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DEMAND INVESTMENTS: PROJECT FINDINGS

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START CENTER
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RESEARCH & TRAINING CENTER

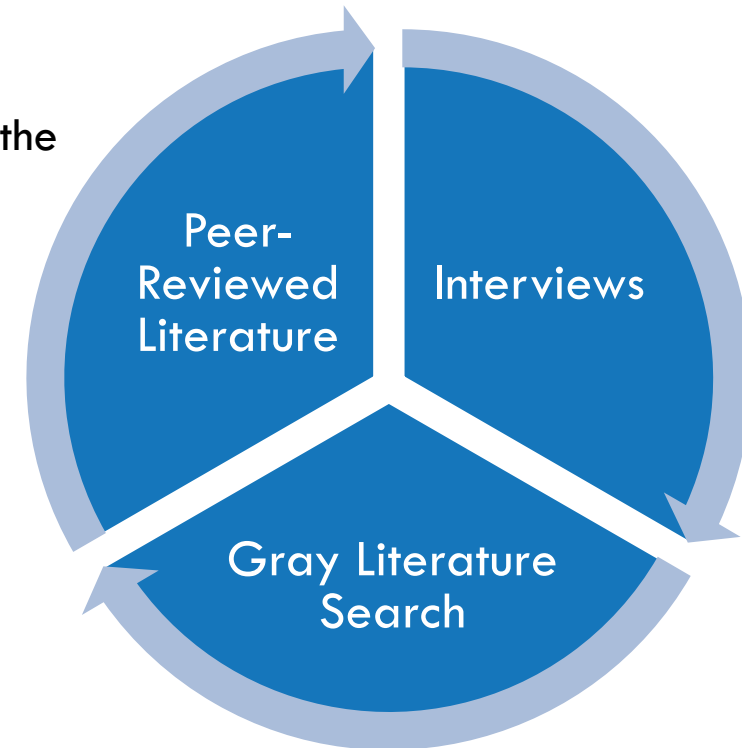
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Agenda

- Project Process
 - ▣ Work Order
 - ▣ Methodology
- Country Background
 - ▣ DRC
 - ▣ Nigeria
- Findings from Literature
- Findings from Interviews
- Evidence of Behavior Change Across the 5 Themes
- Concluding Remarks
- Q&A

Work Order

- **What has been done?**
 - ▣ By other donors
 - ▣ By BMGF
- **What is currently being done?**
 - ▣ Within countries of interest and throughout the SSA Region
- **What should be done?**
 - ▣ Opportunities for future research and investments



Applied multifaceted methodology to capture broad range of evidence

Literature review

Key Informant Interviews

Donors and Grantees of Interest

Databases



WEB OF SCIENCE™



Interviews



UNIVERSITY of
WASHINGTON

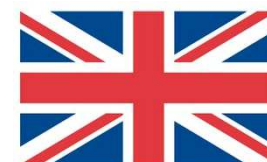
Organizations of
interest



USAID
FROM THE AMERICAN PEOPLE



Canada



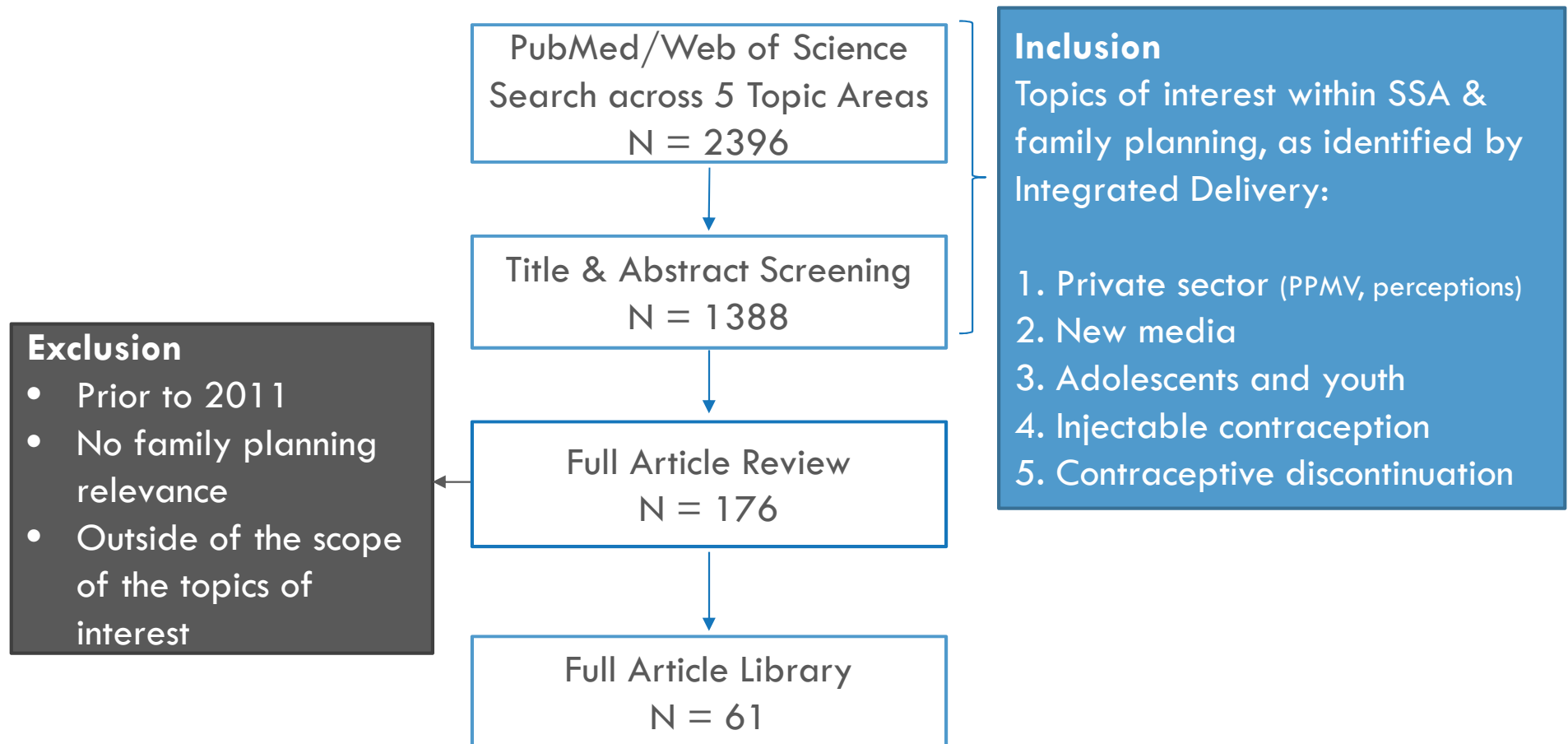
UKaid
from the British people



Gray literature search included reports, briefs, and presentations across various sources



Initial peer-reviewed search yielded almost 2,400 articles, only 61 sources (including additional gray literature) met criteria for inclusion



Country Background

DRC

Nigeria

The DRC's Progress toward Family Planning Goals and Funding

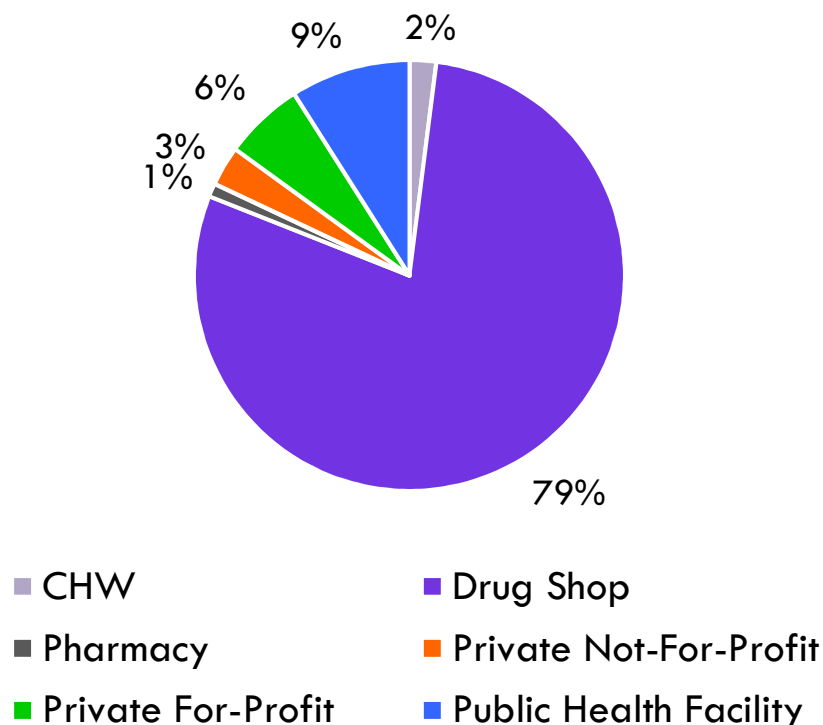
- National Strategic Plan for Family Planning 2014 – 2020
 - ▣ Goal: Increase mCPR to 36% by 2020
 - Current status 10% → 9% remaining by 2020
 - ▣ Goal: Increase number of modern method users to 2.1m by 2020
 - Currently 2,044,000 → 56,000 remaining by 2020
- Other donor support in DRC:
 - ▣ USAID \$313m (planned FY 2017)
 - ▣ DFID \$176m USD (2015-216)
 - ▣ CIDA \$100m USD (2014-2015)



The private sector is a large player in contraception provision in the DRC

- Private health sector provides ~ 60% of health care services country-wide
- In 2013, ~50% of women received FP products and services from private sector
- Highly unregulated pharmaceutical sector
 - ▣ More than 3,000 types of medicines are available on the market, but only 400 authorizations¹

Contraceptive Market Composition in Kinshasa, By Outlet¹

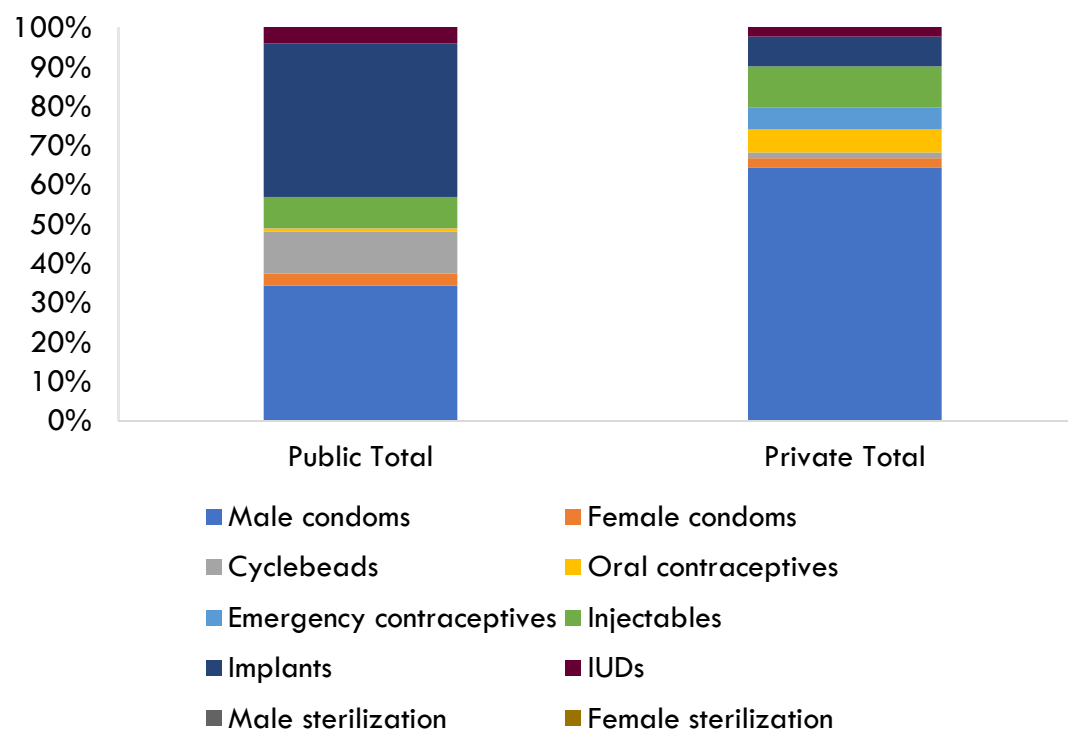


Among all outlets stocking at least 1 modern contraceptive or providing at least 1 contraceptive service, by outlet type¹

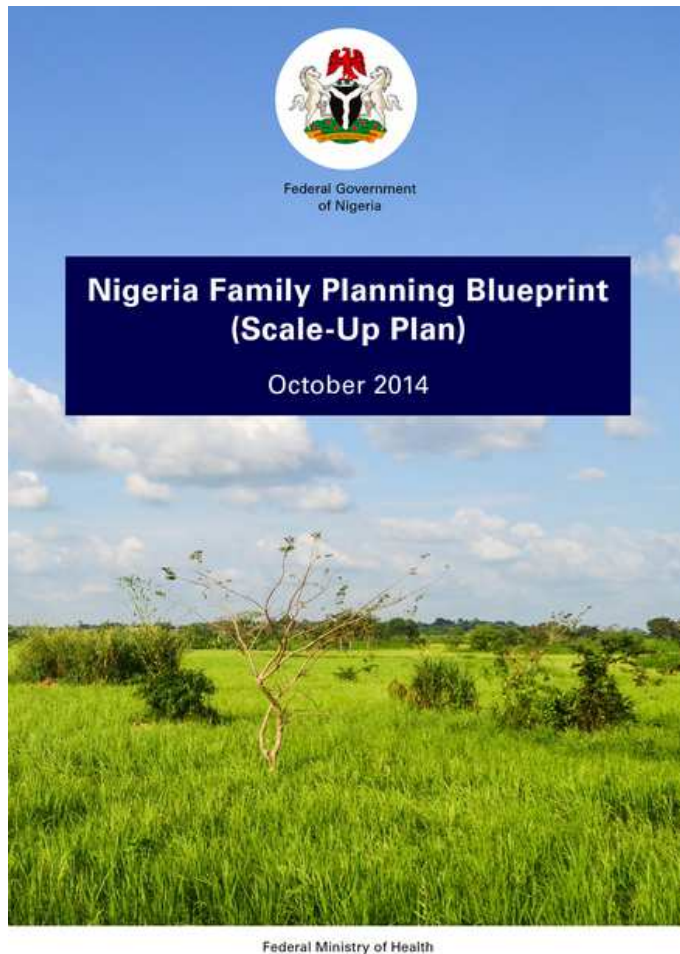
Contraceptive method provision varies by sector in the DRC

- Private health sector provides primarily short acting methods
- Public health sector provides long-acting methods

Within outlet market share for contraceptive methods in Kinshasa, 2015



Nigeria's FP Strategy Progress and Funding

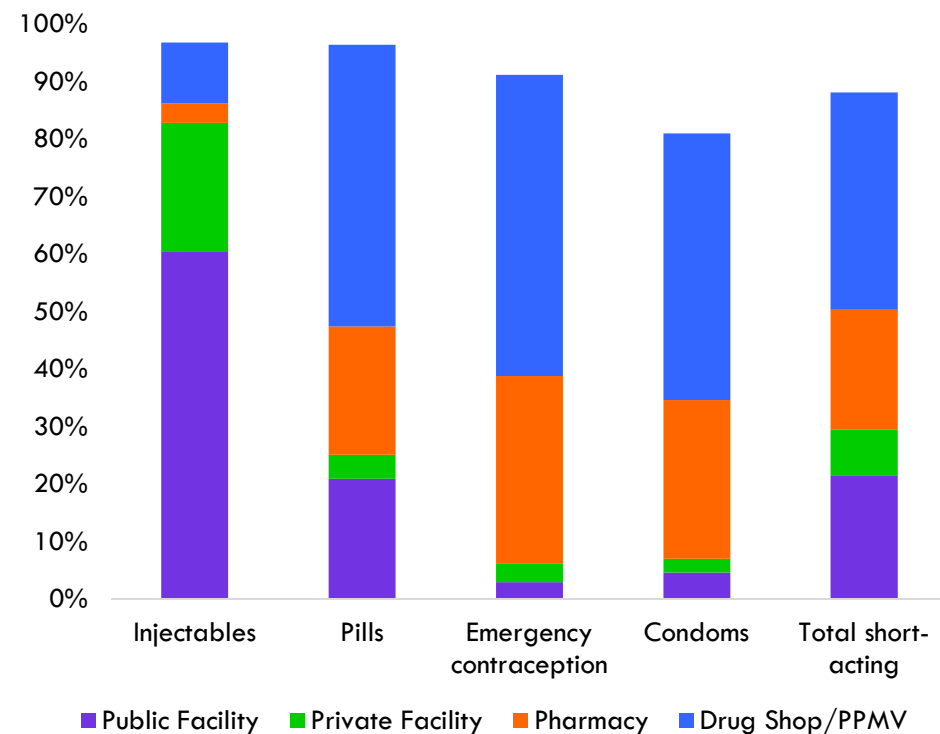


- Family Planning Blueprint (Scale-Up Plan)
 - ▣ Goal: mCPR of 36% by 2018
 - Currently: mCPR of 14.7%
 - ▣ Demand generation
 - ▣ Task shifting & delivery of contraception by community health workers (CHW)
- Geographic variations across the country, particularly north and south
- Other donor support for family planning:
 - ▣ USAID \$606 million USD (FY 2017)
 - ▣ DFID \$344 million USD (2016 - 2017)
 - ▣ CIDA \$24 million USD (2014 - 2015)

A large proportion of contraceptive methods are obtained in the private sector[†]

- More than 60% of treatment from informal providers, mainly PPMVs¹
- More than 200,000 PPMVs in Nigeria
- ~3 million daily visits to private sector vs. ~45,000 daily visits to public sector
- Private sector services poorer populations and vulnerable groups
- Injectables are largely accessed via the public sector
- Pills are predominantly accessed via drug shops

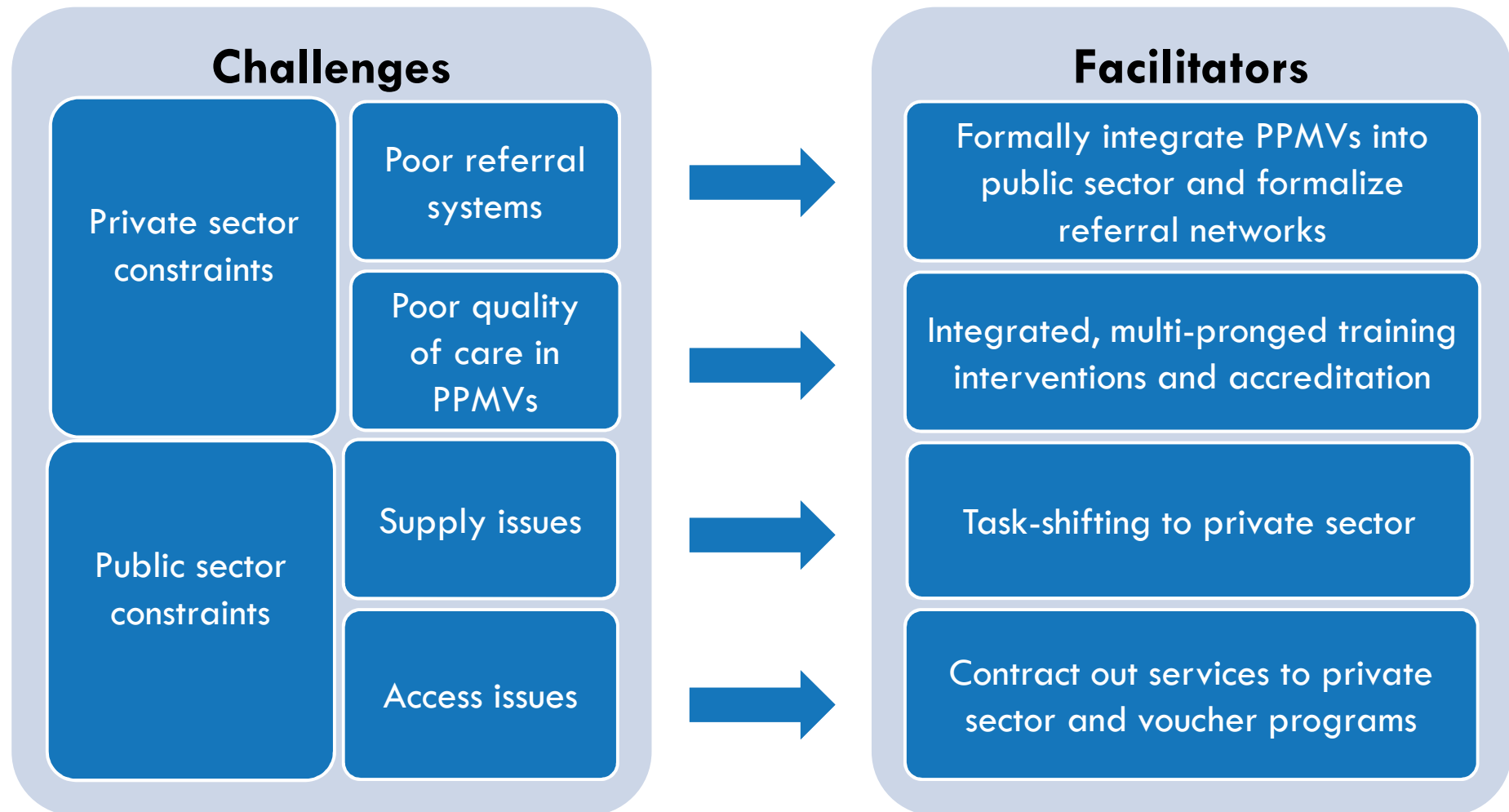
Method Source Among Surveyed Women Using a Short-Acting Method and Who Had Sex in the Last Year in Selected Urban Areas, by Country and Method, 2010/2011²



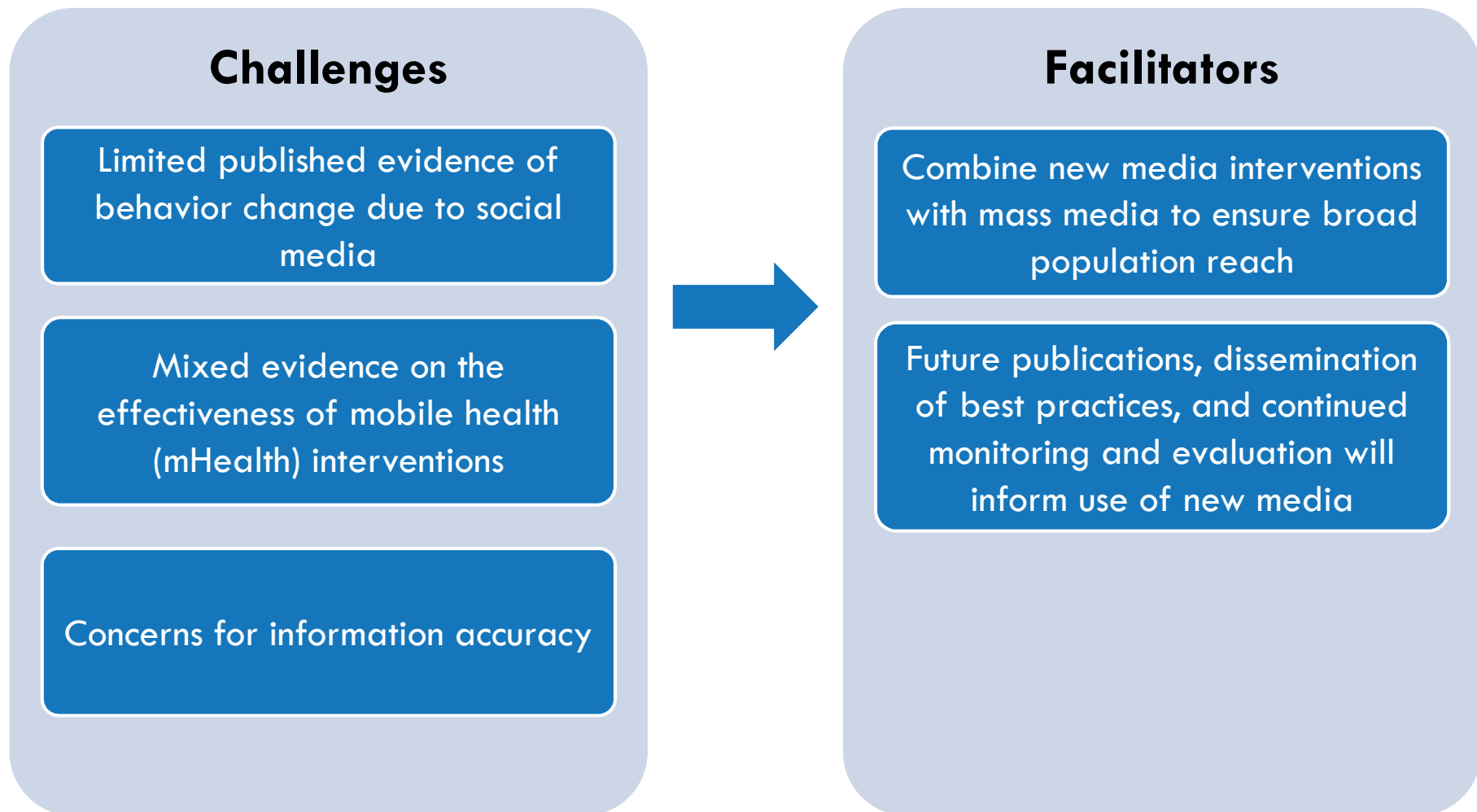
[†]Private sector includes private facilities, pharmacy, and drug shop/PPMV

Findings from Literature Review

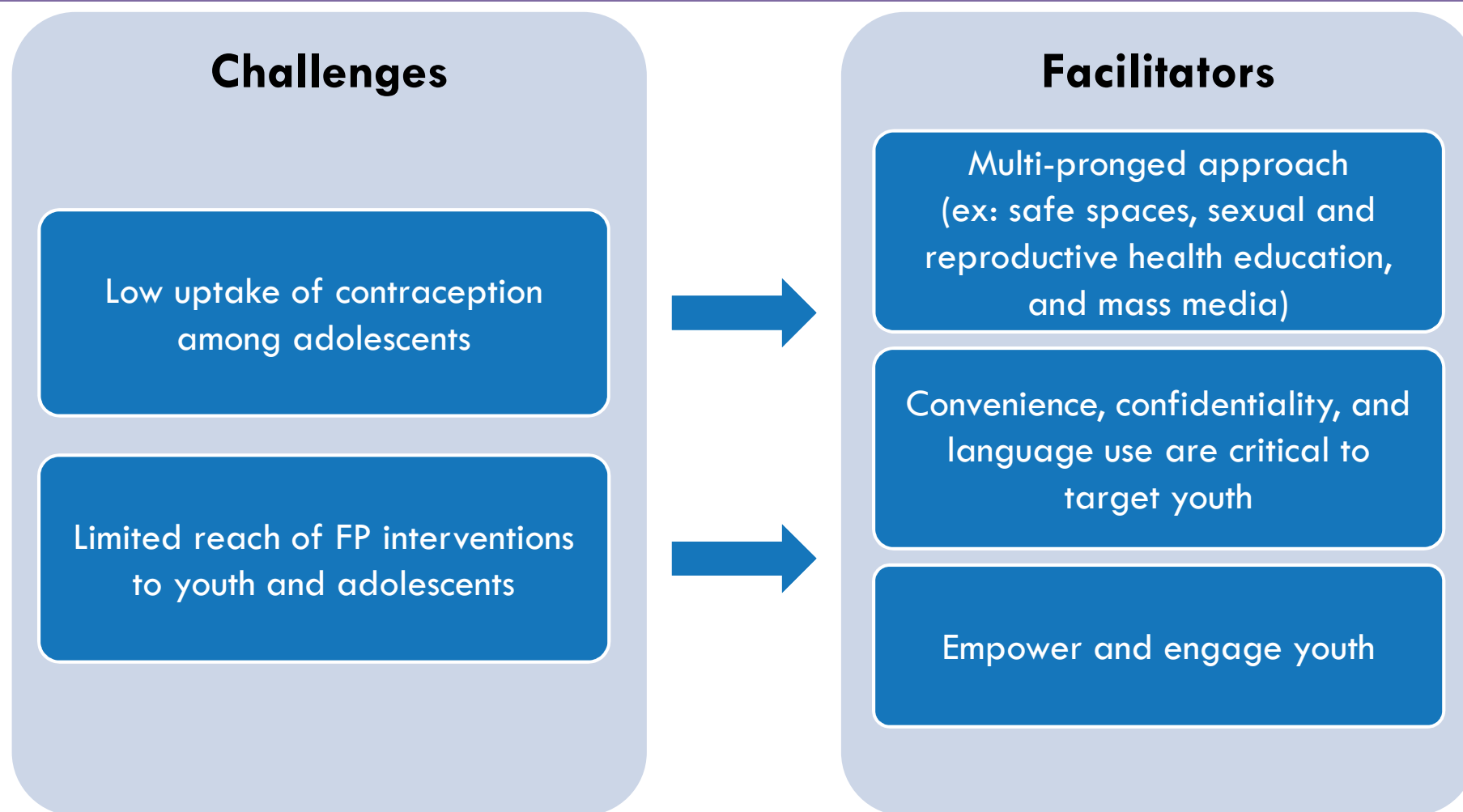
1. Private sector plays an integral role in access to healthcare but requires integration with the health system



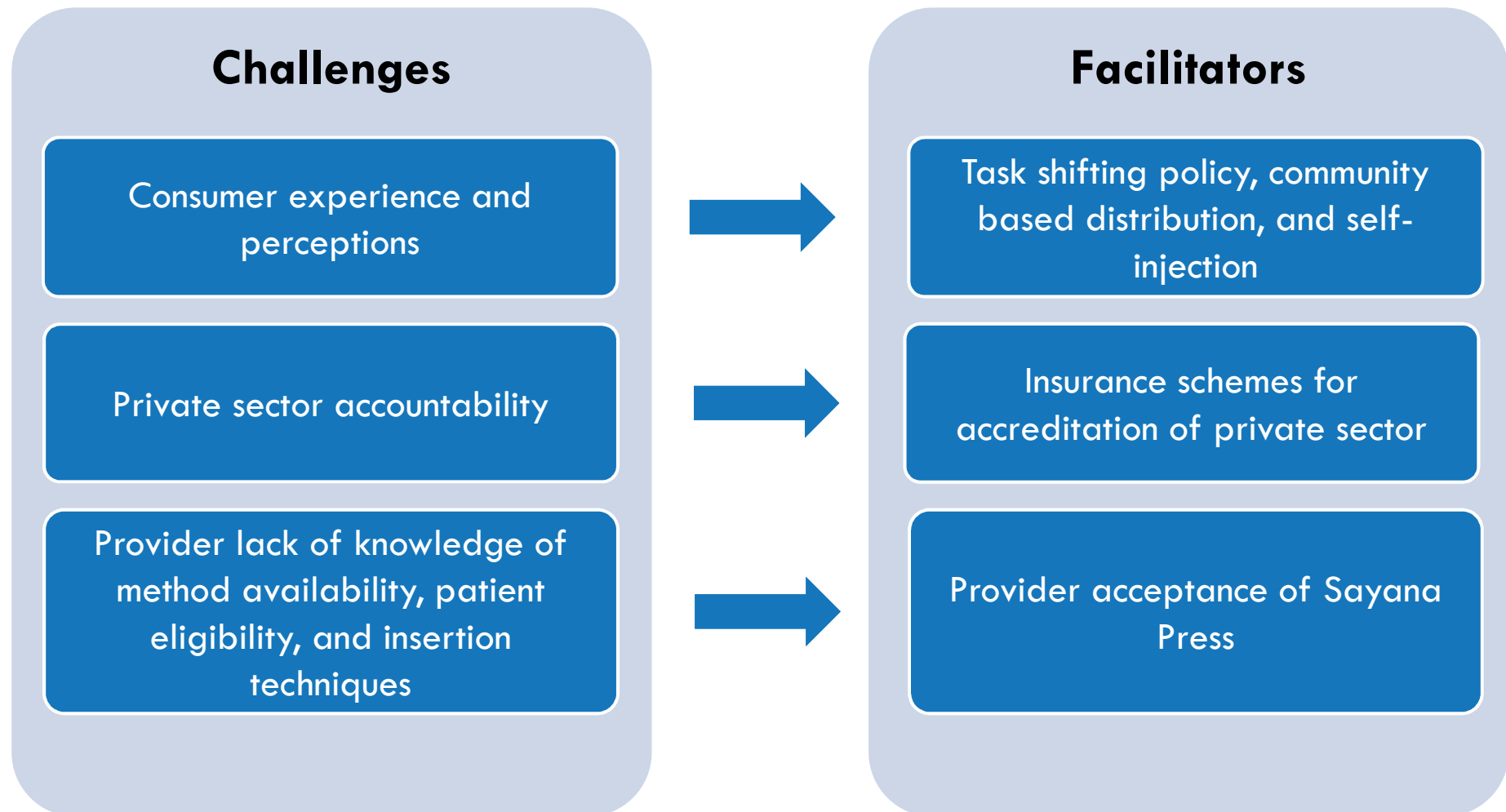
2. New media research is limited and new media should be combined with other interventions to be effective



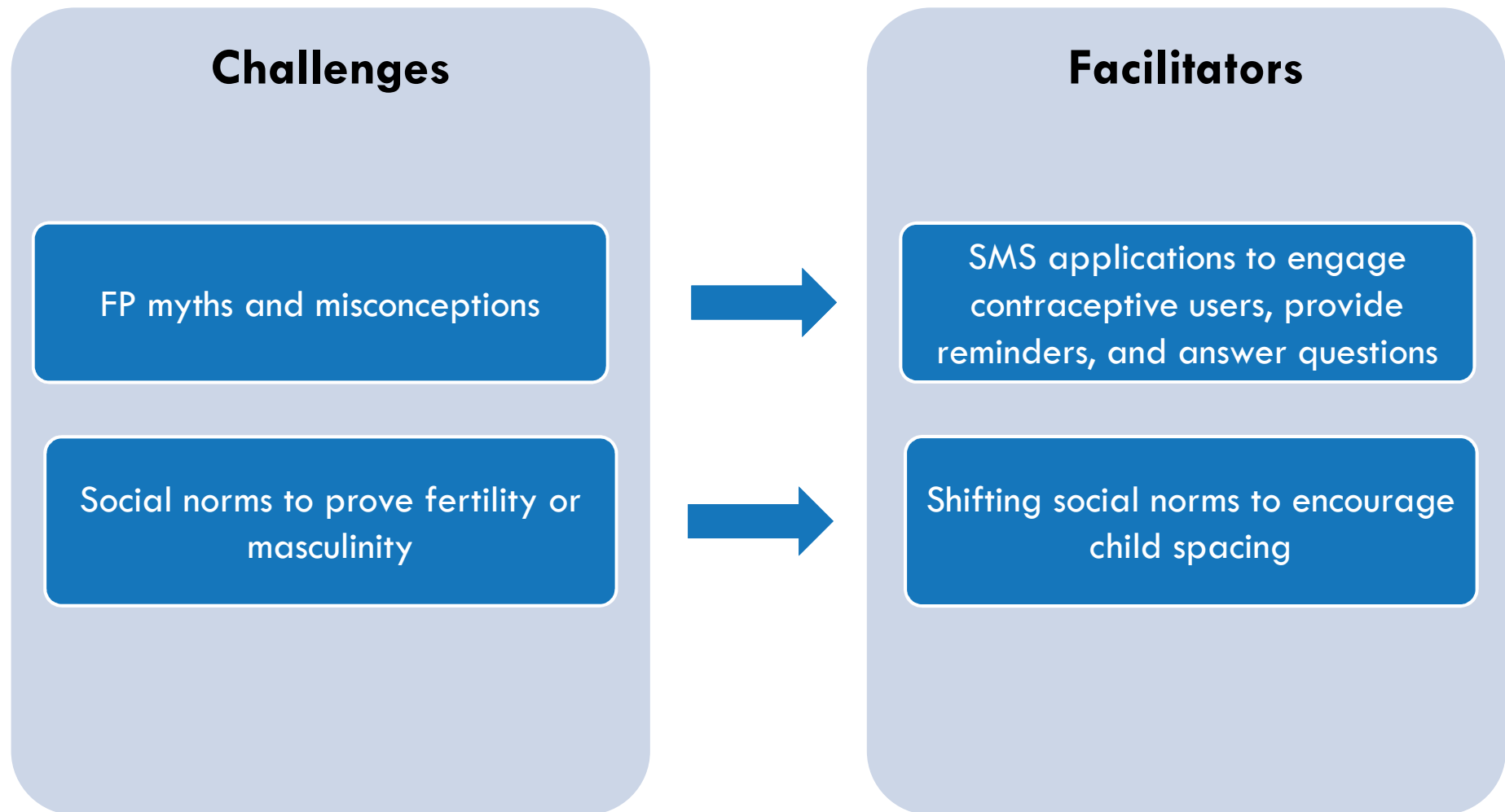
3. Adolescents and youth require focused interventions for engagement



4. Injectable contraception uptake requires community engagement, private sector guidelines, and training to facilitate adoption



5. SMS communication and community engagement can decrease contraceptive discontinuation



Findings from Interviews

Interviewees

Margaret Bolaji, FP2020 Youth Ambassador

Dr. Alison Drake, Co-Director Global Center for Integrated Women, Adolescent, and Child Health at UW

Kate Thanel, FPWatch Research Fellow at PSI

Trevor Perrier, PhD Student in Computer Science at UW

Josée Fumutoto, Engender Health Expand FP DRC

Naomi Maina, Senior Manager Well Told Story

Findings

Enable demand:

Youth engagement and empowerment

Grow Demand:

Social media offers exciting opportunity but has drawbacks

Use of multi-pronged media

Lack of data on SMS effectiveness

Assure Access:

Continued investments in supply

Private sector policy changes

Training and counseling of private sector

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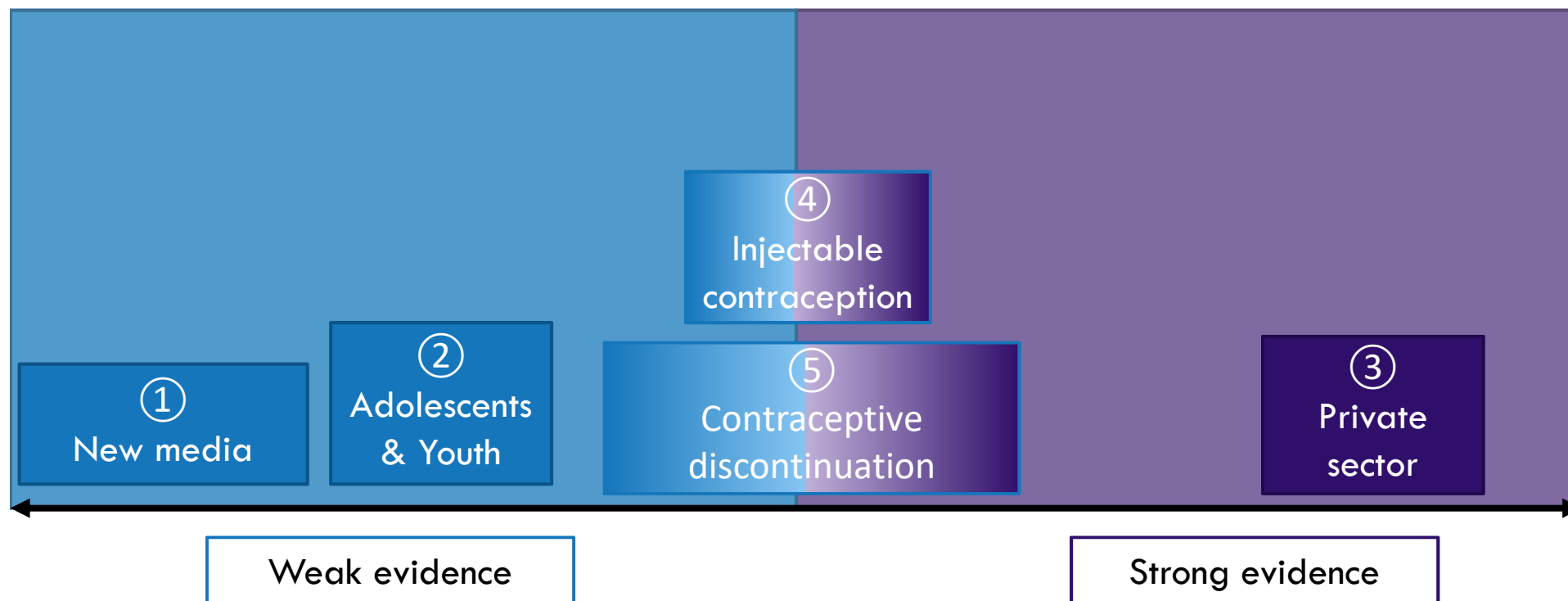
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Evidence of Behavior Change Across the 5 Themes

Evidence for new media is lacking, while strong evidence exists for private sector engagement



Concluding Remarks

Extensive social media and youth research, continued FP supply, and a multi-pronged approach are demand-side engagement opportunities

- Suggestions for future investments:
 - ▣ Robust impact assessment for social media interventions
 - ▣ Continue investments in supply-side support
 - Business trainings for private sector
 - Partnerships between public and private sector
 - ▣ Multi-pronged approach is necessary for the future of demand-side interventions
- Gaps in current research:
 - ▣ Greater understanding of sub-population among youth and adolescents
 - Younger than 15
 - Males
 - Marginalized/vulnerable youth

Any questions?