Increasing the Effectiveness of Family Planning Interventions Through Ensuring Product Availability in Nigeria

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Presentation Outline

- Background
- Myths, Misconceptions and Social Practices
- Methodology
- Results
- Lessons Learned
- Challenges
- Way Forward
- Pictures
Background

- Mbaoma Community is in Owerri North LGA of Imo State, Nigeria, with a population of over 35,000
- Over 70% of the general population are sexually active
- Predominantly Christian with Catholicism accounting for over 40% of the population
- Mostly Farmers, Artisans and Rural Dwellers
Background continued

- Multiparity and Multigravidity are acceptable norms (too many cases of Para 10, Gravidae 10 abound)
- Teenage pregnancy and single parents (mothers) abound (1 out of 3 households)
- Health outlets in the community are:
  - 1 Primary Health Care
  - 2 Private Maternity Clinics
  - 22 Private Proprietary Medicine Vendors (PPMVs)
Project Aims and Objectives

 SFH/USAID IRHIN project commenced community level intervention in October 2009 aimed at:
  – Creating enabling environment and awareness for Family Planning (FP) activities amongst all stakeholders
  – Ensuring easy assess to FP products and services
Casual sex is seen as recreation

Social recreations and ceremonies abound (*ita ukazi*, New Years, Christmas, funeral rites, *etc*)

Less children/inability to conceive often seen as sign of unmanliness/witchcraft (*ogbanje*)

Male-child preference leads to more childbirth
Myths, Misconceptions & Social Practices cont.

- Modern FP methods are abortificent
- Modern FP causes serial ill-health and an in-ability to conceive
- Older women see FP messages as “spoiling” younger women
- Frequency of conception seen as special divine blessing (*ukwu ndu*)
Program Design Methodology

- Formative research were carried out prior to commencement of project using FGD
- Advocacy to community stakeholders
- Community Meetings were conducted
- 16 PPMVs were mapped for placement of product
Provider Training Methodology

- 4 IPCs & 6 Peer Educators were trained for the project
- IPC conductors do weekly house-to-house sensitization and mobilization using FP flip charts.
- Products samples were shown
- Storming the Nightingales was done (Training of Nurses)
- Direct Medical Detailing Visits were done
Consumer Education Methodology

- Community branding and IEC distribution
- IPCs & PEs refer clients to PHC
- Products were placed at PPMVs
- Special events like World Population Day were marked in the community
- Promotional materials were used to motivate behaviour change
- Each PE holds peer sessions with 20 peers twice a month using specially designed flip charts
- Rural Health Foundation (RHF) Owerri partnered with SFH to implement the project
## Results

<table>
<thead>
<tr>
<th>PRODUCT SALES/USE</th>
<th>TRAININGS</th>
<th>OTHERS</th>
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</thead>
<tbody>
<tr>
<td><strong>34,139,520 Gold Circle Condoms Sold</strong></td>
<td>15 Drug Vendor Trainings Reaching 587 PPMVs</td>
<td>1,095 Direct Medical Detailing Visits reaching 1,095 Health Workers</td>
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<tr>
<td><strong>60,304 Lifestyle Condoms Sold</strong></td>
<td>3 sessions of Storming the Nightingales reaching 163 Nurses</td>
<td>Thorough FP awareness created in the community</td>
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<tr>
<td><strong>18,288 Elegance Female Condoms Sold</strong></td>
<td>PHC Nurse-in-Charge trained on IUD insertion and removal</td>
<td>FP-CBO formed and still functioning in the community</td>
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<td><strong>17,010 bottles of Lubrica Sold</strong></td>
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<tr>
<td><strong>3,300 units of IUCD Sold/Inserted</strong></td>
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<tr>
<td><strong>472,050 vials of Duofem injection Sold/Used</strong></td>
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<tr>
<td><strong>121,300 vials of Depo Provera injections, Sold/Used</strong></td>
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<tr>
<td><strong>121,000 vials of Noristerat injections Sold/Used</strong></td>
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<tr>
<td><strong>2000 Norigynon tablets Sold</strong></td>
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<tr>
<td><strong>164,100 Postinor 2 tablets Sold</strong></td>
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<tr>
<td><strong>12,600 Pregnon tablets Sold</strong></td>
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<tr>
<td><strong>1,600 strings of Cycle Sold</strong></td>
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</tbody>
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Creating change…enhancing lives
Lessons Learned

- No Product, No Programme!
- Involvement of gate keepers/opinion leaders in the community is important
- Promotional items motivate behavior change adoption
- Local capacity building of IPCs, PPMVs and Nurses sustains behavior change maintenance
- Proper community mapping is important
- Visible community branding adds to the success of interventions
Challenges

- Myths, Misconceptions yet to be totally eradicated
- Low economic status leading to request by community members for free services
- Behaviour maintenance activities by the CBO in the community suffers due to inadequate funding
Way Forward

- Government to ensure product distribution and integrity at local PHC levels
- Other development partners to target rural communities
- Further interventions to aim at strengthening the private sector capacity
Field Pictures

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Thank You for Listening

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