NATIONAL HORMONAL INTRAUTERINE DEVICE (H-IUD) INTRODUCTION AND SCALE UP PLAN

2021 – 2024
FEDERAL MINISTRY OF HEALTH, NIGERIA

National Hormonal Intrauterine Device (H-IUD) Introduction and Scale Up Plan

FMOH

[This National Hormonal Intrauterine Device Introduction and Scale up strategy will guide the introduction of H-IUD into Nigeria's FP method mix and provide guidelines on scale up and expanded access to other new and underutilized Reproductive Health commodities.]

Contents

FOREWORD

The 2018 Nigeria Demographic and Health Survey (NDHS) estimated that 144 women die every day from preventable causes in the process of giving life. This situation calls for intensive effort to accelerate access and uptake of FP services. Nigeria set a modern Contraceptive Prevalence Rate (mCPR) of 27% by Year 2024. This means that more work is required to increase uptake of FP services if the country is to achieve its mCPR Target.

The Long-Acting Reversible Contraceptives (LARCs), which include copper IUDs (which includes Hormonal Intrauterine Device (IUD)) and contraceptive implants, are critical to achieving Nigeria's national FP goals. LARCs can be used for both spacing and limiting births and are the most effective forms of reversible contraception. LARCs have low discontinuation rates and remove the possibility for user error, resulting in far fewer unintended pregnancies compared with short-acting methods, such as pills or injectables (Nigeria National LARC Strategy, 2013).

While the Government of Nigeria (GoN) has invested appreciably in the provision of a wide range of family planning services, it is pertinent to continue to expand the FP Method Mix to increase the available options for intending clients. Hence, the Federal Ministry of Health is committed to introducing and scaling up of Hormonal IUD in the Public Health Sector. Earlier, one form of Hormonal IUD – Levonorgestrel Intrauterine Device (LNG-IUD) was provided through Private Sector facilities, but at a cost beyond the reach of under-privileged clients.

The move to include Hormonal IUD into Nigeria's FP Method Mix transcends the need to broaden the number of FP options available, but also to take advantage of the non-contraceptive benefits of Hormonal IUD such as its use in the management of some gynaecological conditions.

This landmark document is intended to provide a roadmap for all stakeholders on the introduction and scale up of Hormonal IUD in the public health sector.

I therefore, recommend the National Hormonal Intrauterine Device Introduction and Scale Up Plan for use to expand FP choices in Nigeria.

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Federal Ministry of Health
Federal Republic of Nigeria
April 2021

ACKNOWLEDGEMENTS

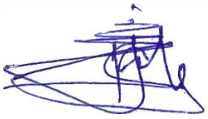
The development of the Hormonal Intrauterine Device (IUD) Introduction and Scale Up Plan could not have been possible without the collaboration of many Stakeholders.

I sincerely appreciate the Clinton Health Access Initiative (CHAI) for its technical and financial support during the process of developing this document. The contributions of other partners are also highly appreciated.

I wish to further express my gratitude to Ministries, Departments and Agencies (MDAs) whose contributions added value to this document. The tremendous support and guidance provided by the National Food and Drug Administration and Control (NAFDAC) is highly commendable.

My sincere gratitude goes to the leadership of the National Reproductive Health Technical Working Group (NRHTWG) Prof. Emmanuel O. Ololorin and all members for their supportive role.

Special appreciation to Dr Kayode Afolabi, Director and Head, Reproductive Health Division and his team for their vision, tireless efforts, sacrifices and professionalism throughout the process of the development of the Hormonal IUD Introduction and Scale Up Plan strategic document.



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LIST OF ABBREVIATIONS

BCS	Balanced Counselling Strategy
CCW	Central Contraceptive Warehouse
CHAI	Clinton Health Access Initiative
CPR	Contraceptive Prevalence Rate
CYP	Couple Year Protection
DF&D	Department of Food and Drug Services
DHIS	District Health Information System
DHPRS	Department of Health Planning, Research and Statistics
eLMIS	Electronic Logistics Management Information System
HMIS	Health Management Information System
FCDO	Foreign, Commonwealth & Development Office
FCT	Federal Capital Territory
FGON	Federal Government of Nigeria
FMOH	Federal Ministry of Health
FP	Family Planning
GFPVAN	Global Family Planning Visibility and Analytics Network
H-IUD	Hormonal Intrauterine Device
IUD	Intrauterine Device
IUS	Intrauterine System
JSI	John Snow International
LARCs	Long-acting Reversible Contraceptives
LEAP	Learning about Expanded Access and Potential
LNG IUS	Levonorgestrel-releasing Intrauterine System
mCPR	Modern Contraceptive Prevalence Rate
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MDCN	Medical and Dental Council of Nigeria
MoFBNP	Federal Ministry of Finance, Budget and National Planning
MOU	Memorandum of Understanding
MSION	Marie Stopes International Organization Nigeria
NDHS	National Demographic and Health Survey

NEML	National Essential Medicines List
NHLMIS	National Health Logistics Management Information System
NMCN	Nursing and Midwifery Council of Nigeria
NUC	National Universities Commission
NUCT	New and Underutilized Contraceptive Technology
NPSCMP	National Product Supply Chain Management Program
NRHTWG	National Reproductive Health Technical Working Group
NSHDP II	National Strategic Health Development Plan II
PCN	Pharmacy Council of Nigeria
PSI	Population Services International
PSM	Procurement and Supply Chain Management
RH	Reproductive Health
SBC	Social and Behaviour Change
SDGs	Sustainable Development Goals
SFH	Society for Family Health
SIFPO	Support for International Family Planning Organizations
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
SPHCMB	State Primary Health Care Management Board
TOT	Training of Trainer
TWG	Technical Working Group
UNFPA	United Nations Population Fund Agency
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Nigeria's current modern contraceptive prevalence rate (mCPR) is at 19%[2] with a target mCPR of 27% by 2024. It is therefore imperative to ensure unrestricted access and availability of quality contraceptives to women and girls. The Federal Ministry of Health in collaboration with development partners and other stakeholders will steer the introduction and scale up of hormonal intrauterine device building on the experience of previous reproductive health product introductions to the public sector in Nigeria.

Introduction of Hormonal Intrauterine Device (H-IUD) to the public sector will expand the available method mix to women and girls as well as provide the opportunity to benefit from the gynecological properties of the product. Nigeria's free family planning (FP) policy will allow clients to access H-IUD at no cost in the public sector as an alternative to the accessing at a cost in the private sector. The H-IUD scale up process will provide a guidance for introduction of other new and underutilized FP commodities.

The country will adopt a phased approach for H-IUD introduction to be coordinated around five main thematic areas;

- **Coordination**: Facilitate resource mapping as well as sequencing of partners' efforts for rollout of introduction plan implementation.
- **Capacity Building**: Update of preservice curricula and in-service training of Healthcare Workers (HCWs) for effective service provision of H-IUD.
- **Procurement and Supply Chain Management**: Guide the national quantification process for procurement of H-IUD along with other contraceptives and inclusion into the National Essential Medicines List (NEML)
- **Demand Generation and Communication**: Drive uptake of H-IUD by women and girls, leveraging on existing demand generation activities conducted by states and partners for effective messaging
- **Monitoring and Supervision**: Use of updated national health information management systems to report on H-IUD uptake, reporting and monitoring which will feed into existing data and supervision systems.

The New and Underutilized Contraceptives Technology (NUCT) Subcommittee of the National Reproductive Health Technical Working Group (NRHTWG) will work with the national and subnational Ministries of Health and Primary Health Care Development Agencies or Boards to identify state-specific approaches for phased introduction, building on the recommended national framework for introduction.

1 BACKGROUND

Nigeria has a population of approximately 193 million people, of which there are an estimated 46 million women of reproductive age[1] .With an annual growth rate of 3.2% and a total fertility rate of 5.3[2], Nigeria's population is expected to rise to over 400 million by the year 2050 [3]. Nigeria's contraceptive prevalence Rate (CPR) and mCPR as of the last National Demographic and Health Survey (NDHS) in 2018 was 16.6% and 12.0%[2] respectively among currently married women. Injectables and implants comprise the most popular methods with 27% and 28% of modern contraceptive users choosing these methods respectively. Total demand for family planning (FP) has increased among women of reproductive age from 29% to 38% between 2013 and 2018, but unmet need has also grown from 16% in 2013 to 19% in 2018 indicating that access to contraception that meets women's preferences remains limited[2]. Access to and use of contraceptive implants and intrauterine contraceptive devices (IUDs) has historically been very low, but is growing: in 2013, fewer than 2% of married women using contraceptives were using implants or IUDs but by 2018 increased to 24% with 18% using implants and 6% using IUDs[2].

The Federal Government of Nigeria (FGON) has prioritized FP as a core program under the essential package of healthcare services in the National Strategic Health Development Plan II (NSHDP II) which provides a five-year roadmap for Nigeria's health sector. In addition, through the Reproductive Health Policy, FP Blueprint and other relevant recent Government initiatives such as the Road Map to Harnessing the Demographic Dividend through Investments in Youth[4], FP remains a critical intervention for Nigeria to achieve its improved health outcomes and development goals. By 2024, Nigeria aims to increase its mCPR to 27% from the current rate, which will also contribute to achievement of the Sustainable Development Goals (SDGs).

Long-Acting Reversible Contraceptives (LARCs), which include copper IUDs and implants, are critical to achieving Nigeria's national FP goals. LARCs can be used for both spacing and limiting births and are the most effective forms of reversible contraception. LARCs have low discontinuation rates and remove the possibility for user error, resulting in far fewer unintended pregnancies compared with short-acting methods, such as pills or injectables[5]. In 2013, following the London Family Planning Summit there was a 50% price reduction for implants globally which enabled countries to rapidly scale up access to LARCs and contribute to increase in couple year protection (CYP). Subsequently, Nigeria developed a LARC scale-up strategy which following its implementation has led to rapid and significant growth in the availability and uptake of LARC especially implants in the country over the past six years.

By integrating reproductive health, including FP, into national strategies and programs, the country aims to achieve SDG 3.7 of ensuring universal access to sexual and reproductive health services to improve

[1] National Bureau of Statistics: Demographic Statistics Bulletin, 2017
[2] Nigeria Demographic and Health Survey, 2018
[3] https://www.arcgis.com/apps/MapJournal/index.html?appid=8734a3b09f7e4e27bc402d35ee6cc5cd
[4] https://wcaro.unfpa.org/sites/default/files/pub-pdf/AU%202017%20DD%20ROADMAP%20Final%20-%20EN.pdf
[5] Nigeria National LARC Strategy, 2013

overall good health and well-being[6]. Women in high- as well as low-resource settings experience the social, economic, and health consequences of unintended pregnancies and would benefit from the use of reversible hormonal contraception which have added health benefits for women in both the short and the long term.[7] The country continues to expand the contraceptive method mix to allow access to information, choice and quality FP services. In recent years, intrauterine devices and implants have been identified as offering the highest protection against unintended pregnancies. The results from the pilot studies (please refer to Section 1.2.2 for details of the study) of health workers trained in H-IUD and patients who opted for H-IUD in Nigeria suggest that many women who are counseled on the H-IUD find unique benefits of the method, and desire to use it for both its contraceptive and non-contraceptive benefits. The results also show high continuation rates from women in Nigeria who have opted to insert the H-IUD and have informed the development of the national H-IUD introduction strategy.

1.1 Role of Hormonal Intrauterine Device (IUD)

Prior to 2019, Nigeria's LARC strategy focused on scaling up implants and the copper IUD. The H-IUD has not been part of the public-sector method mix, although it has been available to a limited extent through the private sector since 2007 as described further in section 1.2.2. The landscape of LARC is now changing as affordability and availability of other methods, such as the H-IUD, has increased.

FP strategies are shifting from increasing the uptake of contraception among nonusers to increasing the uptake of the most effective methods among users of less effective methods. One of the most effective and acceptable methods of contraception is the levonorgestrel-releasing intrauterine system (LNG IUS); however, its uptake varies widely by country.[8] H-IUD, or the LNG-IUS, is one of the most effective forms of reversible contraception[9]. The H-IUD releases progestin directly into the uterus, which means the method has primarily a local effect[10]. As a result of relatively low systemic blood levels compared with other hormonal methods, the side effects for the H-IUD may be less pronounced than side effects with other hormonal contraceptives.

Summary of method attributes:

- Highly effective contraceptive method[9]
- Long acting and reversible; does not require regular re-supply or action by user[11]

[6] https://www.who.int/sdg/targets/en/

[7] Kopp Kallner H. (2018). Benefits of reversible contraception. F1000Research, 7, F1000 Faculty Rev-973. https://doi.org/10.12688/f1000research.14370.1

[8] Costescu D. J. (2016). Levonorgestrel-releasing intrauterine systems for long-acting contraception: current perspectives, safety, and patient counseling. International journal of women's health, 8, 589–598. https://doi.org/10.2147/IJWH.S99705

[9] Trusell, James. (2011). Contraceptive failure in the United States. 83(5):397–404. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/

[10] British national formulary: BNF 69 (69th ed.). (2015). In B. M. Association, p. 556. ISBN 9780857111562.

[11] Westhoff, C. L., Keder, L. M., Gangestad, A., Teal, S. B., Olariu, A. I., & Creinin, M. D. (28 November 2019). Six-year contraceptive efficacy and continued safety of a levonorgestrel 52 mg intrauterine system.

- Immediate return to fertility after removal; periods also return to normal pattern after removal (Randic, Vlasic, Matrljan, & Waszak, 1985)[12]
- Can lead to reduced menstrual bleeding and cramping (Hidalgo M, 2002)[13]
- Safe for breastfeeding women (LEAP, 2010)
- Localized release of hormones and relatively low systemic blood hormone concentrations compared with other hormonal methods (side effects for the H-IUD may be less pronounced) [10]
- Removal can be easier than implant removals[14]
- Non-contraceptive health benefits including treatment of heavy menstrual bleeding and potential reduction in iron-deficiency anemia[15]
- May help protect against endometrial and cervical cancer[16]

In addition to its proven effectiveness as a long-acting method, research has demonstrated important non-contraceptive health benefits of H-IUD, which include a reduction in menstrual cramps and blood loss, fewer side effects compared to other hormonal methods, alleviation of anemia for some women[17] , and high user acceptance and continuation rates in many settings, including Nigeria[18]

Additionally, Nigeria is well placed for the introduction and scale of H-IUD as the recent efforts in country to introduce and scale up other products such as Implanon NXT and subcutaneous depot medroxyprogesterone acetate (DMPA-SC) have provided important insights into the feasibility and potential for introduction and scale up of H-IUD and other new and underutilized products. Therefore, the federal ministry of health (FMOH) plans to include H-IUD in the current FP method mix in Nigeria to increase choice and to better meet the needs of women who prefer this type of product. 79% of IUD use is accessed in the public sector and is used by 6% of the modern contraceptive users[2]. Currently in Nigeria, copper IUD is available in the public sector, whereas Mirena, Eloira and Avibella are available in the private sector. The overarching long-term vision is to have H-IUD available in all health facilities that are currently providing LARC.

Based on evidence of its contraceptive and non-contraceptive benefits, and its acceptability ratings among users and providers (as described in section 1.2.2), the FMOH is committed to increasing access to the H-IUD by making it readily available in public health facilities thereby increasing method mix and user choice.

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[12] Randic, L., Vlasic, S., Matrljan, I., & Waszak, C. (1985). Return to fertility after IUD removal for planned pregnancy. (3): 253–259.

[13] Hidalgo M, B. L.-M. (2002). Bleeding patterns and clinical performance of the levonorgestrel-releasing intrauterine system (Mirena) up to two years. 65 ((2): 129–132).

[14] Dean, G., & Schwarz, E. B. (2011). Intrauterine contraceptives (IUCs). Contraceptive technology(New York: Ardent Media)

[15] Bahamondes, L., Bahamondes, M. V., & Monteiro, I. (2008). Levonorgestrel-releasing intrauterine system: uses and controversies. 5 ((4): 437–45).

[16] Petta C, F. R. (2005). Randomized clinical trial of a levonorgestrel-releasing intrauterine system and a depot GnRH analogue for the treatment of chronic pelvic pain in women with endometriosis. 20 ((7): 1993–8).

[17] Darney, M. I. (2010, August 9). Non-contraceptive applications of the levonorgestrel intrauterine system. Retrieved February 1, 2020, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2971721/

[18] Resource Library. (n.d.). Retrieved February 2020, from LEAP LNG-IUS Initiative: https://www.leapinsights.org/resource-library

The objective of this document is to lay out the FMOH's focused and phased strategy for the introduction and scale-up of this highly effective hormonal contraceptive method to the available FP options in the country.

1.2 Current Market Context

The current market context includes the registration of quality, Stringent Regulatory Authority (SRA)-approved H-IUD products in Nigeria and the completion of market assessment and research studies in pilot settings in the country to understand client and provider perceptions and demand. In addition, developments in the global supply of H-IUD inform the further introduction of the product into the public sector.

1.2.1 Registration of products

Several H-IUD products are currently registered in Nigeria. Two of these are SRA-approved products, including Mirena manufactured by Bayer and Avibela manufactured by Medicines360, both approved for 5 years of use (table 1).

Table 1: SRA-approved H-IUD products registered in Nigeria

Supplier	Product	Duration of use	LNG Dose	Size	Inserter
BAYER	Mirena	5 years	52mg	32 mm x 32 mm	1 handed
Medicines360	Avibela[1]	3 years in Nigeria; approved for up 5 years in the US	52mg	32 mm x 32 mm	2 handed

Eloira manufactured by Pregna and Emily manufactured by HLL Lifecare, each with 5 years duration of use are registered but do not have SRA approval. In the private sector, Eloira is provided by DKT at a cost of N20,000.00 while Emily has been discontinued by the manufacturer. Other available H-IUD in the market and their associated costs include: Mirena (N22,000.00), an unbranded H-IUD promoted by SFH (N5,000) and LNG-IUS, promoted by Marie Stopes International Organization Nigeria (N100).

1.2.2 Research and market assessment results

Although H-IUD has not been widely available in the public-sector in Nigeria, the product has had limited availability in the private sector for more than ten years. Since 2007, the International Contraceptive Access (ICA) Foundation, a public-private partnership between Bayer Pharmaceuticals and the Population Council, has provided donations of approximately 23,000 units of an unbranded H-IUD (known as the LNG-

IUS) to implementing partners in Nigeria including Rotary International, Marie Stopes International Organization Nigeria (MSION), Society for Family Health (SFH)/PSI, and University of Ibadan[19]. These donations have allowed organizations to gain early experience with the method. In addition, several groups have conducted research to better understand clients' and providers' perspectives and experiences, demonstrating overall acceptability ratings among users and providers. In summary, research[20] in Nigeria has found[21]:

- **Nearly 90%** of respondents in market research thought the H-IUD offered something very different or noticeably different to contraceptive options currently available
- **Approximately 70%** of market research respondents said they would "probably" or "definitely" try the H-IUD
- Two studies that looked at experiences of H-IUD users found that **97-98%** of clients were satisfied or very satisfied with the method at 12 months. Continuation rates were **87%** at 12 months.

Research on the H-IUD that has been conducted in Nigeria includes the following:

1) **Marie Stopes International Organisation Nigeria (MSION) pilot and interviews with key opinion leaders**

In 2016, MSION expanded H-IUD provision through training and support to 9 mobile outreach teams, 105 social franchise clinics, and 20 public-sector providers in 17 states. MSION in collaboration with Marie Stopes International and FHI 360 examined clients' and providers' experiences with the H-IUD to assess the potential for further scale-up of the method as part of a comprehensive approach to FP in Nigeria. A mixed-methods approach was used including analysis of routine service data, supplemental data specific to H-IUD clients, and in-depth interviews with H-IUD clients, providers, and key opinion leaders. Findings included that reduced menstrual bleeding and fewer side effects compared with other methods were identified as important attributes of the H-IUD by clients, providers, and key opinion leaders. Challenges to uptake of the H-IUD include difficulty with introducing a new method within a busy service delivery infrastructure and limited awareness and demand-generation activities on the H-IUD specifically. It was concluded that a comprehensive product introduction approach with coordinated demand- and supply-side activities may be required for this method to reach its full potential.[22]

2) **Support for International Family Planning Organizations (SIFPO-2) studies funded by the U.S. Agency for International Development (USAID)**:

- MSION introduced the LNG-IUS in 16 Nigerian states in 2016-17. Qualitative feedback from opinion leaders, providers, and LNG IUS users found important benefits to users and suggested

[19] https://ica-foundation.org/projects/about-the-projects/nigeria/

[20] https://www.iusportal.org/ourlibrary/Providers/resource/Hormonal-IUS-Updates%3A-June-2020-Technical-Consultation-%E2%80%93-Day-1

[21] https://www.iusportal.org/ourlibrary/Providers/resource/Hormonal-IUS-Updates%3A-June-2020-Technical-Consultation-%E2%80%93-Day-1

[22] Eva G, Nanda G**, Rademacher KH**, Mackay A, Negedu O, Taiwo A, Dal Santo L, Saleh M, Palmer L, Brett T. Experiences with the Levonorgestrel Intrauterine System among Clients, Providers and Key Opinion Leaders: A Mixed-Methods Study in Nigeria. *Glob Health Sci Pract*. 2018;6(4):680-692.

coordinated demand- and supply-side activities, including user champions and supportive providers to generate interest in the method, would be needed for successful scale-up[23].

- SFH introduced the LNG-IUS starting in 2017 in 40 franchise facilities in the Healthy Families Network in 18 states. A longitudinal study was conducted with 205 women surveyed at baseline. Follow-up surveys were conducted at 3-months and 12-months post insertion of the LNG-IUS; at 12-months, 73 completed the surveys. In addition, 29 providers offering the LNG-IUS were surveyed at baseline and again after 9 months. Key findings included that 23% of the users said they would have left without taking any method if LNG-IUS was not available on the day they went to the clinic for a method. Additionally, 95% of all the women who were assessed indicated that they would recommend H-IUD to someone else and 85% of all the women who were assessed were satisfied or very satisfied with H-IUD[24].

3) Learning about Expanded Access and Potential (LEAP) Initiative studies funded by the Bill & Melinda Gates Foundation:

Through the LEAP Initiative, FHI 360, PSI, and SFH conducted a mixed-method study in the 40 social franchise clinics where SFH had introduced the LNG-IUS across 18 states (see above). This study included a prospective, longitudinal survey with 888 social franchise clients who had selected the LNG-IUS, copper IUD or contraceptive implants. In-depth interviews were also conducted with 32 survey participants. Key findings from the study included that a sizable proportion of women choosing LARCs were new users, including 23% of those who chose LNG-IUS. Continuation rates for the hormonal US were 94% at six months (compared to 92% for both copper IUD and implants) and 87% at 12 months (compared to 87% for copper IUD and 85% for implants). After 12 months, 98% of LNG-IUS users said they were satisfied with the method at 12 months.

Also, under the LEAP Initiative, market research was conducted with a sample of 659 women who were not currently using the H-IUD as well as with 107 providers. The purpose of this market research was to understand potential demand for the method. Key results were that receptivity towards the H-IUD was extremely favourable among women and providers alike with approximately 70% of women, regardless of life stage, expressing interested in using the method. Among providers, 94% said they were likely to provide the H-IUD to some women if it were available.

In addition, the LEAP results were used to develop user profiles. The team reviewed existing data sources and highlighted themes/responses that were the most common for H-IUD users, and initially developed 5 country-specific profiles. These were then consolidated into 3 profiles that described users and common themes. These profiles are 1) the “dissatisfied switcher”; 2) “security seeker”; and “motivated achiever.” These profiles can be downloaded from the Hormonal IUD Access Portal and adapted for programmatic use[25].

The results of these studies and activities in Nigeria were presented to the FMOH and other FP stakeholders. Additional market research analysis is needed and recommended to further refine the user

[23] https://www.ghspjournal.org/content/6/4/680.full

[24] https://www.iusportal.org/ourlibrary/Providers/resource/Hormonal-IUS-Updates%3A-June-2020-Technical-Consultation-%E2%80%93-Day-1

[25] https://www.iusportal.org/ourlibrary/User/Potential/LEAP%3A-IUS-User-Profiles

profiles and to inform the scale-up strategy. Recommendations include: 1) Conduct market analysis for H-IUD (market segmentation, growth rate, SWOT analysis, distribution channels, target audience) in public and private sectors; 2) Develop refined demographic and behavioral profiles of key population segments using data from relevant surveys and other quantitative data and 3) conduct additional qualitative research (preferably virtual interviews) with key segment to: (a) uncover attitude, needs and aspiration of reproductive health and (b) understand how to message H-IUD to each segment based on the generated evidence.

1.2.3 Global supply considerations

The global H-IUD coordinating mechanism is a consortium of global donors and partner organizations focused on supporting countries introduce and scale up H-IUD. To ensure countries are able to access quality and affordable H-IUD products, both UNFPA and USAID are working to add the product to their procurement catalogues by the end of 2020.

2 INTRODUCTION STRATEGY

The Reproductive Health Division/FMOH with support from FP partners and stakeholders in the country led the launch of the national strategy development process by convening a workshop in February 2020, where a defined intentional, phased approach for expanding access to H-IUD in the country was determined and a framework drawn up to guide this expansion and accessibility of the method in the public sector. Following this, the Division in March 2020 constituted the *"New and Underutilized Contraceptive Technology Subcommittee"* of the National Reproductive Health Technical Working Group (NRHTWG) to coordinate the introduction of H-IUD along with other new and underutilized FP products into the country's method mix.

In its central role, the FMOH will coordinate the H-IUD scale up strategy and implementation plans with all State Ministries of Health, State Primary Health Care Management Boards (SPHCMB) and State Primary Health Care Development Agencies (SPHCDA). The FMOH recognizes that expanding access to H-IUD and making the method readily available in the public sector where FP commodities are provided free is an opportunity to accelerate gains in contraceptive uptake among women and girls. The FMOH plans to make the H-IUD readily available in the public sector and to coordinate with private sector partners where necessary and will continue to engage with private sector partners and share public sector introduction plans for quality assured products.

2.1 Overview and key objectives

The overarching goal of the national H-IUD introduction strategy is to increase options in the FP method mix in Nigeria to help meet unmet need, and to ultimately contribute to achieving the national mCPR target of 27% by 2024. The key implementation objectives for the introduction of H-IUD are:

1. To introduce H-IUD into the basket of FP commodities centrally procured for the public sector by the FMOH
2. To build capacity of health workers to provide H-IUD to women who want them
3. To integrate H-IUD into existing FMOH-led FP processes, including the electronic Logistics Management Information System (eLMIS) and the National Health Management Information Systems (NHMIS).
4. To educate women of reproductive age on H-IUD and drive demand for FP services

The global availability of H-IUD is increasing, but it is critical that Nigeria's national introduction strategy and costed roll-out plan take a phased approach to ensure close alignment with supply. To meet that goal, Nigeria will implement a two phased introduction approach: 1) preparation phase and 2) implementation phase - to scale up H-IUD throughout the country where the most uptake is anticipated based on healthcare worker provision of LARC and where demand may be highest following sufficient demand generation activities. Once a baseline of demand is achieved, lessons learned from initial rollout activities

can be leveraged to expand access further to low volume health facilities and to IUD-inexperienced health workers.

The New and Underutilized Contraceptive Technology (NUCT) Subcommittee will work with the subnational ministries of health and primary health care development agencies and boards to identify state-specific approaches for phased introduction, building on the recommended National Framework for Introduction. Facilities selected for each phase of the introduction will be activated as access points for H-IUD service provision based on pre-defined criteria, as described in Figure 1:

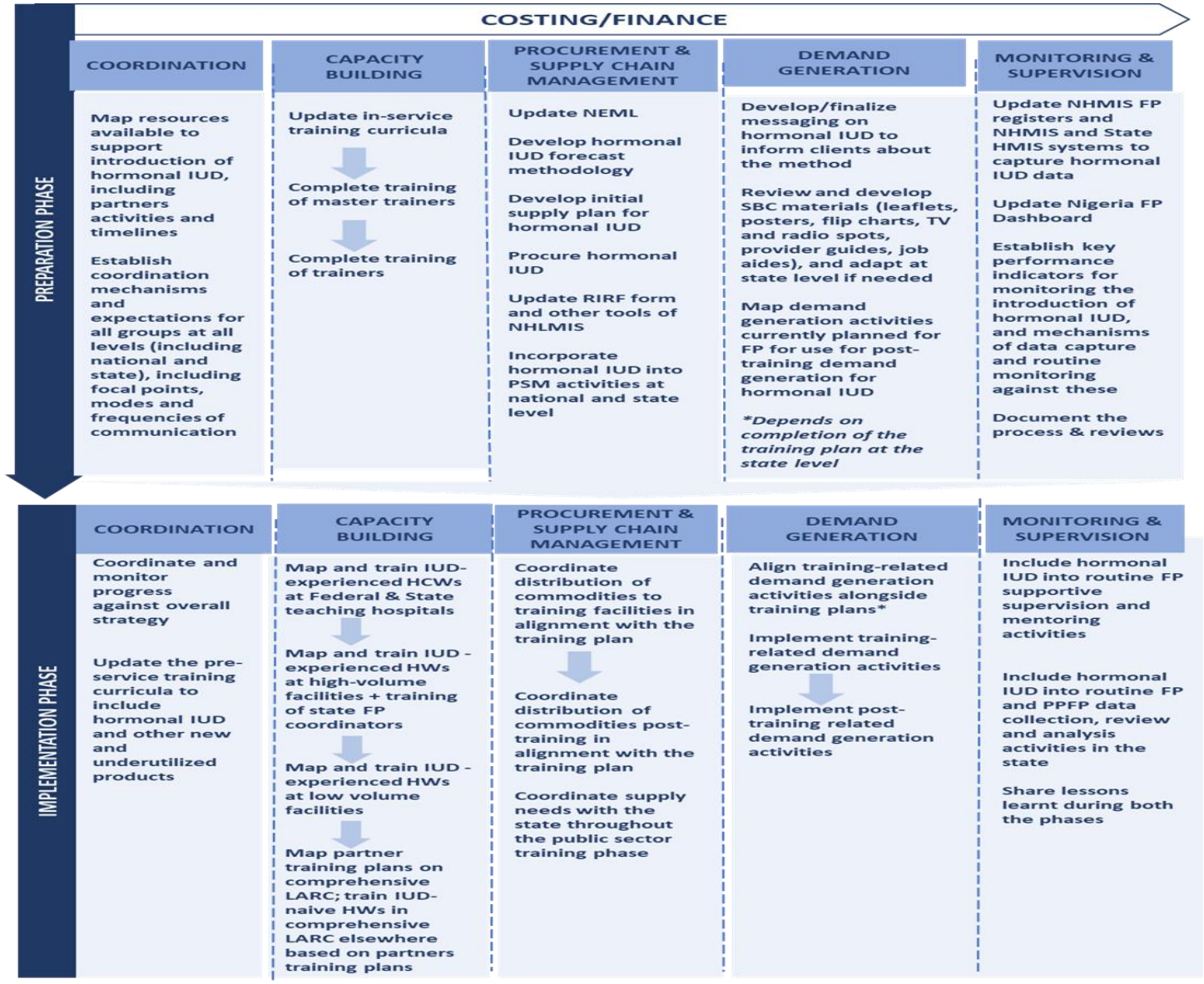

Figure 1: The phased introduction approach that will be rolled out for the introduction and scale-up of H-IUD in Nigeria.

2.2 Coordination

The NUCT Subcommittee of the NRHTWG will lead the coordination of the public-sector product introduction. This work will involve resource mapping to identify and provide visibility into plans and resources made available to support product introduction, including partner training plans on H-IUD and of comprehensive LARC inclusive of H-IUD. To ensure alignment to the introduction strategy, the subcommittee will also be responsible for advising on the sequencing of partner efforts, developing a costed coordination rollout plan and to monitor overall progress against the costed rollout plan. The subcommittee will share the overall costed rollout plan, along with time-bound training plans and work with other subcommittees, including the Procurement and Supply Chain Management (PSM) TWG to ensure that changes in consumption are captured and accounted for in quantification updates.

In addition, the subcommittee will assign stakeholders as focal points for different roles, engagements and linkages including with the Federal Ministry of Finance, Budget and National Planning (MoFBNP), medical schools, schools of nursing and midwifery, private sector partners and the H-IUD Access Group. FMOH, as the chair of the subcommittee will continue to work closely with the MoFBNP to advocate for investment and any relevant funding needs and with donors and private investors. Assigned focal points from the subcommittee will liaise with medical schools or medical departments within universities, to ensure that updated guidelines translate into updated curriculum for pre-service training and incorporation into teaching and clinical attachments. Focal points will also engage with private sector partners and map out facilities that are a good fit for provision of H-IUD.

The NUCT Subcommittee under the leadership of the FMOH will also liaise with state Ministries, Departments and Agencies (MDAs) and other state-level stakeholders to coordinate activities at national and subnational levels. State-level stakeholders will lead the process of facilities mapping as a basis for prioritizing health worker trainings; the incorporation of H-IUD into state-level supply chain processes; state-level demand generation, including the adaptation of Social and Behavior Change (SBC) materials as needed; supportive supervision and mentoring activities that will include support on H-IUD; and other elements as relevant.

Several other criteria including availability of eligible providers, costed training plans, funds for trainings, political will and partner support among others, will influence state selection and prioritization for phasing.

2.2.1 Role of State Ministries, Department and Agencies

State officials, specifically Directors of Primary Health Care, Directors Public Health, and Reproductive Health or FP Coordinators are key in coordinating with the NUCT Subcommittee as they can provide valuable insights into the prioritization of the state-level phased approach, training plan, commodity availability, demand generation activities and overall monitoring and supervision of the introduction. In

turn, state officials will also receive information that could inform respective state annual work plans and state-level resource mapping to support the introduction.

More specifically, state officials shall be key in resource mapping including partners' activities, developing training plans, selecting facilities and health workers to be trained, identifying venues for training, scheduling and other elements that are essential for conducting the training. Coordination platforms such as partners' forum which exist in states and meet periodically can be used to track activities such as trainings. During these meetings, partners share their work plan and give update on their activities. State officials will coordinate and establish mechanism for modes and frequency of communication with relevant service delivery partners. States can leverage on their budget for LARC trainings, procurement of equipment and follow up to support introduction of H-IUD. State officials, including state level FP stakeholders, will inform the national-level supply planning process including the development of a forecast methodology and an initial supply plan. They will ensure that demand generation activities are conducted in conjunction with health worker trainings and will lead in mobilizing clients to service delivery sites on training days. Additionally, state officials shall play a major role in monitoring and supervision of the state-level introduction, including incorporating H-IUD in the existing LARC supportive supervisory visits or mentoring as appropriate.

2.3 Capacity Building

Activities required to complete healthcare worker trainings span both the preparation and implementation phases of the H-IUD introduction strategy. The introduction and scale-up of H-IUD in Nigeria will require a significant capacity building component to ensure healthcare workers have the specialized skills for insertion and removal of the method. Partners are expected to adhere to this plan and to utilize the government's training approaches, while utilizing cost-efficient and effective approaches as applicable. To ensure that healthcare workers have adequate opportunities for practice during training, trainings will include clinical practice, which will be obtained by providing the method with supervision to clients that choose to use the method following FP counselling. Demand generation activities will be implemented to mobilize potential clients for service delivery hands-on-practice at the training site. The preparation phase of the H-IUD introduction strategy will focus on updating the in-service training curricula, completion of the training of master trainers and completion of the training of regional/state trainers. The implementation phase of the H-IUD introduction strategy will be focused on mapping and training IUD-experienced health workers at teaching hospitals, mapping and training IUD-experienced health workers at high volume facilities, mapping and training IUD-experienced health workers at low volume facilities and mapping partner training plans on comprehensive LARC and training IUD-inexperienced health workers in comprehensive LARC.

To ensure that implementation phase of the H-IUD introduction strategy is successful, the FMOH, SMOHs and stakeholders will identify funding sources for efficient, quality healthcare worker trainings.

Nigeria has approximately 40,000 facilities, of which 12,650 provide at least one FP method and short-acting FP methods, and approximately 2,908 of which provide LARC methods monthly[26]. Using data from the Nigeria FP Dashboard, about 5,754 facilities reported provision of IUD services between May and October 2020. These 5,754 facilities represent potential facilities to target where health workers could be trained on H-IUD. Health workers with experience in the provision of copper IUD will be targeted for training on H-IUD clients as the insertion and removal method is similar to that of a non-H-IUD to improve rapid uptake and provision of the method, as trainees would already be skilled and confident in IUD insertions. This approach would be most efficient in building capacity among healthcare workers and eventually reaching women with information and the product.

2.3.1 Updating the LARC training curriculum and job aids

The existing national LARC training curricula for in-service health workers and LARC job aids have been updated in Q1 2020 to include H-IUD. The FMOH coordinated the review with support from MSION, Jhpiego, Clinton Health Access Initiative (CHAI), and other critical stakeholders, to finalize the update of the curricula and job aids with information on H-IUD. The updated curriculum will guide future LARC trainings and ensure H-IUD is included as part of the approved comprehensive LARC training curriculum.

[26] Nigeria Family Planning Dashboard available at www.fpdashboard.ng accessed 11th Decemberst 2020

The content of the national LARC training curricula which will be used for health worker trainings at all levels includes the following modules:

- Background information about H-IUD
- Counselling information to clients
- Copper IUD and H-IUD insertion and removal techniques
- Clinical practice using models and direct service delivery under supervision to clients, with a recommendation of at least five insertions completed successfully to indicate competence
- Pre- and post-training test for health workers to assess competency through clinical practice
- Post-insertion and follow-up skills
- Infection prevention guidelines
- Management of side effects
- Record keeping

2.3.2 Training of master trainers

Master trainers will be identified by the FMOH, through the NUCT Subcommittee, from a pool of existing national-level trainers with a history of master-level health worker capacity building in LARC and who have already been trained on copper IUD. One master trainer will be selected per state, along six FMOH zonal coordinators, one per geopolitical zone, totaling 43 master trainers overall. These master trainers will receive a two-day orientation training led by expert trainers on H-IUD who will be identified by the FMOH from existing in-country consultant gynecologists based at teaching hospitals in Nigeria who have expertise in H-IUD. Training of master trainers will be held centrally. The master trainers will each be assigned to each state to conduct a two-day Training of Trainers (ToT).

2.3.3 Training of Trainers at the state level

Trainers will be selected by the SMOHs and master trainers at the state level from a pool of existing trainers already experienced in capacity building and mentoring on LARC and other FP methods. A minimum of 5-10 trainers will be selected per state in each geopolitical zone, depending on the population size, totaling at least 246 trainers across the 36 states and the Federal Capital Territory (FCT) as shown in Table 3. The distribution of trainers per state is as follows:

Table 2: Distribution of trainers according to population of Women of Reproductive Age

Population range	Minimum number of trainers
>2,000,000	10
1,000,000- 2,000,000	8
< 1,000,000	5

These trainers will receive a two-day training led by the master trainers across a total of six trainings that will take place at the zonal level, one training per geopolitical zone, in order to reduce costs compared to a single central level training held in FCT to which all trainers would have to travel. Each ToT will be led by master trainers adopting a trainer to trainee ratio (1:5) that is relative to the population in each state, to ensure knowledge harmonization, equitable distribution and consistency across the geopolitical zones.

Table 3: Minimum distribution of state trainers per geographic location

Geopolitical Zones	States in the geopolitical zones							Minimum # of trainers
North Central	Benue	Kogi	Kwara	Nasarawa	Niger	Plateau	FCT	**41**
North East	Adamawa	Bauchi	Borno	Gombe	Taraba	Yobe		**36**
North West	Jigawa	Kaduna	Kano	Katsina	Kebbi	Sokoto	Zamfara	**52**
South East	Abia	Anambra	Ebonyi	Enugu	Imo			**31**
South South	Akwa Ibom	Bayelsa	Cross River	Rivers	Delta	Edo		**39**
South West	Ekiti	Lagos	Ogun	Ondo	Osun	Oyo		**47**
Total								**246**

2.3.4 Training of State Ministries, Departments and Agencies

State FP coordinators will be trained on H-IUD as part of the training of IUD-experienced health worker in the given state. Trained FP coordinators will play a role in representing the MDAs described in section 2.2.1. H-IUD trained FP coordinators will provide synergistic coordination and monitoring alongside other MDAs. Furthermore, FP coordinators and managers in the state will lead advocacy to the state on H-IUD and in the provision of state level commodity and logistics support to the NUCT Subcommittee. FP coordinators will be responsible for selection of providers to be trained at the state level.

2.3.5 Training of IUD-experienced health workers

Training of IUD-experienced health workers is recommended to be determined by the facilities within a given geography. The selection criteria for facilities to be prioritized for training on H-IUD includes the following:

- Facilities actively providing IUDs, with category preference in ascending order i.e. category 1, category 2, category 3, and category 4
    - **Category 1: Teaching and specialist hospitals:** The NUCT Subcommittee will work with the responsible MDAs to select up to 72 Federal and State teaching and specialist hospitals for training, targeting up to five IUD-experienced health workers per facility for a maximum of 360 total health workers from this category for training. Selection will be with consideration for equitable distribution across the different geopolitical zones.
    - **Category 2: High-volume public-sector facilities:** High-volume public sector facilities are defined as those that have provided on average at least five IUDs per month within the six months prior to training. The NUCT Subcommittee working with the FP coordinator and state MDAs will select up to 750 high-volume public sector facilities for training. These high-volume facilities may comprise a mix of secondary and primary health centers and will be selected based on a detailed analysis of IUD service provision and consideration for equitable distribution across the different geopolitical zones (See table A in Annex). For secondary facilities, up to five IUD-experienced health workers can be trained; for primary health centers, up to two IUD-experienced health workers can be trained.

- **Category 3: Low-volume public-sector facilities:** Low-volume facilities are defined as facilities that have provided on average fewer than five IUDs per month within the last six months prior to training. All remaining IUD-experienced health workers in the country, including those who were not part of the training in category 1 and category 2 may be selected for training in this category.
- **Category 4: Private sector facilities:** Private sector facilities qualified for this category are hospitals and clinics with at least a qualified and licensed nurse/midwife or CHO/CHEW with IUD-experience. Selection of private sector facilities will be based on consideration of past or current provision of IUD insertion and removal services.

- Facilities currently staffed with at least 1 IUD-experienced health worker actively providing IUDs who is willing to serve as a H-IUD champion. A H-IUD champion is a health worker who had demonstrated competency in H-IUD service provision and inserted 10 units of IUDs within three months of training.
- Facilities located in proximity to potential users meeting the target user profile

Health workers of all cadres within these facilities who are IUD-experienced are eligible for training, priorities will be given to health workers from the obstetrician gynecologist and medical officer cadres. IUD-experienced health workers are ones who are already trained on comprehensive LARC, including provision (insertion and removal) of IUDs, in line with the updated LARC training curriculum inclusive of H-IUD. Trainings will be conducted at the state level by trainers from the respective geopolitical zone to increase cost-effectiveness compared to conducting the orientation at the zonal level.

2.3.6 Training of IUD-inexperienced healthcare workers

IUD-inexperienced health workers who are providing short acting contraceptive methods and/or implants (but not providing IUDs) will be selected for a six-day comprehensive LARC training which will include H-IUD using existing curricula which was developed in March 2020. According to the Nigeria FP Dashboard, as of April 2020, up to 1,771 additional health workers could be trained on H-IUD in this manner across the country. To ensure state level ownership and sustainability, health worker trainings will be funded by the state alongside the funding that would come from several partners who are investing in capacity building of IUD-inexperienced healthcare workers to provide comprehensive LARC services. The NUCT Subcommittee along with the FMOH and SMOHs will map all planned trainings by FP partners for 2020/21 and coordinate with these partners to ensure planned trainings on comprehensive LARC include H-IUD and are therefore contributing to this strategic scale-up roadmap. The NUCT Subcommittee and FP partners will also advocate to the SMOHs to ensure that trained health workers are retained in the facilities and not transferred for at least a year after training and that they step down this training to other qualified healthcare workers in the facility. FP coordinators will ensure upload of health worker training data on the Nigeria FP Dashboard.

2.3.7 Update of pre-service training curricula

Nigeria's pre-service training curricula on LARC and other FP methods requires revision to include H-IUD and other new and underutilized products. To accomplish this, the NUCT Subcommittee in Nigeria will initiate the curriculum review process and advocate to all the relevant regulatory bodies including the National Universities Commission (NUC), Medical and Dental Council of Nigeria (MDCN), Pharmacy Council of Nigeria (PCN), Nursing and Midwifery Council of Nigeria (NMCN) and other relevant bodies for the inclusion of H-IUD and other new and underutilized products in the existing pre-service academic curricula at the same time for enhanced efficiency. This could also be achieved in a cost-effective way through development of addendum to existing curricular with training modules of the new and underutilized products. To reach additional users with contraceptives and offer additional choice to women through the availability of this new method, the pre-service training curriculum review process will be initiated as early as possible.

2.4 Procurement and Supply Chain Management

2.4.1 Inclusion of H-IUD in the Nigeria Essential Medicines list

FMOH will lead the process to include H-IUD into the Nigeria Essential Medicines List (NEML), to reflect the expansion of contraceptive choices and is required for subsequent supply chain activities including national level quantification for both trainings and routine service supplies. The NEML is reviewed on a five-year basis, with the next scheduled review and update of the NEML in 2024. In the interim, FMOH will proceed with the quantification and procurement of H-IUD. The quantification will be holistic and will include quantification for both the private and public sector. The facilities, demography and availability of IUD-experienced health care workers will be among the modalities to be factored into the quantification of the H-IUD training & supplies. The data used for the quantification of demand need will include private sector data. The FMOH will adopt the existing procurement mechanism for procurement of H-IUD. Similarly, the existing channel of distribution for FP commodities will be leveraged both within the public and private sector. Private sector distribution arrangement will be highly leveraged at subsidized cost.

States will be encouraged to advocate for inclusion of H-IUD into existing Memorandum of Understanding (MOU) for procurement of FP commodities, and states without existing MOUs for procurement of FP commodities will advocate for integration of H-IUD into future procurement plans or MOUs.

Private sector reporting will be strengthened for all FP commodities and not just H-IUD by leveraging on existing data reporting tools and channels.

2.4.2 National level quantification of H-IUD for training

FMOH, working with the FP National Quantification Team or PSM Committee, will lead the initial quantification process for H-IUD to support the training phase based on national quantification guidelines with support from state officials and relevant FP stakeholders in country such as UNFPA, USAID funded GHSC-PSM, CHAI and JSI. The steps required for the quantification process of H-IUD in 2020 include the following:

- Step 1: Development of a forecast methodology
    - MOH will develop an initial forecast for H-IUD, which will factor in H-IUD training plans and expected consumption.
    - Consideration will be made to avoid excess stock on hand of H-IUD and the lead time from planning to distribution.
    - A combination of data sources will be used to support the initial forecast, including the National Health Logistics Management Information System (NHLMIS) for consumption data, NDHS for demographic data, and the H-IUD training plan, which includes the number of facilities with healthcare workers to be trained will also be used.
- Step 2: Development of initial supply plan
    - FMOH will review existing stock in the country and determine how much product is needed for 2020.
    - FMOH should allocate quantity based on available funding.

- Step 3: Procurement of H-IUD
    - Based on the forecasting and supply planning process of H-IUD in Nigeria, the FMOH will include H-IUD in the national contraceptive supply plan to ensure commodity availability meets all anticipated supply needs, and training needs, for product introduction and scale up.

2.4.3 Integration of H-IUD into routine quantification, procurement and supply management processes

FMOH will integrate H-IUD in the national routine quantification and procurement processes. States will also integrate H-IUD into existing MOU for procurement of FP commodities, while states without existing MOU for procurement of FP commodities will factor it into any future procurement plan /MOU.

The Global Family Planning Visibility and Analytics Network (GFPVAN) captures data from multiple sources to improve supply chain visibility. The GFPVAN offers communities a platform to assess supply needs, prioritize them, and act when supply imbalances loom. GFPVAN aims to see: (a) more timely and cost-effective delivery of commodities to countries; (b) more women reached with the right product at the right time; and (c) better coordination in allocating limited health resources. As with other FP commodities, the GFPVAN will lead the efforts to collect information on H-IUD stocks at the country level in Nigeria, detect, prevent, and remedy supply shortfalls, stock outs and overstocks.

Shipments of H-IUD arriving in Nigeria will be stored in the central contraceptive warehouse (CCW), similar to existing FP commodities storage in country. The Requisition, Issue, and Report Form (RIRF) will be used for stock keeping records, transaction, and consumption records, and will inform allocation and distribution of the H-IUD to the states. The state level Logistics Management and Coordination Unit (LMCU) will provide support to the health facilities on inventory management and the RIRF will be used by the facilities to request stock supplies from the states. Supply data management will be through inclusion of H-IUD on the Nigeria Health Logistics Management Information System (NHLMIS), which will ensure visibility and management of the H-IUD stock in country.

Distribution of H-IUD from the central level to the state level will follow the other FP commodities in Nigeria. FMOH and FP implementation partners will support the distribution of H-IUD from the national store to the state stores, while the state ministry or relevant agencies will coordinate distribution to the last mile.

2.5 Demand Generation and Communication

To support the training of health workers, the NUCT Subcommittee will engage SMOHs to ensure demand generation activities are conducted in conjunction with health worker trainings including mobilizing clients for service delivery at sites where supervised clinical practice will be undertaken. Timelines and locations will be set according to the planned training schedule.

To help increase awareness among potential clients about the method once providers are trained and the method is available, the NUCT Subcommittee and the SMOHs will map out current FP demand generation activities by FP partners across the country and leverage these to raise awareness of the new method.

2.5.1 Key messages

Based on the learnings from the research described in Section 1.1.2, demand generation activities for H-IUD should highlight **key benefits** which include:

Long-acting, highly effective, reversible:

- The H-IUD is one of the most effective methods of contraception available (i.e. more than 99% effective).
- The H-IUD can prevent pregnancy for up to 5 years and can be removed any time.

Fewer side effects:

- The H-IUD delivers the lowest daily levels of hormone of any hormonal contraceptive method – less than pills, implants or injectables.
- The H-IUD releases the pregnancy-preventing hormone directly into the uterus and has lower levels in the bloodstream than other hormonal methods. This is the reason that there may be fewer side effects than with other methods

Suitable for almost all women:

- The H-IUD is safe for women of reproductive age, including those with or without children.
- Breastfeeding women can safely use the H-IUD. The hormones will not harm a baby or affect quality or quantity of breast milk.
- The H-IUD is also suitable for other conditions in addition to contraceptive use, such as dysmenorrhea in young women, menorrhagia, etc.

May lead to lighter, shorter, or no periods:

- Women who use the H-IUD typically experience lighter, less painful periods. Some users see their periods go away all together. Periods will return to usual patterns after the H-IUD is removed.
- Because the H-IUD causes lighter periods or no periods, it is also a proven treatment for women who experience heavy, prolonged periods. It may also help women at risk of anemia.

Immediate return to normal fertility:

- When a woman decides to have the H-IUD removed, she can try to become pregnant again right away. Her fertility will return to the normal level that would be expected if she had never used the method.

In addition, women should be educated about **potential disadvantages** of the method including:

- For some women, there may be some discomfort during insertion, as well as cramping for a short period of time after insertion as the body adjusts to having the H-IUD in the uterus. Any discomfort should go away within a short time.
- In some cases, a partner may feel the strings of the H-IUD during intercourse.
- Some women may experience headaches, backache, acne or weight gain when they begin using the H-IUD. These side effects usually go away with time as the body adjusts to the H-IUD.

2.5.2 Demand generation activities

Key activities to promote awareness and demand for the H-IUD should be tailored to the Nigeria context, utilizing pictorials, translation to the local language where necessary and should include the following:

- Group education about FP more broadly and the H-IUD specifically (e.g., in workplace settings, women's groups, clinic waiting rooms, etc.)
- Education of women, particularly during counselling, to allay fears from erroneous clients' perceptions such as infections, weight gain etc. with use of H-IUD
- Community outreach e.g., during immunization days at clinics and during facility outreaches in the community
- Community dialogues e.g. with male spouses, community chiefs, traditional rulers etc. at town hall meetings, aimed at debunking myths about FP use.
- Satisfied client testimonials, discussions of likes and dislikes, explanations of side effects
- As appropriate and in line with local regulations, use of radio messaging and/or print media to raise awareness
- Provider recommendations, in the context of full method choice
- Integration of FP and specifically H-IUD messaging in other relevant clinical or health services activities conducted in clinics and communities

In addition, it is critical for providers and community mobilizers to educate women that contraceptive-induced menstrual changes are normal, and that reduced, or no menstrual bleeding can have health and/or lifestyle benefits for women. (For example, providers should be instructed to use the NORMAL[27] counseling tool and BCS toolkit).

[27] https://www.fhi360.org/sites/default/files/media/documents/resource-normal-counseling-tool-menstrual-bleeding-changes-job-aid-march19.pdf

2.6 Monitoring and Supervision

The National Health Management Information System (NHMIS) FP registers have been revised to include H-IUD in a separate column, so that data can be disaggregated between H-IUD and non-hormonal copper IUD. As at May 2019, the updated NHMIS FP register had been piloted and is being adopted for use at the state level. Monitoring of service delivery numbers of H-IUD will continue to be done by the LGA Monitoring and Evaluation (M&E) officers who collect data from facilities on a monthly basis. The Family Health Department/FMOH will also coordinate with relevant departments within the FMOH including; Department of Health Planning Research and Statistics (DHPRS), Department of Food and Drug Services (DF&D) and National Product Supply Chain Management Program (NPSCMP) to include H-IUD in the NHLMIS data collection and reporting tools, including the electronic platform. The Nigeria FP Dashboard will also be updated to reflect and capture data on H-IUD commodities, services and training information.

States will incorporate H-IUD in the existing LARC supportive supervisory visits or mentoring (in states where mentoring is institutionalized) to service delivery providers who are trained on H-IUD. State and LGA RH/FP coordinators are already trained on effective supervision, and they will coordinate, plan and monitor supervisory visits. The State and LGA RH/FP coordinators will also assess the training, equipment, and other needs of providers at health facilities. Finally, the State and LGA RH/FP coordinators will upload the health worker training data to the Nigeria FP Dashboard, which will be used to identify gaps in H-IUD trainings across the country.

States will also collaborate with partners and other organization who support private sector providers trained to provide H-IUD to gather indicators from the private sector.

For routine monitoring of the introduction plan in country, the NUCT Subcommittee of the NRHTWG will monitor a series of indicators, which will include service delivery, human resource and commodity availability. These indicators are described in Table 4. The NRHTWG meetings and state TWGs will be used to share learnings from implementation and review the implementation plan.

Table 4: Key performance indicators for H-IUD product introduction and scale up

Indicator	Source of data
Number of trainings completed compared to H-IUD training plan	Nigeria FP Dashboard, H-IUD training plan
Percent of IUD experienced health workers who were oriented on H-IUD compared to the training plan	Nigeria FP Dashboard, H-IUD training plan
Percent of IUD-inexperienced health workers trained on H-IUD compared to the training plan	Nigeria FP Dashboard, H-IUD training plan
Percent of total trained health workers who were certified as competent in H-IUD service provision following the training	Nigeria FP Dashboard, H-IUD training plan
Percent of FP facilities with a H-IUD-trained provider stocked out of H-IUD in the last 30 days	NHLMIS, Nigeria FP Dashboard
Percent of FP facilities providing H-IUD within the last 30 days	NHLMIS, Nigeria FP Dashboard

3 FINANCING

Securing adequate funding for the different components of the H-IUD introduction will play a key role in ensuring a timely introduction and scale up of the product. The first component in this is the product introduction effort, which will be financed through stakeholder resources with the help of a costed operational/implementation plan to map resources and ensure coordination and from the SMOHs who will also fund the health worker trainings at the state level. The second component is the financing of the commodities, which will be through donations by the Foreign, Commonwealth & Development Office (FCDO) and accessible through UNFPA and USAID product catalogues. Additional components will include activation of facilities for routine H-IUD service provision, which will be financed through implementing partners and existing government budgets that provide for the full package of FP services through facilities. Additional funding opportunities could be accessed through the Catalytic Opportunity Fund (COF) for new and lesser-used reproductive health (RH) products which provides short-term grants to fund catalytic activities that support RH product introduction or scale-up in focal countries. The COF will contribute to saving the lives of women and girls by increasing their access to innovative RH products that empower them to be in control of their reproductive health.

4 ROLE OF PRIVATE SECTOR

Even though the H-IUD introduction and scale up strategy in this document does not include private sector roll out, training of health workers on H-IUD and use of the method in the private sector is already happening in Nigeria. Private sector introduction has informed the development of this public sector scale up strategy in multiple ways, including through the generation of evidence on the acceptability and feasibility of providing this method in Nigeria as described above.

FMOH will coordinate with the private sector and engage with private sector training partners, including SFH, MSION, PSI Nigeria, PPFN and DKT. The private sector accounts for about 41% of FP uptake in Nigeria therefore, the FMOH will ensure that data from the private sector is captured in the NHLMIS tools, through the respective LGAs and States. The FMOH will work with partners to ensure the availability of tools in supported private health facilities, and also ensure that data management trainings are integrated into the planned training for private sector providers, as mentioned above.

5 COSTED INTRODUCTION PLAN AND SCALE UP

Table 5: Cost summary for introduction and scale up of H-IUD in Nigeria*

*Cost excludes private sector requirement.

Thematic Area	Year 1	Year 2	Year 3	Year 4	Total
Coordination	$15,646.85	$53,945.07	$53,945.07	$53,945.07	$177,482.07
Demand Generation & Communication	$34,108.43	$326,684.95	$326,684.95	$326,684.95	$1,014,163.27
Monitoring & Supervision	$7,630.78	$40,304.92	$40,304.92	$40,304.92	$128,545.55
Procurement & Supply Chain Management	$2,152,632.04	$1,938,013.99	$1,841,202.90	$1,841,202.90	$7,773,051.83
Capacity Building	$44,107.78	$1,408,299.48	$1,408,299.48	$127,809.54	$2,988,516.28
Miscellaneous	$22,541.26	$37,672.48	$36,704.37	$23,899.47	$120,817.59
Total	**$2,276,667.14**	**$3,804,920.90**	**$3,707,141.69**	**$2,413,846.86**	**$12,202,576.59**

Table 6: Gap analysis for H-IUD roll out

Item	Total Cost	Output	Commitment	Current Gap
Coordination	$177,482.07	Coordination mechanism for product introduction and scale up	-	$177,482.07
Demand Generation & Communication	$1,014,163.27	Advocacy, IEC materials, community engagement		$1,014,163.27
Monitoring & Supervision	$128,545.55	Supervision, data reporting tools	$42,976.62	$85,568.93
Procurement & Supply Chain Management	$7,773,051.83	Supply plan, purchase orders and commodity procurement	$ 7,741,117.33	$31,934.50
Capacity Building	$2,988,516.28	43 master trainers, 246 state trainers, 2365 IUD experienced HCWs 2000 IUD naïve HCWs 4952 community HCWs	$76,722.50	$2,911,793.78
Miscellaneous	$120,817.59	Exigencies	-	$120,817.59
TOTAL	**$12,202,576.59**		**$7,860,816.45**	**$4,341,760.14**

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ANNEX

Table A: Distribution of public facilities that provided at least 5 IUD insertions per month between May and October 2020 and equitably represent the six geopolitical zones from the Nigeria FP Dashboard.

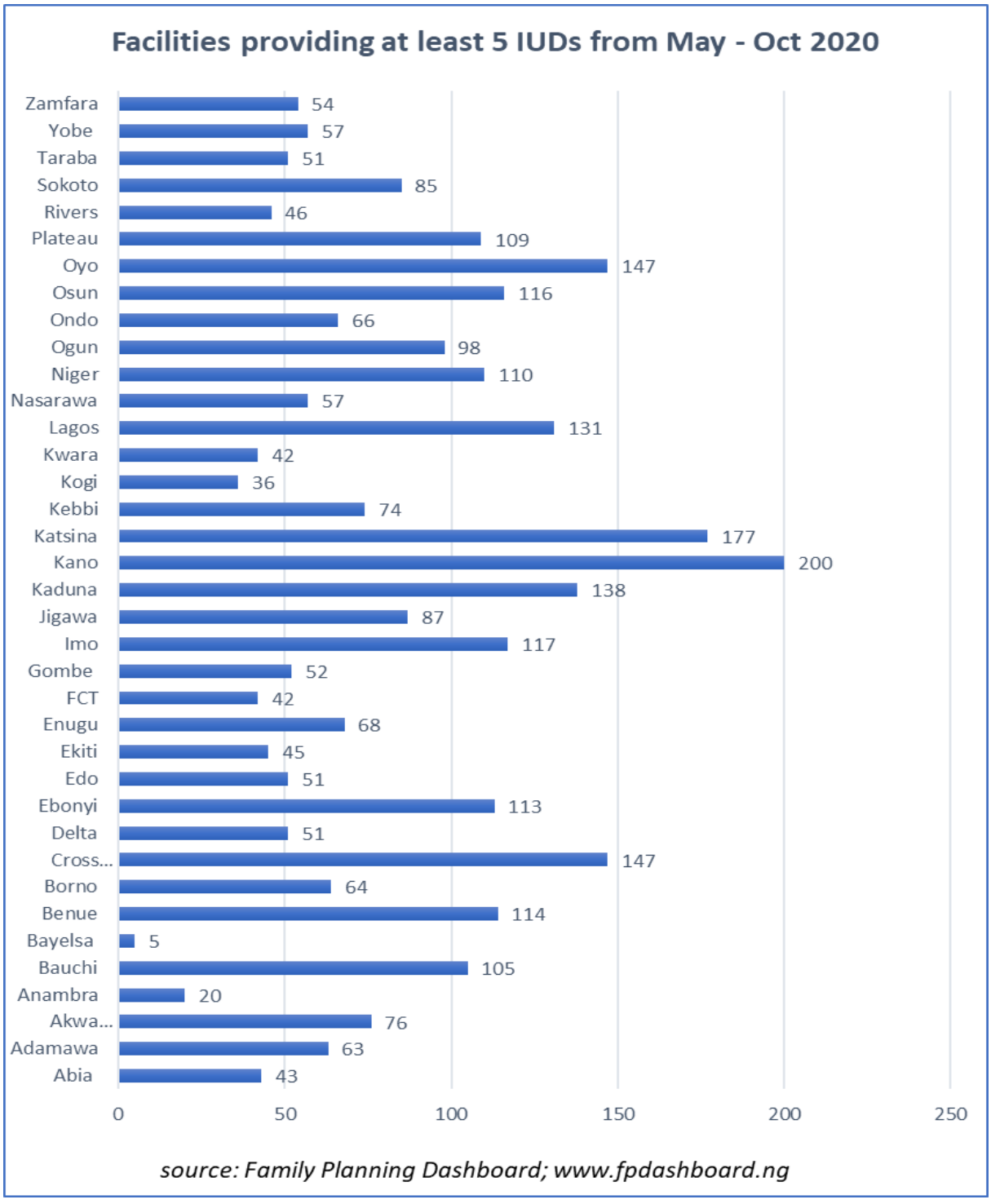

Table B: WORKPLAN – MILESTONES & ACTIVITES

	Milestone	Activities	Requirements
Coordination	**Mapping resources available for product introduction and scale up**	Landscape assessment to identify available resources for investment in introduction and scale up efforts	Consultancy, desk review, key informant interviews, market analysis
		Develop advocacy plan for engaging relevant stakeholders according to the national H-IUD introduction and scale-up strategy e.g. MOFBNP, donors, private sector	Agenda, slide decks, Venue, Meals, Transport (not more than 20 persons - COVID19 protocol), internet (remote participants)
	Conduct Central level coordination meetings	Identify stakeholders for the meeting	Airtime
		Invite stakeholders for meeting	Airtime, email, letters
		Hold central coordination meetings as scheduled	Agenda, slide decks, Venue, Meals, Transport (not more than 20 persons - COVID19 protocol), internet (remote participants)
		Dissemination of meeting notes/high-level outputs from the meeting	Meeting notes
	Conduct Sub national level coordination meetings	Identify stakeholders for the meeting	Airtime
		Invite stakeholders for meeting	Airtime, email, letters
		Hold central coordination meetings as scheduled	Agenda, slide decks, Venue, Meals, Transport (not more than 20 persons - COVID19 protocol), internet (remote participants)
		Dissemination of meeting notes/high-level outputs from the meeting	Meeting notes
	Coordinate and monitor introduction and scale-up plan	Leverage established coordination platforms to review/adapt training materials and plans (government and partners) to incorporate H-IUD	Training plans, training materials, Agenda, slide decks, Venue, Meals, Transport (not more than 20 persons - COVID19 protocol), internet (remote participants)
		Mapping of stakeholders (public and private sector) involved in product introduction and scale up	Consultancy, desk review, key informant interviews, market analysis

		Mapping of public and private sector facilities to inform H-IUD introduction activities (health worker trainings, inclusion in supply plan, demand generation)	Nigeria FP Dashboard, DHIS-2, NHLMIS
Demand Generation & Communication	**H-IUD awareness messages developed and tested**	Engagement of communication experts	Meeting
		Determine messaging types - messaging in different languages	Meeting airtime
		Testing messaging types - testing appropriateness of messaging in various languages	Meeting airtime
		Determine mediums of dissemination to be used - print, radio, internet, TV	Meeting (leverage on exiting product introduction platforms) Airtime
	Demand generation materials developed and implemented	Development of messaging materials - e.g. male specific jiggles	Engagement of vendors and meeting (physical or virtual)
		Printing of messaging materials - content for electronic media, content for print media	Vendor engagements and meetings
		Community sensitization - CBDs, town criers and other community layers	Advocacy visits planning and logistics
		Integrated outreaches - RI, MNCH, Nutrition	Outreach logistics – transport
	Advocacy visits to community to get buy in completed	Advocacy and sensitization visits to community leaders	Advocacy visits planning and logistics
		Male sensitization and involvement	Advocacy visits planning and logistics
		Sensitization of religious leaders	Advocacy visits planning and logistics
	Engagement of other actors on benefits of H-IUD beyond contraception benefits	HCWs education on other gynecological benefits of H-IUD beyond contraception	IEC materials, job aids
Monitoring & Supervision	**LMIS tools updated to include H-IUD**	Review existing paper based LMIS tools to include H-IUD - DCR, ICC, RIRF	Meeting (venues logistics), airtime
		Update NHLMIS to include H-IUD	Meeting (venues logistics), airtime
		Engage NPSCMP to update NHLMIS platform	Meeting (venues logistics), airtime

	HMIS tools updated to include H-IUD	Incorporate H-IUD into existing paper based HMIS tools - daily FP register	Meeting (venues logistics), airtime
		Include H-IUD service provision as indicator in monthly summary form	Meeting (venues logistics), airtime
		Engage DPRS to reflect updates on DHIS-2 and FPDB	Engage vendor for Update of platform
	Near-term H-IUD data collection process in place	Establish H-IUD data monitoring and reporting frequency and scope	Meeting (venues logistics), airtime
		Design data collection and analysis tools and techniques	Engagement of vendors for design of tools and meetings to adopt design
		Identify and train data monitoring and evaluation officers, other data officers and HCWs per state	training materials training venues (37) accommodation, transport, feeding (2 tea breaks and 1 lunch break) COVID safety materials Facilitators fees, feeding, accommodation and logistics
		Integrate routine H-IUD data collection within existing protocols at health facilities	Update of protocols - meeting with stakeholders
		Monitoring and supervision	Logistics (transport and meals for supervisors); data collection tools; transport for data collectors
		On the job trainings for data officers, M&E officers and HCWs - peer mentoring, through supportive supervision, through DQAs conducted	IEC materials and training job aids
Procurement & Supply Chain Management	**Quantification of H-IUD completed through existing TWG**	Confirm supplier production capacity for H-IUD	Supplier contact
		Identify data source for H-IUD quantification	1)use IUD consumption data and estimate a proportion for allocation to H-IUD - RIRF, NHLMIS, 2) Data from other countries with similar profiles
		Review data for accuracy	Historical data on H-IUD introduction
		Conduct 3-year H-IUD forecasting using predefined assumptions	1)Meeting - venue, 10 pers, meals, transportation 2) National quantification team 3) State quantification team 4) Data sources 5) Assumptions

		Develop supply plan	1) Product cost 2) Shelf life 3) Available funding for contraceptives 4) Forecasted quantities
	Procurement of initial orders of H-IUD completed	Place order with supplier	1) Costed supply plan 2) FMOH's procurement agent i.e. UNFPA
		Confirm product lead time	Purchase Order
		Track H-IUD order	Purchase Order
		Review product storage guidelines	Product details
	Seed stock distribution plan developed	Develop training plan including number of trainees, cadres, facilities, and location	1) Number of trainees, 2) Number of facilities 3) Location
		Quantify estimated training and post training requirement	1) Trainees 2) Facilities 3) Location
		Request for quantities of H-IUD needed for training and post training service provision	1) RIRF
	Routine supply of H-IUD to facilities with trained providers	Collate and review consumption data	
		Review consumption with product forecast for accuracy	Family Planning register, Daily consumption register, tally card
		Confirm availability of H-IUD trained providers/ eligibility of facility to receive additional units	Facility and state RIRF and H-IUD forecast
Capacity Building	**Training of master trainers completed**	Identification and selection of master trainers	State HR database, FP Dashboard
		Determine training approach - location, selection of master trainers, training duration	Development and printing of training materials, Instruments and consumables for training, Training logistics - location, accommodation, feeding, COVID materials
	Training of regional trainers completed	Identification of regional/state trainers	Airtime and data, letters/emails
		Determine training approach - location, selection of regional trainers, training duration	Development and printing of training materials, Training logistics - location, accommodation, feeding, COVID materials, Instruments and consumables for training
		Mobilization of clients for clinical attachment/practice	Airtime, logistics – transportation, feeding, COVID materials
	Training of all existing Copper IUD providers and SBAs in geographies 1-6 completed	Identify the existing copper IUD providers	Mapping of Copper IUD providers - state HR database, FP Dashboard
		Cascade training for IUD experienced providers	Developed training plans, printing of training materials, Training logistics -

			location, accommodation, transport, feeding, COVID materials
	Orientation on counseling for community health workers in geographies 1-6 completed	Determine training approach - location, number of community health workers to be trained, training duration	Developed training plans, development and printing of training materials, Training logistics - location, accommodation, transport, feeding, COVID materials, airtime/data
		Mapping of community health workers	State HR database
	Information on method shared with peer counselors in geographies 1-6	Determine the mentoring approach and implement mentoring for trained providers on H-IUD	Mapping and selection of mentors per geography, mentoring plans, pre and post planning meetings with mentors, mentoring aids, development and printing of mentoring materials logistics – transportation, mentoring stipends