

IMPROVING ACCESS TO FAMILY PLANNING THROUGH COMMUNITY HEALTH PRACTITIONERS



Between 2015 and 2019, couples in Lagos, Kaduna and Oyo states found it much easier to get modern contraception, as a result of the Federal Government of Nigeria's Task Sharing and Task Shifting (TSTS) Policy. The policy authorizes Community Health Practitioners (CHPs) to provide injectables and long-acting reversible contraceptives (LARC)—implants and IUDs—in addition to condoms and oral pills.

TASK SHIFTING AND TASK SHARING POLICY FOR ESSENTIAL HEALTH CARE SERVICES IN NIGERIA

Enacted in August 2014, this policy aims to make essential health services, including FP, more accessible by addressing the country's shortage of nurses, midwives, and doctors. Among other provisions, the policy authorizes CHPs to provide injectable contraceptives, and to insert and remove IUDs and contraceptive implants, in addition to providing counseling and information on the full range of contraceptive methods, supplying contraceptive pills and condoms, and referring for permanent contraceptive methods.

The Nigerian Urban Reproductive Health Initiative (NURHI 2) is one of several organisations that have partnered with the government to prepare CHPs for their expanded Family Planning (FP) role. NURHI 2 (2015 to 2020) is a project funded by the Bill and Melinda Gates Foundation to scale up and sustain successful efforts of the first phase NURHI Project in Kaduna, Oyo and Lagos states.

This monograph describes the three-prong strategy employed by NURHI 2 to implement TSTS for FP in the three states:

1. Providing in-service training for CHPs
2. Conducting supportive supervision of CHPs
3. Incorporating LARC provision into preservice training for Community Health Extension Workers (CHEWs) and integrating FP into continuing professional development training for CHPs.

1. PROVIDING IN-SERVICE TRAINING FOR CHPS

Between 2015 and 2019, NURHI 2 prioritized in-service training to bring CHPs up to speed on family planning service provision, and quickly fill shortages in skilled FP service providers. Based on TSTS policy guidelines as well as the national FP training manuals, NURHI 2 developed two FP training programmes:

- Interpersonal Communication and Counselling (IPCC) & Injectables Training for CHEWs and CHOs, and
- FP LARC training for CHEWs and CHOs.

Interpersonal Communication and Counselling (IPCC) & Injectables Training for CHEWs and CHOs (5-day training)

This training was designed to update CHEWs' and CHOs' knowledge about the full range of contraceptive methods; strengthen their skills in mobilising new clients and providing client-centred counselling for all family planning methods; and prepare them to provide injectable contraceptives.



Demonstration on Hand Washing

Trainers used an array of methodologies to ensure full participation and enhance learning, including practical exercises in community and clinical settings.

Trainers used log books to assess trainees' family planning knowledge and skills. Only those who competently completed a designated number of practical tasks were certified to independently provide FP services including injectable contraceptives. A total of 237 CHEWs and CHOs in the 3 states completed this training. Of those 45 CHEWs were certified to provide contraception including injectables (20 in Kaduna and 25 in Oyo) 2 months after completion of training.

FP LARC training for CHEWs and CHOs (2-week training):

NURHI 2 conducted LARC training for CHPs in Kaduna and Oyo States, where the TSTS policy includes provision of LARC. Lagos State, which has nurses and midwives at PHC centres, limited CHPs to counselling and the provision of short-acting methods.

NURHI 2 conducted this two-week training for batches of 15 participants at a time. State FP Coordinators in the two states selected CHPs who had not been trained to provide LARC and worked in facilities providing family planning services. Similar to the IPCC and injectable training, trainees received practical log books to assess their skills and knowledge, and were required to complete a designated number of practical sessions before certification.

Trainers conducted supportive supervision 6 weeks and 3 months after training and Local Government Area (LGA) and State Primary Healthcare Development Agency (SPHCDA) FP supervisors visited trainees during routine quarterly supportive supervision. NURHI 2 also introduced quarterly review meetings for CHPs to promote feedback, provide updates on current FP practices, and proffer solutions to any quality gaps identified during supervision.

WHAT ARE COMMUNITY HEALTH PRACTITIONERS?

CHPs are frontline health workers trained in Schools of Health Technology for two to three years to manage illnesses at community level. CHPs include Community Health Officers (CHOs), Senior Community Health Extension Workers (SCHEWs), Community Health Extension Workers (CHEWs) and Junior Community Health Extension Workers (JCHEWs). CHEWs have completed a diploma in community health and are registered by the CHP Registration Board of Nigeria to work in clinical environments. CHOs are CHEWs who have also gone through the CHO Training Institution, supervise SCHEWs, JCHEWs and CHEWs, and are tutors in Schools of Health Technology. CHOs also provide treatment for minor illnesses at home and in Primary Health Care (PHC) centers. CHPs working in health facilities are expected to provide family planning (FP) services.

Due to staff shortages, most JCHEWs and CHEWs work in PHC centers, and some even oversee public facilities. This varies from state to state. In Kaduna and Oyo states, one third of health care facilities receiving support from NURHI 2 are supervised by CHPs.



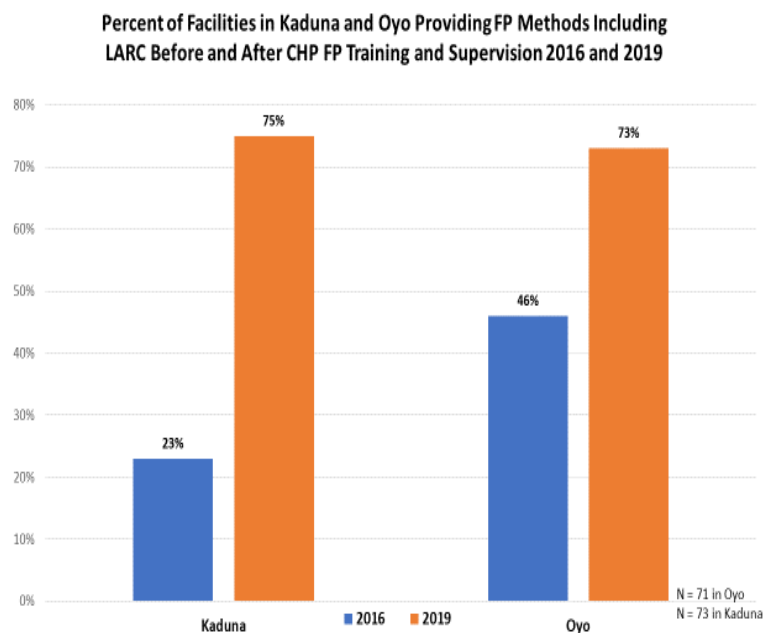
2. STRENGTHENING CHO CAPACITY TO TRAIN AND SUPERVISE CHPS IN THEIR EXPANDED FAMILY PLANNING ROLES

Senior CHOs are usually responsible for supervising other cadres of CHPs, including CHEWs, JCHEWs, and other CHOs within their LGAs. NURHI 2 equipped senior CHOs in the three states with knowledge and skills in FP services, IPCC, and supportive supervision through training and hands-on coaching and mentoring.

During a five-day training course CHOs updated their FP knowledge and skills, and learned to facilitate in-service FP training and supportive supervision for CHPs. During training, participants practiced facilitating training sessions, and received feedback from NURHI trainers. Following training, NURHI trainers coached and mentored CHOs as they conducted in-service training and supportive supervision.

The TSTS Policy at Work in Oyo and Kaduna:

FP training and supportive supervision have profoundly improved accessibility and quality of FP services in Oyo and Kaduna states. From 2016 through 2019, NURHI 2 conducted routine monitoring in 71 PHC centres in Oyo and 73 in Kaduna where TSTS was implemented. During that time, NURHI 2 trained CHPs to provide LARC and conducted routine supportive supervision. A comparison of monitoring data collected in 2016 and 2019 show that the proportion of facilities providing family planning services including LARC increased from 23% to 75% in Kaduna and from 46% to 73% in Oyo. The facilities also demonstrated improved Infection prevention practices and were more likely to follow FP guidelines in 2019.



3. INTEGRATING FP INTO CONTINUING PROFESSIONAL DEVELOPMENT AND PROVISION OF LARC INTO PRE-SERVICE TRAINING FOR CHPS

The government through the Federal Ministry of Health (FMOH) and its professional regulatory agencies ensures that all health workers complete continuous in-service education and training before re-certification. This mandatory training offers an excellent opportunity to bring CHPs on board with the TSTS Policy. The Community Health Practitioners Registration Board of Nigeria (CHPRBN) is the professional regulatory agency for CHPs in Nigeria and administers the Mandatory Continuing Professional Development Programme (MCPDP) for CHPs.

Following meetings with the FMOH and NURHI 2, CHPRBN requested assistance to integrate FP into the curriculum and to prepare its tutors to facilitate the content. Between 2016 and 2018, FMOH and NURHI 2 worked with CHPRBN to design, validate and adopt the FP curriculum, Practitioner's Manual, and Trainers' Manual for the CHP MCPDP on FP.

Following adoption of the curriculum and manuals by the CHPRBN in late 2018, NURHI 2 collaborated with the FMOH to conduct a 3-day training to prepare MCPDP trainers and tutors from the Schools of Health Technology to conduct the course.



During the training, NURHI 2 discovered that most of the participants had no prior training in comprehensive FP provision including LARC. To quickly address this gap, a FP Master Trainer led sessions on administration of IUDs, implants and injectables. Following the training course, the FMOH recommended that CHPRBN should: update its pre-service training course for CHPs; collaborate with partners, NGOs, agencies and training institutions to conduct standardized FP training and retraining for CHPs across all zones; and establish monitoring and supervision mechanisms to ensure high quality FP training and service provision by CHPs.



Return demonstration on IUCD insertion

While the pre-service curriculum for CHEWs and CHOs contained modules on FP counselling and provision of condoms and oral pills, it did not include training on provision of injectable contraceptives, IUDs and implants. At the request of CHPRBN, NURHI 2 assisted the Board to integrate LARC provision into its existing pre-service training courses.

NURHI 2 also collaborated with The Challenge Initiative to conduct training in Kaduna and Oyo states for 38 tutors from Schools of Health Technology in each of Nigeria's six geo-political zones. The training prepared at least one tutor from each state in Nigeria to facilitate FP MCPDP and pre-service training for CHPs. Following training, tutors returned to their locations, contacted the State and LGA FP Coordinators to identify PHC facilities where they could gain practical experience providing FP services, including LARC. State or LGA FP Coordinators also supervised the trainees to ascertain competence in the provision of quality FP services. Two months after completion of the training course, over half (54%) of the trainees had completed their practical experience and submitted signed logbooks to CHP Board Zonal Coordinators for certification. Several of these tutors have already begun training colleagues and students at the Schools of Health Technology.



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