

# In-clinic Demand Generation for Post Pregnancy Family Planning Services In The Private Sector

## A Promising Strategy



## Table of Contents

Abbreviations .. .. .	2
Executive Summary .. .. .	3
Background .. .. .	4
Why In-clinic Demand Generation Activities .. .. .	5
The In-Clinic Demand Generation Approach .. .. .	6
Demand Generation Activities .. .. .	7
A Client’s Testimonial .. .. .	13
Results/Impact of In-clinic Demand Generation Activities .. .. .	14
Key Lessons Learned During Demand Generation Activities .. .. .	16



## Abbreviations

ANC	Antenatal Clinic
CBS	Childbirth Spacing
CPR	Contraceptive Prevalence Rate
DG	Demand Generation
FP	Family Planning
MCH	Maternal and Child Health
NURHI	Nigerian Urban Reproductive Health Initiative
PPFP	Post Pregnancy Family Planning
RH	Reproductive Health
SBCC	Social and Behavior Change Communication

## Executive Summary

The Post Pregnancy Family Planning (PPFP) project (2017-2021) aims to support private sector health providers to provide post-pregnancy clients with the information and services they require to commence the use of family planning services in Lagos State. The Project is funded by the Bill & Melinda Gates Foundation and MSD for Mothers. Post Pregnancy Family Planning is defined as the prevention of unwanted and closely spaced pregnancies during the first 12 months after delivery (WHO, 2013<sup>1</sup>) including miscarriages and any pregnancy that does not result in a live birth.

In Lagos State, the private sector provides maternal services to sixty-five percent of the citizens. Formative research revealed that majority of the post-pregnancy clients who patronize the health facilities for antenatal care, delivery and immunization services are not being counselled on Family Planning (Health Facility Survey, 2018<sup>2</sup>). This is a missed opportunity and provides the occasion to reach women with the right information at the appropriate time.

The PPFP approach utilizes the proven-to-work Nigeria Urban Reproductive Health Initiative (NURHI) Project model which focuses on service delivery, advocacy and demand generation through a sustainability lens. This document will focus on innovative in-clinic demand generation activities as a promising private sector strategy.

The PPFP's in-clinic demand generation strategic approach aims to integrate quality family planning promotion and referral into the health facility's structure and standard operating procedures, through the following actions:

1. The social mobilizers work with private health sector staff to incorporate family planning messages into routine health talks during maternal and child health clinic days, with the health providers eventually taking the lead. The facilities are also encouraged to recognize and make use of satisfied users to speak to other women about family planning.
2. Supporting the health facilities to create an improved waiting room experience that generates discussions on family planning using SBCC materials.
3. Ensuring the health facilities provide prompt referral to trained FP providers during MCH clinics.

Routine program monitoring indicates that these activities have contributed to completed referrals and increased immediate FP method uptake.

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<sup>1</sup> WHO, 2013

<sup>2</sup> Post Pregnancy Family Planning Project: Baseline Health Facility Survey in Private Health Facilities in Lagos, Nigeria, May 2018.



## Background

The Post Pregnancy Family Planning (PPFP) is a four-year project (2017-2021) funded by the Bill & Melinda Gates Foundation and MSD for Mothers that aims to achieve an increase in the contraceptive prevalence rate (CPR) in Lagos State by reducing ideational barriers linked to knowledge, misperceptions, spousal communication, self-efficacy, and risk perception for post-pregnancy women and families.

Post Pregnancy Family Planning is the prevention of unwanted and closely spaced pregnancies during the first 12 months after delivery. This includes miscarriages and any pregnancy that does not result in a live birth. The family planning activities are integrated along with the Maternal and Child Health (MCH) continuum of care services: antenatal, delivery, immunization, postnatal and any interaction the post-pregnancy client has with the healthcare system.

The PPFP approach utilizes the proven-to-work Nigeria Urban Reproductive Health Initiative (NURHI) project model which focuses on service delivery, advocacy, and demand generation through a sustainability lens.

This document will focus on innovations in the in-clinic demand generation activities as a promising private sector strategy.

The Project commenced with 40 private health facilities, using key learnings and best practices to scale up to an additional 200 private health facilities for the remaining years of the project.

## Why In-Clinic Demand Generation Activities?

### 1. The women in Lagos State attend private health facilities for maternal health services

- In Lagos State, more than 80 percent of women seek antenatal services from skilled health providers (NDHS, 2018<sup>3</sup>), with the private health sector providing health services to sixty-five percent of the citizens.

### 2. Formative research revealed missed opportunities to talk about family planning

- The majority of the post-pregnancy clients who patronize the private health facilities for Maternal and Child Health (MCH) services are not being counselled on family planning, with only 1.4 percent coming for FP services (Health Facility Survey, 2018<sup>4</sup>). In Lagos State's private health facilities, only about 18 percent of the clients surveyed during the exit interviews reported seeing or receiving any information about family planning services. (Health Facility Survey, 2018<sup>2</sup>).
- The Project's baseline health facility survey findings showed that fewer than a quarter of the health facilities included FP in routine health talks.
- Baseline report of the Project's qualitative study also reported that the understanding of FP methods use and timing in the post-pregnancy period was limited among clients and health providers.

### 3. Inadequate FP information provided in clinics

- A study conducted in 2017 to review family planning/childbirth spacing (FP/CBS) communication materials amongst 64 private health facilities in the state, showed that majority of them have a dearth of Social and Behavior Change Communication (SBCC) materials and information about post-pregnancy family planning services.
- Adequate materials were available in fewer than 25 percent of the private health facilities (Health Facility Survey, 2018<sup>4</sup>).
- The formative assessment indicated that most private health facilities have functional television in their waiting areas, however, they are not being used for health promotion and awareness activities.

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**Strengthening in-clinic mobilization provided various occasions to reduce missed opportunity by reaching post-pregnancy women with the right information at the appropriate time**

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<sup>3</sup> NDHS, 2018

<sup>4</sup> Post Pregnancy Family Planning Project: Baseline Health Facility Survey in Private Health Facilities in Lagos, Nigeria, May 2018.





## The In-Clinic Demand Generation Approach

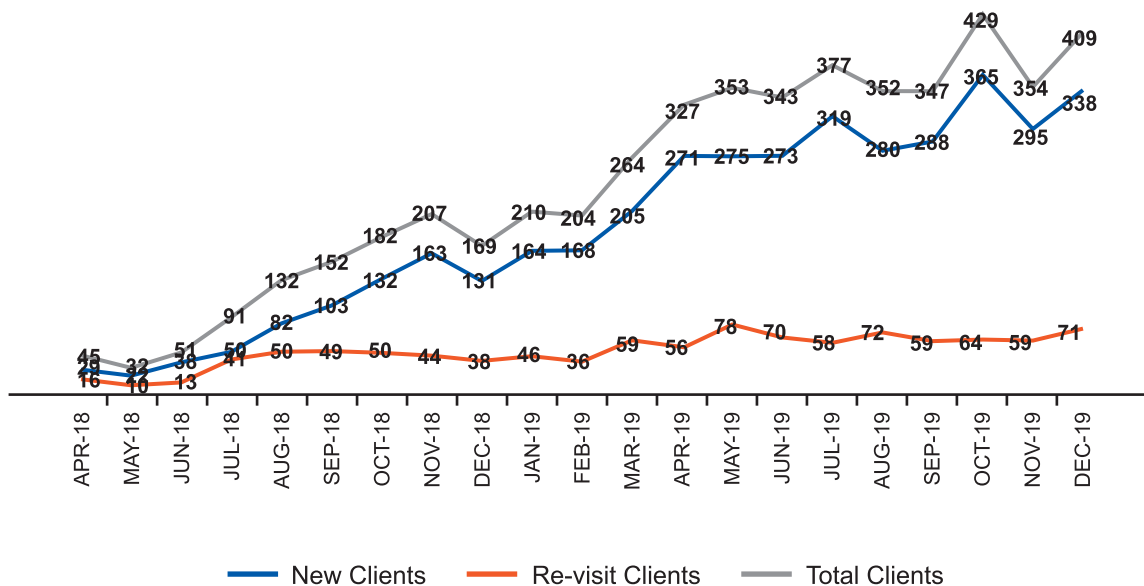
The PPFP project took into cognizance the amount of time a woman spends in the private health facility and developed strategies that will generate her interest and prompt questions about family planning during clinic visits. This intervention spurs women to ask questions, seek clarity and be referred to a trained FP provider. The waiting area within the facility also creates the right avenue for the social mobilizers to approach clients waiting to be attended to by the skilled health workers with comprehensive FP information.

The PPFP strategic approach aims to integrate quality family planning counselling and referral into the health facility's structure and standard operating procedures through the following actions:

1. The social mobilizers work with the facility staff to incorporate family planning information into routine health talks during maternal and child health clinic days, with health providers eventually taking the lead. Satisfied users are encouraged to share their experience during the clinic days.
2. Supporting the health facilities to create an improved waiting room experience that generates discussions on family planning using SBCC materials.
3. Ensuring the health facilities provide prompt referral to trained FP providers during MCH clinics.

Though a final evaluation in 2021 will be more comprehensive, to date, the mentioned activities have contributed to completed referrals and increased immediate FP method uptake in the first batch of 40 supported facilities.

**Figure 1:** Trend in FP method uptake among Post Pregnancy women



## Demand Generation Activities

1. **The social mobilizers work with facility staff to incorporate family planning information into their routine health talks during maternal and child health clinic days**
  - a. Training of health workers to provide accurate FP information
    - i. The health providers are trained and equipped with the resources to adequately incorporate FP messages into the routine health talks provided during MCH clinics. The training focuses on how to initiate FP discussions using the talking points and the standard operational guidelines and emphasizes the importance of teamwork. The social mobilizers work within the health facility's structures to support the provision of FP health talks by the trained health workers, whilst also ensuring screening of media materials in the waiting areas as a part of the health facility's routine activity.
    - ii. The social mobilizers are involved at the initiation of this activity; however, these are tapered-down in the efforts to ensure it is woven into the clinic's activities.



Social Mobilization Consultants sensitizing facility staff on incorporating FP messages into routine health talks provided during MCH clinics



- b. Satisfied post-pregnancy FP clients sharing the positive experience of FP during immunization clinics:
  - i. To reinforce the return to fertility and demystify the myth of safety of FP immediately after delivery, the project explored the use of satisfied post-pregnancy clients to encourage other women during immunization clinics. The users iterate the benefits and address various biases identified by the women.



A satisfied PP client giving positive feedback to other mothers about the use of FP during immunization clinic

**2. Facility staff members as in-clinic social mobilizers**

- i. The health workers and some Medical Directors have taken ownership of FP health talks during clinic days by providing quality family planning information to the clients and addressing myths and misconceptions.



Facility Matron and Medical Director giving health talks on family planning during ANC and Immunization clinics

### 3. Supporting the health facilities to create an improved waiting room experience that generates discussions on family planning using SBCC materials

The Project worked with private sector providers to improve the waiting room experience through the 72-hour clinic makeover and ensuring availability of Family Planning Information in the clinics. The Project adapted and developed new materials that address the needs of the post-pregnancy women and initiates FP conversations during MCH clinics.



Social mobilizers discussing family planning with post pregnancy clients during clinic days

### 4. Develop conversation starters to initiate discussions on family planning

Research has shown that many women believe that they are not at risk of pregnancy if they are breastfeeding (not necessarily exclusively) as long as they breastfed. To effectively address this myth, the project designed materials that asked the provocative question **“Do you know you can get pregnant soon after delivery”**. The conversation starter was on t-shirts and block pads placed in the consulting rooms and on the FP provider’s desk to initiate conversations on PFP. Anecdotal evidence is that this slogan triggered conversations between clients and providers and encouraged post-pregnancy women to talk to their husbands/partners about Family Planning.



Mobilizers wear “Do you know you can get pregnant immediately after delivery?” branded t-shirts during in-clinic mobilization activities

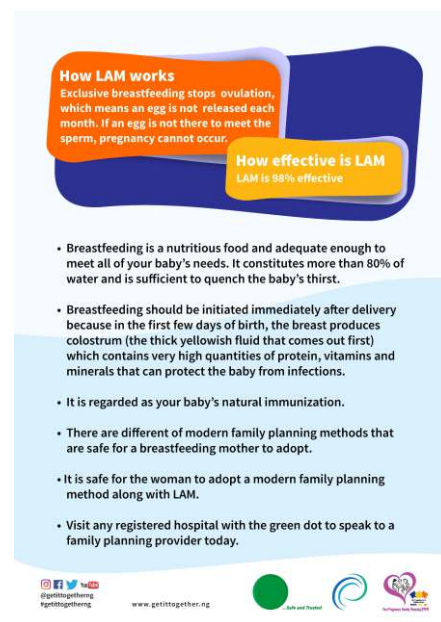


## 5. Develop and print materials addressing the concerns of post-pregnancy women.

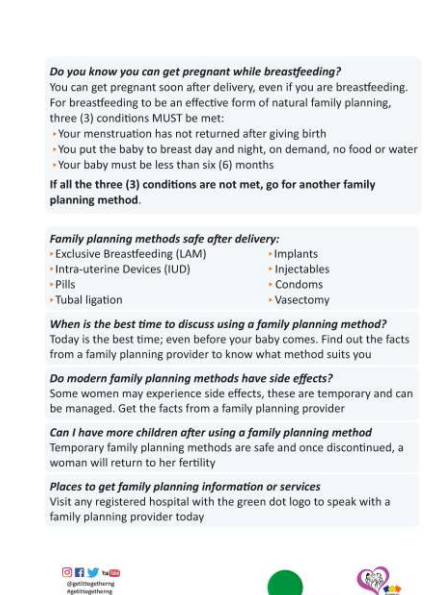
The materials addressed concerns around exclusive breastfeeding and the switch to modern FP methods, the safety of FP use immediately after delivery, method timing in the post-pregnancy period, and were gender-specific to strengthen self-efficacy and promote couple communication and method use. The Project developed and adapted FP leaflets and other FP related handbills, namely: leaflets/posters on Exclusive Breastfeeding, as a method of family planning (Lactational Amenorrhoea Method), I Am Supportive and Stay Beautiful.



LAM flyer (front and back page)



Stay Beautiful flyer (front and back page)





I am supportive flier (front and back page)

**Do you know your partner can get pregnant while breastfeeding?**  
 Your partner can get pregnant soon after delivery, even if she is breastfeeding. For breastfeeding to be an effective form of natural family planning, three (3) conditions **MUST** be met:

- Her menstruation has not returned after giving birth
- The baby is put to breast day and night, on demand, no food or water
- The baby must be less than six (6) months

**If all the three (3) conditions are not met, go for another family planning method.**

**Family planning methods safe for your partner after delivery:**

- Exclusive Breastfeeding (LAM)
- Intra-uterine Devices (IUD)
- Pills
- Tubal ligation
- Implants
- Injectables
- Condoms
- Vasectomy

**When is the best time to discuss using a family planning method?**  
 Today is the best time; even before your baby comes. Find out the facts from a family planning provider

**Do modern family planning methods have side effects?**  
 Some women may experience side effects, these are temporary and can be managed. You can support your partner during this period

**Can I have more children after using a family planning method?**  
 Temporary family planning methods are safe and once discontinued, a woman will return to her fertility

**Places to get family planning information or services**  
 Visit any registered hospital with the green dot logo to speak with a family planning provider today



## 6. Display SBCC materials to suit the nuances of the private sector

The Project developed specific materials for use in the waiting areas and other strategic locations of the private health facilities. One key observation of the baseline research was that several of the health facilities did not want structural changes on their walls for the display and mounting of materials. To address this, roll-up banners and magazine racks were used for the display of the SBCC materials.



Roll-up banner



Magazine rack



## 7. Screen media materials in the waiting areas of the private health facilities

The project provided media materials with entertainment-education content on family planning for screening in the waiting areas. The media materials include the Get-It-Together family planning songs, Newman Street TV show episodes that include post-pregnancy content, television spots and mini-series based on the popular 'Serigbo' show.

The media material also included the newly developed 'Wise Woman's Diary' video, a four-episode mini-series chronicling the decisions women make during their maternal health journey and how they include family planning in the decision-making process.

One of the challenges has been on how to ensure the private sector staff routinely show the media materials, this was addressed by integrating the edutainment content as part of the health talks provided during the regular clinic days.



Women watching Newman's street drama series being screened at the waiting area of a supported health facility

## 8. Ensuring prompt referral for family planning during MCH clinics

Antenatal and Immunization clinic days are a great avenue to refer post-pregnancy clients for family planning services. These mobilization activities, most especially during immunization clinics, lead to completed referrals and sometimes immediate FP method uptake, as most of the women are now aware of the risk of another pregnancy soon after delivery. These women are provided with the referral cards, which are collected after the visit to the trained provider.



Trained FP provider providing balanced counselling to a client and her partner

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## A Client's Testimonial

### How in-clinic social mobilization informed a Post pregnancy Client's decision



*"I am a proud user of a post-pregnancy family planning method"*

*My name is Mrs Mobolaji Temitope, I am a married woman with 3 children. I was introduced to PPFPP during my ANC classes and eventually, I took up IUCD method 48 hours after delivery. I am determined to spread the good news of FP to every woman that cares to listen.*

### My Story

*I used to believe what people say, that every contraceptive has complications. I believed in the condom and withdrawal method my husband and I were using, which was used to space our first two children, however, it caused disagreement between us. He said he will no longer use a condom, and this led to the pregnancy of my third child without planning for it.*

*I encountered the PPFPP people during my second trimester. They came to my health facility, provided us with detailed information about FP, and answered all our questions. I collected a go-referral card. Right there, I made up my mind and was determined to take up a PPFPP method once I put to bed even without first consulting my husband. Although I spoke to him eventually about it, and he agreed.*

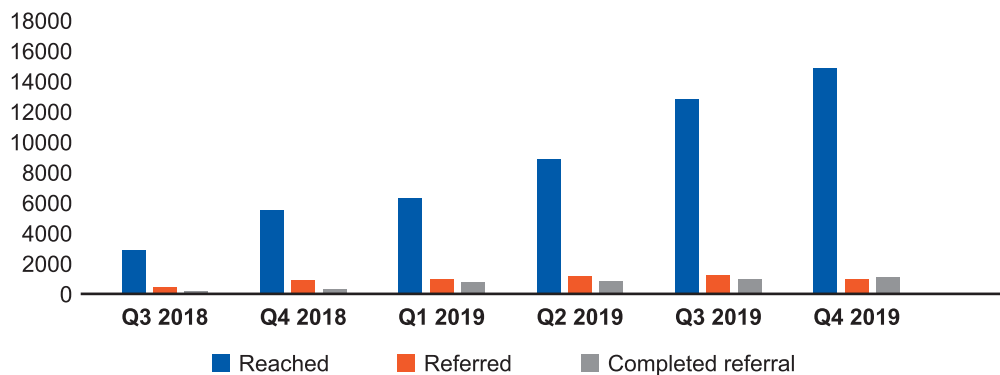
*Immediately I gave birth in the same hospital. I took up an IUCD method within 48 hours of my delivery. This change is very important to me because it gives me peace of mind, it eradicates the issue of getting pregnant again and I can plan well for my life. I will recommend PPFPP to as many people as possible. There is no big deal in it. Getting to know about FP early enough and going for it at the right time, gives peace of mind.*



## Results/Impact of In-Clinic Demand Generation Activities

The resulting data shows that the more contacts social mobilizers have with women, the more likely they are to receive family planning counselling and service.

**Figure 2:** Distribution of clients reached with FP information, referred, and completed referrals during social mobilization activities

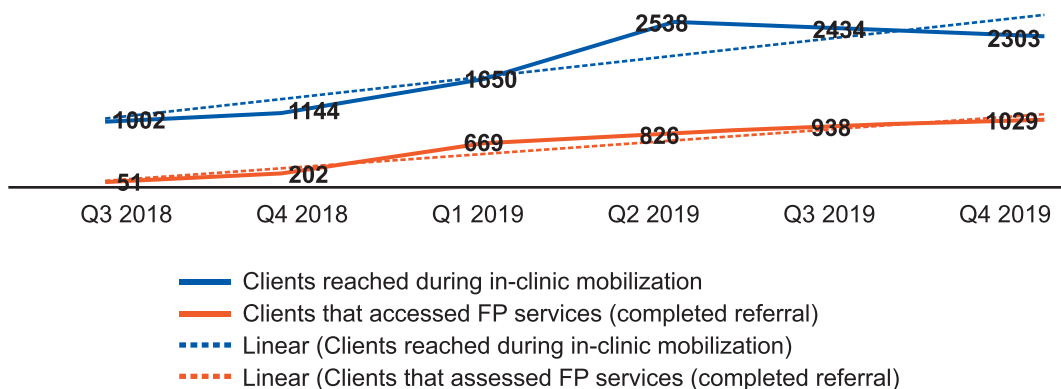


### Figure 2 details

- The total number of clients reached during MCH clinics (by the inclusion of FP talks points during the health talks provided, there are however various multiple visits by the same clients this period, especially during antenatal and immunization clinics).
- The number of clients referred during mobilization activities.
- The total number of clients referred during social mobilization activities that accessed FP service (completed referral).

The number of clients reached with information on family planning as seen in the chart above, is on an upward trend since the inception of in-clinic mobilization activities, with more than sixty percent of clients given the Go-referral cards completing their referral by accessing FP service.

**Figure 3:** The effect of in-clinic mobilization (leading to completed referrals) on the number of clients that accessed FP services

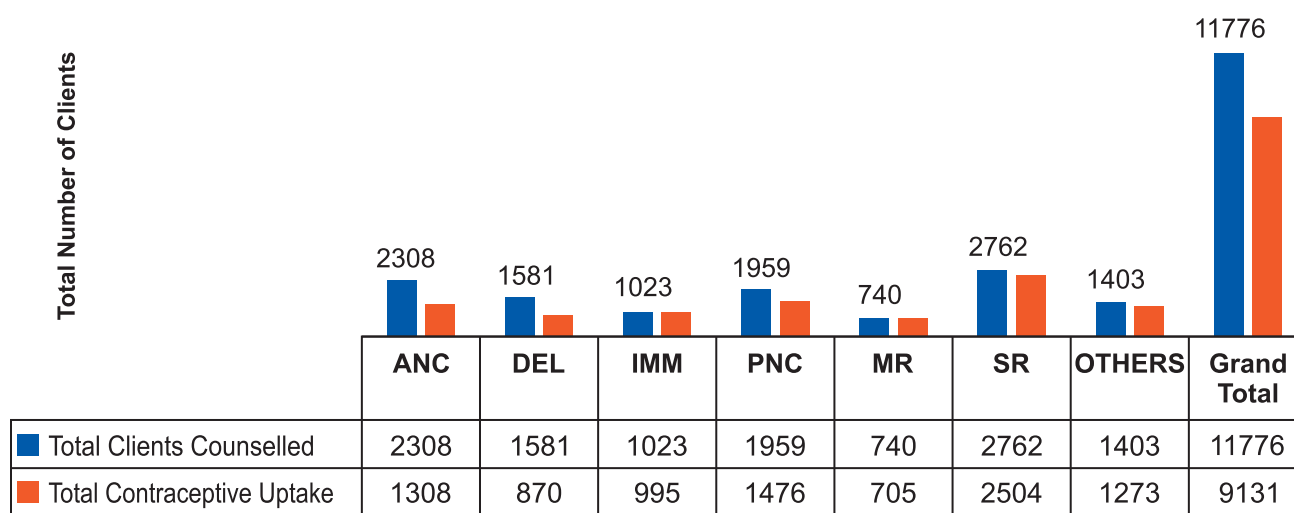


**Figure 3 details:**

- The total number of clients reached during in-clinic mobilization.
- The total number of clients that accessed FP services (completed referral)

While the majority of clients reached quarterly with FP information through repeated contacts across supported facilities continues to increase, the contribution from in-clinic mobilization activities to the overall total clients accessing FP services across all facilities cannot be underscored, overall at least three out of every ten women reached with FP information during MCH clinics were counselled on family planning services.

**Figure 4:** Interfacility referral and its effect on contraceptive uptake in the supported facilities (2018 - 2019)



■ Total Clients Counsellled      ■ Total Contraceptive Uptake

**Key**      ANC: Antenatal Care      PNC: Postnatal Care  
 DEL: Delivery      MR: Medical Referral  
 IMM: Immunization      SR: Self Referral

MCH clinics are mostly focal points leveraged for FP talks by trained providers, the more contacts a woman has with a service provider, the more FP information she becomes exposed to, the more likely she is to make an informed decision. It can be seen from Figure 4, that between 2018 and 2019, total clients counselled on FP were mostly referred from the antenatal clinics (with about 50% taking up a method after delivery) followed by the postnatal clinic (accounting for 17 percent of overall FP clients counselled). The immunization clinic and delivery represents 9 percent and 14 percent of overall FP clients counselled respectively.



The non-MCH clinics' contribution to overall FP clients counselled were the self-referred clients and others - which are clients referred for family planning from various community-based activities namely; outreaches, key life events, and referral from a non-clinical health facility that came with referral cards.

MCH clinics accounted for about 60 percent of total clients (11,776) counselled on FP and 51 percent of the total clients (9,131) that took up contraceptives across all supported facilities between 2018 to 2019. The concerted efforts by the trained providers supported by the social mobilizers in providing FP health talks during MCH clinics cannot be over emphasized.

Overall, the health facilities have shown a marked increase in modern contraceptive uptake amongst post-pregnancy women. The demand generation activities, which increased family planning counselling rates, contributed to this increasing trend, thus a promising strategy.

## Key Lessons Learned During Demand Generation Activities

- The use of health workers for in-clinic demand generation activities is key to attaining sustainability and requires sensitization and training of the facility staff. However, this is sometimes difficult due to staff attrition, and busy schedules of the workers, which limits the number of staff available to provide the service.
- Branding of the health facilities, the waiting areas, health providers and the social mobilization team, is a unique demand generation tool that catalyzes project interventions, as it led to interesting conversations about family planning even within the communities.
- Provider-initiated health talks on family planning and referral during ANC and Immunization clinics are proven successful avenues to provide quality FP information and increase utilization of FP services

