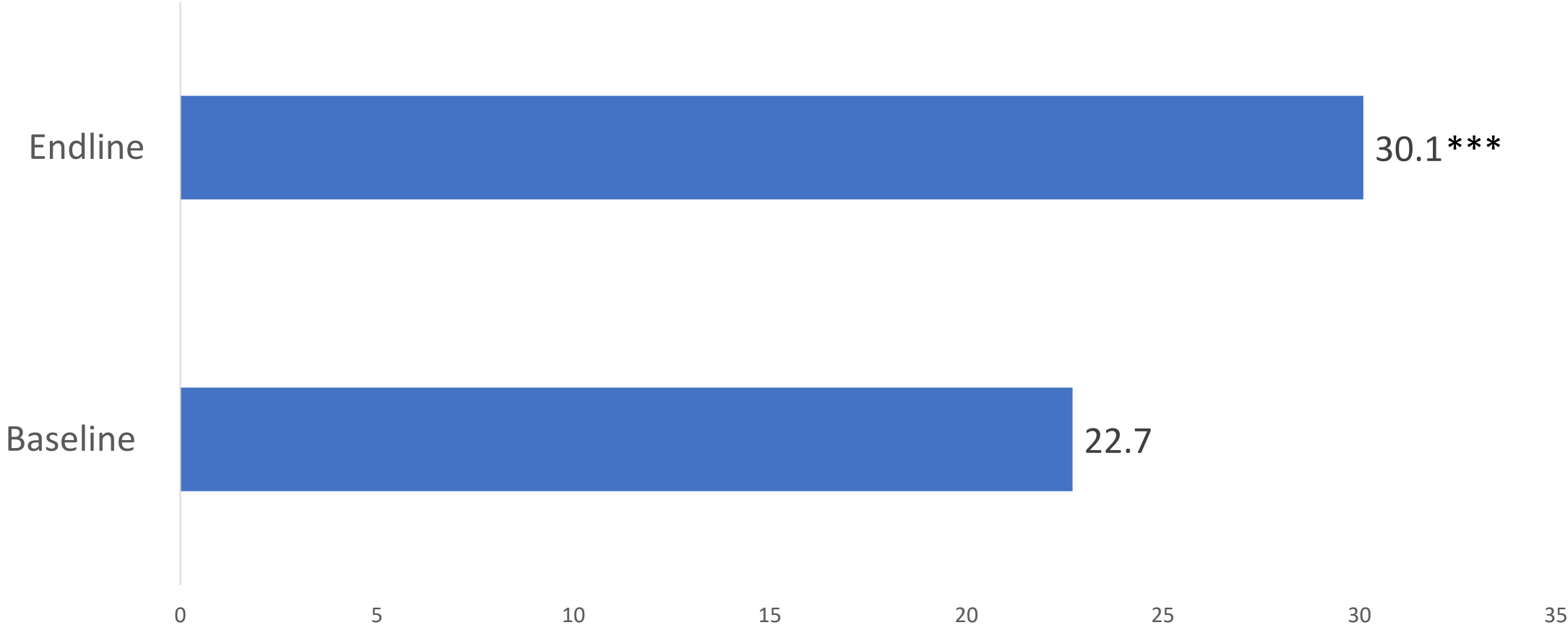
A predictive model of communication and change



Significant increase in key Ideational factors across baseline and endline

Ideation Variables	Baseline (2018)	Endline(2020)	Z, P-Value
Awareness of modern FP methods	76.5	81.9	3.36 (0.001)
Rejection of PFP-related misinformation	45.7	83.2	19.97 (0.000)
Perceived self-efficacy to use FP in the post-pregnancy period	73.9	78.5	2.79 (0.005)
Discussion of FP with spouse in last 6 months	40.0	45.3	2.66 (0.008)
Discussion of family size with spouse	63.2	49.1	6.28 (0.000)
Perceived social support for personal FP use	32.3	30.3	0.83(0.405)
Perceived peer behavior	72.4	72.1	0.15 (0.881)
Personal advocacy	30.5	34.0	1.78 (0.075)

Significant increase in intention to use contraceptive among PP Women across baseline and endline



Logistic regression of selected ideational variables on exposure to PFP SBCC interventions/materials among PP women - Endline

Selected Ideational variables	Exposure to any PFP program material Adjusted OR (95% CI)
Discussion of FP with spouse in last 6months	1.79*** (1.38-2.33)
Discussion of family size with spouse	1.95*** (1.49-2.54)
Personal advocacy	1.87*** (1.41-2.49)
Rejection of PFP-related misinformation	1.23 (0.87-1.72)
Perceived self-efficacy to use FP in the post-pregnancy period	1.09 (0.79-1.51)
Perceived social support for personal FP use	1.25 (0.91-1.74)
Perceived peer behavior	1.15 (0.82-1.59)

p<0.05; ** p<0.01; *** p<0.001,
Models adjusted for age, education, and children ever born

Logistic regression of selected ideational variables and contraceptive use among PP women - Endline

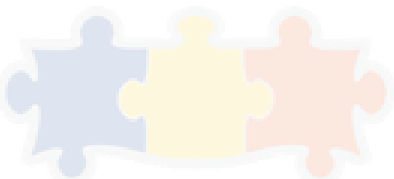
Modern contraceptive use	Adjusted OR (95% CI)
High knowledge of modern FP	2.01*** (1.46-2.76)
Discussion of FP with spouse in last 6 months	1.61** (1.23-2.10)
Discussion of family size with spouse	1.26 (0.96-1.65)
Personal advocacy	1.73*** (1.32-2.28)
Rejection of PFP-related misinformation	2.52*** (1.67-3.80)
Perceived self-efficacy to use FP in the post-pregnancy period	2.04*** (1.41-2.94)
Perceived social support for personal FP use	1.12 (0.81-1.56)
Perceived peer behavior	1.57* (1.11-2.23)

p<0.05; ** p<0.01; *** p<0.001,
Models adjusted for age, education, and children ever born

Health facility assessment – Key findings

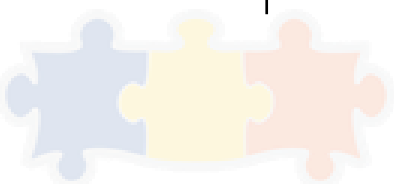
Private facilities that report provision of FP counselling and services increased from 90.5% to 100% across survey rounds

Type of services provided	Baseline (2018)	End-line (2021)	Z, P-Value
Post-natal	89.2	94.5	1.92 (0.055)
Voluntary counselling and testing	53.6	59.9	1.27 (0.205)
Family planning services and counselling	90.5	100.0	4.26 (0.000)
Sexually transmitted infection management	63.7	80.2	3.50 (0.000)



Significant improvement in the availability of equipment/resources that support delivery of quality FP services from baseline to endline

EQUIPMENT	Baseline (2018)	Endline (2021)	Z, P-Value
Dedicated family planning services space	14.8	74.7	11.59 (0.000)
Dedicated family planning cabinet	21.4	70.3	9.56 (0.000)
Backup generator	97.8	97.3	0.34 (0.703)
Toilet facilities	98.9	98.9	--
Storage area for drug and supplies	94.5	98.4	1.98 (0.048)
TV with flash port	78.0	94.5	4.57 (0.000)
Private examination room	86.3	92.9	2.06 (0.040)
Private counselling room	78.6	91.2	3.37 (0.001)
Pharmacy	66.5	84.1	3.89 (0.000)
Running water supply	92.9	96.2	1.38 (0.168)



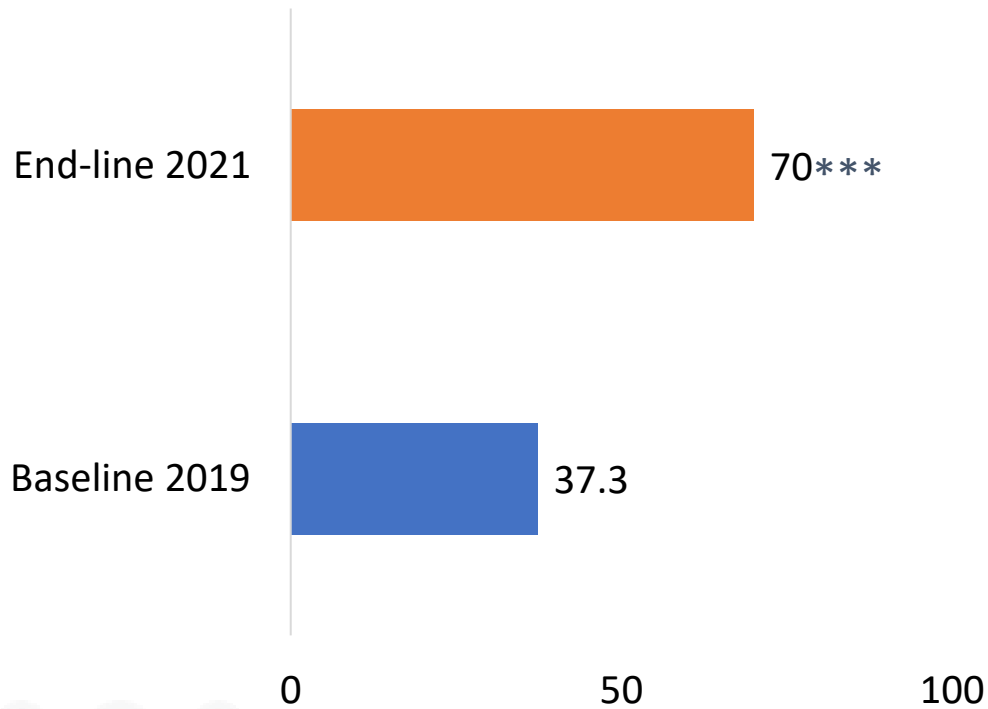
There is significant improvement in the availability contraceptive methods provided across facilities between baseline and endline

Methods	Baseline (2018)	Endline (2021)	Z, t (P-Value)
Combine oral pill	79.3	96.2	5.00 (0.000)
Progestin only pill	51.4	88.5	7.96 (0.000)
Emergency contraception	50.0	80.2	6.28 (0.000)
Male condom	50.0	99.5	11.05 (0.000)
Female condom	33.3	95.6	12.79 (0.000)
Injectables	71.6	100.0	7.82 (0.000)
Implant	61.3	98.9	9.12 (0.000)
IUD	69.8	97.8	7.35 (0.000)
Female sterilization	53.2	70.3	3.52 (0.000)
Male sterilization	35.1	54.4	3.88 (0.000)
Mean number of FP methods provided	5.5	8.8	11.65 (0.000)

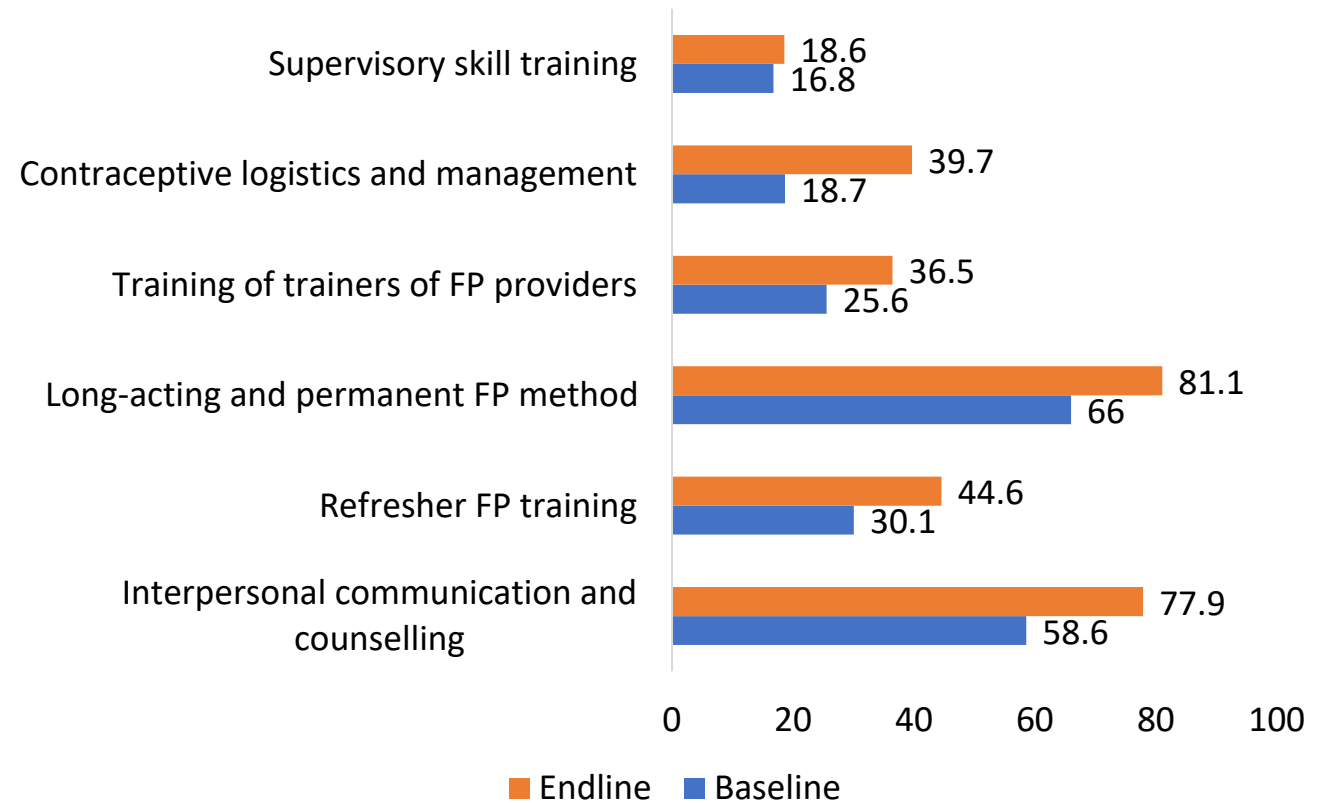


Significantly higher proportion of providers reported receiving training on IPCC, LARC, and CLM at endline

Providers who received an In-Service training on FP



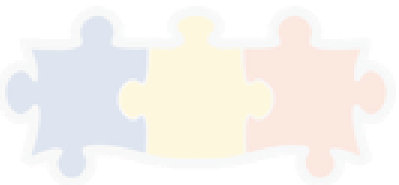
Type of in-service training on FP received



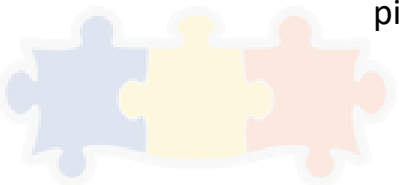
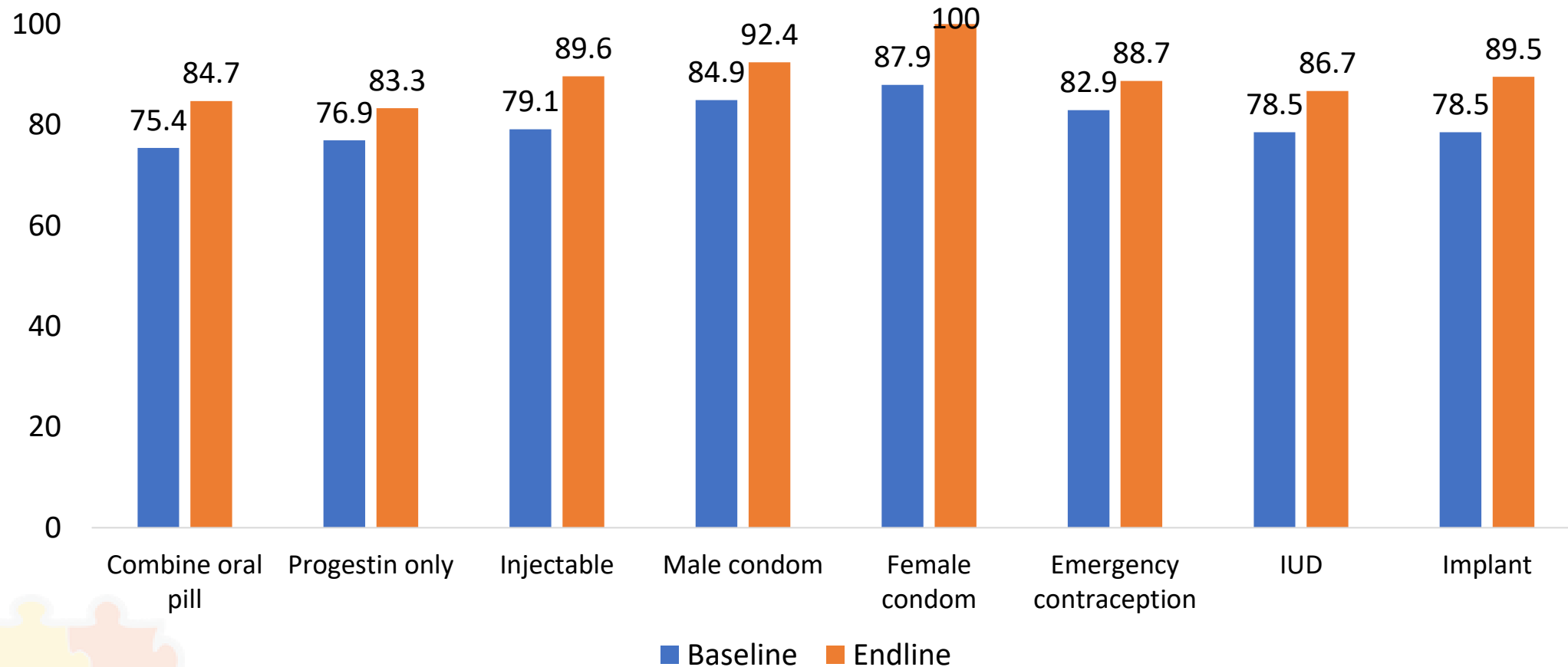
* p<0.05; ** p<0.01; *** p<0.001

Reported use of job aids during ANC, PNC and PAC increased significantly across survey rounds

FP job aids	Baseline	Endline	Z, P-Value
Provider uses counseling job aids to provide FP services during antenatal care	42.9	89.0	13.14 (0.000)
Provider uses counseling job aids to provide FP services during postnatal care visits	39.4	85.3	12.32 (0.000)
Provider uses counseling job aids to provide FP services during post-abortion care visits	36.5	80.0	9.63 (0.000)



Proportion of providers who feel highly confident to offer contraceptives increased significantly from baseline (2018) to endline (2021)



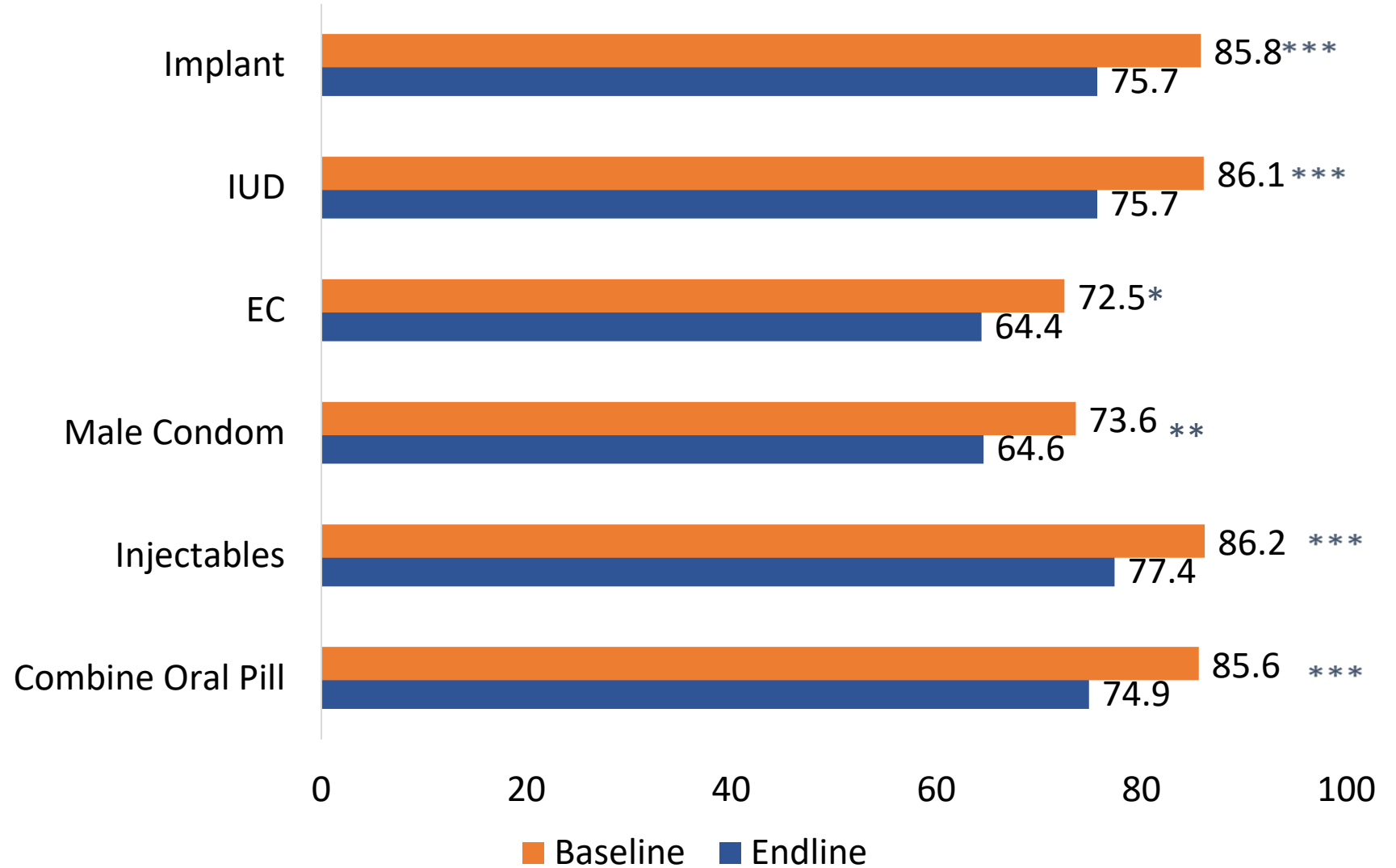
Provider attitude towards contraceptive use for various categories of clients improved from baseline to endline in HVS

Service provider agreed	Baseline (2018)	Endline (2021)	Z, t (P-Value)
A married woman can use contraception before having had any children.	54.0	76.2	7.01(0.000)
A married woman who uses contraception before having had any children deserves the most effective contraceptive option possible.	46.6	46.9	0.11 (0.909)
If you were close friends with a married woman with no children, and you found out she was using contraception, you would remain close friends with her	95.7	97.5	1.51 (0.130)
You would allow your teenage children to be friends with a young unmarried woman who was using contraception	91.6	95.6	2.41 (0.016)
Score for attitudes	6.6	7.0	6.62 (0.000)

Perceived positive attitude and behavior of providers improved

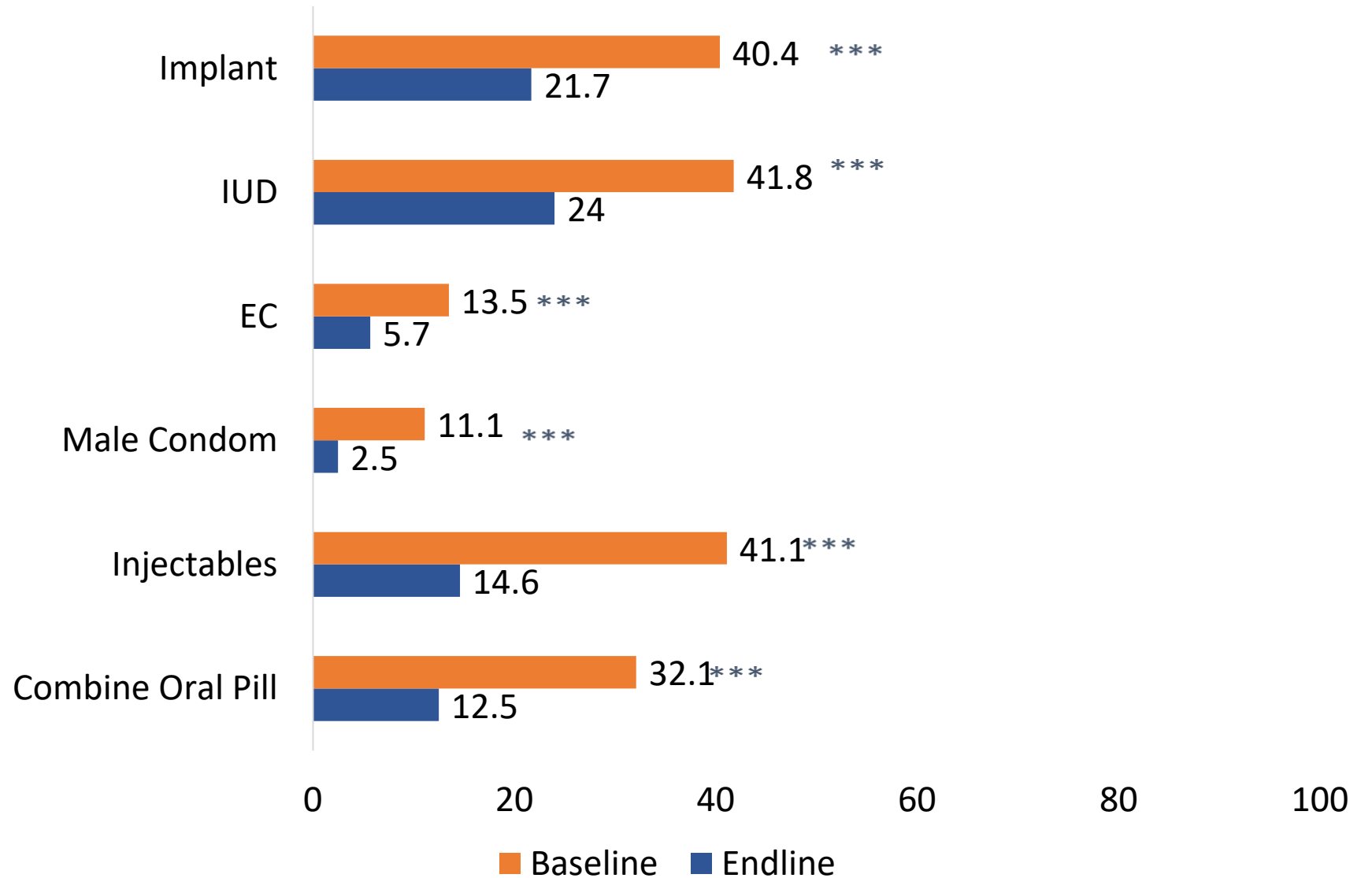
Providers that disagreed with statement:	Baseline (2018)	Endline (2021)	Z, P-Value
Some of my colleagues are uncomfortable providing contraception to an unmarried woman	35.8	57.5	6.64 (0.000)
Some of my colleagues are uncomfortable providing contraception to a woman whose spouse has not consented	29.4	52.3	7.14 (0.000)
Some of my colleagues are uncomfortable providing contraception to a client younger than age 15	15.6	36.4	7.32 (0.000)
Some of my colleagues are uncomfortable providing contraception to a client over age 45	41.2	61.9	6.32 (0.000)
Some of my colleagues are uncomfortable recommending that a woman with only 2 children consider sterilization	28.3	50.4	6.92 (0.000)
Some of my colleagues are uncomfortable providing a long-acting contraceptive method (IUD or implant) to an unmarried woman	23.8	55.3	9.89 (0.000)

Significant decrease in proportion of providers that restrict provision of specific methods based on **age of woman**

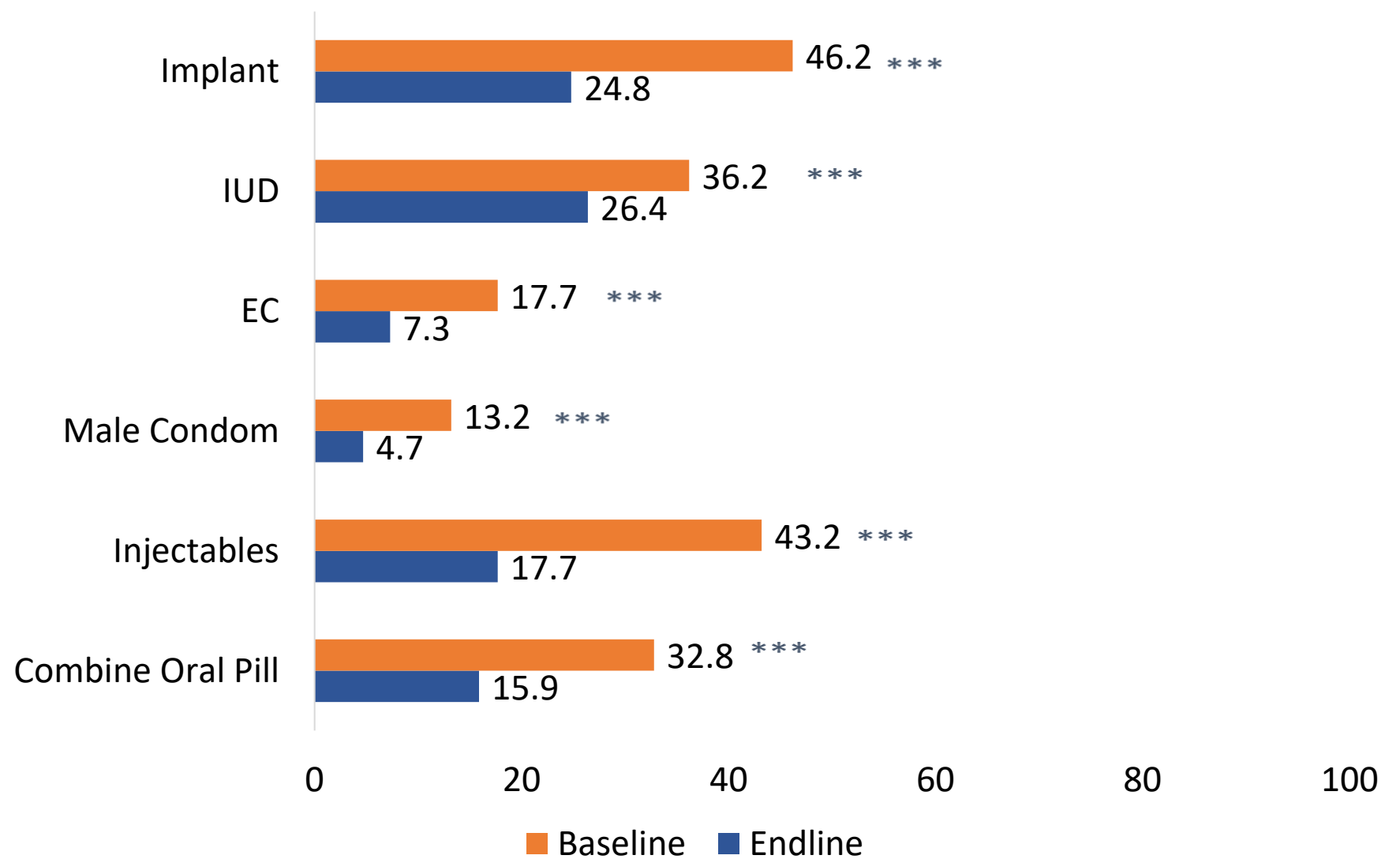


* p<0.05; ** p<0.01; *** p<0.001

Significant decrease in proportion of providers that restrict provision of specific methods based on parity



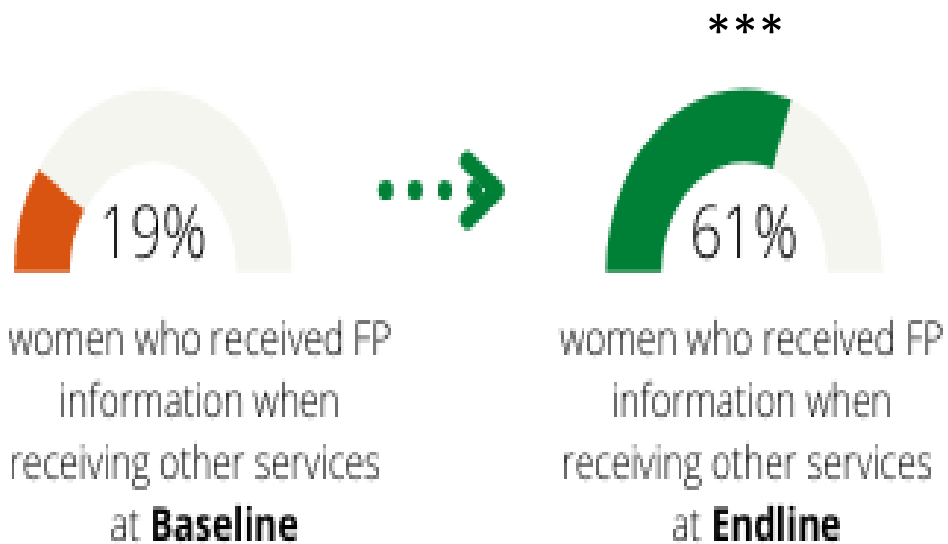
Significant decrease in proportion of providers that restrict provision of specific methods based on marital status of woman



Awareness of availability of family planning services increased among non-FP clients



Significant increase in percent of women who received FP information during MNCH services



Significant improvement in level of client satisfaction with service received



Social Mobilization

This includes In-clinic mobilization, Key life events, Outreaches etc.



Persons
Reached

171,553

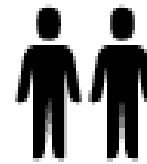


8 out of every 10
persons reached with
family planning
information during
social mobilization
activities were women



Persons
Referred

15,414



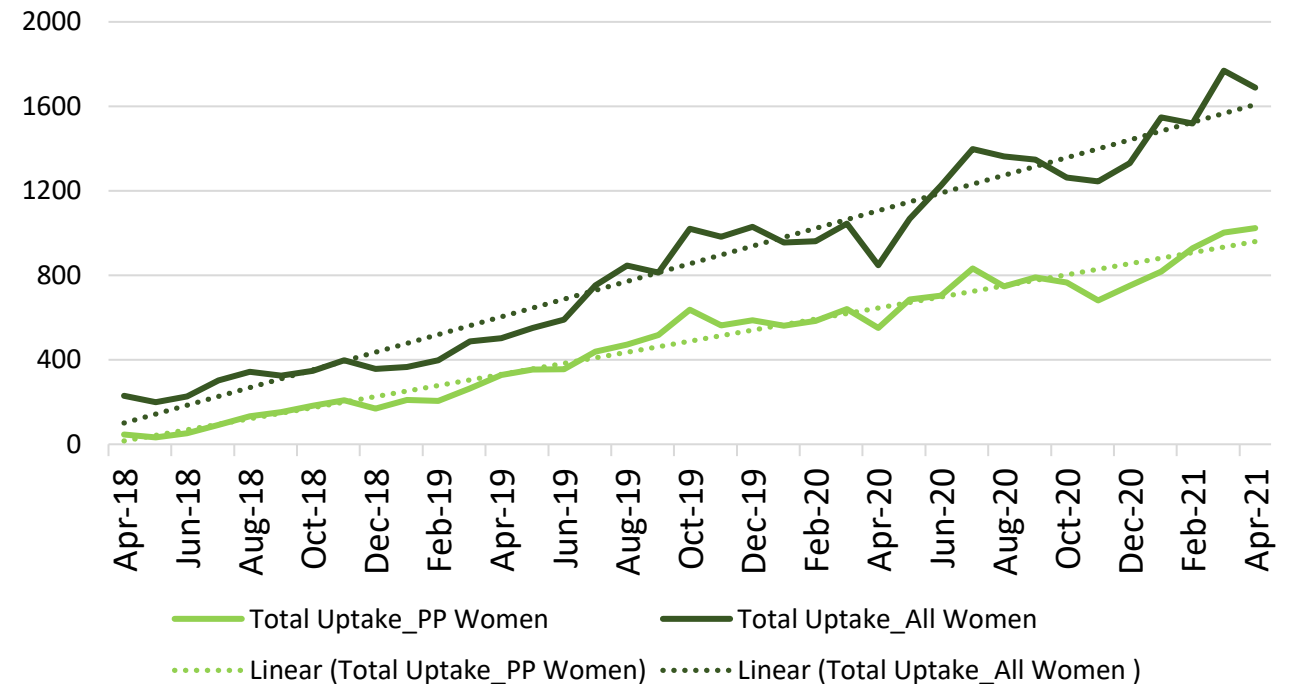
Completed
Referrals

13,190

Uptake of contraceptive services continue to increase at PFPF project sites

18,340 PP women received contraceptive services across program sites between April '18 to April '21

Contraceptive uptake among PP women across supported facilities April 2018 -April 2021



Discussion

A multi-pronged project with noticeable impact

A lot has been achieved ...

- Data from various sources suggest significant impact on service delivery and the intended population
- Significant improvements in ideational characteristics of pregnant and post-pregnant women between baseline and endline
- Exposure to program communication materials was average but increased over time
- Exposure to program communication materials was associated with increased odds of demonstrating positive ideational outcomes

A lot has been achieved ...

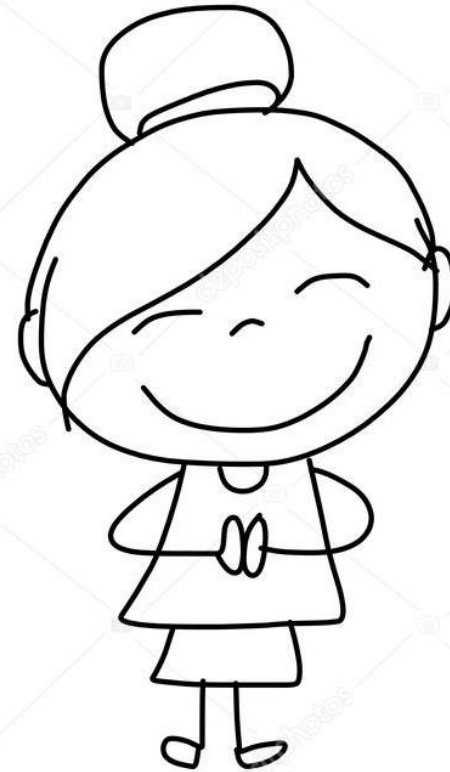
- Significant increase in availability of equipment, resources for quality services, and commodities between baseline and endline
- Significantly higher proportion of providers with relevant training and who use appropriate job aids during counseling at baseline compared to endline
- Provider ideation has improved and elements of provider bias less common

More work remains to be done ...

- Provider bias still exists although it has decreased significantly
- Efforts to reach more men and women of reproductive age need to be intensified
- Room for improvement in the provision of FP information while at the facility for other services
- More efforts needed to promote immediate adoption of modern methods, especially LARC, post-pregnancy
- Efforts needed to ensure sustainability of achieved improvements and scale-up

*QUESTIONS &
COMMENTS*

THANK YOU





*Get it together for a
brighter future*

KNOW. TALK. GO.
Support Family Planning

