



Increasing contraceptive use in Niger

Final Report

December 2015





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Project Overview and Key Findings

General Supply and Demand Findings

Segmentation

Greatest Opportunities + Next Steps



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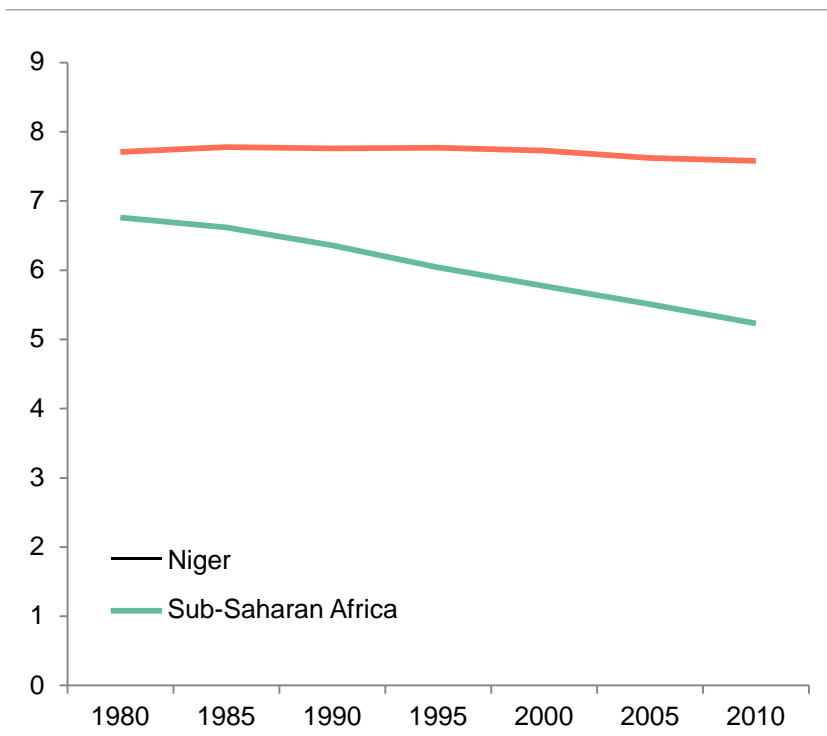
Greatest Opportunities + Next Steps



Why we are here: Fertility in Niger has remained high despite overall decreases across Sub-Saharan Africa

Niger has the highest fertility rate in the world, and this has risen since 2006. Both men and women still want more children than they are currently having

Total Fertility Rate



Other Key Metrics

Niger's fertility rate is the highest in the world and has increased since 2006, from 7.1 to 7.6 children per woman in 2012

Men and women want more children than they are currently having, at 11.5 for men and 9.2 for women

Maternal mortality rate: 600 per 100k in 2010 versus 500 in Sub Saharan Africa on average

Infant mortality rate: 96 per 1000 live births in 2010 versus 77 in Sub Saharan Africa on average

Sources: World Bank, MeasureDHS, Demographic and Health Survey data. Chart: World Bank Development Indicators, DHS and MICS data

Objectives of the family planning research & strategy project



Key Objectives

1

Provide a baseline understanding of family planning dynamics in Niger that can be used by any family planning partner (government, donor, or NGO) to inform its strategy and programming

2

Identify the most significant opportunities—related to demand and supply of contraceptives—to drive an increase in women’s modern contraceptive use in Niger

3

Describe how the stakeholders to this project and their partners might adjust their grant-making and programming in Niger to address these opportunities

Project partners

Primary Partners



Implementing Partners



Other Partners





Recap of project approach

	Objective	Key Elements	Duration
PHASE I QUALITATIVE CUSTOMER RESEARCH	Identify insights about reproductive choice in Niger, and develop a set of hypotheses to test in a nationwide survey	<ul style="list-style-type: none">▪ Stakeholder consultation▪ Background research▪ Expert commentator interviews▪ Focus groups w/ women & men▪ Healthcare provider observation & interviews	3 months
PHASE II QUANTITATIVE CUSTOMER RESEARCH	Establish which women are most likely to increase their contraceptive use and what they require to do so	<ul style="list-style-type: none">▪ Nationwide survey of 2,000 women age 15-49▪ Identify target segments and segment requirements▪ Model expected increase in contraceptive use	4 months <i>(overlapping with Phase III)</i>
PHASE III OTHER STRATEGIC CONSIDERATIONS & STRATEGY DEVELOPMENT	Develop integrated recommendations to increase contraceptive use, based on supply and demand analyses	<ul style="list-style-type: none">▪ Supply side assessment (policy, procurement, distribution)▪ Opportunity identification▪ Strategy development	5 months <i>(overlapping with Phase II)</i>

Qualitative Research

Data collection:

November 2013

Urban, peri-urban, rural areas

- Focus group discussions with married/unmarried men and women, aged 15-24 and 25+ (N=18 FGDs; N=108 participants)
- In-depth interviews with FP providers (N=21)
- Observations of family planning consultations (N=84)

Data analysis:

Iterative thematic analysis via memoing / discussion

Quantitative Research

Data collection:

April – May 2014 Nationwide

N=2,004 women of reproductive age (15-49)

- Sampling methodology consistent with 2012 DHS to ensure representativeness and comparability
- Strict consent policy, with additional safeguards for minor participants

Data analysis:

Latent class analysis

Supply Side Analysis

Data collection:

February – May 2014

Niamey

- Document review of previous and ongoing FP initiatives
- Interviews and fact-finding on contraceptive distribution networks (public, pharmaceutical, CPG, social marketing), procurement, and policy design and implementation

Data analysis:

Mapping procurement & distribution networks, order ranking of barriers

* All research was approved by the Nigerien national ethical review board

Overall findings I/III (General research findings)

Our research found that demand issues were the leading driver in low use of contraceptives

Demand

- **There is still broad enthusiasm for large family size.**
Although men and women were beginning to cite the benefits of smaller family size, they would choose large family size if pushed. *Men and women cited averaged ~10 for ideal family size, higher even than the current rate.*
- **Traditional contraceptive methods were the most prevalent form,** though women expressed dissatisfaction with these methods
- **Modern contraceptives were not a perfect substitute,** however: women were dissatisfied with these methods' efficacy, perceived side effects (e.g., impact on fertility), and *its perceived conflict with Islam*
- **Some women have very low knowledge of the fertility and contraceptives.** I.e., only 22% of women know when they are fertile, and only 66% know of the Pill—the most known method
- **The acceptance of contraceptive use by husbands, friends/family, and imams had high importance** despite women not directly citing them as key factors

Supply

- **Neither stock-outs nor distance from a health care facility were leading factors'** in women's modern contraceptive use despite occurring in some areas or for specific products
- As needed, the **public and private distribution networks in Niger could be leveraged to distribute product widely**—beyond the existing health center (CSI) footprint
- However, **addressing access in health centers appears to be more important** than expanding the health system's footprint: while stockouts have improved in recent years, over 40% of CSIs have had stockouts of a LARC method in the last 6 months

Overall findings II/III

Segments were based on key behaviors and attitudes that would indicate potential to increase contraceptive use and objectives formed based on different segment needs

Segments	% of Pop.	% MM Use	Objectives
Healthy Proactives <i>"My health is important, so I try to learn as much as I can, and reduce my burden by spacing"</i>	28%	23%	<ul style="list-style-type: none"> Large segment, high potential due to proactivity Opportunity to increase spacing Large segment open to MM Open dialog with HCW on LT MM
Traditional Autonomists <i>"What my husband and I decide is our business, and for now we think traditional methods are better"</i>	10%	5%	<ul style="list-style-type: none"> Potential to convert some TM users to MM use Encourage autonomy
Sheltered Skeptics <i>"I'm not too familiar with Family Planning methods, but I don't trust them"</i>	28%	2%	<ul style="list-style-type: none"> Large segment, potentially large opportunity for growth if educated
Modern Elites <i>"I want a good life for myself and my children, and that starts with good family planning"</i>	16%	43%	<ul style="list-style-type: none"> Very accepting of spacing and most accepting of limiting Highest use of MM
Conservative Passives <i>"It's important to me that others do not oppose my FP choices"</i>	18%	4%	<p>Deprioritize this segment</p> <ul style="list-style-type: none"> Not engaged / interested or autonomous Thinks contraception is a sin, would be most difficult segment to change mindset

*Increase MM Use

*Transition to more efficient MM

Overall findings III/III

Overall recommendations coming from the effort

- Comparing the needs of target segments to Niger’s health system and contraceptive supply, we believe 4 interventions are most likely to increase CPR:
 - i. Tailoring programming and communications to priority segment
 - ii. Improving the quality of healthcare worker counseling
 - iii. Improving consistency of contraceptive supply to health centers—not ‘health huts’
 - iv. Strengthening data coordination and sharing, to track progress by segment
- If delivered at scale and focused on target segments, we forecast that these interventions could increase Niger’s contraceptives prevalence rate to 25% – 30% by 2020
- This increase is lower than the Government’s current target of 50% CPR by 2020. However, it provides a more achievable target, grounded in concrete programmatic interventions that map to women’s family planning needs today
- These interventions map to initiatives with Niger’s 2013 – 2020 Family Planning Action Plan. We recommend that these initiatives be prioritized by Government and donors to Niger for further funding and support



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General background research findings leading into qualitative research



- Very little information on modern or traditional method use exists, in Niger or in West Africa more broadly
- We do know that women are regulating their fertility: Niger's TFR of 7.6 is roughly half the theoretical maximum of 15 children per woman¹
- Modern contraceptive use does not appear to have an impact on fertility: a TFR of more than 7.3 appears to be inconsistent with modern method use²
- There is some belief that contraceptive use would be increased if direct barriers to use (i.e., access to points of care) were addressed³
- Emerging literature that indirect influences on use, such as religion, have an equal or greater impact on use than direct barriers⁴

1. Frank. 1987. 2. Curtis and Diamond. 1995; Macro DHS, 2000. 3. Campbell et al. 2006. 4. Hirsch. 2008.

Summary of key qualitative research findings

- Contraceptive use can be increased to some degree by lowering key barriers to use, but lowering barriers alone will not do enough to increase use
- Religion is a major influence on use, and addressing it is critical. Many research participants reported that modern contraceptive use was against Islam
- While participants used contraceptives, they consistently tried to reconcile that use with Islam and ask for Allah's pardon – creating a 'country full of sinners asking for forgiveness'
- Contraceptive use will need to be positioned within Nigeriens' existing value systems around religion and family, to decrease desired family size and increase CPR
- In good news, there is significant 'narrative instability' around important, woman- and family-related themes in Niger today. This creates a window of opportunity in which to drive change



Please refer to the full file on the qualitative research for an in-depth review of our findings

Initial segment hypotheses based on early qualitative research

We believed that several factors were likely to be associated with willingness to use contraceptives (or resistance thereto) which led to our initial hypothesis segmentation on the right

- Religion
- Desire to resist state/third power
- Husband's approval of contraceptive use
- Sense of agency



These hypotheses helped direct our quantitative research

Would use contraceptives today if she had access

Will use contraceptives if reconciled with Islam

Will not use contraceptives, because she and/or her husband believe that it takes away their reproductive freedom

Would never use contraceptives, because Islam forbids it

Summary of general supply findings

- The CPG network distributes the most product by volume, but the public health system distributes the most oral contraceptives—the product used by the most women
- Currently, the public health system provides the greatest breadth of contraceptive product, while the public health and CPG networks have the greatest reach into rural areas
- With some strengthening, Niger’s public and private distribution systems can be leveraged to provide comprehensive contraceptive access nationwide
- Stockouts have improved in recent years. However, according to 2013 UNFPA analysis, over 40% CSIs have had stock outs of a LARC method in the last 6 months
- Survey data suggests that access to HC structures is not a major barrier; we recommend expanding the range of methods available at CSIs, as opposed to adding access points

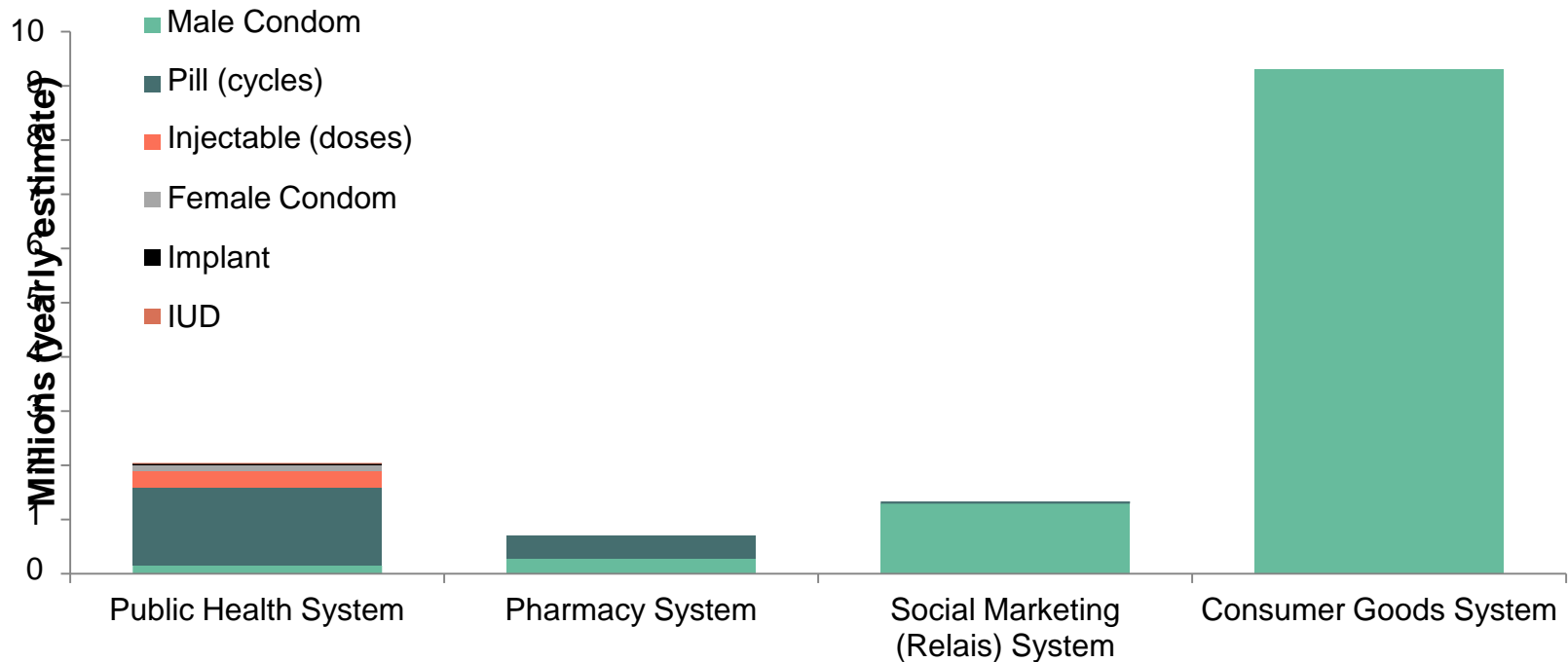
Summary of general demand findings

- A more critical barrier to use is lack of fertility and contraception awareness. Aside from the pill and injectable, other methods do not come to mind for most women
- Across all conversion points, fear of side effects and loss of fertility are primary reasons women report not considering or using modern methods
- Fear of counterfeit products and injections are secondary reasons that are often cited



Background on the contraceptive distribution by network

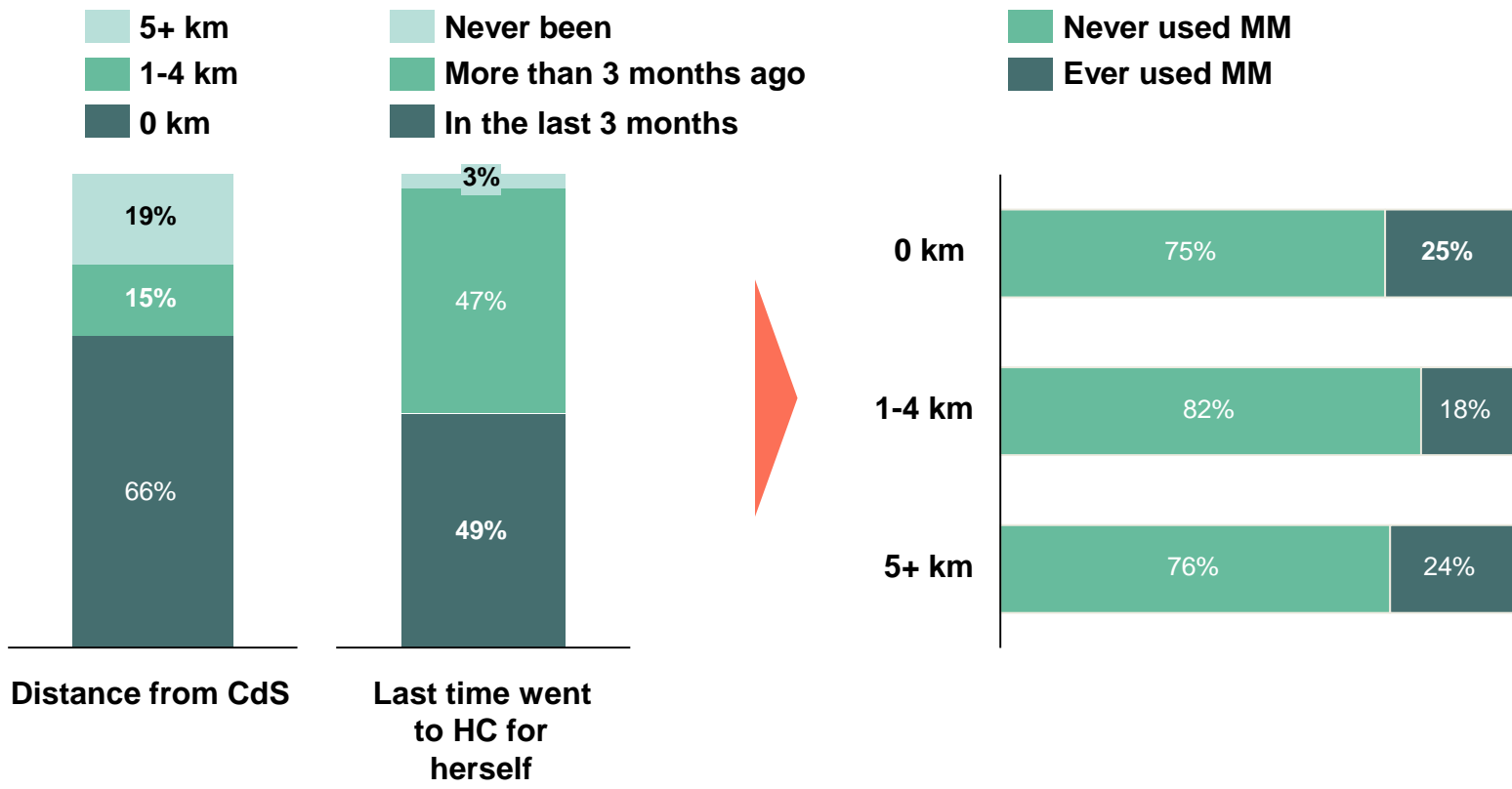
The CPG network distributes the most product by volume, but the public health system distributes the most oral contraceptives—the product used by the most women



Note: PH volume is average of last 5 years of imports, Social Marketing relais Animas only

Geographical access doesn't seem to be a major issue

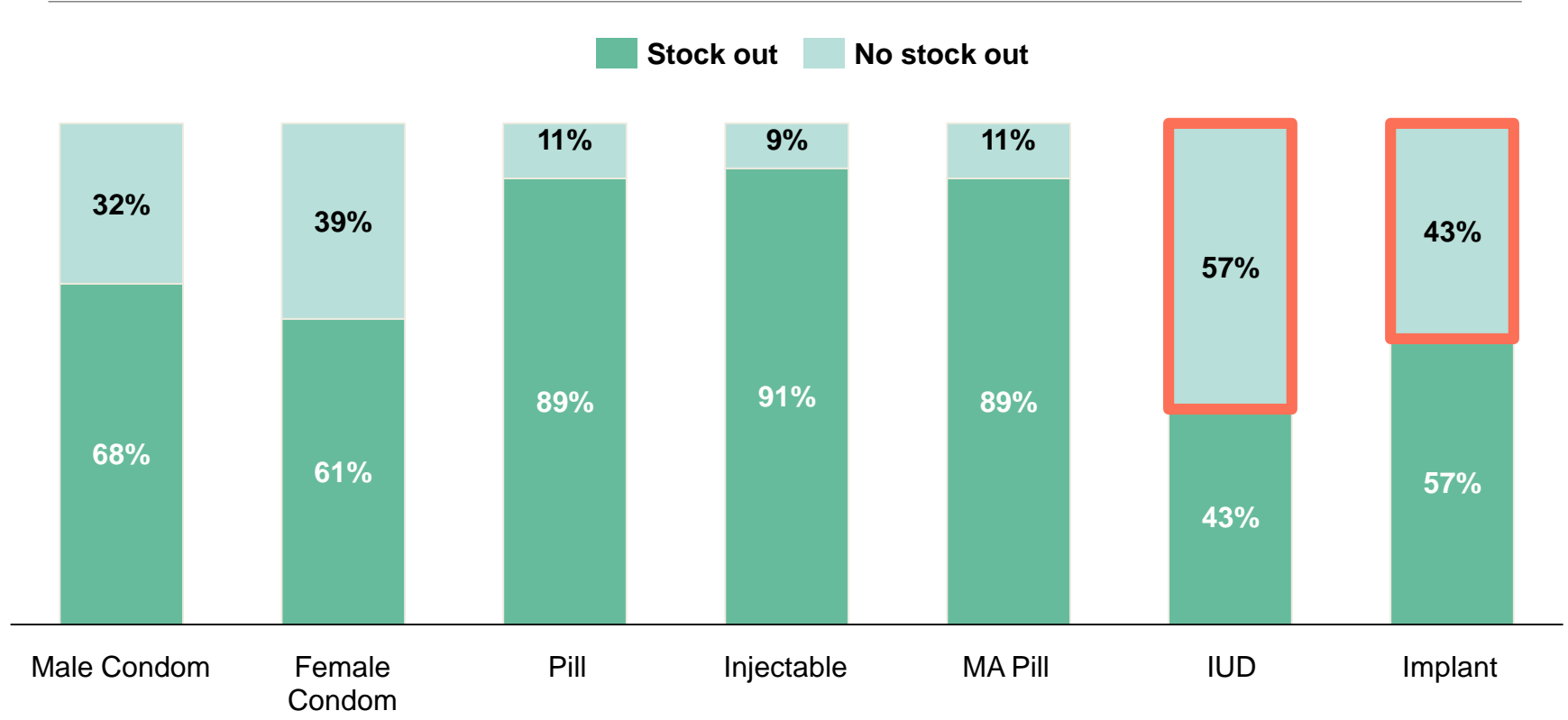
Because our survey data suggests that access to HC structures is not a major barrier, we recommend prioritizing expansion of the range of methods available at CdSs, as opposed to adding access points



Stock outs at CSIs in past 6 months are relatively high...

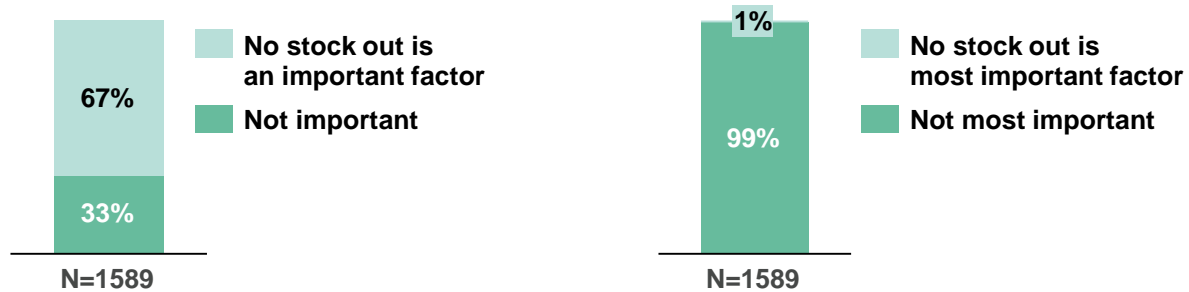
Stockouts have improved in recent years, however according to the 2013 UNFPA report, over 40% CSIs have had stock outs of a long acting reversible contraceptive method in the last 6 months

Stock outs (in past 6 months) at CSIs by Method

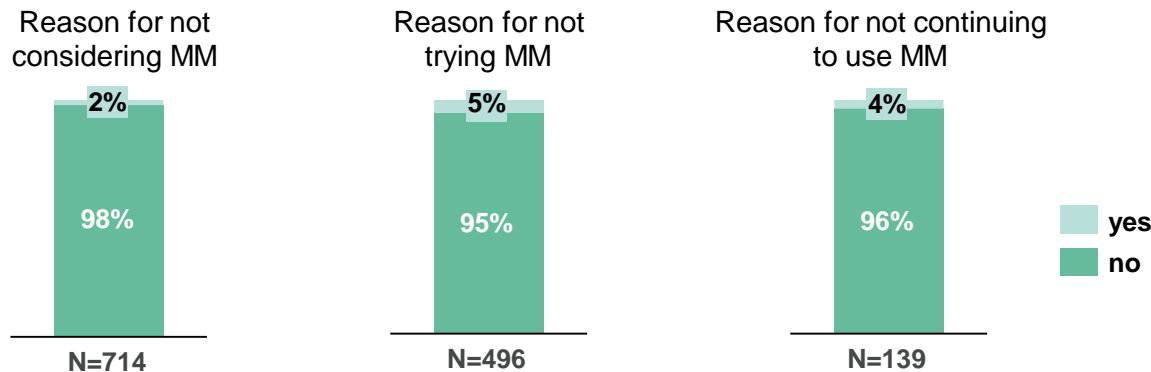


...And although more than 2/3 of the sample believe that lack of stock outs is important, it is not cited as a barrier to consideration or use

Importance of Stock Outs as a Factor for Choosing Contraception

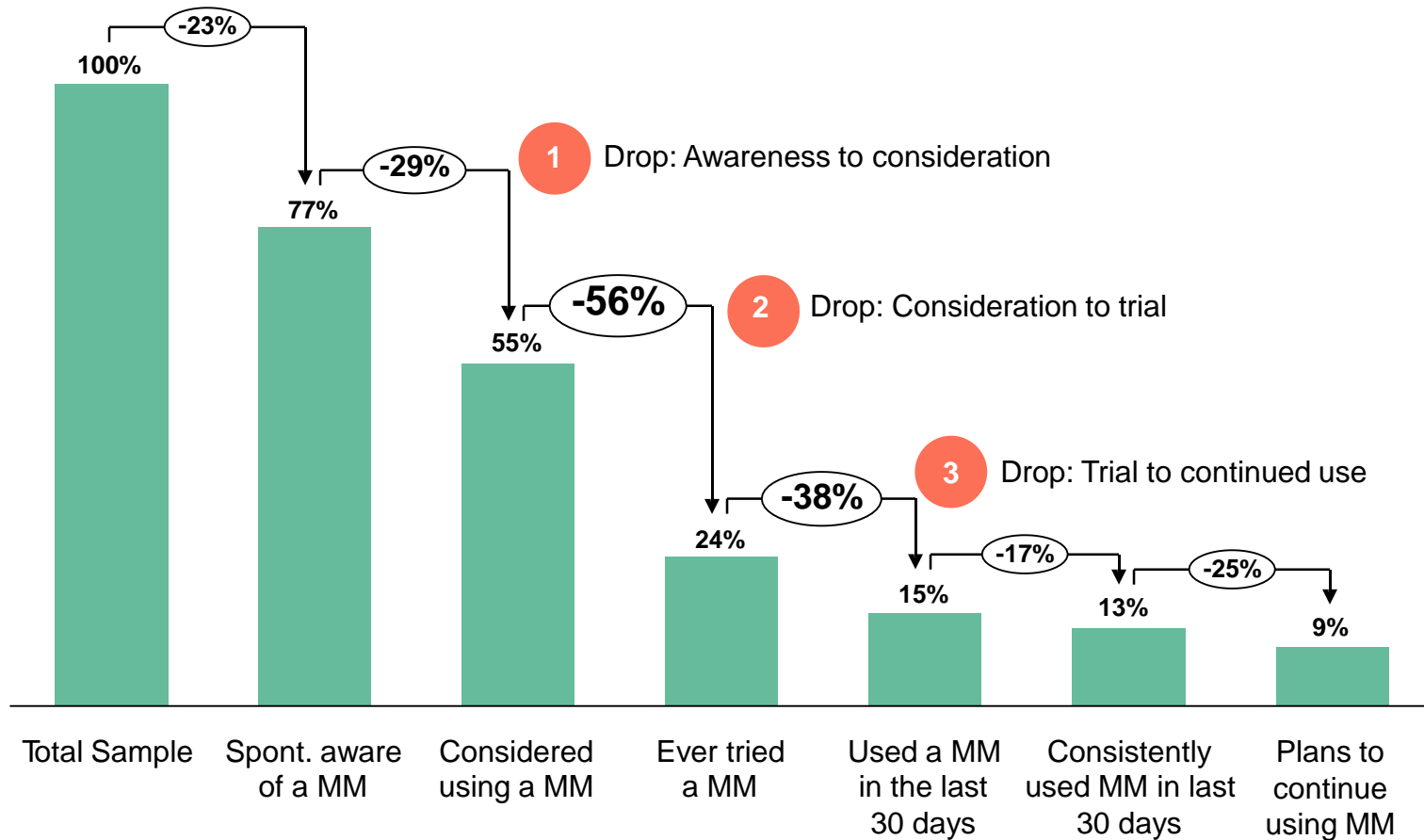


Stock Outs Cited as a Barrier

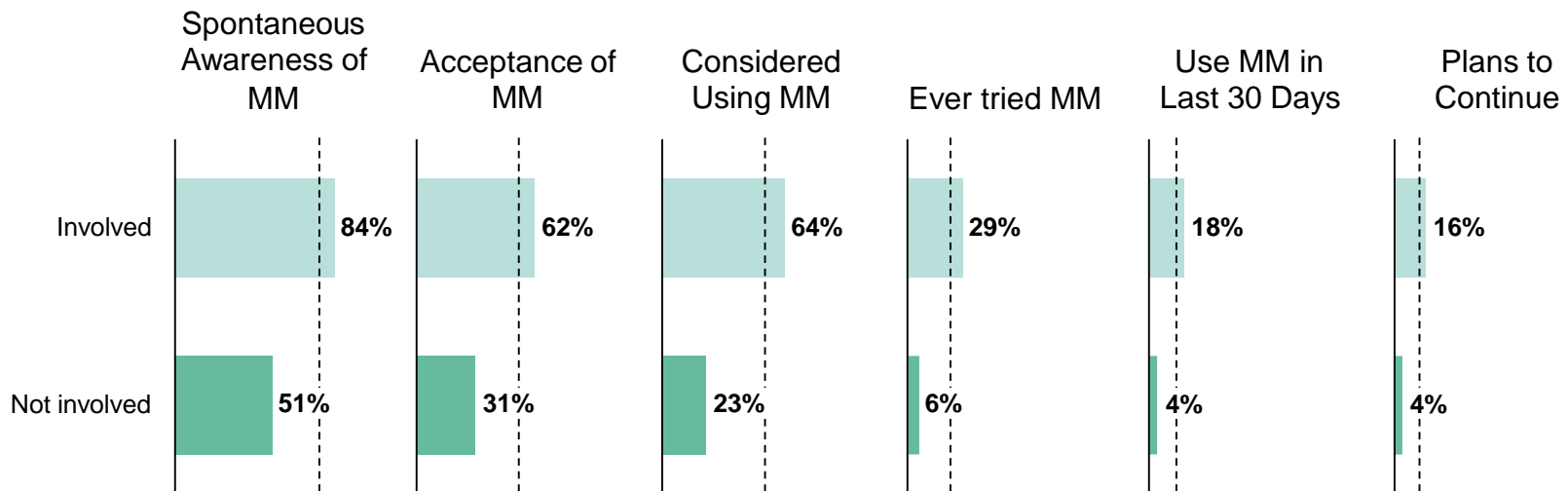
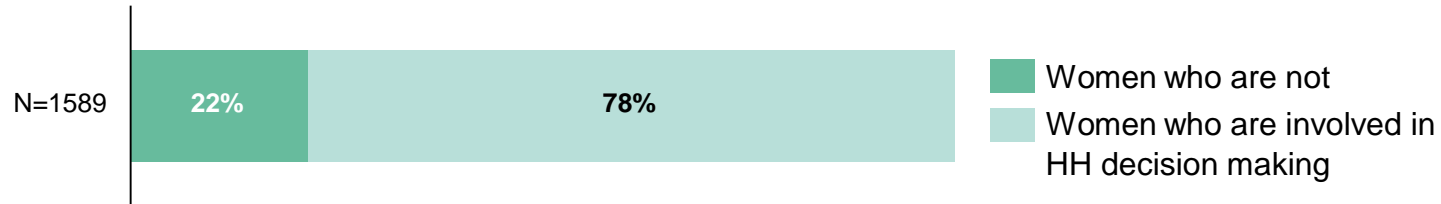


The family planning flowchart helped identify key areas of concern for increasing use of MMs

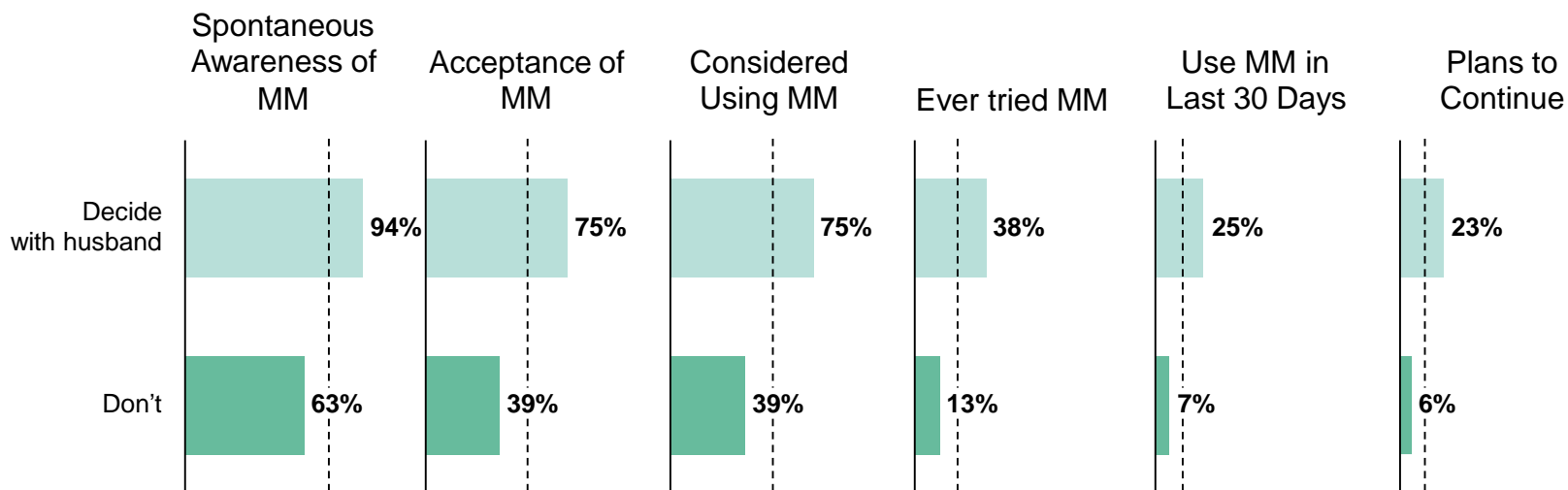
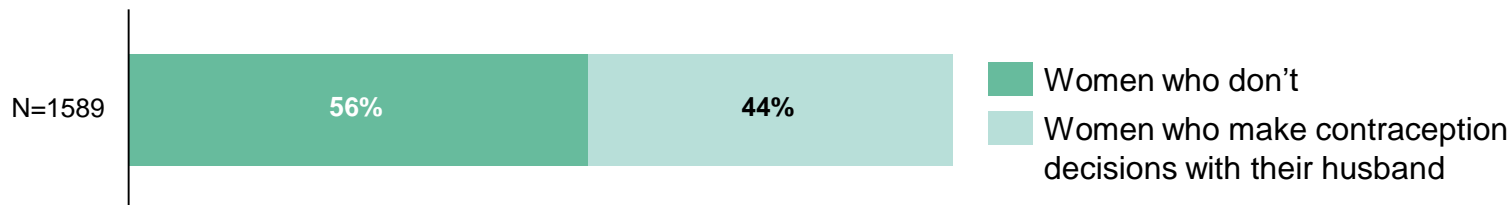
The largest drop off point is between consideration and trial of a modern method



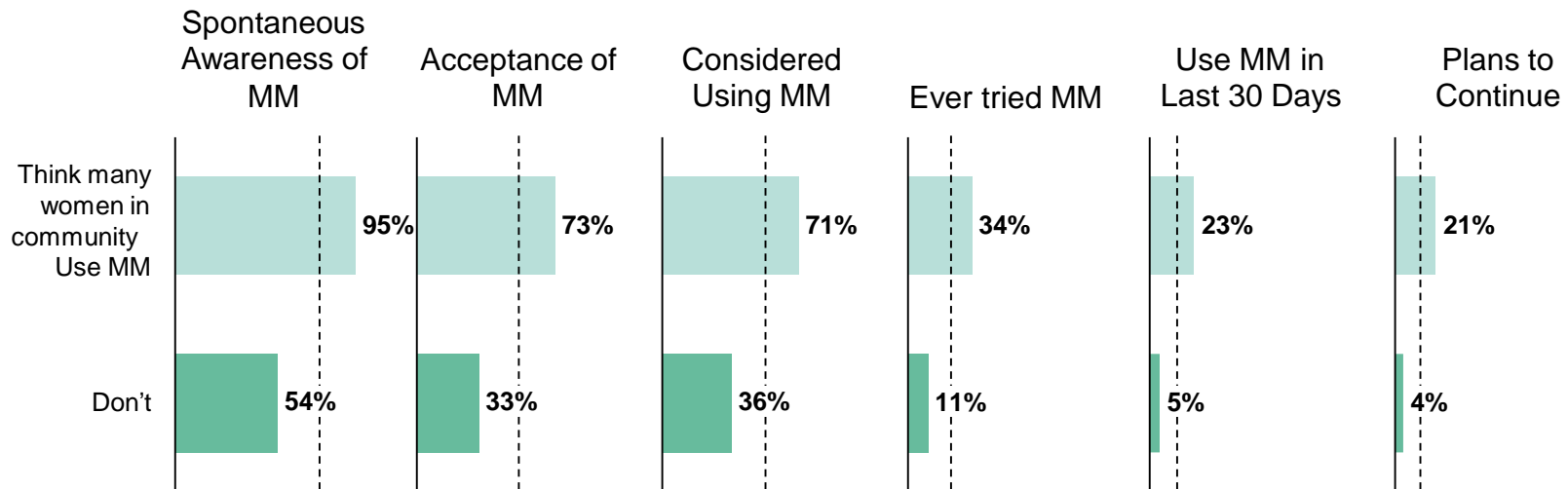
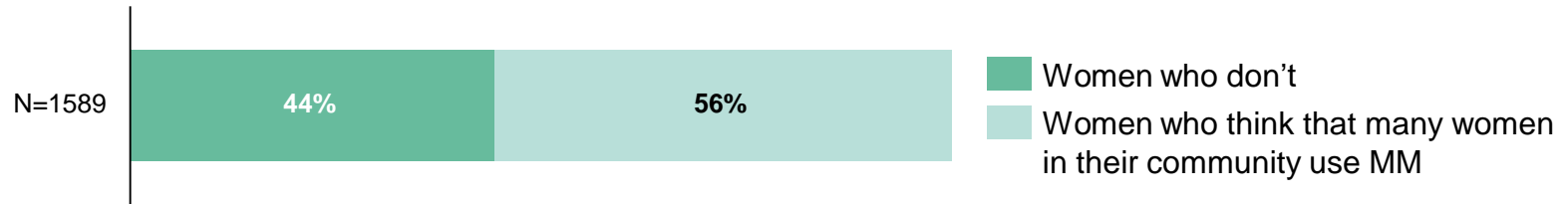
Women with decision rights tend to accept and use MM more...



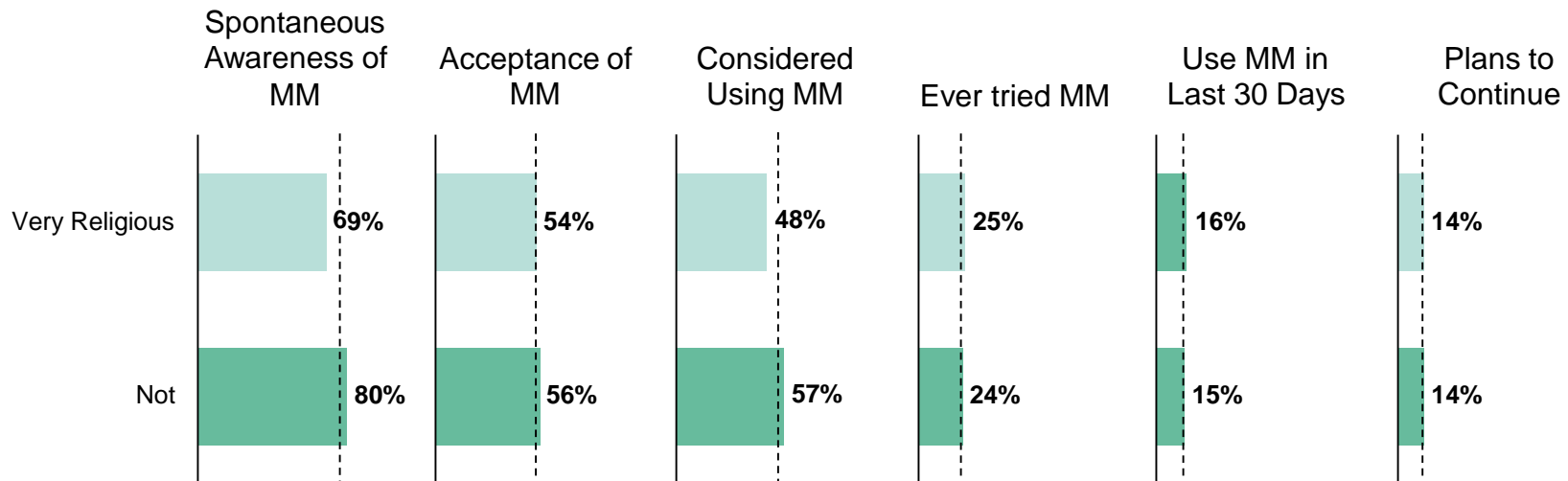
...and this effect is even more pronounced when couples make FP decisions together



Women who think that use of MM is a practiced social norm are much more likely to accept, consider, and use MM themselves

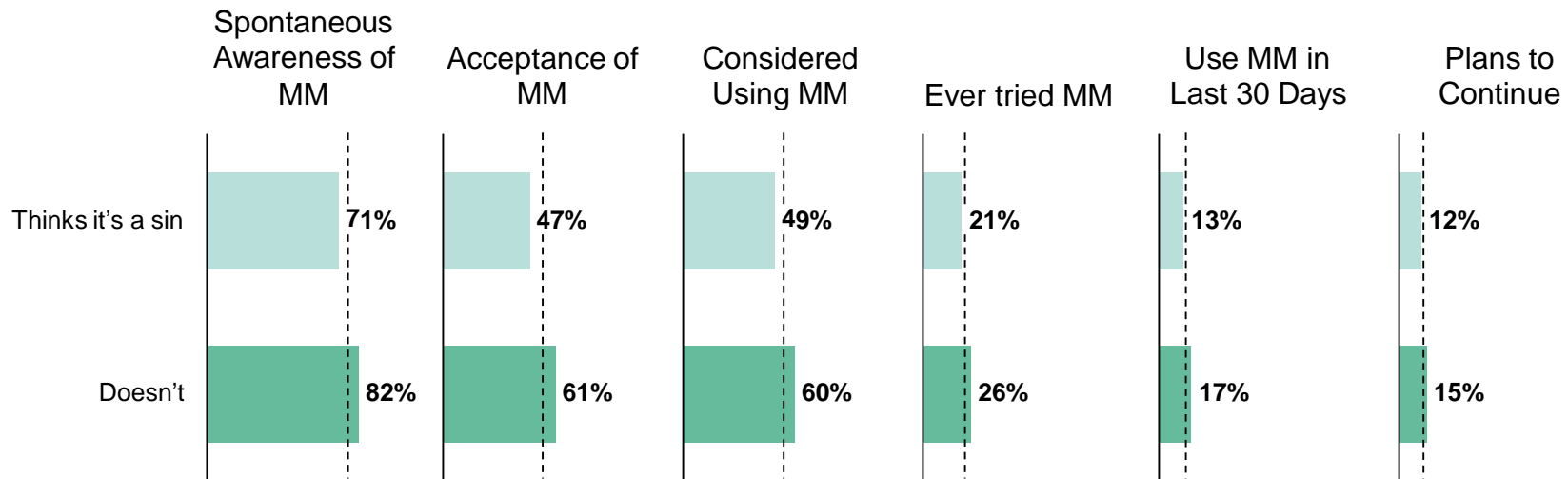
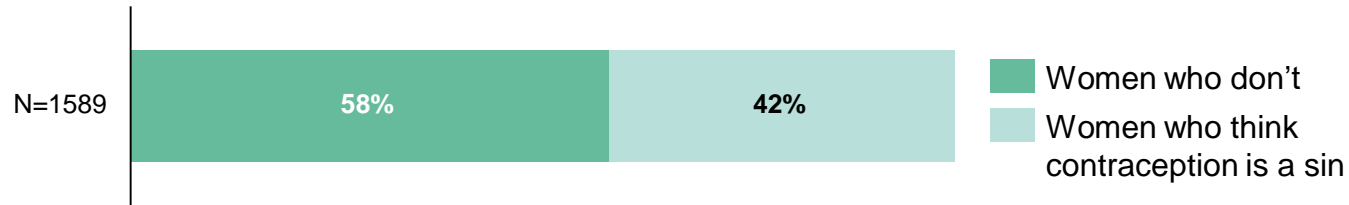


Women who are very religious may be less likely to consider MM, but this factor doesn't appear to be correlated with MM use



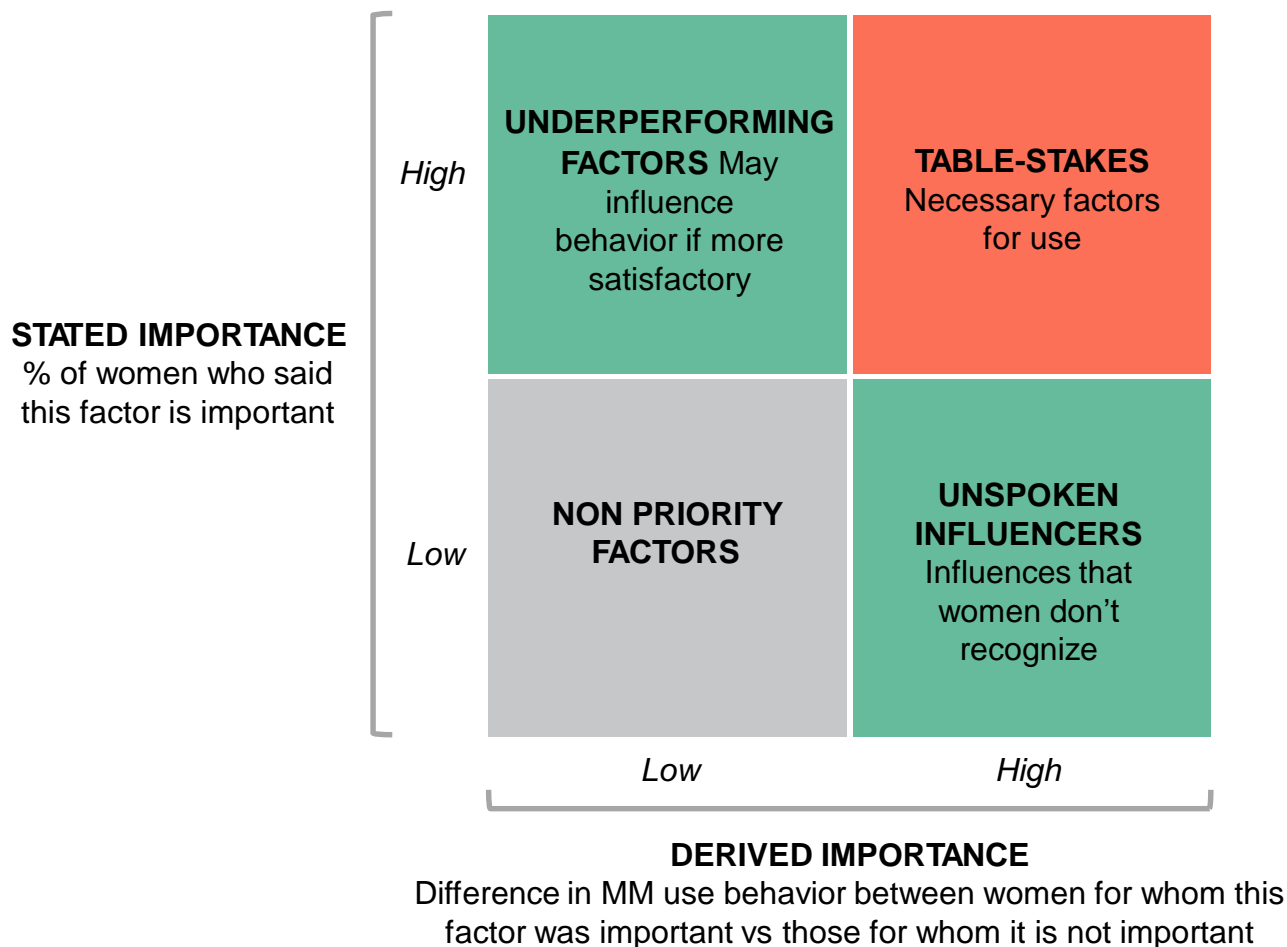
Note: Only awareness and consideration are statistically significant

However, a large portion of women consider contraception to be a sin. This impacts use to a slightly greater extent

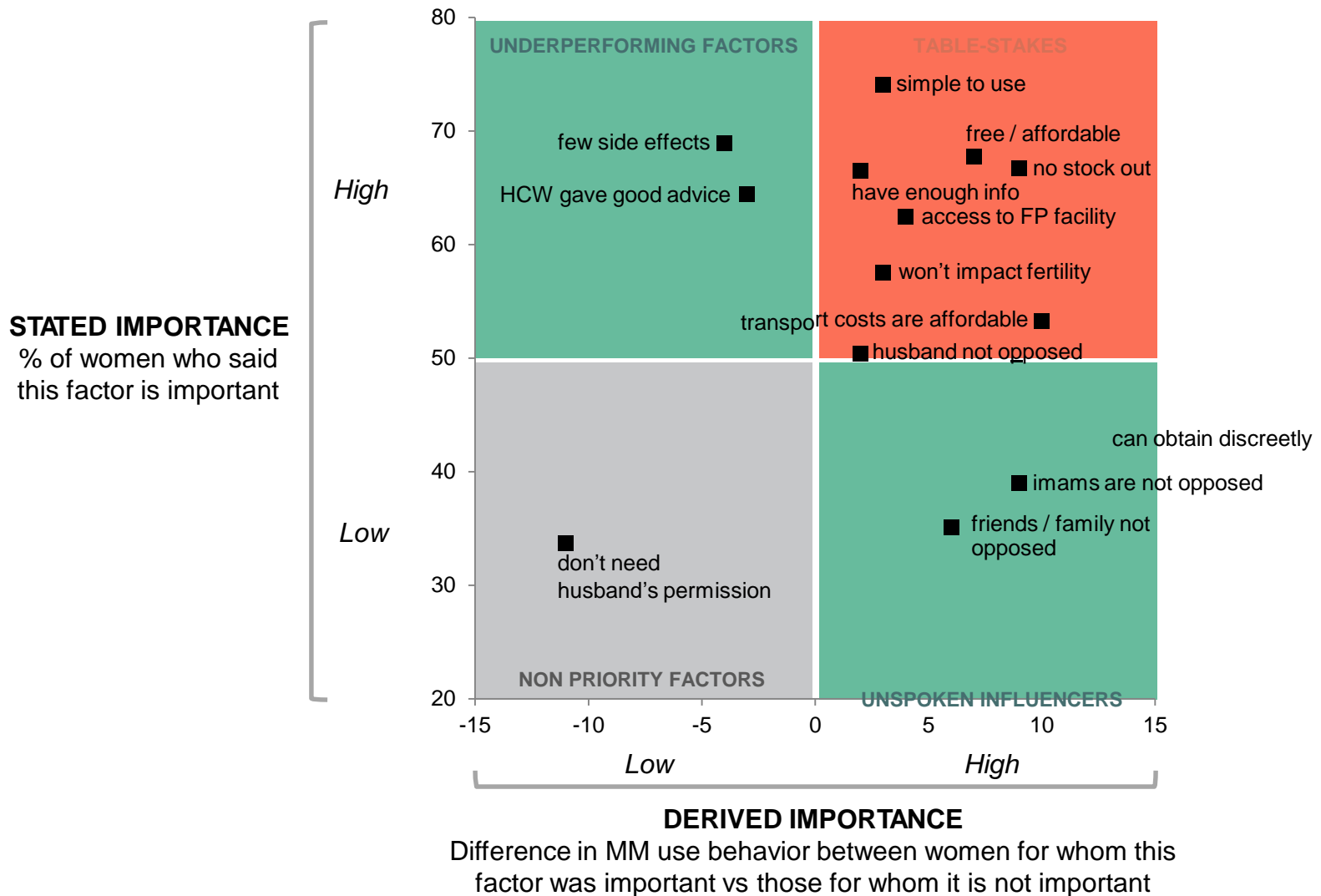


Note: Only plans to continue is NOT statistically significant

We also compared stated versus derived importance of factors that influence contraceptive decision making



A few key items women didn't view were important tended to show otherwise when comparing their behavior



In review, some of our initial hypotheses were confirmed and a couple were clearly refuted



Topic	Influence on Women to Use MM	Consistent with Hypothesis?
WOMEN'S AGENCY & DECISION MAKING	Women who have some HH decision rights, and women who make contraceptive decisions with their husbands	
SOCIAL NORMS	Women who think that use of MM is practiced by other women their community	
ACCESS	Distance from health centers does not appear to have a strong relationship with MM acceptance and use	
SUPPLY	Although more than 2/3 of the sample believe that lack of stock outs is important, it is not cited as a barrier to consideration or use	
RELIGION	Being 'very religious' does not correlate with MM use, but believing that contraception is a sin does. The net influence of religion on family planning is not known, as 95%+ of Nigeriens are Muslim	
UNDERLYING FACTORS	Access and information appear to be table-stakes, but permission of others is often an unspoken influence on MM use	



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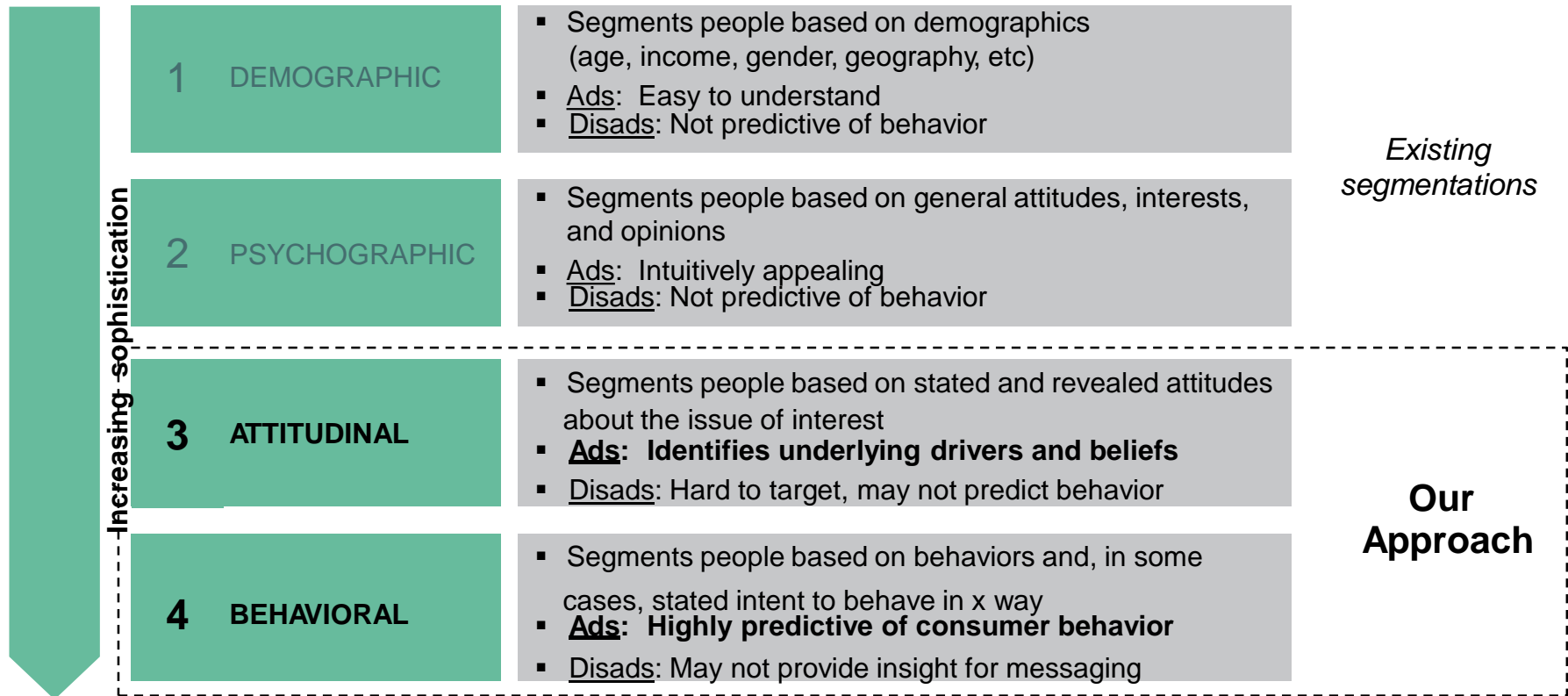
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Benefits of segmentation

Customer segmentation is used to identify homogenous groups within a given population that have common needs, attitudes, and behaviors around a common topic

It is an invaluable tool in resource-constrained settings, by focusing programming and communications on the population segments most willing to change their behavior

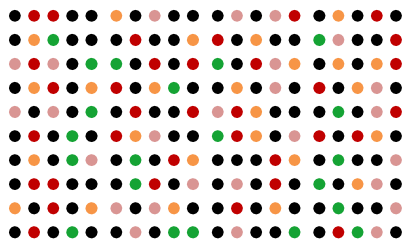
Of the range of options for segmenting, attitudinal + behavioral is best in this context, given the need for behavior change



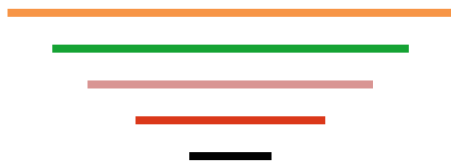
Respondent observations were filtered by key variables to yield 5 distinct segments of women

~2000

Respondent Observations



Filtered by Key Variables



Yielded 5 Distinct Segments



Key Variables Used to Segment

USE BEHAVIORS

- Consideration of traditional and modern methods
- Trial of traditional and modern methods

PROACTIVITY

- Been to a HC for a consultation
- Tried to obtain methods
- Tried to obtain FP information
- Attended information session on FP

SOCIAL NORMS

- Perception of number of women in community using MM

CONTRACEPTIVE SPECIFIC FACTORS

- Contraceptive attributes that are important (i.e. fertile immediately after discontinuation, ability to stop at any moment, method is natural)

ATTITUDES AND BELIEFS

- FP Attitudes (i.e. health, spacing, timing, discretion, role of husband, religious beliefs)
- Acceptance of spacing, limiting, use of MM
- Factors that are important when deciding to use MM (i.e. access, permission of others, simplicity of use, availability of information, side effects)

Overview of the final segmentation

Modern Elites (16%)

“I want a good life for myself and my children, and that starts with good family planning”

Healthy Proactives (28%)

“My health is important, so I try to learn as much as I can, and reduce my burden by spacing”

Traditional Autonomists (10%)

“What my husband and I decide is our business, and for now we think traditional methods are better”

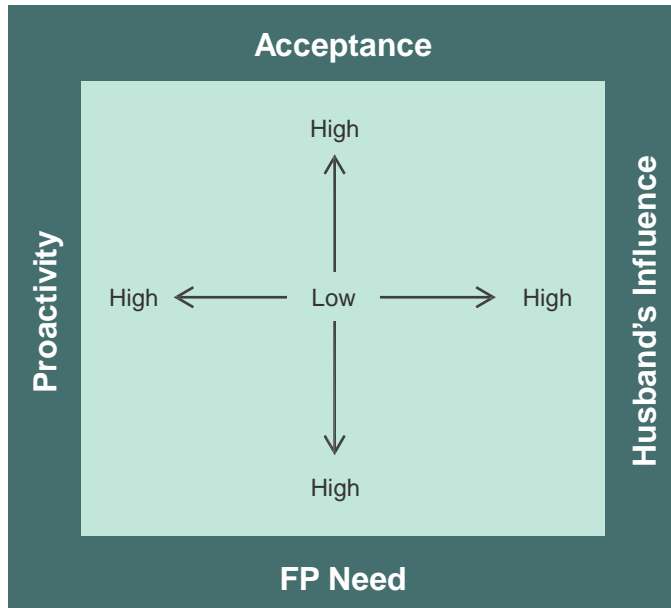
Conservative Passives (19%)

“It’s important to me that others do not oppose my FP choices”

Sheltered Skeptics (28%)

“I’m not too familiar with Family Planning methods, but I don’t trust them”

Comparison of segments across 4 key axes



Acceptance

- Acceptance of spacing and MM Use
- Level of MM use

Husband's Influence

- FP decisions decided with husband
- Husband's permission is important

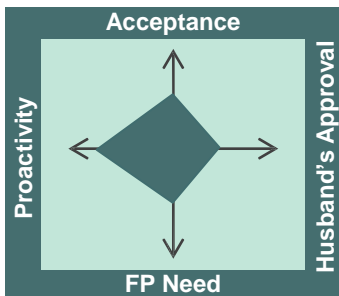
Proactivity

- Goes to health centers
- Discusses contraception with HCW often

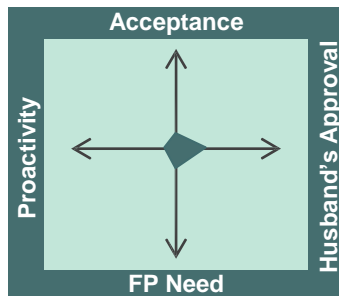
FP Need

- Would be a problem if she became pregnant today

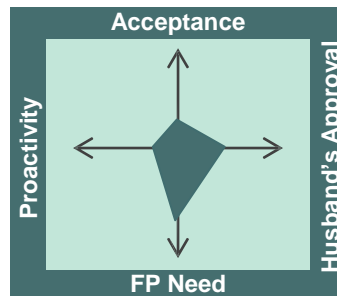
Healthy Proactives



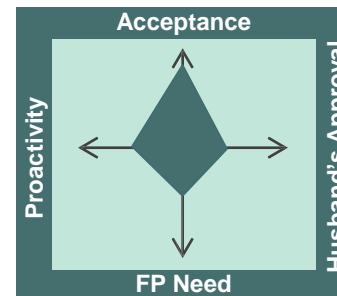
Sheltered Skeptics



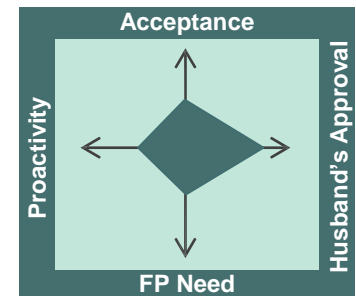
Conservative Passives



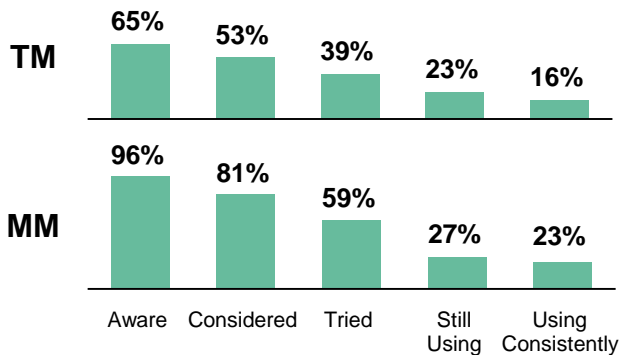
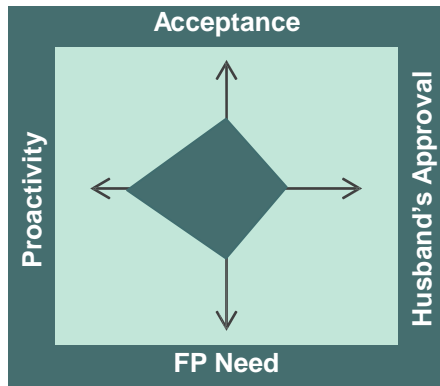
Modern Elites



Traditional Autonomists



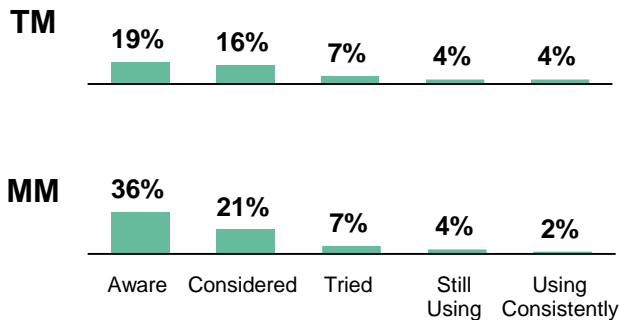
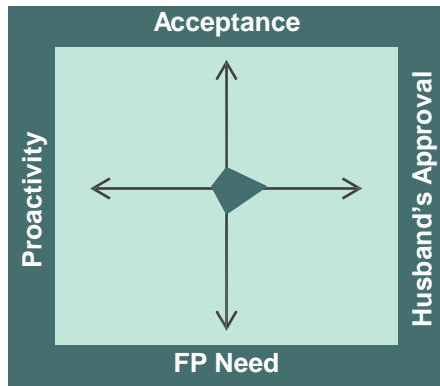
Overview: Healthy Proactives (28%)



- Women in this segment are **slightly more affluent** than average (46% in the top 2 quintiles). They are the most likely to be **married** (95% vs. 90% overall)
- She is **very proactive** with regards to her health and seeking out information on contraception (54% have been to a HC in the last 3 months, 93% would like to learn more about FP)
- She is a big **supporter of spacing** (94%) and **uses both MM (27%) and TM (23%)**
- In fact, Healthy Proactives **use the widest range of methods**, including LAMA, abstinence, the pill, and injectables
- She is the **least likely to agree that contraception is a sin** (51% disagree vs. 42% overall)
- She **trusts the HCW** more than anyone else to give her good advice on FP (46%) and **discusses contraception with them often**

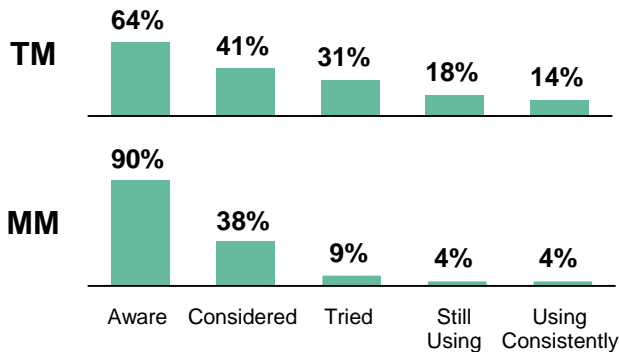
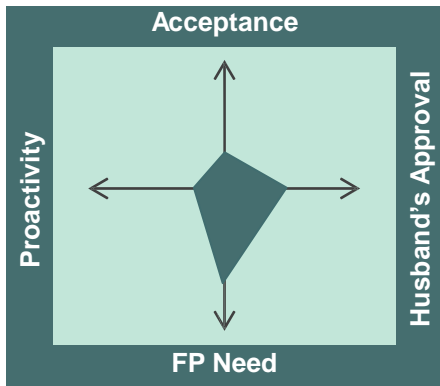
- This segment values a **discreet methods with quick return to fertility**
- She prefers to **discuss FP with her HCW**

Overview: Sheltered Skeptics (28%)



- These women have **less control over HC** (including FP) due to **younger** age (20% are age 17 or younger), **lack of education** (69% have no education), and **lower social status** (60% are in the lowest 2 quintiles of wealth)
- They tend to be **younger at the age of their first sexual encounter** (86% were younger than age 18 vs. 77% overall) and **younger at age of marriage** (33% before age 15 vs. 28% overall)
- They are **less likely to have children** (22% have no children, versus 14% overall) **or be married** (12% are single, versus 7% avg.)
- They are **the least likely to be able to refuse sex with their husbands** (97% cannot refuse, versus 88% overall)
- They have very **low levels of knowledge about FP**, and are the **least accepting of spacing** (26%) and **MM use** (18%)
- Their **husbands or their parents make decisions for them** (60% for HC decisions, and 67% for HH purchase decisions), and they have few outlets for discussion on FP
- Interestingly, these women are **having sex more frequently** than other segments (66% have had sex in the last month vs. 61% avg.) and are **most likely to agree that sex is better when you don't have to worry about getting pregnant** (35% vs 29% avg.)
- This segment needs trusted sources of FP information, as they currently **tend not to trust anyone for FP advice**, and are **very passive** in their info seeking

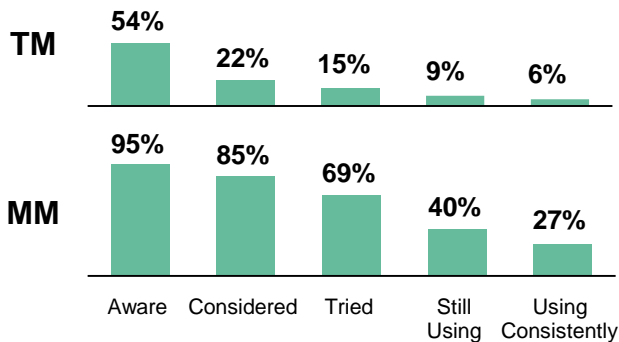
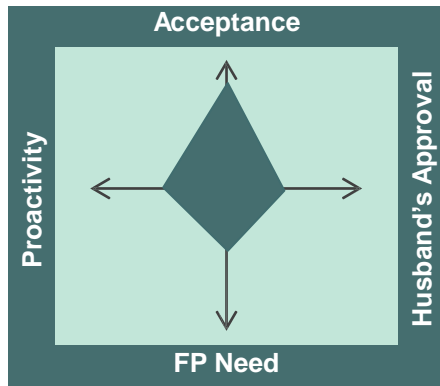
Overview: Conservative Passives (18%)



- This segment is more likely to live in **rural** areas (83%) and to be **older** (18% age 36-49)
- They are more likely to have a **husband with no education** (71%)
- These women adhere to **traditional values**, with the majority of them **believing that contraception is a sin** (53%), and Islamic teachings are not open to interpretation (no room for a variety of opinion (93%) and clerics have full authority (68%)
- They are **the least accepting of girls wanting to wait until age 18 to get married** (26% do not find it acceptable, vs. 19% overall)
- They are **the least likely to agree that sex is better when you don't have to worry about getting pregnant** (18% vs. 29% overall)
- They are **highly passive**, not having consultations (7%), or obtaining info regarding FP (12%)
- They are the most likely **never to have spoken to a HCW** about contraception (53% vs. 39% overall)
- These women **seek the permission of others** when it comes to FP decisions (72% prefer that their husbands are not opposed, 57% imams and 56% friends / family)
- Interestingly, they are the **most likely to say that becoming pregnant today would be a problem for them** (46%)

- This segment values **permission of husband, other women (friends / family), imams**
- They **tend to trust friends and family most** for discussing FP (36%)

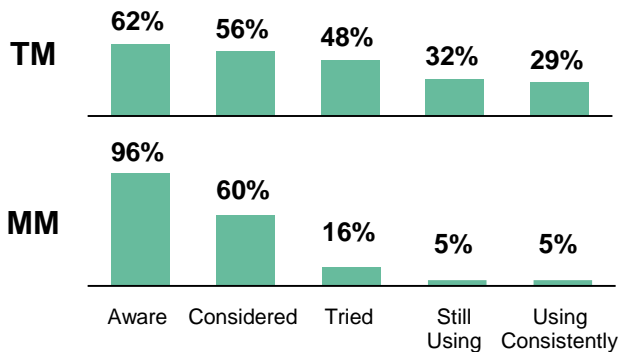
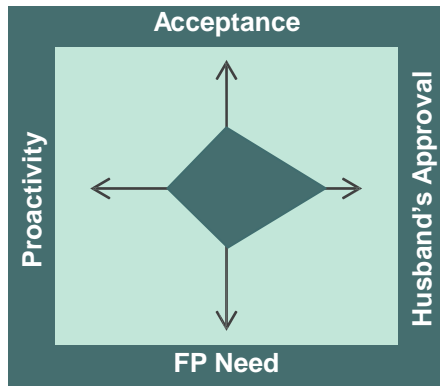
Overview: Modern Elites (16%)



- A woman in this segment is **well-educated** (23% with secondary education or higher), **wealthier** (52% in upper 2 quintiles), and **more urban** (34%) than women in the sample overall
- She is much more likely to have **waited to get married** until after age 18 (34% versus 22% overall) and to have **earned money outside the home** in the past year (27% vs 19% avg.)
- While she considers herself to be **very religious**, she believes that **she has the last word in deciding how to apply Islam** to her life (55% vs 43% avg.)
- She is much more **accepting of using MM** for spacing (94%) and, unlike other segments, the majority **accepts limiting** (52%)
- This may be because of her own **agency**, the relationship she has with her husband (63% making contraceptive decisions together), and her **belief that others use contraceptives** and/or are relatively accepting of use
- A woman in this segment **believes that others support FP**, and she's still **willing to seek out contraceptives when others don't** support use—for example, 52% of women in this segment don't believe that you need others' permission to use contraceptives

- This segment values a **quick return to fertility, easy to use, and few side effects**
- She prefers to receive **FP information from radio and peer education sessions**

Overview: Traditional Autonomists (10%)



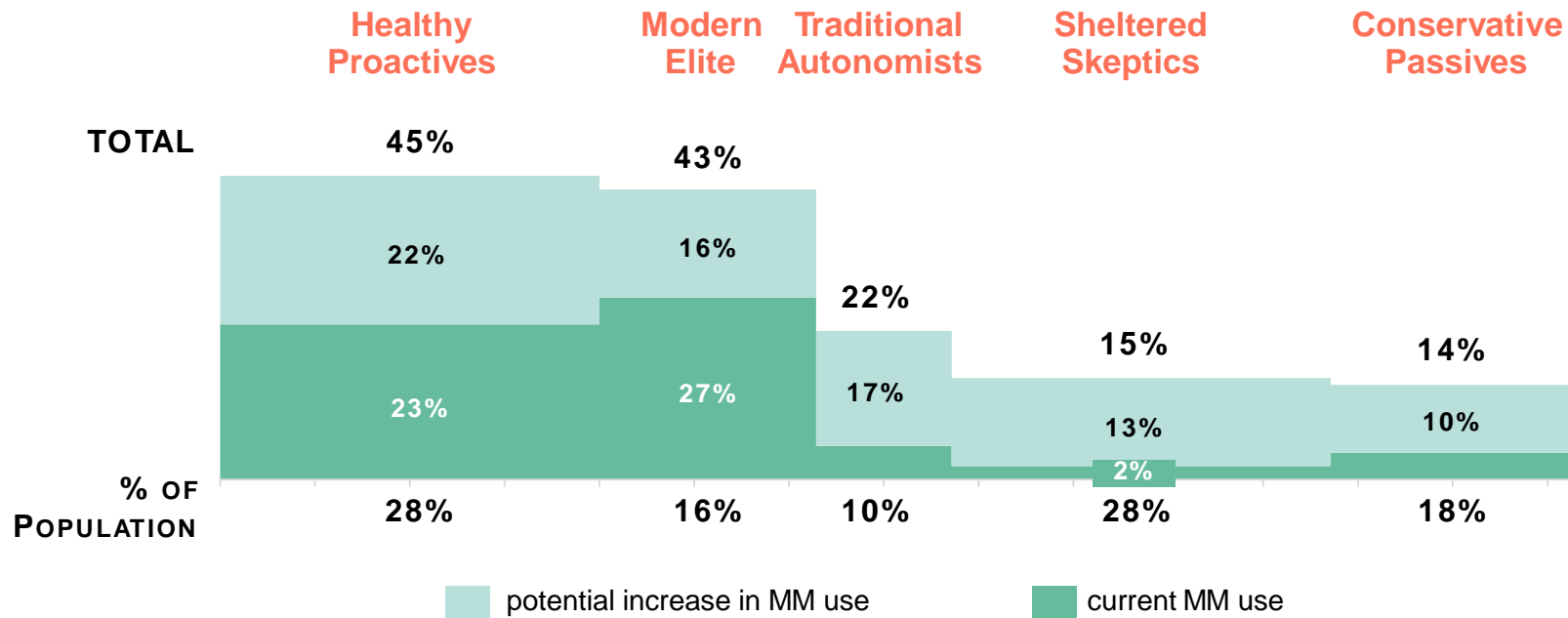
- Largely **rural** (89%) and **uneducated** (52%)
- This segment **accepts spacing** (88%) and tends to agree that you should not get pregnant if you have a baby on your back (95%) and that your husband will hate you if you have a child every year (84%)
- These women also **value autonomy**; they don't want to be told when to have their first child, and believe that when it comes to decisions about their health, it's their choice (77%)
- There may be an **opportunity to address limiting**, as the majority also agree that if their oldest daughter is pregnant, they should not be (68%)
- With regards to religion, this segment **believes that they will be judged at the gates of heaven on how well they took care of their children** (84%); they also believe that in Islam, there is **no room for a variety of opinions** (92%) and that **clerics and leaders have full authority** in how to apply Islam in everyday life (66%)
- The **opinion of their husbands is very important**, and they tend to make FP decisions with him (63%)

- This segment values methods with **no side effects, are free and easy to access, and are approved by their husbands**
- This segment should be **educated on the effectiveness of different traditional methods**, before introducing the idea of modern methods that may also fit their criteria

Comparing the potential increase in uptake with the segment size identified the largest opportunities...



Focusing on these segments, by 2020, we would expect to see the following increases in use across the segments, with large increases coming from Healthy Proactives, Traditional Autonomists, and Sheltered Skeptics



...Leading to the prioritization of segments

Healthy Proactives, Traditional Autonomists, and Sheltered Skeptics represent the largest opportunities to increase MM use

Primary Objective: Increase MM Use

Healthy Proactives (28%)	<ul style="list-style-type: none"> Large segment, high potential due to proactivity Opportunity to increase spacing
Traditional Autonomists (10%)	<ul style="list-style-type: none"> Potential to convert some TM users to MM use Encourage autonomy
Sheltered Skeptics (28%)	<ul style="list-style-type: none"> Large segment, potentially large opportunity for growth if educated

Other Objective: Shift to More Effective MM

Healthy Proactives (28%)	<ul style="list-style-type: none"> Large segment open to MM Open dialog with HCW, could be interested in LT MM as she ages
Modern Elites (16%)	<ul style="list-style-type: none"> Very accepting of spacing and most accepting of limiting Highest use of MM

Deprioritized Segment

Conservative Passives (18%)	<ul style="list-style-type: none"> Not engaged / interested Not autonomous Thinks contraception is a sin, would be most difficult segment to change mindset
---------------------------------------	--

Examples of implications for Healthy Proactives (I/II)

Innovative approaches can be tried with Healthy Proactives to secure greater and more consistent use of MM

Services



- High info seeker: consider discreet and ideally innovative ways to allow her to access info
- Service quality and method availability should be reinforced, potentially via mobile clinics
- Could test loyalty program to incentivize consistent use

Influencers

- HCW is most trusted source of contraception information
- Leverage privileged relationship with HCW, perhaps outside of FP such as pre- or post-natal care



Potential Methods

- Discretion of use is important
- She already believes in spacing, and accepts limiting: could introduce her to LT methods, especially as she ages

Traditional Methods

ST Modern Methods

LT Modern Methods

- Currently using ST MM
- Introduce IUD and / or implant as these are discreet, and offer a quick return to fertility

Examples of implications for Healthy Proactives (II/II)

Most Relevant Existing Programs



- **Mobile Clinics:** Healthy Proactives living in rural areas would be a key segment, as they:
 - Trust HCWs to provide them with good advice
 - Are open to MM and accept spacing and limiting to some extent
 - Value methods that are discreet
- **CBD:** Healthy Proactives would be a key segment, as they accept MM use and tend to be more rural compared to Modern Elites
 - We could imagine a referral program where Healthy Proactives shift from short term MM obtained from CDB, towards longer term methods at CSI and mobile clinics
- **Youth Outreach:** Young Healthy Proactives should be supported in their search for info, and educated on appropriate methods for different life stages, transitioning to longer acting methods as they get older
 - They are also the ideal segment to set a positive example for other youth, and should be engaged to develop youth programming and advocacy



Document contents

Project Overview and Key Findings

General Supply and Demand Findings

Segmentation

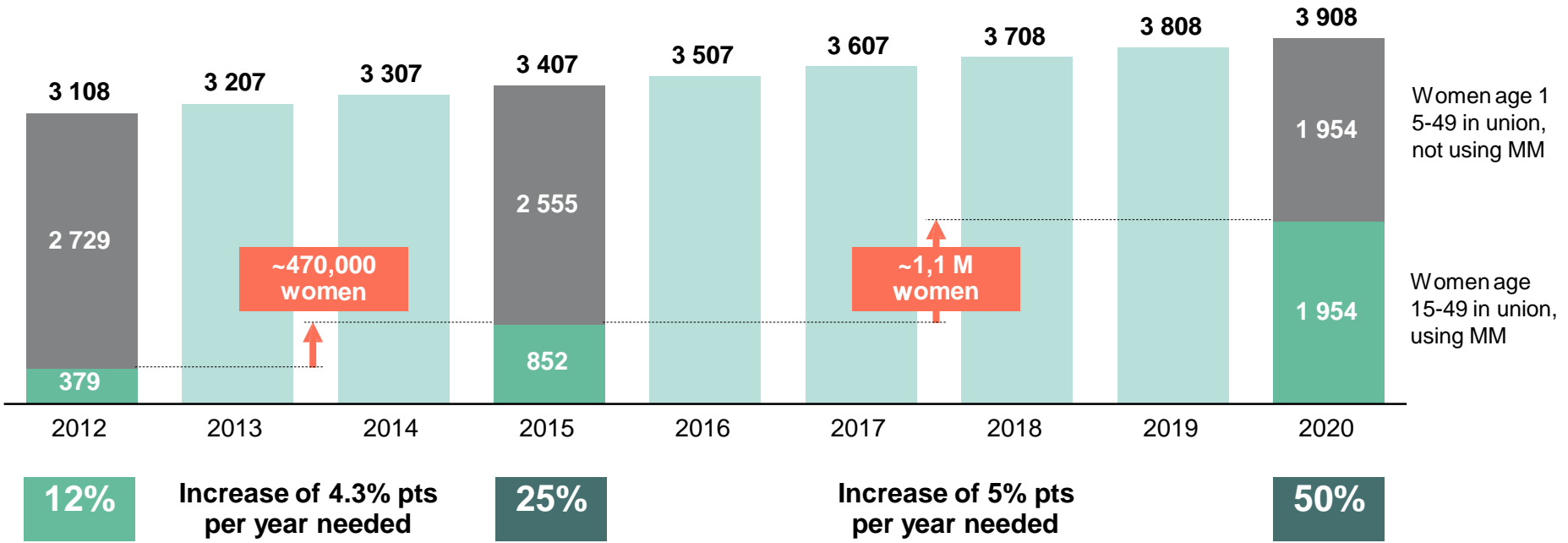
Greatest Opportunities + Next Steps

Forecast impact findings: Summary

- Niger currently has very ambitious goals (4.3-5% p.a.) for CPR increases by 2015 and 2020
- Rates of CPR increase across the Ouagadougou Partnership countries indicate that increases of more than 1% per year could be difficult to achieve
- We developed a new projection of expected CPR increase, based on the following assumptions about the % of women who could be convinced to change behavior at each MM drop off point, calculated by segment
- Based on our analysis, a more grounded forecast would be a projected increase of ~2% points CPR per year, reaching a total of ~1M women by 2020
- Focusing on these segments, by 2020, we would expect to see the following increases in use across the segments, with large increases coming from Healthy Proactives, Traditional Autonomists, and Sheltered Skeptics

Current national FP goals

Niger currently has very ambitious goals for CPR increases by 2015 and 2020



Forecasts of 1-3% pts per year would result in 1.1M women (28% of the population) using MM in 2020



Recap of Nigeria's critical national plan critical activities

The National Plan identifies 49 activities to be conducted, 11 of which are labeled as critical

DEMAND	<ul style="list-style-type: none">D.1.7 Scale up a FP social marketing campaignD.2.1 Scale programs which address husband knowledge and acceptance of FPD.3.1 Work with religious leaders to advocate FP, run an awareness campaign on FP benefits
ACCESS	<ul style="list-style-type: none">A.2.1 Add a minimum of 1000 new CBD sites for each year of the National PlanA.2.3 Increase the number of mobile clinics, ensuring their ability to provide LT methodsA.3.2 Train HCW in CSI to administer injectables, IUDs and implantsA.4.1 Test incentive based program to improve HCW counseling and stock management
SUPPLY	<ul style="list-style-type: none">O.1.1 Ensure availability at each level of the PH system by improving transport + warehousingO.1.2 Ensure the availability of IUDs and implants at HCs
COORDINATION	<ul style="list-style-type: none">C.1.1 Organize technical committee meetings to ensure roll out of National PlanC.1.2 Organize a platform for collaboration including external coaching session

Identification of greatest opportunities for increasing CPR

Using the following criteria, we identified a set of activities as the greatest opportunities for increasing CPR

Decision Criteria

Effectiveness In Driving Behavior Change

Large Number Of Target Segments Reached

Ability To Track Effectiveness As Proof Of Concept To Scale

Addressing One Or More Key Issues Identified

Key Issues To Address

Family planning not yet widely accepted, communication not tailored to women's needs

Significant variation in demand for FP across the population

Low knowledge of methods and fertility

Lack of consistent access to FP in all CSI and for range of methods that may meet women's needs

Lack of coordination and access to data for programming and tracking progress

Greatest opportunities for increasing CPR

We believe the following areas of focus represent the greatest opportunities for increasing CPR in Niger, and should be the focus of future funding

Tailor **communication** and programming to address segment needs and barriers

- Targeted communication will be much more effective in encouraging behavior change
- The channels and messages will likely differ by target segment: Healthy Proactives and Traditional Autonomists need to be supported and further educated, while building trust and broadening the mindset should be the starting point for Sheltered Skeptics

Improve quality of HCW **counseling**

- As the vast majority of methods are procured at the HC, better counseling is needed to help educate and guide women in their selection
- Pilots should test the effectiveness of providing HCW with better coaching, adapted materials, and incentives (financial or non-financial) on FP outcomes
- Pilots could also explore couples counseling, and / or counseling women to engage their husbands on FP

Improve **choice** of methods available in rural CSIs

- Broadening the range of methods available in rural areas is very important for increasing access to all methods and providing choice
- The minimum number of methods offered to women during FP counseling* in CSI should systematically include injectables, IUDs, implants, as well as traditional methods such as cycle beads and LAMA counseling

Support **coordination** and use of data to drive decisions across actors

- To make the most of limited resources, actors in Niger need to coordinate to avoid duplicate efforts and leverage information and data across programs
- Coordination efforts should be focused on use of the segmentation, with tracking and reporting out successes to the larger group

Note: *As described in the "Normes et Procédures en Santé de la Reproduction"

Greatest opportunities for increasing CPR: Relevant segments and projects







The opportunities relate to target segments, and specific projects and tools

	Most Relevant Segments	Examples of Relevant Projects / Tools
Tailor communication and programming to address segment needs and barriers	<ul style="list-style-type: none"> ▪ Healthy Proactives ▪ Traditional Autonomists ▪ Sheltered Skeptics 	<ul style="list-style-type: none"> ▪ National Communications Plan ▪ Adventures of Foula sketches ▪ Community level education ▪ WBSahelwomen'sempowermentproject
Improve quality of HCW counseling	<ul style="list-style-type: none"> ▪ Healthy Proactives ▪ Traditional Autonomists 	<ul style="list-style-type: none"> ▪ Animas "Quality Assurance" pilot ▪ WB RBF project
Improve choice of methods available in rural CSIs	<ul style="list-style-type: none"> ▪ Healthy Proactives ▪ Traditional Autonomists ▪ Sheltered Skeptics 	<ul style="list-style-type: none"> ▪ Sayana / Sutura press pilot ▪ Training of CSI HCW in a variety of methods ▪ Private sector CSI operational support ▪ Mobile clinics working with CSIs
Support coordination and use of data to drive decisions across actors	<ul style="list-style-type: none"> ▪ Healthy Proactives ▪ Traditional Autonomists ▪ Sheltered Skeptics 	<ul style="list-style-type: none"> ▪ Track20 ▪ Potential future NGO cohort ▪ Data tracking / M+E programs ▪ Programming implications toolkit

Greatest opportunities: Comparison with National Plan

These recommendations map to eight of the critical activities identified in the National Plan

Identified as Critical Activity in National Plan

<p>Tailor communication and programming to address segment needs and barriers</p>		<ul style="list-style-type: none"> ▪ Activity D1.7: Scale up social marketing communication program ▪ Activity D1.8: Design national FP campaign
<p>Improve quality of HCW counseling</p>		<ul style="list-style-type: none"> ▪ Activity A4.1: Test incentive based program to improve HCW counseling and stock management
<p>Improve choice of methods available in rural CSIs</p>		<ul style="list-style-type: none"> ▪ Activity A2.3: Increase the number of mobile clinics, ensuring their ability to provide LT methods ▪ Activity A3.2: Train HCW in CSI to administer injectables, IUDs and implants ▪ Activity O.2: Ensure the availability of IUDs and implants at HCs ▪ Activity O1.1: Ensure the distribution of contraceptives at each level of the public health system by addressing regional transport and warehousing needs
<p>Support coordination and use of data to drive decisions across actors</p>		<ul style="list-style-type: none"> ▪ Activity C1.2: Organize a platform for collaboration including external coaching session

Project stakeholders: MoH recommendations

With a view to emphasizing the plan's eight critical activities, we recommend the following to the MoH

Activities to Prioritize

<p>SHORT TERM (2014-2015)</p>	<ul style="list-style-type: none"> ▪ Use dissemination workshop as a platform to raise awareness of FP efforts and increase high level government commitment (communication) ▪ Design and launch national FP communications plan (communication) ▪ Coordinate efforts to improve HCW experience (Animas pilot, WB RBF program, others) to draw conclusions for scaling up successful approach (counseling) ▪ Implement and evaluate sayana press pilot (choice) ▪ Continue to train rural HCW to deliver LT MM (choice) ▪ Plan and put in place a flexible public data tracking plan (coordination)
<p>MID TERM (2016-2020)</p>	<ul style="list-style-type: none"> ▪ Scale sayana press initiative (choice) ▪ Scale improved HCW counseling initiative (counseling) ▪ Conduct large scale training on LT methods for CSI HCW (choice)
<p>LONG TERM (2021+)</p>	<ul style="list-style-type: none"> ▪ Refresh national FP communications plan (communications) ▪ Ensure all CSIs have availability of all methods (choice)

We recommend holding annual planning sessions to review priorities and allocate resources

A more complete plan evaluation and refresh should be conducted every 5 years

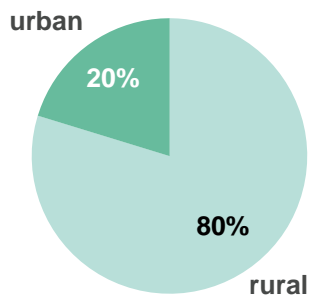
Appendix



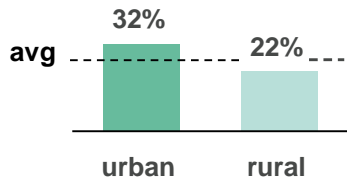
Consistent with other FP research, the following demographic variables have a clear impact on MMC use



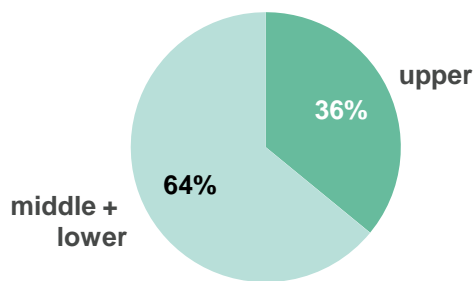
Type of Residence



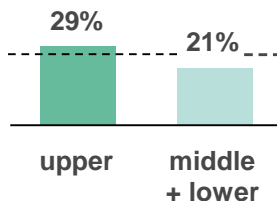
Ever tried MM



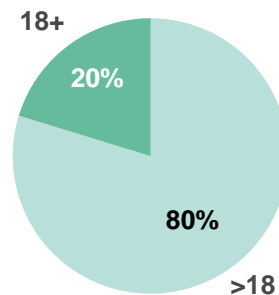
Social Class



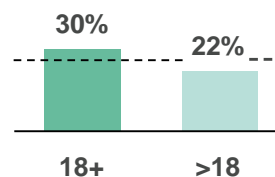
Ever tried MM



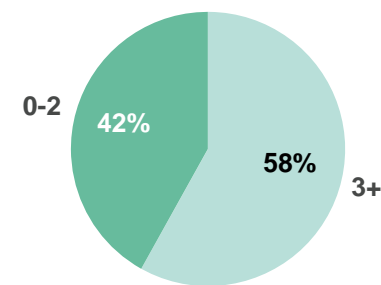
Age at Marriage



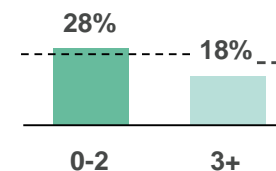
Ever tried MM



Number of Children



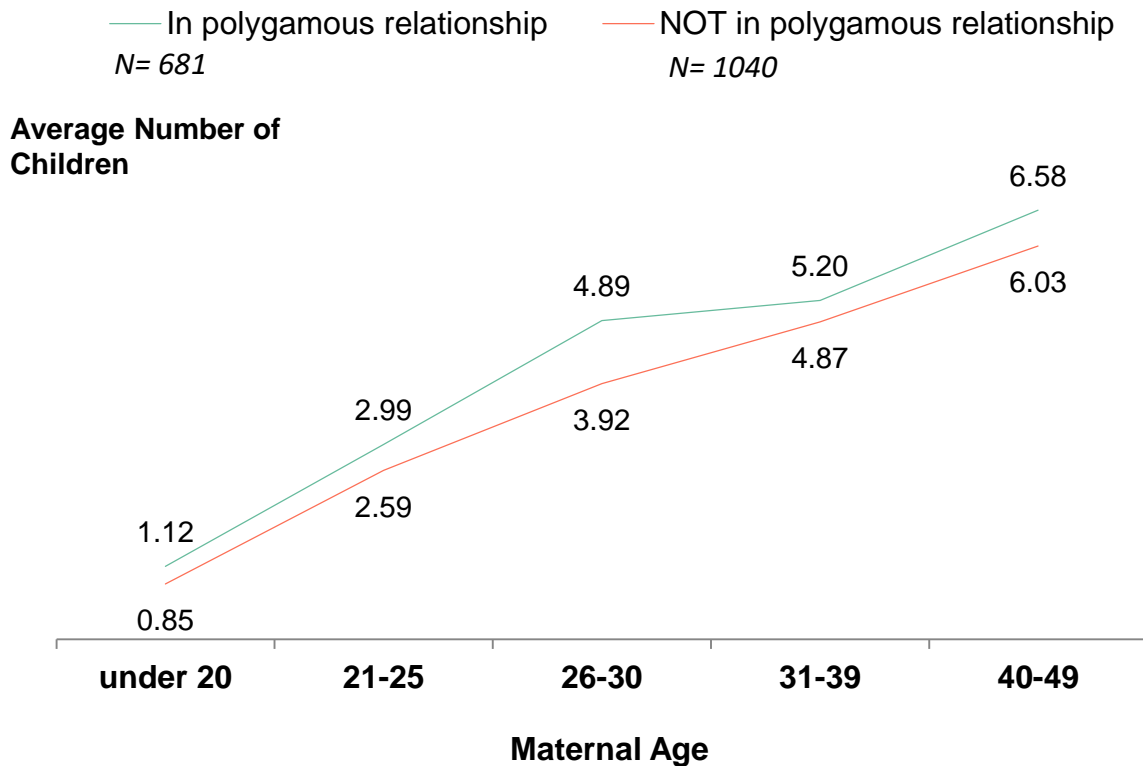
Ever tried MM



Impact of polygamy on family size and MMC use

There is not a statistically significant difference in number of children by maternal age group or in modern method use for women in polygamous and non-polygamous relationships

Children by Maternal Age Group, in Polygamous and Non-Polygamous Relationships



Observations

- There is not a statistically significant difference in family size between women in polygamous and non-polygamous relationships
- Similarly, there is not a statistically significant difference in rates of modern method use
 - Use rates in both groups are 13%

Review of previous FP segmentations

In our secondary research, we did not find any examples of robust segmentations in reproductive health

Examples of FP Segmentations		Description / Gaps
Nigeria, 1999	FP Attitudes and Use in Nigeria (IFPP)	<ul style="list-style-type: none"> Single factor analysis of correlation with contraceptive use; analysis does not provide segments
Azerbaijan, 2009	When one size doesn't fit all: Segmenting the Family Planning Market (ABT)	<ul style="list-style-type: none"> Combination of Qualitative and Quantitative research Developed four men's and six women's archetypes based on demographics, behaviors, and attitudes
South Africa, 2009	Segmentation and Total Market Approach (PSI)	<ul style="list-style-type: none"> Questionnaire from 3k+ men, does not provide clear consumer segments
Ghana, 2011	Market Segmentation Analysis (USAID)	<ul style="list-style-type: none"> Secondary analysis of DHS data primarily across demographic dimensions
Madagascar, 2011	Understanding Motivators and Barriers towards MM Use (PSI)	<ul style="list-style-type: none"> Single factor analysis of correlation with contraceptive use; analysis does not provide segments
Sierra Leone, 2013	Segmentation (MSI)	<ul style="list-style-type: none"> Utilize five segments to target services Segmentation methodology not disclosed on website
Ethiopia, 2013	Using Evidence on Demand + Use to Plan for a TMA (USAID)	<ul style="list-style-type: none"> Secondary analysis of DHS data primarily across demographic dimensions



Historic rates of CPR increase: Ouagadougou countries

Rates of CPR increase across the Ouagadougou Partnership countries indicate that increases of more than 1% per year could be difficult to achieve

	CPR 2005*	CPR 2010*	Average CPR % pts Annual Increase 2005 - 2010
BENIN	6.3%	7.5%	0,2
BURKINA FASO	10.6%	15.0%	0,9
COTE D'IVOIRE	10.1%	12.1%	0,4
GUINEA	5.7%	4.9%	-0,2
NIGER	5.0%	9.8%	1,0
SENEGAL	10.3%	12.1%	0,4
MALI	6.7%	N/A	N/A

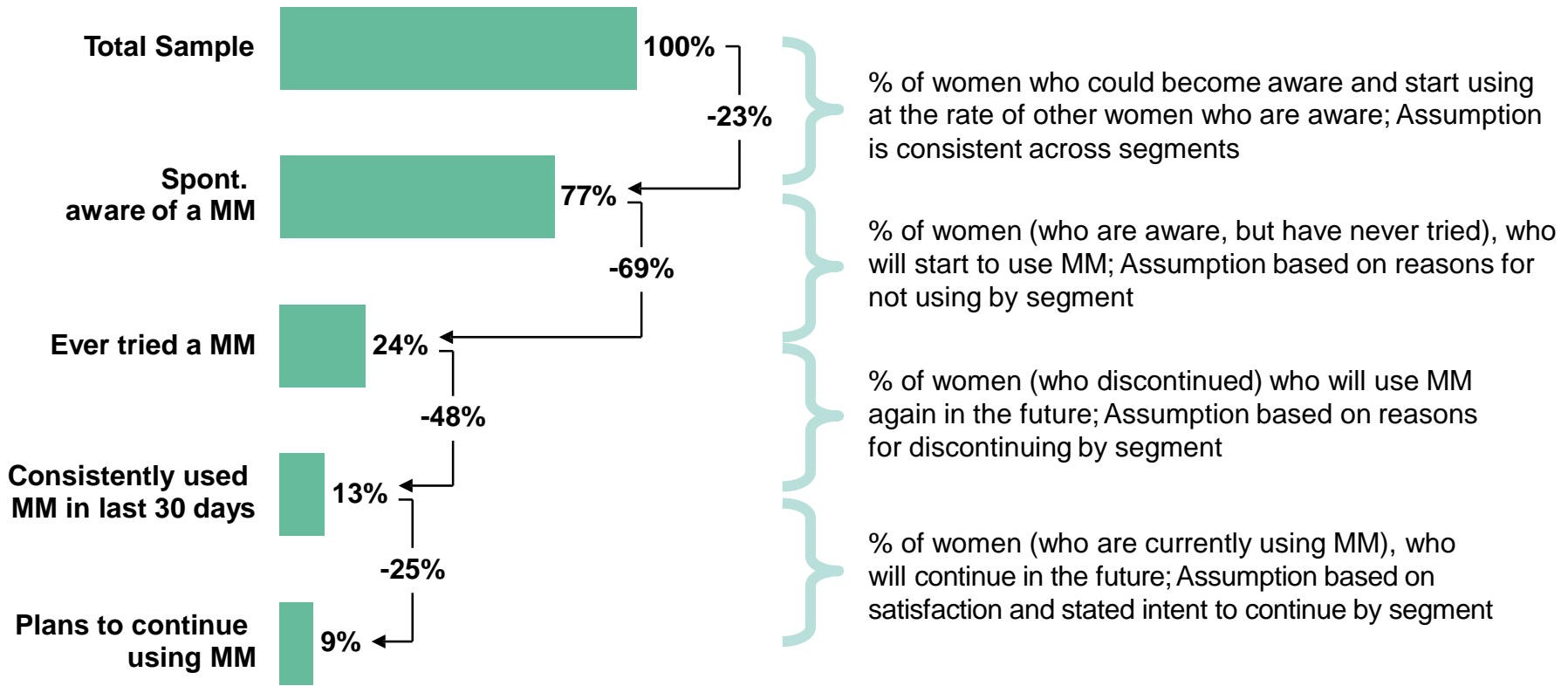
It is important to note that there are some outliers, countries such as Rwanda, Senegal, and Malawi where CPR increase has exceeded 2% pts. per year in recent years

These successes should be shared, with these countries serving as a positive example for Niger

Note: *linear CPR increase assumed, data extrapolated where no DHS available for that year; data n/a for Togo and Mauritania; Source: DHS data

Uptake model: Assumptions

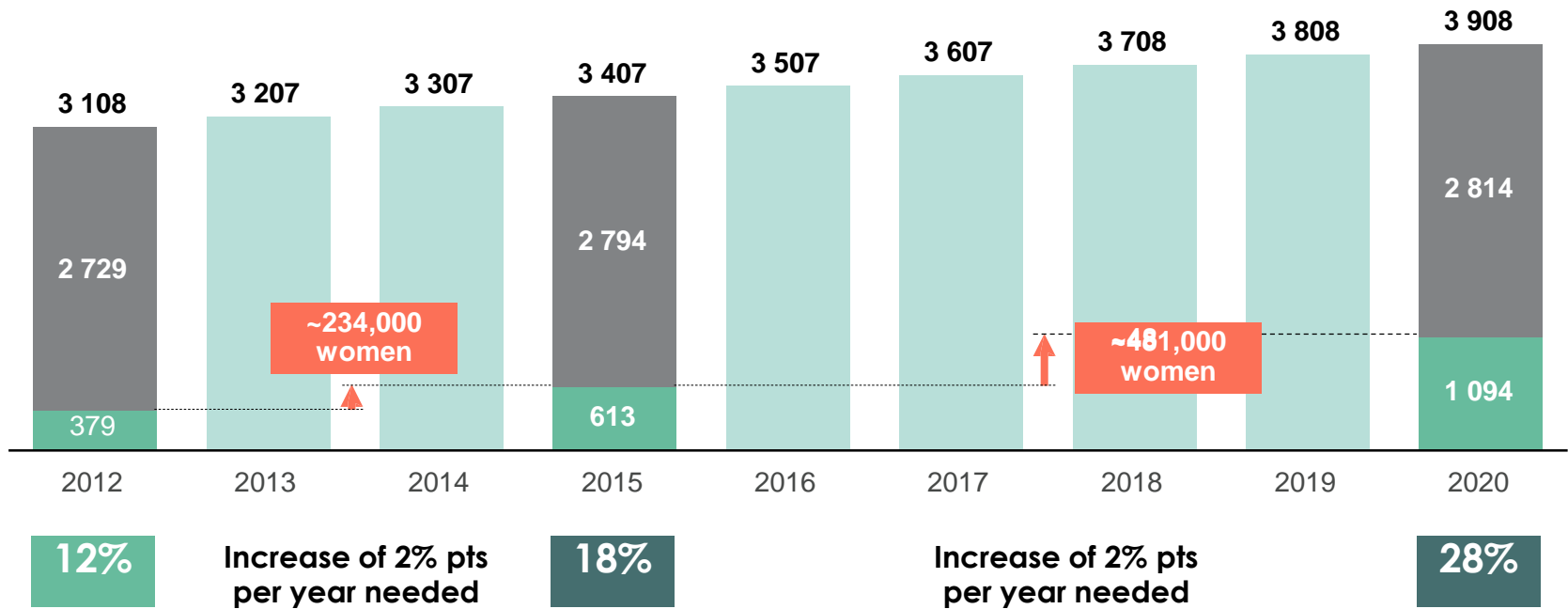
We developed a new projection of expected CPR increase, based on the following assumptions about the % of women who could be convinced to change behavior at each MM drop off point, calculated by segment



Note: *Based on population size of women 15-19 = 3.9M; **average MM use for women who are aware = 18%

Forecast based on output model

Based on our analysis, a more grounded forecast would be a projected increase of ~2% points CPR per year, reaching a total of ~1M women by 2020



■ Women age 15-49 ans in union
 ■ Women age 15-49 in union, not using MM
 ■ Women age 15-49 in union, using MM

Structure of Segment Review

This section will cover our recommendations for improvements to programming and messaging, based upon the segmentation analysis

THE FOLLOWING SLIDES COVER THE FOLLOWING FOUR TOPICS PER SEGMENT

GUIDING PRINCIPLES

Considerations and recommendations on programming and messaging to this segment

STRATEGIC CONCEPT

Overall strategic concept for messaging to this segment

MESSAGES FOR FURTHER TESTING

Continuum of messages of increasing specificity, to gently push segment towards positive behavior change, for further testing

PROGRAMMING CONSIDERATIONS

Activities that are likely to be effective for programming to this segment



Modern Elites: Guiding Principles



The following objective and considerations should be taken into account when targeting the Modern Elite segment

Behavioral Objective:

- Encourage consistent use of modern methods, and discuss / encourage longer term methods where possible

Approach / Considerations:

- This is a highly educated segment, they can understand and should be engaged in discussions on the specific benefits of different methods
- The importance of consistency of use for optimal effectiveness should be addressed with this segment
- Limiting is a topic that can also be covered with this segment, discussing appropriate longer term options as the woman ages
- This segment might be willing to pay for products and services, if they are more convenient or judged to be of superior quality
- They can be reached through the widest range of media, including TV, newspapers, and magazines



Modern Elites: Strategic Concept



“LIVING WELL”

Life isn't always easy. And if you've worked hard and been blessed with a good husband, a good education, or good skills and a job, it's important to ensure that you and your family enjoy these good living conditions as much as possible. Helping your family to thrive and have good opportunities is a priority for you. Good information, modern attitudes, reasonable thinking, and good decisions help with this. You want to have children at the time that you have the necessary resources, time, and health to help them and yourself to live well. You like modern methods of family planning because they are effective, safe, convenient, and offer a quick return to fertility when you are ready to have your next child. And with the expanding and improving range of choices, you can pick what helps you best to live well





Modern Elites: Messages for Further Testing



The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change

LEVEL 1 MESSAGE

With short term and long term modern methods, you can be confident that you have an approach to family planning that is effective, safe, convenient and best for your needs. Once you know which works best, it makes no sense to use older and less satisfying methods.

LEVEL 2 MESSAGE

Modern methods of family planning are improving and more options are becoming available. After learning about the full range of available methods, including IUD and implants, you can decide which methods to use.

LEVEL 3 MESSAGE

When it comes to family planning and other important decisions, knowing the best thing to do as a religious person requires thought, information, and reflection. And you use these to make choices about how to apply Islam in your own life.

LEVEL 4 MESSAGE

Modern methods of family planning are great way to ensure that you enjoy the good living conditions you work for, and to be sure that you have the resources, skills, husband, education, and living conditions you strive for, for yourself and your family.



Modern Elites: Programming Recommendations



MOST RELEVANT EXISTING PROGRAMS



- **Mobile Clinics:** Modern Elites living in rural areas would be an attractive segment as they:
 - Are very open towards MM in general
 - Accept limiting more than any other segment
 - Could potentially pay for services if needed
 - Are educated enough to understand the benefits of such methods, potential side effect, etc.

POTENTIAL NEW PROGRAMS

- New branded line of contraception, as this segment may be willing to pay for products
- TV programs, potentially soap opera style catered to younger Modern Elites, as this segment has the highest access to television



Healthy Proactives: Guiding Principles



The following objective and considerations should be taken into account when targeting the Healthy Proactive segment

Behavioral Objective:

- Encourage proactivity and modern method use

Approach / Considerations:

- This segment should be congratulated for her efforts to manage her health, and encouraged in her information seeking behavior
- She should be told about various ways for her to stay up to date on information, choosing the ones that are most convenient for her
- HCW are the most important source of information, and benefit from a privileged relationship
- Build off of overwhelming acceptance of spacing, and openness to limiting



Healthy Proactives: Strategic Concept



“GETTING IT RIGHT”

When taking care of your and your family’s health, you care about getting it right, and do the things necessary to make sure you do. And to do this, health care workers have been a good resource to you. So when it comes to family planning, it’s important to have good information, reliability, and safe options. It’s about learning about your fertility and obtaining the best information about contraceptives from the people you trust. You can choose the methods that suit you best, whether these are traditional or modern, long or short term. And it’s interesting these days that better, more reliable modern methods are available. So take the time, learn what you can, talk with people you trust, and make the choices that work best for you and your family.



Healthy Proactives: Messages for Further Testing



The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change

LEVEL 1 MESSAGE

It's good that you take care do the right things for your family's health care well being. There are many choices and decisions you will make, so getting it right really matters.

LEVEL 2 MESSAGE

Your health care worker is a great source for learning what is best for you and your family's important healthcare decisions, including family planning. Partnering with your health care worker on these decisions can be very useful.

LEVEL 3 MESSAGE

There is a broad range of traditional and modern methods to choose from, so be sure to keep looking for the best information so you can make the best choices regarding safety, effectiveness, and a quick return to fertility.

LEVEL 4 MESSAGE

You're in charge of your healthcare decisions. Health care workers, family, friends, radio, and others can provide information, some very good, some not so good, but you make the decisions - it's your choice.



Healthy Proactives: Programming Recommendations (1/2)



MOST RELEVANT EXISTING PROGRAMS



MOBILE CLINICS



CBD AND DUCATION



YOUTH UTREACH

HUSBAND OUTREACH

OTHER

- **Mobile Clinics:** Healthy Proactives living in rural areas would be a key segment to target, as they:
 - Trust HCWs to provide them with good FP advice, and may be seeking more effective options
 - are open to MM and accept spacing and limiting to some extent
 - Represent a large segment (28% of population) of which 78% are rural
 - Value methods that are discreet
- **CBD:** Healthy Proactives would be a key segment, as they accept MM use and tend to be more rural compared to Modern Elites
 - We could imagine a referral program where Healthy Proactives shift from short term MM obtained from CDB, towards longer term methods at CSI and mobile clinics
- **Youth Outreach:** Young Healthy Proactives should be supported in their search for info, and educated on appropriate methods for different life stages (transitioning to longer acting methods as they get older)
 - They are also the ideal segment to set a positive example for other youth, and should be engaged to develop youth programming and advocacy



Healthy Proactives: Programming Recommendations (2/2)



POTENTIAL NEW PROGRAMS

- Loyalty programs: she trusts HCW and is proactive on health, this program would reinforce that behavior
- SMS messages regarding FP health: these women are high info seekers and value discretion
- Youth led advocacy initiatives: segment could set an example for others, particularly Sheltered Youth
- Take advantage of other health activities to discuss FP: pre and Post natal care FP information sessions, and even immunization services as segment would be most open and already trusts HCW



Traditional Autonomists: Guiding Principles



The following objective and considerations should be taken into account when targeting the Traditional Autonomist segment

Behavioral Objective:

- Ensure consistent and effective use of traditional methods, encourage transition to modern methods that are appropriate

Approach / Considerations:

- This segment's autonomy needs to be respected, she should not feel that ideas are being pushed on her
- The role of the husband and his opinion is very important, he should be involved in the process of contraceptive selection if possible
- This segment prefers traditional methods, and mainly breastfeeding; this choice should be supported and information provided on how to ensure effectiveness of these methods



Traditional Autonomists: Strategic Concept



“YOUR FAMILY, YOUR CHOICE”

When it comes to family planning, it's a decision that you and your husband make together, and that's the way it should be. There are many family planning methods that help you create the rest you need between each of your children's births. Health care workers can help you use your current approach better, or propose other approaches that you might prefer. Some methods allow you to be fertile again immediately, for others it may take a bit of time, but none will have a permanent effect. It's your choice, for methods which will help you manage your health and that of your family.





Traditional Autonomists: Messages for Further Testing



The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change

LEVEL 1 MESSAGE

You yourself make the decisions that determine your family's healthcare, including which family planning method you will use, when you want to. You will listen to others, but ultimately it's your choice.

LEVEL 2 MESSAGE

Family planning and healthcare choices impact your entire family, and are best made together by you and your husband. Your relationship with your husband is very important to you, so deciding together is also important.

LEVEL 3 MESSAGE

Many traditional methods can be very effective and reliable, so you make sure you get all the information you can about how to use them most effectively when you need them.

LEVEL 4 MESSAGE

Spacing children can be a good choice and a good reason to use family planning. And sometimes it can make good sense to try to limit the number of children you have, especially as you get older. After all, it's not good to have a baby in your lap when you are pregnant, or when your older daughter is.



Traditional Autonomists: Programming Recommendations



MOST RELEVANT EXISTING PROGRAMS

MOBILE
CLINICS

CBD AND
EDUCATION

YOUTH
OUTREACH



**HUSBAND
OUTREACH**

OTHER

- **Husband Outreach:** This initiative is most important for the Traditional Autonomists, who tend to decide on contraception with their husband, and trust him most for advice on FP
 - Ecole de Mari recruitment could be adapted to target husbands of traditional autonomists

POTENTIAL NEW PROGRAMS

- Informal "chit chat" sessions on how to use TM effectively (LAMA, cycle beads, temperature taking, etc.)
- "Ecole de femmes" which would mirror the "Ecole de maris" initiative and reinforce to this segment that they are partners in these decisions
- Imam outreach to address this segment's perception on lack of flexibility for religious interpretation
- Pilot self-retractable IUDs: if these women could be convinced that IUD has a very low impact on fertility, they might be open if they are able to remain in control of the process



Conservative Passives: Guiding Principles



The following objective and considerations should be taken into account when targeting the Conservative Passive segment

Behavioral Objective:

- Gently encourage this segment to question some of their entrenched beliefs about contraception

Approach / Considerations:

- Friends and family / peer sessions might be a good approach to build trust with this segment
- Social norms play an important role, she should be shown that other women are accepting of contraceptive use
- This segment will not actively seek information, reaching them would most likely happen only through targeted efforts or mass communication
- Blunt honesty or humor is not likely to work with this segment, messages should be rooted in tradition and respecting her conservative nature
- A point of entry for discussion could be this segment's high unmet need; she is most likely to view a current pregnancy as a problem, yet does nothing to prevent it



Conservative Passives: Strategic Concept



“LIVING RESPONSIBLY”

Our lives are filled with responsibilities, expectations, and familiar activities. You know, and even embrace what is expected of you, what you believe, and how you must live. Day to day life is clearly structured by your family, husband, work, and Islam. But sometimes it's hard. And while clerics have the authority and say contraception is a sin, you know that sometimes getting pregnant unexpectedly can be a problem. In this case, it can make good sense to consider using traditional methods of family planning that you know can work for you, so you don't create the greater sin of not caring well for your child, your other family, yourself, and the community that relies on you.





Conservative Passives: Messages for Further Testing



The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change

LEVEL 1 MESSAGE

It's important to find wise people you can trust to provide useful and reliable wisdom, ideas, and discernment among your friends and family, and even occasionally among outsiders. Life lessons can help you be useful in your life and keep your burden reasonable. And while the old proven ways are valuable, sometimes a new idea is too.

LEVEL 2 MESSAGE

Clerics have authority to say what is acceptable and what is a sin. But did you know that many imams of great learning, in Niger and around the Islamic world, after a lifetime of studying the Koran and the hadith, believe that contraception is actually not a sin when used properly? In fact these same great imams believe that instead it is a sin to fail to raise children who thrive, to keep your burden reasonable, to use your mind to pursue learning and discern well, and to build a strong community. In this way, the proper use of family planning methods is not only acceptable, but often a good idea.

LEVEL 3 MESSAGE

For many women, getting pregnant unexpectedly can create a problem, because you don't always have the resources or adequate health to provide well for your children. For this reason, knowing how to use effective traditional methods of family planning can help you ensure that when you have children, you are ready to provide well for them.



Conservative Passives: Programming Recommendations



MOST RELEVANT EXISTING PROGRAMS



- **CDB:** These women should not be a specific target of CBD, but educational materials and outreach should take them into consideration
 - As the segment is highly passive, this may be one of the only effective channels for reaching these women

POTENTIAL NEW PROGRAMS

- Outreach via imams could target this segment, to help them reconcile their belief that contraception is a sin, and lack of flexibility in religious interpretation
 - This could take the form of informational sessions, social events, and / or imam “sponsored” health centers



Sheltered Skeptics: Guiding Principles



The following objective and considerations should be taken into account when targeting the Sheltered Skeptic segment

Behavioral Objective:

- Open dialog with segment to broaden mindset, starting to build relationships of trust

Approach / Considerations:

- Building trust is a pre-requisite for sharing any information or advice to this segment, and it should be built ideally by someone in their community whom they will have continued access to
- Other young women, ideally Healthy Proactives, should be engaged to develop programming for this segment, to ensure adapted activities that this segment will appreciate
- Family Planning should not be the main focus of any activity targeted at this segment, but rather a component of a broader activity



Sheltered Skeptics: Strategic Concept



“HELP AND LEARNING”

The world is a big place, and so is Niger. Niger is a special place where the family, children, and being a good Muslim are valued everywhere. And as you grow up, you can learn about traditional and new ways to help yourself and your family to be healthy and well. It's both possible and important to find someone you can trust to be of help to you. There's so much to learn about! The most important thing will be that you and your family are happy, healthy, and unburdened. So learn as much as you can, look as far as you can, and learn to make a good life for you and your family.





Sheltered Skeptics: Messages for Further Testing



The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change

LEVEL 1 MESSAGE

Everybody needs someone they can trust to help them learn about the wider world. You can't learn it all on your own, so it's important to find a trusted source of good information and support.

LEVEL 2 MESSAGE

Because it's hard work to manage a family and a household, it's important not to be too shy to talk to your friends, other women, and others who can help you obtain the information, skills, and confidence you need to take on adult responsibilities.

LEVEL 3 MESSAGE

There are people inside and even outside your community who can help you get the knowledge and develop the skills you need for adult life, managing a family and a household.

LEVEL 4 MESSAGE

In order to see your family thrive, you might be interested in learning about the effective methods of family planning that are available to you, both traditional and modern, and the benefits that it may have for your health, and that of your husband and children.



Sheltered Skeptics: Programming Recommendations (1/2)



MOST RELEVANT EXISTING PROGRAMS

MOBILE
CLINICS



**CBD AND
DUCATION**



**YOUTH
UTREACH**

HUSBAND
OUTREACH

OTHER

- **CBD:** For education, Sheltered Skeptics living in rural areas (83%) would be an ideal target as:
 - On average they live far from health centers (CdS) ~5 km
 - Have very low awareness of contraception and knowledge of fertility awareness
 - Are skeptical / not trusting of sources of info on FP - and could benefit from learning in an environment with their peers and older, more experienced women
- **Youth Outreach:** The focus on Sheltered Skeptics should be on broadening their mindset and motivating them to be more proactive in their info seeking and management of health - we want these young women to migrate towards becoming Healthy Proactives (specific ideas on following slide)
 - More testing is likely needed to understand this segment's interests and hobbies, to be used to design relevant outreach activities and communications on topics that interest them
 - In communication, use "I" and / or "you" statements for better resonance, test with young Healthy Proactives
 - Consider breaching topics of FP beyond needs and responsibilities; intimacy and planning can be addressed and in line with religious teachings



Sheltered Skeptics: Programming Recommendations (2/2)



POTENTIAL NEW PROGRAMS

- Youth social activities these women have less access to interesting social events and need a safe space to learn about FP
 - Mobile hair salons, crafts
 - Team sports are good activities that teach young girls leadership and how to rely on others
- School curriculum on household management, including info on FP: motivate segment to learn more
 - In line with “life skills” training for young women
 - Could also be linked to mosques, as this would create trusted links with those in their community
- Economic stimulus activities, with an education component: to help this segment out of poverty and increase awareness
 - Skills taught should be carefully selected for broad relevance (e.g. how to make things but also how to negotiate and manage finances)
- "Big sister" program: pair older Healthy Proactives with younger Sheltered Skeptics to teach them about marriage and family life, and how important her health is while doing fun activities
- Awareness campaign for "ligne vert" anonymous hotline, with specific training to hotline phone operators to identify and address this segment's concerns
 - Alternatively, a push messaging system that invites this segment to activities as this segment is not highly proactive
 - A referral system (potentially with vouchers) could be set up to link these women back to someone in their community if desired