Health Systems Thinking to Fulfill Unmet Need for Long-Acting Reversible Contraception in Northern Nigeria

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Question 1: How have systems thinking approaches and tools been incorporated in activities to improve health equity? Are these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?

Context

Modern contraceptive method use among married/cohabiting women of reproductive age (15-49) ranges across Nigeria. It is reported to be as low as 26% in Sokoto State (in the north central region of the country). The integrated health program (IHP) supported by USAID implemented the Long-Acting Reversible Contraception (LARC) strategy to address the unmet need for modern contraception across the Sokoto State Ministry of Health (SSMOH). This was intended to increase informed choice and provision of modern contraceptives by implementing the Total Soldiers and Teachers (TS/TS) policy and introducing new skills to primary healthcare services, including family planning (FP), and strengthening the capacity of health systems (public and private). The IHP implemented a systematic cross-sectional approach to improve health equity.

Activity Description (continued)

ENGAGEMENT OF FACILITIES: In 2020 and 2021, the IHP supported the National Health Insurance Scheme (NHIS)-sponsored primary healthcare facilities (PHCs) in Sokoto State. The IHP supported facilities to conduct two rounds of pre- and post-test assessments to monitor impact. The first round of pre- and post-test assessments documented the baseline performance of the service delivery at facilities. The second round of pre- and post-test assessments documented the improvement in service delivery after the training. The NHIS-stipulated facility and service delivery indicators were used as a tool to monitor impact and monitor additional services.

Pre- and Post-Test Assessment Results

<table>
<thead>
<tr>
<th>FP CYPs Per Month in NHIS-Supported States, 2020 vs. 2021</th>
<th>CYPs Pre-Training in 2020 and Post-Training in 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td>10,000</td>
<td>20,000</td>
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<tr>
<td>15,000</td>
<td>25,000</td>
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<tr>
<td>10,540</td>
<td>12,957</td>
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<td>Oct</td>
<td>Nov</td>
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Activity Impact

The IHP supported a total of 1,310,108 clients with modern contraceptive methods in Sokoto State, including 71% of whom were Community Health Extension Workers (CHEWs) and Community Health Officers (CHOs) at PHCs and private health facilities. This achievement was made possible through the implementation of the TS/TS policy and introducing new skills to primary healthcare services, including FP, and strengthening the capacity of health systems (public and private).

Facilitators

- The TS/TS policy provided a legal environment in which CHEWs and CHOs could be trained to competency to provide quality FP services.
- The Training and Service Delivery Technical Working Group, which comprised government stakeholders and implementing partners (Breakthrough Action Nigeria (BA-N), GHSC-PSM, Health Workforce Management (HWM) Project, IHP, Plan International, United Nations Children's Fund (UNICEF), and World Health Organization (WHO), convened quarterly meetings to oversee the project and provide technical support.

Lessons Learned and Challenges

- The presence of local and indigenous nonprofit, nongovernmental organizations and their support enabled the roll-out of LDHF training at scale to the communities receiving the training.
- The TS/TS policy provided a legal environment in which CHEWs and CHOs could be trained to competency to provide quality FP services.
- The Training and Service Delivery Technical Working Group, which comprised government stakeholders and implementing partners (Breakthrough Action Nigeria (BA-N), GHSC-PSM, Health Workforce Management (HWM) Project, IHP, Plan International, United Nations Children's Fund (UNICEF), and World Health Organization (WHO), convened quarterly meetings to oversee the project and provide technical support.

Total CYPs Per Quarter in all IHP-Supported States

| FP CYPs Per Month in NHIS-Supported States, 2020 vs. 2021 |
|----------------------------------------------------------|---------------------------------------------------|
| 10,000 | 20,000 | 30,000 | 40,000 | 60,000 |
| 15,000 | 25,000 | 35,000 | 45,000 | 65,000 |
| 10,540 | 12,957 | 15,966 | 49,926 | 52,617 |
| Oct | Nov | Dec |