FPWATCH RESEARCH BRIEF

Nigeria 2015 FPwatch Survey: Findings from a contraceptive commodity and service assessment among public and private sector outlets
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Background

Nigeria aims to achieve a contraceptive prevalence rate (CPR) of 36% by 2018 to fulfill their FP2020 commitment. To meet this objective, Nigeria is taking actions to improve equity and access to family planning through a range of policy and programmatic initiatives.

FAMILY PLANNING ENVIRONMENT IN NIGERIA

Nigeria presents a challenge for health programmers due to its large population of more than 170 million people and wide ranging cultural, religious and political contexts. Progress in improving access to and use of modern contraceptive methods has been similarly challenging. The total fertility rate has recently begun to decline and currently stands at 5.5 children. According to the most recent 2013 Demographic and Health Survey (DHS), 11.1% of Nigerian women are currently using a modern contraceptive method, a slight increase from 10.5% in 2008.\(^1\)\(^2\) Short-acting contraceptive methods are most commonly used with only 1.4% of women using a long-acting reversible contraceptive (LARC) or permanent method (LARC/PM). There are significant regional and socioeconomic disparities in use of a modern method. The unmet need for family planning, consequently, remains high at 16.1%.\(^3\)

SECTOR ROLES IN CONTRACEPTIVE PROVISION

The public sector’s role as the immediate source of commodities and supplies for contraceptive users in Nigeria has fallen substantially in the past 20 years as private sector provision has rapidly expanded.\(^4\) Nearly 60% of Nigerian women reported receiving contraceptives through the private sector, while 30% reported a public sector source. However, the majority of LARC/PMs were received through the public sector. The most common source of modern contraceptives reported (38.2%) was privately-owned, patent and proprietary medicine vendors (PPMVs). In Nigeria, the private sector plays a large role in distribution of contraceptive commodities and services, in contrast with most sub-Saharan Africa countries.\(^4\) However, high-quality evidence on the growing private sector provision of contraceptive methods in Nigeria remains limited.\(^3\)

KEY INTERVENTIONS

Nigeria has implemented several initiatives to address its high unmet need for family planning and to improve contraceptive choice, including:\(^5\)

- free provision of contraceptives at all public health facilities
- increased funding for procurement of FP commodities
- task-sharing of contraceptive injectables through CHWs
- scale-up of activities for improving access and use of LARC methods and enhanced method mix
- increased collaboration with private sector partners

References on this page:

FPwatch at a glance

WHAT IS FPWATCH?

FPwatch is a multi-country research project implemented by Population Services International (PSI) with funding from the Bill and Melinda Gates Foundation (BMGF) and the Three Millennium Development Goal (3MDG) Fund. Standardized tools and approaches are employed to provide comparable data across countries and over time. FPwatch is a response to the Family Planning 2020 (FP2020) goal to enable 120 million additional women and girls to have informed choice and access to family planning information and a range of modern contraceptive methods.8 Launched in 2015, FPwatch is designed to provide timely, relevant and high-quality FP market information. Research methods implemented include outlet surveys and interviews with national FP experts.

GOAL

The FPwatch project aims to inform and monitor national and global policy, strategy and funding decisions for improving informed choice and access to FP information and a range of modern contraceptive methods.

RELEVANCE

FPwatch is an expansion of PSI’s ACTwatch research initiative7 and is designed to deliver high-quality evidence on modern contraceptive availability, price and relative market share and contraceptive service availability and readiness through outlet surveys in the proposed countries. FPwatch market evidence will complement other FP research and monitoring that is heavily reliant on population-based studies and modeling. The data gathered and analyzed through FPwatch will provide the FP community with relevant evidence to support the strategic decision making necessary for reaching women and girls who are in need of FP information, services and contraceptives.

The 2015 baseline FPwatch Nigeria survey complements concurrent data collection focused on tracking FP2020 progress, including surveys conducted by the Performance Monitoring and Accountability 2020 (PMA2020) project in Nigeria.8 The 2015 Nigeria FPwatch survey will supplement and build upon these surveys by conducting a full contraceptive commodity audit and service provider questionnaire providing information on contraceptive commodity and service availability, price, volume and service readiness for all public and private outlets.

FPwatch market monitoring in Nigeria in 2015 was implemented in the context of national strategies designed to improve access to and choice of modern contraceptive methods.

OUTLET SURVEYS

Outlet surveys are the core component of the FPwatch project. The outlet survey conducted by the Society for Family Health (SFH) in Nigeria was designed to monitor and provide estimates for key FP market indicators at the national level and for each of Nigeria’s six geopolitical zones: North Central, North East, North West, South East, South South and South West. Estimates comparing urban versus rural locations are also available.

This summary report presents cross sectional data from the 2015 outlet survey.

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5 Number of FPwatch outlet surveys implemented internationally from 2015 – 2016

+25,000 Total number of outlets screened in 2015 outlet surveys

+6,500 Number of outlets interviewed in 2015 outlet surveys

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What questions are answered by the outlet survey?

What types of outlets in the public and private sectors are carrying modern contraceptive methods?

What proportion of public and private sector outlets are stocking selected modern contraceptive commodities and providing a range of methods?

What is the relative market share for each contraceptive method and for each outlet type?

What is the consumer price of modern contraceptive methods among private sector outlets?

What proportion of public and private sector outlets are providing selected modern contraceptive services, and what is the readiness of selected outlet types for performing contraceptive services?
Methods

FPwatch implements standardized methods and questionnaires that allow for comparisons within and between countries. Together, a full census of all outlets providing contraceptive methods, a full audit of all available contraceptive commodities and a provider interview on contraceptive services give a complete picture of the FP commodity and services market.

HOW IS THE SAMPLING CONDUCTED?

The primary sampling unit used were *localities*, administrative units comprising 10,000 to 15,000 inhabitants. A representative sample of these localities was selected from each of the six geo-political research zones. A multi-stage, cluster design using probability-proportional-to-size (PPS) sampling was employed to select clusters (localities) within each stratum, with cluster population serving as the measure of size. A representative sample of outlets providing contraceptive methods directly to consumers was selected.

WHAT TYPES OF OUTLETS ARE SAMPLED?

The main types of outlets sampled included public health facilities, community health workers (CHWs), not-for-profit facilities, private for-profit health facilities, registered and unregistered pharmacies, PPMVs and general retailers. Regulations for provision of contraceptive commodities and services are shown on page 12.

HOW ARE THE OUTLETS IDENTIFIED?

The FPwatch outlet survey included all outlets in selected localities with the potential to sell modern contraceptive commodities or offering contraceptive services. As many of these outlets are unregistered, mobile or recently opened, official listings of these outlets and their locations were not available. A census approach was therefore implemented, supported by local informants, maps and lists of registered outlets where available.

WHAT IS AN OUTLET CENSUS?

This involves a team of data collectors moving systematically through a defined area to identify all outlets that have the potential to sell or distribute contraceptive methods.

WHAT HAPPENS AFTER AN OUTLET IS IDENTIFIED?

The outlet is screened for availability of modern contraceptive methods or services. Outlets were eligible for the full survey if they had modern contraceptive commodities including oral contraceptives, emergency contraceptive pills, injectables, implants or intrauterine devices (IUDs) in stock at the time of survey or in the previous three months, or offer contraceptive services including contraceptive injections, implant or IUD insertions, or male or female sterilizations. Some information on brands, prices and distribution of condoms was collected from all outlets screened if condoms were available. Other commodities including vaginal foaming tablets, diaphragms, and birth control rings were considered but not found in outlets surveyed. Permission to conduct the interview was obtained from the main provider.

HOW IS INFORMATION ON CONTRACEPTIVE COMMODITIES AND SERVICES CAPTURED?

Full contraceptive audits were conducted among outlets with eligible contraceptive commodities in stock. Information was recorded for each unique contraceptive identified in the outlet. Among outlets offering eligible contraceptive services, providers were interviewed to provide information for each type of service.

WHAT INFORMATION IS RECORDED ON THE AUDITS AND PROVIDER INTERVIEWS?

An audit sheet is completed for each unique modern contraceptive commodity in stock. The audit sheet captures product information from the product package including the brand name, manufacturer, country of manufacturer and formulation/strength (if applicable). The audit sheet also captures information from the provider including the amount sold in the last one month, retail price and stock-outs in the previous three months. The provider interview captures the number of services performed, price, provider credentials and the availability of a minimum set of essential equipment.

Comprehensive product information and provider reports on amount distributed and retail price allow for calculating estimates of contraceptive method availability, price and relative market share. Comprehensive service and provider information allows for calculating estimates of readiness for contraceptive services.
How many outlets were included in the sample and screened?

More than 14,000 outlets across 317 localities were enumerated (i.e. identified as outlets with potential to sell or provide modern contraceptive commodities and services). Among those that were screened, over one-quarter provided information on condoms and 18 percent met at least one of the three eligibility criteria in that they had at least one brand of modern contraceptive commodity including oral contraceptives, emergency contraceptive pills, contraceptive injectables, implants and/or IUDs, in stock in the previous three months or provided contraceptive services.

1 in 5

Number of outlets screened that met eligibility for full interview

Key:
1: Modern contraceptive commodities (includes oral contraceptives, emergency contraceptives, injectables, implants or IUDs) in stock on day of visit
2: Modern contraceptive commodities reportedly in stock during the previous three months but not on the day of the visit
3: Contraceptive services (including contraceptive injections, implant insertions, IUD insertions, male sterilizations or female sterilizations) available but no modern contraceptive commodities in stock (commodities purchased elsewhere and brought for service)

* Outlets enumerated: Identified as outlets with potential to sell or distribute modern contraceptive commodities (male condoms, female condoms, oral contraceptives, emergency contraceptives, injectables, implants, IUDs) and/or provide contraceptive services (injections, implants, IUDs, male/female sterilizations) during the census
† Outlets screened: Administered questions to assess current or recent (previous three months) availability of modern contraceptive commodities or services
‡ Outlets interviewed: A partial or complete interview was conducted with an outlet representative (health facility provider or staff)
HOW WAS GEOGRAPHIC SAMPLING CONDUCTED?

FP market monitoring in Nigeria was conducted to provide generalizable estimates for all of Nigeria as well as for each of Nigeria’s six geopolitical zones: North Central, North East, North West, South East, South South and South West.

The primary sampling approach taken for FPwatch surveys entails sampling a set of geographic clusters with a population of approximately 10,000 to 15,000 inhabitants through a multi-stage cluster design using PPS sampling. The most appropriate administrative unit in Nigeria matching this desired population size is the locality. Of 323 selected localities, the FPwatch survey was completed in 317 localities dispersed across 280 local government areas (LGAs) (see map for LGAs with selected localities). Localities in the two insecure North East states of Borno and Yobe were purposefully excluded from the sample frame.

Nigeria Study Areas—LGAs

<table>
<thead>
<tr>
<th>Domain</th>
<th># Selected LGAs</th>
<th># Selected localities</th>
<th># Outlets Enumerated</th>
<th># Outlets that Met Screening Criteria</th>
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<tbody>
<tr>
<td>North Central</td>
<td>48</td>
<td>52</td>
<td>1,978</td>
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<tr>
<td>North East</td>
<td>31</td>
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<td>593</td>
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<td>North West</td>
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<td>South East</td>
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<td>South South</td>
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<td>1,237</td>
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</tr>
<tr>
<td>South West</td>
<td>79</td>
<td>99</td>
<td>7,464</td>
<td>1,350</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>280</strong></td>
<td><strong>317</strong></td>
<td><strong>14,257</strong></td>
<td><strong>2,553</strong></td>
</tr>
</tbody>
</table>
Market composition

WHAT IS CONTRACEPTIVE MARKET COMPOSITION?

Contraceptive market composition illustrates the distribution of all outlets that were found to have at least one modern contraceptive commodity in stock on the day of survey or in the past three months or provide at least one contraceptive service. The pie charts below illustrate the distribution of these outlet types according to the public and private sector and by each outlet category. Outlets only providing male condoms and no other modern method were not considered in market composition graphs.

WHAT IS THE 2015 MODERN CONTRACEPTIVE MARKET COMPOSITION?

The private sector accounted for 86 percent of modern contraceptive-stocking (excluding outlets with condoms only) outlets or those that offered contraceptive services. Seventy-two percent of those outlets were PPMVs, 9 percent were private health facilities and 4 percent pharmacies. In the public sector, Public Health Facilities comprised 13 percent of all outlets and CHWs made up 2 percent of outlets providing contraceptive commodities and services.

NATIONAL CONTRACEPTIVE MARKET COMPOSITION FOR NIGERIA, BY OUTLET TYPE, 2015

- Public Health Facility
- CHW
- Private Not-For-Profit
- Private For-Profit Health Facility
- Pharmacy
- PPMV
- General Retailer

N= 2,245

Total number of contraceptive-stocking and/or service-providing outlets by type in 2015: public health facility N=142; CHW N=3; private not-for profit N=3; private health facility N=138; pharmacy N=196; PPMV N=1,730; General Retailer N=33.

This chart only includes outlets with modern contraceptive commodities above the level of condoms.

NIGERIA FP GUIDELINES (2005)9

Public facilities consist of public hospitals and health centers. According to National FP Guidelines, public facilities can stock all contraceptive commodities. Public hospitals and comprehensive health centers can provide all contraceptive services if credentialed/trained staff available. Basic health centers can stock and provide services for all methods except implants and male/female sterilizations if credentialed/trained staff available. CHWs can stock condoms, oral contraceptives and cycle beads. CHWs are typically not trained to provide contraceptive injection or insertion services, but some have received training and are allowed to provide contraceptive injections. Private health facilities consist of private hospitals and clinics. Private hospitals and clinics can stock all contraceptive commodities and provide all contraceptive services if credentialed/trained staff is available. Pharmacies and drug shops can stock all short-acting contraceptive commodities but are not typically allowed to provide any contraceptive services without trained/credentialed staff. General retailers/kiosks are unregulated but do stock condoms, CycleBeads® and oral contraceptives.

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HOW DOES CONTRACEPTIVE MARKET COMPOSITION DIFFER AMONG GEOGRAPHIC ZONES?

It is important to consider the contraceptive market composition according to geographic differences. For example, the public sector composition ranged from 4 to 10 percent in the southern zones while comprising one-quarter to one-third the composition in northern zones. Most public sector outlets were higher-level facilities and only the North Central zone had an appreciable percentage of CHWs (9 percent) stocking contraceptive commodities.

The private sector composed the majority of the FP market across zones. It ranged from 65 percent in North East to 96 percent in South West. PPMVs dominated the private sector market, making up more than 60 percent of outlets providing modern contraceptive commodities for all geopolitical zones. Private facilities accounted for less than 5 percent of outlets with modern contraceptives in the North East, North West and South West zones. Six percent outlets providing modern methods (excluding outlets only stocking male condoms) in the South East zone were general retailers, whereas they comprised less than 1 percent in all other zones.

These findings show diversity in the market landscape composition according to location. The findings are indicative of the types of outlets that may be ready to provide access to modern contraceptive methods in Nigeria and across geographical zones.

The regional market landscapes vary. Public sector composition was less than ten percent in the three southern geopolitical zones, but reached up to one-third of the market in the northern zones.

PPMVs dominated the private sector ranging from 60 percent of outlets stocking modern contraceptives in the North Central zone to 81 percent in the South West zone.

These charts only include outlets with modern contraceptive methods above the level of condoms. No general retailers were found with modern contraceptive commodities excluding condoms.
WHAT IS THE AVAILABILITY OF SELECTED RANGES OF CONTRACEPTIVE METHODS AMONG ELIGIBLE OUTLETS?

Access and choice of contraceptive method are integral components of the FP2020 Initiative and the Nigeria’s national FP2020 commitments. This section reports on the availability of any modern contraceptive method, three or more methods, three or more methods with at least one LARC/PM and five or more methods. Graphs are shown on this and the following page.

In the public sector, over two-thirds of public health facilities and nearly half of CHWs surveyed had at least one modern method available. Nearly half of public health facilities had three or more methods available and about a quarter had three or more methods with at least one LARC/PM available or five or more methods available. CHWs did not typically stock more than one modern method. About 10 percent of not-for-profit outlets had any modern method available and about 5 percent had three or more methods available.

In the private sector, nearly all pharmacies, over 80 percent of PPMVs and about 60 percent of private health facilities had at least one modern method available. While most pharmacies (about three-quarters) had three or more methods available, only about one-quarter of private health facilities and about 10 percent of the most numerous PPMVs had three or more modern methods available. Less than 10 percent of private outlets had more than five modern methods available.

ARE THERE DIFFERENCES IN AVAILABILITY OF SELECTED RANGES OF METHODS AMONG GEOGRAPHIC ZONES?

In the northern zones, more than three-quarters of public and private sector outlets in the North Central zone had at least one modern method available compared to less than 60 percent for both sector outlets in the North West and North East zones. However, the majority of public sector outlets in the North East zone had three or more methods available compared to one-third or less of public sector outlets in the North Central and North West zones. In the southern zones, more than three-quarters of private sector outlets had three or more methods available and nearly two-quarters had five or more methods available, considerably higher compared to all other regions. About 20 percent of private sector outlets had three or more methods available in the South South zone compared to 10 percent for South East and South West zones.
WHAT IS THE AVAILABILITY OF CONTRACEPTIVE METHODS AMONG ELIGIBLE OUTLETS?

The census approach involved a search for all outlets that had the potential to provide modern contraceptive methods in each selected locality. The following graphs on pages 20 – 22 show the percentage of outlets found to have selected short-acting contraceptives and LARCs among outlets with at least one modern contraceptive commodity in stock on the day of the survey or in the past three months, or providing at least one contraceptive service.

WHAT IS THE AVAILABILITY OF SELECTED SHORT-ACTING CONTRACEPTIVE METHODS AMONG ELIGIBLE OUTLETS?

In the Nigeria public sector (graphs on page 20), about two-thirds of public outlets had at least one brand short-acting contraceptive commodity available. There were relatively few CHWs and not-for-profit outlets surveyed from the census activity and most did not stock modern contraceptive methods. About half of public health facilities had male condoms available and about 40 percent had female condoms. About half of public health facilities had oral contraceptives available with most stocking both combined oral contraceptives and progestin-only pills. However, no public health facilities were found to be stocking emergency contraceptive pills. Nearly 60 percent had contraceptive injectables available (with most carrying both Depo-provera and Noristerat injectables).

In the Nigeria private sector, over three-quarters of private outlets had at least one brand of short-acting contraceptive commodity available. Over 40 percent of private health facilities stocked male condoms and less than 10 percent stocked female condoms. Nearly 40 percent stocked oral contraceptives but few stocked progestin-only pills. Less than 10 percent of private health facilities stocked emergency contraceptive pills while about one-third stocked at least one brand of contraceptive injectable. Nearly all pharmacies and about three-quarters of PPMVs stocked male condoms while only about 13 percent of pharmacies and 5 percent of PPMVs stocked female condoms. Over three-quarters of pharmacies and half of PPMVs stocked oral contraceptives but progestin-only pills were rarely stocked. Emergency contraceptive pills were found in nearly two-thirds of pharmacies but only about 10 percent of the more numerous PPMVs. Nearly two-thirds of pharmacies but only about 6 percent of PPMV stocked at least one brand of contraceptive injectable. Few general retailers were stocking any modern contraceptives, including male condoms (4 percent). However, a small portion of the nearly 10,000 general retailers approached (0.2 percent) were stocking oral contraceptives.

WHAT IS THE AVAILABILITY OF QUALITY-ASSURED SHORT-ACTING CONTRACEPTIVE BRANDS AMONG ELIGIBLE OUTLETS?

International quality-assured (IQA) contraceptives are defined as those on the WHO Prequalification or a Stringent Regulatory Authority list. Nearly all oral contraceptive brands and all brands of contraceptive injectables, implants and IUDs found during the survey were quality-assured according to this definition. Only a significant portion of emergency contraceptive brands were found to not meet these quality-assurance standards. However, the large majority of outlets carrying emergency contraceptive pills were carrying at least one brand of IQA emergency contraceptive pills.

WHAT IS THE AVAILABILITY OF SELECTED LONG-ACTING AND PERMANANT METHODS AMONG ELIGIBLE OUTLETS?

For LARC commodities in the Nigerian public sector (graph on page 20), more than 20 percent of public sector outlets had at least brand of a LARC method available on the day of the survey. However, no CHWs and few not-for-profit outlets had a LARC method available. Nearly one-quarter of public health facilities had at least one brand of implant (mostly Implanon® with about 15 percent with Jadelle® available) available and one-fifth had an IUD available.

In the private sector, about one-quarter of private health facilities had an implant available (both Implanon® and Jadelle® were common) and about one-fifth had at least one brand of IUD available. Brands of LARC methods were not commonly available in either pharmacies or PPMVs.

HOW DOES AVAILABILITY OF SELECTED SHORT-ACTING CONTRACEPTIVES AND LARCS AMONG ELIGIBLE OUTLETS DIFFER AMONG GEOGRAPHIC ZONES?

In regional graphs on page 21 (northern zones) and page 22 (southern zones), there were few general trends seen in availability of short-acting and LARC methods by sector. However, there were some method-specific deficiencies by sector. For example, there was relatively low availability of male condoms in both the public and private sectors in the North West zone and in the public sector in the South West zone compared to other zones. Only about one-fifth of public sector outlets in the North Central and South East zones stocked oral contraceptives. The only zones with an appreciable portion of private sector outlets with emergency contraceptive pills available were in the North Central and South South zones. Contraceptive injectables were not commonly available in either the public or private sector in the South East and South West zones. LARC methods only appeared available to an appreciable degree in the public sector in the South South zone. Very few public or private sector outlets had LARC methods available in either the North West or South East zones.
NATIONAL

AVAILABILITY OF SHORT-ACTING, NON-HORMONAL METHODS, BY OUTLET TYPE – NATIONAL

AVAILABILITY OF SHORT-ACTING, HORMONAL METHODS, BY OUTLET TYPE – NATIONAL

AVAILABILITY OF LARC METHODS, BY OUTLET TYPE – NATIONAL
SOUTHERN REGIONS

AVAILABILITY OF SHORT-ACTING, NON-HORMONAL METHODS, BY OUTLET TYPE – SOUTHERN REGIONS

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<th>South South</th>
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- Male condoms
- Female condoms
- CycleBeads

AVAILABILITY OF SHORT-ACTING, HORMONAL METHODS, BY OUTLET TYPE – SOUTHERN REGIONS

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<th>Outlet Type</th>
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- Oral contraceptives
- Combined oral contraceptives
- Progestin-only pills
- Injectables

AVAILABILITY OF LARC METHODS, BY OUTLET TYPE – SOUTHERN REGIONS

<table>
<thead>
<tr>
<th>Outlet Type</th>
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<th>South South</th>
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- Implants
- IUDs
Stock-outs

**WHAT ARE STOCK-OUTS?**

The graph below presents data for point-in-time stock-outs or the percentage of outlets stocked out on the day of the survey of all brands of a method, among outlets reportedly stocking at least one brand of the method in the previous three months and among those that have not stocked at least one brand of the method in the previous three months.

**WHAT CONTRACEPTIVE METHODS ARE OUT OF STOCK AMONG OUTLETS TYPICALLY STOCKING THE METHOD?**

In the national sample, over half of public health facilities did not stock oral contraceptives on the day of the survey, with 8 percent having stocked at least one brand in the previous three months. Over 40 percent of public health facilities did not carry injectables, with 7 percent of those having stocked an injectable in the previous three months. For LARC methods, over three-quarters of public health facilities did not carry implants and over 80 percent did not carry IUDs, with about 1 percent of each having stocked the method in the previous three months. In Nigeria, CHWs and not-for-profit outlets rarely stocked modern contraceptives and were not included in the graphs.

In the private sector, over 60 percent of private health facilities did not stock oral contraceptives with 12 percent having stocked the method in the previous three months. Over 20 percent of pharmacies and nearly half of PPMVs did not stock oral contraceptives, with about 6 percent of each having stocked the method in the previous three months. Over 90 percent of private health facilities and PPMVs did not stock emergency contraceptives, with almost 10 percent of private health facilities and 5 percent of PPMVs having stocked the method in the previous three months. For injectables, over 65 percent of private health facilities and over 94 percent of PPMVs did not stock at least one brand of the method, with 12 percent of private health facilities and 8 percent of PPMVs having stocked the method in the previous three months. Looking at LARCs, only about one-quarter of private facilities stocked an implant and 22 percent stocked an IUD on the day of the survey. Less than 2 percent of these had stocked the method in the previous three months.

Comparing regions (graphs not shown), there were considerably higher reports of stock-outs for oral contraceptives in public sector outlets in the North Central, North West and South West zones compared to others. There were also considerably higher reported stock-outs of contraceptive injectables in the public sector of the South West zone and in the private sector of the North Central and South West zones.
**Contraceptive market share**

**Role of the public and the private sectors**

**WHAT IS CONTRACEPTIVE MARKET SHARE?**

Market share of modern contraceptive methods, or the relative public and private sector distribution for all modern contraceptive commodities, is estimated using information about reported distribution of each commodity sold during the one-month period preceding the survey. Market share is reported in couple years of protection (CYP). CYP is the estimated protection provided by contraceptive methods during a one-year period. Volume distributed for each method type is converted to CYP by a conversion factor specific to each method.\(^{11}\) The graphs on pages 24-25 show contraceptive market share as a proportion of the total CYPs by outlet and method types for the national and zone samples, respectively. The graphs on page 26-27 present market share as a proportion of the total CYPs within outlet types by method for the national and zone samples, respectively.

**74%***

Private sector contribution to total contraceptive market

**58%**

Percent of CYPs, across outlets, accounted for by LARCs

The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor.

For example, 1 sterilization service equals:

- \(139.5\) Oral contraceptives
- \(37.2\) Injectables
- \(~3.7\) Implanon implants
- \(~2.0\) IUDs

**UNPACKING THE PUBLIC SECTOR CONTRACEPTIVE MARKET SHARE**

As a proportion of the total volume of CYP for all methods, the public sector accounts for about one-quarter of total volume of CYP, almost entirely from public health facilities. Implants (14 percent), followed by contraceptive injectables (5 percent) and male condoms (4 percent) are the primary contributors in the public sector, of total CYPs. Of the total volume within outlet types (graph on page 26), LARCs (implants, 53 percent; and IUDs, 10 percent) account for more than 60 percent of public sector outlet CYP. CHWs and not-for-profit outlets contributed only a very small proportion (<0.1 percent) of the total volume of CYP in Nigeria.

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*This reflects distribution by private sector outlets directly to the consumer.
Injectables account for about 20% of the market share of public outlets and 6% of the market share of private outlets.

Implants account for about 50% of the market share of public outlets and 40% of the market share of private outlets.

IUDs account for 10% of the market share of public outlets and 20% of the market share of private outlets.
UNPACKING THE PRIVATE SECTOR CONTRACEPTIVE MARKET SHARE

The private sector accounted for nearly three-quarters of the total volume of CYP reportedly distributed in the previous month. This share came largely from private facilities (44 percent) with a large contribution also from PPMVs (26 percent). In the private sector, 29 percent of the total volume reportedly distributed came from implants distributed by private facilities and a further 12 percent came from IUDs distributed in private facilities. In PPMVs, 16 percent of the total volume of CYP distributed in Nigeria was from male condoms distributed at PPMVs and a further 5 percent was from oral contraceptives. Pharmacies accounted for only about 3 percent of the total CYP volume and general retailers for about 2 percent of the total CYP volume, with both mostly from distribution of male condoms. Within outlet types, the majority of CYP volume in private facilities was from implants (65 percent) and IUDs (28 percent); in PPMVs from male condoms (62 percent) and oral contraceptives (20 percent); and in pharmacies from male condoms (43 percent) and oral and emergency contraceptive pills (20 percent each).

ARE THERE ZONAL DIFFERENCES IN CONTRACEPTIVE MARKET SHARE?

In the North Central, South East and South West zones, the public sector accounted for less than 20 percent of the CYP volume reportedly distributed in the zone with the private sector accounting for over 80 percent. In the South South, the public sector accounted for about one-quarter of the total CYP volume compared to three-quarters from the private sector. In the North East and North West, the public sector was dominant, accounting for 57 and 65 percent of the total CYP volume, respectively.

Male condoms accounted for over half of the total CYP volume reportedly distributed within the zone for the South East and South West zones and over one-quarter in the North East zone. Contraceptive injectables accounted for over one-quarter of the total CYP volume distributed within the zone in the North East and North West zones. Implants accounted for nearly one-quarter of the total volume of CYP distributed in the North East zone, over one-third in the North Central and North West zones and nearly two-thirds in the South South zone. Finally, IUDs accounted for over one-third of the CYP volume reportedly distributed in the North Central zone and over 10 percent in the South East and South West zones.
MARKET SHARE AS A PERCENTAGE OF TOTAL WITHIN OUTLET TYPE VOLUME OF CYP BY
CONTRACEPTIVE TYPE AND SECTOR – NORTHERN REGIONS

MARKET SHARE AS A PERCENTAGE OF TOTAL WITHIN OUTLET TYPE VOLUME OF CYP BY
CONTRACEPTIVE TYPE AND SECTOR – SOUTHERN REGIONS
Readiness to provide contraceptive services

This section addresses the public and private sector readiness to offer provider-dependent contraceptive services (or procedures) according to Nigeria National FP Guidelines. It addresses availability and service readiness to provide contraceptive services.

Outlets that offer contraceptive services

WHERE ARE PROVIDER-DEPENDENT CONTRACEPTIVE SERVICES OFFERED?

This graph shows the percentage of outlets with selected provider-dependent procedures available among all screened outlets of the outlet type. Few services beyond contraceptive injection services were reportedly available by CHWs, not-for-profit outlets, pharmacies or PPMVs.

In the public sector, two-thirds of facilities offered contraceptive injection services, while only about 20 percent offer implant or IUD insertion procedures. Male or female sterilizations were rarely offered, with less than 1 percent of public health facilities reportedly offering either male or female sterilizations.

In the private sector, over half of all private health facilities screened offered contraceptive injection services while about one-third offered implant and/or IUD insertions services. Over 10 percent also offered female sterilization services. In addition, over one-quarter of pharmacies and 10 percent of PPMVs reported offering contraceptive injection services.

About 1 in 3 private health facilities offer contraceptive implant and IUD insertion services.

~20% Of public health facilities offer implant insertion services

~1/3 Of private health facilities offer implant and IUD insertion services
ARE OUTLETS MEETING QUALITY STANDARDS TO DELIVER PROVIDER-DEPENDENT CONTRACEPTIVE SERVICES?

In the service readiness graphs below, overall service readiness is given for contraceptive injection, implant insertion, IUD insertion and male and female sterilization procedures. Estimates are given only for public health facilities, CHWs, not-for-profit outlets and private facilities reportedly offering the service. Although a small number of drug stores provided contraceptive injections, this number was very small and drug stores were not included in the graphs. Readiness to provide contraceptive services is a composite indicator combining: 1. Availability of the contraceptive on-site on the day of the survey; 2. Availability of a credentialed provider, on current staff; and 3. Availability of a sentinel set of equipment needed for the service.*

For injection services, nearly 60 percent of public and private health facilities, 63 percent of pharmacies and about 15 percent of PPMVs reportedly offering contraceptive injection services were found to meet service readiness requirements. Availability of credentialed staff was the most common criteria lacking for public health facilities, availability of the commodity was often lacking in private health facilities and PPMVs and availability of a sterile needle with syringe was commonly lacking in pharmacies.

Service readiness for implant insertion services was relatively high for public and private facilities, with over 70 percent of those providing services meeting conditions. Lack of the commodity was the criteria most commonly lacking for both. Looking at IUD insertion services, less than 50 percent of all public health facilities and over half of private health facilities met conditions for service readiness. Similar to implants, the most common criteria not met for both was lack of the commodity.

Male and female sterilizations were rarely reported as available, except in private health facilities. Large majorities of these facilities met service readiness criteria for male and female sterilizations.

Modern contraceptive market prices

WHAT IS THE COST PER CYP IN USD, FOR CONTRACEPTIVE METHODS IN THE PRIVATE SECTOR?

Prices for contraceptive methods were standardized across methods by converting into price per CYP. The following graph reports median USD price and price per CYP with interquartile ranges for all brands of a method in the private sector in Nigeria. In the public sector, nearly all contraceptive commodities are distributed for free. The prices listed are those incurred by the end-user and do not necessarily reflect any subsidy that may be provided.

Comparing methods, the median price per CYP ranged from $0.16 for CycleBeads and $1.09 per CYP for IUDs to $6.00 per CYP for contraceptive injectables and $7.50 per CYP for male condoms and implants. Female condoms were rare and emergency contraceptive pills were priced very high, $20.00 per CYP compared to other methods. With some variation, prices tended to be lower for a given method in PPMVs compared to pharmacies and private health facilities.

Comparing zones, prices tended to be higher in the South East and South zones across methods compared to other zones (not shown).

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* For those outlets selling both the commodity and providing the service, prices were often not distinguished into separate prices for both the commodity and service and, instead the combination was reported. In these cases, the combined price was used.

† Price conversion was done from Nigerian Naira to USD based on the average conversion rates during the period of data collection, August 10, 2015 – October 23, 2015 of 200.00 Nigerian Naira per 1 USD.
Summary

While Nigeria is making strides toward achieving its ambitious FP2020 goals for CPR and reaching additional women with modern contraceptive methods, FPwatch findings on the family planning market suggest that there is potential to expedite progress toward FP2020 commitments, providing increased access and choice to women in Nigeria.

This 2015 study in Nigeria, conducted among 2,524 public and private outlets with modern contraceptives and/or services as well as information from 3,249 outlets on condoms within fully-censused health areas, provides market data relevant for monitoring and informing Nigeria’s FP2020 commitments. The data is also relevant as part of a market development approach. This process aims to better understand health markets and consumer needs to improve market performance with a vision towards universal health coverage. FP2020 targets require an understanding of the current market for modern contraceptive methods. This includes the need to get market information on distribution volume of each method, types of methods available at country and service delivery levels, choice within those methods as well as price points for consumers. Market information on the size and scale of the market is critical to guide investment decisions and provide information symmetry across all market players. FPwatch was designed to provide high-quality and timely information to understand and shape markets based on a deeper understanding of current FP markets at country and regional levels.

What types of outlets in the public and private sectors are carrying modern contraceptive methods?

Of the 2,524 outlets interviewed, private sector outlets comprise 86 percent of all outlets with at least one modern method available, available in the previous three months or with at least one contraceptive service available. The large majority of these private outlets were PPMVs (72 percent) with an additional 9 percent comprised of private facilities (including hospitals and clinics), 4 percent comprised of pharmacies and a final 1 percent comprised of general retailers. Public sector outlets accounted for 15 percent of the contraceptive market composition, with 13 percent from public health facilities (including hospitals and health centers) and 2 percent from CHWs. Not-for-profit outlets did not comprise an appreciable share of the contraceptive market.

In the geopolitical zones, the private sector accounted for a high of 96 percent of the outlets providing/recently providing contraceptive commodities and services in the South West zone compare to less than three-quarters in the North Central, North East and North West zones, where the public sector accounted for about one-quarter of the market composition. PPMVs were the primary outlet type represented in the market composition for all zones, ranging from 60 percent in the North Central zone to 81 percent on the South West zone.
What proportion of public and private sector outlets are stocking selected modern contraceptive commodities and providing a range of methods?

Of all outlets screened (3,603 excluding the large number of general retailers typically not carrying products), about three-quarters of both public and private sector outlets in Nigeria stocked at least one brand of a short-acting method, most commonly male condoms and contraceptive injectables in public sector outlets and male condoms and oral contraceptives in private sector outlets. Over half of public sector outlets and about three-quarters of private sector outlets had male condoms available. Female condoms were available in about one-third of public sector outlets, whereas they were not often available in the private sector. CycleBeads® were rarely available in either sector. About one-half of both public and private sector outlets stocked at least one brand of oral contraceptives. Progestin-only pills were available in about one-third of public sector outlets but rarely available in private sector outlets. Emergency contraceptive pills were not available in the public sector but could be found in about 10 percent of the private sector outlets screened. Finally, contraceptive injectables were present in nearly 60 percent of the public sector outlets but only 10 percent of private sector outlets.

Comparing zones, outlets in the North West zone were much less likely to carry male condoms and outlets in the South East zone were less likely to provide oral contraceptives compared to other zones. Both the South East and South West zones were less likely to stock injectable contraceptives compared to other zones.

Looking at the availability of LARC methods in Nigeria, only about one-quarter of public and private health facilities had at least one brand of a LARC method, with about one-quarter carrying an implant, and one-fifth an IUD. Other outlet types did not commonly provide LARC commodities. Very few outlets in both sectors carried LARC commodities in the North West and South East zones compared to other zones with slightly higher availability.

About one-half of public health facilities, one-quarter of private sector outlets, three-quarters of pharmacies and about 10 percent of PPMVs had three or more methods available. Except for public health facilities (one-quarter) and private health facilities (10 percent), other outlet types did not commonly have more than five methods available.

Both public and private health facilities in the South South zone were considerably more likely to have three or more methods available, while diversity of methods was low in the North West, South East and South West zones.

Nationally, more than half of public health facilities did not stock oral contraceptives on the day of the survey and over 40 percent did not carry injectables, with 8 percent having stocked oral contraceptives and 7 percent having stocked injectables in the previous three months. More than three-fourths of public health facilities did not carry implants or IUDs, with about 1 percent of these facilities having carried at least one brand in the last three months. Three-fifths of private health facilities, one-fifth of pharmacies and almost half of PPMVs did not stock oral contraceptives on the day of the survey. The vast majority of PPMVs and private health facilities did not stock emergency contraceptive pills and over 90 percent of PPMVs did not stock injectables. For LARCs, about one quarter of private facilities stocked implants and 22 percent stocked an IUD at the time of the survey, with less than two percent having stocked either of these methods in the previous three months.
What is the relative market share for each contraceptive method and for each outlet type?

Despite accounting for 86 percent of all outlets screened with at least one modern contraceptive method available, private sector outlets directly distributed a smaller share (74 percent) of the total volume of CYP sold/distributed that was accounted for by the FPwatch study in Nigeria. The smaller market share is due to the higher volume of short-acting methods distributed in private outlets relative to higher volumes of LARC methods in public outlets.

Of the 74 percent of total volume of CYP accounted for by private sector outlets, private health facilities contribute the majority of the market share from the private sector, comprising 44 percent of the total CYP volume from both the public and private sector in Nigeria. PPMVs contribute about one-quarter of the total market share. While these outlet types were the most numerous, most of the CYP volume came from lower-CYP value, short-acting methods. The less numerous pharmacies and numerous, but rarely contraceptive-stocking general retailers, accounted for an additional 3 and 2 percent, respectively.

Compared to other sectors with one-third or less of the market share from public sector outlets, the North East zone was an outlier with only about one-third of the market share coming from private outlets compared to two-thirds coming from the public sector.

The private sector contribution of the total volume came predominantly from distribution of implants (29 percent of the total CYP volume), male condoms (19 percent) and IUDs (13 percent).

While public sector outlets accounted for only 14 percent of the market composition in Nigeria, they distributed over one-quarter of the total CYP volume accounted for by the FPwatch study. Public health facilities were the primary contributor. Public health facilities generally distributed high volumes of contraceptives and in particular, higher-CYP implants, with implants distributed by public health facilities accounting for 13 percent of the total volume of CYP and injectables for 5 percent. CHWs contributed only 0.1 percent of the total CYP volume (all from injectables).

Looking at within outlet type market shares, LARC methods accounted for over half of the market share within each sector’s respective CYP volume totals. However, this did not hold for the private sectors in the North West and South West zones, which had a considerably higher share coming from short-acting methods.

What is the consumer price of modern contraceptive methods among private sector outlets?

For the more commonly used contraceptive methods in Nigeria, male condoms, the median price in the private sector for one male condom is about $0.06, for one cycle of oral contraceptives about $0.40, one dose of contraceptive injectables about $1.50, one implant insertion about $2.00 and one IUD insertion about $5.00. However, in cost per CYP, male condoms and implants tend to be more expensive at $7.50 per CYP, followed by $6.00 per CYP for oral contraceptives and injectables. IUDs were the most cost-effective in terms of cost per CYP at $1.09 per IUD inserted. There were few major differences between outlet types and zones in cost of methods. Prices for contraceptive commodities and services were typically free to women in public sector outlets.

What is the availability of provider dependent procedures and readiness of selected outlet types for performing procedures?

Nearly two-thirds of public health facilities and about one-half of CHWs and private health facilities reportedly offered contraceptive injection services. An additional one-quarter of pharmacies and about 10 percent of PPMVs reported offering contraceptive injection services. Of those that reportedly offered injection services, about 60 percent of public and private health facilities met service readiness criteria of having the commodity, credentialled staff and a minimum set of sentinel equipment available.
Typically, lack of service readiness was mostly due to lack of availability of credentialed staff to provide the injection service. Only 10 percent of PPMVs reportedly offered contraceptive injection services and a very small percentage of CHWs were found to be service ready, yet over 60 percent of pharmacies were found to be service ready. This was mostly due to lack of credentialed staff and may not reflect recent national policy changes on training and credentials necessary to provide the service.

For implant insertions, about 20 percent of public health facilities and nearly one-third of private health facilities offered this procedure. Over two-thirds of public health facilities and over 80 percent of private health facilities reportedly offering implant insertion services were found to be service ready. For those that did not meet the criteria, most were lacking an available implant commodity on the day of the survey.

Only about 20 percent of public health facilities and one-third of private health facilities offered IUD insertion services. Of these, slightly less than one-half of public health facilities and slightly more than one-half of private health facilities met service readiness requirements for IUD insertion procedures. Similar to implant insertion services, the criteria most often lacking was the availability of the IUD commodity on the day of the survey. LARC procedures were not reportedly available in other outlet types.

Male sterilizations were rarely available in either public or private health facilities. About 10 percent of private health facilities reported offering female sterilization services. Of these, nearly all met service readiness criteria for the procedure.

Assessing progress toward FP2020 goals and national Nigeria policies

The contraceptive market findings for Nigeria demonstrate a mixed market with contributions from the public and private sector, and an especially pronounced role for PPMVs. However, unlike other FPwatch countries such as Ethiopia, Nigeria does not have a highly active role for distributing family planning commodities and providing services for the CHW cadre.

Most of the outlets considered had at least one contraceptive method available. However, considerably fewer had a diversity of methods available. Moreover, LARCs and provider-dependent services were often not available at the more numerous and accessible private outlets. There were often disparities in availability of methods and method mixes comparing the six geopolitical zones. The FPwatch survey showed that there were some oral contraceptive and emergency contraceptive brands that were not quality assured. However, these did not account for an appreciable share of the brands distributed for the method. Finally, of those outlets offering provider-dependent procedures, a significant number did not meet service readiness criteria. Overall, the FPwatch survey in Nigeria provide key data to inform and supplement FP market monitoring and highlight key action points toward the Nigeria FP2020 goal to achieve a contraceptive prevalence rate (CPR) of 36% by 2018.
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FPwatch is a multi-country research project designed to provide timely, relevant and high quality contraceptive market evidence. Launched in 2015 with funding from the Bill and Melinda Gates Foundation, it is currently implemented in 5 countries with additional funding from the Three Millennium Development Goal Fund in Myanmar. Standardized tools and approaches are employed to provide comparable data across countries and over time.

The project will inform FP market strategies and priorities for national Ministries of Health and their partners. Additional resources are available on the website (www.fpwatch.info).

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