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E2A EVIDENCE TO ACTION
for Strengthened Reproductive Health



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INTERNATIONAL
Sexual and reproductive health
without fear or boundary

Expanding Access to Long-acting Reversible Contraception (LARC) Through Community Health Workers



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Nigeria - Reproductive Health Indices

- High MMR-576/100,000 (10th highest in the world)
- Low coverage of health services(ANC - 61%; delivery with skilled attendant - 38%)
- Low mCPR - 10%; high unmet need - 16%
- High fertility-5.5



Trends in Contraceptive Use – All Methods

Table 7.5 Trends in current use of contraception

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to several surveys, Nigeria 1990, 2003, 2008, and 2013

Method	1990 NDHS	2003 NDHS	2008 NDHS	2013 NDHS
Any method	6.0	12.6	14.6	15.1
Any modern method	3.5	8.2	9.7	9.8
Female sterilisation	0.3	0.2	0.4	0.3
Pill	1.2	1.8	1.7	1.8
IUD	0.8	0.7	1.0	1.1
Injectables	0.7	2.0	2.6	3.2
Male condom	0.4	1.9	2.4	2.1
LAM	u	1.4	1.6	0.4
Any traditional method	2.5	4.3	4.9	5.4
Rhythm	2.1	2.1	2.1	2.2
Withdrawal	2.0	1.3	2.0	2.5
Folk method	0.6	1.0	0.9	0.7
Not currently using	94.0	87.4	85.4	84.9
Total	100.0	100.0	100.0	100.0
Number of women	6,880	5,336	23,578	27,830

LAM = Lactational amenorrhoea method

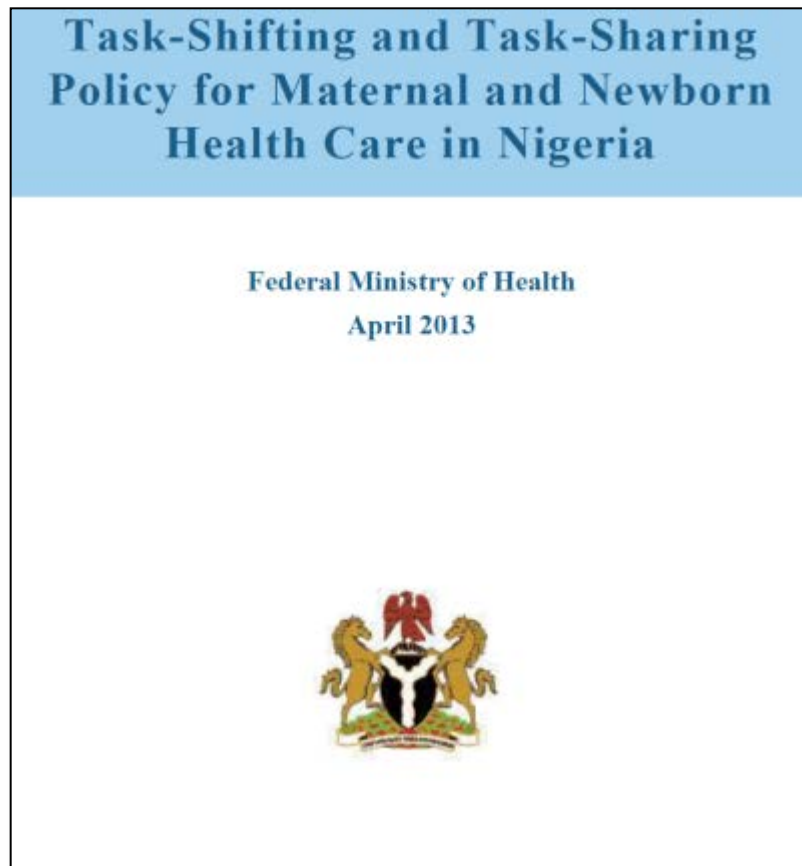
u = Unknown (not available)

Why Low Uptake of LARC?

- Policy: only doctors and nurses/midwives can provide injectables and LARCs (IUDs and implants)
- Commodity logistics and consumables in public sector
- High cost in private sector
- Misconceptions around effects of LARCs on long-term fertility



New Task-shifting and Task-sharing Policy



- Allows CHEWs to give injectables and implants
- Addresses the human resource for health challenge, especially at the primary health care (PHC) level
- Social/cultural and access barriers still remain



“Building Evidence to Support the Provision of Implants at Community Level through Task Shifting”



Study Design

- Study feasibility conducted
- Study sites: Kaduna and Cross River States
- Research protocol reviewed and finalized
- Two Local Govt. Areas (LGAs)/state; one intervention, one comparison (non-intervention)
- IRB (state level) approval obtained



Study Activities



- Study/intervention **sites** (LGAs and health facilities) **selected**:
 - Kaduna: Kajuru and Igabi LGAs
 - CRS: Akpabuyo and Yakurr LGAs
- Demand generation for **LARCs**

Activities (cont'd.)

- **Build capacity** of CHEWs to **provide LARCs** (particularly insertion and **removal** of implants)
 - 20 CHEWs **trained** in each state
 - referral linkages
 - regular **supportive supervision** and **mentoring**
 - linkages to **Commodity Logistics Management System**



Activities (cont'd.)

- **Collect** and **analyze** different types of **data** to assess:
 - The **effects of training** and engaging CHEWs to provide implants on the **uptake of implants**;
 - The **quality of services** provided by CHEWs;
 - **Satisfaction** of clients with services provided by CHEWs;
 - **Safety issues** related to the provision of implants by CHEWs;
 - Challenges faced by CHEWs in the **provision of implants**.
- Ongoing **supportive supervision** of CHEWs

Major Challenges

- Strike action by public health workers, **impeding service provision**
- Government **yet to fully honor FP2020** commitment (funding gaps, leading to commodity stock-outs)
- Political transition: **changes in government at all level**





“Implementation of Injectable Contraceptives (CBA2I) at the Community Level in Support of National Policy in Nigeria”

- **Goal:** to **strengthen** the **capacity** of CHEWs to deliver **injectables**, and as feasible, implants at the **community level** in Nigeria with a view to **increasing** community members' **access** to a wider range of modern methods
- **Intervention approach:**
 - 15-month period
 - 10 **health facilities** within 2 LGAs in Akwa Ibom State
 - **Demand generation building** on the E2A/PMTCT activity in the state

Expected Results

- **Capacity** of CHEWs to provide injectables and implants **strengthened**
- FP **uptake increased** through expanding method choice at the community level





Looking Forward

- **Positive** policy environment
- **Active** engagement of **new government**
- **Renewed** global **commitments** towards **SDGs** and **FP2020**
- **Implementing partners**, including **Pathfinder/E2A**, supporting **operationalization** of the new **task-sharing policy** and systematic scale up of **FP/RH best practices**



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