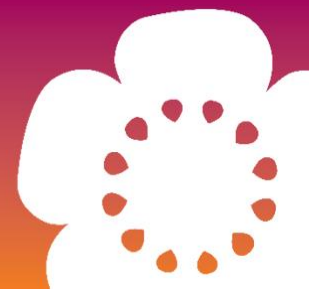


Expanding Uptake of Hormonal Intrauterine Devices in Nigeria Using a Competency-Based Approach and a System Strengthening Lens



Background

Contraception is one of the most cost-effective, high-impact public health interventions available today. Contraception allows women and girls of reproductive age to safely delay, space, and avoid unintended pregnancies, thereby reducing the risk of adverse maternal and infant health outcomes and preventing unsafe abortions. In Nigeria, 12% of married women have an unmet need for contraception for spacing pregnancies and 7% of married women have an unmet need for contraception for limiting the number of pregnancies (Guttmacher Institute 2017; NPC and ICF 2019). This unmet need increases the risk of unintended pregnancies and related unsafe abortions. Adequate

contraceptive care is fundamental to achieving universal access to reproductive healthcare, which is an important component of the 2030 Agenda for Sustainable Development (UNDESA 2019).

The levonorgestrel-releasing intrauterine device (IUD), also known as hormonal IUD (HIUD), is one of the most effective forms of long-acting reversible contraception. The HIUD has the potential to expand access to contraception and reduce unmet need. The HIUD also bears important noncontraceptive health benefits, including a reduction in menstrual cramps and blood loss as well as alleviation of anemia for some clients, while generally resulting in fewer side effects than other hormonal methods—all of which can contribute to high user acceptance and continuation rates (Rademacher et al. 2022).

The Nigerian government is committed to scaling up HIUDs, as documented in the Federal Ministry of Health's (FMoH's) National HIUD Strategic Introduction and Scale-Up Plan in Nigeria 2021–2024 (FMoH Nigeria 2021). However, while the government has funded the procurement of HIUD commodities in Bauchi and Sokoto states, it has not allocated funding for the health worker training required to expand HIUD service delivery. Responding to this gap, with funding from the Clinton Health Access Initiative (CHAI), EngenderHealth—a leading global organization committed to advancing sexual and reproductive health and rights and gender equality—led design and implementation of the Catalytic Opportunity Fund for Hormonal IUD Scale Up in Nigeria project to promote an expanded contraceptive method mix in Bauchi and Sokoto states. In the first six months alone, this project has demonstrated significant results. This technical brief highlights key approaches, activities, and achievements of the project.



Project-supported training participant practicing HIUD insertion with a pelvic model.

Source: EngenderHealth



Project Approach and Activities

The project, which launched in May 2023 in 34 local government authorities in Bauchi and Sokoto states, aimed to: (1) improve provider capacity to offer HIUD services, (2) strengthen commodity management to ensure availability of HIUDs, and (3) generate awareness of and demand for HIUD services (Figure 1). To achieve these objectives, we used a multifaceted approach to increase uptake of HIUD services by generating demand for HIUDs; strengthening the capacity of healthcare providers in HIUD insertion, management, and removal; improving commodity data reporting and management; and advocating for sustained funding for HIUD services. EngenderHealth aligned project activities with the National HIUD Strategic Introduction and Scale-Up Plan in Nigeria 2021–2024 and the National Strategic Health Development Plan of 2018–2023.

Figure 1: Key Project Approaches, Activities, and Results

Project Approaches & Activities		
Provider Training & Support <ul style="list-style-type: none"> • 2-day didactic training • 2-day clinical training • Evaluation with competency checklist • Supportive supervision by federal & state ministries 	Commodities & Supplies <ul style="list-style-type: none"> • Anatomical models • HIUDs and placebos • IUD insertion kits 	Awareness & Demand Generation <ul style="list-style-type: none"> • Community mobilization & sensitization activities • Information, education & communication materials • Job aids
Project Results		
46 Master Trainers & 230 Healthcare Providers Trained		
1,300 HIUDs Procured		
541 Clients Adopted HIUDs		
Estimated 2,500 Couple Years of Protection Achieved		

First, we used a competency-based approach to train providers on client medical eligibility for HIUD, HIUD insertion and removal, client-centered counseling, and management of possible side effects and complications. We supplemented this training by facilitating post-training support and coaching activities for providers in secondary healthcare facilities and high-volume primary healthcare facilities to ensure skills mastery. These newly skilled providers then served as expert or master trainers, responsible for cascading these skills to peers operating within the same facilities as well as counterparts working in nearby facilities.

Second, to improve commodity supply, data reporting, and management, we engaged the health management information systems and logistics management coordination units at the state level. Through collaboration with these units, we ensured that health facility staff were accurately capturing HIUD supply and utilization data and subsequently posting these data to national platforms. Additionally, we implemented advocacy activities to strengthen linkages between the facilities and the states and engaged stakeholders, including Ministry of Health officials at the national and subnational levels as well as commodity distribution partners in Bauchi and Sokoto states, to increase buy-in and ownership. This last activity aimed to encourage the state offices to allocate the necessary funding to support HIUD service delivery beyond our project’s initial investment to ensure sustainability.

Third, we implemented several activities to generate awareness and demand for HIUD services. This included printing information, education, and communication materials as well as banners and job aids and disseminating these materials to project-supported facilities to promote HIUD services and enhance service readiness. We also leveraged existing media platforms to promote HIUDs and other contraceptives and integrated similar messages into community engagement activities.

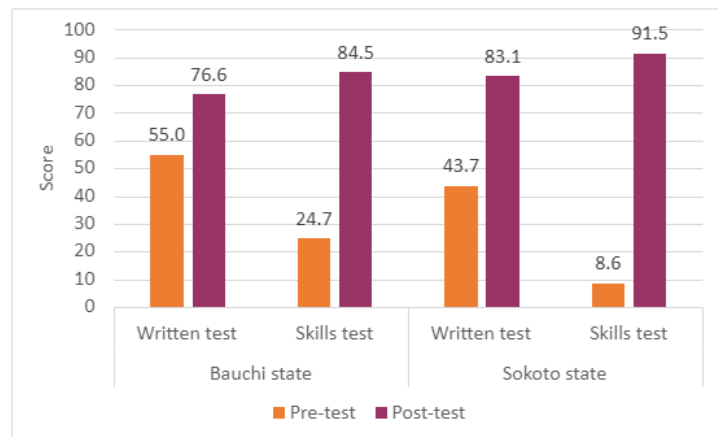
Project Achievements

In August 2023, the project trained 46 health workers from 44 facilities in HIUD service delivery to serve as master trainers. These 46 master trainers then cascaded the training to an additional 230 healthcare providers. The project evaluated all training participants’ competencies before and after the training using the FMoH-approved Hormonal IUD Competency-Based Skill Checklist for Counseling, Screening, and Clinical Skills. Through pre- and post-

written and skills tests, the project documented impressive improvements in knowledge and skills acquisition among master trainers (Figure 2). In Bauchi, scores improved from a group average of 55.0% in the written pre-test to 76.6% post-test and from a group average of 24.7% in the skills pre-test to 84.5% post-test. In Sokoto, scores improved from a group average of 43.7% in the written pre-test to 83.1% post-test and from a group average of 8.6% in the skills pre-test to 91.5% post-test.

To support the trainings, the project provided HIUD insertion kits to all master trainers and provided 30 anatomical models to secondary health facilities. We also printed 300 HIUD training manual job

Figure 2: Pre- and Post-Test Scores of Master Trainer Participants during HIUD Training in Bauchi and Sokoto States

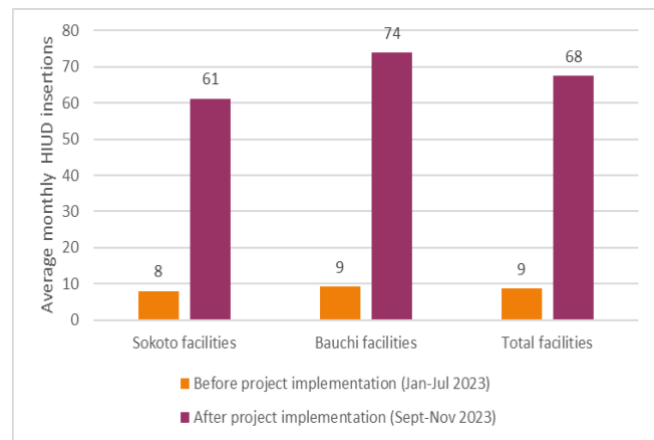


aids for facilitators and trainees and donated these materials to the state ministries of health. Additionally, the FMoH provided 300 HIUDs to support the increased service demand at facilities.

The federal and state ministries of health actively participated in supportive supervision and follow-up visits to the facilities, providing mentoring support and ensuring that trainers and trainees alike adhered to and maintained quality standards and compliance with the competency-based approach. Government staff and healthcare providers also implemented routine review meetings to assess progress using data available in the national DHIS2 database.

Through the training activities, the project helped increase the number of skilled personnel available to engage potential HIUD clients through community-based activities and through routine postnatal care and immunization clinics at the facilities. While only 11 facilities reported delivering HIUD services prior to project implementation, 44 facilities reported delivering this service afterward. Further, HIUD insertion increased by more than 600% across project-supported facilities from the period immediately before project activities began (January to July) to the first four months of activity implementation (August to November) (Figure 3).

Figure 3. Average Monthly HIUD Insertions at Project-Supported Facilities, Before and After Project Implementation



Specifically, monthly HIUD insertions across the 23 project-supported facilities in Bauchi increased from an average of 9 insertions prior to project interventions to an average of 74 insertions during the project intervention period. Similarly, monthly HIUD insertions across the 21 project-supported facilities in Sokoto increased from an average of 8 insertions prior to project interventions to an average of 61 insertions during the intervention period. Overall, project-supported facilities provided 541 clients with HIUD services in only four months, with the number of clients adopting HIUDs progressively increasing from 39 in August to 232 in November. To date, the project has contributed to generating an estimated 2,500 couple years of protection.

“The long-acting contraceptive methods, including HIUDs... require skills to effectively provide. Skills can only be acquired through effective training. Effective insertion and removal [skills] increase acceptance, offer client satisfaction, reduce side effects, [keep] complications and failure rates to the barest minimum, improve continuation rates, and prolong [method] use. The net result is astronomical acceptance of the methods. Training using a competency-based approach in well-developed manuals and guidelines achieves this.”

~ Josiah Muthir, FMoH Expert Trainer

The increased demand for HIUDs in the intervention areas posed a challenge for some facilities, particularly challenges associated with commodity stockouts. To help address this challenge, the project engaged the logistics management coordination units to manage intra-facility transfers and rapidly adjust stock between facilities with surpluses and those with shortages. The project also engaged the FMoH to request additional commodities, which resulted in the government supplying 1,000 more HIUDs (in addition to the initial 300), 500 per state, to help fill in the supply gap. Further, when the project identified discrepancies in HIUD reporting between facility records and the national data system, we worked with facilities to correct existing data and supported the ministries in both states to hold workshops on proper data entry to help staff improve commodity forecasting.

To further ensure sustainable HIUD service delivery in the project implementation areas, EngenderHealth advocated for additional government funding and successfully secured budget allocations in both states for fiscal year 2024 to support commodity availability as well as commitments for continued provider training. In Bauchi, the state government doubled the budget for family planning, increasing the allocation from 75 million Naira in 2023 to 150 million Naira in 2024. In Sokoto, the state government tripled the budget allocation, from 10 million Naira in 2023 to 30 million Naira in 2024. We also successfully advocated with the chief medical directors of project-supported health facilities to not only train providers on HIUDs, but to also include HIUDs as part of routine commodity procurement processes.

Elements of Success

We carefully considered and leveraged opportunities for government ownership and leadership at every stage of the project. EngenderHealth consulted the family planning units of the federal and state ministries of health as well as the chief medical directors of the state facilities to design the initial proposal. Forging these relationships at the design stage allowed us to co-create project activities that support national strategies and to cultivate government buy-in before beginning implementation, both of which facilitated successful project implementation.

The project engaged the FMoH's pool of national and state-level trainers to implement the project's training and coaching program. By working through the government's existing structure, we were able to quickly enlist high-quality, committed master trainers able to successfully cascade training while fostering sustainability. For example, master trainers in Bauchi undertook exceptional efforts to access hard-to-reach facilities affected by flooding during the rainy season by traveling via boat.

We coordinated activities for this project with our MOMENTUM Safe Surgery for Family Planning and Obstetrics project, which, with funding from the United States Agency for International Development, also operates in Bauchi and Sokoto states. We leveraged facility data review meetings to ensure accurate recording and reporting of HIUD service and commodity utilization data and to emphasize the importance of tracking, forecasting, and forward procurement. Similarly, we

collaborated with CHAI to better understand the FMoH’s existing family planning dashboard and data management processes to ensure that facility health workers had the right tools for recording data into the national database to inform local government and state-level authorities.

EngenderHealth’s membership and participation in the National Reproductive Health Technical Working Group and its subcommittees allowed the project to further integrate efforts with the FMoH and we were better positioned to engage stakeholders from other relevant ministries, such as the Ministry of Budget and Economic Planning and the Ministry of Finance and Development Partners and Donors, to advocate for the additional funding needed to sustain project activities beyond the initial pilot period.

Conclusion

EngenderHealth’s project activities contributed to expanding access to and demand for HIUDs across two states in Nigeria that had not previously benefited from the necessary healthcare provider trainings at the facility level. The state governments’ budget allocations for scaling up training for health workers and expanding commodity availability reflect the success and sustainability of this project.

Acknowledgments and Citation

EngenderHealth is grateful to the collaborating partners who supported the Catalytic Opportunity Fund for Hormonal IUD Scale Up in Nigeria project, including the FMoH, the state ministries of health in Bauchi and Sokoto, the state hospital services management boards, and state primary healthcare development agencies. We are also grateful to the medical directors and facility in-charges of the 44 project-supported health facilities.

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