

# Nigeria

## Expanding Family Planning Method Choice through Improved Implant Removals

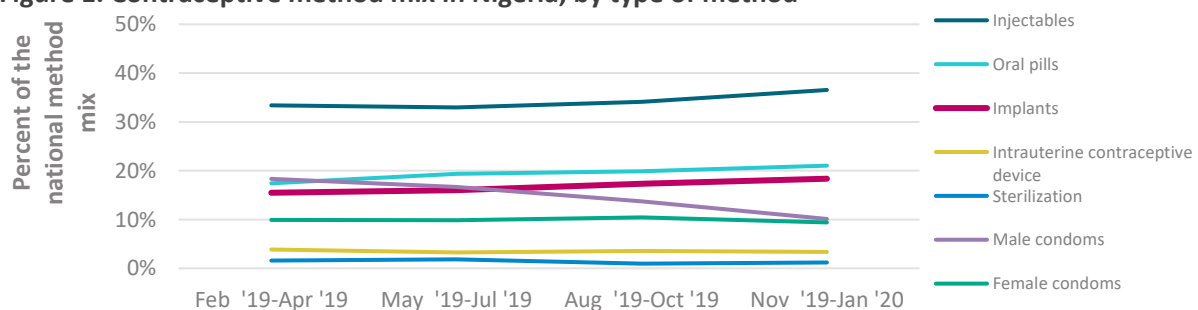
### Background

Since 2012, uptake of contraceptive implants has rapidly increased around the world, including in Nigeria. Within the last 4-8 years, implant use increased approximately 7-fold in Nigeria<sup>1</sup>. Findings from the Nigeria Demographic Health Survey 2018 shows that 12% of currently married women use a modern method of family planning (FP), with implants and injectables as the most popular methods (3% each). Implants accounted for 16.9% of all FP use in January 2020, with 65% of FP health facilities in Nigeria having a trained long-acting reversible contraceptive (LARC) provider and 22% providing LARC services<sup>2</sup>. Accelerating voluntary access to implants underpins the strategic focus to achieve Nigeria’s FP2020 commitment as embedded in various national policy documents, e.g. the task shifting and sharing policy, Nigerian Family Planning Blue Print, National Strategic Implementation Plan for LARCs and the Nigerian Post-Partum Family Planning Strategic Plan 2019-2022. The ambitious national target of 27% contraceptive prevalence by 2023<sup>3</sup> requires that all aspects of the FP program, including implant removal, be considered and addressed. Implants are inserted sub-dermally and need to be removed 3-5 years after insertion.



Global evidence has demonstrated that some clients lack access to high-quality implant removal services. Countries like Nigeria with rapid scale-up of implants are in a critical period in which they must assess, adequately plan, and allocate resources for implant removal services to ensure reasonable access among users, thereby contributing to a sustained increase in quality and demand. Although the removals are generally straightforward, difficult removals can occur. In these cases, the client may face undue physical trauma which may deter her (or those who know her) from repeating the method. Fortunately, these situations are preventable and can be managed through strategic and innovative programming and monitoring to improve the quality of removal services.

**Figure 1. Contraceptive method mix in Nigeria, by type of method\***



<sup>1</sup> Roy Jacobstein. Lifftoff: The Blossoming of Contraceptive Implant Use in Africa. *Global Health: Science and Practice* March 2018, 6(1):17-39; <https://doi.org/10.9745/GHSP-D-17-00396>

<sup>2</sup> Nigeria’s National FP Dashboard

<sup>3</sup> National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018 Key Indicators Report. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.

## Landscape Assessment

In order to more fully understand the context in which implant removal services are offered in Nigeria, Jhpiego conducted a landscape assessment from 2018-2019. This assessment found:

- While about 80% of service providers were knowledgeable and confident with implant insertions, only about 55% were confident with removals, indicating a proficiency capacity gap. This was attributed to the lack of experience with live clients during trainings.
- The assessment also revealed that the availability of job aids was inadequate to facilitate learning and implementation of removals, with most facilities reporting a lack of relevant job aids.
- None of the facilities had the required comprehensive set of consumables for implant service delivery, with 80% of providers reporting that equipment and supply shortages are barriers to implant removal services for clients.
- When saddled with difficult removals, nearly all service providers chose referrals as the primary course of action, though few facilities had systems in place to conduct difficult removals, further adding to the burden of cost and access to the client.
- Although most facilities collect data, few used data to support quality assurance or quality improvement and indication for removal was not collected consistently.

## Strategies to improve access to quality implant removals in Nigeria

Based on the findings of the landscape assessment and ideas generated during a human centered design workshop, several potential strategies to improve access to high-quality implant removals were identified. Jhpiego collaborated with the Federal Ministry of Health (FMOH), State Ministries of Health (SMOH), and partners within the National Reproductive Health Technical Working Group (TWG) to prioritize and implement a subset of these strategies:

- Utilizing a human centered design approach to create solutions and interventions for difficult implant removals programming that are client centered
- Incorporating materials and guidance to address difficult implant removal into the national FP program through policy documents such as the LARC training manual
- Building a pool of service providers equipped for difficult implant removal services
- Creating a hub-and-spoke model to increase access, improve referrals, and foster quality services through mentorship
- Providing technical assistance at the national and sub-national levels on ownership, sustainability, and scale-up of difficult implant removal programming and services
- Improving data collection, tracking, and use for planning and decision-making on programming for implant removal service



## Collective achievements in Nigeria

- Gained useful insights on the barriers to improving implant removal services and co-created client centered solutions that shaped project interventions to meet needs of beneficiaries.
  - These insights included reasons why women are not receiving quality implant removal services when needed and the situational context as to what is going well, challenges, barriers, and opportunities for implant programming.
  - Ideation sessions were held to brainstorm solutions which served as the foundation for the strategies and interventions deployed to meet the needs of all beneficiaries.
- Supported the FMOH to review the national LARC training manual and add a module on difficult implant removals in collaboration with other implementing partners, particularly Marie Stopes International/Nigeria and Sustaining Health Outcomes through the Private Sector (SHOPS) Plus.
- Conducted Nigeria's first training on the removal of deeply placed implants with 21 service providers, including two doctors and six nurses in Ebonyi State and five doctors and eight nurses in Zamfara State.
- Created and equipped model sites for difficult removals in two states—Zamfara in the north and Ebonyi in the south—as referral hubs and established a network of hub-and-spoke facilities to boost referrals and increase access and uptake of services.
- Created national momentum on implant removal, with its incorporation into the mandate of the Subcutaneous Depot-medroxyprogesterone Acetate (DMPA-SC) Subcommittee of the National Reproductive Health TWG. This is as a result of the acknowledgement of implant removal as an emerging trend in FP by the FMOH. The sub-committee is expected to meet every quarter and present its resolutions to the TWG, thus serving as a veritable platform to sustain the conversation and momentum on implant removal programming.
- Supported the FMOH to upgrade the national FP dashboard to incorporate implant removal indicators to aid planning and decision-making at the national and sub-national levels as part of measures to institutionalize implants removal programming through use of data. This support includes a technical orientation for key FMOH staff on the extensions to the FP dashboard.
- Conducted a study tour to the model site in Zamfara State for stakeholders from three bordering states with the Integrated Health Program, as part of targeted efforts to facilitate learning on the implant removal program and replication and scale-up of model sites.

## Recommendations

- Implementing partners should conduct deeper engagement and advocacy at the national and sub-national levels to revise costed implementation plans to include funding for difficult implant removal programming and services.
- Implementing partners are encouraged to collaborate with the SMOH to scale-up and replicate model sites for quality implant removals to increase access to services.
- The DMPA-SC Subcommittee should ensure improved and sustained collaboration with implementing partners and stakeholders, especially on service delivery and data management.
- It is imperative that the FMOH and SMOH take ownership of the model sites and continue to support their functionality to sustain the national momentum.
- The FMOH should prioritize creating a pool of master trainers on difficult implant removal services to facilitate cascade trainings nationally and build a strong cadre of skilled providers.