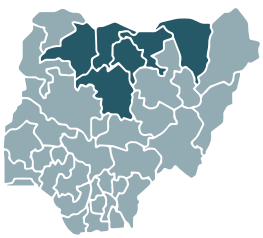
MNCH2
Empowering Communities
Strengthening Health Systems
Saving Lives

Case Study No. 7 | December 2016

Increasing the Uptake of Long Acting Reversible Contraception Services in Primary Health Centres through Competency-based Training

The **Maternal, Newborn and Child Health Programme** in Northern Nigeria (MNCH2) is a UK government-funded five-year programme designed to improve maternal and child health across six states – **Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara**.



Spacing, delaying, and limiting pregnancies is critical to reducing both maternal and infant mortality. Too many births, too close together or from too young an age increases the vulnerability of women to birth complications, and puts the life of their newborn in the balance.

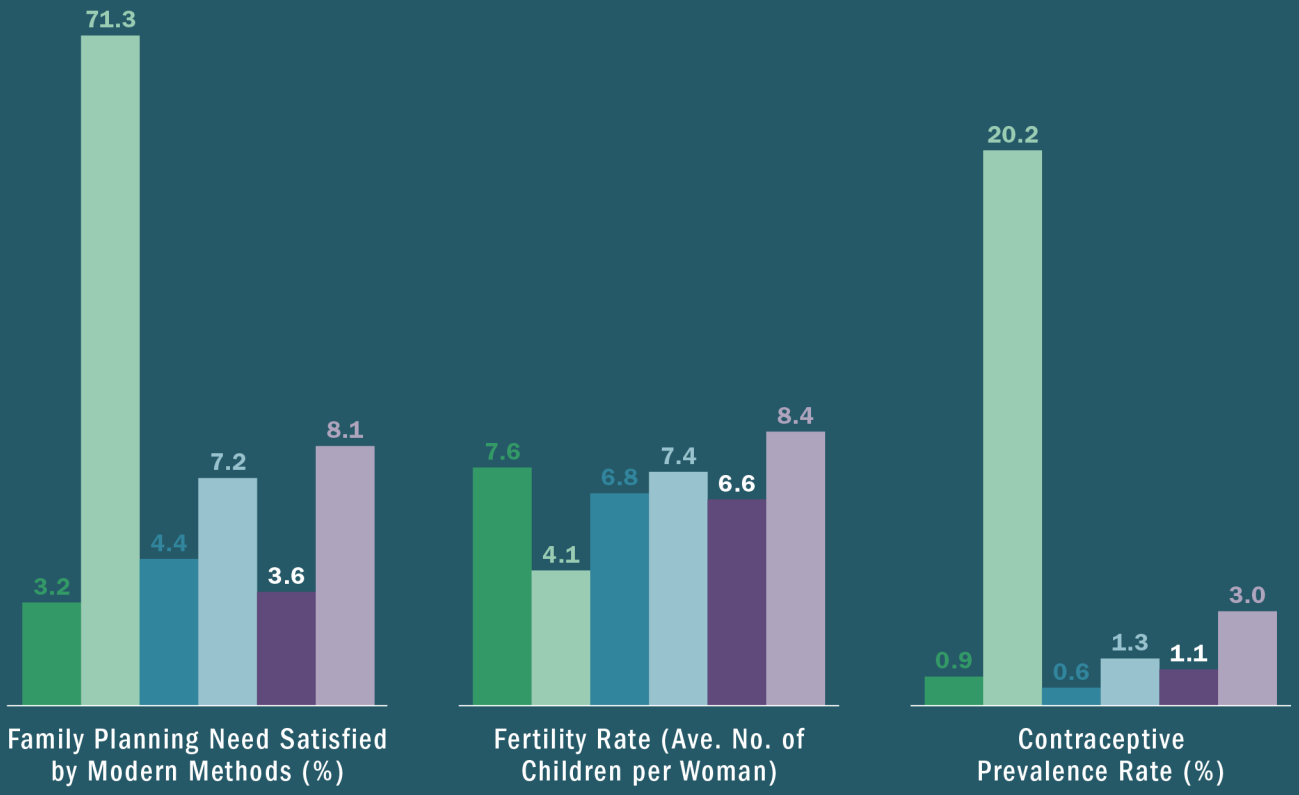
Increasing access to modern contraceptive methods is therefore essential to reduce maternal and infant deaths. The most recent Nigeria Demographic and Health Survey (2013) revealed a very high unmet need for family planning, a high total fertility rate and low contraceptive prevalence rate across the Maternal, Newborn and Child Health Programme (MNCH2) intervention states, as indicated in the table below.

This combination suggests that many women would use contraception and space their pregnancies if they had access to quality services. High unmet need means women who want to space their pregnancies do not have access to a sufficient range of contraceptive

1. Master Trainer Mentor training participant demonstrating newborn resuscitation.
2. Insertion of NXT Implanon at Murtala Mohammed Hospital by Trained HCW.

KEY FACTS OF MNCH2 INTERVENTION STATES

JIGAWA KADUNA KANO KATSINA YOBE ZAMFARA



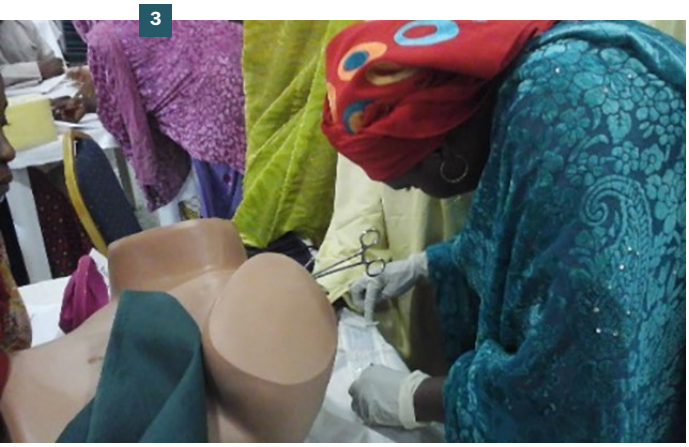
Source: Nigeria Domgraphic Health Survey 2013

options, which is in part due to the lack of skilled providers to deliver Long-Acting Reversible Contraceptives (LARC). Found to be relatively cheap, easy and reliable, LARC options include intra-uterine contraceptive device (IUD) and implants and are critical to ensuring genuine contraceptive choice.

To address the lack of skilled health workers, in August 2013 MNCH2 began working with the Federal Ministry of Health to roll out a series of measures designed to increase access to and demand for LARCs. This package included designing integrated competency-based training for healthcare workers to develop their professional skills - including the provision of LARCs, rolling out on-site mentoring and coaching to health workers, improving access to contraceptive commodities, and activites to increase demand for contraceptive services at the community level.

Integrated competency-based training

Until recently, the ratio of trained health workers per 1,000 population has been 1.95 across the six MNCH2 programme states. Baseline research confirmed previous reports that capacity in health worker training, management and supervision remains weak. Consequently, skill levels and confidence among health workers is generally low and it's no surprise that client perceptions about quality of care are similarly low.



Existing training programmes were modular, leading to regular absences from the workplace to attend trainings, and emphasized abstract concepts over the concrete skills required to deliver quality health services. This, combined with the historic lack of funding for training and sustained capacity development reinforced the need to completely re-think the way in-service training was handled. Firstly, the decision was taken to integrate all the modules together, radically shortening the time taken for training but simultaneously introducing a supportive mentoring programme that would take place in the health centre rather than the class room. To support newly trained health workers, a cadre of 96 Master Trainer Mentors were trained to provide on-going, facility-based coaching and mentoring. As of March 2016, 851 health care providers have been trained in the integrated package of reproductive, maternal, newborn and child health (RMNCH), including LARC services.

Increasing demand for services

In anticipation of the increase in available skilled staff, demand creation has been accelerated through the use of community structures, (Facility Health Committees, women's groups, and Traditional Birth Attendants (TBAs)). Trained health workers have also been provided with job aids to enable them to initiate integrated RMNCH services including LARC immediately on their return to their facilities.

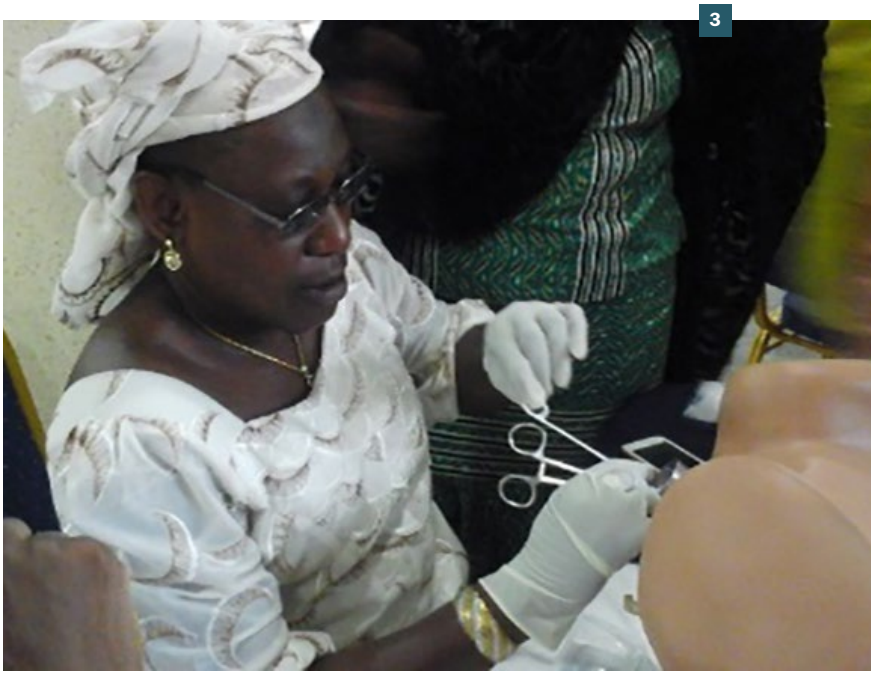
3. Training participant practicing the loading of IUCD inside the pack.

Improving the supply of commodities

The MNCH2 programme has been improving the consistent availability of quality family planning commodities including implants and intra-uterine Contraceptive Devices (IUDs) by strengthening commodity logistic supply systems. Systems have been improved through a range of methods including capacity development and decentralizing commodity distribution to zonal stores to reduce the travel distance to healthcare facilities and to create a more reliable supply of vital commodities.

Improving the quality of services

The intervention also included measures to ensure that trained providers are supported to attain proficiency in service delivery – namely, inserting implants and providing IUD services. Tools were developed to support quality of care assurance and integrated supportive supervision (ISS). These tools help health workers, their clients and their supervisors track, control and maintain quality of service delivery and strengthened accountability.



Zainab's Story

During a supportive supervision exercise we met Zainab, who was being counselled on long-term contraceptive methods. Zainab sought out the family planning service as she has already secured admission into Kano Northwest University and wanted to space her next pregnancy.

During the counselling session, Zainab decided she liked the sound of the Long-Acting Reversible Contraceptive implant, Implanon, and agreed to have an insertion. Zainab told us she has already had six pregnancies. She has never used any family planning method before, and decided to try a long-acting method to enable her to continue her education without any disruption from an additional pregnancy.

MNCH2 has developed a well-rounded intervention aimed at addressing skills, infrastructure, equipment and supplies, quality of care and demand for services in a comprehensive, 360-degree approach to meeting unmet need for family planning in neglected and hard to reach populations.

Though religious leaders and some community members have been (and some still are) resistant to the concept of family planning, the programme is witnessing an increasing acceptance of modern contraception as a means of spacing healthy pregnancies. Ultimately, despite some resistance, there has been a lot of support for the programme, not least from women themselves. Among supporters are Facility Health Committees, young women support groups, traditional birth attendants, government and local authorities, other implementing partners, and donor agencies.

As a result of the intervention, 851 service providers have improved skills to deliver LARC and other integrated RMNCH services and an increased availability of critical commodities. Importantly, there is also growing acceptance and utilization of LARC and other integrated MNCH services by clients. It is an aim of MNCH2 that through its engagement of the community and healthcare providers that there will be an on-going commitment to family planning. Health worker capacity has been developed and with increase in demand for services, MNCH2 is seeing that more communities are accepting and using family planning.

4. MNCH2 TOT for MTMs held at ASAA Pyramid Hotel Kaduna, 2015

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