W4H
WOMEN FOR HEALTH

FYP graduates: Improving family planning uptake in rural communities

"I discovered that some of the women prefer taking the FP services at their convenience so, I decided to attend to them whenever they come for the services in addition to the designated days. Some of them follow me to my house for FP and other health care services. This I think is partly responsible for the increase in uptake of FP."

Fatima Usman Ayuba, FYP graduate, now a professional midwife in PHC Gawuna Hadejia

"We have been recording an increase in the uptake of FP to this clinic. In the past, the women were not coming because some of the services could not be offered. But now the women know that there is a new and competent staff member that can offer the services."

Primary Health Centre manager

The Foundation Year Programme (FYP) is an initiative of the Women for Health programme (W4H) designed to support young rural women – who are nominated by their communities – to prepare and compete successfully for admission into Health Training Institutions (HTIs) to train as midwives, nurses and community health workers. The FYP was one of W4H's innovative strategies to increase the number of female health workers and ensure their deployment to rural areas of Northern Nigeria, where the severe shortage of health workers is reflected in very high maternal and neonatal mortality rates, low utilisation of health services and limited access to modern family planning (FP) methods.

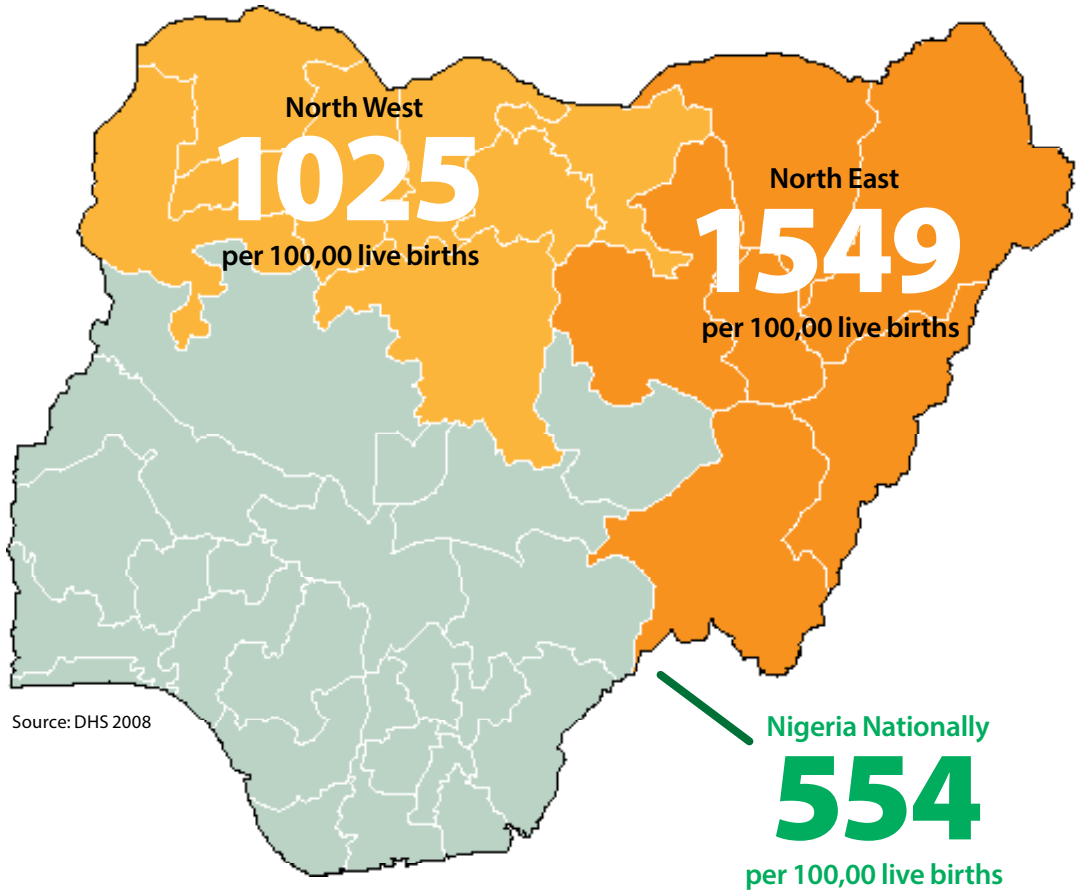
This knowledge brief documents the experiences of four FYP beneficiaries from two states in Northern Nigeria who have graduated from professional health training courses and returned to serve rural communities – and it focuses on their efforts to promote FP and modern contraceptive use in the communities. It assesses contraceptive uptake at the primary health care facility (PHC) before and within the first year the FYP graduates were deployed there. This brief highlights the importance of community members' engagement with FYP beneficiaries and how this is critical to utilisation of FP services. It documents the challenges faced in these communities in increasing uptake of FP.

The challenge

The W4H programme (2012 - 2020) was designed to respond to a severe shortage of female health workers in a region where there are social and cultural barriers to women being seen by male health workers and the rural retention of health workers is an ongoing challenge. Northern Nigeria has some of the poorest maternal and newborn health indicators in sub Saharan Africa – this is most acute in rural areas. Data from the 2008 Nigeria Demographic and Health Survey (DHS) showed tha women in these areas faced an 11% lifetime risk of maternal death and where two in three girls were married before age 18 years. Only 10% to 15% of deliveries in the North were attended by a skilled provider, compared to over 75% in the South. Moreover, rural deliveries were three times less likely than those in urban areas to be attended by a skilled provider. Northern Nigeria has one of the lowest indicators of contraceptive use in the world.

In its first phase (2012 - 2018), W4H supported five Northern states – Jigawa, Kano, Katsina, Yobe and Zamfara. A second, extension phase (2018 - 2020) saw W4H expand its activities to conflict-affected Borno (and conflicted-affected parts of Yobe), while at the same time working to ensure handover of all activities to state governments and other stakeholders in the other four states.

Maternal Mortality (Millennium Development Goal 275 per 100,00 live births)



W4H Response

The FYP was one of W4H's key interventions and a total of 2,801 women were supported through the FYP during the eight years of the programme and enrolled in professional health training. Two kinds of courses were established within the FYP: a nine-month Bridging Course for those who had not achieved five credits in the school exams; and a three-month Preparatory Course for those who already had five credits, to prepare them for the entry process for the training schools. Those on the Bridging Course automatically moved on to the Preparatory Course.

When they are recruited, FYP students sign bonding contracts that commit them to returning to their community for a determined period, usually two years. The first FYP students began completing their professional studies in 2017, and since then a total of 556 have graduated – of which 72% have been deployed to rural areas. Their roles as health workers include the provision of the much-needed skilled health services to their communities especially for women and children including antenatal, delivery, postnatal and family planning services.

To assess the impact of FYP graduates on the uptake of FP, W4H conducted a small-scale assessment in two states (Kano and Jigawa), which were selected out of the five phase one W4H states using simple random sampling. In the each of the two states, two Primary Health Care (PHC) facilities where FYP beneficiaries were deployed were selected. In all, a total of four PHC facilities were selected for the assessment.

They are:

PHC Fantai, Hadejia Local Government Area, Jigawa

PHC Gawuna, Hadejia Local Government Area, Jigawa

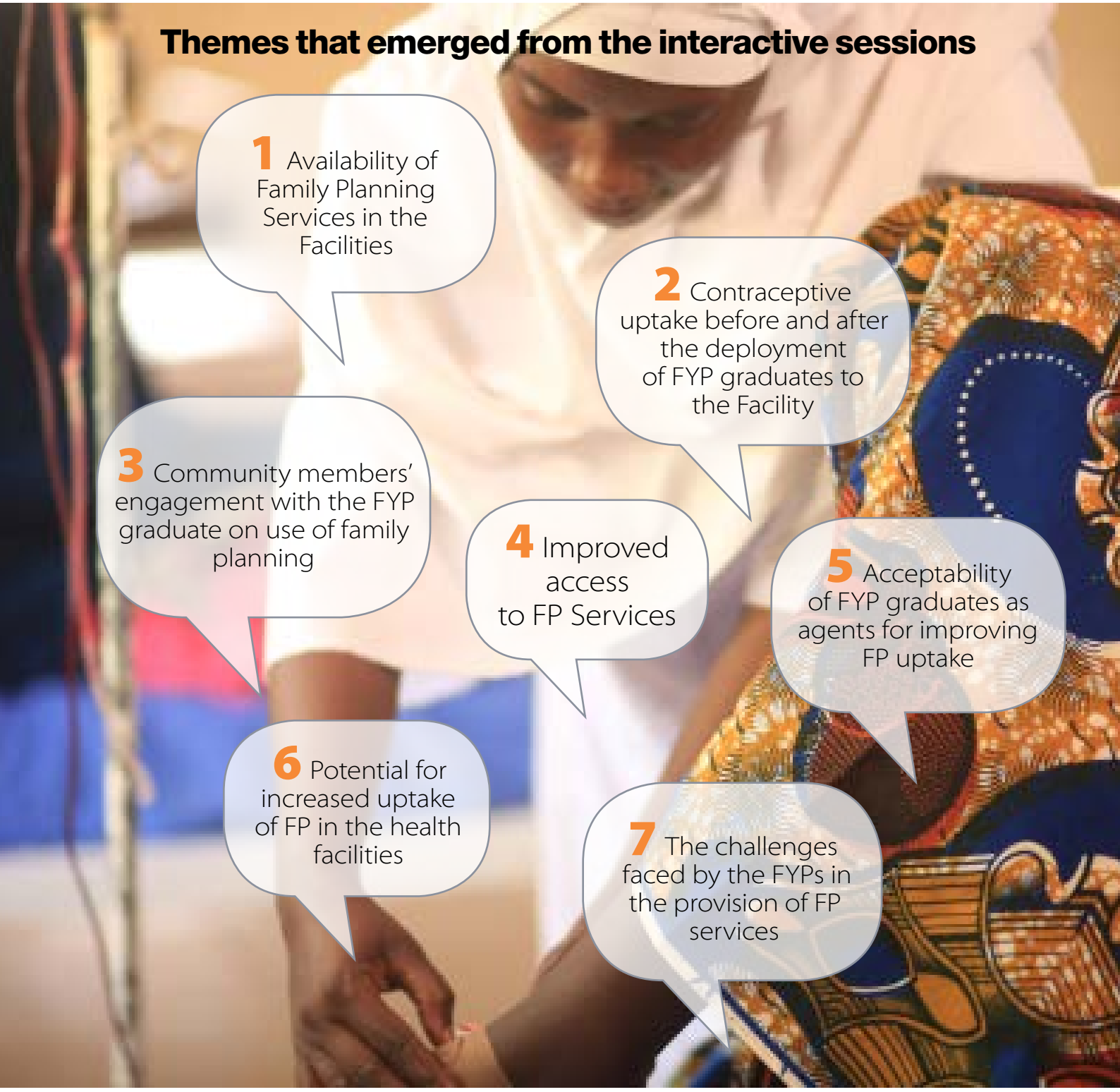
Comprehensive Health Centre Zakirai, Gabasawa Local Government Area, Kano

PHC Kunchi, Kunchi Local Government Area, Kano

Results

To obtain the necessary information, interactive discussion sessions were held in each facility and community with: the FYP beneficiaries; the officers in-charge of the PHC facilities or their representatives; the heads of the maternity units, if different from the FYP beneficiaries; family planning clients; and community members. FP records of each facility were assessed to ascertain uptake figures.

Seven themes emerged from the analysis (see below) – and four case studies that illustrate theme 2 on the impact of the FYP on contraceptive uptake.



Theme 1 Availability of Family Planning Services in the Facilities

Findings from the interactions with FP stakeholders in the PHC revealed that some family planning services are available and accessible although, the methods available vary from facility to facility. Some of the methods of family planning available in the four facilities include oral contraceptives (Microgenon, Excluton), injectables such as Noristerat and Depo Provera, Implant (Jaddel, Implanol), Intrauterine Contraceptive Device (IUD) as well as male and female condoms. These methods are not available at all times in all the four PHC facilities partly because of lack of some FP commodities and lack of qualified health worker that could offer the services especially before the deployment of the FYP beneficiaries to the PHC facilities. Availability and access to all the FP methods especially the Implant have however improved in the four PHC facilities as a result of the deployment of the FYP beneficiaries who are skillful in the provision of the services.

It was also discovered that although the clinics have specific dates fixed for FP services, the services are offered everyday once the clients approach the facility for FP services. When asked about what they do with clients that visit the clinic for FP services outside the designated period. One of the FYP graduates stated that:

"We usually attend to them anytime they arrive the facility because many of them usually trek from either their homes in the town or from nearby villages and other Fulani settlements. If you don't attend to them, they may either not come back or come back pregnant."

Thus, the services are always available as a result of the deployment of the FYP beneficiaries who the communities identify as more qualified to offer the services.

Theme 2 Contraceptive uptake before and after the deployment of FYP Graduates

Records in the four PHC facilities indicated that the uptake of FP services before and after the deployment of the FYP graduates showed some levels of improvement in some methods. While services for some FP methods that were not available in some facilities before the FYP are now available, other services not considered technical like oral and injectable methods were available before and after the deployment of the FYP graduates to the facilities. The uptake record did not however differentiate between new uptakes and uptakes that had begun previously. Findings from each PHC is presented below as a case study.

Case Study 1

PHC Fantai, Hadejia, Jigawa State

This PHC facility is located in Fantai area located in the Eastern part of Hadejia. The FYP graduate, Labiba Mohammed qualified as a Registered Midwife (RM) in April 2019 and was deployed to this health facility in June 2019. Labiba hails from a village located about 15KM from Fantai, Hadejia. In addition, Hadejia has a General Hospital (which is the main secondary health facility) and other PHC facilities that provides health care services including FP services to the people. Labiba is the only RM working in the facility.

Clinical data showed that although the FYP graduate had only spent nine months as a full-time staff in the facility, utilisation of FP services has increased in the PHC. While FP services were being provided in the facility before her deployment, findings revealed that her presence have improved FP services in the facility. For instance, prior to her posting to the facility, only oral pills, injectables and condoms were available to the clients as implant and IUD that require skillful handling could not be offered due to lack of midwife. However, these methods of FP are now available in the facility. Also, FP uptake has improved by about 25% from the highest uptake figure of 50 in the year before her deployment to 75 in her fifth month in the facility. Corroborating this increase in uptake as seen in the facility records, the Head of the PHC facility (a Community Health Extension Worker (CHEW)) stated that:

"We could not provide Implant and IUD services even when Marie Stopes was ready to provide the commodities because our staff who are mainly CHEWs could not offer the services because we are not trained for that. Her coming made it possible to start the methods since midwives are trained for that."

As a result, there have been gradual improvements in FP uptake since the deployment of the FYP graduate to the facility, especially in the provision of implant and IUD methods.

Case Study 2

PHC Gawuna Hadejia, Jigawa State:

This PHC facility is located in Gawuna area, Southern part of Hadejia. The FYP graduate, Fatima Usman Ayuba is from Hadejia and qualified as a RM in March 2019 and was deployed in May 2019. Hadejia has a General Hospital (which is the main secondary health facility) and other PHC facilities that provides health care services including FP services to the people. In addition to Fatima, the facility has two other midwives one of who also graduated in March 2019 and was posted along with the FYP graduate. In addition, the facility has a Community Health Officer and 12 CHEWs.

Clinical data showed an increase in uptake of 27.8% from a highest uptake of 114 in the year before her deployment to 158 for both new and old clients within the first year of the FYP graduate deployment to the facility. It was reported that in addition to the FYP graduate's being mainly responsible for FP services, her deployment is said to be responsible for the introduction of three shift duties (morning, evening and night) among the three midwives in the facility, thus enabling the provision of 24 hour services. FP services are said to be available at all times in the facility although, Mondays and Thursdays are specifically designated for FP services. When asked about the contributions of the FYP graduate to FP services, Zaliha Abdullahi (a CHEW with 28 years working experience) who heads the maternity section of the facility explained that:

"Fatima has been responsible for improvement in the FP records in the facility which has been poorly kept in the past. She is always ready to attend to clients whether she is on duty or not. The introduction of the three shifts has made it possible for many married women to visit the facility for FP services in the evenings and nights."

The clinical data also showed the poor state of FP services' records, where only six months records were available in the year before the deployment of the FYP graduate while complete records are in place in the year following her deployment to the facility. Asked about why the records are inadequate, Fatima explained that:

"Before now, the FP services were handled by CHEW who doubled as immunisation officer. The said staff complained that in addition to lack of a FP record book, she did not have time to enter the required FP information at the time of service provision so, I had to improvise the FP record book with an exercise book before the customised book was made available by the Local Government."

Similarly, when asked to explain how she attends to clients. Fatima reported that:

"I discovered that some of the women prefer taking the FP services at their convenience so, I decided to be attending to them whenever they come for the services in addition to the designated days. Some of them usually follow me to my house for FP and other health care services. This I think is partly responsible for the increase in uptake."

It is evident from the findings that the FYP graduate has imparted positively in the uptake of FP by women in the community as well as in ensuring that accurate record of FP uptake is kept in the PHC facility.

Case Study 3

PHC, Kunchi, Kano State

This PHC is located in Kunchi town serving as the main health care facility and a referral centre for most PHCs located in the surrounding villages. The nearest secondary health care facility is located in Kazaure about 40 km away. The FYP graduate, Hadiza Yunus Abdullahi is the only RM in the facility. She enrolled into the FYP programme in 2014 and qualified as a RM in March 2017. She was deployed to the facility in October 2017. The facility has a Community Health Officer and about nine CHEWs.

Clinical data showed increase in FP uptake in the first year of the FYP graduate's deployment to the facility. The FP records for 2017 indicate that the highest monthly uptake figure of 183 was recorded in September 2017, while an uptake of 250 was recorded in April 2018 indicating an increase of 36.6%. Similarly, IUD method of FP only commenced in November 2018, explaining why this was so, the Community Health Officer; Hajiya Hadiza Umar stated that:

"Before the deployment of Hadiza to this facility, IUD was not offered because none of us could successfully insert it but since her coming to the centre, the services are being offered because I think RMs are well trained to do that and she is already teaching us how to do it."

The presence of FYP graduate in the PHC facility has greatly improved the uptake of FP services in the centre by members of the community. Interaction with the Head of the PHCs, and some community members, suggests

there has been steady increases in the uptake of FP services – which is confirmed in the FP uptake records.

The head of the PHC facility stated:

"We have been recording an increase in the uptake of FP since the deployment of the FYP beneficiary to this clinic. In the past, the women were not coming because some of the services like implant and IUD could not be offered because most of the female CHEWs in the FP section don't know how to do it and sometimes we can't handle the clients' complaints about side effects like bleeding, but now the women know that there is a new and competent staff member that can offer the services."

A community leader agreed with the fact that there is an improvement in the acceptance and uptake of FP in the community. He stated that:

"Previously, our people were not accepting the services because our women used to bleed and complain of headache and the staff didn't know what to do, but now we are happy with the return of this girl to us after her four year training. Everybody knows that she is qualified. That is why even Fulani women from far villages are now coming to the clinic for the services."

The respondents were united in affirming that the FYP graduate is not only competent but always available for service delivery because she is from the Kunchi community and married to a community resident.

Case study 4

PHC Zakirai, Kano State

The PHC facility is located in the town of Zakirai, which has an estimated population of 26,131 (2019). The facility has two FYP graduates; Habiba Musa who was enrolled into the FYP in 2014 and qualified as a RM in March 2017 and Ummakulsum Abubakar also enrolled into FYP in 2014 and qualified as a Licensed Community Midwife in March 2018. Both Habiba and Ummakulsum are from Zakirai and are resident there. They are the only midwives in the facility, which also has two Community Health Officers and 11 CHEWs.

While Habiba was deployed to the facility in October 2017, Ummakulsum was deployed in April 2019. The PHC is the main health care facility serving Zakirai and the adjoining villages. The nearest major health care facility is the General Hospital, Gezawa located about 50 km away from Zakirai. The facility provides 24-hour services although the midwives do not run shift duties, they are usually called to attend to emergency services. They also provide home services when invited.

Although findings from the FP uptake records do not show increase in uptake between the year before and the year after the deployment of Habiba to the facility, there are some positive changes in the pattern of FP uptake since her deployment to the facility. For instance, records showed that implant and IUD were not in place before the deployment of Habiba to the facility. This was not due to lack of the commodities. According to Habiba Bashir Usman; a CHEW who is the officer in charge of the PHC's maternity section with 29 years of experience. Asked why implant and IUD are not in place throughout 2017, She stated that:

"I was the one providing FP services before the deployment of Habiba Musa to this facility. The truth is that I did not receive training for the provision of those services, so I restricted myself to oral pills and injectables despite the fact that we use to receive supplies of the commodities from Marie Stopes. But you know midwives are usually trained for that, so Habiba started providing that since she reported here."

Similarly, one of the clients who is a primary school teacher in Zakirai provided some insights into why she returned to the use of IUD that she earlier stopped in 2016:

"I was initially using an IUD inserted for me in February 2016 at General Hospital Kazaure but I started having bleeding and lower abdominal pain. I reported the problems at PHC but they asked me to go back to Kazaure where it was inserted because they cannot handle it. Considering the distance from here to Kazaure, I requested that they remove it at Kazaure and decided to use injection, which also gave me problems until this new staff came and I am now using an IUD."

Thus, the FYP graduate has improved the services and has helped develop clients' confidence in the quality of FP services in the facility. This has increased the uptake of implant and IUD from zero to 41 and 8 respectively. It was also revealed that zero uptakes were recorded in September and October 2017 as a result of strike action embarked upon by health workers. Similarly, zero uptake of FP was recorded in September and October 2018 due to lack FP commodities.

Theme 3 Community members' engagement with the FYP beneficiary on use of family planning

The collaboration and engagement of the FYP beneficiaries enhanced FP utilisation across the four communities. While in some communities like Kunchi in Kano State, the facilities worked with trained Traditional Birth Attendants (TBAs) for

community mobilisation on FP, other communities like Zakirai hold facility-community meetings every six months during which issues like facility activities and the need for community mobilisation on FP, childbirths in facility, immunisation and environmental sanitation are discussed and responsibilities are shared. Explaining how the Kunchi community is involved in health care programmes including FP, antenatal care (ANC), childbirth, immunisation and postnatal care, Hadiza Yunus Abdullahi revealed that the facility makes use of trained TBAs in the community for case finding, home deliveries and community mobilization for FP, ANC, childbirth in the facility and childhood immunization. She stated that:

"There are trained TBAs in the community that provide some services to the people so, the facility usually make use of them to mobilise the women for uptake of family planning. They use them to identify and refer women to the facility for FP."

Habiba Musa, the FYP graduate in Zakirai community explained that:

"There is usually a meeting between the facility and representatives of the community coordinated by the Head of the facility and the Maigari (Village Head) every six months during which the need to utilise FP services among others are emphasised. The decisions are usually communicated to the wider community by the representatives."

Theme 4 Improved access to FP Services

Findings showed that community members have access to PHCs for family planning services as the services are said to be free. It was revealed that all the services are free with the exception of Implant and IUD, which require consumables like gloves, surgical blades, syringes and needles, antiseptics, xylocaine, plaster, gauze and cotton wool. These consumables are usually paid for by the client. Clinics charge N 200 – N 300 per client when the consumables usually supplied by either the government or development partners such as Marie Stopes are exhausted or not supplied on time. Similarly, findings revealed that although there are designated days for FP services in some clinics, the services are however offered on daily basis and whenever the clients visit the facilities for FP services including during evening and night shifts. Some of the facilities such as PHC Zakirai and PHC Gawuna occasionally conduct home visits during which women are mobilised for FP services while those with complaints regarding the FP services they received are usually attended to at home or requested to report to the facilities for treatment.

Theme 5 Acceptability of FYP graduates as agents for improving FP uptake

Findings from interaction with clients, heads of PHCs and community members revealed that the FYP graduates are accepted as the most qualified people to offer FP services. They are being consulted within and outside the facilities for FP, antenatal and other healthcare services by members of the community. Their presence in the facilities has increased the uptake of FP, antenatal care and facility delivery. Some heads of the facilities explained that because of the skillful ways the FYP graduates offer their services, uptake of FP has increased. For instance, a Fulani woman (from a pastoral herding community) that accessed ANC and FP services at PHC Gawuna stated that:

"In the past, our men use to prevent us from accepting FP services especially when we use to bleed for a long time but now they encourage us because they know that there are qualified staff now because since the coming of Malama (the FYP graduate) here, we have not been having the problem of continuous bleeding."

She added that:

"Our women are now accepting FP with or without the consent of our husbands because we are the ones that usually suffer with the children because they spend most of the year with their animals in other parts of the country. The clinic has more qualified staff now since the coming of Malama here."

It was also identified that two of the health facilities run three shift duties (morning, afternoon and night shifts) and FP services are provided on demand at every shift since the deployment of the FYP graduates to the facilities. However, because of the shortage of midwives in two of the facilities, the midwives there usually officially work from 8am to 4pm daily, in addition to running on call duties for the remaining parts of the 24 hours. It was reported that as a rule, all the facilities have directed their staff to make FP services available anytime the clients visit the facilities for the services. Many of the FP services, especially implant and IUD, are only available as a result of the presence of the FYP graduates in the facilities.

Theme 6 Potential for increased uptake of FP in the health facilities

From the findings of the assessment, it was observed that uptake of FP services has increased as a result of the deployment of the FYP graduates to the facilities. It was observed that women from within and outside the communities where the facilities are located were increasingly seeking FP services. Similarly, the presence of the FYP graduates has improved the supplies of FP commodities in the facilities from the government and non-governmental organisations that sometimes suspended the supply of some FP commodities as a result of lack of qualified staff. Reports from the respondents also revealed that members of the community are aware that the facilities now have qualified staff that are offering FP services that were hitherto absent in the facilities including implants and IUDs. With improved awareness through engagement with the community, uptake of FP is likely to improve as indicated by the steady increases recorded since the deployment of the FYP graduates.

Key messages

Availability of qualified health workers improved the utilisation of FP services in rural Northern Nigerian health facilities.

Collaboration with stakeholders within and outside the communities is critical to improving utilisation of FP and other maternal and child health services.

Inadequate supply of FP commodities and consumables by government and other stakeholders affects the utilisation of FP by women.

Theme 7 Challenges faced by the FYP beneficiaries in the provision of FP Services

Despite the successes recorded by the FYP graduates in the provision of FP services and other maternal and child health services in the PHCs, the stakeholders indicated that the following challenges have negatively affected the provisions of the FP services in the facilities:

Scarcity of FP commodities: the FYP beneficiaries and other stakeholders reported that poor or irregular supply of FP commodities is a challenge to the uptake of FP services. They explained that some of the women hardly return for uptake services whenever they visit the facility and the commodities are not available. The FYP graduates reported that lack of the commodities is a great challenge for the uptake of FP.

Financial constraints: As earlier reported, sometimes the clients had to pay the sum of N200-300 for consumables needed for the uptake of FP services whenever the consumables are out of stock. Some of the women are unable to pay these sums, making it difficult for them to obtain the services in the facilities.

Shortage of qualified staff: in two of the facilities visited, only one midwife was available for all maternal health services, making it difficult for them to offer effective services to all the people who require them or to be available at all times in the PHCs.

UKaid from the British people

The W4H programme is funded with UK aid from the UK government.

DAI Shaping a more livable world.

Save the Children

The programme is led by DAI Global Health (incorporating Health Partners International and GRID), in partnership with Save the Children.

For further information contact: HRH Learning Hub, Centre for Gender Studies, Bayero University Kano

Visit: www.learninghub4hrh.org www.women4healthnigeria.org Email: hrh@learninghub4hrh.org September 2020