Strengthening Access, Availability and Distribution of MA Combi-pack Products in Nigeria Project

Learning Brief

Ipas Partners for Reproductive Justice
NIGERIA HEALTH FOUNDATION


Fed. Min. Of
Health & Social Welfare

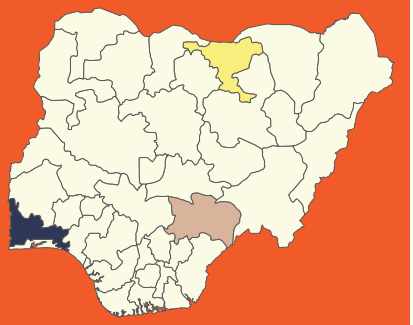
800 Women die daily from preventable causes related to pregnancy and childbirth

99% of these deaths occur in LMIC

Maternal Mortality Ration (MMR) in Nigeria is at **1047** per **100,000** live births

Source: Strategies towards Ending Maternal Mortality, WHO, 2020.

Intervention States



Ogun
Benue
Jigawa

Executive Summary

Despite a 45% reduction in global maternal deaths since 1990, 800 women still die daily from preventable causes related to pregnancy and childbirth. A staggering 99% of these deaths occur in low- and middle-income countries. In Nigeria, the maternal mortality ratio (MMR) remains high at 1047 deaths per 100,000 live births.

In collaboration with the Federal and State Ministries of Health and Social Welfare, Ipas Nigeria Health Foundation implemented the Strengthening Access, Availability, and Distribution of MA Combi-Pack Products in Nigeria project. The primary goal of the project is to drive catalytic efforts that facilitate the adoption of Medical Abortion (MA combi-pack products - mifepristone + misoprostol) as a safe alternative to surgical abortion for early pregnancy termination in health facilities.

The project adopted a three-pronged approach including the operationalization of government policy that ensures the adoption of medical abortion at state level, strengthening the capacity of healthcare workers to ensure usage of MA Combipack in healthcare facilities and strengthening supply chain effectiveness including procurement and forecasting.

This learning brief showcases successes and gaps that require strengthening to overcome procurement barriers, supply-chain inefficiencies, and limited awareness among health providers as well as government stakeholders that continue to hinder access to MA Combipack products and Safe Termination of Pregnancy Guidelines operationalization. It translates these lessons into practical pathways to sustain MA availability, and access to quality Post Abortion Care (PAC) services beyond the project period.

Expected Outcomes

The adoption of Medical Abortion as a preferred method for early therapeutic pregnancy termination in health facilities in alignment with the Safe Termination of Pregnancy (SToP) guidelines.

Improved the capacity and skills of healthcare workers to provide comprehensive and therapeutic abortion care with medical abortion in health facilities.

Strengthened State Government's MA Combipack supply chain management through forecasting and tracking systems.

The Adoption of Medical Abortion as the Preferred Method for Safe, Early Pregnancy Termination

Key Learnings

1. **Policy Domestication must be Aligned with Practical Implementation Support**

While the intervention states successfully domesticated the SToP Guidelines, policy adoption alone did not automatically translate into consistent practice. Many healthcare providers lacked awareness of the legal framework and clinical protocols guiding lawful abortions. This shows that policy-to-practice transitions require sustained orientation, job aids, and supervision to ensure providers internalize and apply national policy guidelines effectively.

2. **Continuous Provider Mentorship Reinforces Competence and Behavior Change**

Initial classroom training improved provider knowledge and confidence, but on-the-job mentorship (OJT) proved far more effective in translating learning into real-world performance. Regular mentorship sessions helped providers strengthen decision-making, adhere to safe and legal abortion protocols, and build confidence in medical abortion as a reliable, safe, and WHO-aligned method for early pregnancy termination.

3. **Multi-Stakeholder Approach Strengthens Sustainability and Access**

Engaging state ministries, primary health agencies, civil society, and persons with disabilities ensured that the domestication of the Safe Termination of Pregnancy (SToP) Guidelines was inclusive and context specific. This participatory approach fostered policy ownership, accountability, and social acceptance, which are critical for sustaining access to safe, client-centered abortion care and for normalizing medical abortion as the preferred option within legal boundaries.

When legal abortion is provided within a health facility, it reduces maternal mortality. If it is not done within the facility, the life of both mother and child can be lost. The Safe Termination of pregnancy guidelines has served as a guide to healthcare workers when such cases come up to know what exactly should be done.

Beatrice Isavmbu Ph.D,
Permanent Secretary, Benue State Ministry of Health and Human Services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Enhanced Capacity of Healthcare Workers to Deliver Comprehensive Abortion Care Using Medical Abortion for Therapeutic Termination

Key Learnings

1. **Multi-tiered Training Models Strengthen Local Ownership and Sustainability**

The combined use of Training-of-Trainers (ToT) and On-the-Job Training (OJT) effectively built a sustainable pool of competent healthcare providers across the three intervention states. By establishing state-level master trainers, experienced OB/GYNs and senior midwives, the project institutionalized continuous learning and mentorship within state systems. This decentralized model strengthened local ownership and reduced long-term training costs, ensuring sustainability beyond the project's life span.

2. **Task-Shifting to Mid-Level Providers Increases Access Without Compromising Quality**

Empowering nurse-midwives to provide medical abortion (MA) under guided supervision and referral protocols demonstrated that task-shifting can safely expand access to services in settings with limited physician availability. Trained midwives proved both competent and motivated, effectively bridging service gaps while maintaining high standards of care in line with WHO protocols. This shift marked a significant step toward equitable access to safe abortion and post-abortion care.

3. **Integrating Post-Abortion Family Planning Ensures a Holistic Continuum of Care**

Embedding voluntary post-abortion family planning (PAFP) into every stage of training and supervision reinforced a client-centered and rights-based approach to care. Providers were trained to deliver contraceptive counseling and offer a full method mix following MA or uterine evacuation. This integration promoted continuity of care, helping women meet their immediate reproductive health needs while supporting long-term fertility goals and autonomy.

On medical abortion, I learned that we as health workers, should always put ourselves in the shoes of our patients. Previously, before the training, I used to turn people away that need abortion services, but now I attend to them. And I also learned about the different brands to use for medical abortion, their dosages, uses, indications as well as side effects.

Toh Dochima Kate
officer in charge and Nurse, PHC Asasi, Benue State

I learned how to provide safe abortion care using the MA Combipack. The training helped me understand the right dosage, follow-up care, and how to manage possible complications. Before the training, I was not confident handling such cases, but now I can provide care safely

Fatima Umar Muhammad,
Midwife, Kudai Primary Health Centre, Jigawa State

Strengthened State-Level Supply Chain Systems for MA Combipack through Improved Forecasting and Tracking Mechanisms

Key Learnings

1. **Capacity Building in Forecasting and Quantification Improves Commodity Security**

Targeted training for state logistics management coordinators and pharmacists significantly enhanced their ability to forecast, quantify, and manage MA Combipack needs accurately. Post-training assessments across Ogun, Benue, and Jigawa States showed marked improvement in participants' understanding of consumption-based forecasting and stock monitoring methods, resulting in more precise demand estimation and reduced stock-outs. This capacity strengthening established a foundation for evidence-based decision-making and sustainable commodity security.

2. **Institutionalization of Supply Chain Systems Enhances Accountability and Sustainability**

Through close collaboration with state governments, the project supported the establishment and operationalization of state-level Drug Management Agencies and Drug Revolving Fund (DRF) schemes, notably in Ogun and Benue States. These systems now oversee the flow of commodities, funds, and information using standardized Standard Operating Procedures (SOPs) and Operational Guidelines, ensuring transparency, accountability, and long-term sustainability in MA supply chain management.

3. **Public-Private Collaboration Strengthens Access and Integration of MA Commodities**

The project successfully facilitated partnerships between state governments and DKT Nigeria, a certified supplier of MA Combipack products. This collaboration enabled states to initiate direct procurement and integrate MA commodities into existing supply systems for the first time. The effort addressed a major baseline gap—previous non-procurement of MA products by states and laid the groundwork for regular, predictable, and state-owned supply of MA Combipack across intervention states.

I think the procurement training was very timely. After the presentation of the gaps from the baseline assessment, my first action was to build the capacity of pharmacists on supply chain management. The training on procurement became the second phase of the training because most of the pharmacists were also trained and now, they are equipped to carry out procurement, forecasting, and quantification which are the major gaps we had. This has also created a sustainability measure for our human resources.

Elizabeth Olufunke Oyeneye,
Executive Secretary Drug and Health Commodities Management Agency, Ogun State

The forecasting tool shared with us was very useful and it will be very helpful especially when our Drug Management Agency is now up and running. We have been doing analog forecasting before now but with this tool, it will really ease the work to be done for procurement and forecasting making us more efficient.

Regina Mngohol Chichi-Agir
Director of Pharmaceutical Services, Benue State Ministry of Health and Human Services

Challenges and Lessons Learned

While the project achieved considerable success, it also encountered some challenges that offer important lessons for future programming:

1 Healthcare Provider Stigma and High Turnover Rates

Despite training efforts, not all providers immediately embraced providing MA services. Some physicians were reluctant to delegate tasks to nurses or felt uneasy providing abortions due to personal or religious beliefs. In a few instances, trained providers were transferred to other units or left, causing gaps.

Lesson learned

Training must address attitudes and confidence, not just knowledge. Values clarification is vital to tackle stigma among providers, and this proved helpful. We found that pairing providers who had successfully managed MA cases with those less confident (peer mentorship) encouraged service provision and skill transfer. Additionally, securing state government official endorsements (such as a memo from the State Health Commissioner supporting task-sharing in PAC) gave providers the confidence that the system backs them. One practical lesson was the need for refresher training and supportive supervision. A single training session is insufficient for such a sensitive service; providers benefited from follow-up visits where they could discuss cases and troubleshooting challenges with project mentors.

2 Sociocultural and Demand-side Barriers

On the community side, deep-rooted stigma and lack of awareness about the legality and availability of safe MA services limited demand. Many women, especially in rural areas, did not know they could access a safe option at health facilities within the legal provisions of the law.

Lesson learned

Community engagement and demand creation are critical to achieving lasting impact. While the project initially focused on strengthening the supply side, Ipas Nigeria worked with state government stakeholders and health providers to recognize the importance of complementing service delivery improvements with robust community awareness and mobilization efforts. Moving forward, coupling facility-level intervention with community-focused communication publicizing where services are available, ensuring confidentiality, and promoting client accompaniment will be essential to increase service uptake.


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Recommendations for Sustaining and Scaling MA Combipack Availability and Access

Drawing on the successes and lessons of this project, the following recommendations are offered to donors, government stakeholders, and implementing partners to sustain momentum and scale up safe abortion and post-abortion care using MA combi-pack products:

Institutionalizing MA Combi-Packs in Health Systems

Government ownership is key to sustainability. This project showed that when government stakeholders are actively involved in quantification and procurement, supplies have the potential to be more reliable. Thus, at a policy level, MA combi-packs should be integrated into state-level essential medicines lists and procurement plans. The implication is that Nigeria's health system can no longer treat MA medications as fringe or donor dependent items; they must be planned and budgeted for like other essential maternal health commodities (e.g., oxytocin or magnesium sulfate). By normalizing combi-pack procurement, the system will be better prepared to meet women's needs and avoid stockouts that push women to unregulated sources.

PAC On-the Job Training and Task-Shifting

The project reinforces the fact that restricting therapeutic abortion provision to doctors is neither necessary nor feasible to meet demand, especially in rural areas. A policy implication is that the national task-shifting/task-sharing policy should be formally implemented for the provision of MA and PAC. In practice, this means re-organizing services so that midwives at primary care level can handle early MA cases, referring to doctors only when needed. This approach can drastically increase service coverage. It also calls for investments in training and mentoring non-physician providers. The evidence suggests that with proper training and support, mid-level providers can deliver quality MA services as safely as doctors, making this a rational strategy to expand access.

Health information and Data Systems

The project demonstrated that training Monitoring and Evaluation (M&E) officers on abortion-related data elements on DHIS tools and facility registers significantly improves the accuracy and completeness of abortion data reporting addressing the long-standing issue of gross underreporting at the national level. Strengthening data literacy and consistent use of standardized tools ensures that abortion and post-abortion care services are properly documented and visible within the health information system. Over time, robust, reliable data will be invaluable for resource mobilization, policy advocacy, and performance improvement. For instance, routine analysis can help identify facilities with persistent stockouts or high complication rates, allowing for targeted supervision and corrective action to improve service quality and outcomes.

Institutionalization of the Drug Management Agency for Supply Management of the MA Combipack

The project review highlighted the critical role of having a functional Drug Management Agency (DMA) in each state to support accurate forecasting and consistent supply of the MA Combipack. However, the mere existence of such an agency does not guarantee procurement or distribution. To sustain the availability of the MA Combipack, it is essential not only to establish a DMA but also to strengthen its capacity to effectively procure, manage, and supply the product across the state.

Community Awareness and Women's Empowerment

On the demand side, a critical implication is that efforts to improve access will fall short unless women and communities are aware of and trust the services. Therefore, safe abortion and PAC services need to be linked with broader sexual and reproductive health education and community engagement initiatives. Removing stigma at the community level is a longer-term endeavor, but health promotion strategies should include testimonies, champion advocates, and clear information that under certain conditions it is legal and safe to obtain an abortion at accredited health facilities. As policies become more supportive, public education must keep pace to ensure those policies translate into utilized services.

The Drug Revolving Fund when implemented will help largely with the procurement of the MA Combipack. Currently, the procurement of the drugs is done at the secondary facility levels which presents a bureaucratic bottle neck when suppliers are sourced. The institution of the Drug Management Agency (DMA) will help very largely because it is self-sustaining and would largely reduce external interferences for procurement of drugs, as well as reducing cost of drugs from bulk purchase. We need the support of policy makers to understand the benefits of the DMA and high-level advocacy from partners to fast track the establishment of the DMA.

Regina Mngohol Chichi-Agir
Director of Pharmaceutical Services, Benue State Ministry of Health and Human Services

The Drug Revolving Fund scheme has been a solution covering the gaps with the existing stock of drugs and ensuring drugs are accessible, affordable and available on time. However, implementation has been a challenge. Local suppliers play a big role in ensuring supply of drugs, other barriers that exist in getting the drugs including delays in supply from local suppliers as the case may be. For Drug Management Agency, the procurement of MA Combipack supply will not majorly pose a challenge, however, there must be demand generation at the facility levels so that these drugs that has been procured are actually supplied and used rapidly.

Elizabeth Olufunke Oyeneye,
Executive Secretary Drug and Health Commodities Management Agency, Ogun State

Ipas Nigeria Health Foundation works to empower women and girls to have bodily autonomy and exercise their sexual and reproductive health and rights. As partners for reproductive justice, we build collective action that transforms societies to enable women, girls, and vulnerable persons to manage their fertility and realize their full potential.

Ipas Partners for Reproductive Justice
NIGERIA HEALTH FOUNDATION

P.O Box 5188 • Garki, Abuja, Nigeria • +2348136599722
ipasnigeria@ipas.org • www.ipasnigeria.org
Ipas Nigeria Ipas Nigeria Ipas Nigeria Ipas Nigeria