

Increasing Women's Access to Skilled Pregnancy Care in Nigeria: Results achieved

Nigerian Research Days for Maternal,
Newborn and Child Health (MNCH)
Conference

July 11-13, 2018

Outline

- Background
- Project Goal and specific objectives
- Some research questions
- Descriptive Research
- Intervention Activities
- Strengths and Limitation
- Conclusion

Background

- Nigeria has one of the highest maternal mortality rates in the world.
- The country's estimated annual 58,000 maternal deaths account for about 19% of the global total (WHO, 2015)
- A major reason for these deaths is that many women — particularly in rural areas — don't attend primary health centres for antenatal care, post-natal care, and giving birth.

Background

- The Government of Nigeria has made maternal and child health a priority, and the country's 33,000 primary health centres are central to its strategy.
- PHCs are the entry door into the entire health system in Nigeria.
- In 2017, the government launched a plan to revitalize more than 10,000 of these centres especially in rural areas.

Background

Thus, this research funded through the Innovating for Maternal and Child Health in Africa initiative is designed to generate empirical evidence to support this revitalization effort of the FMOH with evidence-based recommendations.

Project Goal

To strengthen the availability and access to maternal primary health care services by rural most-at-risk and vulnerable women.

Specific Objectives

- To explore why women use or do not use PHCs for maternal health care in two LGAs in Edo State, Nigeria;
- To implement a series of multi-faceted interventions for improving the demand and use of PHCs for skilled pregnancy care in the LGAs; and
- To test the effectiveness of the interventions in improving women's use of evidence-based primary maternal services by comparing MCH outcome indicators before and after the interventions.



Some Research Questions

- What demand and supply factors are responsible for poor utilization of maternal and perinatal services at the primary health care level in Nigeria?
- What constellation of interventions would increase women's access to primary maternal and perinatal services?
- How may these interventions be scaled up within existing health care system in Nigeria?

Project Design

- Implementation Plan
- Formative Research Phase
- Multi-stakeholders' design of intervention phase
- Intervention activities
- Monitoring and Evaluation and reporting

Formative Research Phase

- Approach - mixed method
- Location: 20 randomly selected communities in two rural LGAs in Edo State – Esan South East & Etsako East
- Qualitative methods
 - 19 Community conversations
 - 20 Focus Group Discussions with men and women in union
 - 16 KII with Heads of PHCs, policy makers & women leaders
- Quantitative methods
 - Household Survey – 1408 women in union aged 15-45 years
 - Exit Interviews - 179
 - Site Assessment – 12 PHCs

Community Conversation in Esan South East



Community Conversation in Etsako East

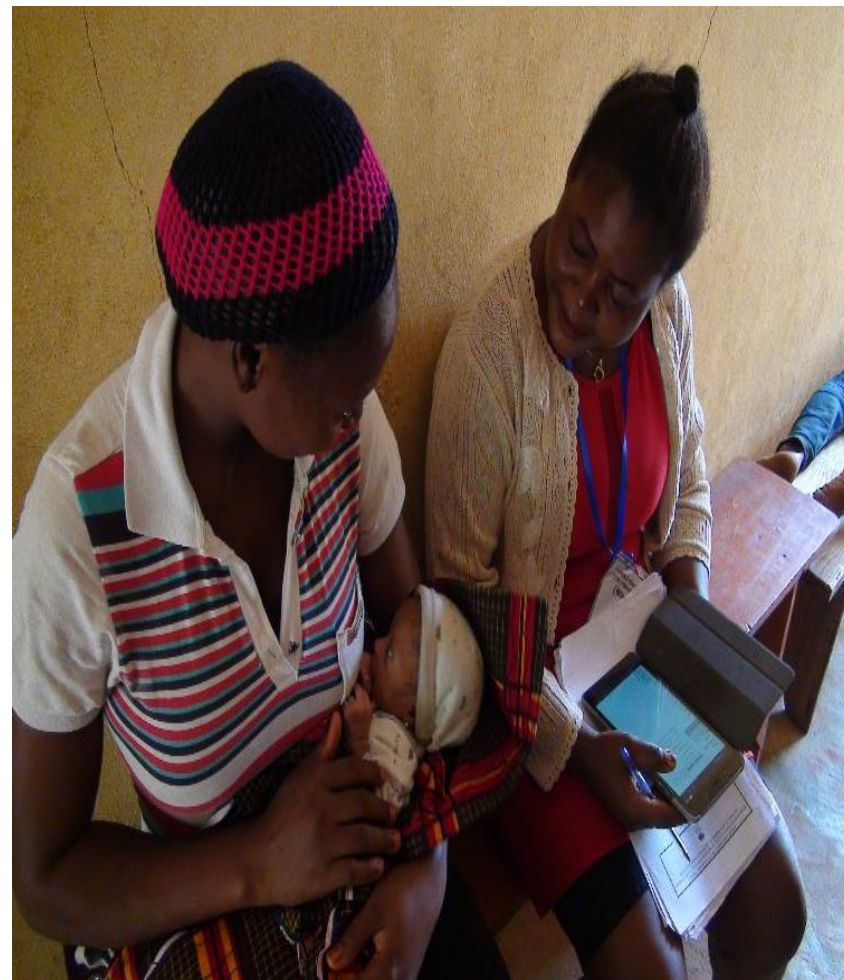


Household Survey

- With 1408 women in union aged 15-45 years currently pregnant or have a child under 5 years



Exit Interviews – 179 women



Focus Group Discussion with women

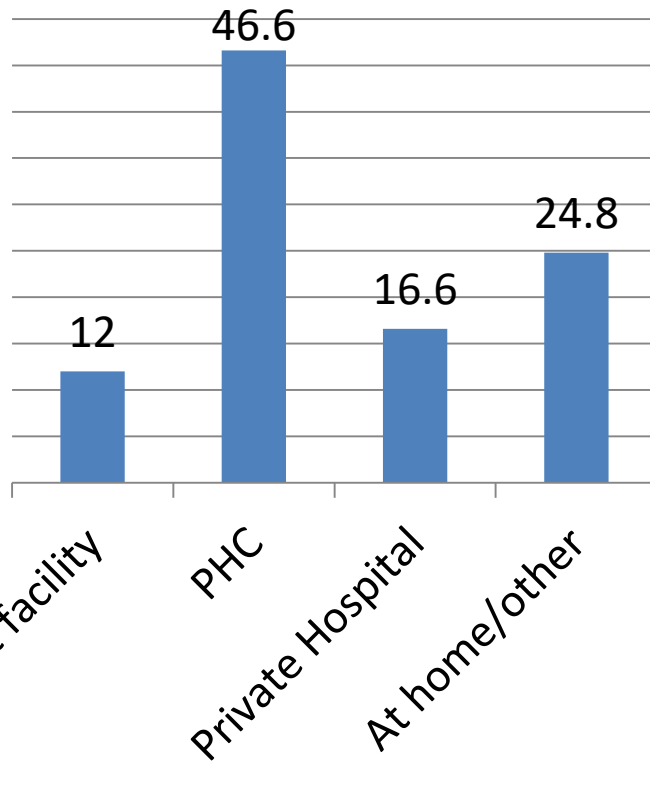


Site Assessment



Completed activities & Outputs – Baseline

- Place of Delivery - Recent Births
(n=1314)



- 62.1% of currently pregnant women were receiving ANC.
- Of this 62.1%, the majority (82.9%) use the PHC in their communities or a nearby community.
- Most recent birth - 46.6% gave birth in a PHC
- 24.8% gave birth at home or with a TBA

Completed activities & Outputs – Who are the most likely to use a PHC in the rural communities?

Education

- Women with higher education less likely to use a PHC than those with lower or no level of education

Religion

- Muslims more likely than Christians

Autonomy

- Women with less autonomy were more likely to use a PHC

Completed activities & Outputs – Barriers to Utilization

Accessibility

- Poor roads
- Lack of safe and affordable transportation
- Long distances

Perceived Poor quality of care

- Inadequate drugs & consumables
- Abusive care by health providers
- Providers not in sufficient numbers
- Providers not always available
- Long waiting time
- Inappropriate referral

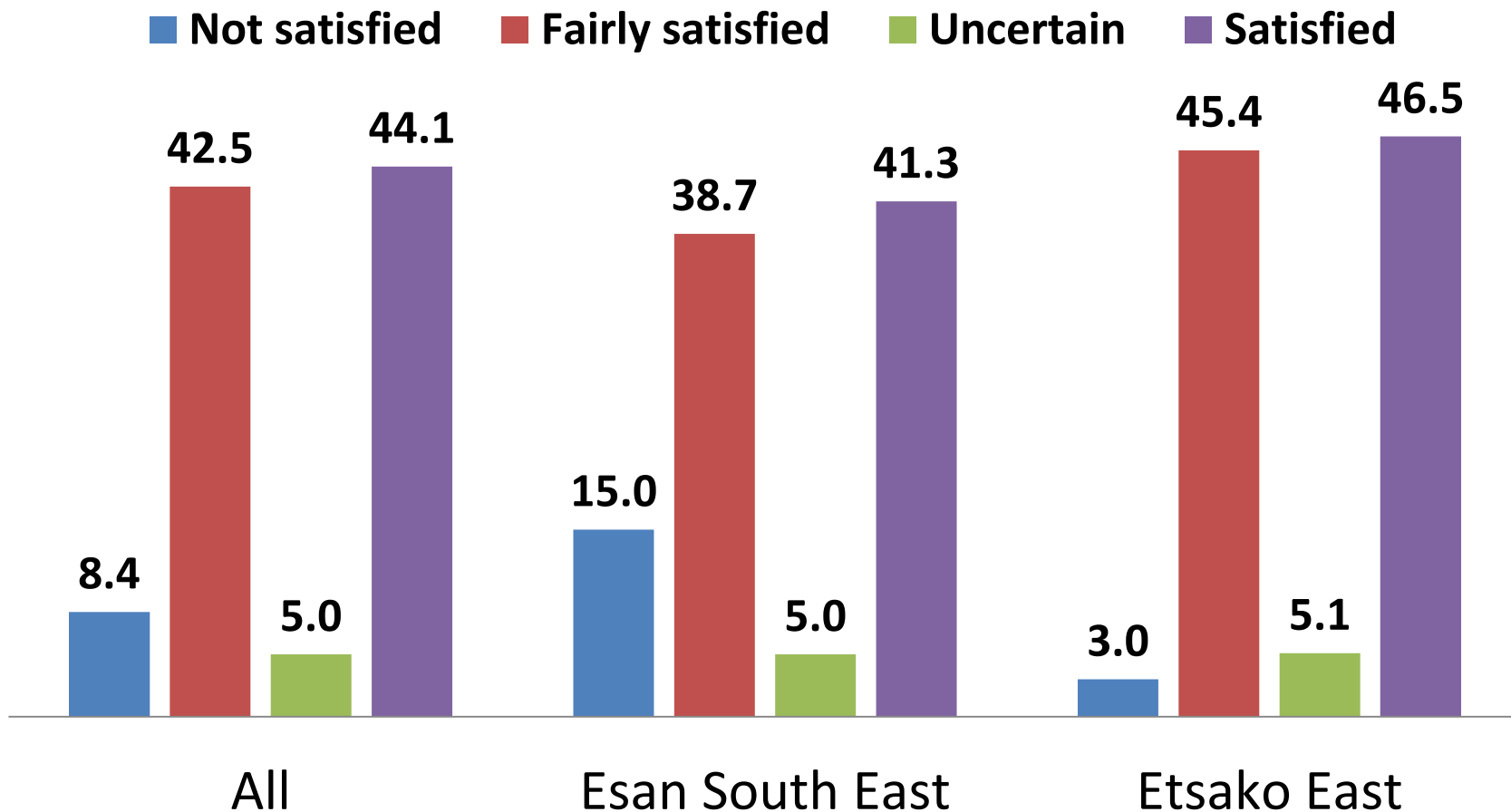
Cost of services

- Inability to pay even when cost is not excessive
- Introduction of informal payments by staff

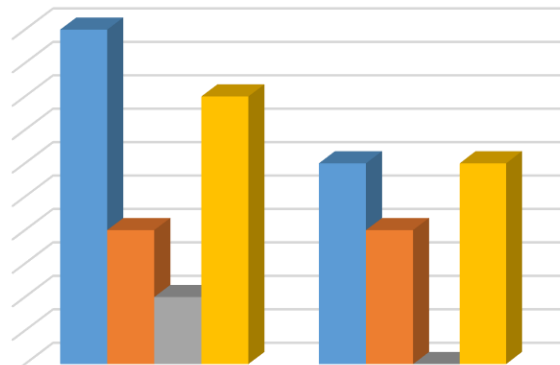
PHC environment/facilities

Completed activities & Outputs - Patient Satisfaction (Exit Interview)

(Overall, would you say you are satisfied with your experience in this hospital)



Completed activities & Outputs – Site Assessment



	ESAN SOUTH EAST LGA	ETSAKO EAST LGA
Available	5	3
Not Available	2	2
Adequate	1	0
Not Adequate	4	3

☐ FMOH STANDARD:

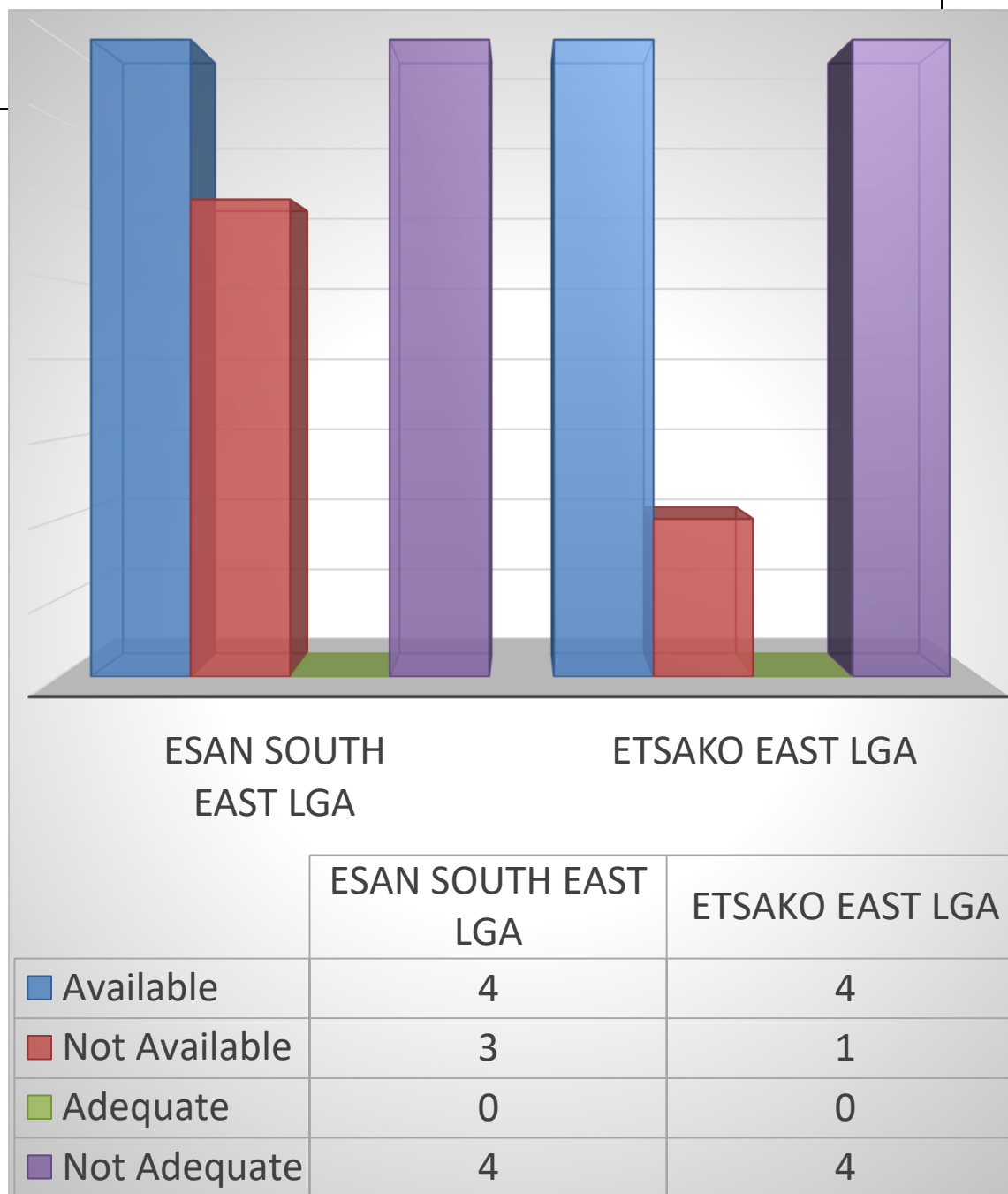
Walls and roof in good condition with functional doors and netted windows

☐ Some Comments

- not in good condition
- spoilt window nets
- termite window
- not adequate
- dilapidated state

Completed activities & Outputs – Site Assessment

- ☐ **FMoH STANDARD:**
Functional separate male and female toilet facilities with water supply within the premises
- ☐ **Some Comments**
 - need toilets
 - no direct borehole
 - bad toilet condition
 - not adequate
 - one toilet no water



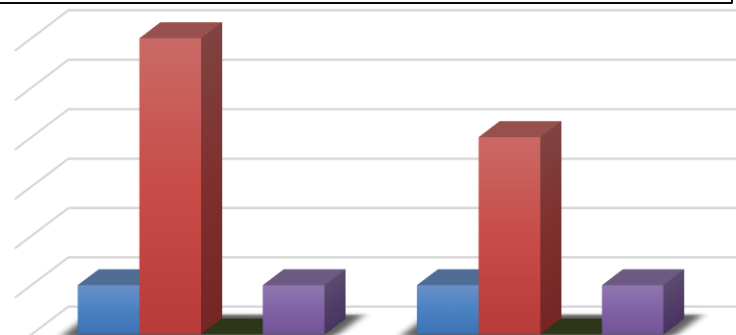
Completed activities & Outputs – Site Assessment

❑ FMOH STANDARD:

A clean water source from a motorized borehole

❑ Some Comments

- not functioning
- water from river



	ESAN SOUTH EAST LGA	ETSAKO EAST LGA
Available	1	1
Not Available	6	4
Adequate	0	0
Not Adequate	1	1

Publications

Published

- Predictors of Women's Utilization of Primary Health Care for Skilled Pregnancy Care in Rural Nigeria. BMC Pregnancy and Childbirth (2018) 18:106 <https://doi.org/10.1186/s12884-018-1730-4>
- Increasing women's access to skilled pregnancy care to reduce maternal and perinatal mortality in rural Edo State, Nigeria: a randomized controlled trial. Global Health Research and Policy (2018) 3:12 <https://doi.org/10.1186/s41256-018-0066-y>

Submitted for Publication

- Gender inequality as barrier to women's access to skilled pregnancy care in rural Nigeria: A qualitative study. Frontiers in Public Health
- A qualitative study of non-utilisation of skilled pregnancy care in rural Nigeria. Women and Birth.
- Men's Perception of Barriers to Women's Use and Access of Skilled Pregnancy Care In Rural Nigeria: A Qualitative Study.

Accepted Conference Abstracts

- Building community-led interventions for demand creation for skilled pregnancy care in rural Nigeria. *5th Global Symposium on Health Systems Research*, Liverpool, UK. Abstract ID: 1537. Accepted.
- Why women do not use Primary Health Centres for skilled pregnancy care in rural Nigeria: Evidence from a mixed method study *5th Global Symposium on Health Systems Research*, Liverpool, UK. Abstract ID: 1541 Accepted.
- “I don’t think family planning is helping women rather it is “killing” many women”: Uncovering persistent ignorance and misconceptions about family planning in rural Nigeria. *International Conference on Family Planning*. International Conference on Family Planning, Kigali Rwanda. Abstract (ID 1166) Accepted.

Completed activities & Outputs - Archiving

- Huge amount of resources were put into data production: Fund, time and energy to mention but few.
- Documentation and preservation of Microdata is more critical than ever.
- The old model of just producing tables in a survey report is becoming more antiquated as the distinction between programmer and analyst is blurred
- Metadata is data that clarifies the process of planning, Implementing and executing the survey.

Completed activities & Outputs - Archiving

- Typically, datasets are documented after completion of the surveys. At that stage, it is however often too late to capture all the metadata information produced during the life cycle of data collection activity hence, we document as we generate the data.
- International Household Surveys Network (IHSN) Metadata toolkit was used to document the metadata where data can be written on a CD-Rom (or web site)
- We also customizing the layout (branding) and content of the CD

Completed activities & Outputs - Archiving



The World Bank - Development Data Group

Microdata Management Toolkit

www.worldbank.org



For the documentation, dissemination and preservation of microdata.

Metadata Editor

Evaluation Version 1.0 - Not for official use



<ddi>



PUBLISHER

www.surveynetwork.org

- Metadata Editor – Allows the user to add survey metadata and create the ddi.xml and outputs file in NESSTAR format for browsing and accessing data
- CD-ROM Builder – Allows the user to generate HTML output from the study that can be published on a CD or the internet for dissemination.



uOttawa



Canada

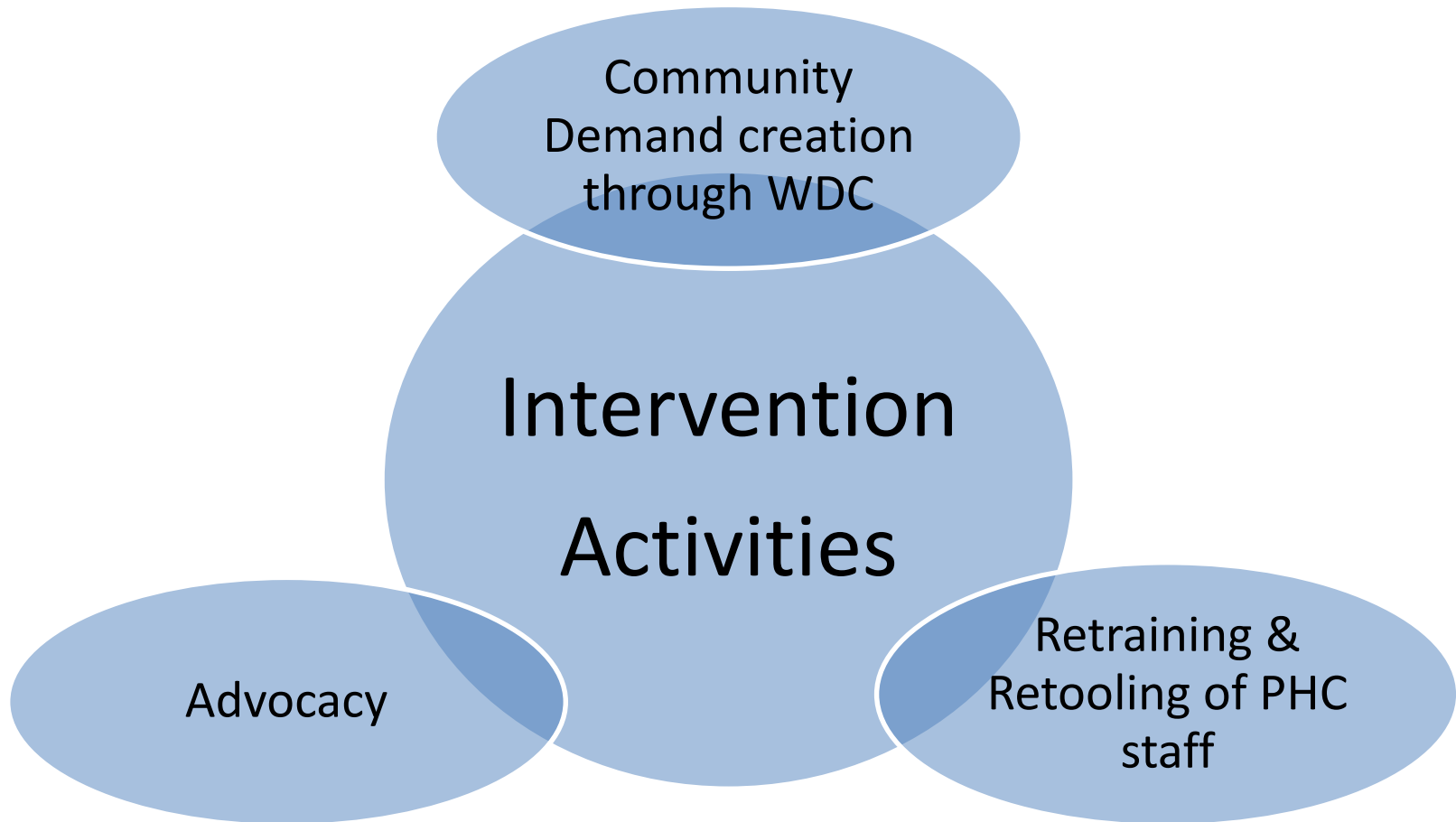


Intervention Design and Planning

- Workshop for the dissemination of the formative research findings and intervention planning
- Meetings with project communities
- Meetings with key agencies – Edo State PHCDA, Ministry of Health, and NGOs

Intervention Activities

two randomly selected wards (1 in each LGA)

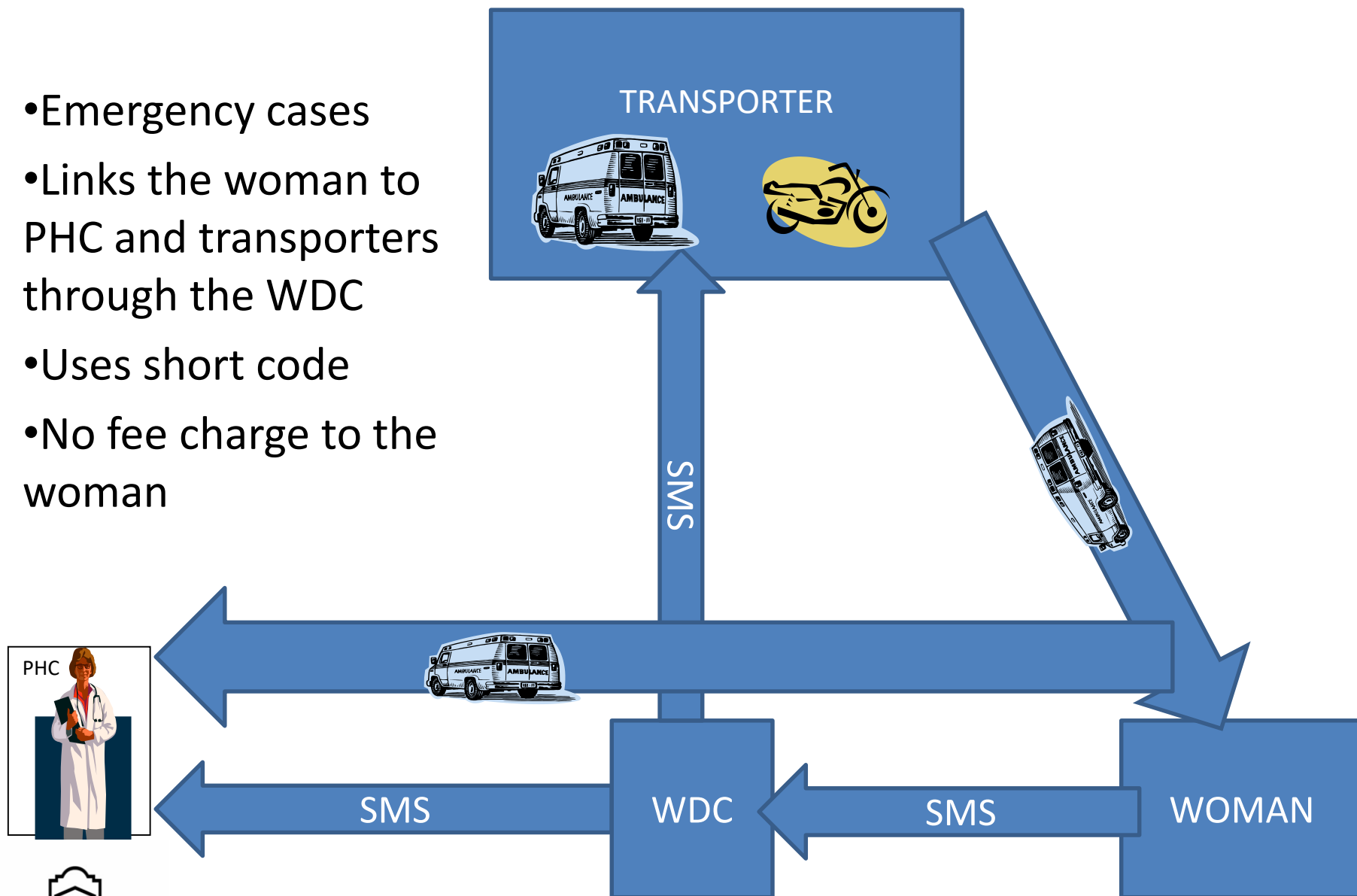


Community Engagement: Addressing Transportation

- MOU with Taxi drivers Association
- Transportation to PHC and referral hospital
- Vigilante vehicle made available for emergencies in Okpeke kingdom
- Use of RapidSMS system
- Linkage of PHCs to referral facilities through SMS

Addressing Accessibility – The RAPID SMS system

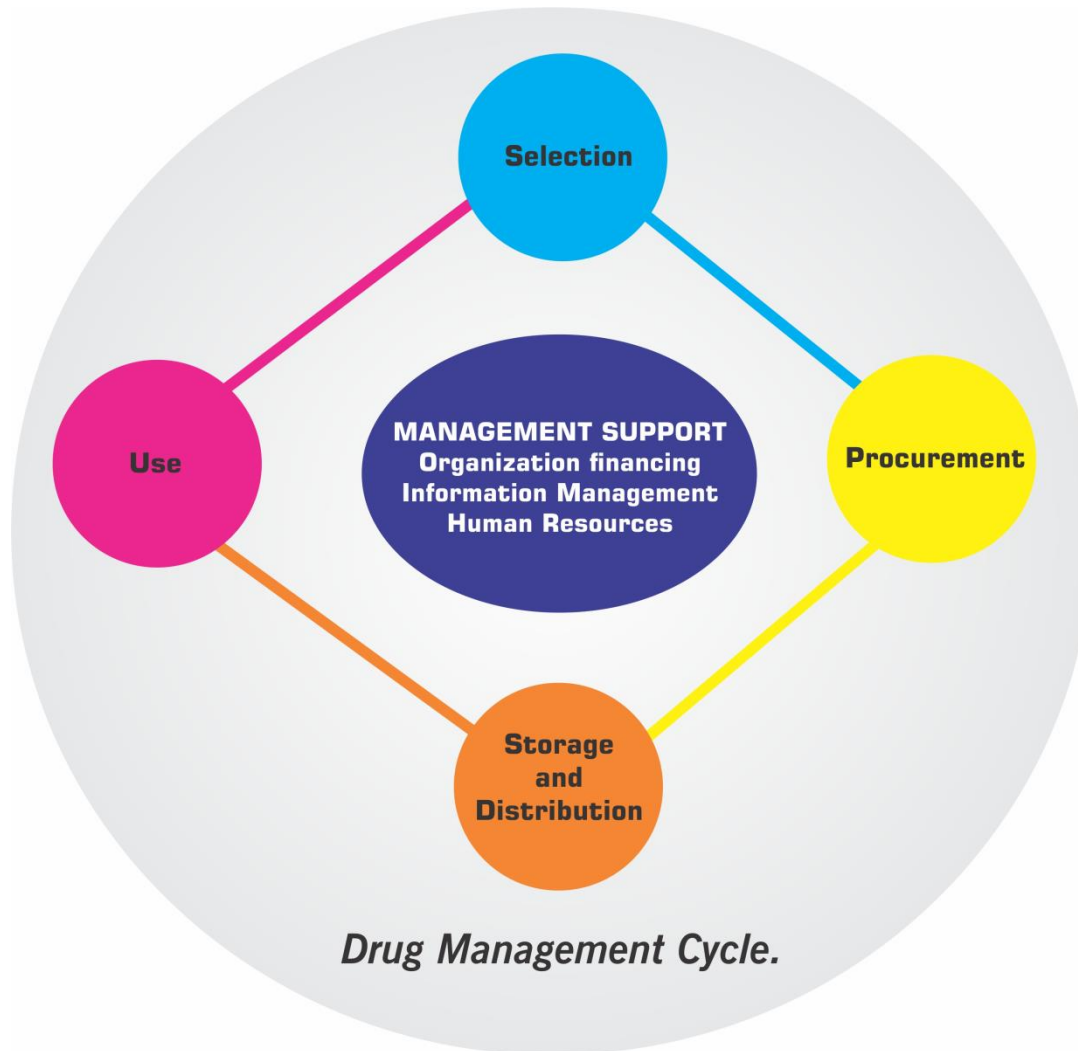
- Emergency cases
- Links the woman to PHC and transporters through the WDC
- Uses short code
- No fee charge to the woman



Addressing Poor quality of care: Drug Revolving Fund (DRF)

- WDCs and heads of the PHC facilities have been trained on DRF management
- Trainer - The Drug Revolving Consultant, Pharm Egiebor O. Boris, Director of Pharmacy, Edo State Hospital Management Board.
- Edo State PHCDA has also assisted in identifying the drugs from the Essential drug list
- The drugs have been purchased and the DRF is working.

Elements of DRF



Addressing cost of care - Community Health Insurance (“Esusu”)

- Igbo Omon” – contributory fund for maternal and child health care
- Launched March 31 in both LGAs
- Accounts opened
- Administration of fund by WDC
- Monthly contribution of N100 per family

Addressing cost of care - Community Health Insurance – Esusu card

OKPEKPE COMMUNITY	
DRIVERS	PHONE NUMBERS
1) Tunde Kobor	07035834509
2) Chief Matthew Ugbo	07030905539
3) Mr. Sunday Eko	08032119725
EBELLE COMMUNITY	
DRIVER	PHONE NUMBERS
1) Mr. Friday Egbona	08060536328
REFERRAL CENTRES FOR OKPEKPE/EBELLE COMMUNITIES.	
1) General Hospital, Auchi – 07034940928.	
2) Favour Hospital, Afashio, Uzairue – 07026136282.	
EWATTO, EGUARE COMMUNITY	
DRIVERS	PHONE NUMBERS
1) Jerome Abie	07038911837
2) Igi Lucky	08162692986
3) Clement Eguavon	08167135191
EWATTO, UHOMEBHO COMMUNITY	
DRIVERS	PHONE NUMBERS
1) Akhere Eromi	08108151496
2) Philip Elm hiebelon	08021382881
REFERRAL CENTRES FOR EGUARE/UHOMEBHO COMMUNITIES.	
1) General Hospital, Okaigben, Ewohimi – 07038538424.	
2) Dr. Ugbo Clinic, Eguare, Ewohimi - 08062548783.	

Women's Health and Action Research Centre
in collaboration with
International Development Research Centre

IGHOMON AND INYO-ALIOMON (I & I) INITIATIVE
Women and Children
Health Improvement Programme

COMMUNITY-BASED
Health Insurance Scheme Card



IDRC | CRDI

International Development Research Centre
Centre de recherches pour le développement international

Canada

Inside Page of Card

WHARC/IDRC IMPLEMENTATION RESEARCH PROJECT
Community-Based Health Insurance Scheme Card

Card No. _____

Date of Reg. _____

Preferred Health Center <i>Please tick as applicable</i>	Okpekpe Primary Health Centre, Okpekpe () Estako East LGA Tel: 08147053743	Ewatto Primary Health Centre I () Esan South East LGA Tel: 08139511889										
	Ebelle Primary Health Centre, Ebelle () Estako East LGA Tel: 07068323986	Ewatto Primary Health Centre II () Esan South East LGA Tel: 08081413786										
Name of Client												
Address												
Phone no												
Husband/Partner's Name & Phone no												
Next of Kin's Name & Phone no												
WDC Chairman's Name / Tel. no												
WDC Secretary's Name / Tel. no												
WHARC's Contact	09090327831, 08023272209, 08023347828.											
HEALTH INSURANCE CONTRIBUTION												
Year	Jan	Feb	Mar ch	Apr il	Ma y	June	July	Au g	Se pt	Oc t	Nov	Dec
2018												
2019												
2020												

ANTENATAL VISIT

Date of Visit	Next appointment Date	Remark

Community engagement – community health education

- Regular community health talk - on going
- Visits to communities in Okpeke kingdom, including by a team led by the wife of the traditional ruler and the WDC
- Visits to Ewatto community

Health education on Okpekpe day



Okpekpe day Activities



Project Launching at Ewatto



Advocacy visit to Edo State Deputy Governor



Addressing Quality of Care: Advocacy

Advocacy team visit to the Chairman, Edo State Local Government Service Commission (LGSC):

- Request for posting of two Nurses/Midwives to each of the PHCs the 4 project PHCs
- Support WHARC's in posting of NYSC (Corper) Doctors to the two LGAs - one doctor has been posted to Ward 10 Etsako East.

Addressing Quality of Care - Retraining and retooling

- Supply of consumables – Mama kits, etc. – on-going
- Training of PHC health workers:
 - Respectful care
 - Algorithms, reminders etc.
 - Include planning, budget and management skills
 - Practical simulated clinical skills package
 - Respectful care
 - Possibility of setting up outreach services
 - Record keeping
 - Effective referral

Addressing Quality of Care & PHC Environment - Advocacy

- Provision of equipment
 - Advocacy with the government – on- going
 - WHARC donation of mattress, pillows, bed sheets, etc
 - Okpekpe traditional ruler donated a generator and refrigerator to one of the PHCs
- Repair/renovation of PHC Buildings
 - Donation of One Million, Five Hundred Thousand Naira by the Okpekpe Palace as support for the project. The money was specifically dedicated to renovation of a section of the PHC for Doctors residence
 - Renovation completed.

Stakeholders' Commitment

WHARC

Equipping PHCs

Funds donation to Esusu fund & DRF

Part payment of salary to youth corp doctor

LGA & Ministry of LG

Part payment of salary to youth corp doctor

Increased # of nurses/midwives in PHCs

Local Community

Donation to the Esusu by community persons and groups

Donation of N1.5 million for the renovation of Doctors' quarters

Donation to the establishment of the DRF

Donation of a generator to the PHC in Okpekpe

Donation of a project vehicle to transport pregnancy women during emergencies

....Community commitment

Facebook link for the speech made by the King of Okpeke, HRH APA Peter Abalume Osigbemeh on the project:

[\(https://web.facebook.com/WHARC/videos/1832251273493663/\)](https://web.facebook.com/WHARC/videos/1832251273493663/)

Okpilla community demanding PHC improvement



Scaling Plans

- Project effectiveness is being assessed through a before and after research design approach.
- With the results showing effectiveness, we have submitted an LOI for planning the project scaling to the Saving Lives at Birth grant application recently announced by the USAID
- Thankfully, we have scaled the first stage and have now submitted the second stage application with support from the FMOH, WAHO, UNFPA Edo-MOH, EPHCDA, U-Ottawa, U-Louisville, and U-Alabama

Capacity building components

- Training in research methods and processes – e.g. use of CAPI method of data collection
- Training in Equist - Using equitable impact sensitive tool (EQUIST) and knowledge translation to promote evidence to policy link in maternal and child health: a report of the first EQUIST training workshop in Nigeria. Pan African Medical Journal 2017; 28:37.

doi:10.11604/pamj.2017.28.37.13289.

<http://www.panafrican-med-journal.com/content/article/28/27/full>.

Capacity building Components

- Theses support for 3 MSc and 1 PhD students at the University of Benin, and 1 PhD student at Ottawa University
- Forthcoming training on social media and ICT – July 26-30, 2018
- Gender training - forthcoming

Conclusion

- The key innovation in this project is to show that strategic community engagement through WDCs can stimulate the use of PHCs by women for skilled pregnancy care.
- When fully informed, communities can drive the process and contribute their own resources for achieving improved PHC delivery
- Based on this work, it is evident that the community ownership model can succeed in rural communities where poverty, and weak linkages with PHCs and the government hold sway as principal determinants of poor maternal health outcomes.

I thank you all for listening