



EXPANDING ACCESS TO QUALITY FAMILY PLANNING AND PRIMARY HEALTHCARE SERVICES

The Role of Peer Mentoring in  
Improving Family Planning Service  
Delivery and Data Reporting among  
Patent and Proprietary Medicine  
Vendors in Kaduna State

## Policy Brief

IntegratE Project  
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## 1.0 BACKGROUND

Peer mentoring has the potential to enhance the quality of family planning (FP) services to clients and data reporting among Patent and Proprietary Medicine Vendors (PPMVs). Peer mentoring is a platform for increasing and expanding knowledge, skills and self-confidence among persons working towards achieving similar goals. As the number of trained PPMVs increased, it became increasingly challenging to achieve adequate oversight on the quality of FP services provided to clients. Health trained and non- health trained providers with unique zeal and commitment to FP service delivery and documentation in their practice were selected and trained as mentors to their peers. This brief highlights the potential for peer-to-peer mentoring to enhance the quality of FP service delivery among the PPMVs in Kaduna State, Nigeria.

### The Integrate Project

The Integrate Project is a 4-year initiative (2017-2021) funded by the Bill & Melinda Gates Foundation and MSD for Mothers that seeks to increase access to contraceptive methods by involving the private sector (CPs and PPMVs) in family planning (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, Pharm Access, and led by the Society for Family Health. Integrate seeks to establish a regulatory system with the Pharmacists Council of Nigeria (PCN) to ensure that CPs and PPMVs 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 PPMVs based on their healthcare qualifications; (2) pilot a hub-and-spoke supervisory model to ensure standard drug stocking practices; and (3) building the capacity of CPs and PPMVs to provide a wider range of FP services and report data to the HMIS. Additional information on Integrate Project can be found on [www.integrateproject.org.ng](http://www.integrateproject.org.ng).

**Table 1: Description of Tier Accreditation System**

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

### The Structure of the PPMV Peer Mentoring

The project identified the high performing PPMVs with respect to data reporting and service quality who have demonstrated capacity to support others through their engagement on the WhatsApp platform (community of practice for each PPMV Tier). The project convened a meeting with the identified PPMVs to introduce the mentoring program. The selected PPMVs and officials who agreed to volunteer their time for the mentoring program were trained on the specific task for each of the mentoring visits. PPMV mentors were attached to Integrate program staff to receive mentorship on various components of the FP program. The mentors were taught to guide their peers on filling of FP register, use of android phone for reporting, compliance with PCN regulation on registration,

stocking, data review and validation. During subsequent field mentoring visits, the mentors submit report and participate in review session with the project staff. Random quality checks are also conducted on some PPMV shops previously visited by the mentors. Mentors are given incentives to support their role as some of them sacrifice time away from their business to support their peers.



*PPMV Mentors providing guidance to PPMV Mentees during mentorship visits in Kaduna State*

## 2.0. METHODOLOGY

In order to gain insights into the impact of peer mentoring among the PPMVs in Kaduna State, three (3) Focus Group Discussions (FGDs) were conducted to elicit detailed information from the mentors and mentees in both tier 1 and tier 2. FGD 1 consisted of 11 Tier 1 PPMVs, FGD 2 consisted of 11 Tier 2 PPMVs and FGD 3 consisted of 8 PPMV mentors with a fair representation of male and female participants in each FGD. Participation in the FGDs was voluntary, confidentiality was assured, and consent was obtained from all participants. The FGDs explored the perceptions about perception about peer mentoring and how it influenced FP service delivery. The FGDs were transcribed and analyzed using thematic analysis.



*Focus Group Discussion session with the PPMVs in Tier 1*

## 3.0 DISCUSSION OF FINDINGS

### ***Access to commodity purchase***

Access to commodities was a critical factor for quality FP service delivery as uptake of FP was hinged on PPMVs stocking their facilities with these commodities and providing choices for clients. In certain situations, access to some of these commodities was very difficult as information on how and where to get them was unavailable. Peer mentors salvaged these situations by providing valuable information on where to get commodities.

*“My mentor who had always helped me with my register, provided me with the information on where to get certain commodities in my facility. He has been very resourceful.” - Tier 1 PPMV*

### ***Competence in conducting Insertions or Implants on clients***

The competence required to conduct insertions or implants among FP providers improved considerably as PPMVs had the opportunity to visit their mentors whenever and learn by observing the procedures. In other instances, peers who were knowledgeable about a procedure visited PPMV facilities to supervise procedures such as insertion or implant.

*“I was privileged to visit one of the mentors whose facility is not too far from mine anytime she wants to conduct insertion or implants on her clients. My fears are now gone as I have been able to perform the first implant method on my own client.” - Tier 2 PPMV*

### ***Knowledge on the use of DHIS tool***

Peer to peer mentoring was very useful in guiding PPMVs in the use of the DHIS tool (Tier 1 and 2) for reporting service data. Peer mentors were also available to provide ongoing support to ensure proper use of the tool.

*“I am more confident in working on my data and the use of DHIS software since the mentors started visiting our facilities. Anytime am confused as to what to do, I call them and they are always available to assist.” - Tier 2 PPMV*

### ***Proper Documentation and filling of the Family Planning register***

Errors in the documentation of FP services reduced significantly due to the support of mentors to their peers in registering details of the services rendered on the FP form/register which was considered by some of the providers tedious and unfamiliar.

*“Am happy with the comments from the monitoring team as I don't make errors on my register the way I used to. I fill my register with the assistance of my colleague (mentor) and now I know how to do it myself.” - Tier 1 PPMV*

## 4.0 CHALLENGES

- Some of the mentors complained of the inability to return to their shops in good time to make sales on days they went out to conduct peer mentoring sessions as they did not have personnel to stay in their shops.
- The mentors suggested that the IntegratE project team should assign them to oversee specific communities for a period instead of having them rotate through shops every visit. The rotational strategy did not allow them to build quality relationships with their peers who were sometimes not

available during initial visits. Assigning them to specific communities will avail them the opportunity of following up on peers.

## 5.0 CONCLUSION

Overall peer mentoring benefited not only the mentees, but the mentors as both groups had attested to its positive impact on the FP services they rendered to clients. Improved access to commodities, skills transfer and enhanced reporting of FP service data not only improve service delivery but also ensures that accurate data is available for programmatic and policy level decision making. Addressing the challenges highlighted will further strengthen the peer-to-peer mentoring program to sustain and scale the approach in other states.

CPs believed that the satellite models will be very beneficial to their communities. CPs provided conditions for the acceptability of the satellite pharmacy models. The most common condition was that the satellite pharmacies should be restricted to underserved areas within the community and the satellite pharmacies should follow all the existing regulations prescribed by regulatory bodies. CPs were mostly willing to participate in these models. Participants mentioned various conditions that will further encourage their willingness. Factors include benefits of the models outweighing the risks, increase access to support and a wider coverage and opportunity to serve more people. CPs mentioned the following as some of the major challenges that will be faced. This includes challenges with ownership, structure of the pharmacy outlets, reporting system, accountability, and reward/benefit system.

## REFERENCES

1. Population Council, (2015). Peer mentoring: An effective strategy for integrating HIV and SRH services. *Steps to Integration*, Issue 2. Washington, DC: Integra Initiative, 2015.
2. IntraHealth International, (2010). Peer – to- peer Mentoring. Voices from the Field: On-site Training in Senegal Improves Family Planning Services. <https://www.intrahealth.org/features/voices-field-site-training-senegal-improves-family-planning-services>.
3. Ndwiga C., Abuya T., Mutemwa R., *et al* (2014). Exploring experiences in peer mentoring as a strategy for capacity building in sexual reproductive health and HIV service integration in Kenya. *BMC Health Services Research* 2014, 14:98. Available at: <http://www.biomedcentral.com/1472-6963/14/98>.
4. Gelani, P., (2018). Data analysis in qualitative research: Thematic analysis. *Archives of Hellenic Medicine*, 35(3):416-421.