

Quality of care received for family planning from Community Pharmacists and Patent and Proprietary Medicine Vendors in Lagos and Kaduna, Nigeria: The IntegratE project

BACKGROUND

In Nigeria, Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVVs) are the first point of care for many communities. Although CPs and PPMVVs are not formally recognized as FP service providers, 22% of modern contraceptive users' report receiving their last method from a PPMVV and 12% from a private pharmacy [2]. PPMVVs are especially popular for family planning (FP) due to their widespread availability, consistent drug stocks, extended hours, personable interactions, and no separate fees for consultations [3, 4]. As the Federal Ministry of Health (FMoH) explores expanding its task sharing policy to include CPs and PPMVVs, evidence is needed on an effective regulatory system to support PPMVVs and CPs to provide high quality FP services.

THE INTEGRATE PROJECT

The IntegratE Project is a 4-year initiative (2017-2021) funded by the Bill & Melinda Gates Foundation and MSD for Mothers¹ that seeks to increase access to contraceptive methods by involving the private sector (CPs and PPMVVs) in FP service delivery in Lagos and Kaduna States. IntegratE is implemented by a consortium of partners, Marie Stopes International, Planned Parenthood Federation of Nigeria, Population Council, PharmAccess, and led by the Society for Family Health. The project seeks to establish a regulatory system with the Pharmacists Council of Nigeria (PCN) to ensure that CPs and PPMVVs provide quality FP services, comply with FP regulations and report service statistics to the Health Information Management System (HMIS). To achieve this, the IntegratE Project in collaboration

with PCN and the FMoH, is implementing three main activities: (1) a pilot 3-tiered accreditation system for PPMVVs based on their healthcare qualifications; (2) a pilot hub-and-spoke supervisory model to ensure standard drug stocking practices; and (3) building the capacity of CPs and PPMVVs to provide expanded FP services and report service statistics to the HMIS. Under the pilot accreditation system, PPMVVs are provided with a standardized FP training and offer certain FP services based on their tier (**Table 1**). CPs function outside of the pilot accreditation system but would receive the same training and provide the same services as Tier 2 PPMVVs. The IntegratE Project is simultaneously raising awareness about the FP services CPs and PPMVVs provide. This brief focuses on quality of care received by women voluntarily seeking FP services from CPs and PPMVVs. Additional information on IntegratE Project can be found on www.integrateproject.org.ng.

Provider type	Description	Training received
Tier 1 PPMVVs	PPMVVs without healthcare qualifications	<ul style="list-style-type: none"> • FP counseling and referral • Refill of oral contraceptives
Tier 2 PPMVVs	PPMVVs with healthcare qualifications	<ul style="list-style-type: none"> • FP counseling and referral • Injectable administration • Implant insertion and removal
Tier 3 PPMVVs	PPMVVs who are also pharmacy technicians	<ul style="list-style-type: none"> • FP counseling and referral • Injectable administration • Implant insertion and removal
CPs	Outside of accreditation system	<ul style="list-style-type: none"> • FP counseling and referral • Injectable administration • Implant insertion and removal

THE MAJORITY OF WOMEN (98%) FELT THAT THEY WERE ALLOWED TO ASK QUESTIONS DURING THEIR FP COUNSELING SESSIONS WITH CPs AND PPMVVs

¹ This programme is co-funded by, developed and is being implemented in collaboration with MSD for Mothers, MSD's \$500 million initiative to help create a world where no woman dies giving life. MSD for Mothers is an initiative of Merck & Co., Inc., Kenilworth, NJ, U.S.A

QUALITY OF CARE RECEIVED BY CLIENTS SEEKING FAMILY PLANNING SERVICES FROM CPS AND PPMVS

The IntegratE project is conducting a mixed-methods study to assess the effect of a series of interventions on CPs' and PPMVs' capacity to provide high quality FP services. Between June and November of 2019, women were interviewed after receiving FP services from trained CPs and PPMVs. 598 women who received FP services from CPs in Kaduna and Lagos states were contacted within a week of receiving services by a data collector by phone about the services that they received. Additional women will be enrolled in the study in 2020.

RESULTS

Respondent characteristics

Just over half of women interviewed were between the ages of 25 and 34 (54%) in Kaduna, and 35 or older (53%) in Lagos. Nearly all women in both states were married or in-union (95% in Kaduna and 93% in Lagos) and had at least one child (96% in Kaduna and 97% in Lagos). Most had completed secondary school or higher (58% in Kaduna and 79% in Lagos).

WOMEN REPORTED RECEIVING A RANGE OF INFORMATION ABOUT METHOD SELECTION, FROM A HIGH OF 96% WHO WERE TOLD ABOUT OTHER FP METHODS TO A LOW OF 58% IN LAGOS WHO WERE TOLD ABOUT WHICH METHODS PROTECT AGAINST STIS/HIV.

Quality of care received

The measures of quality of care assessed in this study are broken down into four key domains [6]: 1) respectful care, 2) method selection, 3) effective use of selected method, and 4) continuity of contraceptive use and care. **Figure 1** presents the proportions of women who reported high quality by domain (n=497²). **Respectful care** includes interpersonal interactions between the provider and woman and assesses aspects of privacy and confidentiality. In both states, women reported high

	Kaduna (n=298)	Lagos (n=300)	Total (n=598)
Age			
16-24	22.2	5.0	13.6
25-34	54.0	42.3	48.2
35-53	23.8	52.7	38.3
Marital Status*			
Single	4.4	5.3	4.9
Married/ In-union	94.6	93.3	94.0
Widowed/divorced	0.7	1.3	1.0
Number of living children*			
None	4.0	3.3	3.7
One	10.4	9.7	10.0
Two	23.2	15.0	19.1
Three	20.8	35.0	27.9
Four or more	41.3	37.0	39.1
Highest level of education achieved*			
No formal education	12.8	3.3	8.0
Primary	18.8	14.0	16.4
Secondary	49.0	41.7	45.3
2+ years post-secondary	18.5	37.7	28.1

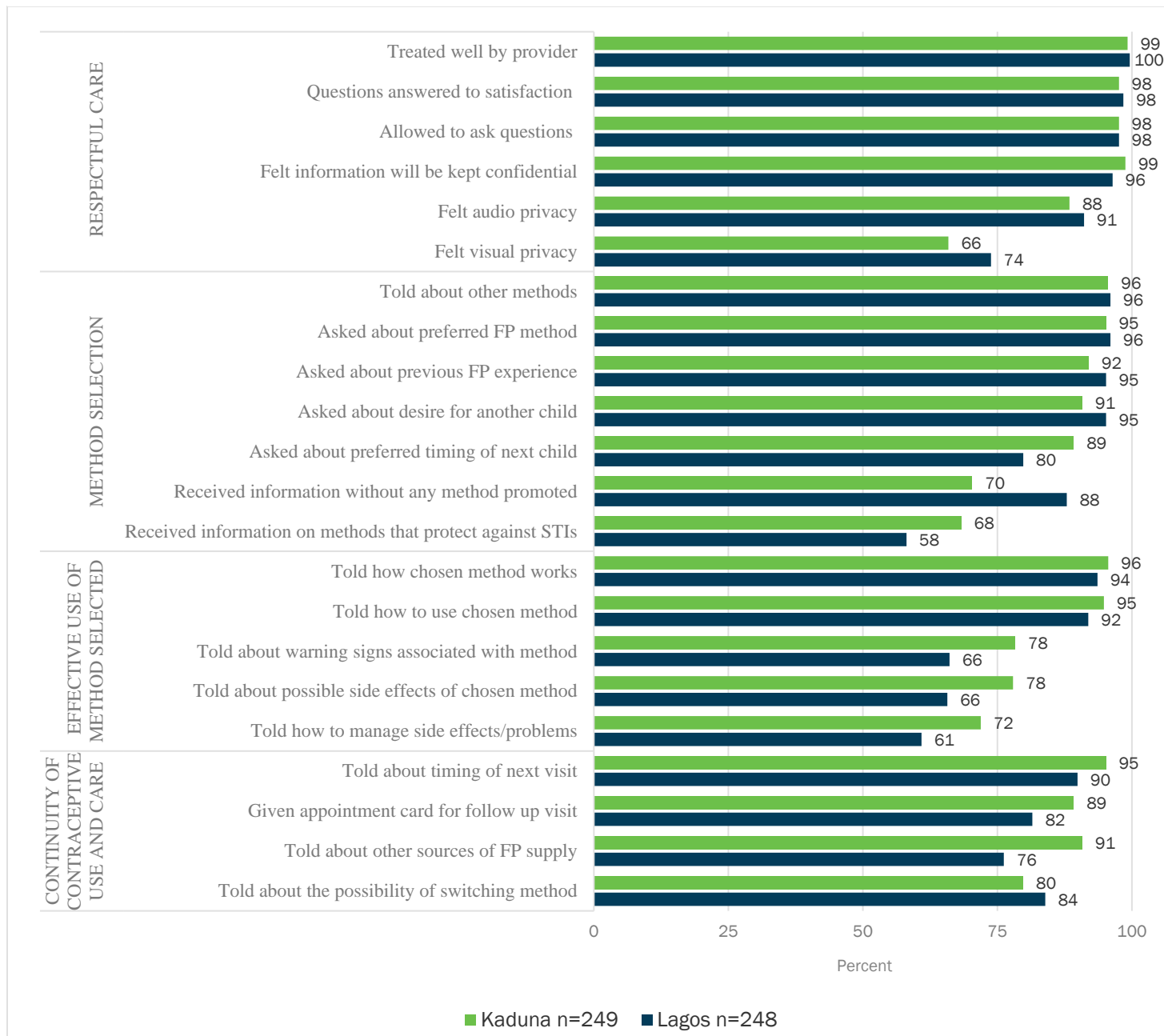
*Percentages do not total to 100% due to missing observations

quality of care for 5 of the 6 items in the respectful care domain. Nearly all women felt that they were treated well by the provider (99% in Kaduna and 100% in Lagos) and that their information would be kept confidential (99% in Kaduna and 96% in Lagos). Fewer in each state felt that audio privacy was ensured during the visit (88% in Kaduna and 91% Lagos), and that visual privacy was ensured (66% in Kaduna and 74% Lagos).

Method selection focuses on information sought by providers to facilitate women's choice of method. At least 90% of women in both states reported discussion of 4 of the 7 items related to method selection. For example, most women reported that the provider told them about other FP methods (96% in each state) and asked about their preferred method (95% in Kaduna and 96% in Lagos). Fewer women reported aspects of quality for the other 3 items. For example, providers were trained not to promote any one method. Interviews showed that in Lagos, 87% of women reported that no method was strongly promoted, and 70% reported this in Kaduna. Sixty-eight percent of women in Kaduna and 58% in Lagos reported that the provider gave them information about FP methods that protect against STIs.

² 101 women were inadvertently skipped from the quality of care questions

Figure 1: Percentage of women reporting quality of care received from CPs and PPMVs by domain and State n=497



Effective use of the selected method includes information about how to safely and effectively use the method. Most women reported that the provider told them how their chosen method works (96% in Kaduna and 94% in Lagos) and how to use it (95% in Kaduna and 92% in Lagos). Fewer reported that the provider told them about the possible side effects of the chosen method (78% in Kaduna and 66% in Lagos) and how to manage those side effects (72% in Kaduna and 61% in Lagos).

FOR THEIR CHOSEN METHOD, 78% OF WOMEN IN KADUNA AND 67% IN LAGOS WERE TOLD ABOUT POSSIBLE SIDE EFFECTS AND 72% OF WOMEN IN KADUNA AND 61% OF WOMEN IN LAGOS WERE TOLD HOW TO MANAGE THEM.

Continuity of contraceptive use and care includes information about follow-up appointments and the ability to switch to other methods. Most women were told about the timing of their next FP visit (95% in Kaduna and 90% in Lagos). Many were told that they could switch to another method if the method selected wasn't suitable (89% in Kaduna and 82% in Lagos) and about other sources of FP supply (84% in Kaduna and 80% in Lagos).

MORE THAN THREE-QUARTERS OF WOMEN REPORTED RECEIVING EACH ITEM IN THE CONTINUITY OF CONTRACEPTIVE USE AND CARE DOMAIN.

Level of quality of care received by women seeking family planning from CPs and PPMVs

A composite scale combining the 22-items into low, medium and high quality of care received was calculated based on methods used in previous studies [7]. Forty percent of women were categorized as receiving high quality of care, 36% as medium quality of care, and 24% as low quality of care.

References

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In addition, 97% of women said they would return to the same CP or PPMV for FP in the future, and 98% said they would recommend the same provider to a friend³.

CONCLUSION

Results to date suggest that just over three-quarters of women seeking FP services from IntegratE-trained CPs and PPMVs received medium to high quality of care. These findings are promising for the ability of CPs and PPMVs to provide high quality care to clients seeking FP services in Nigeria. The IntegratE Project plans to use these results to help inform future FP counseling trainings and mentorship support to CPs and PPMVs to ensure that women seeking services from CPs and PPMVs continue to receive high quality services. Through additional client exit interviews planned for Year 3 of the project, changes in quality of care received from trained CPs and PPMVs will be assessed.

³ (n=563) 35 women were inadvertently skipped from these questions