

ENGAGING MALE COMMUNITY HEALTH EXTENSION WORKERS TO EXPAND ACCESS TO CHILD SPACING SERVICES:

A CASE OF SOKOTO STATE, NORTHERN NIGERIA



Background

In Sokoto state, child spacing services are traditionally available only at primary and secondary health facilities which are mostly located in urban and semi-urban areas. This leaves a huge proportion (73%) of the approximately 3.7 million state population un-served. 581 of 716 (81%) health facilities in the state are dispensaries which mostly provide routine immunization and treatment of minor ailments. To overcome this major obstacle, the USAID-funded Targeted States High Impact Project (TSHIP) is implementing an integrated grassroots approach that expands access to child spacing and reproductive health services in the state. To this end, 409 community health extension workers (CHEWs) were trained between March 2010 and 2011. The approach builds on the experience of CHEWs in the provision of routine immunization and services in the communities they serve. Because they have been providing routine health services to the communities, it is easier to leverage their services in introducing child spacing at the dispensary level.

Engaging Male CHEWs Approach

The approach engages male CHEWs to provide child spacing information and services in addition to routine immunization and treatment of minor ailments. Following the training on child spacing, interpersonal communication, contraceptive logistics management system, and infection prevention, the CHEWs were linked to the Local Government Maternal and Child Health (MCH) Coordinators to begin receiving seed stock of short term methods. Subsequently, the CHEWs meet with the MCH Coordinators bimonthly to report activities and replenish their stock. They also complete the National Health Management Information System (NHMIS) forms distributed by the LGAs (through TSHIP support). Periodic follow-up visits are conducted using integrated supportive supervision checklists. Conceptually, the CHEWs will be linked with village health workers (VHWs) who are members of the village development committees (VDCs). VHWs will implement outreach activities and provide child spacing services (in addition to other integrated services) for continuing users and refer new acceptors to the dispensaries. The VHWs will also conduct house-to-house education, and refer clients to health facilities.

The Male Provider Factor

There are more male CHEWs in Sokoto state when compared with their female counterparts. This is largely due to the low level of girl-child education attainment, with only 0.6 percent of the female household population in Sokoto recorded to have completed more than secondary school. Overall the literacy level is very low in the state: 9 percent for women and 45 percent for men. 87 percent of women are without education when compared with 48 percent of the male population. This limits the number of females who have access to training as skilled health workers. Because of the non-availability of adequate female providers to provide services at the dispensary level, the program works with mostly male CHEWs to provide child spacing and integrated services. In Northern Nigeria, it is non-conventional for male providers to provide child spacing services because of cultural issues. Although this

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potentially challenged the level of acceptance, interestingly, preliminary discussions during routine integrated supportive supervision visits indicate that husbands prefer the male providers. This is further reflected in the number of child spacing acceptors (see Figure 1).

Tracking and Sustainability

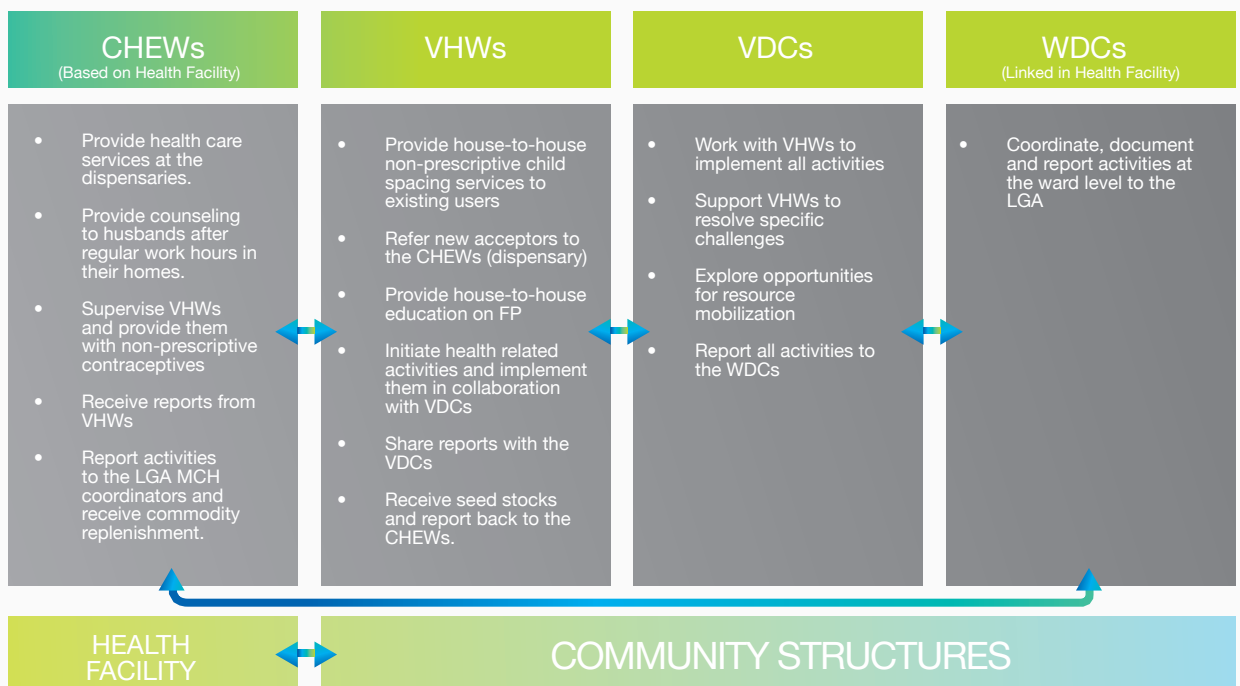
For an effective grassroots program, TSHIP works with existing government structures at all levels. These are the ward development committees (WDCs), village development committees (VDCs), and community health extension workers (CHEWs). The CHEWs are paid by the government while, WDCs and VDCs are community volunteers. VHWs are mostly members of WDCs and VDCs or recommended by them. This effectively addresses issues of ownership and lays the foundation for sustainability. Additionally, because the structures report to the Local Government Area using the National Health Management Information System (NHMIS) forms, their activities and results also contribute to health information systems.

Preliminary Findings

Preliminary findings of rapid focus group discussions aimed at creating a better understanding on the acceptability of male CHEWs in the provision of child spacing methods by the community indicate that husbands in the area preferred the services of male CHEWs. According to them, 'male CHEWs provide more accurate information and are more culturally sensitive'.

Using in-depth interviews the study investigated the attitude and perception of male CHEWs towards their roles and responsibilities in the provi-

Relationship of CHEWs with community structures



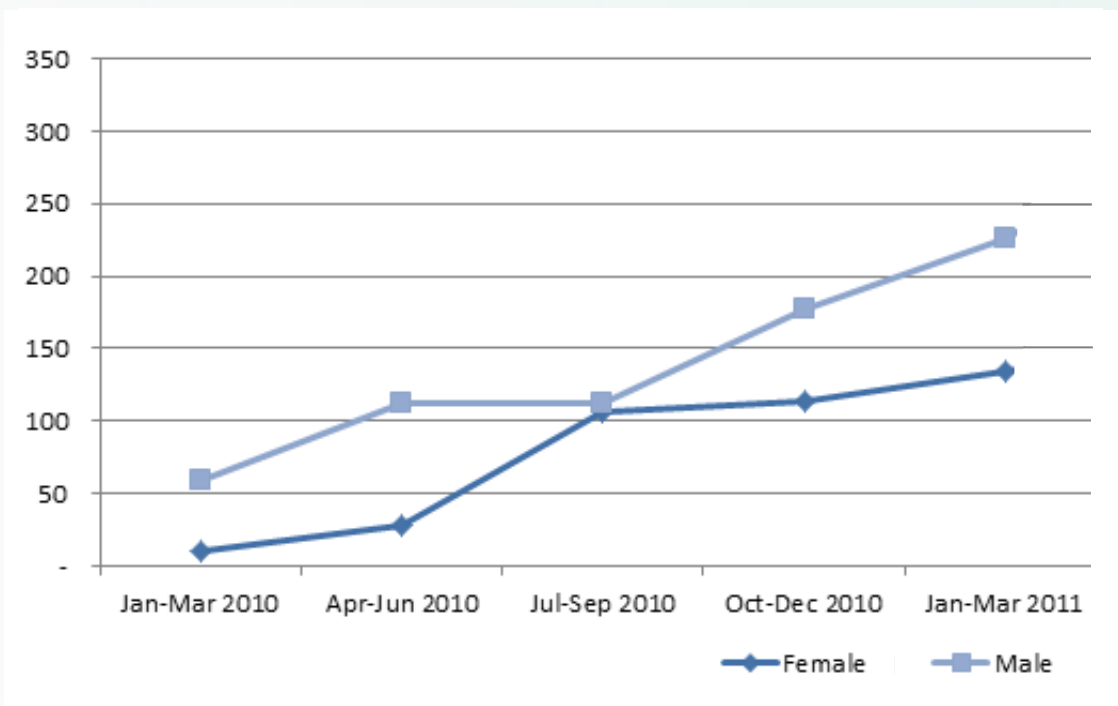
sion of child spacing services. The findings indicated that the male CHEWS are motivated by the work they do. They clearly understand and articulate the importance of child spacing within their communities and at household levels. The respondents indicate that the benefits of using child spacing methods reach far beyond the individual level for women and their families. In addition, they indicate that child spacing increases opportunities and enhances the social and economic status of households and improves the well-being of families.

The situation analysis study used two qualitative techniques: focus group discussions (FGDs) and in-depth interviews (IDIs). The study was conducted in two communities in Dange Shuni and Tangaza local government areas in Sokoto State. The objectives of the study were to: (i) obtain the attitude and perception of community leaders, married men, young married women, and male CHEWs on child spacing, (ii) explore their attitudes and perception on child spacing services in health facilities managed by male CHEWs, (iii) explore their perspectives on barriers to and opportunities for promoting and supporting child spacing services, and (iv) explore their roles in promoting and supporting child spacing services.

A total of 6 FGDs were conducted with (a) community members, (b) young married, and (c) older married men. Three FGDs were conducted in each selected site. Each FGD had 5-6 members mobilized for one focus group. Each group was homogeneous, constituting participants who either had interacted with the service providers or husbands of women who accessed services provided by male CHEWs. The community leaders' group constituted of members who were familiar with the male CHEW program. All the focus group discussions were conducted in the local language – Hausa.

In addition to focus group discussions, another element of the study was to conduct a series of individual key IDIs with male CHEWs based in dispensaries within the selected wards. Two CHEWs per ward were interviewed. An IDI guide was used to structure the interviews based on the objectives of the study.

Figure 1: Cumulative Number of CHEWs Trained by Gender in Sokoto state - January 2010 to March 2011

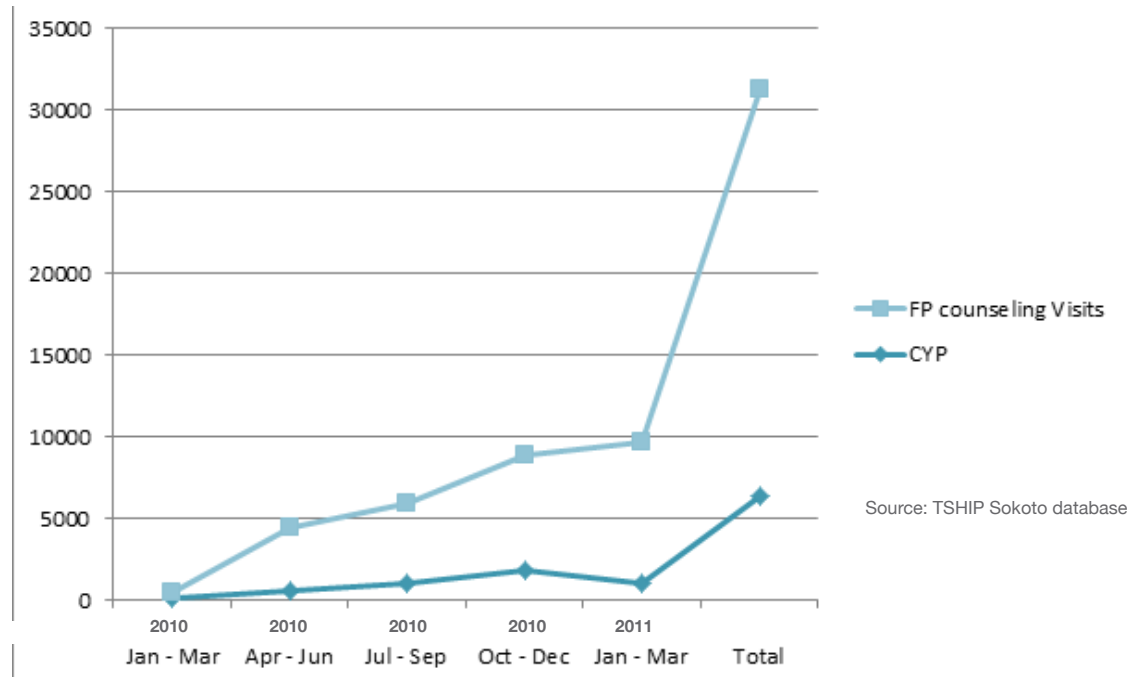


Source: TSHIP Sokoto database

In addition to the FGDs and IDIs, trends from health facility service statistics further provide preliminary information on this promising approach. Data collected through the National Health Management Information System (NHMIS) showed a steady increase in

couple years of protection (CYP) from 155 in March 2010 (at the beginning of the intervention) to 6423 in March 2011. Similarly, child spacing counseling visits increased from 259 in March 2010 to 24,862 by March 2011 (See Figure 2).

Figure 2: CYP and Child Spacing Counseling visits in Dange-shuni & Tangaza LGA, Bauchi.



TSHIP Consortium: JSI Research & Training Institute, Inc., JHPIEGO, Futures Group International, LLC, Center for Development and Population Activities (CEDPA), and Management Strategies for Africa (MSA).

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