

RESEARCH UTILIZATION FOR POLICY CHANGE: PROPRIETARY AND PATENT MEDICINE VENDORS AND INJECTABLE CONTRACEPTIVES IN NIGERIA

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Building on Existing Evidence

Why Proprietary and Patent Medicine Vendors (PPMVs)?

- mCPR of 11% in Nigeria; 2.5% = injectable contraceptives (NDHS 2013)
- PPMVs provide 38% of FP services as compared to 29% in the public sector (NDHS 2013)
- On average, there are 31 PPMV shops per 100,000 people – greater than density of public and private health facilities which average 22 per 100,000 people*
- 40% of PPMVs are located in rural areas*
- Typically PPMVs are open 7 days a week

PPMVs and Injectable Contraceptives

- Current regulations do not permit PPMVs to sell or administer injectable contraceptives because of lack of training; can only refer clients
- However, some PPMVs are selling and administering injectable contraceptives in response to demand
- 2012 study of PPMVs in Oyo State (PROGRESS Project) found:
 - 13% reported selling injectable contraceptives
 - 15% reported administering injectable contraceptives
 - 44% reported referring women for injectable contraceptives

How Did We Get Here?

Stakeholder Engagement Throughout the Process

Step 1: Engagement Around Study Protocol Approval

- Required approval by the National Reproductive Health Technical Working Group (RH TWG)
- RH TWG encouraged expanding the study to include administration of injectables

Expanding the Study Objective

Determine the Feasibility of PMVs to...

Original Study Design:  **Expanded Study Design:**

- Sell
- Counsel
- Refer

- Sell
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- **Administer**
 - Progesterone only injectable contraceptives including Sayana Press



Step 2: Gain Stakeholder Buy-in to Expand Protocol

Held Stakeholders Meeting

- Co-sponsored with FMoH
 - 23 attendees
- Champions favored task shifting
- Detractors skeptical of PPMV's capabilities
- Evidence presented for piloting PPMV administration
- Received overwhelming support despite initial skepticism



Step 3: Stakeholder Engagement in PPMV Training in Nasarawa and Oyo States

- Involved stakeholders in curriculum design
- Invited SMOH and other stakeholders to attend PPMV training



Step 4: Stakeholder Engagement in Monitoring of PPMVs in Study

- 156 PPMVs were trained, provided supportive supervision, and monitored under the study
- PPMV monitoring visits and data collection at months 1, 3 & 9 to assess knowledge and practice
- Federal and State MOH staff included in monitoring visits to increase their knowledge of the study and PPMV progress and ability, and enhance eventual use of results
- Monitoring data used to assess supportive supervision needs, potential refresher training needs, and will be used to update the training curriculum



Step 5: Modifications to study design for Phase II

- Amended existing tools and frequency of data collection based on implementation in Phase I
- Revised training curriculum with stakeholders based on initial findings
- Provided BCS+, MEC and FHI injectable screening tools to PPMVs
- Testing re-injection job aid in Kaduna and Cross River states

Continuing research utilization approaches to ensure translation of evidence into action

- Engage stakeholders in training curriculum revision and advocacy for eventual FMOH approval
- Work with stakeholders to identify and address specific implementation needs to inform scale-up
- Work with partners in country to use data to develop and implement key messages to promote policy change
- Provide TA to partners, including State MOH's, to implement and scale-up new policy and training
- Develop an advocacy video with stakeholders



Lessons Learned and reflections

- Value of stakeholder engagement cannot be overstated; identified potential administrative and implementation bottlenecks and pathways for RU
- Building on existing evidence base requires sharing tools and being willing to adapt existing tools
- Requires willingness to share ideas and intellectual property
- Determine how and when to share preliminary results



THANK YOU

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