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**Track (First choice):**

Expanding Access to Family Planning

**Title:**

Supporting Task Shifting and Task Sharing in Nigeria: An Assessment of Family Planning Knowledge Retention of Community Pharmacists and Patent Proprietary Medicine Vendors.

**Individual presentation abstract:**

**Significant/Background:**

As part of the Federal Ministry of Health (FMOH) commitments to increasing access to high-quality FP services, efforts are being made to include Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs) know as drug shops in the TSTS policy. Regarding FP, task sharing is commonly practiced in the public health sector to community healthcare workers but not implemented often in the private sector with CPs and PPMVs despite it being considered a high impact practice. However, task shifting can only be successful when supported by training, services restructuring, mentoring, supervision, and ongoing support from existing health system in FP. CPs and PPMVs are an important source of modern contraceptives in Nigeria, yet many lack the requisite knowledge and skills to capably provide these services. Most trainings are targeted to public-sector providers and not CPs and PPMVs. This skills gap might be addressed through targeted family planning training. IntegratE, a pilot project that seeks to improve the quality of FP services delivered by CPs and PPMVs through building their capacity on family planning services. This study measures family planning knowledge retention of CPs and PPMVs after receiving training in FP counseling and services in Kaduna and Lagos States.

**Research Question**

Our study seeks to answer the following research question - Can community pharmacists and patent proprietary medicine vendors retain family planning knowledge over time?

**Methodology:**

Data for this analysis come from an evaluation of the IntegratE project. Beginning in January 2019, 1,465 CPs and PPMVs in Kaduna and Lagos States were trained by the IntegratE project. As part of the evaluation study, 559 CPs and PPMVs completed a self-administered questionnaire to assess their knowledge related

to the provision of FP counseling, and injectable and implant contraceptive services: 1) before the training; 2) immediately after the training; and 3) 9-months after.

Descriptive statistics were calculated for respondent characteristics at pretest and for knowledge retention for general FP, injectable, and implant among Tier 2 PPMVs and CPs. The proportion who correctly answered each item at posttest was calculated, and among those who answered correctly at posttest, the proportion that retained the knowledge at 9 months is presented. Three multivariate logistic regression models were used to assess the effect of provider characteristics and receipt of job aids on general FP knowledge retention, injectable knowledge retention, and implant knowledge retention 9 months after the training. The outcome variable in each of the three models was high versus low knowledge retention according to the mean scores.

### **Results/Key findings:**

The study revealed the importance of jobs aids as influence on knowledge retention. Overall knowledge was high for nine out of eleven questions at posttest, ranging from a low of 79.4% for knowledge of where Depo-Provera is injected to a high of 94.8% for the frequency of Depo-Provera injections. Retention of these nine questions remained for most who knew this information as posttest. Fewer had correct knowledge at posttest for two questions - the location of the Sayana Press injection (53.6%) and disposal of sharp box contents (42.3%). Most of those who knew where to dispose sharps at posttest retained the knowledge 9-months later (82.4%) while about half still knew where Sayana Press injection was given on the body 9-months later (51.9%).

CPs and PPMVs who reported having the Balanced Counseling Strategy plus (BCS+) counseling cards, were more likely to retain knowledge (AOR: 2.92; 95% CI: 1.01-8.40) at 9 months follow-up. Similarly, in terms of injectable knowledge, CPs and Tier 2 PPMVs who reported receiving the Medical Eligibility Criteria (MEC) Wheel were 2.1 times more likely to retain injectable knowledge 9-months later on (95% CI: 1.14-3.99). CPs and those who ever worked in a health facility were also more likely to retain knowledge 9-months later on six of the eleven knowledge questions. The odds of retaining injectable information were also more likely for females compared to males and for those who ever worked in health facility.

### **Knowledge contribution:**

CPs and PPMVs can be trained to offer FP counseling and injectable and implant services. Their knowledge can be supported through job aids, suggesting that they offer accurate information and quality services. For Nigeria, including Family planning job aids in the roll out of the task shifting and task sharing policy will be critical to a successful implementation.

The findings revealed that targeted training helped CPs and PPMVs retain the knowledge they were exposed to during training intervention. We can also conclude that apart from training, jobs aids were necessary for post training reinforcement and help CPs and PPMVs knowledge retention over time.

Program interventions and support need to take into consideration provision and training on FP job aids as one key strategy to help the CPs and PPMVs in providing FP services over time.

The results from this study also contribute to the existing knowledge that task sharing and shifting FP services to community health providers such as CPs and PPMVs is a feasible practice to help FMOH in

Nigeria in the role out to expand and improve access to quality FP services that meet clients' needs. Overall, results are promising for expanding the role of CPs and PPMVs service delivery in Nigeria.