



BOOK OF ABSTRACTS

THEME
POST FP 2020 AGENDA AND SAFEGUARDING
INVESTMENTS IN EMERGENCIES:
Adaptation. Innovation. Resilience

Sponsors





BOOK OF ABSTRACTS



————— T H E M E —————

**POST FP 2020 AGENDA AND SAFEGUARDING
INVESTMENTS IN EMERGENCIES:
Adaptation. Innovation. Resilience**

SUBTHEMES:

1. Mobilizing resources for family planning.
2. FP 2020 commitment: Gaps and achievement.
3. Impactful strategies to strengthen the FP agenda to post 2020.
4. Meeting the FP needs during the COVID 19 pandemic.
5. Scaling up networking and technology to improve family planning.
6. Adolescents ‘the very visible but hard to reach’ How do we reach them.
7. Gender based violence and family planning during emergencies.



TABLE OF CONTENTS

Oral 001: Abstract Title: Cultural Impact on Adolescents Girls – The Ammana I Case Study.....	11
ORAL-002 - Abstract ID : NFPC121 Results-Based Financing: A Strategy for Increasing Adolescent Reach for Family Planning.....	11
ORAL-003 - Abstract ID : NFPC170 YOUNG leaders changing the narrative: Innovative ways to improve youth access to Contraceptive information and services in Rivers State – Nigeria.....	12
ORAL-004 - Abstract ID : NFPC26 Exploring the value of skills acquisition approaches to contraceptive service delivery among adolescent girls in Nigeria.....	12
ORAL-005 - Abstract ID: NFPC102 Knowledge, perception, attitude and practice of contraception among female undergraduates at a tertiary institution in Ogbomoso, southwestern Nigeria.....	13
ORAL-006 -Abstract ID: NFPC36 Promoting Integration of Comprehensive Adolescent and Youth Friendly Health Services in Primary Health Care Facilities In Nigeria Veronica Chizoba Gabriel 1 * Deborah Ebunoluwa Adekunle 2.....	13
ORAL-007 Abstract ID : NFPC52 “Parents don’t talk to us about Sex!” – Influence of Contraceptive Knowledge in Adolescent Sexual and Contraceptive Practices in South West Nigeria.	14
ORAL-008 Abstract ID : NFPC94 Using Twitter to Reach Young People with Planning Messages.....	14
ORAL-009 Abstract ID : NFPC101 Adolescents and contraception; a case study of contraceptive uptake among adolescents in 16 LGAs of Gombe and Akwa Ibom states of Nigeria.....	15
ORAL-010 Abstract ID : NFPC130 Reaching the adolescent girls with SRH needs-using the “Big Sister Approach.....	15
ORAL-011 - Abstract ID: NFPC61 Achievements of Breakthrough ACTION-Nigeria Project in Oyo State, Nigeria and Implications for Family Planning Social and Behavioral Change Communication Programs	16
ORAL-012 -Abstract ID : NFPC135 Reducing unmet need for Family Planning among adolescents and young persons: WAWA ABA Crowd sourced Digital Innovation.....	16



ORAL-13 Abstract ID : NFPC147

GETTING Governments to mobilize locally owned resources for sustainable Family Planning programs: experiences, innovative strategies and lessons from Rivers State, Nigeria.....17

ORAL-14 Abstract ID : NFPC157

Contributory factors to inadequate family planning commodity financing and opportunities for increased domestic funding in Nigeria.....17

ORAL-15 Abstract ID : NFPC142

Community Theater as a strategy for increase in contraception use in Bauchi State.....18

ORAL-16 Abstract ID : NFPC150

Using community-based health workers to expand access to self- injectable contraception in Anambra State.....18

ORAL-17 Abstract ID : NFPC166

Engaging Community Decision Makers and Influencers to Increase Use of Modern Contraceptives in Nigeria.....19

ORAL-18 Abstract ID : NFPC171

Improving Accessing and Utilization of Modern Contraceptive Methods Among Women in Rural Areas.....19

ORAL-19 Abstract ID : NFPC65

Documenting lessons learned from a family planning project: a participatory approach using After-Action Review.....20

ORAL-20 Abstract ID : NFPC19

The Role of Peer Mentoring in improving Family Planning (FP) service delivery and Data Reporting among Patent and Proprietary Medicine Vendors in Kaduna State.....20

ORAL-21 Abstract ID : NFPC73

Determinants of reversible contraceptive method discontinuation among women of reproductive age in Kano metropolis.....21

ORAL-22 Abstract ID : NFPC76

EFFECTIVE Participation of Religious Leaders for Increased Family Planning (FP) Services Uptake in Nigeria: A Case Study of FP Program in Abia State.....21

ORAL-23 Abstract ID : NFPC149

Consumer Profile and Service Delivery Choices of Subcutaneous DMPA Users in Nigeria.....22

ORAL-24 Abstract ID : NFPC141

Using Existing Community Structures to make Family Planning a Social Norm; A Case Study of Communities in Bauchi State Nigeria.....22

ORAL-25 Abstract ID : NFPC67

RELIGIOUS LEADERS AS CATALYST FOR CHANGE IN FAMILY PLANNING RELATED NORMS AND BEHAVIOUR.....23



Partnering government and community structures for the sustainability of family planning demand generation.....	23
THE NURHI EXPERIENCE: High impact approaches for social mobilization	
Prevalence Of Contraceptive Usage Amongst Married Antenatal Clinical Attendees At The Rivers State University Teaching Hospital, Nigeria.....	24
Contraceptive use autonomy, decision and dependence level among young women in Nigeria; a cross sectional survey.....	25
Advocating for family planning (FP) financing and integration of adolescent-& youth-friendly health services (AYFHS) into primary health care (PHC) Facilities in Nigeria.....	25
ORAL-31 Abstract Id : NFPC42	
IMPACT OF CONTRACEPTIVE TECHNOLOGY TRAINING FOR ADOLESCENT HEALTH PROVIDERS ON METHOD MIX.....	26
ORAL-32 Abstract ID : NFPC21	
The role of Integrated Supportive Supervision (ISS) in strengthening community Family Planning (FP) service delivery.....	26
ORAL-33 Abstract ID : NFPC128	
Women's Economic Empowerment and COVID-19: Results from Lagos, Nigeria.....	27
Oral-34 Abstract ID : NFPC156	
Improving the uptake of Family Planning (FP) Services through providing escort services to clients.....	28
ORAL-35 Abstract ID : NFPC113	
Bridging the gap for Persons With Disabilities (PWDs) in the Sexual and Reproductive Health Space in Nigeria; a case study of three clusters in Lagos.....	28
ORAL-36 Abstract ID : NFPC78	
UPTAKE of Family Planning Services among Refugees in Cross River State Nigeria: the impact of medical outreaches.....	29
ORAL-37 Abstract ID : NFPC75	
Exploring barriers to accessing Sexual and Reproductive Health Services among Internally Displaced Persons in Abuja: A mixed methods study.....	29
ORAL-38 Abstract ID : NFPC127	
Factors Influencing Family Planning Method Awareness and Use in An Urban and Rural Local Government Area (LGA) of Rivers State.....	30
ORAL-39 Abstract ID : NFPC154	
Close friends & families- How do they influence contraceptive behaviour among women in ten states in Nigeria? A Population based study.....	30
ORAL-40 Abstract ID : NFPC25	
A Comparison of Acceptors and Rejecters of the Levonorgestrel Intrauterine System (LNG-IUS): User Experiences and Determinants of Usage with other Long Acting Reversible Contraceptives in Nigeria.....	31



ORAL-41 Abstract ID : NFPC110

USING Social and Behavior Change Communications (SBCC) Strategy to Address Myths and Misconceptions about Family Planning (FP) and Contraceptive Use in Abia State, Nigeria.....31

ORAL-42 Abstract ID : NFPC134

Factors associated with Joint Decision on Contraceptive use among married women in Nigeria: Evidence from repeated cross-sectional, nationally representative data.....32

Oral-43 Abstract ID : NFPC151

Provider Bias: Does Practice vary among providers in the private and public sectors in Nigeria?

Oral-44 Abstract ID : NFPC.....32

Scale Up of DMPA-SC and Self-Injection Among Women of Reproductive Age: An Experience
from DMPA-SC Scale Up Project.....33

ORAL-45 Abstract ID : NFPC153

The Link between Adolescent vulnerability and Poverty with Family Planning Service Uptake: A Study of Bayelsa State.....33

ORAL-46 NFPC128

ORAL-47 Abstract ID: NFPC15

Bringing comprehensive sexuality education back to the advocacy table:- Contraceptive use among basic school pupils in Ghana.....34

ORAL-48 - Abstract ID: NFPC53

Impact of COVID-19 on the implementation and outcomes of a portfolio of family planning grants in Nigeria.....35

Oral-49 Abstract ID: NFPC103

Predictors of uptake of modern contraception by women of reproductive age in Lagos State during the COVID-19 pandemic.....35

ORAL-50 Abstract ID : NFPC132

HEALTHCARE ACCESS AND COST OF FAMILY PLANNING SERVICES DURING
EMERGENCIES: EVIDENCE FROM COVID-19 PANDEMIC PERIOD.....36

ORAL-51 Abstract ID: NFPC168

Demand generation for family planning in a pandemic: strategies, challenges, and lessons learned
.....36

ORAL-52 Abstract I: NFPC23

Perceived Influence of COVID-19 on Access of Family Planning Services in Nigeria.....37

ORAL-53 Abstract ID : NFPC60

Impact of COVID-19 Pandemic on Family Planning Services in Private Health Facilities in Lagos State, Nigeria.....37



ORAL-54 Abstract ID : NFPC24

Effect of CoVID -19 on Family Planning Competency Training for Community Pharmacists- A case study of IntegratE Project in Lagos State.....38

ORAL-55 Abstract ID : NFPC18

Factors associated with diferentials in modern contraceptive use among married women in Nigeria: Northern versus Southern Islam.....38

ORAL-56 Abstract ID : NFPC27

Mothers can be silent partners in contraceptive uptake among adolescent girls in Nigeria.....39

ORAL-57 Abstract ID : NFPC90

Understanding Commodity Stock Practices to Increase Access to Modern Family Planning in the Private Health Sector.....39

ORAL-58 Abstract ID: NFPC106

Implementing the ISBC approach to increase family planning use in four francophone West African countries.....40

ORAL-59 Abstract ID: NFPC78

Planning and implementing the Task Sharing/Task Shifting Policy in Cross River State using the ExpandNet/WHO scaling-up framework.....40

ORAL-60 Abstract ID: NFPC172

IMPROVING QUALITY OF IMPLANT SERVICES THROUGH CAPACITY BUILDING OF HEALTH WORKERS ON DIFFICULT IMPLANT REMOVALS IN NIGERIA.....41

ORAL-61-Abstract ID : NFPC99

State-led Approaches for Family Planning Demand Generation: Lessons Learnt from the Rivers State Experience.....41

ORAL-62 Abstract ID : NFPC112

Collaboration between private health facility staf and social mobilizers: a viable way to sustainability.....42

ORAL-63 Abstract ID: NFPC176

Effects of social accountability approach through the use of FP budget performance scorecards to mobilize resources for states' FP programs.....42

ORAL-64 Abstract ID: NFPC62

Community Volunteers Championing Family Planning Acceptance: Learning Experiences from the Breakthrough-ACTION Nigeria Project in Oyo State.....43

ORAL-65 Abstract ID: NFPC140

Coordination as a viable tool towards achieving integrated Health Care Services Delivery in Nigeria43

ORAL-66 Abstract ID: NFPC31

Infusing an Atmosphere of Continual Learning for Reproductive Health Systems Strengthening 44
Oral-67 Abstract ID: NFPC66.....44



Lessons Learnt Through Synergy Between Community Oriented Resource Persons (CORPs) and Demand Generation (DG) or Community Volunteers (CVs) in Optimizing Complete Referrals and Reducing missed opportunities to DMPA-SC Uptake.....	44
ORAL-68 Abstract ID NFPC37	
Health facility staff's Orientation: Integration Approach to drive facility-based Clients' Referral for Quality Health Service.....	45
ORAL-69 Abstract ID: NFPC155	
Cost and effectiveness of two training approaches for providers of DMPA-SC in Nigeria.....	45
ORAL-70 Abstract ID : NFPC22	
Implementation findings of initiating self-injection service through DMPA-SC in Lagos State.....	46
Oral-71 Abstract ID: NFPC108	
The use of conversation starters to improve access to FP services in the Post pregnancy family planning project.....	46
ORAL-72 Abstract ID: NFPC30	
Depot –Medroxyprogesterone- Acetate-Subcutaneous (DMPA-SC) and self-injection as an evidence-based service delivery approach to improve family planning uptake in light of COVID-19.....	47
ORAL-73 Abstract I : NFPC126	
Improved family planning data capturing, reporting and use: Applying coaching as a proven approach to enhanced data quality management in Rivers-State, Nigeria.....	47
ORAL- 74 Abstract ID: NFPC87	
Accelerating family planning advice and referral: Leveraging client- facing digital health platforms	48
ORAL-75 Abstract ID: NFPC57	
Family Planning Integration into Maternal and Child Health Services in Private Health Facilities in Lagos state.....	48
ORAL-76 Abstract ID: NFPC1.....	48
Effective Strategies for Introducing New Products: The DMPA-SC Accelerated Introduction and Scale up in Nigeria.....	49
ORAL-77 Abstract ID: NFPC63	
The Community Providers (CORPs): A pathway to increasing access to family planning especially in initiation and optimization of DMPA- SC/Self-Injection among women of reproductive age in communities and hard-to-reach locations.....	49
ORAL-78 Abstract ID: NFPC169	
Integrating Family planning (FP) messages into Maternal, Newborn, Child Health + Nutrition social and behavior change (SBC) Programs.....	50
Oral-79 Abstract ID NFPC119.....	50



Serving the Under-Served During COVID-19: The Hurdles, The Pains, The Gains.....50

ORAL-80 Abstract ID: NFPC164

Increasing the uptake of family planning through community-based demand generation and service provision during the COVID-19 pandemic.....51

ORAL-81 Abstract: NFPC167

Ensuring Quality of Family Planning Services During Covid-19 Pandemic through Virtual Supportive Supervision and Mentoring of Health Care Workers using WhatsApp Platform in Three Northern States.....51

ORAL-82 Abstract ID: NFPC28

Knowledge and Perception of Community Health Volunteers of Family Planning Services towards COVID-19 Disease in Nigeria.....52

ORAL-83 Abstract ID: NFPC109

COVID-19: Sustainable approaches to family planning demand creation and uptake in 5 States.....52

Oral-84 Abstract ID: NFPC97

Continuing family planning service delivery during the COVID-19 pandemic: trends and adaptations in four francophone West African countries.....53

ORAL-85 Abstract ID: NFPC107

A framework for delivering competency-based clinical training and services amidst the COVID-19 pandemic: The Experience of Marie Stopes International Organization Nigeria (MSION).....53

ORAL-86 Abstract ID: NFPC111

Advocacy as a veritable tool towards client mobilization
Oral-87 Abstract ID: NFPC165.....54

Absorbing Demand for Family Planning(FP) through Collaboration between Implementing Partners (Ips).....54

ORAL-89 Abstract I : NFPC175

Targeting the right decision-makers for effective budget advocacy: a conceptual model.....55

ORAL-90 Abstract ID: NFPC50

Improving public financing for family planning services through advocacy: Jigawa case study.....55

ORAL-091 -Abstract ID: NFPC95

Network mapping and capacity building as stimuli for mobilizing resources for family planning in four francophone West African countries.....56

Modelling Contraceptive use in rural Nigeria: A Machine learning approach.....56

Contraceptive Practice barriers and suggested measures to improve contraceptive use among mothers from a tertiary hospital in Abuja, Nigeria.....57



Understanding postpartum family planning outcomes in northwestern Nigeria: analysis and modeling of social and behavior change factors.....	57
Social Behavioural Change Communication (SBCC) Channels and Contraceptive Ideation among Post Pregnant Women accessing Care in Private Hospitals in Lagos State.....	58
Postpartum Family Planning Positive Deviance, Knowledge and practices, across age and parity Groups.....	58
Infusing efficiency into the internal quality technical audit of Marie Stopes’ family planning programme using mobile technology.....	59
Using Mobile Technology to address data reporting and sharing needs in the COVID-19 era among Family Planning Service Providers.....	59
Use of mobile technology and third-party logistician in improving family planning commodity supply chain in south-western Nigeria: a pilot.....	60
The Impact of Global Family Planning Visibility and Analytical Network (GFPVAN) on the Nigerian Family Planning (FP) Supply Chain.....	60
Harnessing data to support new product introduction.....	61
Engaging Out of School Adolescents to Increase Family Planning Uptake.....	62
The use of responsive feedback to strengthen demand generation for uptake of family planning among young first-time mothers in Nigeria – case study on the PoPCare project.....	63
POSTER-003 Abstract ID : NFPC56	
Increased demand for FP services among adolescent girls through Interpersonal Communication Agents. - The Lagos experience.....	64
POSTER-004 Abstract ID : NFPC124	
Demographic factors affecting contraceptive use in rural populations: A case study among married women in Rivers-State Nigeria.....	65
POSTER-005 Abstract ID: NFPC49	
Leveraging online application to drive concepts on FP and other SRHR during COVID-19 pandemic.....	66
POSTER-006 Abstract ID : NFPC173	
Community Focused Social Mobilization and Improved Access to Modern Family Planning Methods Among Young People In Rivers State.....	67
POSTER-007 Abstract ID : NFPC29	
Continuation and user satisfaction of the levonorgestrel intrauterine system (LNG IUS) contraceptive in Nigeria.....	68



Poster-008 Abstract ID : NFPC93

Factors associated with modern contraceptive use among women of reproductive age in Nigeria.....69

POSTER-009 Abstract ID : NFPC116

Human Resource and Operations Fund Could be freed-up to reach more Family Planning Beneficiaries: Implications of COVID-19 on FP Implementation.....70

POSTER-010 Abstract ID : NFPC80

Mitigating the impact of the COVID-19 pandemic on Family Planning uptake: Evidence from Lagos State.....71

POSTER-011 Abstract ID : NFPC139

Beyond Quality of Care: The Role Quality Improvement Teams (QIT) have played in transcending community barriers to increase family planning (FP) uptake in Akpajo, Eleme LGA River-State, Nigeria.....73

POSTER-012 Abstract ID : NFPC163

Using free and inclusive approaches to increase Contraceptive prevalence rate (CPR) in Lagos State, Nigeria.....74

POSTER-014 Abstract ID : NFPC41

Implementation findings of initiating self-injection service through DMPA-Sc in Lagos State.....76

POSTER-016 Abstract ID : NFPC81

Utilizing private retail sector to increase high-quality modern contraceptive access and choice in Nigeria.....77

POSTER-017 Abstract ID : NFPC118

Ensuring continuum of care in SRHR services amidst COVID through a toll-free Contact Centre.....78

POSTER-018 Abstract ID : NFPC33

Covid-19 Adaptations-effective strategy towards increasing a sustainable FP uptake during the pandemic and beyond: Experience from Delivering innovations in Selfcare (DISC) project Society for Family Health.....79

POSTER-019 Abstract ID : NFPC104

Demand Generation (DG), a worthy approach for Post-Pregnancy Family Planning (PPFP) in private health facilities in Lagos state, Nigeria.....80

POSTER-020 Abstract ID : NFPC74

Barriers to access and acceptance of post-pregnancy family planning (PPFP) among young first-time mothers (YFTM) aged 15 to 24 years in Nigeria.....81

POSTER-021 Abstract ID : NFPC160

Using data to improve quality and access to family planning services.....82

POSTER-022 Abstract ID : NFPC20

Collaborative Networking on Family Planning - The Rivers State Experience.....83



POSTER-023 Abstract ID : NFPC54

Assessment of factors influencing forced contraceptives uptake among married adolescents' girls in two Northern States in Nigeria.....84

POSTER-024 Abstract ID : NFPC79

Bias related restrictions among Family Planning Providers in Nigeria.....85

POSTER-025 Abstract ID : NFPC64

Knowledge is power: understanding which types of contraceptives work best.....86

POSTER-026 Abstract ID : NFPC71

COVID-19 pandemic and Family Planning uptake: Evidence from Lagos State.....87

POSTER-027 Abstract ID : NFPC51

'My Family Planning Guide': A case-study of using a Distance Learning Mobile Application to Improve quality of family planning service delivery.....88

POSTER-028 Abstract ID : NFPC58

Post Pregnancy Family Planning (PPFP) services within the private sector in Lagos state, Nigeria.....89

Poster-029 Abstract ID : NFPC59

The Wise woman's diary video: a tool for increasing demand for family planning services amongst post-pregnancy women in select private facilities in Lagos state.....90



Oral-001

Abstract Title: Cultural Impact on Adolescents Girls – The Ammana I Case Study

Authors: Patience Ekpeyong 1 Ibekwe Samuel Ogechukwu 2 Friday Garand 3 *

Abstract Summary :

Objectives: This paper highlights the negative impact of cultural practices on the future of adolescent girls in hard to reach communities and the role of Family planning in alleviating their plights.

Background: Ammana I is a densely populated hard to reach community in Obanliku LGA of Cross River State. Many families in Ammana I are characterised with having multiple children and a considerably huge amount of births are by adolescents. "Money Woman" is a cultural practice in which parents betroth adolescent girls to older men, whereby the proceeds are used in acquiring cash crops, farms or paying off loans. Marrying the money woman confers on the husband, class and prestige. Such wives are inherited at the death of husband by family members, leaving them with no prospect of freedom, schooling or career building, except childbearing. This has resulted in high incidences of female school drop-out, teenage pregnancy, multiple sexual partnering and unsafe abortions.

Methodology: Marie Stopes Outreach strategy involves utilising community structures and influencers via visits to sensitise and mobilise potential clients for free family planning services. Home visits by experienced volunteers drawn from other implementing partners in the region, ensure message penetration, barrier breaking and behaviour change. Satisfied users also serve as mobilisers to reaching their peers. The Clinical team visits the community afterwards for service delivery, deploying youth friendly practices, music and dance to influence and inspire the clients.

Results: 40 Money Women received Long Acting Methods during the first intervention in August 2020 with another visit planned 4 Months post the initial visit. Heightened consciousness was observed amongst victims of the practice regarding their chances to reclaim their lives and go back to school with their career prospects not hampered by frequent child births.

Conclusion: Access to sexual reproductive health/family planning services as a fundamental human right, alleviates the girl child struggles

Oraol-002 - Abstract ID : NFPC121

Results-Based Financing: A Strategy for Increasing Adolescent Reach for Family Planning

Submission Type : Oral Presentation

Utibe Ebong 1 * Moses Odenyi 2 Anne Taiwo 3

Abstract Summary:

Background/Objectives: In Nigeria, nearly half (48.6%) of adolescents are sexually active and with habitual risky sexual behaviours; thus, increasing the chances of negative sexual and reproductive health outcomes. More so, the median age as at first sexual intercourse in Nigeria falls within peak adolescent years. Whereas there is an existing demand for family planning among 15% of Nigerian adolescents; only 3% of these needs have been met. Between 2017 to 2018, Marie Stopes Nigeria piloted a voucher intervention to provide subsidised family planning services to adolescents (15 – 19 years) in Northern Nigeria where user fees were observed to hinder access to quality family planning. The objectives of this study were to document adolescent reach and explore enabling factors for reaching adolescents using voucher interventions.

Materials and Methods: A mixed method was used where quantitative service data were obtained from



Marie Stopes Nigeria's management information system and analysed using Microsoft Excel and the Impact 2 tool, and findings were explored using qualitative methods – desk review and key informant interviews with 27 Marie Stopes Nigeria's Social Franchise personnel. Interview transcripts were coded and analysed using ATLAS.ti 8.

Results: A total of 1,985 sexual and reproductive health services were provided to adolescents. The proportion of adolescents reached significantly increased from 5% in 2017 to 33% in 2018; and during the same period, about 1 in every 5 adolescents reached by Marie Stopes Nigeria was achieved through the adolescent voucher scheme.

Conclusions:

Family planning vouchers increase access and utilisation of sexual and reproductive health services among adolescent groups, and this behaviour is reinforced when adolescents gain positive experiences from their contact with family planning providers. Literature has shown that voucher programmes can produce greater health impacts among adolescents and increase access to adolescent-friendly contraceptive services as it eliminates user-fees for family planning services.

Oral-003 - Abstract ID : NFPC170

YOUNG leaders changing the narrative: Innovative ways to improve youth access to Contraceptive information and services in Rivers State – Nigeria

Submission Type: Oral Presentation

Jennifer Amadi 1 Dorcas Akila 2 Victor Akpomon 3 *

Abstract Summary:

Background: Understanding the contraceptive behaviours of adolescents and youths (AYs) would facilitate improved uptake of contraceptive information and services and promote positive ideational factors that stimulate desired change. According to Flexi-track Household survey(2019), two in five young persons are using contraceptives, particularly male condom(65.3%), emergency pill (21.8%)and withdrawal method(19.4%). AYs media habit also ranked radio programs over TV and social media (SM) as a key source of information with Facebook, WhatsApp and Instagram ranking top of the SM options. This intervention was aimed at supporting youth leaders to develop innovative ways to improve access to contraception.

Methodology: from July 2018, The Challenge Initiative's partnership with Rivers State Government intentionally made efforts to ensure that AYs have improved access to contraceptive information, services and use. In doing so, certain strategies were deployed to address some of the ideational factors that hinder contraceptive uptake which includes: increased youth leadership in State structures, coaching, capacity strengthening on Life Planning for Adolescents and Youth (LPAY), Open Mic events, youth FP champion decoration, youth led-media chat and social media engagements. **Results:** Young leaders have demonstrated ownership which led to notable changes with the following strategic outcomes: amplified voices in favour of FP; integration of LPAY in 'hip-hop' musical concerts, development of youth-focused FP song by the youth champion, youth-led media chats and advocacy engagements with governments, established pool of youth coaches and extended coaching support to government technocrats. In addition, the most valuable outcome was the establishment of Adolescent



Health Development Technical Working Group to address the policy environment and programming challenges and also increase young persons accessing contraceptive information through various demand generation strategies.

Conclusion: Understanding the contraceptive behaviours of AYs has the potential to improve the FP uptake among this demography and purposely youth leadership should be re-emphasized as a key strategy

Oral-004 Abstract ID : NFPC26

Exploring the value of skills acquisition approaches to contraceptive service delivery among adolescent girls in Nigeria

Submission Type: Oral Presentation

Fifi Oluwatoyin Ogbondeminu 1 *

Abstract Summary:

Significance/background: With the National Demographic health survey (NDHS, 2018) showing that 19 per cent of girls have begun sexual activity before age 15, there is therefore a need to create a girls only safe space, where trained youth friendly providers dedicated to serving girls, could provide counselling on sexual and reproductive health issues. Program intervention/activity tested: Adopting the human centred design approach, the intervention tested two programs -Matasa Matan Arewa (MMA)- for married girls and the "9ja Girls" program- for unmarried girls that builds the skills of adolescent girls on life, Love/Family, and health. These l skills included vocational skill that can be taught in 1-2 hours, help girls gain some financial independence, be a hook and cover for girls to access contraceptive services.

Methodology: These classes were entry points through which girls could access the A360 programs in Nigeria. The programs reach 44,678 girls from September 2017 – September 2020. The classes included a 1-2-hour session on vocational skills where girls were taught skills like soap making, bead making, hand sanitizer, etc. depending on location and requests from the states. These sessions were facilitated by young entrepreneurs identified within the communities.

Results/key findings: Girls see vocational skills as an important tool to achieve financial independence and support their family. It also legitimized the Programs in the eyes of parents and community stakeholders. With exposure to these skills, the A360 process evaluation and Participatory Action Research revealed that some girls had begun small scale businesses or undertaken further training. Program implications/lessons: Program evaluation revealed that girls were eager to learn life skills and understand the relevance of contraception to their life goals. While vocational skills are a major attraction to the programme and promotes acceptability in the community, there is a need to design around a system that can sustain it.

Oral-005 - Abstract ID : NFPC102

Knowledge, perception, attitude and practice of contraception among female undergraduates at a tertiary institution in Ogbomoso, southwestern Nigeria.

Adewale Adeyemi 1 Oluwatosin Ilori 2 * Olufemi Aworinde 3

Abstract Summary:

Background/Objective: Maternal mortality has been on the increase in the recent times with detrimental effects on the socioeconomic development of the nation. Unsafe abortion is responsible for about 13% of



all maternal death, and adolescent were the most vulnerable group. Family planning is a cost-effective way of preventing maternal, infant and child morbidity and mortality. University students are likely to be in the age group where unsafe abortion is most prevalent; hence this study was set out to determine the knowledge, perception, and attitudes of undergraduates of LAUTECH to modern contraceptives.

Method: A cross-sectional study of female undergraduates at LAUTECH. Data was collected with the aid of self-administered structured questionnaire over a period of one month, and analyzed using SPSS version 22. Approval was granted by the University ethic committee, and individual respondent consent obtained.

Results: There were 483 respondents with mean age 21.1 ± 2 . Family planning awareness was 99.3%, and 89.7% were aware of modern contraceptives. OCPs (67.1%) and condoms (59.0%) were the mostly known modern contraceptive methods. The prevalence of sexual intercourse was 31.1%, and the CPR among them was 32.0%; and condom (75.0%) is the most used modern method. The prevalence of unintended pregnancy among the sexually active was 26.7%. **Conclusion:** Awareness of family planning among the studied population was high, but the CPR among the sexually active is low, therefore, education on benefits of modern contraceptive is needed among this population.

Oral-006 -Abstract ID : NFPC36

Promoting Integration of Comprehensive Adolescent and Youth Friendly Health Services in Primary Health Care Facilities In Nigeria

Veronica Chizoba Gabriel 1 * Deborah Ebunoluwa Adekunle 2

Abstract Summary:

Promoting Integration of Comprehensive Adolescent and Youth Friendly Health Services in Primary Health Care Facilities in Nigeria **Background/Objectives** All youth need protection from sexual abuse and access to youth-friendly services that are designed to address their peculiar concerns. This Project with an objective of increasing comprehensive demand and supply programming for Adolescent and Youth-Friendly Health Services (AYFHS) in Primary Healthcare Centers (PHC) Facilities in the Federal Capital Territory, conducted research in phases to elicit factors that propels increase. Phase I: Baseline Research; Phase II: AYFHS Guideline Development; Phase III: Pilot Implementation of National AYFHS Guidelines.

Materials and Methods Phase I: Focus Group Discussions Key Informant Interviews and community surveys elicited information on factors affecting adolescent's utilization of PHC facilities. Phase II: Support government/Civil Society Organizations (CSO's)/stakeholders in the development of AYFHS policy documents ("National Guidelines for Integrating Adolescent and Youth Friendly Health Services into Primary Health Care facilities in Nigeria" and "National Guidelines on Promoting Access of Young people to Adolescent and Youth Friendly Health Services in Primary Health Care facilities in Nigeria"); Phase III: Piloting implementation of the National AYFHS Guidelines through training of healthcare professionals on AYFHS so they can deliver need-based services to young people, installation of outdoor and in-door games to create an inviting environment for young people within PHCs premises and enhancement of PHCs facilities with youth friendly colors and demarcation for confidential counseling. **Results:** Findings showed that cultural and social stigma were factors inhibiting demand. Roll out of AYFHS policy documents and Capacity building for healthcare professionals improved skills for AYFHS delivery. Equipment and facility upgrade increased demand for AYFHS. Continuous CSO's accountability advocacy improved government/stakeholders' interest/response to AYFHS.



Conclusion: Results showed increase in adolescent and youth clients receiving services from PHCs from 0.8% at start of the project to 28% by end of project.

Key words: AYFHS, PHC

Oral-007 Abstract ID : NFPC52

“Parents don’t talk to us about Sex!” – Influence of Contraceptive Knowledge in Adolescent Sexual and Contraceptive Practices in South West Nigeria.

Submission Type : Oral Presentation

Temitayo Odewusi 1 *

Abstract Summary:

Background: Young people are specifically confronted with the choices to make on whether to have sex or not, and if they do, whether to use contraceptives or not to use contraceptives during sexual intercourse.

Methods: This qualitative study used an interpretative approach, with semi-structured interviews used to collect data from both in-school and out-of-school, male and female adolescents, between 16 and 19 years. Principles of thematic analysis and some elements of framework analysis were used.

Findings: Three major themes identified were: contraceptive information; media and internet use; and reasons for contraceptive use and non- use. Nigerian culture fosters traditional gender roles where parents are reluctant to talk to their adolescent children about sex and contraceptive use due to a culture of fear and denial. In addition, work-demands on the parents make them physically and/ or emotionally absent in meeting their adolescent children's sexual and contraceptive health (SCH) needs. In response to this, young people rarely discuss their sexual and contraceptive concerns with their parents and seek advice in other ways. This study illuminates new ways by which young people look for creative ways to meet their SCH needs, which have both positive and negative impacts. The positive aspect is the creativity it brings out in the young people to solve their SCH needs, while the negative effect is their exposure to pornography that promotes unsafe sex practices, exploitation and abuse.

Conclusion: This study raises the issues facing young people in Nigeria and highlighted the ways that the health services in Nigeria do not meet these needs. It also raises the need for a multidimensional approach to solving the problems, with the voices of young people included in any sexual health strategy and education.

Oral-008 Abstract ID : NFPC94

Using Twitter to Reach Young People with Planning Messages

Submission Type : Oral Presentation

Stephanie Oki 1 * Oluwagbemisola Fagbemi 2 Adenike Ayodele 3 Adaora Uzoh Ntiwunka 4 Itunu Dave-Agboola 5

Abstract Summary:

Background: The Resilient & Accelerated Scale-Up of DMPA-SC/Self Injection in Nigeria (RASuDiN) project aims to expand family planning (FP) method choice and empower women by supporting the roll out of DMPA-SC through communication. In view of this, CCSI launched a pilot social media campaign to reach adolescents & youths through a social media influencer, @Aproko_doctor, whose platform is centered around health-related topics. The platform used was Twitter.



Methods: Polls were carried out on Twitter at the initial stage of the campaign to test for knowledge on FP and preferred methods. An activity plan for social media posts & frequency of dissemination was created based on poll results. Posts on twitter were used to disseminate FP information including the benefits and types of modern FP methods. Additionally, audiences were empowered to make informed choices, and myths and misconceptions addressed. Social media challenges under the hashtag #MyFPStory were used as calls to action and to harvest success stories. Questions and responses made under posts were monitored for feedback.

Results: Social media analytics show that brand tweets earned 4,837,727 impressions, 606,962 engagements, 110,814 likes, 27,900 retweets and 6,332 replies. Based on comments, the popularly used methods were Condoms, Emergency Contraceptives, and "Pull-out", while IUDs, Implants & Injectables were the most mentioned and recommended methods. Further analysis showed that stigma, side effects and the perceived 'late return to fertility' were hindering the uptake of modern family methods.

Conclusion: Social media can be utilized to reach adolescents & youths with family planning messages. Messages on the access to FP methods & trained providers, spousal communication, side effects, myths & misconceptions should be emphasized to dispel fears and concerns of the audience & encourage the uptake of modern FP methods. Videos can also be leveraged on as a form of entertainment education for further promotion of FP messages

Oral-009 Abstract ID : NFPC101

Adolescents and contraception; a case study of contraceptive uptake among adolescents in 16 LGAs of Gombe and Akwa Ibom states of Nigeria
Morounfolu Okunfulure 1 *

Abstract Summary:

Adolescents and contraception; a case study of contraceptive uptake among adolescents in 16 LGAs of Gombe and Akwa Ibom States of Nigeria Okunfulure Morounfolu, Ibitoye Segun, E, Osinowo Kehinde, and Ladipo. Oladapo Institution: Association for Reproductive and Family Health

Abstract category: Contraception and adolescents Background/Objectives: Adolescence, a period marked with physical, psychosocial, behavioral challenges including the early age of sexual debut.

Evidence established most adolescents are subjected to peer pressures, myths, and misconceptions on sexuality information and choice of contraceptive methods which sometimes leads to unintended pregnancy, risky abortion, and adverse health outcomes.

Materials and Methods:

Data was collected using the National Health Management Information System primary data sheets and four key informant interviews, conducted among 30,268 contraceptive users who visited selected health care facilities in Akwa Ibom and Gombe states from May 2019-August 2020. Primary data analysis with frequency counts and chi-square statistics were used to investigate contraceptive utilization rates among users.

Results: 67.8% of the respondents were aware of two or more contraceptive methods, with Long-Acting Reversible Contraceptives, (LARC) as the preferred method in North East, Nigeria, compared to DMPA-SC among women of reproductive age in South-South, Nigeria. Uptake trend shows, in 2019 Adolescents constitutes 31.9%, adults 69.1% while 2020 data showed, adolescents, 28.2%, adults, 64.8%. Counseling was a predictor of uptake however; the experience of side effects often leads to method switching from Injectables, including DMPA-SC to LARC or vice versa. Most users were satisfied with choice method;



however, provider bias, partner's objection, and low self-efficacy in DMPA-SC/Self-injection were barriers to uptake.

Conclusion: The study showed an inconsistent rise in adolescent contraceptive uptake with most significant uptake when adolescents are engaged by community service delivery compared to Facility-based service provision, suggesting promoting community delivery strategies to increasing access to contraceptives among adolescents and youths.

Oral-010 Abstract ID : NFPC130

Reaching the adolescent girls with SRH needs-using the “Big Sister Approach
Oluwole Oluyemi 1 *

Abstract Summary:

Introduction. Nigeria is the most populated country in Africa with an estimated 200 million people. 2.3% of this population are the adolescent and are characterized by series of physiological, psychological, and social changes which presents fatal and life-threatening health risks due to risky sexual behaviors such as early sex debut, and unsafe sex. They tend to assume independence but lack the information and self-confidence to make informed decisions about their sexuality. This predisposes them to various reproductive health issues which majorly affect their early childbearing age. Although the unmet need for contraception for Women of Childbearing Age in Nigeria is 12.7%, the value is higher (35.3%) among adolescents aged 15–19 years.

Methods: Reaching adolescent with SRH information is increasingly difficult. The Big Sister approach model was piloted in 18 LGAs in Oyo and Ogun States of Nigeria. This approach ensures young adolescent age 10-19 years received health information including family planning and referral for services. The approach is built on an ecosystem whereby Big Sister (Older adolescent girls) take ownership of their ASRH rights, equipping them with information pathways, strengthening community structures and bridging the generational gaps. This create an enabling environment for them to provide young adolescent girls with adequate information and refer them to appropriate mechanisms where they can access quality SRH services of their needs timely.

Results. The Big Sisters model significantly increased the number of adolescent girls accessing various reproductive health information including family planning in the communities through peer to peer approach.

Conclusions: The roll out of Big Sister model as a medium to communicate to young adolescent in the community helped to address barrier associated with access to contraceptives among adolescents. It achieved a reasonable improvement in reaching young adolescent with SRH information leading to increase family planning uptake among adolescent age 10-19 years

Oral-011 - Abstract ID: NFPC61

Achievements of Breakthrough ACTION-Nigeria Project in Oyo State, Nigeria and Implications for Family Planning Social and Behavioral Change Communication Programs

Submission Type: Oral Presentation

Oluwatoyin Afachung 1 * Oladipupo Olaleye 2 John Ifawoye 3 Eniola Adeyemo 4 Funlola Amosu 5

Abstract Summary:

Unmet need for Family Planning (FP) is a major challenge in Nigeria with Oyo State recently recorded to



have 22.0% modern Contraceptive Prevalence Rate among married women which is lower than the Federal Ministry of Health target of 27%. Breakthrough ACTION-Nigeria (BA-N) implemented a Social and Behavior Change (SBC) project to increase demand for FP planning service in Oyo State. This paper presents the achievements and of the SBC project which was implemented for six months and its implication for FP programming. The FP intervention was carried out by 93 trained Community Volunteers (CVs) across six Local Government Areas through community mobilisation, household visits (HV), community health dialogues (CHD) and compound meetings (CM) using FP flipcharts and banners. CVs referred community members (CoMe) to the nearest health facilities for FP services using referral card. Data were documented using monitoring forms, entered on Open Data Kit (ODK) platform, exported into Microsoft Excel and analysed using same. Thirteen thousand nine-hundred and eight 13,908 HV, 618 CHD and 613 CM were conducted through which 57,034 individuals were reached with FP messages which includes; 25,032 males and 32,002 females. Six thousand one-hundred CoMe referred for FP service including 911 males and 5200 females with referral completion of 31.4% and 70.2% respectively. Data from the BA-N referrals facilities showed that 10,552 community members accessed FP services during the intervention period, out of which 37.3% (3,934) were referred by BA-N CVs. Major issues that affected referred community members from assessing FP services included long distance of some health facilities and request for payment of consumables. The success of FP SBC programs is reflected in the uptake and utilization of modern contraceptive services. FP SBC programs must collaborate with government departments and other stakeholders to overcome challenges affecting CoMe from assessing FP services.

Oral-012 -Abstract ID : NFPC135

Reducing unmet need for Family Planning among adolescents and young persons: WAWA ABA
Crowd sourced Digital Innovation

Submission Type: Oral Presentation

Dela Gle 1 Niyi Ojuolape 2 * Ismail Ndifuna 3 Dela Gle 4 Vitus Atanga 5

Abstract Summary:

Background: Unmet need for Family Planning (FP) remains a critical social and public health issue, especially in developing countries. Unmet need for FP in Ghana among adolescents 15-19 years is 51% compared to the national average of 30%.

Misinformation, negative attitude of health care providers, socio-cultural and religious beliefs contribute to the high figures among adolescents. The WAWAABA digital health solution tested the feasibility of developing a crowdsourced multichannel platform that provides Family planning information and also points users to the nearest health centers and clinics through a web-based mapping application.

Objectives: To develop and test an innovative mobile health family planning solution among vulnerable in peri-urban in and out of school adolescents in Ghana. MethodsA multipronged approached was adopted guided by a Human-Centered Design process: Inspiration phase: Here, we conducted user research among target users to understand their peculiar FP needs and ascertain preferred ways of communicating FP information to young people. UNFPA surveyed a total of 200 target users. Ideation phase: At this stage, we built and developed the prototype solution. It involved consultation with youth-led organizations, young people, and other stakeholders, identifying opportunities and gaps, etc. Implementation phase: UNFPA tested among 600 young people. Feedback, recommendation, and comments fed into the upgrade of the platform, and it is finalization.



Results: Acceptance and use of the platform are high. Dashboard review/user analytics indicated that over 4057 young people across the sixteen (16) regions of Ghana had accessed the WAWA ABA platform. Of these users, 41% used the platform to visit a nearby health facility to access services. Again, 56% provided feedback with regards to satisfaction with services provided.

Conclusion: The WAWA ABA experience has demonstrated that leveraging on Mobile technology has great potential for addressing young people's FP needs.

Oral-13 Abstract ID : NFPC147

GETTING Governments to mobilize locally owned resources for sustainable Family Planning programs: experiences, innovative strategies and lessons from Rivers State, Nigeria.

Submission Type : Oral Presentation

UDUAK ANANABA 1 * Victor Igharo 2 Chidinma Owanlan 3 Oluchi Bassey 4 Olatunde Raimi 5

Abstract Summary:

Background: Financing health care Programs remain a huge challenge especially in resource poor settings like Nigeria. Over the years, funding for health programs including family planning has been largely donor dependent, leaving a gap difficult for government to fill when the donor funded project life cycle ends. This intervention was aimed at supporting government to develop a more sustainable approach to Contraceptive financing in ways that outlives donor funded projects.

Methodology: From July 2018, The Challenge Initiative (TCI) commenced partnership with Rivers State Government presenting its business unusual approach to state ownership, local resource mobilization, scale-up and replication of evidenced based family planning interventions. Innovative strategies towards improving contraceptive financing were introduced including: resource mapping, engaging government using TCI novel co-financing model, fostering openness and accountability amongst policy makers and technocrats, strengthening capacity of State structures (Advocacy Core Group), advocacy efforts to improve allocation and release of funds, recognizing and placing value on non-financial commitment by government, integration of PHC programs and use of data to prioritize funding of health interventions.

Results: In over two years working with Rivers state Government, the following outcomes were observed following this intervention: establishment of dedicated FP budget line in Primary Health Care Management Board and increased fund release by 108% when comparing Year1 with Year2, improved capacity on budget tracking by both government structures and staff, improved integration, ownership and funding of some family planning high impact approaches (HIA) modeled for government to adopt and expand to scale. Currently, government is funding over eight FP HIAs compared to three initially funded.

Conclusion: Government making and fulfilling commitment to mobilization of locally owned resources is key to achieving sustainable financing of health care programs including Family planning. Thus, bridging the resource gap and improving access to contraception for women and men of reproductive age.

Oral-14 Abstract ID : NFPC157

Contributory factors to inadequate family planning commodity financing and opportunities for increased domestic funding in Nigeria.

Submission Type: Oral Presentation

Zainab Sa'idu 1 Olufunke Fasawe 2 * Aiwanose Odafen 3 Kayode Afolabi 4 Owens Wiwa 5



Abstract Summary:

Background and Objective: Family planning (FP) remains a cost-effective and beneficial investment for governments. As Nigeria's forecasted consumption grows, the funds committed have remained constant among government and donors, creating an expanding funding gap. CHAI supported the FGoN to conduct a budgetary assessment on FP commodities to provide an understanding of the fiscal space and the government's commitment to FP commodity financing and identify potential sustainable financing mechanisms for FP commodities in Nigeria.

Method: Desk review of available FP resources, in-depth interviews with key informants from relevant FP organizations, and a stakeholder engagement workshop to review preliminary findings. Selected organizations were stakeholders involved in the value chain for the national FP commodity procurement or distribution process and included Federal MDAs, donors and implementing partners and private sector actors at the national level and subnational levels.

Results: Assessment findings indicated increasing funding gap for commodity procurement is attributable to government. De-prioritization of FP due to competing health priorities and economic challenges, shortages and delayed releases of funds for FP commodity procurement at the federal level is due to limited fiscal space, FP commodity procurement is largely donor-funded with the FgoN's commitment contributing less than 20% over the last 9 years, and a lack of state government contribution towards FP commodity procurement due to free FP commodity provision by the FgoN. Underutilized opportunities to increase domestic resources include strategic government engagement of private sector and exploring the opportunities provided by the National Health Insurance Scheme and Basic Health Care Provision Fund to meet the country's needs.

Conclusions: A hybrid of options where Federal and State governments increase domestic resource allocation for FP commodities procurement and integrate FP into PHC services through the Minimum Service Package present the most ideal scenario for sustaining contraceptive procurement financing and addressing identified challenges.

Oral-15 Abstract ID : NFPC142

Community Theater as a strategy for increase in contraception use in Bauchi State

Submission Type : Oral Presentation

Beeve Hua 1 * Rabi EKELE 2 Olukunle Omotoso 3 Munkail TITILOLA 4 Oluchi Bassey 5 Danlami Adamu 6

Abstract Summary:

Background: Contraceptive Prevalence Rate (CPR) in Bauchi State is currently at 6.5% (NDHS 2018). The successes recorded in Bauchi include "proven to work" concepts that was used in addressing key ideational factors affecting family planning uptake in Bauchi State, among is Community theatre. Materials Community Theatre is a form of entertainment found in African communities. It involves organized group of community members from an identified local community who carry out performances through dance or drama scripted with local content and presented during social events or community nights. A strategy was developed to build the capacity of these community theatre on integrating Family Planning into their productions.

Methods The Community drama was produced and staged in Tirwun and Bayan Fada communities of Bauchi Local Government Area of Bauchi State with Traditional/Religious Leaders and community



Members in attendance. Data was collation 2 months before and 2 months after intervention to compare the trend of family planning service uptake.

Result: The community theatre created a ripple effect in the two communities when the Sarki and the Chief Imams spoke (some for the first time) publicly in support of family planning after the drama presentation, this sparked discussion among married people (spousal communication) and friends within the communities (peer support) which created wave of positive perception of women and has lead to uptake of Family Planning services in two communities. Results obtained from Banyan Fada PHC 2 months after (from October to November) indicates 39.2 % increase in family planning uptake. Tirwun on the other hand recorded a 38.5% increase in new acceptors.

Conclusion: The increase in FP uptake in both facilities shows that community theatre is a viable strategy in achieving increased FP uptake in facilities in Bauchi State thereby contributing positively to increase in CPR in the State and Nigeria at large.

Oral-16 Abstract ID : NFPC150

Using community-based health workers to expand access to self- injectable contraception in Anambra State

Submission Type : Oral Presentation

CHIJIJOKE OGUAZU 1 *

Abstract Summary:

Background/Objectives: Limited access to health care facilities and services has partially resulted in low uptake of contraceptives. Community based provision of injectable contraceptives was also found to increase contraceptive uptake in Ghana and Uganda. The Nigeria National Council on Health (NCH) approved a policy to allow community health extension workers (CHEWs) to provide injectable contraceptives in communities to scale up injectable contraceptive uptake. This opportunity was leveraged on the Resilient and accelerated scale-up of DMPA-SC/Self-Injection in Nigeria (RASuDiN) Project.

Materials and Methods: The project trained 63 community volunteers to create demand for Family Planning services and 84 CHEWs to provide DMPA-SC/SI services across 21 LGAs in the state. All trainees were provided with tools necessary to provide accurate information and dispel misconception on FP. They were deployed to jointly implement activities in all the communities present in their resident LGA.s communities. With support from the state ministry of health and the primary health care agency, a robust monitoring system to track project performance was instituted. Key indicators such as persons reached, referred and uptook FP method were analyzed for cumulative information.

Results: From November 2019 to October 2020, multi-channel demand generation strategies enabled the project to conduct 2783 (m.232) community level mobilization events. Approximately 44790 (m.3733) people were reached with family planning information, from which an average 315 modern family planning methods were accepted and an average of 270 doses of DMPA-SC was administered monthly. Inspite of the 11% family planning referrals generated from community mobilization, a monthly 3.6% increment in new acceptors of a modern FP method was observed.

Conclusion: Results from Anambra State RASuDiN project demonstrate that community health workers have the potential to expand community-level access and uptake of DMPA SC, maximize task-sharing strategies, and reach young women and new acceptors of DMPA SC.

**Oral-17 Abstract ID : NFPC166**

Engaging Community Decision Makers and Influencers to Increase Use of Modern Contraceptives in Nigeria

Submission Type: Oral Presentation

Chizoba Onyechi 1 * Gloria Adoyi 2 Shittu Abdu-Aguye 3

Abstract Summary:

In Nigeria, barriers to the uptake of FP services include spousal disapproval, religious beliefs, cultural norms and inadequate knowledge. The barriers among others may explain why modern CPR increased by only 2% between 2013 and 2018 (NDHS 2018). FP is key intervention for reducing maternal deaths, and social support by community decision makers and influencers in the community contributes to increasing FP service uptake. However, there are still inadequate support for FP among key leaders and influential individuals at community level. USAID BA-N conducted a desk review and a qualitative assessment to identify strategies and interventions for addressing barriers to health seeking behaviors including family planning. Subsequently, BA-N implemented interventions to engage decision makers and influencers on promoting FP through community health dialogue for men and the Social Behavior Change Advocacy Core Group (SBC-ACG) predominantly religious/traditional leaders who use their platforms to address social and gender normative barriers to FP uptake. This study compares mCPR in BA-N FP states with and without the SBC-ACG intervention. 2013 and 2018 NDHS data on use of mCPR among married women were compared. In BA-N FP states with SBC-ACG intervention, data showed increase in the use of mCPR - Bauchi (3.1%), Kebbi (2%), Sokoto (1.4%), Plateau (7%), Ebonyi (0.9%). However, FCT, Akwa Ibom, and Oyo without SBC-ACG intervention as part of the FP program showed a decline of 0.6%, 0.8%, 2.2% respectively. While there are other factors that contributed to the increased mCPR in the states with SBC-ACG intervention, findings suggest that the activities of decision makers and influencers may be significant to increased use of FP services. Therefore, FP programs to explore interventions that engage decision makers and influencers in advocating for the use of FP methods while addressing the gender, social, cultural norms related to FP.

Oral-18 Abstract ID : NFPC171

Improving Accessing and Utilization of Modern Contraceptive Methods Among Women in Rural Areas

Submission Type : Oral Presentation

Chioma Uzor-Isiugo 1 * Adaora Uzoh Ntiwunka 2

Abstract Summary :

The uptake of modern family planning methods in Rivers State is affected by several factors such as cultural beliefs, low awareness of modern family planning methods, fear of side effects, myths and misconceptions among others. According to WHO's fact sheet, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern contraceptive method. In Nigeria, contraceptive use is incredibly low. In 2019 before the commencement of social mobilization for the Resilient & Accelerated Scale-up of Depo-Medroxy Progesterone Acetate Sub-Cutaneous (DMPA-SC)/ Self Injection in Nigeria (RASuDiN) project in Rivers State, there was no data on utilization of DMPA SC SI across health facilities in the state, young women in rural areas had difficulty accessing modern family planning services at the health facilities due to associated cost (transportation and user fees). The RASuDiN project deployed innovative community mobilization activities through her trained Community Volunteers and Community Oriented Persons (CORPs), known as Community Providers to provide family planning messages and services. This targeted approach and integration increased



knowledge on modern contraceptive use, improved referral/linkage, and built the confidence of women to demand for modern family planning methods. From a baseline of zero data on DMPA SC SI referral and uptake, there is 253 referrals and 147 women have used DMPA SC SI across the 23 LGAs. More than 7989 persons have been referred for other methods of family planning, about 4500 have accessed services at health facilities. There is increased awareness on the effectiveness of modern contraception use as the fear of side effects are consistently being addressed through the dissemination of correct information on modern family planning.

Key words: DMPA SC SI, modern, family planning, methods, young women, community mobilization

Oral-19 Abstract ID : NFPC65

Documenting lessons learned from a family planning project: a participatory approach using After-Action Review

Submission Type: Oral Presentation

Oluwadamilotun Olejiya 1 * Fatima Shehu 2 Adolor Aisiri 3 Olumide Adefioye 4 Olajumoke Olarewaju 5 Babafunke Fagbemi 6

Abstract Summary :

Background/Objectives: Centre for Communication and Social Impact provided technical support on demand generation to eight states on The Challenge Initiative (TCI) project. This paper was aimed at documenting lessons learned between May 2018 - May 2020, on the intervention.

Method: An after-action review (AAR) was used to document lessons and recommendations from the technical support. Three sessions of AARs with the State teams were conducted to identify challenges, lessons learned, what worked, and recommendations regarding social mobilization, data collection, reporting, and sustainability, coaching, and mentoring.

Participants were interviewed using structured guides, and content analysis conducted using Microsoft Excel.

Results: Based on the AAR, advocacy to community leaders was found to be more effective in ensuring sustainable community mobilization for family planning. Although high impact social mobilization activities differed across states, however in-reaches, where women are reached with FP messages in the health facilities; voluntary mobilizations which are initiated by social mobilizers (SMs) at no cost; and neighbourhood campaigns where FP messages are disseminated through interpersonal communication, were more effective across states. Additionally, a simplified and centralized tool for data collection was found to be readily usable and reduce data entry errors amongst health workers and social mobilizers. Also, key life events (such as naming ceremonies, birthday parties, etc.); association meetings (leveraging on the existing association to create awareness on family planning), and voluntary mobilization were found to be more sustainable and cost-effective **Conclusion:** There are efforts to improve demand generation for family planning services in Nigeria. A participatory knowledge management approach such as AAR is crucial to document lessons and recommendations from experience that can be replicated, and improve the overall delivery of family planning interventions and programs.

**Oral-20 Abstract ID : NFPC19**

The Role of Peer Mentoring in improving Family Planning (FP) service delivery and Data Reporting among Patent and Proprietary Medicine Vendors in Kaduna State.

Submission Type : Oral Presentation

Emeka Okafor 1 *

Abstract Summary:

Background/Objectives: Peer mentorship has the potential of improving the quality of Family Planning (FP) services to clients and data reporting among Patent and Proprietary Medicine Vendors (PPMVVs). It serves as a platform for increasing and expanding specialized knowledge, skills and self-confidence among people working towards similar goals. With the increase in the number of trained PPMVVs in Kaduna state, providing adequate oversight to the trained provider on the quality of FP services became increasingly challenging. Thus, the Integrate project selected and trained some PPMVVs as mentors to closely supervise others.

Materials and Methods: Qualitative research methods (using 3 Focus Group Discussions) were used to gain insight from mentors and mentees, into the impact of peer mentoring among PPMVVs in the state. The FGDs explored the perceptions about peer mentoring and its influence on FP service delivery, documentation, and reporting. FGDs were transcribed and analyzed thematically.

Results: On access to commodities, mentees opined that peer mentors salvaged impending stock out by providing timely and valuable information on where to get FP commodities. This made a range of methods available to clients. The knowledge on the use of DHIS tool also witnessed an improvement as peer mentors were available to support other PPMVVs to ensure proper use of the tools; thus, resulting in reduction in common errors in documentation and reporting.

Conclusions: Overall, peer mentoring benefited both mentees and mentors as all groups attested to its positive impacts on quality FP service provision and reporting.

Oral-21 Abstract ID: NFPC73

Determinants of reversible contraceptive method discontinuation among women of reproductive age in Kano metropolis

Submission Type : Oral Presentation

Muktar Gadanya 1 * Fatima Ele Aliyu 2

Abstract Summary:

Contraceptive discontinuation contributes substantially to the total fertility rate, unwanted pregnancies and induced abortions thereby increasing the already high maternal morbidity and mortality. This study aimed to access contraceptive discontinuation among women of reproductive age (15-49 years) in Kano metropolis. Using a cross-sectional study design with concurrent mixed method of data collection, 350 women were studied. Data was collected using a structured interviewer administered questionnaire; focus group discussion (FGD) and key informant interview (KII) guide. Of the 350 participants, 168 of them had discontinued a method of contraception giving a total discontinuation rate was 48%, with method specific discontinuation rate of 35.1% for implants, 33.9% for Injectables, 21.4% for pills and IUD having the lowest rate of 15.5%. The study also found side effects to be the most common reason why women discontinued contraception with a reason specific rate of 67.1%, intention to get pregnant 59.5%,



method failure 16.7%, method switch 12.0% and husband's disapproval 9.5%. Factors significantly associated with discontinuation at bivariate level were ethnicity, influence on method choice, type of facility where method was obtained, and the type of contraceptive method.

These factors were found not to be significant at multivariate level. Qualitative interviews also revealed high discontinuation rates with side effects been the most common reason for discontinuation and injectable contraceptive method as the method most discontinued by women in Kano metropolis. Contraceptive discontinuation is prevalent in Kano metropolis meaning that women are at high risk of unintended, mistimed pregnancies and unsafe abortions there by increasing maternal morbidity and mortality has such efforts should be made to tackle the problem of discontinuation through effective educational strategies and counselling techniques.

Oral-22 Abstract ID : NFPC76

EFFECTIVE Participation of Religious Leaders for Increased Family Planning (FP) Services Uptake in Nigeria: A Case Study of FP Program in Abia State

Submission Type : Oral Presentation

OBASESAM EDET 1 * Dorcas Akila 2

Abstract Summary :

Background/Objectives: Flexi Track Survey conducted by The Challenge Initiative (TCI) Nigeria Hub reveals that 19.4% male and 20.0% female in Abia State have heard or seen their Religious Leaders speak in favor of FP. The survey also reveals that among those who intend to use contraceptives, 22.7% male and 30.3% female have seen or heard Religious Leaders speak publicly in favor of FP. The objective is to demonstrate effective FP strategy using Religious Leaders to improve access to quality FP counselling and services by women and men of reproductive age in Abia State. **Materials and Methods:** TCI supports Government of Abia State to implement an innovative "Business Unusual" proven FP Model. Recognizing that religious leadership is strategic and key to the success of FP response, TCI established active and vibrant Interfaith Forum with membership from all the Religious sects. An orientation on FP religious perspective, capacity building on the use of FP sermon notes and SMART Advocacy training was conducted for the 40 members of the Interfaith Group. **Results:** Engagement with Religious Leaders developed vibrant Champions who are inspiring voices for FP and engage in community-based activities like creating awareness, informing the communities of benefits of FP and voluntary mobilization for FP. As a result, New FP Acceptors increased from 24,141 during a one year period without TCI support (July 2017 – June 2018) to 66,555 during a one year period of TCI support (July 2018 – June 2019) accounting for a 46% increase in New FP Acceptors in Abia State (DHIS2). **Conclusions:** Religious Leaders speaking publicly in support of FP reduces barriers to service uptake, increases demand and reduce unmet FP need. Engaging Religious Leaders to dispel myths, serve as change agents and speak positively to their followers about FP, there is every likelihood that the number of New FP Acceptors will increase.

Oral-23 Abstract ID : NFPC149

Consumer Profile and Service Delivery Choices of Subcutaneous DMPA Users in Nigeria

Abstract Topics : Effective family planning programs Submission Type : Oral Presentation

Adewole Adefalu 1 * Olajimi Latunji 2

Abstract Summary :

Background/Objectives: Nigeria introduced DMPA-SC into its contraceptive mix in 2014, as the country



sought to meet its target mCPR of 27% by 2020. In the past, several factors, including provider bias and distribution method, have hindered access to contraceptive uptake in many regions. Thus, the study sought to understand the socio-demographic profiles and utilization patterns of DMPA-SC acceptors; to determine acceptability and inform future investment decisions for product scale-up. Materials and Method: The study was a cross-sectional survey involving women accepting DMPA-SC in a UNFPA-funded DMPA-SC scale-up project between January 2016 and December 2017. Study setting: Fifty-four local government areas were proportionally allocated between four implementation states.

Clients: Total population sampling of all women accepting DMPA-SC in the randomly selected LGAs. Data collection involved the use of a standardized primary data sheet and entered into Magpi, a mobile and computer-based platform. Main outcome measures: Preferred provider type and gender of provider. SPSS version 23 was used for data analysis. Results: Only 4.9% of 60,783 women who opted for DMPA-SC were adolescents of reproductive age and community-based agents administered 55.1% of the doses. Statistically significant associations were found between women's choice of provider and age group, state, visit type and gender of provider ($p < 0.001$ for each variable); with adolescents preferring community channels. Conclusion: The study found an interesting choice for male providers and preference for community-based distribution channels by the young women and other age groups, especially in states where socio-cultural barriers to contraceptive uptake are rife.

Oral-24 Abstract ID : NFPC141

Using Existing Community Structures to make Family Planning a Social Norm; A Case Study of Communities in Bauchi State Nigeria

Abstract Topics : Effective family planning programs Submission Type : Oral Presentation

Yakubu Usman Abubakar 1 * Rabi EKELE 2 Beeve Hua 3 Ribado Mohammed 4 Munkail TITILOLA 5

Abstract Summary :

Background/Objective: Bauchi state has the highest proportion of teenagers who have begun childbearing, and faces high fertility rate of 7.2 coupled with very low CPR with slight increase over the years (2.1% to 6.5%) as shown by NDHS2013 & 2018 respectively. Poor knowledge about family planning constitute great barrier to uptake. The state requested support from TCI and other partners in trying to improve its CPR and other MNCH outcomes. Methodology To address the low FP uptake, TCI worked with the state to identify the existing community structures in TCI supported LGAs. The religious leaders served as advocates of FP using Islamic and Christian Perspectives. They also serve as members of Quality Improvement Teams with mandate of engaging and enrolling other religious and community leaders. A community drama group was oriented and thus staged dramas on FP addressing ideational factors in an entertaining manner. Results The religious personalities openly encourage their followers to use FP methods. Over 195 public statements about family planning have been made and aired in various media outlets in the state, which made the target audience know that in Islam and Christianity family planning permissible. The drama intervention politely informed the communities about the benefits of FP and consequences of unplanned families. The uptake of family planning methods increased in Bauchi and Toro LGAs, between June 2018 and May 2020, from 12,471 to 23,207 (86%) and from 5024 to 6990 (39%) respectively. Impressed with the development, some neighbouring communities request for the dramas. Conclusion Proper enlightenment and education through community structures improved FP uptake significantly. Local drama groups reenforce FP messages through edutainment targeting specific community ideational factors in practical and acceptable ways that open discussion among families.



Oral-25 Abstract ID : NFPC67

RELIGIOUS LEADERS AS CATALYST FOR CHANGE IN FAMILY PLANNING RELATED NORMS AND BEHAVIOUR

Submission Type : Oral Presentation

Aneotah Egbe 1 *Sylvanus Edeh 2

Abstract Summary:

Background: Anambra is the most populous state in South-East Nigeria and predominantly Christians, with Religious Leaders highly revered in the state. Faith-Based organisations (FBOs) provide safety net for Health Services in certain rural, remote and underserved areas where Government Health Systems is weak or absent altogether thereby representing the only service of care in such communities, their views and opinion are widely accepted. The Challenges Initiative (TCI) in implementing a demand-driven and cost-efficient Business Unusual approach to Family Planning (FP) which allows for voluntary consent and informed choices to FP service uptake utilises Religious leaders as FP advocates. Method: In September 2018 TCI undertook an initial mapping of Churches and mosques in Anambra State and developed a data base of Religious Leaders who were invited to an orientation on the benefits of FP. The orientation led to the training of 50 Religious Leaders on FP messaging and Advocacy and thereafter, they formed an Inter-Faith Forum (ITF) that meets quarterly to review its activities and collate completed data tools. In August 2019 the ITF leveraged on the "August Meeting" events to engage with Women, Traditional, Religious and Community groups, and further leveraged on other structured meetings and radio programs to sensitize them on the benefit of and need for the uptake of FP. Results: Within 16 months of implementation (May 2019 - August 2020), the ITF reached a total of 250,500 persons, had about 3500 call-in to the radio program and number of new acceptors increased to 57,223 between May 2019 and September 2020, accounting for a 38.5% increase in FP service uptake. Conclusion: Continuous engagement of Religious Leaders to speak in support of family planning as change agents for shaping norms and informing behaviors about family planning and contraceptive use is critical to increasing contraceptive uptake in Anambra State.

Oral-26 Abstract ID : NFPC88

Partnering government and community structures for the sustainability of family planning demand generation

Abstract Topics: Effective family planning programs Submission Type : Oral Presentation

Adenike Ayodele 1 *Olajumoke Olarewaju 2 Adolor Aisiri 3 Babafunke Fagbemi 4

Abstract Summary:

Background/Objectives: The Nigerian Urban Reproductive Health Initiative (NURHI 2) project implemented its proven social mobilization model as part of a multi- channeled demand generation strategy to increase contraceptive use in 3 Nigerian states; Oyo, Kaduna, and Lagos. Technical assistance was routinely provided for health promotion and National Orientation Agency (NOA) officers as they took the lead on activities across the states. This paper demonstrates the potential of active partnerships with government and communities in implementing demand generation for family planning (FP). Materials and Methods: Training on NURHI's social mobilization model was conducted for key members of the Social Mobilization Committees (including LGA Health Educators and NOA officers) in the intervention states to strengthen coordination platforms on FP mobilization activities. Afterwards, LGA officers coordinated social mobilization activities, with the project team providing technical assistance following the 'lead, assist and observe' approach. Social mobilizers were also supported to carry out voluntary activities, demonstrating ownership.



Results: Initial challenges were encountered in working with the LGA officers, primarily due to competing priorities. Overtime, this was addressed through planning and delegation. Between January 2019 and March 2020, mobilizers and LGA officers initiated and conducted 2,998 voluntary activities which would have cost \$60,649 (N22,137,000) for transport and refreshment. These activities recorded a 90% referral completion rate. The involvement of the LGA level officers and indigenous social mobilizers helped legitimize the campaign in the communities. There was however widespread concern about the lack of a budget line to sustain funding of social mobilization activities post-project.

Conclusion: Involving government across levels and communities in the implementation of projects stimulates sustainability. LGA officers and social mobilizers are willing to continue demand generation for FP services, however, the funding gap needs to be addressed. Projects could also support creative avenues of integrating demand generation for FP into routinely funded campaigns.

Oral-27 -Abstract ID : NFPC85

The NURHI experience: High impact approaches for social mobilization

Abstract Topics : Effective family planning programs Submission Type : Oral Presentation

Adenike Ayodele 1 * Oluwatofunmi Laleye 2 Adolor Aisiri 3 Babafunke Fagbemi 4

Abstract Summary:

Background/Objectives: An evaluation of the first phase of the Nigerian Urban Reproductive Health Initiative (NURHI) project showed that exposure to its social mobilization activities was associated with increases in modern family planning (FP) method use. This success was anchored on engaging the right fit of mobilizers who carried out high impact activities. The second phase of NURHI scaled up strategies that proved effective in Oyo, Kaduna, and Lagos states from 2015 -2020. This paper highlights this proven social mobilization model for increasing contraceptive use. **Materials and Methods** Community gatekeepers were engaged to facilitate acceptance of FP messages and support the engagement of mobilizers. These mobilizers were selected based on the NURHI Profile of the Get it Together Mobilizer, key characteristics included being resident in the intervention community, popular and accepted role models. Over the lifetime of the project, 925 mobilizers were selected and trained on modern FP methods, communication, and effective social mobilization approaches. These mobilizers educated community members on modern FP methods, disseminating messages during activities such as neighborhood campaigns, community engagements, youth engagements, and key life events (e.g. weddings); referring interested people to access services at health facilities. **Results** The NURHI 2 mobilizer selection process which leveraged community structures, encouraged ownership of the process. Mobilizers carrying out high impact approaches such as neighborhood campaigns and FP talks at immunization clinics yielded high numbers of people completing referrals by accessing FP services. Furthermore, leveraging businesses/professions of social mobilizers for mobilization was beneficial for reaching more people with FP messages. By the close of activities on the project, over 4.5 million people were reached with FP messages; with approximately 6 out of every 10 people referred for FP services visiting the health facilities for FP counseling and/or method uptake.

Conclusion: The application of these approaches by FP project implementers will contribute to increasing contraceptive use.

Oral-28 Abstract ID: NFPC11

Prevalence Of Contraceptive Usage Amongst Married Antenatal Clinical Attendees At The Rivers State University Teaching Hospital, Nigeria.



Abstract Topics : Family planning and abortion Submission Type : Oral Presentation
D.G.B Kalio 1 * NCT Briggs 2 DKO Pepple 3

Abstract Summary:

Abstract Background: By 2050, the population of Nigeria is projected to be the third in the world. Therefore, for Nigeria to meet her economic and socio-political challenges it is important for her to adopt an aggressive family planning policy through contraceptive usage. Aim: To determine the prevalence of contraceptive usage amongst married antenatal clinic attendees at the Rivers State University Teaching Hospital (RSUTH) and improve on the usage of contraception from the findings of the study.

Method: This was a cross-sectional study of all antenatal clinic attendees at The RSUTH for a period of 3 months. Informed consent was obtained from the participants. A systematic sampling method was used. Information was obtained from a structured questionnaire and analyzed using SPSS version 25

Result: Two hundred questionnaires were distributed and 190 retrieved. The mean age was 31.8 years. The modal parity was 1. The awareness of family planning and desire for family planning by respondents was 173 (92.7% and 95 (50%) respectively. Thirty-four (17.9%) of the subjects had used a family planning method previously. Personal reasons 106 (55.8%) and lack of awareness 41 (21.6%) were the 2 most common reasons for not using a family planning method by respondents.

Conclusion: The prevalence of contraceptive usage was 17.9%, this was low when compared with Nigeria's FP2020 target. Creating awareness and counseling of antenatal clinic attendees and the Nigerian populace will improve contraceptive usage and control Nigeria's population. Keywords: Prevalence, contraceptive, antenatal, attendees, Nigeria.

Oral-29 Abstract ID : NFPC152

Contraceptive use autonomy, decision and dependence level among young women in Nigeria; a cross sectional survey

Abstract Topics : Family planning and adolescents Submission Type : Oral Presentation
Oluwayemisi Ishola 1 * Segun Akinola 2 Dorcas Akila 3 Akinsewa Akiode 4 Victor Igharo 5

Abstract Summary:

Evidences have shown that in countries with a youth bulge like Nigeria, targeting young people in the quest to increasing contraceptive outcomes is a wise strategy. Young people, especially women have continuously struggled with reproductive health rights and needs. The Challenge Initiative, positioned to scale up evidence- based FP and Adolescent and Youth Sexual and Reproductive Health (AYSRH) programs in Nigeria conducted a baseline survey. The survey aimed to generate data that will guide implementation of AYSRH interventions. A cross-sectional survey conducted in December 2019 in Ogun, Edo, Niger and Plateau. The analytic sample is 5436 female adolescents and youths aged 15-24 years. Data were analyzed in Stata 13 and autonomy (ability to successfully carry out certain FP actions confidently/independently) and contraceptive use decisions variables were analyzed. Descriptive statistics and test of association was used. Eight variables were used as constructs for contraceptive autonomy and summed up to generate median score, those with scores of ≥ 4 are classified as having high autonomy level. About 27.6% of respondents reported zero contraceptive autonomy, 16.6% had between 1-3 autonomy score while 55.9% reported high (between 4-8) autonomy score.



Cumulatively, 44.1% of respondents had 0 to low autonomy score. Over half (55.6%) reported that contraceptive decision is jointly made with partner, 16.5% and 18.1% reported that it is partners' decision and mainly their decision respectively. 65% who reported that contraceptive decision is mainly theirs had a high autonomy score (≥ 4), 55.0% who said the decision is mainly their partners' had between 0 to low score. Some women rely on peers, partners and religious leaders to either convince them or make contraceptive-related decisions on their behalf. It is therefore essential to integrate contraceptive negotiation and assertiveness into FP/AYSRH programming and meaningfully engage young people to understand/know their sexual and reproductive health rights.

Oral-30 Abstract ID : NFPC48

Advocating for family planning (FP) financing and integration of adolescent-& youth-friendly health services (AYFHS) into primary health care (PHC) Facilities in Nigeria.

Abstract Topics : Family planning and adolescents Submission Type : Oral Presentation

Rosemary Adejoh¹ *Adeola Adeshina²

Abstract Summary:

Background/Objectives: Young people aged 10-24 years constitute 33.6% of Nigeria's population, yet access to sexual reproductive health information and services is limited, resulting in risky behavior and poor health outcomes. Nigeria's Federal Ministry of Health developed policies to address these gaps, however, years later; these documents have not been fully implemented. Novel Association for Youth Advocacy (NAYA)-a coalition of youth-serving organizations advancing the reproductive health and rights of youth-designed an advocacy intervention to gain decision-makers' commitment to create and fund dedicated budget lines for AYFHS, integrate AYFHS into PHC facilities, and equip them with personnel and medical and FP commodities. Methods: 48 persons were trained on advocacy and the intervention which spanned 12 months targeted community members, government officials, and the media in Benue, Kwara, Nasarawa, and the FCT with evidence-based messages to encourage action to improve funding for FP and AYFHS. Advocacy strategies included developing advocacy briefs, advocacy, trainings, dialogues, and media chats. Results: Commitment was obtained from government in targeted states to fund FP and AYFHS, which is evidenced by the existence of a dedicated budget line for AYFHS in Benue state and creation of a draft budget line for AYFHS awaiting approval in Kwara and Nasarawa states appropriation instrument. Other results include: three PHC facilities in Benue designated as AYFHS model facilities and 25 health workers trained on AYFHS; three AYFHS Centres reactivated in Nasarawa and formation of a "Working Group for Adolescent Health to synergize skills and efforts for influencing decision-makers; and four PHC facilities in Kwara enhanced in structure and functions to provide AYFHS.

Conclusions: Coordinated, youth-led advocacy efforts that are based in evidence can improve investments in the health and well-being of young people thus increasing potential for national development. Keywords: National Guidelines, AYFHS, FP, PHC

Oral-31 Abstract ID : NFPC42

IMPACT OF CONTRACEPTIVE TECHNOLOGY TRAINING FOR ADOLESCENT HEALTH PROVIDERS ON METHOD MIX

Abstract Topics : Family planning and adolescents Submission Type : Oral Presentation

Fifi Oluwatoyin Ogbondeminu¹ * Hamza Ibrahim² Jane Ehiamen³



Abstract Summary:

Background: Three factors have continued to militate against acceptance of contraceptives amongst adolescent girls in most parts of Nigeria. They are lack of information about contraceptives, access to facilities that offer sexual and reproductive services in a youth friendly manner and the availability of a skilled, youth friendly and non-judgmental provider at such facilities. While most girls have need for contraceptives, the reality is that most do not know much about contraceptives or where they can be obtained. And where awareness of contraceptive possibility and availability is known, the problem of finding a skilled, youth friendly and non-judgmental provider still remains a setback.

Methodology: The A360 Project selects a community, based on several variables including high FP unmet need, large number of adolescent girls, existence of a public health facility with a trained provider and meeting of some basic quality assurance standards like client confidentiality, quality of service, continuity of care and requisite referral relationship amongst other criteria. Personnel capacity building is provided through youth friendly and contraceptive training and in-house technical and skill refresher mentoring by the project quality focal person (QFP) to the facility's providers while equipment like Insertion kits and medical consumables are provided to the facility as institutional support to augment the zero bills to acceptors.

Results: Acceptors of Contraceptives methods at Evbuodia PHC and Ugbor PHC in Edo state shows that Pre-CT Training April – Dec 2018 Injectable-478, Pills- 181 and LARC -428 and post CT training April – Dec 2019 Injectable-1447, Pills- 574 and LARC -2245

Conclusion: The quantifiable results from the hub facilities in Edo State of Nigeria proved how method mix can improve effectively with the training of health providers on contraceptive technology.

Oral-32 Abstract ID : NFPC21

The role of Integrated Supportive Supervision (ISS) in strengthening community Family Planning (FP) service delivery.

Abstract Topics : Innovations in contraceptive service delivery Submission Type : Oral Presentation
Emeka Okafor 1 *

Abstract Summary:

Background/Objectives: Integrated Supportive Supervision (ISS) is an intervention that facilitates quality improvement by ensuring adequate oversight, skills and knowledge transfer to health service providers. The ISS process is a shared responsibility of FP stakeholders and the IntegratE project team to ensure quality service delivery by PPMVs and CPs. The joint supervision is usually carried out quarterly and a checklist is used to guide this process and the stakeholders include PCN, NAPPMED, SMoH and SPHCDA. This study explores the potentials of ISS implemented by the IntegratE project to enhance the quality of FP service delivery among PPMVs and CPs in Kaduna state, Nigeria. Materials and Methods: We employed qualitative research methodology to gain insights on the impact of ISS among consenting FP providers. Three Focus Group Discussions were conducted with fair representation of male and female participants across all groups (Health Trained, Non-Health trained PPMVs and CPs). Phone interviews were also conducted among seven (7) members of the supervisory team. All FGDs and interviews were transcribed and thematically analyzed. Results: On the commitment to FP service delivery, regular ISS visits proved useful in ensuring that service providers retained their commitment to "best practice" in FP service delivery thereby maintaining quality FP service provision. Some providers



agreed to witnessing an improvement in counselling skill and proper use of job aids in service provision after ISS visits. On proper waste management, ISS visits provided timely information on medical waste segregation and proper waste disposal. Regarding documentation of services, ISS contributed to the improvement in complete and timely documentation of service provision using relevant tools. Conclusions: Beyond improving quality of FP services, ISS fosters collaboration between the private sector (CPs and PPMVs) and government making the latter play a more supportive role than enforcement which will strengthen the overall health systems.

Oral-33 Abstract ID : NFPC128

Women's Economic Empowerment and COVID-19: Results from Lagos, Nigeria

Abstract Topics : Family planning, rights and empowerment Submission Type : Oral Presentation

Philip Anglewicz 1 * Carolina Cardona 2 Funmilola OlaOlorun 3 Elizabeth Gummerson 4 Michele Decker 5

Abstract Summary:

Background/Objectives: The COVID-19 pandemic has had profound social and economic impacts throughout the world. In this research, we examined the impact of the COVID-19 pandemic on women's economic empowerment in Lagos, Nigeria.

Materials and Methods: We used longitudinal panel data collected by the Performance Monitoring for Action (PMA) Project before COVID-19 (December 2019-January 2020) and during the COVID-19 restrictions imposed (July 2020). We focused on two measures: household decision making about purchases for daily needs, and women's economic reliance on their husband/partner.

:Results: Women were less likely to be the household member making decisions about household purchases during COVID (compared to before): among women who made the decision solely at baseline, 60% switched to jointly, 13% to partner/external, and only 26% remained the sole decision-maker at follow-up. Similarly, 37.6% of women became more economically reliant on their partners by follow-up. Our multivariable regressions show that women who were aged 25-34 (adjusted odds ratios 0.365, 95% CI 0.142 - 0.940) and 35-49 (adjusted odds ratios 0.370; 95% CIs 0.154 - 0.933) had significantly lower odds of changing from the sole decision-maker during this time (compared to women aged 15-24), as did women who earned money in the past seven days (adjusted odds ratios 0.593; 0.338 - 1.039).

Conclusions: Our results suggest that the shock of COVID-19 had a negative impact on women's household bargaining power, which appeared to mostly impact young women (aged 15-24) and those not working. This implies that increased women's labor force participation protects from loss of economic decision making power. The Lagos State Ministries of Health and Women Affairs & Poverty Alleviation should work together to provide economic generating opportunities for women in the state whose livelihoods have been affected by the pandemic.

Oral-34 Abstract ID : NFPC156

Improving the uptake of Family Planning (FP) Services through providing escort services to clients

Submission Type: Oral Presentation

Yetunde Arowora 1 Oluseyi Akintola 2 *

Abstract Summary:

Background: Breakthrough Action Nigeria implemented continuous FP community mobilization in



Akwa Ibom and Oyo states, employing targeted demand generation to support FP practicum trainings from October 2019 to September 2020 targeting women of reproductive age. Community mobilization approaches included interpersonal engagements through house visits, compound meetings and community health dialogues by community volunteers (CVs). This also included referring willing clients to healthcare facilities to uptake a desired method. Following the outbreak of the COVID 19 pandemic, community activities were halted for 3 months and then continued passively till the end of the project lifespan in September 2020.

Methods/Methodology: CVs reached out to previously referred clients to find out if they visited the facility and the reasons for not visiting (where applicable). As a result, CVs encouraged clients to visit facilities and, in some cases, offered to escort them to take up FP services.

Results: The innovation of CVs escorting referred clients to the facility for FP services engendered trust among community members and the CVs and has resulted in more referrals, the escort service being the main incentive. This unique innovation (though not without its costs on CVs) has grown so much that it is becoming a recognizable incentive for clients. CVs have willingly tried to institutionalize it as an added value for referred clients who may wish to take up a method but have not enough courage/push to actualize their intentions.

Conclusion: A person may not visit the healthcare facility for different reasons despite having the intention to take up FP. Following-up with referred clients, finding out why clients have not completed their referrals and offering guidance where possible is the way to go. This could be the difference between 'wanting to take up a method' and actually 'taking up a method' thereby improving the mCPR in Nigeria.

Oral-35 Abstract ID : NFPC113

Bridging the gap for Persons With Disabilities (PWDs) in the Sexual and Reproductive Health Space in Nigeria; a case study of three clusters in Lagos

Submission Type : Oral Presentation

Enitan Oluwa 1 * Rita Adebayo 2 Oluwamayowa Boyo 3

Abstract Summary:

Background: Young PWDs living across Nigeria like their peers require information, education and communication on sexuality, body changes, gender and psychosocial development. This study assesses the sexual and reproductive health knowledge attitude and practice of PWDs.

Description: 120 PWDs; male and female, 15 – 29 years with at least one form of disability were reached within a twelve weeks' period. Focus Group Discussion, one on one structured discussion and interviews were conducted at agreed location, in some cases the home of eligible subjects to collect data on their knowledge of SRHR including attitudes and perception, HIV/AIDS, sexually transmitted infection testing and treatment services. Questionnaires were in braille for the visually impaired and sign language interpreters for participants with hearing and speech impairment.

Lessons: PWDs experience physical, emotional, sexual and other forms of GBV heightened by barriers to information and services. With a baseline response rate of 89.9%, 69% of the respondent's females whilst 30% were male; 49% of all respondents admitted they were sexually active and 91% of all sexually active female have had unprotected sex. Yet, 25% of male and 18% of female had knowledge of modern contraceptive methods. 85% reported poor access to modern contraceptive methods usually requiring aid in getting services they would rather was discreet. The ignorance and attitudes of society and



individuals, including health-care providers, raise most of these barriers – not the disabilities. 49% of all respondents within the ages of 15-29 have had unintended pregnancies in the past. 87.9% of all respondents have misconceptions about contraceptives and its safety, believing they contain harmful chemicals that can damage their reproductive system.

Conclusions: There is an urgent need to promote participation of PWD when designing programs that address their SRH needs and support them in policy making to address the gap in their SRH needs

Oral-36 Abstract ID: NFPC78

UPTAKE of Family Planning Services among Refugees in Cross River State Nigeria: the impact of medical outreaches

Submission Type: Oral Presentation

Abayomi Afe 1 * Idowu Araoyinbo 2 Yakubu Aliyu 3 Olanrewaju Alabi 4 Jacque Karungi 5 Theresa Adah 6

Abstract Summary:

Background: Refugees are vulnerable persons who have a need for contraception, yet face challenges that limit its use. The total Cameroonian refugee population in Nigeria is about 60,000. They are being hosted across some 87 local communities in the states of Akwa-Ibom, Benue, Cross River and Taraba. According to the NDHS 2018, Cross River had a CPR of 18.9%, Total Fertility Rate of 3.7 and teenage pregnancy rates of 14%. Many studies have reported accessibility-related barriers to family planning services in refugees camp setting such barriers include limited availability of certain methods, especially long-acting and permanent method, distant service delivery points, cost of transport, lack of knowledge about different types of methods, misinformation and misconceptions, religious opposition, cultural factors, language barriers with providers, and provider biases. To mitigate the accessibility barrier, outreaches were conducted to the settlements in Cross River state.

Method and methods: Study Design Retrospective analysis of the report generated during outreaches to the two refugee settlements in Ogoja LGA, Cross River state in October 2020.

Results: Fig.2 Types of Contraceptives distributed Fig.3: Subtypes of contraceptives distributed.

Conclusion: There are 18,183 refugees (54% males and 46% female) in the camp; 4,261 women (44%) of the female population were WRA. 308 refugees (female-58%, males-42%) received counselling and contraceptives. 42% received condoms only, 54% received implants and condoms, 2% received injectables and condoms, and 2% received oral pills and condoms. Of condoms 98% were male condoms and 2% female condoms, of implants 91% were Jadelle, 8% implanon and 1% Levoplast. Of the injectables, 63% were Depo-Provera and 37% Noristerat. This distribution reflects the client's choice and availability. More clients were reached in the outreaches than the routine walk-in clinic but with just 4% (179) of WRA reached there is still a huge gap in the provision of contraceptive to refugees.

Oral-37 Abstract ID: NFPC75

Exploring barriers to accessing Sexual and Reproductive Health Services among Internally Displaced Persons in Abuja: A mixed methods study

Submission Type: Oral Presentation

Margaret Bolaji-Adegbola 1 Tosin Adenipekun 2 * Adebisi Adenipekun 3 Nkasiobim Nebo 4 Folake Oni 5 Shiva Gab-deedam 6



Abstract Summary:

Background Insurgency in Northeast Nigeria has left over two million people displaced, one-fourth of whom are women and girls of childbearing age. Women in these situations are at higher risk of unwanted pregnancy, STIs and maternal mortality. SRH services are among the crucial elements that give refugees and IDPs the basic human welfare and dignity that is their right. However, IDPs often lack access to basic SRH services such as modern family planning and menstrual management materials. This study explored the access barriers to SRH services in Wassa IDP camp in FCT, Nigeria.

Methods: The study which employed a cross-sectional design was conducted in September 2020. Data was collected from 125 women of reproductive age using a structured survey questionnaire and FGDs. Survey findings were descriptively analyzed using Microsoft Excel while FGD data was transcribed and coded using NVivo version 12.0 and thematically analyzed.

Results: Despite the availability of a health post with functional SRH services in the camp, only 18% of women access modern FP methods and an additional 10% access traditional family planning methods. Major barriers to access identified were lack of spousal consent, fear of side effects and misconceptions about modern family planning methods. Additionally, only 47% of the women practice menstrual hygiene management. This was attributed to unaffordability of clean menstrual management materials as 89% of the women earn less than the minimum wage.

Conclusion: Although FP services are being provided in Wassa IDP camp, uptake of family planning is very low. It is therefore critical to design interventions that address the barriers to SRH uptake amongst IDPs to enable their human rights and improve their SRH indices. Proper education of women and their spouses/partners, camp leaders and economic empowerment of women are some of the key interventions that have proven effective in addressing some of these barriers.

Oral-38 Abstract ID : NFPC127

Factors Influencing Family Planning Method Awareness and Use in An Urban and Rural Local Government Area (LGA) of Rivers State

Abstract Topics: Family planning practice including patterns, trends in contraceptive use and method mix, contraceptive continuation/failure, cultural and behavioral barriers to use

Submission Type : Oral Presentation

Kanu Onyekachi 1 * Daprim Ogaji 2 Kingsley ODOGWU 3 Eunice Falaye 4

Abstract Summary:

Abstract background understanding the influence of the client's socioeconomic and demographic variables on family planning (FP) method choice is crucial for expanding contraception services to non-users and improving continuation rates among users. This study investigates the effect of these characteristics on the preference of FP users for specific contraceptive options. It also studied how these characters varied in a rural and urban local government Area (LGA) in Rivers state.

Methodology: Data were obtained from a cross-sectional facility-based survey involving 1055 users of modern family planning methods in public health facilities from one randomly selected urban and rural local government area of Rivers State. A pretested, structured, self-administered questionnaire was used



to obtain information on characteristics of Family planning users, their knowledge of and use of various FP methods as affected by their socioeconomic and demographic profiles. Descriptive and inferential statistics were conducted using SPSS version 22 statistical software with a p-value of < 0.05 regarded as significant.

Results: Socioeconomic class, education level, age significantly influenced the knowledge of most modern FP methods, including the Long-Acting Reversible Contraceptives (LARC) and permanent methods (PM). Knowledge of barrier contraceptives ($P=0.00$), injectables ($P=0.04$), implants ($P=0.00$) and intrauterine devices (IUD) ($P=0.00$) was significantly higher in the urban when compared to rural areas. Likewise, the use of LARC/PMs ($P=0.00$), barrier contraceptives ($P=0.00$) was significantly higher in urban settings. The high socioeconomic class were more likely to use implants ($P=0.00$) and the IUD ($P=0.00$) as those in the lower socioeconomic class.

Conclusion: This study documents influences of socioeconomic and demographic characteristics on the awareness and use of various FP methods in a rural and urban LGA of Rivers state. Interventions that seek to increase the awareness and use of LARCs in Rivers state should evaluate the root causes of these variations while also prioritizing the underserved.

Oral-39 Abstract ID : NFPC154

Close friends & families- How do they influence contraceptive behaviour among women in ten states in Nigeria? A Population based study.

Abstract Topics: Family planning practice including patterns, trends in contraceptive use and method mix, contraceptive continuation/failure, cultural and behavioral barriers to use.

Submission Type: Oral Presentation

Segun Akinola 1 * Oluwayemisi Ishola 2 Akinsewa Akiode 3 Tobi Alawode 4 Victor Igharo 5

Abstract Summary :

Background Population growth is an issue of concern in Nigeria. Family planning thus offers an escape route but despite years of investment, there are social factors militating against this. Scholarly evidence shows that friends & families' experience influence the contraceptive decision of women, but gap still exist on how the interplay of the experience of close families and friends strategically influence contraceptive behavior of women. Methodology: This research utilized data from a cross sectional survey of 11,365 women (15–49 years) selected in a multi-stage stratified random sampling design across ten TCI intervention states in Nigeria – Niger, Kano, Ogun, Delta, Bauchi, Abia, Anambra, Plateau, Rivers and Taraba. Data obtained from the study were analyzed using STATA at three levels of univariate, bivariate using the chi-square and multivariate analysis using the binary logistic regression. Results/ Key findings: The result showed that the odds of contraceptive intention use was two times higher for those who reported that some or most of their family and friends are using a family planning method compared to those who didn't report so ($OR=2.01$, $p < 0.05$). In the final model where we adjusted for the demographic characteristics of the women, family and friends exerts further influence on contraceptive use intention as it was found that the odds of contraceptive intention use was 58% higher for those who reported that some or most of their family and friends are using a family planning method compared to those who didn't report so ($OR=1.58$, $p < 0.05$). Conclusion: It is hereby recommended that more intervention efforts should focus on communicating the benefits of family planning to individuals since it has been established that when a woman uses contraceptive, she could influence her families and friends to also become users.



Oral-40 Abstract ID : NFPC25

A Comparison of Acceptors and Rejecters of the Levonorgestrel Intrauterine System (LNG-IUS): User Experiences and Determinants of Usage with other Long Acting Reversible Contraceptives in Nigeria

Abstract Topics: Family planning practice including patterns, trends in contraceptive use and method mix, contraceptive continuation/failure, cultural and behavioral barriers to use

Submission Type: Oral Presentation

Ekerette Udoh 1 * Anthony Nwala 2 Jennifer Anyanti 3 Adewole Fajemisin 4

Abstract Summary:

Background: The Levonorgestrel Intrauterine System (LNG-IUS) is an effective contraceptive, however its use is limited in Nigeria. This prospective longitudinal study examined the experiences and predictors of the LNG-IUS usage, in comparison with two LARC methods- implant and Copper-IUD in Nigeria.

Methods: A sample of 278 consenting women who accepted LNG-IUS after counselling for method choice for family planning, and 582 rejecters (305 Implant and 277 Copper-IUD users) aged 18–49 years old, were recruited from 40 private clinics belonging in the Society for Family Health Healthy Family Network franchise across 17 states in Nigeria. Interviews via phone calls were conducted at baseline (few weeks post-uptake of their methods) with follow-up surveys at six-month and twelve-month. User background and contraceptive use experiences and profiles were elicited and analysed.

Results: Age of women by method was 33.31 ± 6.1 for LNG-IUS users, 31.75 ± 6.2 and copper-IUD 33.66 ± 5.7 years old ($p < 0.001$). Having a method of choice in mind prior uptake predicted uptake of copper-IUD (AOR: 1.65, CI: 1.00, 2.70; $p=0.047$), and implant (AOR: 1.94, CI: 1.17, 3.21; $p=0.010$) compared with the reference LNG-IUS. Health Provider's counselling on possibility of less bleeding during period showed lowered likelihood for copper-IUD uptake (AOR: 0.14, CI: 0.07, 0.029; $p=0.47$) compared with the reference LNG-IUS. At 12-month 68.5% reported bleeding changes for LNG-IUS compared with copper-IUD (51.8%) and Implant (65.3%) ($p < 0.05$), with 41.1% and 33.1% reporting seizure of period for Implant and LNG-IUS respectively, compared with copper-IUD (2.6%). Higher proportion of LNG-IUS users at 12-month (90.6%) reported high satisfaction in bleeding pattern experienced with method than copper-IUD (89.6%) and Implant (77.8%).

Conclusion: The hormonal intrauterine system LNG-IUS showed a competitive potential as a LARC method for contraception in Nigeria.

Oral-41 Abstract ID : NFPC110

USING Social and Behavior Change Communications (SBCC) Strategy to Address Myths and Misconceptions about Family Planning (FP) and Contraceptive Use in Abia State, Nigeria.

Abstract Topic: Family planning practice including patterns, trends in contraceptive use and method mix, contraceptive continuation/failure, cultural and behavioral barriers to use.

Submission Type: Oral Presentation

OBASESAM EDET 1 * Olukunle Omotoso 2 Oluwayemisi Ishola 3

Abstract Summary:

Background/Objective: Flexi Track Survey conducted by The Challenge Initiative (TCI) Nigeria Hub



reveals that the prevailing myths and misconceptions about contraceptives in Abia State is; contraceptives use encourages promiscuity (male 21.5%, female 15.8%), reduces sexual urge (male 16.6%, female 13.2%), leads to infertility (male 24.5%, female 21.4%), causes deformities in infants (male 23.0%, female 19.5%) and causes harm to the womb (male 23.9%, female 22.5%). The objective is to demonstrate the use of SBCC strategies in correcting FP misconceptions for improved access to FP counselling and services. Materials and Methods: TCI supported SBCC committee is charged with the responsibility of coordinating all SBCC interventions and leveraging on existing events to spread correct FP messages. Social mobilization is another SBCC strategy used for FP demand generation to improve social norms in favor of FP. Interventions engage young men and women aged 18 to 35 years as Community Mobilizers who carry out Neighborhood Campaigns aimed at generating demand for FP. TCI also worked with Government to adapt and air TV and radio spots on FP. Results: SBCC Committee strengthened Government ownership, better coordination of activities, diffusion of FP messages and entrenched sustainability. As a result of these interventions, New FP Acceptors increased from 24,141 during a one year period without TCI support (July 2017 – June 2018) to 66,555 during a one year period of TCI support (July 2018 – June 2019) accounting for 46% increase in New FP Acceptors in Abia State (DHIS2). Conclusion: Myths and misconceptions about contraceptives continues to be a barrier to contraceptive use. There is need to intensify SBCC to motivate women and men of reproductive age to adopt healthy reproductive behaviors. Emphasis should be on using SBCC to dispel myths and misconceptions that contraceptives is dangerous to health, leads to infertility, causes harm to the womb and causes deformities in infants.

Oral-42 Abstract ID : NFPC134

Factors associated with Joint Decision on Contraceptive use among married women in Nigeria: Evidence from repeated cross-sectional, nationally representative data

Submission Type: Oral Presentation

MATTHEW ALABI¹ * Bamidele Bello² Olarewaju Sola³

Abstract Summary:

Background/Objectives: Data from the most recent Demographic and Health Survey in Nigeria indicate high Total Fertility Rate (TFR) 5.3% and low Contraceptive Prevalence Rate (CPR), 15.1%, despite the high level of knowledge of contraceptives among women. This study examines factors associated with joint decision on contraceptive use among currently married women and their partners.

Materials and methods: Data for this study were pooled from three most recent successive Demographic and Health Survey in Nigeria (2008, 2013, and 2018). Analysis was restricted to currently married women aged 15–49. The weighted sample size for the study was 34,635 women: (2018=12,586; 2013=11,893 and 2008=10,156) respectively. Joint decision on contraceptive use was measured using variable v632 which asked questions about which partner made decisions when using contraceptives, defined as 'mainly respondents', 'mainly husband' (partner), 'joint decision' and others. However, for the purpose of analysis, decision on contraceptives use was recoded and categorised into two: joint decision coded as 1, otherwise coded as 0. Binary logistic regression was performed.

Results: The proportion of women who jointly decide contraceptive use with their partner though increasing over time, was quite low, with a prevalence of 8%, 11% and 12% for the periods 2008, 2013 and 2018 respectively. At the multivariate level, factors that significantly predicted joint decision on contraceptive use among the women and their partner include: age at first birth, region, place of



residence, level of education, wealth index, autonomy and fertility regime. Across the study period, region, education, wealth index and autonomy consistently predicted joint decision-making on contraceptive use among the women and their partner.

Conclusion: A positive relationship was found between joint decision-making and contraceptive use among partners. This finding has important implications for policies on fertility behaviour and population growth in Nigeria.

Oral-43 Abstract ID : NFPC151

Provider Bias: Does Practice vary among providers in the private and public sectors in Nigeria?

Submission Type: Oral Presentation

Akinsewa Akiode 1 * Olalekan Olagunju 2 Segun Akinola 3 Oluremi Famudile 4 Mojisola Odeku 5

Abstract Summary:

Bias may cause providers to restrict the provision of some contraceptive methods to some Family Planning (FP) clients. These unnecessary restrictions have significant implications for clients, which may include unintended pregnancy, unsafe abortion, and overall satisfaction. In this paper we explored and compared this restrictive practice among providers in the public and private sectors in Lagos state, Nigeria. Our data was from the provider interview component of a larger facility-level survey conducted by the NURHI2 and Private Sector Pospt Pregnancy Family Planning Project, both of Johns Hopkins University Center for Communication Programs. We interviewed randomly selected sample of providers from pre-selected project facilities in the public and private sectors in Lagos state. We assessed prevalence of restriction practice related to age, parity, marital status, and consent for six selected FP methods across the two sectors. Differences in the restriction score was assessed using t-test. Significance was at 5%. Results showed that restriction practice varies in private and public sectors across contraceptive methods and client types (4.8% - 68.7%). Restriction score is significantly higher among public sector providers for condoms (1.7 Vs 1.1, $p < 0.001$), pills (2.26 Vs 1.66, $p < .001$), Injectables (2.33 Vs 1.97, $p < .05$) and Implant (1.5 Vs 1.45, $p=0.8$). While it is higher for private sector providers for Emergency contraceptive (0.4 Vs 0.8, $p < 0.01$) and IUD (1.51 Vs 1.68, $p=0.4$). Public and private sector providers restrict provision of contraceptives. Our data showed that providers in public and private sector hold higher restriction for specific methods when compared. FP programs need to further explore practice and sector related factors for these restrictions.

Oral-44 Abstract ID : NFPC32

Scale Up of DMPA-SC and Self-Injection Among Women of Reproductive Age: An Experience from DMPA-SC Scale Up Project

Submission Type: Oral Presentation RAYMOND SONGO 1 Anthony Nwala 2 *

Abstract Summary:

Background: With several interventions geared towards improving the reproductive health status of women in Nigeria, the modern contraceptive prevalence rate (mCPR) is still very low at 12% (NDHS2018). The DMPA-SC Scale Up Project is in its second year of implementation by Society for Family Health (SFH). It's a 3-year project which started in 2019 across 10 states, to improve uptake of modern contraceptive and most importantly, drive self-injection among women of reproductive



age. Program intervention/ activity tested: SFH is adopting a community-based approach to drive uptake of DMPA-SC among women of reproductive age. We are closely working with FMoH and SMoH in states of Implementation to ensure a seamless implementation. We have so far, recruited a total of 958 community-based distribution agents (CBDA), who have been trained on administration of DMPA-SC as well as self-injection. In line with the task shifting and task sharing policy, CBDAs who are not medically inclined refer first-time women to healthcare facilities for initiation, only those who are medically inclined initiate the self-injection.

Results: Since inception, a total of 86,910 DMPA-SC injections has been administered to women of reproductive age, this amount is equivalent to 21,728 CYP. This represents 21,728 women protected for 12 months each. Also, 7,604 unintended pregnancies have been averted due to use of DMPA-SC. The highest consumption was recorded in Q3'2020 (31%). Most of the injections were administered by the community-based distribution agents (76%); those who have confidently self-injected themselves without the assistance of a health provider account to 24%.

Conclusion: As the fear of contracting COVID-19 and stigma associated to facility visits limits the visits of women to health facilities, the role of our community-based distribution agents becomes very important to ensure women access family planning products and services.

Oral-45 Abstract ID : NFPC153

The Link between Adolescent vulnerability and Poverty with Family Planning Service Uptake: A Study of Bayelsa State.

Submission Type: Oral Presentation

Edward Ajaude 1 * Yauri Aduak-Omoi 2 Ibekwe Samuel Ogechukwu 3

Abstract Summary:

Authors: Ajaude, Edward, Aduak-Omoi, Yauri & Ibekwe, Samuel O. **Organization:** Marie stopes International Organisation Nigeria (MSION) **Phone:** 08066333155, **Email:** Edward.Ajaude@mariestopes.org.ng **Objectives:** To show that with adequate training of providers coupled with equipment and commodity availability; adolescent girls faced with poverty challenges can be reached and empowered with FP and PAC services.

Background: Bayelsa State is the Southernmost State in the Niger Delta Region of Nigeria; with a 1.7 Million population out of which 49% are females. Economically, the state has one of the largest crude oil and natural gas deposits in Nigeria resulting in oil exploration but paradoxical poverty index exposing the adolescent females to unhealthy sexual and reproductive health challenges. Wealthy Elderly males exploit the situation against the indigent poor adolescent females resulting in sexual and reproductive harms. Teenage pregnancy is 19% with only a paltry 3% of women of reproductive age having access to modern contraception.

Methodology: Aggressive door to door advocacies and community awareness targeting brothels, households, female boarding schools, apprentice shops, higher institution hostels and churches on the importance of FP uptake especially for the adolescents. Health Talks in health facilities, distribution of low literate IEC materials and proper data documentation. ORION data trends from 2017 to 2020 were compared to show results following strategic intervention.

Results: Family planning uptake consistently increased from 3,150 in 2017 to 13,365 in 2018 and 14,831 in 2019. January to October 2020 alone has recorded a total of 25,804 FP/ PAC service uptake. The adolescent



FP/PAC uptake in the state has increased from about 5% in 2017 to 21% in 2018, 29% in 2019 to 30% in 2020.

Conclusion: With increased awareness, effective collaborations, advocacies and resources mobilization, more women can be reached with FP and PAC services in the state thereby preventing the negative consequences of unintended pregnancies and improve on the state's modern contraceptive prevalent rate.

Oral-46 NFPC128

Oral-47 Abstract ID: NFPC15

Bringing comprehensive sexuality education back to the advocacy table:- Contraceptive use among basic school pupils in Ghana

Submission Type: Oral Presentation

Fred Gbagbo 1 *

Abstract Summary:

Background: Ghana over the years strived to improve contraceptive services for young people through various policies and programs. Despite these efforts, contraceptives use among young people remain a challenge. In this study, contraceptive use among basic school pupils in a Ghanaian municipality was explored to inform policy and program decisions.

Methods: The research design was a cross-sectional and mixed-method survey involving four hundred and twenty-seven (427) respondents randomly selected from four hundred and eleven (411) basic schools (102 from private and 309 from public basic schools) within Effutu Municipality of Ghana.

Results: Basic school pupils in Ghana are generally sexually active but have high unmet needs for modern contraception due to socio-cultural barriers, stigma, and misconceptions. Awareness and use are however more prevalent among Junior High School pupils compared to those at the primary levels. Pupils who received contraceptive education from parents/guardians were, however, more likely to use modern contraceptives consistently than their counterparts who do not.

Conclusions: Because young people in basic schools are becoming sexually active, there is a need for formalized contraceptive education in basic schools for correct information and education to make informed decisions on choices.

Oral-48 - Abstract ID: NFPC53

Impact of COVID-19 on the implementation and outcomes of a portfolio of family planning grants in Nigeria

Submission Type: Oral Presentation

Emmanuel Adegbe 1 *

Abstract Summary:

Background/Objectives: The COVID-19 pandemic has had a profound impact on life in 2020, including



on the implementation of family planning (FP) activities. This paper investigates how COVID-19 has impacted a specific portfolio of FP grants funded by the Bill and Melinda Gates Foundations (BMGF) in terms of implementation of activities, FP adoption in public and private sectors, and youth FP use.

Materials and Methods: A mix-method approach was used for the evaluation. A qualitative survey was distributed to the BMGF FP grants to assess the effect of COVID-19 on their activities and adaptations made to implementation. The survey results were analyzed in tandem with the quantitative monitoring data provided by grantees covering the period from January to July 2020.

Results: The quantitative data shows a V-shaped pattern for many FP indicators, i.e., a sharp decrease in FP adoption during the lockdown, with a quick bounce-back effect once lockdown was lifted. A few exceptions to the V-shape pattern exist, namely FP provision through community pharmacies (CPs) and Patent and Proprietary Medicine Vendors (PPMVs), which increased during April and May, and new users of DMPA-SC method, which showed no consistent trend across states. Most grant activities continued through lockdown with virtual adaptations, except for social mobilization. Difficulties persisted in FP advocacy to government officials.

Conclusions: The FP portfolio adapted effectively during the COVID-19 pandemic, demonstrating a resilient FP supply and demand environment. Grants were able to adapt rapidly to the COVID-19 context. It appears that couples used CPs and PPMVs to meet their FP needs during lockdown, but facility FP service use rapidly returned to pre-lockdown levels after the lockdown.

Oral-49 Abstract ID: NFPC103

Predictors of uptake of modern contraception by women of reproductive age in Lagos State during the COVID-19 pandemic

Submission Type: Oral Presentation

OLOLADE WRIGHT 1 * Onipede Wusu 2 Modupe Akinyinka 3 Funmilade Adepoju 4 Aderinsola Anifowose 5 Adefunke Adesina 6

Abstract Summary:

Background/Objective: While a 10% decline in family planning utilisation was projected by experts at the start of the pandemic, the actual impact of the coronavirus disease (COVID-19) pandemic on family planning utilisation is scarcely known. Our objective was to assess the impact of COVID-19 on family planning utilisation amongst women of reproductive age (15-49 years) in Lagos Nigeria. **Materials and Methods:** This community-based cross-sectional survey conducted between July and September 2020 used a pre-tested, interviewer-administered semi-structured questionnaire. A multistage sample was used to randomly select 6 of 20 local government areas in the state, followed by a cluster sampling of 1,479 women aged 15-49 years. Following descriptive analysis, logistic regression was used to test association between predictors and family planning use during the pandemic. Ethical approval was obtained for the study.

Results: Most respondents had a least primary education (97.1%), were married (73.4%), aged 25-34 years (41.5%), Christian (49.3%), did skilled work (36.6%) and earned $p < 0.01$, marital status ($p=0.03$), religion ($p < 0.01$), and monthly income ($p=0.03$) were statistically significant predictors of usage during the pandemic. However, age was not ($p=0.81$). The most prevalent reason for non-usage was the fear of visiting providers (37.7%), followed by lack of commodities (20.2%).



Conclusion: Across all ages, women have felt the impact of COVID-19 in limiting their access to and use of family planning commodities. Urgent multi-pronged actions are required to ensure commodities remain in supply, safety measures remain enforced during provider-patient engagements and reassurance of communities are critical to avoid reversal of hard-fought gains in family planning utilisation.

Oral-50 Abstract ID : NFPC132

HEALTHCARE ACCESS AND COST OF FAMILY PLANNING SERVICES DURING EMERGENCIES: EVIDENCE FROM COVID-19 PANDEMIC PERIOD

Submission Type: Oral Presentation

MATTHEW ALABI 1 Olamide Akanbi 2 Bamidele Bello 3 * Olarewaju Sola 4

Abstract Summary:

Background/ objectives: The advent of the COVID-19 pandemic exposed the gross weakness in the health service delivery in developing countries like Nigeria. Hence, this study examined healthcare access and cost during covid-19 lockdown in Nigeria. **Materials and methods:** Data for the study was from an online survey conducted during the lockdown between April and August, 2020. The questionnaire was randomly sent to participants via electronic mail and social media platforms as Google form. A total of 119 participants participated in the study and submitted their responses, comprising of 64 females and 55 males. Descriptive and inferential analysis was performed.

Results: Findings revealed that 19% of the study participants reported having a need to visit a health facility during the lockdown, of these, only 17% could access the health facility to keep up the appointment with their healthcare provider. Among those who reported having a need to visit a health facility during the lockdown, 15.2% reported having appointment with their healthcare provider for family planning services. In terms of health facility visited, majority (57%) reported using private hospital, while 49% reported using pharmacy. In addition, 50% reported that though they were able to make the appointments, they experienced delay in keeping the appointment. With regards to cost of accessing care (consumables namely drugs), the result of the paired t-test indicates cost of accessing healthcare was significantly higher during the lockdown (averaging slightly above N3,000) relative to the period before the lockdown (average about N2,000). However, only 30% of the study respondents attributed the changes in cost of accessing healthcare to COVID-19.

Conclusion: The study has shown the need for adequate healthcare preparedness to ensure continued access to sexual and reproductive health services during emergencies like that necessitated by the COVID-19 pandemic.

Oral-51 Abstract ID: NFPC168

Demand generation for family planning in a pandemic: strategies, challenges, and lessons learned

Submission Type: Oral Presentation

Oluwatofunmi Laleye 1 * Olajumoke Olarewaju 2 Yetunde Akinniranye 3 Adenike Ayodele 4 John Ejeh 5

Abstract Summary:

Background/objectives: The COVID-19 pandemic affected demand generation for family planning services across communities in Nigeria. Despite the ease of lockdown across the states, it was apparent



that demand generation activities could not continue without modifications to strategies used prior to the COVID-19 pandemic. This paper focuses on identifying the challenges, strategies, and lessons learned from generating demand for family planning services during the COVID- 19 pandemic.

Materials and Methods: Discussions were conducted with demand generation project teams to retrospectively review demand generation activities for family planning during the pandemic. A total of five family planning project teams working across 16 states in Nigeria, participated in the review of activities between April to June 2020. Monthly reports including COVID-19 status updates from state teams were also reviewed.

Results: Restrictions in movements and fear of getting infected with COVID-19 affected demand generation activities and reduced access to family planning services at health facilities. The project teams leveraged state- led COVID-19 sensitization campaigns to disseminate family planning messages. Volunteers also focused on reaching people in their immediate communities with family planning messages while observing COVID-19 protective measures. WhatsApp platforms and phone calls were also used to disseminate FP information and follow up with clients to complete referrals. The projects also continued to leverage phone-in radio programs and social media to address FP related concerns and encourage method uptake at the health facilities.

Conclusion: Ensuring demand generation for family planning services during a pandemic calls for innovative approaches and modifications of strategies. Partnership with state structures was critical for integrating FP messages into COVID 19 sensitization campaigns especially at the community level. Radio and social media platforms have been useful in generating demand for family planning during COVID-19 pandemic.

Oral-52 Abstract I: NFPC23

Perceived Influence of COVID-19 on Access of Family Planning Services in Nigeria

Submission Type: Oral Presentation

Emeka Okafor 1 * Bolaji Oladejo 2

Abstract Summary:

Background/Objectives: The Coronavirus pandemic has continued to challenge health systems and services around the world. By limiting person-to-person contact, it has been postulated that access to family planning (FP) information and services would be greatly affected. This study thus aimed to assess the perception of women about the impact of COVID-19 on their sexual/reproductive health and access to FP services from Community Pharmacists and Patent and Proprietary Medicine Vendors.

Material/Methods: We used cross-sectional data collected from clients interviewed six months after receiving FP services from CPs and PPMVs trained on the IntegratE project in Lagos and Kaduna States. We adapted the tool used during the first client exit interview to include COVID related questions and perceptions about its impact on continued access/ discontinuation of FP services.

Results: 525 women were interviewed after the pandemic had reached Nigeria. Mean age of respondents was 32 years and majority had ≥ 3 children (51%). 83% were still using the FP method received 6months prior, 7% had switched methods and 10% had discontinued using contraceptive. Regarding COVID-19, 70% did not feel at risk of contracting the virus and about one-third (34%) reported not feeling comfortable leaving their house for FP services. Few women (8%) reported COVID-19 having any influence on their fertility intentions with majority of these wanting fewer kids (61%) and wanting the next child later (95%). The most influence on fertility intentions was reported among Kaduna. Among



those currently pregnant, 59% reported having no ANC visit despite most reporting no concerns about being pregnant during a pandemic. Coronavirus-related concerns accounted for 8% of FP discontinuation (64).

Conclusion: The Pandemic had little influence on fertility intention (for limiting and spacing) among women of reproductive ages. It also showed to slightly influence discontinuation rates and access to services/commodities among women.

Oral-53 Abstract ID : NFPC60

Impact of COVID-19 Pandemic on Family Planning Services in Private Health Facilities in Lagos State, Nigeria

Submission Type: Oral Presentation

Abimbola Olatunji 1 * Taiwo Johnson 2 Akinsewa Akiode 3

Abstract Summary:

Impact of COVID-19 Pandemic on Family Planning Services in Private Health Facilities in Lagos State, Nigeria Abimbola Olatunji, Taiwo Johnson, Akinsewa Akiode Johns Hopkins Centre for Communication Programs- Post Pregnancy Family Planning Project

Background: The Corona Virus Disease 2019 (COVID-19) has greatly impacted both the global economic and health system since its emergence. The developed countries with stronger healthcare system have experienced extreme pressure while the weak healthcare system in the developing world has been further weakened by the pandemic. The sexual and reproductive healthcare services such as family planning were disrupted due to inability to keep up with the supply chain of contraceptive commodities. Movement restrictions, lockdown and redeployment of staff, and temporary shutdown of services to prevent spread including lack of transportation may prevent clients from accessing services. In this paper, we assessed the potential impact of the measures on the uptake of services, pre and post COVID-19 pandemic.

Methodology: Data from PPFP program management information system collected from March 2020 to July 2020 across all 110 PPFP supported private health facilities in Lagos State was analyzed and compared with the pre-COVID 19 period from October 2019 to February 2020.

Result: The data analysis of the number of clients and commodities stock out showed a decline in the uptake for modern contraceptives by 7% across all facilities during the COVID-19 period while commodity stock out increased by at least 2 percentage point.

Conclusion: Projections from UNFPA shows that about 47 million women may be unable to use modern contraceptives if epidemic and lockdown persists for up to six months. Crisis, lockdowns, and restrictions informed by the COVID-19 epidemic increase the challenges of accessing SRH services especially FP in settings like Nigeria.

Oral-54 Abstract ID : NFPC24

Effect of CoVID -19 on Family Planning Competency Training for Community Pharmacists- A case study of IntegratE Project in Lagos State



Submission Type : Oral Presentation

Bolaji Oladejo 1 * Emeka Okafor 2

Abstract Summary:

Background/Objectives: Integrate project trained 84 Community Pharmacists (CPs) on provision of implant contraceptives while they were to refer clients to PHCs for other LARC services. The training focused on Balanced Counseling Strategy, implant insertion and removal techniques, infection prevention, universal precaution and documentation. The CPs were expected to go through a 12-week post training competency certification at the Primary Health Care Centres under the supervision of master trainers. Incidentally, Coronavirus pandemic broke out shortly after the service provision training and subsequently, competency training only began post- lockdown. This study thus seeks to assess the effect of the pandemic on the competency training.

Methodology: Following the relaxation of the lockdown, the project sought to interview all trained providers during the distribution of Personal Protective Equipment (PPEs). The interview focused on the utilization of the PHCs during the pandemic and provider's perception to competency training post-lockdown.

Results: Less than half (42%) of trained providers (n=84) consistently attended all competency training at PHCs post-lockdown; having completed the required minimum 12 implant insertions and 3 removals per person. Among those that did not participate in competency training (n=49), highlighted barriers included fear of having close contact with infected clients (41), having seen lots of clients reporting to the pharmacies with symptoms of Covid-19 (6). Some also reported having been on self-isolation after having contact with Covid-19 patients (2).

Conclusions: The result shows that Covid 19 pandemic affected the participation of the trained CPs at the post-lockdown competency training. Hence, post Covid, there is a need for evaluation of the knowledge retention ability of providers that have not been certified competent and a need to intensify on-site supportive supervision.

Oral-55 Abstract ID : NFPC18

Factors associated with differentials in modern contraceptive use among married women in Nigeria: Northern versus Southern Islam

Submission Type: Oral Presentation

MATTHEW ALABI 1 *

Abstract Summary:

Background/Objectives: Despite federal government modern contraceptive prevalence (mCPR) target of 27% by 2020, Total Fertility Rate (TFR) in Nigeria still remains high 5.3, while mCPR has remained abysmally low over the past ten years (2008=10%; 2013=10% and 2018=12%), although with significant differentials along region and religious affiliations. This study examines factors associated with modern contraceptive use among currently married women in Nigeria.

Materials and methods: The data used for this study were pooled from three most recent successive Nigeria Demographic and Health Survey data-sets (2008, 2013, and 2018). Analysis was restricted to currently married Muslim women aged 20–40 years, who have given birth to at least a child and have at least two living children as at the time of survey and not currently pregnant. The weighted sample size for the study was 22,653 women: (2018=8,605; 2013=7,830 and 2008=6,217). The outcome variable was



modern contraceptive use, defined as whether a woman is using any modern contraceptives coded as 1, otherwise=0. Binary logistic regression was performed.

Results: There was a significant regional differential in mCPR. For the period 2008-2018, only (5%) of women from the north use modern contraceptives, relative to (26%) from the south. However, use of modern contraceptives double from 4% in 2008 to 8% in 2018 among northern Muslim women, while it rose from 21% in 2008 to 28% in 2018 in the south. At the multivariate level, education, wealth index, occupation, autonomy, joint decision on contraceptive use and knowledge of methods were significant predictors of mCPR among northern Muslim women. Among southern Muslim women, age, autonomy, joint decision on contraceptive use and knowledge of methods were factors that significantly predicted mCPR.

Conclusion: Within homogenous religion, regional differentials accounts for differences in modern contraceptive use in Nigeria, thereby providing useful information for programmes and policy.

Oral-56 Abstract ID : NFPC27

Mothers can be silent partners in contraceptive uptake among adolescent girls in Nigeria

Submission Type: Oral Presentation

Fifi Oluwatoyin Ogbondeminu 1 *

Abstract Summary:

Background/Significance: With efforts geared towards improving the reproductive health status of adolescents in Nigeria, the modern contraceptive prevalence rate (mCPR) among girls 15-19 years is still very low at 2.3% (NDHS2018). Society for Family Health and Population Services International (PSI) implemented the Adolescents 360 (A360) initiative in seven states in Nigeria to improve uptake of modern contraceptive among girls aged 15-19 years. This explored the relationship between moms engagement and contraceptives uptake. Program intervention/activity tested: Moms' sessions were designed to improve communication between moms and their daughters with regards to their sexual and reproductive health needs and ways support to their daughters to achieve their life dreams. Each cohort had 20 mums of adolescent girls engaged twice a month mobilized by the women leader from that community. A provider facilitates these sessions. Program routine data generated in November 2017-December 2019 were analyzed and compared with method uptake amongst various influencers, including mothers. Results/key findings: The program reached 140,191 girls with 83,173 adopting a modern contraceptive method. When adopters were considered against influencers, mobilisers reached 91.5%, peer/friends; 4.3%, mothers; 2.0% while other categories; 2.8%. Though the proportion of referrals through mothers was the smallest, their daughters were more likely to adopt a method than referrals with other channels, with a conversion rate of 85.8%, compared to mobilisers (79.3%) and peers (80.7%). In addition, these girls took up long term reversible methods (LARCs) more often (35.8%) than through mobilisers (26.0%) and peers/friends (27.8%). Lessons Learnt: With key program influencers typically utilized to raise awareness and motivate girls to seek contraceptives, mothers hold a great potential in enhancing uptake of contraceptive methods, and specifically LARC which helps delay first birth or space/limit births. We recommend targeting and supporting mothers when designing programs of similar nature as they can influence continued use.

Oral-57 Abstract ID : NFPC90

Understanding Commodity Stock Practices to Increase Access to Modern Family Planning in the Private Health Sector



Submission Type: Oral Presentation
Adedoyin Roberts 1 *Olabisi Adekola 2

Abstract Summary:

Background/Objectives: Uptake for contraceptives in Nigeria remains low, coupled with slow progress towards achieving the Nation's contraceptive prevalence rate (CPR) target. The Lagos state's current contraceptive prevalence rate of 49.4% (National Population Commission (NPC) [Nigeria] & ICF, 2019) is far below the target of 74% set in year 2018. A potential barrier to accessing contraceptives is commodity stock out, especially across private sector. This study is aimed at examining prevalence of stock out, associated factors and effective strategy to addressing stockout for Family Planning (FP) commodity across private health facilities in Lagos state.

Methods/Materials: One-year pre and post intervention FP-commodity consumption data was collected and examined from selected 40 private health facilities in 14LGAs, facility commodity logistic management tool provided information on commodity stock practices and pattern of utilization. At Intervention Capacity building of service providers on proper utilization of the Contraceptive Logistic Management System (CLMS) to forecast and manage stock flow; provision of data tools for all facilities for effective and efficient documentation; coaching on proper documentation; Linkage to social franchise in addition to few demand generation activities were put in place across the 40facilities.

Results: Results at pre-intervention shows 90% of the private health facilities were stocked out consistently through one year. Single procurement channel, FP commodities procurement on demand, high prices on service provision and poor clients flow, were factors linked to stock-out. And at post intervention, FP commodity stock-out across facilities greatly reduced by more than 50%, Facilities engaged multiple channel for commodity procurement for instance accessing free commodity from government, and overall increase in uptake for FP increased.

Conclusion: While consistent availability of FP commodities at service delivery points remains key to addressing supply barrier and increasing access to FP service, intervention promoting easy access to and flow of FP commodity are promising area to leverage.

Oral-58 Abstract ID: NFPC106

Implementing the ISBC approach to increase family planning use in four francophone West African countries

Submission Type: Oral Presentation
Dela Nai 1 Hassane Atamo 2 *Macoumba Thiam 3 Aguima Frank Tankoano 4

Abstract Summary:

Background/Objectives: The Identification Systématique des Besoins de la Cliente (ISBC) approach, which translates as "Systematic Identification of the Client's Needs", is a strategy used in various health domains to identify missing opportunities in service delivery.

Materials and Methods: The USAID-funded AmplifyPF project is implementing the ISBC strategy in over 250 public health facilities across Burkina Faso, Côte d'Ivoire, Niger and Togo with the aims of increasing the number of family planning (FP) users and closing the gaps in post-partum family



planning. Specifically, the strategy is applied to clients seeking services at different entry points: antenatal care, triage, labor and delivery, postnatal care, nutrition, and child welfare, among others.

Results: We present project data from ISBC implementation in selected public health facilities across the 4 countries since February 2020. Within 8 months, ISBC has been applied to 98,723 clients, with Niger accounting for almost 80% of clients. Of these ISBC clients, 16,482 left the health facility with a modern FP method and among them 10,744 were new FP users. We provide detailed breakdowns by country in the extended abstract.

Conclusion: Multi-country results confirm ISBC as a high-yield, impactful, and low-cost strategy to increase FP use and recruit new FP users at the health facility level.

Oral-59 Abstract ID: NFPC78

Planning and implementing the Task Sharing/Task Shifting Policy in Cross River State using the ExpandNet/WHO scaling-up framework

Submission Type: Oral Presentation

Yemisi Femi-Pius 1 * Laura Ghiron 2

Abstract Summary:

Background: State domestication and operationalization of the 2014 Task Shifting/Task Sharing (TS/TS) policy enabling CHEWs to provide contraceptive implants has been uneven. Operations research (OR) was conducted by Pathfinder International from 2015-2016, to test task-shifting implant provision to CHEWs in Kaduna and Cross River states (CRS). In 2017, using positive OR results, Pathfinder International-Nigeria and the E2A Project helped establish a state-led “resource team” of family planning stakeholders to guide operationalization of the policy using the ExpandNet/WHO framework and nine-step approach for scaling up strategy development. Four critical components for scale up were identified: Training of CHEWs in implant insertion/removal; community mobilization/ demand generation at community level; supportive supervision; and commodity security. **Methods:** The scaling up resource team was comprised of local and state government and NGO actors, plus technical support personnel. A study analyzing results from 12 focus group discussions (FGDs) and 10 key informant interviews helped provide insight to facilitators and barriers to the scale-up process. To complement the qualitative data, routine service data was collected from SMGL monitoring statistics and the state health management information system, as well as National FP dashboard SMOH and E2A/Pathfinder trained 160 CHEWs from SMGL sites to provide LARCs.

Results: The CRS resource team developed a scale-up strategy of high priority recommendations including training 14 new master trainers and stepdown training for CHEWs to cover all state LGAs. From qualitative reports, many respondents noted that they observed an increase in women seeking FP services, possibly linked to CHEWs’ improved FP counseling capacities and increased confidence in CHEWs. Data showed increased uptake of implants.

Conclusions: Planning systematically for scale up with FP stakeholders at the state level yields productive results and is an approach that should be replicated elsewhere in Nigeria.



Oral-60 Abstract ID: NFPC172

IMPROVING QUALITY OF IMPLANT SERVICES THROUGH CAPACITY BUILDING OF HEALTH WORKERS ON DIFFICULT IMPLANT REMOVALS IN NIGERIA

Submission Type: Oral Presentation

Jaiyeola Oyetunji 1 * Marta Levitt 2 Hannatu Abdullahi 3 Saba Waseem 4 Comfort Okpe 5 Elizabeth Alalade 6

Abstract Summary:

Background/Objectives: In Nigeria, CPR is still low at 15%, however, implants account for 20.6% of modern method mix among married women. Initial results have shown that the prevalence of implants is growing faster than all other contraceptive methods in the 69 FP2020 focus countries, including Nigeria. This unprecedented growth in use of contraceptive implants globally and in Nigeria will result in equal growth in the need for implant removals. It is on this background, that USAID Integrated Health Program (IHP) implemented capacity building of family planning (FP) providers on difficult implant removal.

Materials and Methods: In March 2020, a competency-based difficult Implant removal training was conducted in 39 secondary health facilities of Bauchi, Kebbi and Sokoto. Following training, IHP provided on-going supportive supervision and mentorship and donated essential equipment for difficult Implant removals. Trained providers sensitized and mobilized service providers around their catchment PHCs to refer cases of difficult to remove Implants to them. Service delivery data (April-October 2020) were reviewed and analyzed.

Results: 85 Doctors/Nurses/Midwives were trained. The highest pre-test competency score was 75%, while in the post-test the highest score was 100%. The lowest score in the pre-test was 23%, while in the post-test it was 57%. These changes in scores indicated that knowledge and skills were gained. Following training (April-October 2020), 41 secondary facilities initiated difficult implant removal services, which were not previously available. All forty-six women who presented with deeply inserted/difficult to remove implants successfully had their implants removed by the IHP trained providers. These women were referred from the catchment PHCs around the secondary facilities. No further complications were reported.

Conclusions: Capacity building, continuous supportive supervision and mentoring of health care workers increase access to quality implant services and client satisfaction.

Oral-61-Abstract ID: NFPC99

State-led Approaches for Family Planning Demand Generation: Lessons Learnt from the Rivers State Experience.

Submission Type: Oral Presentation

Oluchi Bassey 1 * Olukunle Omotosho 2 Olatunde Raimi 3 Chinonyerem Uhuaba 4 UDUAK ANANABA 5



Abstract Summary:

State-led FP demand generation-DG thrives on using existing State structures to drive, strengthen & promote sustainable DG interventions via an array of high- impact-intervention (HII) social mobilization (SM) strategies so as to increase awareness, demand & contraceptive use through technical assistance provided by The Challenge Initiative to select demonstration-LGAs. Since 2019, this State-led SM strategy have been implemented in 2-phases approaches. This study aims to evaluate both phases for program impact & lessons learnt. Evaluation focused on results of State-led SM activities conducted in total 12 demo-LGAs during Entry LGAs Phase (July-Oct 2019) and Expanded LGAs Phase (July-Oct 2020); with each phase's 1st-month as baseline. Both phases used trained community social mobilizers (SMs) to communicate FP messages through these HII -SM activities, & make referrals for facility service access; under leadership of LGA HealthEducators. Entry LGAs phase applied the Lead-Assist-Observe model using mid-level Social Mobilization Assistants(SMAs) in 8 -LGAs; while the Expanded LGAs phase applied Observe-Assist model without SMAs in additional 4-new LGAs (totaling 12). Data reviewed was from Program Reporting Template detailing 4 DG-data indicators (no SM activities, no persons reached, no referred, & no completed referrals) per SMactivity type (e.g Neighborhood campaigns etc) per LGA per phase. Results were further assessed for completed-referral-efficiency (CRR) trends $[(\text{number referred} / \text{number completed referrals}) \times 100]$ per phase. Entry-Phase results had 110%, 235%, 1407.6% & 1568% increase in all 4 indicators respectively from baseline; Expanded-phase had 56%, 94%, 60.2% & 108.1% increase. CRR trends had fluctuations but showed 4.1% and 15.1% increase from each phase baseline. New LGAs data in ExpandedPhase singularly accounted for about 19% performance across all indicators except completed referrals which was 12%. ExpandedPhase approach showed better FP DG program efficiency & improved State capacity to be self-reliant.

Oral-62 Abstract ID : NFPC112

Collaboration between private health facility staf and social mobilizers: a viable way to sustainability

Submission Type : Oral Presentation

Oluwagbemisola Fagbemi 1 * Kanayo Omonuju 2

Abstract Summary :

Background: The Post-Pregnancy Family Planning (PPFP) project aims to increase demand and uptake of family planning (FP) services among post-pregnant women in Lagos State through a strategic combination of social mobilization, orientation, provision of technical assistance, and mentorship at private clinics. This paper highlights that effective collaboration between private facility staff and social mobilizers is a viable way of ensuring the sustainability of FP projects.

Methods: Social Mobilization Consultants using a 'how-to guide' document, conduct orientation for private facility staff on how best to integrate FP information during in-clinic mobilizations (ante-natal and immunization clinics). Also, advocacy visits and on-the-job assistance are provided to address challenges and identify gaps. This interaction enables private facility staff to effectively wear the shoes of clients while providing FP information during in-clinic mobilization. Through a document analysis of detailed 2020 PPFP reports, this paper identifies how this synergy contributes to ownership and sustainability.

Results: The synergy between facility staff and social mobilizers has laid a foundation for sustainability,



built ownership, improved motivation, sharpened skills vital in providing FP services to post-partum clients. During the COVID-19 lockdown, despite the movement restriction, in adherence to guidelines, mobilizers worked closely with the PPFP facility staff who took ownership of the PPFP project and engaged post-partum clients with FP information. Additionally, facility staff share challenges and discuss solutions that will ensure more people are reached with accurate FP information and referred for services. They are empowered to use the behavior change lens, make use of SBCC materials, and counsel effectively. Conclusion: The collaboration of private facility staff and the social mobilization team through a strategic combination of social mobilization, orientation, provision of technical assistance, and mentorship, thus leading to cooperation and 'mindset shift' is essential to promote ownership and sustainability.

Oral-63 Abstract ID: NFPC176

Effects of social accountability approach through the use of FP budget performance scorecards to mobilize resources for states' FP programs

Submission Type: Oral Presentation

Amina Aminu 1 *

Abstract Summary:

Background: Social accountability tools have contributed to holding public officials and service providers accountable and have also been helpful in catalyzing action to foster citizen participation in public processes and mobilizing resources to ensure increased access to health information and services for improved health outcomes. We evaluated the impact of using Family Planning (FP) Budget Performance Scorecards in increasing the fiscal space for FP programs and expanding civic space for Civil Society Organizations' (CSO) participation in public decision making. The score cards are a participatory monitoring tools for assessing government budget and expenditure and is developed by Pathfinder using the PAI's common framework of indicators for budget monitoring and accountability tracking.

Methodology: A systematic desk review was conducted to gather primary evidence using an analysis of public budget documents and records and an assessment of outcomes and impact of actions made by decision-makers to make available resources for financing state FP programs. A budget task team (BTT) made up of 7 members drawn from the FP advocacy working group (FPAWG) utilized the AFP budget-tracker to collect FP budget allocation, release and expenditure.

Discussion: Increasing contraceptives use and achieving Nigeria's FP goals require fulfilling the countries FP commitments at all levels, particularly financial commitments. The states shoulder responsibility for most program components, yet funding has been non-existent or sub-optimal. Following budget tracking to explore evidence of progress and challenges in FP program implementation and using such to develop accountability tools to engage decision-makers, fiscal space has been shown to increase in some states to accommodate dedicated budget provision for FP. Over time the accountability mechanism has also been shown to contribute to ensuring a steady increase in resources to fill some of the funding gaps. Conclusion: Evidence-based advocacy using simple tools like scorecards can influence change and inform decision making to ensure improved service provision. In addition, it fosters citizen participation and joint ownership between CSOs and government and promotes sustainability, transparency and accountability.



Oral-64 Abstract ID: NFPC62

Community Volunteers Championing Family Planning Acceptance: Learning Experiences from the Breakthrough-ACTION Nigeria Project in Oyo State

Submission Type: Oral Presentation

Oluwatoyin Afachung 1 * Oladipupo Olaleye 2 John Ifawoye 3 Eniola Adeyemo 4 Funlola Amosu 5

Abstract Summary:

The use of modern contraceptives is an important public health strategy to prevent unintended pregnancies and reduce related morbidity and mortality. Despite these benefits, Oyo State recently recorded 30% unmet-need for FP; far above the national average of 19%. A Family Planning (FP) Social and Behavior Change intervention was therefore conducted across six Local Government Areas (LGAs) in the state under Breakthrough-ACTION Nigeria project using 93 trained Community Volunteers (CVs) who provided FP messages and referrals with the purpose of increasing knowledge and demand for modern FP methods. This study, therefore, assessed CVs' experiences including challenges relating to FP demand creation activities. Key Informant Interviews (KII) were conducted among 12 selected (8 females and 4 males) CVs across the six LGAs. The KII guide explored CVs' experiences; challenges, strategies used in addressing the challenges, and suggestions for future related projects. The qualitative interviews were audio-recorded, transcribed, and subjected to thematic analysis. Respondents' mean age was 38.5±5.7.

Findings revealed common themes; first, there was an initial reluctance of accepting FP messages and referrals among community members due to prevailing myths and misconceptions including barrenness, weight gain, and unending menstrual flow. Second; there was low referral completion due to long-distance health facilities and complaints of high fees charged for consumables. Strategies used by the CVs to address the issues included; sustained messaging on FP benefits, advocacy to service providers and community leaders to reduce fees charged for consumables, follow-up with referred clients, and provision of escort or transportation for indigent clients using motorcycles. Respondents' suggestions for future FP programming included; creation of more awareness on modern FP methods to eliminate myths and misconceptions, also payment for consumables should be discontinued. Future related project should be planned with the CVs suggestions while engaging government and community stakeholders in ensuring these.

Oral-65 Abstract ID: NFPC140

Coordination as a viable tool towards achieving integrated Health Care Services Delivery in Nigeria

Submission Type: Oral Presentation

Munkail TITIOLA 1 * Rabi EKELE 2 Adamu Musa 3

Abstract Summary:

Background: As an important element of health care delivery, coordination not only functions to provide direction for adequate utilization of resources but also serves to ensure harmonious integration of service delivery across all levels. This paper seeks to share how coordination serves as a tool towards achieving integrated healthcare services delivery in Nigeria, using Bauchi state as a case study.

Methodology: In April 2018, Bauchi State Primary Health Care Development Agency inaugurated 5



working groups – composing of state program officers and other stakeholders – with an overall responsibility of coordinating activities targeted at improving the delivery of healthcare services in Bauchi. Every year, these groups develop annual operational workplan (AOP) and set milestones for the state. They meet periodically to track results across the various programs and provide requisite technical assistance. Jointly, the working groups conduct Integrated supportive supervision to improve quality of care and ensure regular conduct of integrated data quality assessments as well as integrated data validation meetings, to enhance data quality.

Results: Through the coordination efforts, quite significant successes have been recorded in the integration of services in the state. The coordination has minimized duplication of efforts and wastage of resource wastage and strengthened synergy among the various stakeholders. A notable example is the Family Planning program which, through these structures, its activities are effectively prioritized and integrated along all PHC services in the state. Thus, technical assistance being provided benefits the entire system rather than individual programs. Additionally, more than 200 million-naira internal resources were tracked to have been leveraged for FP programs within the state. It essentially provides avenue to adapt and adopt structures and resources used for immunization programs for broader PHC services.

Conclusion: Learning from the Bauchi experience it can be concluded that adopting coordination mechanism will make delivery of integrated PHC serves effective.

Oral-66 Abstract ID: NFPC31

Infusing an Atmosphere of Continual Learning for Reproductive Health Systems Strengthening

Submission Type: Oral Presentation

Njeri Mbugua 1 *

Abstract Summary:

Background: Family planning implementers need access to user-friendly, synthesized information, and supportive hands-on technical support. The Challenge Initiative (TCI) in East Africa is scaling up evidence-based family planning solutions to increase modern contraceptive prevalence rate in urban areas. TCI is using a unique coaching approach to mentor implementers advance stronger health systems that can provide high-quality reproductive health services. Learning is comprehensive, simple, adaptable and has been codified on a virtual university - the TCI University. Integral to its success is the engagement with users in a community of practice which demonstrates the cyclical learning process. This supports rapid diffusion of effective interventions due to its snowballing effects. Once a coachee achieves competencies in program area graduates to become a coach and supports others.

Methods: A team identified involving Ministry of Health experts was identified to coach their colleagues. The coaching is done by experts who have mentorship skills to coach their peers on how to implement quality family planning programs using the TCI University platform. The process is structured yet flexible, incorporating specific complexities of the challenge at hand. The coachee(s) takes a leading role in identifying the issue and generating solutions to the problems while the coach provides a supportive and discovery-based approach to meeting coachee needs within existing structures.

Results: Findings reveal coaching approach has resonated well with health implementer, cultivated a community of change agents and experts with continuous capacity building of learning and knowledge



exchange. TCI nurtures this community by providing ongoing updates through an online group, meetings, workshops, WhatsApp and phone calls. Due to this initiative, TCI University has more than 750 coaches supporting health system strengthening.

Conclusion: Because technology and capacity varies the coaching approach is a critical ingredient in bringing together stakeholders committed towards improving access to quality reproductive health services.

Oral-67 Abstract ID: NFPC66

Lessons Learnt Through Synergy Between Community Oriented Resource Persons (CORPs) and Demand Generation (DG) or Community Volunteers (CVs) in Optimizing Complete Referrals and Reducing missed opportunities to DMPA-SC Uptake.

Submission Type: Oral Presentation

Fintirimam Sambo-Donga 1 * Oluwaseun Ojomo 2 Philip Oluwayemi 3 Kehinde Osinowo 4 Oladapo Ladipo 5

Abstract Summary:

Introduction: Nigeria, in 2004, in a bid to bridge the gap to shortage and inequitable distribution of needed cadres of health workforce to deliver essential health services developed the Task-shifting and Task-sharing policy. This supported the engagement of CORPs to deliver DMPA-SC during outreach conducted by DG- volunteers; to optimize DMPA-SC uptake and reduce missed opportunities as a result of incomplete referrals.

Objective: To examine the evidence-based outcome of synergy between CORPs and CVs in ensuring complete referrals and reduce missed opportunities for DMPA-SC uptake Data and Methods: Secondary data collected over a period of 12-months was analyzed (September 2019 to August 2020) which included implementation period of six-months each where CVs implemented independent of CORPs and another six-months with CVs dependent on the CORPs. Referral forms were issued by CVs to clients to facilities for services, also referral forms were issued to clients to CORPs for services during outreach. Results: Between September 2019 and February 2020, 13,988 clients were referred to facilities for FP uptake, only 1,244 (8.9%) of the clients visited the facility for uptake. Compared with 28,403 clients referred between March and August 2020 by CVs to CORPs available during outreach activities; 14,463 (50.9%) of the clients were provided with DMPA-SC while the other clients were referred to the facilities for other long-acting FP methods. This resulted in a ten-fold increase in referral completion comparing the two implementation periods. Conclusion: The results showed that clients referred during the implementation period of the synergy between the CVs and CORPs yielded optimal referral completion compared to the implementation period of CVs without CORPs. This shows that synergy between the CORPs and CVs with immediate access improves complete referral and service uptake of DMPA-SC/Self- Injection hence reducing the missed opportunities.

Oral-68 Abstract ID NFPC37

Health facility staff's Orientation: Integration Approach to drive facility-based Clients' Referral for Quality Health Service



Submission Type: Oral Presentation

Oyewo Adejoke 1 * Kehinde Osinowo 2 ADEYEMO-ALAO KARIMOT 3 AKINSO STELLA 4

Abstract Summary :

Introduction: The integration of FP information into other service unit is a way of promoting family planning behavioural change among clients using other maternal and new born child health units such as ANC, Immunization, labour et cetra (FMOH, 2008). The study is to describe the importance of integration of FP information and knowledge into other MNCH units as a way of strengthening support and intra facility referral for FP service provision:

Methods and Data Collection: This approach was implemented in five (5) selected health facility in 4 LGAs of Oyo state; clinic staff received complete curriculum of two (2) whole site orientation sessions on FP. The secondary data collection of referral involved using a designed referral log sheets and color-coded referral tally that documented the visits of women referred from the integration points to family planning units for services.

Result: This innovation was tested to drive client flow from the integration points of service delivery points to uptake services, reached 129 clinic staff, average of 346 clients were referred from the integration point and uptake contraceptive services per month. This contributed 99.6% of the total health-based referral (intra- and interfacility referral) to uptake services for that period.

Discussion: Studies explored integration of health services (in some cases family planning services) with childhood immunization programs or intimate partner violence programs and primary health care services in general (Anne Sebert et al, 2010), disseminating health promotional materials and initiate counseling for family planning services within the same period of the visits. The implication is that program implementation needs to give more attention to integration of within the MNCH consortium of care that will address missed opportunities about family planning and boost service uptake.

Conclusion: This has shown a direct link within MNCH services provision that needs to be strengthened to improve health services uptake through intra facility referral.

Oral-69 Abstract ID: NFPC155

Cost and effectiveness of two training approaches for providers of DMPA-SC in Nigeria

Submission Type: Oral Presentation

Zainab Sa'idu 1 Olufunke Fasawe 2 * Ihesinachi Amadi 3 Olanrewaju Jerry-Ijishakin 4 Kayode Afolabi 5 Owens Wiwa 6

Abstract Summary :

Background and Objective: Nearly one in four currently married women using modern contraceptive methods in Nigeria chooses to use an injectable product. Subcutaneously administered depot medroxyprogesterone acetate (DMPA-SC) contains a lower dose of hormones compared to intramuscular forms of the product and is administered through an easy-to-use, single dose device. To demonstrate whether family planning providers can be effectively trained in DMPA-SC using streamlined training approaches as opposed to the traditional training approaches, CHAI conducted an evaluation to assess the competency of providers trained through the streamlined approach and



document training costs for injection experienced and limited experienced providers. Method: The evaluation examined the competency of providers trained through the two streamlined approaches, Cluster Training and Facility Attachment, for providers with prior experience delivering injectable contraceptives (via one-day trainings) and for providers with limited experience in providing injectable contraceptives (via two-day trainings) and compared these to competency achieved using traditional i.e. centralized training approach. It also calculated the costs associated with each approach and compared them to the costs modeled for the DMPA-SC national training plan in Nigeria. Results: Providers trained through the streamlined approaches achieved high rates of competency after training: 97% of providers through Cluster Training and 82% of providers through Facility Attachment approach. Post training evaluation at 4 weeks indicated knowledge and skills retention among 92% of providers and DMPA-SC service provision among 87% of providers. Compared to the traditional training approach, the streamlined training approaches were 87% (\$264 vs \$35) and 83% (\$370 vs \$64) less expensive for experienced and limited experienced providers, respectively. Conclusion: Cost savings combined with the high rates of competency for providers trained demonstrate that Cluster Training and Facility Attachment approaches can be optimized to provide low-cost, effective alternatives to centralized training approaches for DMPA-SC providers.

Oral-70 Abstract ID : NFPC22

Implementation findings of initiating self-injection service through DMPA-SC in Lagos State.

Abstract Topics: Innovations in family planning monitoring, evaluation and research Submission Type: Oral Presentation
Emeka Okafor 1 *

Abstract Summary:

Background/Objectives: IntegratE project trained Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVVs) to provide DMPA-SC self-injection (SI) services. The training focused on self-injection and all the necessary counselling services including proper waste disposal in line with the national guidelines. The aim is to generate evidence to support the creation of enabling environment for the introduction of DMPA-SC SI through CPs and PPMVVs in Nigeria.

Methods: We conducted semi-structured quantitative interviews with 84 trained CPs and PPMVVs and with clients who self-injected DMPA-SC upon training received by these providers in Lagos State.

Results: Most of the providers (n=84) demonstrated high knowledge of DMPA-SC injection steps with 71% correctly mentioning all four injection steps. About two-thirds (64%) had trained at least one woman on self-injection. Main benefits of self-injection listed by providers centered on making the job easier for providers (26%) and convenience for clients (38%). Major barrier was unwillingness to self-inject and fear of failure; reported by 47% and 17% of providers, respectively. A total of 28 SI clients were interviewed. All clients reported that providers demonstrated the self-injection steps clearly to them and most were satisfied with the training (24). However, only 17 felt confident about self-injecting DMPA-SC. More than half (16) of clients self-injected DMPA-SC at their homes during their last injection. Majority of those who self-injected at home (16) used the puncture proof containers to dispose of uninjects (14) and returned the container to the provider (13).



Conclusions: Overall, results are promising for expanding DMPA-SC (Sayana Press) self-injections service delivery in Nigeria. However, emphasis is still needed in demand creation for SI so as to strengthen client's agency to make contraceptive choices.

Oral-71 Abstract ID: NFPC108

The use of conversation starters to improve access to FP services in the Post pregnancy family planning project

Submission Type: Oral Presentation
IBUKUN AJEIGBE 1 * Taiwo Johnson 2

Abstract Summary:

Background/Objective: Contraceptive prevalence in Nigeria is still low, 16% of women in the post-partum period have an unmet need for FP. The Post Pregnancy Family Planning (PPFP) Project aims to support the private health sector providers to provide post-pregnancy clients with the information and services they require to commence family planning in Lagos state via branding of health facilities with materials to strengthen interpersonal communication between clients and their providers. In this abstract, we assessed the association between exposure to the PPFP "Do you know you can get pregnant soon after delivery" and contraceptive intention among post-pregnant women in Lagos state.

Materials/Methods: The project developed the tagline "Do you know you can get pregnant soon after delivery" as part of the approaches to drive the Project's demand generation strategy. The tagline was printed boldly on the T-shirts worn by the health workers and social mobilizers in the facilities during maternal and child health activities, community-level activities or other project activities. Data from the cross-sectional study of post-pregnant women across private health facilities in Lagos state was examined and results presented.

Result: The slogan triggered dialogues and conversations about FP during facility and community-based activities; and encouraged post-pregnancy women to discuss with partners about FP, thus facilitating facility referrals for PPFP within the 184 selected private facilities. An ongoing facility-based follow-up study showed close to 50% of post-pregnant women had seen the Tagline. At the bivariate level of analysis, post-pregnant women exposed to the tagline were twice likely to have the intention to use contraceptives within six months, although the exposure variable was not significantly associated with intention.

Conclusion: To generate demand and improve access to FP services among post-pregnant women, activities that trigger discussions between clients and providers/health workers are a promising strategy.

Oral-72 Abstract ID: NFPC30

Depot -Medroxyprogesterone- Acetate-Subcutaneous (DMPA-SC) and self-injection as an evidence-based service delivery approach to improve family planning uptake in light of COVID-19.

Submission Type: Oral Presentation
Kehinde Osinowo 1 * Oluwaseun Ojomo 2 Philip Oluwayemi 3 Fintirimam Sambo-Donga 4 Oluwasegun Ibitoye 5 Morohunfolu Okunfolure 6



Abstract Summary:

Background and Objective: DMPA-SC / self-injection (SI) contraceptives are gaining traction in Nigeria as a convenient, private, and effective method to address significant unmet need for family planning (FP). This study explores SI as an intervention for sustaining FP services and self-care during the COVID-19 pandemic.

Method and Materials: Data from the National Health Management Information System (NHMIS) on DMPA-SC/SI uptake from public health facilities and community-oriented resource providers (CORPS) in 10 states were retrospectively analyzed and compared. Data were classified as pre-COVID-19 (December 2019 to February 2020), peak-COVID-19 lockdown period (March to May 2020), and post-COVID-19 period (June to August 2020).

Results: Pre-COVID-19: There were 6,340 facilities and 870 CORPs during this phase, 81% (33,693) of the 41,611, (SI-751) cases of DMPA-SC/SI uptake were from facility service providers and 19% (7,918) from CORPS. Peak-COVID-19: Proportionally, uptake increased by 41.9% and 117% from the facility service providers and CORPs, respectively, when compared with pre-COVID-19. SI recorded an astronomical increase of 76% (751 to 1326 cases). Facilities recorded 29% uptake (387 cases) while CORPs recorded 70.8% uptake (939 cases). Post-COVID-19: uptake continued to increase by 42% (92,785, SI-2,843) with a 33.8% (64,020) and 67.3% (28,765) increase in the contribution of facility providers and CORPs, respectively.

Conclusion and Implication: Community-level service delivery of DMPA-SC/SI was successful in sustaining FP uptake among women of reproductive age during the COVID-19 pandemic. There was a 70.8% increase in SI administered by CORPS between the Pre COVID and the peak of COVID-19. This suggests direct-to-client access at the community level holds greater promise than facility channels in closing the access gap, averting thousands of unplanned pregnancies and addressing unmet need for FP.

Oral-73 Abstract I: NFPC126

Improved family planning data capturing, reporting and use: Applying coaching as a proven approach to enhanced data quality management in Rivers-State, Nigeria.

Submission Type: Oral Presentation

Olatunde Raimi 1 * UDUAK ANANABA 2 Chidinma Owanlan 3 Oluwayemisi Ishola 4 Mboutidem Gabrielle 5 Oluchi Bassey 6

Abstract Summary:

Background: Despite training and re-training of health information officers on the use of the District Health Information system (DHIS-2) and the Program Management Information System (PMIS), data quality and use for decision making remained low in Rivers-State. This intervention was aimed at demonstrating the effectiveness of coaching as a capacity building strategy to improve the quality of family planning data generated in the state.

Methodology: Following gaps identified with data quality and use, TCI provided technical support to the state in selecting and building capacities of a pool of coaches from experienced LGA M&E officers and government officers of the Planning, Research, and Statistics department of the State Ministry of Health and Primary Health Care Management Board. The coaches were then paired into teams of two to three



persons each assigned to a health facility to coach the facility staff on family planning data management and other Program areas.

Results: 77 government staff were coached and followed up across 30 demonstration health facilities in 8 LGAs of Rivers-State between February 2019 to November 2019. Six months after coaching and follow up, there was an increase in the state's reporting rate on DHIS2 and an improvement in data quality determinants across 75% of the health facilities receiving coaching. More also, 85% of the Service Providers were able to capture, record and summarize client's data correctly into the NHMIS Family Planning register.

Conclusion: Coaching as a learning approach has the potential to improve performance and enhance skills on the job as individuals are supported to develop in ways that ensures commitment and accountability as well as motivation towards a change in behavior. Therefore, coaching is an effective and sustainable approach that can be used as an internal resource to support and strengthen data quality in FP as well as other health program areas.

Oral- 74 Abstract ID: NFPC87

Accelerating family planning advice and referral: Leveraging client- facing digital health platforms

Submission Type: Oral Presentation

Adedayo Oluwole 1 Anne Nyanchoka 2 Ben Bellows 3 *

Abstract Summary:

Background: Despite modest improvements since 2012, universal access to quality family planning (FP) is far from reality in Nigeria. Limited community-level awareness and poor quality provider counseling are among the reasons for low contraceptive prevalence. Client-facing digital information and counseling technologies can help accelerate diffusion of contraceptive information, support client motivation, and strengthen informed choice. With more than 100 million WhatsApp users in Nigeria, digital messaging is a growing means to engage FP clients along their contraceptive journey. Objectives To demonstrate that digital awareness-raising campaigns and messaging channels can improve contraceptive readiness and referrals during the COVID-19 epidemic and beyond.

Materials and Methods: Nivi is a digital health platform combining awareness campaigns and action-oriented conversations to support FP clients. Potential users are engaged by digital and offline campaigns and directed to Nivi's chatbot on WhatsApp. Users message with Nivi to learn about SRH and COVID-19 and are recommended FP methods, products, and services. Utilising behavioural science, Nivi guides users towards action, checking-in to learn about user experiences, solicit feedback, and provide additional information to improve adherence to personal health objectives.

Results: In 2020, Nivi users in India and Kenya engaged over 350,000 SRH conversations. With COVID-19 disruptions, there was increased interest in SRH products and topics. In India, users sought more information on emergency contraceptive pills (95%), condoms (63%), and implants (45%). In Kenya, users were interested in conversations about HPV (79%), STIs (65%), and HIV (13%).

Conclusions: Users in India and Kenya are increasingly looking for SRH solutions through digital channels. Nivi works with community-based partners to optimize their engagement. Working with Society For Family Health, Merck/MSD For Mothers and Bill & Melinda Gates Foundation, Nivi will



launch in Lagos and Kaduna in November 2020, connecting young Nigerians to SRH information and referrals to local PPMVs.

Oral-75 Abstract ID: NFPC57

Family Planning Integration into Maternal and Child Health Services in Private Health Facilities in Lagos state

Submission Type: Oral Presentation

Omotunde Odanye 1 * Taiwo Johnson 2 Adedoyin Roberts 3 Akinsewa Akiode 4

Abstract Summary:

Background/Objectives: Conception within the first year of childbirth can threaten the health of the child and mother. In the first year of delivery, a mother has multiple contacts with the healthcare system for Maternal and child health (MCH) services. These contacts offer the opportunity to provide her with family planning (FP) information and services necessary to prevent unintended and closely spaced pregnancies. The private healthcare sector in Lagos is reported to cater for over 60% of antenatal and delivery clients and is the preferred choice for over 65% of women and their families. The JHUCCP led Post pregnancy family planning project supports selected private health facilities (PHFs) to integrate FP in MCH services to increase contraceptive uptake. The objective of this paper is to demonstrate the effect of FP integration during MCH services on FP counselling and uptake.

Materials/Methods/Intervention: The health providers from 110 PHFs were trained to provide comprehensive FP services during MCH services. The clients were exposed to FP information during antenatal (ANC), postnatal (PNC) and immunization clinics. After delivery, clients were routinely referred to a trained provider for counselling and subsequent uptake of her contraceptive method choice. Routine FP service data was adequately captured in the facility NHMIS register at the point of FP service provision.

Results: The review of 16-months pre and post FP integration data showed 31% increase in client's referral and 15% increase in uptake for FP from MCH clinics. Thus, accounting for 22.5% and 10.9% overall increase in the volume of clients counselled and FP uptake respectively across the 110 PHFs.

Conclusion: Integrating FP counselling and services into ANC, delivery, PNC, immunization and delivery services in the private sector can ensure that most women prevent unintended pregnancies during the high-risk period and ensure a high volume of women in Lagos state are reached.

Oral-76 Abstract ID: NFPC148

Effective Strategies for Introducing New Products: The DMPA-SC Accelerated Introduction and Scale up in Nigeria

Submission Type: Oral Presentation

Adewole Adefalu 1 * Olajimi Latunji 2 Leslie Patykewich 3

Abstract Summary:

Introduction of new products requires integration into existing health systems. Nigeria explored a



systematic approach to introducing a new contraceptive technology, subcutaneous DMPA. The product introduction involved a number of considerations: possibility of administration by lower-cadre health workers; home and self-injection which can dramatically expand access and choice for women; ability to deploy throughout identified public, private and community service delivery channels to maximize service uptake; and opportunity to integrate into national FP and health management systems to ensure sustainability. The Strategic Approach to Contraceptive Introduction was used, which focuses on key steps in a framework, and are influenced by evidence-based decision-making and course-correction before a final scale-up phase. The country developed a strategic introduction plan which details processes for integrating product into revision of important FP technical documents, national quantification and procurement, integration into routine health management information, multiple stakeholder engagements, and removing policy bottlenecks to enhance access to contraceptive products nationwide. A committee of the technical working group was inaugurated to coordinate nation-wide efforts, using time-limited monitoring visualization from existing logistics management information system. This single product committee evolved into a broader new and underutilized product introduction committee, a platform for using evidence to make programmatic decisions concerning new technologies being introduced into the RHCS in Nigeria. The strategic approach to DMPA-SC introduction led to a steady increase in national uptake of the product. Between Apr 2018 to August 2020, the number of facilities dispensing the product increased nationally from 504 to 7,668, monthly consumption rose from 5,537 to 136,923; and contribution of DMPA-SC to the injectables method mix increased from 2 to 21 percent. Efficient policy review processes, structured integration mechanisms and development of institutional capacity are priority actions required to ensure new products reach full scale.

Oral-77 Abstract ID: NFPC63

The Community Providers (CORPs): A pathway to increasing access to family planning especially in initiation and optimization of DMPA- SC/Self-Injection among women of reproductive age in communities and hard-to-reach locations

Submission Type: Oral Presentation

Philip Oluwayemi 1 * Oluwaseun Ojomo 2 Fintirimam Sambo-Donga 3 Kehinde Osinowo 4 Oladapo Ladipo 5

Abstract Summary:

Introduction: The task shifting and sharing policy of the Government of Nigeria enhanced access to family planning (FP) uptake through engagement of lower cadres of health workers in providing injectable methods of FP services. Lower cadres of health workers, called CORPs on the RASuDiN project, were trained on DMPA-SC and Self-Injection (SI) towards counselling and service delivery to women of reproductive age (WRA). The CORPs supports access to DMPA-SC/SI services to communities/hard-to-reach locations. **Objective:** To highlight the contribution and significance of community providers towards increasing access to FP service delivery, especially self-injection. **Methods:** Data was retrieved and analyzed over a 12 months period from the National Health Management Information System in 10 project states of Anambra, Delta, Enugu, Kwara, Lagos, Niger, Ogun, Oyo, Plateau and Rivers. Trend of DMPA-SC service delivery by CORPs was appraised. **Results:** In the second year period of project implementation (August 2019 – July 2020), proportion of DMPA-SC/SI service delivery through CORPs and facility providers was 58.3% (2,423) and 41.7% (1,734) respectively. There was also a fluctuating trend in increase and decrease of SI uptake through the contribution of both



CORPs and facility providers across the 12 months. However, there was a progressive increase in CORPs contribution to SI from December 2019 to March 2020 and May to July 2020. Conclusion: The significance of community-level service delivery of DMPA-SC/self-injection was effective in the RASuDiN project with CORPs reaching more WRA than their facility counterparts. The activity of the CORPs boosted service delivery through direct access to WRA, thus saving women valuable time and transport expenses should they have visited the facilities to access the same service. The study thus presents the opportunity for optimizing the delivery of FP services through the involvement of trained community providers, thus complementing the services of facility providers.

Oral-78 Abstract ID: NFPC169

Integrating Family planning (FP) messages into Maternal, Newborn, Child Health + Nutrition social and behavior change (SBC) Programs

Submission Type: Oral Presentation

Chizoba Onyechi 1 * Olayinka Umar-Farouk 2 Victor Enangama 3

Abstract Summary:

Nigeria, among other sub-Saharan Africa countries, have poor maternal, newborn, and child mortality indices. The lifetime risk of a woman dying during pregnancy, childbirth, postpartum is 1 in 22 in Nigeria (WHO). Access to modern contraception is one of the most cost-effective interventions to reduce MNCH mortality. Lack of integration is considered a big missed opportunity; for both the FP and MNCH+N programs (Druce and Nolan 2007). USAID Breakthrough ACTION-Nigeria (BA-N) project, through its innovative Social and Behavior Change (SBC) programming approach, implements an integrated community SBC activity using an approach that allows integration of FP messages into the continuum of MNCH+N SBC materials across all stages. Before October 2019, Bauchi, Kebbi, and Sokoto State implemented vertical FP programming which transitioned to MNCH+N Integrated SBC. A five month before and after vertical FP program was compared with BA-N referral facilities real-time FP uptake data in Sokoto, Bauchi and Kebbi. The two program approaches (integrated and vertical) used SBC flip charts to present key messages on MNCH+N priority behavior, delivered using participatory interpersonal communication. Target populations were reached during household visits, compound meetings, and community health dialogues. The data from May-September 2019 during the vertical intervention indicates an 11% increase in the FP method uptake and BA-N contributed 39% to the overall uptake of FP in the sites, While between October 2019 - February 2020 being the Integrated intervention transition period, showed a sustained 11% increment in FP uptake with about 40% contribution to the overall uptake. The result shows that FP can be sustained within the integrated I-SBC approach while providing access to multiple opportunities to improve MNCH+N care. Therefore, stakeholders (government and partners) should be deliberate on integrating FP into all health-related areas beyond MNCH+N.

Oral-79 Abstract ID NFPC119

Serving the Under-Served During COVID-19: The Hurdles, The Pains, The Gains

Submission Type: Oral Presentation

Ibekwe Samuel Ogechukwu 1 * Jereton Obvhakhoveh 2 Patience Ekpeyong 3



Abstract Summary :

Background: Outreach (OU) channel was established to increase community-based delivery of quality and affordable contraceptives and post abortion care (PAC) services free to the high impact clients, especially in hard to reach areas of Nigeria. The Ogoja Outreach team covers communities in the 9 Local Government Areas (LGA) targeting the communities which lack quality health services. Un-met needs in family planning are seen through the demographics of service accepters ranging from 12 to 13-year-old unwed adolescents with 1 or 2 children including married couples with 8 to 10 children un-spaced. The study aim to identify the impact of outreach team on under-served during the COVID-19 in Nigeria.

Methodology: Marie Stopes Nigeria's Outreach channel comprising 2 Clinical Service Providers, 1 Driver/Data Entry Clerk and 1 Community Mobilizer (CMO) to reach the hard to reach communities. The CMO mobilize clients in under-served communities with the help of the LGA Family Planning Supervisors. The clinical team arrives sites with adequate number of family planning commodities, insertion instruments, medical consumables, and Access Pass from the State Government.

Results: From January to September 2020, the Outreach team served 315 Communities, reached 16,601 Clients, and generated 58,385 Couple Years of Protection (CYPs). This represents a ratio of 185 clients per Community visited. Community Members benefited from free health talks and sensitizations about COVID-19. **Conclusion:** With the right strategy and resources, meeting the needs of under-served in a worst situation is easier to accomplish.

Oral-80 Abstract ID: NFPC164

Increasing the uptake of family planning through community-based demand generation and service provision during the COVID-19 pandemic

Submission Type: Oral Presentation

Itunu Dave-Agboola 1 * Adaora Uzoh Ntiwunka 2 Olajumoke Olarewaju 3

Abstract Summary:

Background: In Nigeria, knowledge of FP methods has remained high but the contraceptive prevalence rate has remained low. This low uptake of FP has detrimental consequences such as unsafe abortions and maternal mortality. The COVID-19 pandemic further limited access to FP as movements were restricted and hospital visits were reduced. The Resilient & Accelerated Scale-up of DMPA-SC/Self injection in Nigeria (RASuDiN) project aims to expand family planning method choice and empower women through the roll out of DMPA-SC and self-injection in 10 states in Nigeria: Niger, Ogun, Plateau, Rivers, Oyo, Delta, Kwara, Lagos, Enugu, and Anambra.

Methods: 676 Community Volunteers (CVs) were trained to generate demand for modern FP methods, and raise awareness of DMPA-SC self-injection in communities through neighborhood campaigns, association meetings, community dialogues, key life events and service delivery outreaches. Community oriented resource persons (CORPs) worked alongside the CVs to provide FP services and empower women to self-inject DMPA-SC. During the COVID-19 period, the CORPs worked with CVs conducting door-to-door FP services within their communities in adherence to COVID-19 preventive measures.

Results: Door-to-door activities during the COVID-19 lockdown successfully contributed to a remarkable spike in the utilization of DMPA-SC. From December 2019-February 2020, DMPA-SC



utilization was 36,502 with 20,102 new acceptors. Within the period of COVID-19 lockdown from March-May 2020, DMPA-SC utilization was 56,527 with 30,388 new acceptors.

Women were also trained to self-inject DMPA-SC to reduce hospital visits and prevent hospital exposure to COVID-19. At the end of May 2020, 1,974 women were on DMPA-SC self-injection. Conclusion: Promotion of community-based FP services and promoting self-injection were good strategies to meet FP needs during the COVID-19 pandemic.

Oral-81 Abstract: NFPC167

Ensuring Quality of Family Planning Services During Covid-19 Pandemic through Virtual Supportive Supervision and Mentoring of Health Care Workers using WhatsApp Platform in Three Northern States

Submission Type: Oral Presentation

Hannatu Abdullahi 1 * Comfort Okpe 2 Elizabeth Alalade 3 Jaiyeola Oyetunji 4 Marta Levitt 5

Abstract Summary:

Background: COVID-19 pandemic contributed to interruptions in facility services, making physical interactions with clients difficult. To curb the spread of the virus, Government of Nigeria implemented drastic measures which were adopted by IHP-supported states and resulted in limited movements and restricted access to family planning (FP) services. The ability to sustain continuity of care during and after the pandemic therefore rests on the readiness of facilities and healthy providers who are at their posts. On this note, IHP implemented critical measures in Bauchi, Kebbi and Sokoto States to ensure that clients continue to have access to quality FP-services during the pandemic.

Method: IHP in collaboration with LGHA-teams devised a new approach to continue supportive supervision and mentoring of health workers (HWs) by creating WhatsApp platforms for 157 FP-providers in the 3 States, to ensure quality FP-services are delivered at IHP-supported PHCs despite restricted physical interactions due to the pandemic. Through this platform, key-messages were sent to FP-providers, questions were responded to, and clarifications provided to reinforce HWs' knowledge on FP-counseling and service delivery, including use of COVID-19 prevention guidelines. Providers were encouraged to use the option of distribution of self-administered transitional-methods. Providers were oriented not to compromise voluntarism and informed choice when discussing choices in the context of reduced contraceptives-security. ODK-tool was used for remote mentoring of providers on FP-counseling and services. The DHIS2-data was reviewed (April-October 2020).

Results: Data showed that there was service continuity within this period. 156174 women were counseled for FP while 85450 took up a method. These services were properly documented and reported. Conclusion: Use of WhatsApp-platform and the ODK-tool to interact, mentor and support HWs helped in maintaining continuity of FP and other essential services during the pandemic.

Oral-82 Abstract ID: NFPC28

Knowledge and Perception of Community Health Volunteers of Family Planning Services towards COVID-19 Disease in Nigeria



Submission Type: Oral Presentation
Hasiya Ahmadu 1 Anthony Nwala 2*

Abstract Summary:

Background: Whilst the federal government declared contraception an essential service that can continue to be accessed from health facilities, the fear of contracting COVID-19 and stigma associated to facility visits limit the visit of women to health facilities. Given this, the role of community health volunteers trained to provide family planning products and services to women in communities becomes very important. A poor understanding of COVID-19 and its transmission routes among these health volunteers may affect continuous uptake of family planning services and result to spread of the infection in communities. **Objective:** To assess the knowledge and perception of community health volunteers of family planning services towards COVID-19 disease in Nigeria.

Methods: A cross-sectional, web-based study was conducted among community health volunteers of family planning services about COVID-19. A 19-item survey instrument was developed and distributed randomly among the volunteers using Survey Solutions weblink. A chi-square test was used to investigate the level of association among variables, with significance set at 95%CI. The analysis of variance and independent t-test was used to test significant difference among socio-demographic variables with respect to knowledge and perception scores.

Results: of 832 participants, a total of 366 volunteers completed the survey. The average age of the respondents was 31.63 ± 7.60 years with majority within the age band of 28 – 37 years and 288(78.7%) were females. Most participant 344(82%) have good knowledge of the disease and 331(90.4%) have the right perception about the disease.

Conclusions: As the increasing number of COVID-19 cases continue to disrupt continuous uptake of family planning services, it is essential to improve the knowledge and perception of the community health volunteers. This improvement in knowledge and perception will ensure adequate precautions are taken to avoid the spread of COVID-19 in communities.

Oral-83 Abstract ID: NFPC109

COVID-19: Sustainable approaches to family planning demand creation and uptake in 5 States

Submission Type: Oral Presentation
Akinlabi Jimoh 1 * Akinlolu Akinpelumi 2

Abstract Summary:

Background/Objective: The media remains a core part of population management and has continued to perform strategic role in information dissemination in societies (1). It has proven to be one of the most reliable and cost-efficient means of mobilizing communities and individuals for health service uptake especially contraceptive methods. During COVID-19 lockdown. DevComs, with funding from The Challenge Initiative, trained and mentored 125 officers from government ministries, departments and parastatal and media practitioners for sustainable family planning advocacy and promotion. The objective of the project was to facilitate the role of media in enhancing policy commitment, actions and community support for increase access to quality family planning information and services in five states: Ogun, Niger, Bauchi, Kano and Delta States.



Materials and Methods: Desk review, KAP survey, media and communication mapping, pre-programme advocacy visits, capacity building, field investigation and community advocacy, and online mentoring were methods used and a training plan developed from the DEVCOMS- NURHI training manual.

Results: There were only four (4) media reports on FP/CBS preceeding six months before the commencement of the project. Within five months, post training in the 5 states, a total of 458 stories were reported by the participants, particularly on family planning/childbirth spacing. Each state are at various stages of proceedings for formal registration of Media Action for Public Health as Platform for family planning in the context of public health and development. The approach is being extended to 8 more states in the country.

Conclusions: Irrespective of the pandemic innovate approaches are essential for sustainable family planning promotion despite public health challenges -- COVID 19 Pandemic. References Population Reference Bureau. 2012. Achieving a Demographic Dividend. Washington: PRB Access to mass media messages, and use of family planning in Nigeria: a spatio-demographic analysis from the 2013 DHS BMC Public Health Volume 16, Article number: 427 (2016)

Oral-84 Abstract ID: NFPC97

Continuing family planning service delivery during the COVID-19 pandemic: trends and adaptations in four francophone West African countries

Submission Type: Oral Presentation

Dela Nai 1 * Macoumba Thiam 2 Hassane Atamo 3 Aguima Frank Tankoano 4

Abstract Summary:

Background/Objectives: In West Africa, the majority of countries reported their first COVID-19 cases in March 2020 and governmental responses have been key to containing the effects of the pandemic on health services, including family planning (FP). The USAID-funded AmplifyPF project is implementing the Integrated Learning Network (ILN) model in Burkina Faso, Côte d'Ivoire, Niger, and Togo, which consists of mobilizing partners and synergizing all health resources to expand access to and utilization of quality FP services at the district level.

Materials and Methods: With 17 ILNs across urban and peri-urban areas in the project countries, AmplifyPF seized the unique opportunity to use a mixed method approach to assess the impact of COVID-19 on the continuity of FP service delivery during the pandemic. We analyzed FP service statistics from March 2019 to August 2020, extracted from district health information systems (DHIS2), to illustrate trends in service utilization. We also conducted in-depth interviews between July and August 2020 among key informants: MOH officials at the national/regional/district levels, FP service providers, municipality and community organization representatives, and AmplifyPF country teams.

Results: In the 4 countries, all health services, including FP, have continued since the pandemic began. By country, FP service trends seem to reflect governmental/MoH responses. We highlight results from Niger and Togo which show decreases in FP indicators during the confinement periods followed by increases in FP indicators as resumption efforts were intensified. Reflections by ILN stakeholders provide context about adaptations put in place and the nature of their contributions to ensure continuity. **Conclusion:** Unlike previous studies on the impact of health crises which have been mostly retrospective or have used a single lens, this AmplifyPF assessment offers the opportunity to interpret FP service



delivery trends alongside the experiences of multiple stakeholders in mitigating the impact of the pandemic.

Oral-85 Abstract ID: NFPC107

A framework for delivering competency-based clinical training and services amidst the COVID-19 pandemic: The Experience of Marie Stopes International Organization Nigeria (MSION)

Submission Type: Oral Presentation

Kanu Onyekachi 1 * Kingsley ODOGWU 2 Kayode Afolabi 3

Abstract Summary:

Background: Expanding access points to safe reproductive health/Family planning (RH/FP) services is critical to mitigating impacts of COVID-19 pandemic in Nigeria. However, available RH/FP guidelines were lacking in protocols to be followed in offering services and provider training in pandemic situations, as occurred during the COVID-19 period. This resulted in a sharp drop, in the already low access of women and men, especially the poor, to quality FP services. MSION, responded by articulating, piloting, and implementing a wide-scoped and practicable framework, in line with international best practices, addressing safety concerns in the delivery of competency-based training activities and RH/FP service provision. Method: Leveraging national and state regulations on COVID-19 prevention and policy evolution regarding movement restriction, a five-pronged framework for delivering competency-based RH/FP training and services amidst COVID-19. The above integrated the national competency-based RH/FP training guidelines with recommendations by the federal and state governments, the Nigeria Center for Disease Control and World Health Organization, on meetings and crowd management, including the identification and mitigation of exposure risks associated with interplay with third-party organizations.

Results: The framework involved ecological risk assessment and planning; design, deployment, and oversight of third-party engagement protocols; and pre-training and in-course triaging and exposure assessment. It also institutionalized and enforced key infection prevention measures as well as detailing the framework for collaboration and communication with government and health regulatory agencies. Using this framework and emphasizing service delivery amidst COVID-19, MSION safely implemented fifty-six competency-based training for 1224 health workers. In addition, another 689 health workers received on-the-job coaching for delivery of the DMPA-SC hormonal contraceptive. Conclusion: The MSION contingency framework for training and service delivery amidst COVID-19 is an innovative best-practice that ensures continuity of health system building activities in pandemic situations.

Oral-86 Abstract ID: NFPC111

Advocacy as a veritable tool towards client mobilization

Abstract Topics: Mobilizing resources for family planning. Submission Type: Oral Presentation

EZE ENI 1 * Ibekwe Samuel Ogechukwu 2

Abstract Summary:

Objective: To establish that with adequate advocacy visits to community leaders, community entry and client mobilizations are easy. Background: Community entry and mobilization of clients to take up family planning services in their various communities are of utmost importance to programme success.



Existing community structures like village or community head, youth leader, head of women group and head of churches must be co-opted into the process lest success is not achieved. Socio-cultural barriers to FP acceptance including male involvement are factors which proper advocacy and engagement help to handle. Marie Stopes intervenes in the public sector through training of service providers and equipping of facilities with commodities, equipment, and consumables with community mobilization support to ensure client availability. Methodology: Proper community mapping is done to identify structures to engage with. Information, Education and Communication materials are assembled including low literate and graphically illustrated materials. Short video and comedy skits emphasizing the benefits of FP to both males, families and communities are shown to stakeholders. Volunteers are called for from the existing community structures and these are further sensitized on the correct messaging as well as referral points in the catchment area. Trained and equipped providers are notified of efforts so far while outreach services are taken to the doorstep of clients in communities without trained providers. Result: From January to September 2020, the Ebonyi State Team has served 93,250 clients and generated 279,632.47 CYP. Community Ownership of intervention noticed over time due to community involvement in the mobilization process. Repeat visits to facilities and routine service provision improved due to client confidence generated through home grown messaging process. Conclusion: Advocacy visits to community stakeholders is very paramount in community mobilization activities and any attempt to bypass the existing structures of any community will affect the aim of the mobilization exercise negatively.

Oral-87 Abstract ID: NFPC165

Absorbing Demand for Family Planning(FP) through Collaboration between Implementing Partners (Ips).

Abstract Topics: Mobilizing resources for family planning. Submission Type: Oral Presentation
Chizoba Onyechi 1 * Victor Enangama 2 Shittu Abdu-Aguye 3

Abstract Summary:

USAID works with IPs to accelerate development and ensure effective and efficient use of FP resources. Breakthrough ACTION Nigeria (BA-N), Sustaining Health Outcomes through the Private Sector (SHOPS Plus) and Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) collaborated with government partners to implement a USAID FP intervention aimed at promoting FP social behavior change (SBC), catalyzing provision of comprehensive health services by building the capacity of service providers on FP/LARC and ensuring uninterrupted supplies of FP/RH commodities. SHOPS Plus conducted 36 FP/LARC training practicum and 13 Post Training Follow Up (PTFU) sessions for FP service providers across 4 states (Plateau, Oyo, Akwa Ibom and FCT) for 24 months. BA-N conducts routine community SBC activities to create demand for FP services and supported the practicums/PTFU with targeted mobilization of clients.

GHSC-PSM ensured the availability of FP commodities and consumables. The state and LGA FP and health promotion officers were involved in client mobilization and service delivery. Referral data for routine community SBC and practicum/PTFU sessions from March 2019 to March 2020 were compared. For routine community SBC, about 178,623 referrals were made and 36.6% of FP clients completed the referrals. For practicum/PTFU sessions, 41,036 referrals were made, with 75.5% of referrals completed. The referral completion rate for the practicum/PTFU sessions is twice that of routine community SBC referrals. This may be attributed to free service delivery, onsite availability of the service providers/commodities, and mobilization of intending users. The coordinated collaboration by IPs supporting government efforts can clear the barriers to modern contraceptive use for intending users. Targeted campaign-like FP service delivery activities provide opportunities for mopping up latent



demand created in the communities. FP IPs should explore more collaborative partnerships with governments and communities to sustain the gains made in uptake of modern contraceptives in Nigeria.

Oral-89 Abstract I : NFPC175

Targeting the right decision-makers for effective budget advocacy: a conceptual model

Submission Type: Oral Presentation

Amina Aminu 1 *

Abstract Summary:

Background: Influencing budget advocacy can be quite complex especially for local civil society actors with limited resources. It is built through a series of interactions and negotiations with a range of stakeholders including government especially at the highest level, media, faith leaders, and other interest groups. An approach that goes beyond the traditional advocacy literature is required to empower advocates in diverse settings on the complex levers that influence policy changes and key budget decisions. Benue state is located in the north-central zone of Nigeria with modern Contraceptive Prevalence Rate of 15.5% [NDHS 2018] and a high maternal mortality ratio. The FP budget is subsumed under maternal, newborn and child health (MNCH) budget and is not prioritized for release. The state depended on the Saving One Million Lives initiative to fund FP programs since 2015. With this funding mechanism coming to an end, there is a need to push for a more sustainable funding for FP. Intervention: To provide a comprehensive insight into effective levers for influencing key budget decisions, a conceptual model was developed. This is an integration of policy and budget processes that included strategic advocacy by the Family Planning Advocacy Working Group in the state to various key decision-makers, resulting in a policy shift by the Benue state government to provide a dedicated budget line for FP. Through understanding the key steps of this model, advocates from all settings will be better equipped with the skills to increase political will and affect positive policy change and budget decisions to mobilize increased resources and funding for Family Planning in their geographies.

Oral-90 Abstract ID: NFPC50

Improving public financing for family planning services through advocacy: Jigawa case study

Submission Type: Oral Presentation

Michael Olawuyi 1 * Lamine Thiam 2 Sarah Fox 3 Alice Sabino 4 Julia Hanne 5 Patricia Doherty 6

Abstract Summary:

Background/objectives: According to the 2019-2023 Jigawa Family Planning Costed Implementation Plan (CIP), about N5 billion is needed to finance Family Planning (FP) services in Jigawa state. However, evidence-based advocacy for improved financing was challenging because there were no systems to quantify government expenditures for FP services at the inception of the Women's Integrated Sexual Health (WISH) programme. Our objectives are: To describe the WISH programme's approach to strengthening systems and skills that improve FP public financing To highlight critical success factors for positive advocacy outcomes.

Methods and materials: A political economy analysis (PEA) was conducted to understand the FP



financing context. Based on the findings, the programme advocated for the creation of a FP-Technical Working Group consisting of representatives from Jigawa Ministry of Health (MoH), Budget and Economic Planning Directorate (BEPD), civil society organizations, religious and traditional leaders. We modelled the potential health and economic benefits of FP using the ImpactNow tool, packaged our findings into an investment case which we disseminated to parliamentarians and decision makers from Jigawa MOH and BEPD. We also developed tools and built budget tracking capacity, and used the WISH investment case, National Blueprint for FP, Jigawa CIP, and budget tracking findings as advocacy tools during budget formulation meetings. We also undertook media advocacy activities.

Results: As a result of our strategic advocacy, Jigawa MoH created a budget line for FP and allocated 10 million in 2020, N20 million to FP in the 2021-2023 Medium Term Strategic Plan and included comprehensive FP services in the Jigawa health insurance benefit package.

Conclusions: Successful advocacy requires a technical and political approach. On the technical side, a good understanding of the budget process is imperative. On the political side, identifying windows of opportunity to influence change and convincing those with the power to make budget decisions is crucial.

Oral-091 -Abstract ID: NFPC95

Network mapping and capacity building as stimuli for mobilizing resources for family planning in four francophone West African countries

Submission Type: Oral Presentation

Dela Nai 1 Moukaila Tchagafou 2 * Hassane Atamo 3 Aguima Frank Tankoano 4

Abstract Summary:

Background/Objectives: Mobilizing resources for family planning (FP) is a vital component of the Integrated Learning Network (ILN) model currently being implemented by the USAID-funded AmplifyPF project in 17 health districts across Burkina Faso, Côte d'Ivoire, Niger and Togo. **Materials and Methods:** The ILN brings together stakeholders to synergize all health resources available at the district level. AmplifyPF supports municipalities and boroughs through capacity building on resources mobilization for FP and by inviting stakeholders, particularly in the private sector, to a 1-day meeting where they engage in a network mapping (net-mapping) activity. We also conducted in-depth interviews (IDIs) between July and August 2020 with municipality representatives to understand the impact of COVID-19 on FP resource mobilization. **Results:** Besides usual partners such as health facilities and district health management teams and committees, the 17 ILNs now boast 61 municipalities or boroughs where net-mapping and capacity building have taken place. Of these, 26 urban municipalities across the 4 countries have successfully mobilized FP resources from the private sector. The end of training in the different countries coincided with the start of the COVID-19 pandemic, resulting in challenges for FP resource mobilization. **Conclusion:** AmplifyPF's net-mapping and capacity building components show potential to achieve effective resource mobilization for FP.

Oral-092 Abstract ID: NFPC120

Modelling Contraceptive use in rural Nigeria: A Machine learning approach



Submission Type: Oral Presentation
Ayobami Akiode 1 *

Abstract Summary:

Background/Objectives: In Nigeria, contraceptive use has been found to be low nationally. The traditional model of predicting contraceptive use solely depends on statistical approaches. Recent advancements in areas of artificial intelligence and machine learning have identified modeling designs capable of optimizing models' predictions and reliability. The objective of this study is to adapt the use of machine learning supervised approach for the prediction of modern contraceptive use in rural Nigeria using a nationally representative sample of the 2018 Nigerian demographic health survey data.

Materials and Methods: The sample of respondents was 41,821. Analysis was among women of reproductive age, 15-49 years, in the 36 states of Nigeria. The features (independent variables) used in the study are age, parity, religion, region, state, education, wealth index, type of place residence, and marital status. The dependent feature used is the current contraceptive use. Feature engineering and selection were used to prepare all features (variables) for modeling. The data was splitted into train and test data. Synthetic minority oversampling technique was used to correct the imbalanced class problem experienced by the outcome feature. Feature relevant analysis was conducted using recursive feature elimination (RFE). Supervised machine learning binary logistic regression was used to model the data while eli5 technique was used to assess feature order of importance. Confusion matrix and k-fold cross-validation were used to evaluate model performance.

Result: Contextually, the findings from this modeling highlight the role of socio-economic well-being in modern contraceptive use in rural Nigeria. It found being poor, not working, and being uneducated as the three most important predictors of contraceptive use.

Conclusions: Adopting a multisectoral mutually interlocking approach that includes poverty alleviation, job creation, educational enrollment, and multi-pronged interventions (advocacy, demand generation, service delivery, and quality improvement) will increase modern contraceptive use in rural Nigeria.

Oral-093 Abstract ID: NFPC131

Contraceptive Practice barriers and suggested measures to improve contraceptive use among mothers from a tertiary hospital in Abuja, Nigeria

Submission Type: Oral Presentation
Ejura Ochala 1 * Rauf Ibrahim 2 Syed Ali Gulab Jan 3

Abstract Summary:

Introduction: Ill-timed, unspaced births and high birth rates put Nigeria infamously as the 4th highest contributor to global maternal mortality. The period following childbirth provides a window of opportunity to reduce this through improved contraceptive use. This cross-sectional quantitative study carried out at a tertiary hospital in Abuja to identify contraceptive practice barriers and measures to improve use among mothers with infants less than 12 months.



Methodology: Questionnaires were administered on 220 consenting mothers; data analyzed using SPSS software version 25. Descriptive analysis and the inferential statistical techniques used are binary logistics regression and the paired-sample T-test to establish the relationship between variables - the p-value set at 5% level, thus $p < 0.05$ is termed significant.

Results: 200 questionnaires were retrieved; the mean age of the respondents was 31; most had tertiary level education, were Christians and in a monogamous union. Most mothers desired and had below four children. The commonly used methods are the condom, IUD, pills and implant. 48% are currently on a method. Contraceptive use was dependent on respondent's religion ($p=0.050$) and child's age ($p=0.038$). Identified barriers are personal information and health system barriers. There appeared a statistical difference in the perception of barriers and measures to improve contraceptive use. PB and HEM [$t(199) = -11.456, p=0.000$]. FCB and FCM [$t(199) = -4.608, p=0.000$]. HSB and HSM [$t(199) = -8.173, p=0.000$].

Conclusion: Less than half of postpartum women use any form of contraceptive and child's age and religion determined it, the mothers are indifferent on personal information and family/cultural barriers but concerned on improving health system measures. This study reaffirmed the place of health education and drawing attention to improving method availability, counselling, opening, and equipping more family planning facilities can improve contraceptive.

Keywords: Contraceptive practice, Barriers, Measure
Oral-094 Abstract I: NFPC82

Understanding postpartum family planning outcomes in northwestern Nigeria: analysis and modeling of social and behavior change factors

Abstract Topic: Postpartum family planning Submission Type : Oral Presentation

Paul Hutchinson 1 * Udochisom Anaba 2 Dele Abegunde 3 Mathew Okoh 4 Emily White Johansson 5

Abstract Summary :

Background: Northwestern Nigeria faces a situation of high fertility and low contraceptive use, driven by high-fertility norms, pro-natal cultural and religious beliefs, misconceptions about contraceptive methods, and gender inequalities. Social and behavior change (SBC) programs try to shift drivers of high fertility through multiple channels including mass and social media and community-level group and interpersonal activities. This evaluation by the Breakthrough RESEARCH project seeks to assist SBC programs to better tailor their efforts by assessing the effects of intermediate determinants of contraceptive use/uptake and demonstrating their potential impacts on postpartum family planning outcomes.

Methods: Data for this study come from a cross-sectional household survey, conducted in northwestern Nigeria in September 2019, involving 3,000 postpartum women aged 15- 49 years. Using an ideational behavioral framework that highlights psychosocial influences, multivariate regression analyses assesses associations between ideational factors and family planning outcomes, and post-estimation simulations with regression coefficients model the magnitude of effects for these intermediate determinants.

Results: Knowledge, approval of modern contraception, and social influences, particularly from husbands, were all associated with improved post-partum family planning outcomes. Approval of family planning was critical – women who personally approve of modern contraception were nearly three times more likely to be currently using modern contraception and nearly six times more likely to intend to start use in the next six months. Couples who discussed family planning goals were three time



more likely both to be currently using modern contraception and to intend to start use in the next six months.

Conclusion: SBC programs interested in improving family planning outcomes could potentially achieve large gains in contraceptive use-even without large-scale changes in socio-economic and health services factors-by designing and implementing effective SBC interventions that improve knowledge, encourage partner communication, and work towards increasing personal approval of family planning.

Oral-095 Abstract ID: NFPC84

Social Behavioural Change Communication (SBCC) Channels and Contraceptive Ideation among Post Pregnant Women accessing Care in Private Hospitals in Lagos State.

Abstract Topic: Postpartum family planning Submission Type: Oral Presentation
Adedoyin Roberts 1 * Taiwo Johnson 2 Akinsewa Akiode 3 Temitope Erinfolami 4

Abstract Summary:

Background/Objectives: Nigeria accounts for nearly 20percent of the world's maternal mortality, with at least 810 women dying daily from preventable causes related to pregnancy and childbirth. FP uptake in post-pregnancy period is relatively low (17.7%), and unmet need for FP high (22.4%). Barriers to post-pregnancy-family- planning (PPFP) in Nigeria include fear of undesirable effects, myths, misconceptions, and existing cultural factors. Being that post pregnancy period creates opportunity for multiple contacts with service providers and addressing unmet need in the highly patronised private sector, this paper sought to examine the effect of SBCC on contraceptive ideation among post pregnant women in private health facilities (PHFs) in Lagos state.

Methods/Material: 630 post-pregnant women of reproductive age from 40 PHFs across 14 LGAs in Lagos were recruited and exposed to SBCC materials for one year using TV ads, leaflets and social mobilizers. Interviews were afterwards conducted using Computer Assisted Personal Interview to elicit information on women's fertility preference, perception and beliefs about FP, social norms, perceived self-efficacy, media habits. Data analysis was done at bivariate levels using STATA.

Results: 33% of the women holds PPFP myths and misconception, 66% wants to space next pregnancy by 3years. Overall, exposure to SBCC materials via examined channels were significantly associated with ideational elements around FP (Rejection of PPFP-related-myths, knowledge, efficacy, discussion with spouse, perceived peer behaviour). Specifically, exposure to TV- related-SBCC materials, though associated with increase across all ideational factors, was not statistically significant. However, exposure to PPFP materials and leaflets statistically increased the knowledge of modern methods, higher efficacy, and rejection of myths. **Conclusion:** Our findings show high prospects for positive change in ideation among post-pregnant women when FP information are strategically provided. Intervention needs to be intentionally channelled towards leveraging SBCC to increase contraceptive use among numerous post-pregnant populations in Nigeria.

Oral-096 Abstract ID: NFPC77

Postpartum Family Planning Positive Deviance, Knowledge and practices, across age and parity Groups

Abstract Topics: Postpartum family planning



Submission Type: Oral Presentation
Abdullahi Babayo 1 * Kabiru Atta 2

Abstract Summary:

Background: Nigerian woman has a 1 in 22 lifetime risk of dying during pregnancy, childbirth or postpartum. Post-partum Family Planning (PPFP) is highest impact interventions to avoid risk of neonatal death, and maternal mortality. The total fertility rate in Bauchi is 6.8 children per woman (MICS 2016-17). Plan International Nigeria and Canada launched the Bauchi Opportunities for Responsive Neonatal & Maternal Health initiative in 2016, to "contribute to the reduction of maternal & neonatal mortality among the most marginalized & vulnerable women & newborns in targeted local governments in Bauchi state." To contribute to the project's objectives, a PPFP qualitative research was conducted to identify the facilitators & barriers that women face during PPFP uptake & sustained use. The study also located 'positive deviants', i.e. adolescent girls & women using PPFP despite the myriad of obstacles, their deviation from norms. **Methodology:** Employing a qualitative approach engaging women and adolescent girls thorough 32 FGDs. **Results:** Respondents demonstrated understanding that birth spacing is a planned interval. OCPs, injection, and implants topped the list, while local herbs, roots and charms were cited lower. At the individual-level, participants were influenced by the positive benefits of birth. They frequently mentioned fear of side effects as a barrier to PPFP uptake and sustained use. Women frequently related birth spacing to a period of rest and care. Awareness-raising efforts were the most cited factors at the community level, while traditional customs & norms as barriers to PPFP uptake. At the institutional level, participants frequently mentioned quality PPFP care as the main facilitator and lack of quality services & government support as a barrier. Recommendations Sensitization activities aimed at women, traditional & religious leaders Increase male engagement Peer support & positive deviant exemplars be promoted.

Ensure facilities are providing PPFP care through integrated MNCH
Oral-097 Abstract ID : NFPC115

Infusing efficiency into the internal quality technical audit of Marie Stopes' family planning programme using mobile technology

Abstract Topics: Scaling up networking and technology to improve family planning. Submission Type :

Oral Presentation

Olugbenga Kehinde Omisile 1 * Oluwafemi Alo 2 Ronke Atamewalen 3 Ochanya Idoko-Asuelimhen 4 Kingsley ODOGWU 5 Eunice Falaye 6

Abstract Summary :

Introduction: Marie Stopes internal quality technical audit is a system for measuring and assuring clinical quality standards in supported health facilities. The system assesses clinical governance, client centered care, counseling, incident management, infection prevention, medical emergency management, stock/supplies management. The Use of mobile technology is a cost-effective way to increase the efficiency of sexual and reproductive health (SRH) programs. This paper presents the outcome of transforming the QTA checklist into a mobile technology to increase the efficiency in the QTA process.

Methods: The mobile quality technical audit (mQTA) was designed as toolkit in MS Excel, programmed



in Open-data-Kit and piloted in 316 health facilities across 15 states in Nigeria. The mQTA was deployed on android system and provided real time analytics and feedback. The innovation leveraged on existing systems and internal technical skills and resources.

Results: The mobile technology significantly increased the speed of processing QTA results, reduced the processing time from several weeks to less than three days. The system enabled the computation of overall scores, aggregation of model areas can be averaged at regional, state, LGA and facility levels. Automated generation of reports at facility level, and smart visualization of results was introduced which ensured quick feedback to the facilities within days of the assessment. The mQTA also creates a robust database of CQTAs that can be easily queried for analysis and also triangulated with internal health management information systems.

Conclusion: The roll-out of the mQTA achieved reasonable improvement for internal QTA, increased the scale in short periods, improve data quality, and communicate outcomes with little time lag, and improved the use of the results to inform follow-up supportive supervision by the clinical team.

Oral-098 Abstract I: NFPC83

Using Mobile Technology to address data reporting and sharing needs in the COVID-19 era among Family Planning Service Providers

Abstract Topics: Scaling up networking and technology to improve family planning. Submission Type: Oral Presentation

Segun Akinola 1 * Akinsewa Akiode 2 Adeola Duduyemi 3 Kemi Oluwagbohun 4

Abstract Summary:

Introduction/Background: Due to the growing need to apply health knowledge with technological solutions to data transfer and sharing for informed decision on health system. The data combined from healthcare provider organizations, public health departments and other settings is critical and more so, vital in this COVID-19 era. However, the mobile data captured through the WhatsApp platform has been real-time and more user friendly and safer during the pandemic. Apart from opportunity for better physical validation of data, the mobile technological intervention is appropriate to meet the rapid scale and expansion to more NURHI2 supported facilities, more so during pandemic. In this paper, we described how WhatsApp was used to capture and report real time uptake and commodity data when movement is highly restricted. **Methodology:** All the family planning providers in NURHI 2 (50 supported facilities in Lagos and 71 supported facilities in Oyo) have been given mobile phones and have undergone practical sessions and On the job trainings on the use of mobile phones to capture correct monthly data and sent through the WhatsApp platform. The mobile phone allows the provider to capture routine data (monthly uptake of family planning services either new or revisits client) and Daily Consumption record which shows and guides us in the stock out level for each of the facility. **Results:** The result shows that in the COVID-19 lockdown era, the platform offered opportunity to monitor uptake of services and monitor stock out of commodities through the commodity data sharing. This approach set the intervention sites ready to maintain data reporting rate across the supported health facilities in Lagos and Oyo states. **Conclusion:** Next steps WhatsApp platforms offer innovative ways to monitor uptake and commodity distribution and sharing in time of crisis when movement is highly restricted.



Oral-099 Abstract ID: NFPC96

Use of mobile technology and third-party logistician in improving family planning commodity supply chain in south-western Nigeria: a pilot.

Abstract Topics: Scaling up networking and technology to improve family planning. Submission Type:

Oral Presentation

Akinkunmi Akinbajo 1 * Omolaso Omosehin 2 Esther Somefun 3 Motunrayo Adegbite 4 Ulla Mueller 5

Abstract Summary:

Background: Increasing access and supply of contraceptives are critical to reducing unmet need for family planning. Most Public health facilities especially those in the rural areas are challenged with the availability of modern family planning and contraception commodities due to distribution barriers attributed to inadequate funding, lack of trained and dedicated staff for supply chain management. Hence, the need to improve contraceptive availability by leveraging on private sector supply chain capacity and use of mobile technology.

Materials and Methods: Two South-western states, Lagos and Ondo were purposively selected for the pilot. A third-party logistics company was recruited in both states for direct distribution of FP commodities from the state central store to all service delivery points. The conveyors and State Logistics Management Coordinating Unit staff were trained on the use of Open-Data Kit to capture the type and quantity of contraceptives supplied, the details of the recipient health personnel and the geo-coordinates of the location of the health facility for real-time monitoring of the last mile distribution process.

Results: A total of 514 and 275 public health facilities in urban and rural areas were supplied FP commodities in both Ondo and Lagos states respectively, which was achieved within the estimated distribution timeline. Daily upload of data captured on the ODK to the server enhanced real-time monitoring and verification of quantity and type of commodity supplied, as well as early detection of deviation from the distribution route plan and prompt corrective measures to ensure supply to health facilities due for that cycle.

Conclusion: The use of a third-party logistician and mobile technology improved the family planning commodity supply chain, thereby increasing the availability of modern contraceptives at public primary health facilities.

Oral-100 Abstract ID: NFPC174

The Impact of Global Family Planning Visibility and Analytical Network (GFPVAN) on the Nigerian Family Planning (FP) Supply Chain.

Abstract Topics: Scaling up networking and technology to improve family planning. Submission Type: Lawrence Anyanwu 1 *



Abstract Summary:

Background/Objectives: The growing demand for FP services in Nigeria and globally has resulted in the requirement of large volumes of contraceptive commodities. Ensuring availability of these quantities for country-level programmes necessitates better visibility of the FP supply chain. This need cumulated to deploying improved technological innovations such as the GFPVAN. Previous pipeline monitoring channels such as the Product Pipeline Monitoring Report (PPMR) used un-unified data sources making it difficult for program managers to aggregate data and aptly make evidence-based decisions on commodity positioning - a critical step in increasing access by FP acceptors. This abstract illustrates the value-adding role of the GFPVAN in addressing these gaps through enhanced pipeline and inventory levels monitoring. **Materials/Method:** The GFPVAN developed by the Reproductive Health Supplies Coalition is a shared digital platform that aggregates and aligns country demand data with production, procurement and funding to maximize resource use, avoid stock imbalances and ultimately promote FP commodity security. GFPVAN was introduced through a pilot phase in Malawi and Nigeria in 2018 and key personnel in Government and partner organizations were trained. Following this success, GFPVAN went live in Nigeria in 2019 with upload of supply plan and inventory data. In 2020 the platform scaled-up to successfully replace the PPMR. **Results:** The improved visibility afforded by the GFPVAN has resulted in better aggregation of country-level demand for contraceptives. Additionally, the GFPVAN has increased engagement with manufacturers, suppliers, donors and host government enhancing real-time decision making on procurement and inventory management with resulting outcomes in increasingly prioritization of Nigeria in global allocation of contraceptives. **Conclusion:** Supply chain visibility and effective resource management increases relevance as contraceptives demand rises globally. The deployment of the GFPVAN innovation in Nigeria has positively impacted our National FP program in this regard through its use in addressing shipment and inventory management challenges.

Oral-101 Abstract ID: NFPC72

Harnessing data to support new product introduction

Abstract Topic: Scaling up networking and technology to improve family planning. Submission Type:

Oral Presentation

Olajimi Latunji 1 * Adewole Adefalu 2

Abstract Summary:

Background/Objectives: In 2018, Nigeria began introducing a new family planning product, DMPA-SC, in line with the national scale-up plan and in support of the country's family planning goals. While ultimately, this product is being integrated into existing national monitoring systems, there is a time-limited need for granular data to monitor introduction and provide data for evidence-based decision making. This abstract describes how the Nigeria Federal Ministry of Health (FMOH) and the Access Collaborative team have used a technology platform to fill this gap. **Materials and Methods:** The FMOH and Access Collaborative team developed a data reporting and visualization e-platform that triangulates logistics data from the national e-LMIS and quarterly partner training information. Information from these two sources are used to create visibility into product availability at last mile, produce quarterly update on consumption, and track progress with provider training across all the 36 states in Nigeria. **Results:** The FMOH and other stakeholders routinely use this e-platform to monitor progress against the national scale-up plan and make key decisions about investments on capacity building. Other important uses include the identification of bottlenecks to achieving progress in new product roll-out and



determination of appropriate course-correction measures. The platform is used to inform national commodity forecast, procurement and distribution across the states. FMOH also uses this virtual database to assign partners to areas with critical capacity building needs and align commodity distribution to areas with trained workforce in order to minimize expiries. Conclusions: Nigeria's experiences in developing and using a time-limited data analysis and visualization e-platform to closely monitor the introduction of DMPA-SC provides important lessons for other countries and new product introductions, in using technology-driven platforms to fill gaps that may currently exist in national data management systems.

Poster-001

Abstract ID: NFPC55

Engaging Out of School Adolescents to Increase Family Planning Uptake

Abstract Topics: Adolescents 'the very visible but hard to reach' How do we reach them. Submission Type: Poster Presentation

Boladale Akin-Kolapo 1 * Devyn Lee 2 Chukwudike Akanegbu 3 Dooshima Iorzua 4 Francis Eremutha 5

Abstract Summary: Background In Nigeria, the growing urban youth population faces barriers in accessing accurate SRH information and youth friendly SRH and FP services. USAID's Youth-Powered Ecosystem to Advance Urban Adolescent Health (YPE4AH) project aims to address these challenges, with a focus on out-of-school, unmarried youths in Lagos and Kano States Method: YPE4AH will engage young people in project design, and implementation to ensure that youth remain at the center. To support a youth- centered project, YPE4AH recruited 18 adolescents aged 15-19 for a Youth Advisory Committee to guide the project throughout its 5-year cycle. A learning session was conducted with 7 youths to understand key program and communication factors that influenced successes and failures of a similar project and the barriers to and opportunities for adolescent FP access. Result: Youth feedback has informed the program design in brand identity, audience segmentation, and advocacy in the project's early stages. Youth feedback indicated that sexually active adolescents want to prevent unintended pregnancy. However, uptake and sustained use of modern contraception is hindered by misconceptions about effects of contraception on fertility, parental bias against adolescents using contraception, and peer influence to use herbal methods. Conclusion: Young people must be centered in efforts to address the unmet need for family planning. Deliberate and continuous platforms for youth engagement will be made available to ensure a youth-informed approach to comprehensive SRHR access through YPE4AH. In continuing youth engagement activities, YPE4AH will recruit youths aged 20-23 as facilitators; engage adolescents during formative research; engage parents/ guardians during social behavior change communication strategy development; and employ social media channels to deploy key messaging. Interventions targeting young people should be aware of the critical roles that older peers in their circle play in their decision-making processes, and programs should seek ways to target them alongside adolescents during interventions.

POSETER-002

Abstract ID: NFPC98

The use of responsive feedback to strengthen demand generation for uptake of family planning among young first-time mothers in Nigeria – case study on the PoPCare project



Abstract Topics : Effective family planning programs Submission Type : Poster Presentation

Toyin Akande 1 *Oluwatofunmi Laleye 2 Olajumoke Olarewaju 3 Babafunke Fagbemi 4 Adolor Aisiri 5

Abstract Summary :

Background/Objectives: Centre for Communication and Social Impact (CCSI) is responsible for the demand generation of family planning (FP) among young first-time mothers (YFTMs) aged 15-24 years who are the primary audience on the Community-focused approach for post-pregnancy family planning (PoPCare) project in Nigeria. In order to better understand the challenges of the target audience and to address these issues, CCSI introduced responsive feedback into the project. This paper is aimed at integrating responsive feedback into the lifecycle of projects. **Material/Method:** A responsive feedback approach using in-depth interviews was used to elicit information from YFTMs across the PoPCare project states. A semi-structured interview guide was used to engage respondents with a total of 10 interviews conducted, all interviews were recorded, transcribed and the transcripts were analyzed with MAXQDA. **Result:** Responsive feedback approach bridges the gap between traditional monitoring and evaluation and decision making. Based on findings from the RFM, we discovered that health facility staff play a huge role in YFTMs taking up a method, this has generated discussions between the project implementing partners and the health facility staff, and quick interventions are put in place to address the issues raised. Also based on feedback, we were able to understand that spousal approval is key and so, key decision-makers are being intentionally engaged on the importance of supporting YFTMs in taking up family planning. The feedbacks from the findings were used for adaptive management on the PoPCare project. **Conclusion:** Responsive feedback should be integrated into the lifecycle of projects because it gives quick feedback for adaptive management, it is cost-effective and you do not need to wait till you conduct surveys before you get feedback, you can leverage on projects' activities to get response

POSTER-003

Abstract ID : NFPC56

Increased demand for FP services among adolescent girls through Interpersonal Communication Agents. - The Lagos experience

Submission Type : Poster Presentation

Hamza Ibrahim 1 *

Abstract Summary :

Background: Getting adolescent girls to access Family Planning (FP) counselling and services in Primary Health Care centers (PHCs) Or Hospitals have been a difficult task, as most Adolescents Family Planning (FP) implementing partners working in Nigeria are more results driven than systems strengthening approach culminating in minimal result even after huge investment. The Society for Family Health (SFH) through its Adolescent 360 (A360) program brings a paradigm shift by supporting Primary Health Care Centers (PHC) and a Private hospital in Agege and Alimosho Local Government Area (LGAs) in Lagos State with well trained Inter-personal communication agents (IPCAs) using the User centered design (UCD) approach.

Objectives:

Increased demand generation for FP services among Adolescent girls (15 - 19 years) in PHCs and Hospitals



Methodology: Women and men between the ages of 20 to 35 years were trained on youth-friendly mobilization and how to identify adolescents girls 15-19 years with unmet needs using the girls profile guide, risk assessment guide, flip chart for girls engagement and issue referral cards, also do follow up with calls or messages.

This IPCAs were paired in PHCs and Hospital of implementation in Agege and Alimosho LGAs in Lagos.

Results:

142,103 girls were contacted by the IPCAs, 81,259 girls were issued referral card to visit the centers and 32,423 girls cards were redeemed at the centers between June 2017 and September 2020. 97% of the program referral source were from IPCAs while over 20,000 adolescent girls adopted a modern contraceptive of their choice and at least 4,000 girls returned to continue their contraceptive method uptake.

Conclusions:

Proper engagement of IPCAs in program implementation will improve demands for modern contraceptive methods by adolescent girls in the facilities and will strengthen the FP service chain.

Poster-004

Abstract ID : NFPC124

Demographic factors affecting contraceptive use in rural populations: A case study among married women in Rivers- State Nigeria

Abstract Topics : Family planning for underserved or vulnerable populations Submission Type : Poster Presentation

Olatunde Raimi 1 * Chidinma Owanlan 2 UDUAK ANANABA 3 Akinsewa Akiode 4 Oluwayemisi Ishola 5 Oluchi Bassey 6

Abstract Summary :

There is paucity of information on how demographic factors influence the use of contraceptive among married women in rural regions of Rivers-State. Therefore, this study was aimed at examining factors affecting contraceptive uptake and use among married women in rural settings of Rivers-State, Nigeria. A mixed-method cross-sectional descriptive study was employed using data from a population-based Omnibus survey conducted between January-March 2019 in Rivers State. The focus was on 502 married women of reproductive age 15-49years in rural households of Rivers-State and the data analysed using STATA version-12 analytical software. The main (dependent) variable was current contraceptive use defined as; (1) use, or (2) non-use and the demographic (independent) variables used as explanatory factors include; age, education, number of living children and religion.

The results showed that in terms of association between the independent (socio-demographic) variable and dependent (current use of contraceptive) variable, there was a strong significant relationship between respondents' level of education, number of children ever born and the current use of contraceptives ($p=0.001$)



The findings showed that among married women aged 15-49 living in rural populations of Rivers-State, use of contraceptive services are strongly determined by the woman's level of education and number of children everborn to the woman. Educated women are more likely to engage in gainful employment and develop the right behaviors' that favor small family size. Furthermore, the increased knowledge and awareness of contraception yet low contraceptive use recorded in this study clearly demonstrates that a high level of awareness does not ultimately lead to high contraceptive use. The major recommendations from this study is that policies and programs at all levels should target improving women's level of education which in turn favors an increase in women's productive capability and a positive behavioral response to fertility.

Poster-005

Abstract ID : NFPC49

Leveraging online application to drive concepts on FP and other SRHR during COVID-19 pandemic.

Submission Type : Poster Presentation

Chukwudike Akanegbu 1 * Tomisin Adeoye 2 Tosin Oladipupo 3 Alexandra Nkosi 4 Nicole Banister 5 Devyn Lee 6

Abstract Summary :

Background

Youth Empowerment and Development Initiative (YEDI) aims to educate, empower, and inspire young people through innovative, evidence-based programming on SRHR and economic empowerment. YEDI implements programmes based on Grassroot Soccer's SKILLZ methodology, which aims to strengthen participants' Assets (SRHR knowledge); improve Access to high quality, youth-friendly health services; and increase Adherence to positive, healthy behaviours and promote uptake of services. Programmes are usually delivered in-person using soccer language, metaphors, and physical activities to increase knowledge and address key behaviours among beneficiaries. However, during the COVID-19 pandemic, YEDI shifted to adapt to virtual programme delivery, continuing to reach adolescents.

Methods

In-person programmes are delivered twice or thrice weekly in 10, 60-minute sessions plus a graduation activity for a total of 11 hours. Virtual programme delivery is delivered using an abridged version of the same curriculum and content is delivered thrice weekly in 3, 60- minute sessions for a total of 3 hours through WhatsApp application to beneficiaries. Programme data is captured, assessed, and analysed using Salesforce.

Results

Quantitative data indicated positive effects on participant HIV and SRHR knowledge and



SRHR decision-making, in both in-person and virtual delivery methods.

Delivery Method	Outcome (average)	Pre	Post	% Δ
In-person programme delivery	Change in participants with increased comprehensive knowledge of HIV and other SRHR Services	57%	86%	51%
	Decision regarding contraceptives, sexual relationships, reproductive healthcare	69%	89%	29%
Virtual programme delivery	Change in participants with increased comprehensive knowledge of HIV and other SRHR Services	58%	85%	47%
	Decision regarding contraceptives, sexual relationships, reproductive healthcare	63%	70%	11%

Qualitative data from participants also indicated they enjoyed the virtual programme delivery, especially during the pandemic period.

Conclusions

YEDI has effectively adapted adolescent SRHR programming during the COVID-19 pandemic, utilizing WhatsApp for virtual implementation with similar outcomes to in-person programming.

POSTER-006

Abstract ID : NFPC173

Community Focused Social Mobilization and Improved Access to Modern Family Planning Methods Among Young People In Rivers State

Submission Type: Poster Presentation

Chioma Uzor-Isiugo 1 * Adaora Uzoh Ntiwunka 2

Abstract Summary :

There is an unmet need for contraceptive use among young people in Nigeria with teenage pregnancy a major health concern associated with morbidity and mortality for both mother and child (NDHS, 2018). Teenagers in rural areas are three times likely to have begun childbearing as their urban peers; 27% of rural teenagers have had a live birth or are pregnant, as compared with 8% of urban teenagers (NDHS, 2018). In Rivers state, 7.3% teenagers begun childbearing which will have adverse effect on their educational attainment as they are most likely to drop out of school (NDHS, 2018). The Center for Communication and Social Impact in collaboration with Rivers State Ministry of Health and Primary HealthCare Management is implementing the Resilient and Accelerated Scale up of Depo-Medroxy Progesterone Acetate Sub-Cutaneous (DMPA SC) project in Nigeria through demand generation activities using association meetings, key Life events, community dialogue meetings, community outreach, neighborhood campaign and referral (escort services) reaching more young women and men of reproductive age. The project's efforts have resulted in over 13,000 reach, 7898 referrals and about 4345 completed referrals for modern family planning methods. Available data in the state shows increasing use modern contraception with Modern Contraceptive Prevalence Rate (MCPR)



of 19.6% in 2018 compared to 17.5% in 2013. There is also rising use of modern contraceptive methods among young people (single and married) aged 18 to 24 due to the projects targeted approaches. The project also broke identified barriers affecting access and utilization of modern contraceptive methods such as lack of youth friendly centers, bias associated with young people demanding contraception and transport cost.

Keywords: Modern Contraceptive, Access, Use, Pregnancy, Demand Generation

POSTER-007 Abstract ID : NFPC29

Continuation and user satisfaction of the levonorgestrel intrauterine system (LNG IUS) contraceptive in Nigeria

Submission Type: Poster Presentation

Anthony Nwala 1 * Ekerette Udoh 2 Jennifer Anyanti 3 Adewole Fajemisin 4

Abstract Summary :

Background: The levonorgestrel intrauterine system (LNG IUS) is a highly effective hormonal intra-uterine contraceptive. However, services offering the method are not widely available in Nigeria and little evidence exists on the dynamics of its use. We examined the continuation rate and satisfaction with the LNG IUS among the user population.

Methods: This prospective longitudinal phone survey involved a baseline survey of users at two-weeks post-insertion of the LNG IUS, recruited from 40 clinics across 18 states in Nigeria, with a follow-up survey at the 3rd and 12th month. A total of 209 users were interviewed at baseline, 98 at three months and 73 at 12 months.

User family planning and LNG IUS use experiences were elicited, and the continuation rate and satisfaction with the method at three and 12 months were assessed.

Results: At three and 12 months post-insertion, 97% (95% CI: 91.2, 98.8) and 92% (95% CI: 83.2, 96.2), respectively, reported still using the LNG IUS, with none out of the few users who discontinued the method reporting a method failure. Discontinuation was mainly as a result of desire to get pregnant (25.0%), experiences of bleeding disturbances (18.8%) and weight gain (18.8%). High satisfaction with the LNG IUS (77.1% at three months and 86.3% at 12 months post-insertion) was reported. Satisfaction with LNG IUS was significantly associated with not having headache/migraine (88.4%) and no pelvic discomfort (90.8%) at 12 months compared to experiencing headache (50.0%) and pelvic discomfort (50.0%) ($p < 0.05$).

Conclusion: High user continuation and satisfaction of the LNG IUS indicates the positive potential of the method as a contraceptive in Nigeria.



POSTER-008 Abstract ID : NFPC93

Factors associated with modern contraceptive use among women of reproductive age in Nigeria

Submission Type : Poster Presentation Adamu Onu 1 *

Abstract Summary :

Background/Objectives:

Nigeria has one of the highest maternal death rates globally, with an estimated 1 in 12 lifetime risk of dying during childbirth in some parts of the country. A low modern contraceptive prevalence rate contributes to high maternal mortality. Modern contraception use is very effective in reducing maternal mortality. This study examined the influence of sociodemographic factors, sexual and reproductive history, contraception knowledge and intent, and fertility preferences on modern contraception use.

Materials and Methods

This study used Nigeria Demographic Health Survey 2018 data of 29,014 women aged 15 – 49 years. Women who had never had sex, were pregnant, were sterilized or their partner sterilized were excluded. Hierarchical logistic regression accounting for the complex sampling design was used to analyse the association between sociodemographic factors, sexual and reproductive history, contraception knowledge and intent, fertility preferences, and modern contraception use.

Results

Sociodemographic factors (age, educational level, religion, ethnicity, wealth index, marital status, health insurance cover, geopolitical region, place of residence); sexual and reproductive history (age at first sex, number of living children, number of births in last five years, recent sexual activity); contraception knowledge and intent (breastfeeding, amenorrhoea, sexual abstinence, told of family planning at a health facility); and fertility preferences (having the ideal number of children, desire for more children) were all significant predictors of modern contraception use (Type II Wald χ^2 p values < 0.05). Current working status, history of pregnancy termination, knowledge of the ovulatory cycle, knowing if women can get pregnant after birth and before the period returns, hearing of family planning on mass media (radio, television, newspaper) were not significant predictors of modern contraception use.

Conclusions

Increasing modern contraceptive use is an essential strategy for reducing the incidence of maternal deaths. These results are useful in developing public health interventions to account for these factors.

POSTER-009 Abstract ID : NFPC116

Human Resource and Operations Fund Could be freed-up to reach more Family Planning Beneficiaries: Implications of COVID-19 on FP Implementation

Submission Type : Poster Presentation

Vivienne Asukwo-Ntekim 1 * Akinsewa Akiode 2 MOSES AYANWUSI 3 Mojisola Odeku 4



Abstract Summary:

Human Resource and Operations Fund Could be freed-up to reach more Family Planning Beneficiaries: Implications of COVID-19 on FP Implementation

Authors: Vivienne Ndidiama Asukwo-Ntekim, Akinsewa Akiode, Moses Ayanwusi, Mojisola Odeku

Background:

Teleworking is still maintained for many staff even after the lockdown in some settings and especially in the development sector in Nigeria. Human resource managers and program managers have noticed continuous and sometimes increased work outputs among staff during teleworking. Finance managers have consistently reported reduced cost in operations in IT, new hire, and other routine costs. This new normal has freed-up these operational costs and has resulted in availability of more funds for increased programming efforts, that could mean increased reach for more men and women needing FP services.

In this paper, we present preliminary cost analysis of implementing FP programs "pre-Corona" and "post-Corona" to explore opportunities in recommending new ways of work that can have sustained work output and create opportunity to reach more beneficiaries.

Methodology:

We computed and compared some operational cost of specific activities in 2019 and 2020 at Johns Hopkins Centre for Communication Programs/ NURHI2, representing pre and post corona virus era. We focused on Staffing cost such as staff recruitment expenses (travel allowances, transportation), Cost of office operations (diesel, electricity, water, equipment such as printers, photocopiers, fuel, vehicle maintenance, etc.)

Results:

The graph shows a significant drop in HR/operational costs for the year 2020.

Conclusions:

In conclusion, teleworking in FP programming can free up resources that reach more beneficiaries. Organizations may need to build automated systems and divert some of the saved resources to provide data allowance for employees for remote work, mobile phone recharges, the installation and management of an effective electronic HR Information System (eHRIS) that will equip all stakeholders with the tools to efficiently carry out their field operations remotely.

POSTER-010 Abstract ID : NFPC80

Mitigating the impact of the COVID-19 pandemic on Family Planning uptake: Evidence from Lagos State

Submission Type: Poster Presentation

Adeola Duduyemi 1 * Olalekan Olagunju 2



Abstract Summary :

Background:

The impact of the coronavirus pandemic on all facets of life cannot be overemphasized. The virus was declared a global pandemic by the World Health Organization on 11th March 2020 and it has infected almost 40 million and killed over 1 million globally. In an attempt to prevent widespread of the virus, Nigeria introduced measures which include lockdown and restrictions on large gatherings, work and school attendance and travel. This paper seeks to identify the impact of these measures as well as the effect of NURHI 2 and the government's interventions on family planning (FP) uptake.

Materials and Methods:

The study utilized data from DHIS2 server and routine data from NURHI2 project supported facilities in Lagos comparing period during and before COVID-19 pandemic (February to September 2020). NURHI 2 is a project supporting 50 facilities across 10 LGA in Lagos State for over 4 years.

NURHI2 project supported and collaborated with the SMOH by carrying out the following interventions; mapping out all facilities and providers that provide FP services in the State, development and distribution of job aids, distribution of Personal Protective Equipment (PPE) to all supported facilities and FP managers to aid FP supportive supervision, development and airing of radio jingles to reassure the populace of ongoing service provision in the health facilities, continuous engagement with the FP service providers through various virtual platforms.

Results

The result shows that the uptake of FP dropped by 21% between February and March. Uptake further dropped by 45% between March and April. With the interventions of NURHI2 and other partners uptake increased by 33% between April and May and still on the increase.

Conclusion:

Evidence from the two data sources revealed that the measures taken by the NURHI2 project and the government have improved the uptake of FP in the health facilities since the easing of the lockdown.

POSTER-011 Abstract ID : NFPC139

Beyond Quality of Care: The Role Quality Improvement Teams (QIT) have played in transcending community barriers to increase family planning (FP) uptake in Akpajo, Eleme LGA River-State, Nigeria

Submission Type: Poster Presentation

Chidinma Owanlan 1 * Olatunde Raimi 2 Tonye Georgewill 3 UDUAK ANANABA 4 Lekan Ajijola 5 Deborah Samaila Hassan 6

Abstract Summary :

Background

As with other communities and tribes in Rivers-State and Nigeria, the people of Akpajo in Eleme LGA held strong beliefs, myths and misconceptions about family planning (FP). The community recorded high rates of unplanned and teenage pregnancies with attendant higher maternal mortality and poor



child health outcomes. This intervention aimed to demonstrate the role quality improvement teams played in overcoming these barriers to increase FP utilization in Akpajo, Eleme LGA, Rivers-State.

Methodology

The Challenge Initiative (TCI) oriented state and LGA program managers on the service delivery approach to the formation and the inauguration of quality improvement teams (QIT) across demonstration health facilities in the state. The LGA RH Supervisor of Eleme LGA then led the implementation of this approach at Model Primary Health center (MPHC) Akpajo in Eleme LGA of Rivers-State in February 2019. The team made up of ten persons and largely composed of influential community members including the women leader, the youth leader, religious leader and the secretary to the council of chiefs utilized various structures and platforms in the community engaging voices, changing perspectives and mobilizing community members to the health facility to take family planning services.

Results

In the 6 months following the intervention, there was a 60% increase in uptake of FP services at the health facility. The mean uptake after the intervention was 33.5 ± 12.4 compared to 22.83 ± 15.5 before the intervention. The result further revealed that there was a statistically significant difference in uptake of FP services before and after the intervention ($p=0.001$; C.I= $20.32-1.01$).

Conclusion

Community led interventions such as the quality Improvement Team (QIT) has the potential to improve quality and uptake of health services by overcoming community level barriers to access and utilization thereby promoting ownership and sustainability of interventions

POSTER-012 Abstract ID : NFPC163

Using free and inclusive approaches to increase Contraceptive prevalence rate (CPR) in Lagos State, Nigeria

Submission Type : Poster Presentation

Modupe Oluwatayo 1 * Adaora Uzoh 2 Itunu Dave-Agboola 3

Abstract Summary :

BACKGROUND/OBJECTIVES

An approach is said to be inclusive when it values diversity so that the needs and preferences of individuals are identified and met instantly. The RASuDiN project uses an inclusive approach to expand family planning (FP) method choice and empower women by supporting the roll-out of Depo-Medroxy Progesterone Acetate Sub-Cutaneous (DMPA-SC) integration and community-initiated Self-Injection (SI) in 10 Nigeria states.

METHODOLOGY

60 Community Volunteers (CVs) were trained on demand generation for FP while 75 community health extension workers (CHEWs) were trained on community- based service provision for DMPA-SC. They CVs reached people with accurate FP messaging and process was tracked with the referral form



presented to men/women who intend to adopt an FP method. DMPA-SC was instantly provided to interested clients, while those for other FP methods were referred to their nearest facility. Completed referral forms were collected over a 9-month interventional period (February - October 2020) across the State and analyzed.

RESULT/KEY FINDINGS

A total of 6464 women of reproductive age accessed modern FP methods, of which 2662 accessed DMPA-SC while 3802 accessed other methods. It was observed that these women had one time been reached and referred by a CV, to a trained community-based provider (CBP) or a Health Facility at no cost. Also, majority of the women referred for FP injectables up-took DMPA-SC from the CBP because they were instantly available and accessible in their community.

CONCLUSION

It is evident that approaches which jointly generates demand and provide free community-based FP services, will significantly increase CPR if scaled-up. Despite the high awareness of FP in Nigeria, Women in Lagos State have remained receptive to FP knowledge. They readily uptake modern FP if a trained CBP is available to instantly provide them free services in their comfort space.

POSTER-013 NFPC 159

POSTER-014 Abstract ID : NFPC41

Implementation findings of initiating self-injection service through DMPA-Sc in Lagos State

Submission Type : Poster Presentation

Babajide Daini 1 Sikiru Baruwa 2 * Bolaji Oladejo 3

Abstract Summary :

Background/Objectives: IntegratE project trained Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMV) to provide DMPA-SC self-injection (SI) services. The training focused on self-injection and all the necessary counselling services including proper waste disposal in line with the national guidelines. The aim is to generate evidence to support the creation of enabling environment for the introduction of DMPA-SC SI through CPs and PPMVs in Nigeria.

Materials and Methods: We conducted semi-structured quantitative interviews with 84 trained CPs and PPMVs and with clients who self-injected DMPA-SC upon training received by these providers in Lagos State.

Results: Most of the providers (n=84) demonstrated high knowledge of DMPA-SC injection steps with 71% correctly mentioning all four injection steps. About two-thirds (64%) had trained at least one woman on self-injection. Main benefits of self-injection listed by providers centered on making the job easier for providers (26%) and convenience for clients (38%). Major barrier was unwillingness to self-inject and fear of failure; reported by 47% and 17% of providers, respectively. A total of 28 SI clients were interviewed. All clients reported that providers demonstrated the self-injection steps clearly to them and most were satisfied with the training (24). However, only 17 felt confident about self-injecting DMPA-SC. More than



half (16) of clients self-injected DMPA-SC at their homes during their last injection. Majority of those who self-injected at home (16) used the puncture proof containers to dispose of unijects (14) and returned the container to the provider (13).

Conclusions: Overall, results are promising for expanding DMPA-SC (Sayana Press) self-injections service delivery in Nigeria. However, emphasis is still needed in demand creation for SI so as to strengthen client's agency to make contraceptive choices.

Poster-016 Abstract ID : NFPC81

Utilizing private retail sector to increase high-quality modern contraceptive access and choice in Nigeria.

Submission Type : Poster Presentation

Olufunke Fasawe 1 *Seyi Gansallo 2 Alana Garvin 3 David Adeyemi 4

Abstract Summary :

Background and Objectives: Contraceptive use remains low in Nigeria. Policies restrict the private retail sector from administering contraceptive implants and injectables despite many Patent and Proprietary Medicine Vendors (PPMVs) possessing at least Community Health Worker (CHW) certification. CHAI conducted a pre/post intervention study to assess if Community Pharmacists (CPs) and PPMVs with a health background can be trained and mentored to provide injectable and implants services.

Materials and Methods: 211 CPs and PPMVs with a CHW or nurse qualification received a 7-day training to provide contraceptive injectables and implants and were mentored over 6-months. Participants were assessed on shop readiness for service delivery, family planning (FP) knowledge, and clinical skills before and at multiple timepoints up to 10 months after training.

Results: From pre-training to 8 months post-training, mean infection prevention and control scores significantly increased from 46% to 87% ($p < .001$) and privacy and comfort scores increased from 45% to 73% ($p < .001$). Mean FP knowledge scores significantly increased from 41% pre-training to 67% post-training ($p < .001$) and to 79% at 8 months post-training ($p < .001$). Clinical observation results immediately after training to 10 months post-training significantly improved ($p < .01$) for mean steps completed pre-injection (85% to 93%), DMPA-intramuscular injection steps (94% to 99%), DMPA-subcutaneous injection steps (88% to 99%), and post-injection steps (87% to 98%), implant pre-insertion steps (90% to 96%), double-rod insertion steps (90% to 99%), and implant post-insertion steps (91% to 99%); however, already high single-rod insertion steps marginally improved (98% to 99%, $p = .25$).

Conclusion: Results indicate that trained and mentored CPs and PPMVs with a health training background can safely provide injectable and implant services. Permitting qualified retailers to provide an expanded scope of FP methods in Nigeria can improve women's access to their choice method.

Poster-017 Abstract ID : NFPC118

Ensuring continuum of care in SRHR services amidst COVID through a toll-free Contact Centre

Submission Type : Poster Presentation

Ogechi Onuoha 1 *Helda Shaltha 2

Abstract Summary:

Background: Marie Stopes Nigeria toll-free contact centre (08000022252) provides confidential, non-judgmental, and professional sexual reproductive health advice and referral for individuals. Services are



offered in English, Igbo, Hausa, Yoruba and Pidgin. The Centre provides services via phone calls and chats at no cost to the caller. The Centre provides direct care through information and support before, during, and after (self-) care. Referring to a network of safe, youth-friendly providers and follows up with clients to ensure the quality of service (continued care/feedback). The centre rapidly adapted and responded to changing situation such as COVID 19 and facilitated self-care for callers.

Method: The Centre operates a toll-free voice call on all networks and chats on social media – WhatsApp, Facebook, Instagram, and Twitter. The contact centre remains operational through the COVID-19 lockdown period and post lockdown, providing sexual and reproductive health and family planning services including side-effect management in the comfort of their home with just a click of a button. Sponsored advert on social media on topical issues that elicit their interest.

Result: Between January and September 2020, the recorded over 43,000 client interactions on several sexual and reproductive health support with Over 95% response rate.

Conclusion: The Contact Centre is a key enabler in reaching clients reproductive health needs and at a time of movement restriction offer direct care services to the client to sustain contraceptive services.

Poster-018 Abstract ID : NFPC33

Covid-19 Adaptations-effective strategy towards increasing a sustainable FP uptake during the pandemic and beyond: Experience from Delivering innovations in Selfcare (DISC) project Society for Family Health

Submission Type: Poster Presentation

RAYMOND SONGO 1 Anthony Nwala 2 *

Abstract Summary :

Background/Objectives

Even though Nigerian government declared contraception essential service that can be accessed in health facilities, restrictions on movement make access harder. Fear of contracting COVID-19 limits women's visits to health facilities, so to maintain relevance of Sexual and Reproductive Health and support its continued access to information, products and services, SFH deployed Covid-19 adaptations: Trained Community Based Distribution Agents (CBDAs) and Coordinators on Covid-19, NCDC Protocols and also provided Personal Protective Equipments (PPEs) to enable them work in communities without fear of contracting the disease.

Program Intervention:

PPEs were procured for 690 CBDAs and nine coordinators, including hand sanitizers, face masks and gloves. Coordinators took WHO courses on Covid- 19, received training of trainers (TOT) on COVID-19 protocols and safety procedures. The coordinators cascaded training to all CBDAs. Finally, COVID-19 prevention and protection messaging was integrated into their regular communications in communities.

Results

A total of 54,006 DMPA-SC was distributed between January and August with an average of 6000. Pre-Covid, there was a drop in April with 5000 units distributed. This is likely attributable to the lockdown and people's fear of contracting the virus. However, it picked up from May to July with an average of 7000, why about 8418 units in August , potentially given that CBD agents were then equipped with PPE and trained on Covid-19 and NCDC protocols.



In addition, the number of DMPA-SC distribution increased significantly by 23% over pre-COVID rates also, new users increased significantly in May to June by (17.9%), July to August by (152.7%).

Conclusion

The Pandemic restricted access to facilities, making it very hard to access contraceptives, however our Covid adaptation strategies supported the continued access to SRH information, products, and services during the period and this can be scaled beyond the program sites.

Poster-019 Abstract ID : NFPC104

Demand Generation (DG), a worthy approach for Post-Pregnancy Family Planning (PPFP) in private health facilities in Lagos state, Nigeria

Submission Type: Poster Presentation

Kanayo Omonuju 1 * Taiwo Johnson 2 Oluwagbemisola Fagbemi 3

Abstract Summary:

Background/Objectives

The Post-Pregnancy Family Planning (PPFP) project (2017-2021) is a Bill and Melinda Gates Foundation and Merck Sharp Dohme (MSD) for Mothers- funded project aimed at increasing contraceptive use at post-pregnancy. The PPFP project is designed to leverage on the Nigerian Urban Reproductive Health Initiative's (NURHI 2) legacy and is implemented by extending and adapting the existing approaches and tools of the NURHI 2 project, to reach post-pregnant women in Lagos with the information and services needed to take up FP. Based on the NURHI 2 demand-led model, which arms that when demand for FP methods increases, supply increases to meet demand, which occurs in about 240 PPFP supported private health facilities.

Methods

The demand generation (DG) approach leverages on NURHI 2 mass media spots, PPFP entertainment-education spots, social mobilization, and in-clinic mobilization activities which speaks to the anxieties of private providers and post-pregnant women. The integration of these different elements works seamlessly to increase the modern contraceptive use among post-pregnant women at the health facilities. The mass media materials and video spots are played in the receptions and waiting rooms of the facilities. The in-clinic mobilization activities which are the main component of the DG activities involve conducting FP talks during ANC and Immunization clinics. Facility led outreaches and social mobilization activities also contribute to DG for PPFP.

Results

The PPFP project currently in its 3rd year has made progress as over 130,000 people have been reached with FP information through social mobilizations including in-clinic mobilizations, out of which about 10% were referred and 84% of those referred took up an FP method/ service.

Conclusion

The DG approach has proven to be a worthwhile approach as observed from success stories recorded on the project which has improved the quality of life of FP acceptors.



Poster-020 Abstract ID : NFPC74

Barriers to access and acceptance of post-pregnancy family planning (PPFP) among young first-time mothers (YFTM) aged 15 to 24 years in Nigeria

Submission Type : Poster Presentation

Bukola Toriola 1 * Babafunke Fagbemi 2 Adolor Aisiri 3 Kanayo Omonuju 4

Abstract Summary :

Background/Objectives:

According to NDHS 2013, less than 10% of all unmarried sexually active or married women aged 15-24 use a modern method of contraception with an unmet need of 57% among married women aged 15 – 19 in Nigeria. Postpartum women have a high unmet need for family planning; 61% and only 6% of postpartum women use a modern FP method 6 months after delivery. High rates of unmet contraceptive need result in significant numbers of unintended pregnancies and abortions. Apart from unmet need, other identified barriers to accepting (PPFP) services are concerns about side effects, opposition by partner, service providers' attitude to young women, belief that lactation prevents pregnancy, unavailability of preferred FP methods, lack of awareness of FP methods and limited availability or accessibility of FP methods and services.

Centre for Communication and Social Impact supports the demand generation approaches on the Community-focused approach to increase access to post- pregnancy family planning services (PoPCare project) in high home delivery settings in Nigeria (Lagos, Nasarawa, and Rivers)

Methods

A quantitative study was conducted using a structured questionnaire to elicit information on barriers to accessing and accepting FP from 750 YFTMs. The respondents, who have been referred but are yet to visit the facility to take up a method within 6 months were randomly selected from the referral inventory.

Results

Based on findings, the completion of FP/PPFP referrals depends on spousal support, availability of preferred methods/method mix, and youth-friendly services, costs of consumables, tests and procedures, proximity to the health facility, and the attitude of service providers.

Conclusions

The post-partum period provides a unique opportunity to meet the reproductive health needs of young women after childbirth, and immediate post-partum service provision is encouraged. Following up with clients from the point of referral to completion will prompt the client to visit the health facility.

Poster-021 Abstract ID : NFPC160

Using data to improve quality and access to family planning services

Submission Type : Poster Presentation

Zainab Sa'idu 1 LEKIA NWIDAE 2 Olufunke Fasawe 3 * Kayode Afolabi 4 Owens Wiwa 5



Abstract Summary :

Background and Objectives: The Nigeria Family Planning (FP) Dashboard was developed in 2014, by the FMOH with support from CHAI, as an agnostic, open-source, online software that enables integration and visualization of service delivery and commodity data, allowing for informed decision making by FP program managers. The Dashboard was designed to directly inform program planning, resource allocation, and performance management by providing easy-to-access, relevant, practical data and analysis.

Methods: The web-based Dashboard was deployed across the 36 states and the Federal Capital Territory between 2014 and 2017, with decentralization to 150 local government areas in seven states in 2020. Deployment included building capacity of FP program officers, FP Coordinators and Health Management Information System (HMIS) officers at federal, state and local government levels to identify gaps in human resource (HR) and FP services for program planning, track service provision at facilities with trained providers to identify underperforming facilities and target for follow up.

Results: Improved allocation of resources for in-reaches and healthcare worker training at the state level, provided visibility into stock availability across the state thus enabling FP Coordinators identify locations stocked out of commodities and redistribute commodities accordingly. Improved HR management and program planning across the country with records of over 42,000 healthcare workers and 1,641 trainings on Reproductive Maternal Newborn Child and Adolescent Health thematic areas. A monitoring and evaluation tool used at the national level by FMOH and implementing partners to monitor trends and uptake of services across the country as well as to track progress of core indicators in FP policy documents.

Conclusion: The Nigeria FP Dashboard, has since development improved visibility into nationwide program performance and provides insights into strengths, identifies opportunities for improvement, and informs decisions which contribute to action for change, thereby leading to increased uptake and access to quality FP services.

Poster-022 Abstract ID : NFPC20

Collaborative Networking on Family Planning - The Rivers State Experience

Submission Type : Poster Presentation

Nathaniel Luke 1 * LEKIA NWIDAE 2, Dorothy Payi 3

Abstract Summary :

1. BACKGROUND/OBJECTIVE

Rivers State has witnessed high propensity of maternal and infant mortality rate due to low uptake/ utilization of FP services. The Clinton Health Access Initiative (CHAI) commenced training of various categories of stakeholders in Rivers State to build capacity in order to fill the gap.

1. MATERIALS & METHODS:

CHAI brought together a few religious leaders gave them ToT training on an integrated strategic



approach to Gender justice, Sexual Reproductive Maternal & Newborn Health (SRMNH) and Healthy Timing & spacing of Pregnancy (HTSP) and used these Religious leaders to train over forty religious leaders in each of the 11 LGAs of the State. CHAI also trained Private Patent Medicine Vendors (PPMVs), Health Care Workers (HCW), Youth champions and Community Reproductive Health Influencers (CRHIs)

In October 2020 CHAI commenced a review meeting with all stakeholders they trained last year using the Religious leaders and the state Health Educator as facilitators. The review meeting was to gather information on successes, challenges gaps and the way forward. The authors of this abstract were among the facilitators of the review meeting in Khana, Tai, Okrika, Abua/Odual and Oyiibo LGAs.

RESULT: ATTENDANCE

Youth champions constitute 40% of the total attendance in almost all the LGAs, followed by religious leaders with 35% attendance. The remaining 25% were shared by the CRHIs and PPMVs in the proportion of 15% and 10% respectively and vice versa. They all testified to marginal increase in the uptake and utilization of FP services as they network in their various communities.

CONCLUSION/RECOMMENDATION: From the testimonies of the various categories of Stakeholders we conclude that if these stakeholders continue in their networking the future of uptake and utilization of FP services in the State will be great. We therefore recommend that the State Government should cascade CHAI training in the remaining 12 LGAs of the State.

Poster-023 Abstract ID : NFPC54

Assessment of factors influencing forced contraceptives uptake among married adolescents' girls in two Northern States in Nigeria.

Submission Type : Poster Presentation Anita Oowo 1 * Fatima Muhammad 2 Abstract Summary :

Background: With the National Demographic health survey (NDHS, 2013) showing that 43% of girls 15-19 years in Nigeria have had sex and pregnancy rate of 22.5%, there is the need to create a safe space, where girls can access Sexual and Reproductive Health (SRH) services from youth friendly providers. Adolescents360, a project that revolutionizes the way adolescent girls 15-19 years' access contraceptives in Nigeria designed a program called "Matasa Matan Arewa (MMA)", an integrated system that offers safe spaces where married girls gain necessary skills for their Life, Family, and Health, while creating a supportive environment for accessing services. With male support however, husband's influence could skew method uptake.

Methods: MMA was set up in 3 facilities (Kaduna-2 and Nasarawa-1) for a period of 13 months with 6 providers trained. Husbands of the married girls were engaged through IPC-Agents to support their wives to access services and participate in the program. Respondents were randomly selected from the facility registers and IPC-Agents Attendance Register. Their husbands were also included in the study. The selected respondent's views and perceptions were elicited through qualitative methods: In-depth interview and Focus Group Discussion.

Results: A total of 3658 married adolescent girls accessed services in the 3 facilities in Kaduna and Nasarawa state, with 74.5% taking up a contraceptive method. Of the 74.5% who took up method 44% have their husband influence their method choice



Conclusion: As programs are implemented with married girls, messaging during engagement of male partners should be tailored to support gender transformative changes.

Keywords: Married Adolescent Girls, Contraceptive Use, Adolescent 360

Poster-024 Abstract ID : NFPC79

Bias related restrictions among Family Planning Providers in Nigeria

Submission Type : Poster Presentation

Akinsewa Akiode 1 * Segun Akinola 2 Olalekan Olagunju 3 Mojisola Odeku 4 Oluremi Famudile 5

Abstract Summary :

Background

Factors contributing to unmet need for family planning has both demand and supply sides. Sometimes women who have conquered these challenges may arrive at the service delivery points and face unnecessary restrictions or medical barriers, by being denied access to their method of choice or denied access completely due to provider bias.

In this paper, we explore the prevalence of these bias related restrictions among providers across the three study locations in north/(Kaduna), south/(Oyo) and metropolitan Lagos. We explored restriction practice based on clients age, marital status, parity and consent.

Methodology

Data for this paper was part of a larger facility-level survey conducted by Nigerian Urban Reproductive Health Initiative (NURHI2. survey site was a purposive sample of 194 project designated High Volume (HV) service delivery points across the project intervention states in Kaduna, Lagos, and Oyo.

Results: In Kaduna and Oyo states, about three-quarters said they restrict provision of condoms based on minimum age, with about two thirds (61.5%) reporting same in Lagos. Only 13.1% restrict provision of pills based on marital status in Kaduna while about one-third each restrict in Lagos and Oyo states. In Kaduna one-fifth said they will not offer injectables to some women based on marital status, two-fifths in Lagos and Oyo states. Up to four-fifths and at least half of surveyed providers impose age related restrictions on the provision of ECP across the three states. Across the three locations, age related restriction for implant appear to be relatively high, between 61.3% and 85.7% said they do not provide implant to some clients based on their age.

Conclusions:

Bias related restrictions are common across regions in Nigeria, whether in the south, north or in the metropolitan cities. Interventions to address these restrictions need to be expanded beyond clinic interventions.

Poster-025 Abstract ID : NFPC64

Knowledge is power: understanding which types of contraceptives work best

Submission Type : Poster Presentation

Boluwaji Olaniru 1 *



Abstract Summary :

Background/Objectives: There is very important information about family planning that women who choose to engage in sexual intercourse should be aware of. Whether you are not ready to have children or want to stop having children, when you are sexually active it is important to know which options are available and best for you. Knowing which options are available and what best works for you is important. This study looks at the different types of family planning available to women and the advantages/disadvantages of each option.

Materials/methods: Using quantitative methods approach, this study surveyed 20 women in Gwagwalada, Abuja, Nigeria to assess their knowledge of family planning options available to them. The women surveyed ranged in age from 18 to 50. The survey sample included women of different socioeconomic backgrounds, education levels, faith, marital status, and ethnic groups. In the survey, 15 yes or no questions were asked about family planning. The data collected from the survey was inputted into ANOVA using the SPSS programing to deliver the results.

Results: The results illustrated that the women surveyed in Gwagwalada, Abuja, Nigeria are not aware of the different types of contraceptives available to them. Those who are aware of different contraceptives are not well-informed about the side effects or which one is better suited to meet their needs. Also, the result illustrated that those women who were well informed about the different types of contraceptives could not afford the type that best suited their needs.

Conclusions: There needs to be more education to promote awareness about the different forms of contraceptives for women. Many women only know about and are comfortable using condoms. They are scared or nervous of using anything other than condoms based on shared experiences from peers or lack of knowledge. It is recommended that more sex education needs to be done.

Poster-026 Abstract ID : NFPC71

COVID-19 pandemic and Family Planning uptake: Evidence from Lagos State

Submission Type : Poster Presentation

Olalekan Olagunju 1 * Adeola Duduyemi 2 Akinsewa Akiode 3

Abstract Summary :

Background/Objectives: COVID-19 is a virus that affected almost the whole world and declared global pandemic by the World Health Organization on 11th March 2020. In an attempt to prevent wide spread of the virus, Nigeria introduce measures which include lockdown and restrictions on large gatherings, work and school attendance and travel. As focus shifts in Lagos to reduce the spread of the virus, access to other services, including access to FP reduced significantly. It is well documented that FP can reduce maternal mortality and infant mortality by 30%. It is therefore essential to sustain the increasing demand for modern FP in a time like this and failure to do so could have serious long-term consequences for unintended pregnancies, unsafe abortion, among others. This paper sought to identify the impact of COVID-19 preventive measures introduced by government on family planning (FP) uptake in Lagos State.

Materials and Methods: The study utilized data from Lagos state government DHIS2 server and data



from the NURHI 2 PMIS Lagos comparing the period during and before COVID-19 pandemic (February, March and April 2020). NURHI 2 is a project that has been supporting 50 facilities across 10 LGA in Lagos state for the past 4 years.

Results: The result shows that new acceptors of FP and female 15-49 years using family planning dropped by 41% and 11% respectively between February and March. Comparison between March and April shows that women 15-49 years using FP dropped by 116% and new acceptors dropped by 54%. Routine data from NURHI 2 supported facilities shows that family planning uptake dropped by 19% between February and March and further dropped by 45% between March and April

Poster-027 Abstract ID : NFPC51

'My Family Planning Guide': A case-study of using a Distance Learning Mobile Application to Improve quality of family planning service delivery

Submission Type : Poster Presentation

Kemi Oluwagbohun 1 *

Abstract Summary :

Background/Objectives:

Mobile health applications are increasingly used to improve delivery of quality healthcare services, change behaviours and address lack of productivity, and strengthen health systems, even in low- and middle-income countries (LMIC) such as Nigeria. This paper highlights the case-study of the use of mobile health applications by the Nigerian Urban Reproductive Health Initiative (NURHI 2) project as part of its effort to improve equitable access to quality family planning services in urban cities. In June 2020, NURHI 2 developed an android-based mobile health distance learning application aimed at improving adherence to clinical guidelines amongst family planning (FP) service providers.

Description of Intervention: NURHI first launched its mobile distance learning application in 2013. However, due to emerging trends in family planning, the application was reviewed and relaunched as "My Family Planning Guide". The review was implemented in each of the three NURHI 2 project States (Kaduna, Lagos and Oyo) using the human-centred approach to understand the needs of the users (FP service providers).

Results: The educational features on the new mobile application include twelve (12) learning videos, six (6) demonstrative videos and a quiz session, all produced to encourage positive behaviour and improve quality of healthcare service delivery.

Conclusion: With increased penetration of mobile phone across all spheres, including health care providers, there is promising evidence to suggest that this mobile application tool can be used to deliver quality FP services. Therefore, it is important to intensify wider coverage of this mobile health application to improve client-provider interactions and promote a positive attitude of FP service providers.

Poster-028 Abstract ID : NFPC58

Post Pregnancy Family Planning (PPFP) services within the private sector in Lagos state, Nigeria

Submission Type: Poster Presentation

Taiwo Johnson 1 * MERCY EHINMIDU 2 Adedoyin Roberts 3



Abstract Summary :

Background/objectives: The post-pregnancy period is a crucial time in a woman's life when the decision she makes affects herself and her family, it is also time when she has the most contact with the healthcare system during maternal and child health services. The Post-pregnancy family planning Project is working in Lagos State private health facilities to reach women during this crucial period with the information and services needed to begin using Family Planning. Objectives: To iterate the benefits and gaps of implementing PPFP services in the private health setting.

Methods and materials: The Project adapted service delivery and demand generation interventions; the inclusion of comprehensive FP messages along the MCH continuum of care, and developed SBCC materials, job aids, and guides. These activities emphasized the timing of family planning methods immediately after delivery and enhanced PPFP services in the private health facilities.

Results: Key results showed that the Project was able to positively influence the behavior of post-pregnancy clients and health workers, increase family planning integration into MCH services and provide an enabling environment for the provision of PPFP services in 184 private health facilities, leading to an increase in FP uptake amongst the target audience. Gaps identified in the private setting include tailoring the interventions to suit the nuances of the private sector providers and inadequate documentation due to work overload.

Conclusion: The private sector is very crucial for the improvement of post-pregnancy family planning indices, especially as it is the preferred choice for over 65% of Lagosian. Therefore, it is essential to consider the proven-to-work interventions and identified gaps that can further be explored to yield immediate/short term results.

Poster-029 Abstract ID : NFPC59

The Wise woman's diary video: a tool for increasing demand for family planning services amongst post-pregnancy women in select private facilities in Lagos state

Submission Type: Poster Presentation

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Abstract Summary :

Background/Objective: The contraceptive prevalence rate (all women) in Nigeria stands at about 14%. In Lagos state, only a few post pregnancy clients are being exposed to any form of information on family planning, as evidenced by a survey across private health facilities, where only 18% of total clients interviewed have received any form of FP information. This study aims to demonstrate how exposure to the wise woman's diary video is supporting demand generation for family planning amongst post pregnancy women in private facilities in Lagos state.

Program area: The Post Pregnancy Family Planning Project (PPFP) aims to increase contraceptive use among post-pregnancy women in Lagos state.



Materials/Methods: A "wise woman's diary" video was developed in January 2020 and screened on televisions in the waiting areas of 184 private health facilities across 18 LGAs in Lagos state Nigeria. The four-part entertainment education videos chronicle a woman's life as she traverses the various stages of the post pregnancy period (from pregnancy to after delivery).

Results: Exposure of women to the wise woman's diary videos across the selected facilities were found to promote spousal discussion on FP, early decision-making, and preparedness on safe method to adopt immediate post-delivery or whilst breastfeeding. According to a service provider at the facility -"The videos are highly informative, and you will not believe that most