

IMPROVING ACCESS TO PRIMARY HEALTH CARE (PHC) SERVICES THROUGH AN MNCH+NUTRITION CAMPAIGN

Kizzy Oladeinde, Shittu Abdu-Aguye, Eric Yila, Agnes Shekwo, Ian Tweedie
Breakthrough ACTION Nigeria



Overview of Breakthrough ACTION Nigeria

Overview

Breakthrough Action Nigeria (BA-N) is USAID's flagship Social and Behavior Change (SBC) project.

Strategic Objectives

Increase the practice of priority health maternal, newborn, child health (MNCH), family planning (FP), nutrition and malaria behaviors.

Location(s)

BA-N implements Integrated SBC for RMNCH+N in 5 states including **Federal Capital Territory (FCT)** in Nigeria.
- 6 Area Councils in FCT

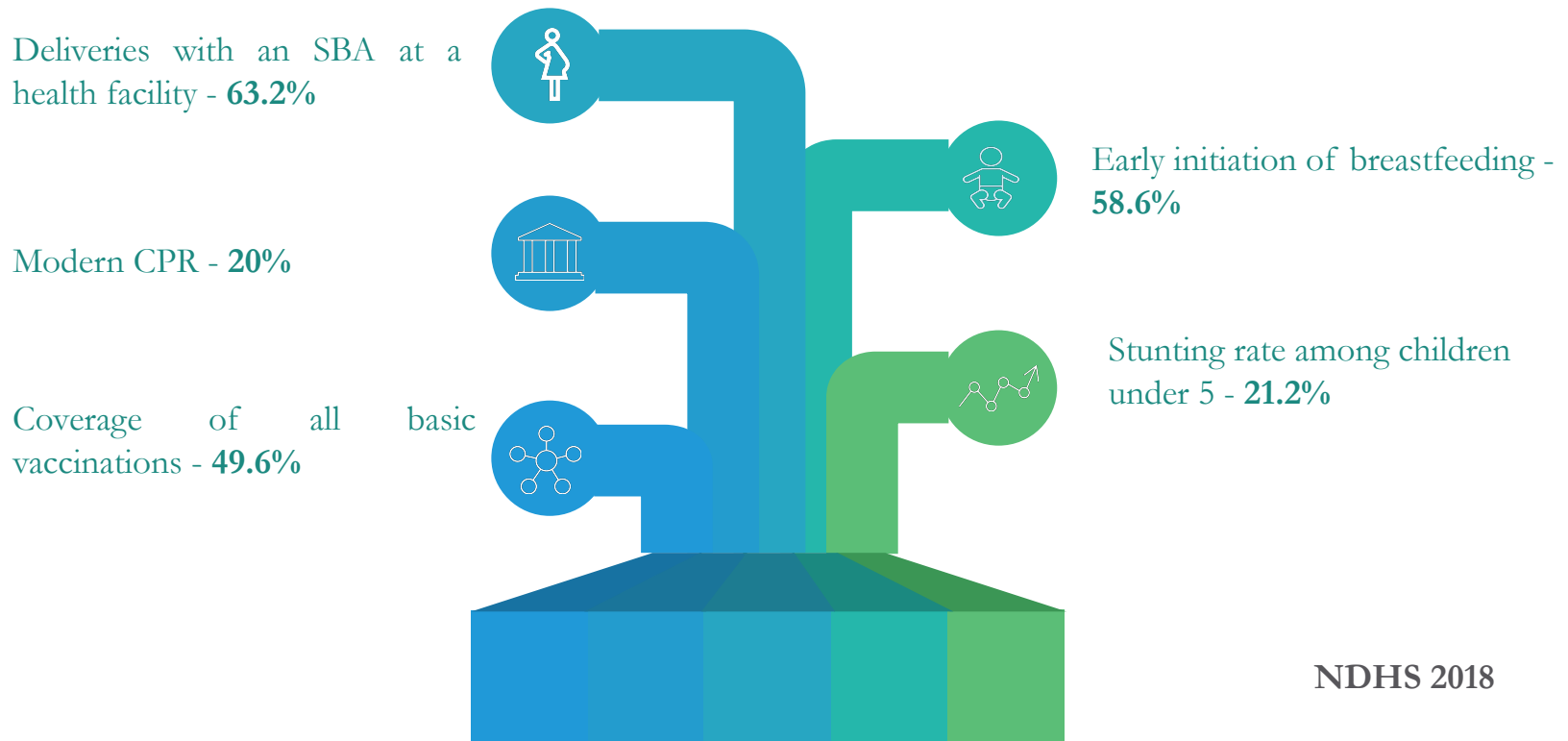
FACTORS AFFECTING MNCH+N INDICES IN THE FEDERAL CAPITAL TERRITORY (FCT)

The Federal Capital Territory (FCT), Nigeria's capital region, records maternal, newborn, child health and nutrition (MNCH+N) indices which are better than the national average but poor for the largely urban and peri-urban setting. Multiple factors contribute to poor health outcomes in the territory:

- adherence to traditional practices/delay in seeking care
- distance to health facilities and difficult terrain
- out-of-pocket costs
- inadequate quality of services
- stockout of health commodities
- limited hours of health facility operation
- insecurity



MNCH+NUTRITION INDICES IN FCT



FCT MNCH+N Campaign

Objectives:

1. Increase community demand for maternal, newborn and child health (MNCH) and nutrition services
2. Increase coverage with maternal, newborn and child health (MNCH) and nutrition services in the target population.

Strategy:

Pilot a 5-day MNCH+N Campaign across six wards in two Area Councils (Kuje and Bwari) of FCT in collaboration with the FCT Primary Healthcare Board (FCT-PHCB) and USAID implementing partners (September 2021).



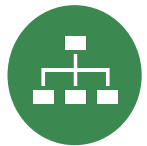
BA-Nigeria community volunteers mobilizing people during the FCT MNCH+N campaign

FCT MNCH+N Campaign's Coordination Strategy

Before the Campaign



Planning meetings with USAID service delivery partners (*IHP, GHSC-PSM*) and FCT-PHCB and local government health departments.



Comprehensive plan for the campaign was developed. **Areas Councils** (*Bwari and Kuje*) and **Referral Sites** for the pilot were **jointly selected** based on performance data.

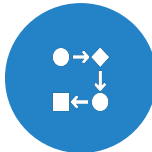


Roles identified and agreed for each USAID and government (*FCT-PHCB and Local Government Health Departments*) partner.

During the Campaign



Government and USAID demand creation, service delivery and commodity logistics partners implemented agreed activities



BA-Nigeria facilitated all community mobilization approaches (*motorized campaign, town announcers, Community volunteers for IPC*) and referrals.

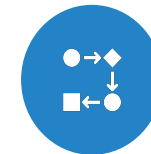


Government partners and USAID service delivery partners ensured the availability of all primary healthcare services and health commodities to meet the high demand generated by BA-N.

After the Campaign



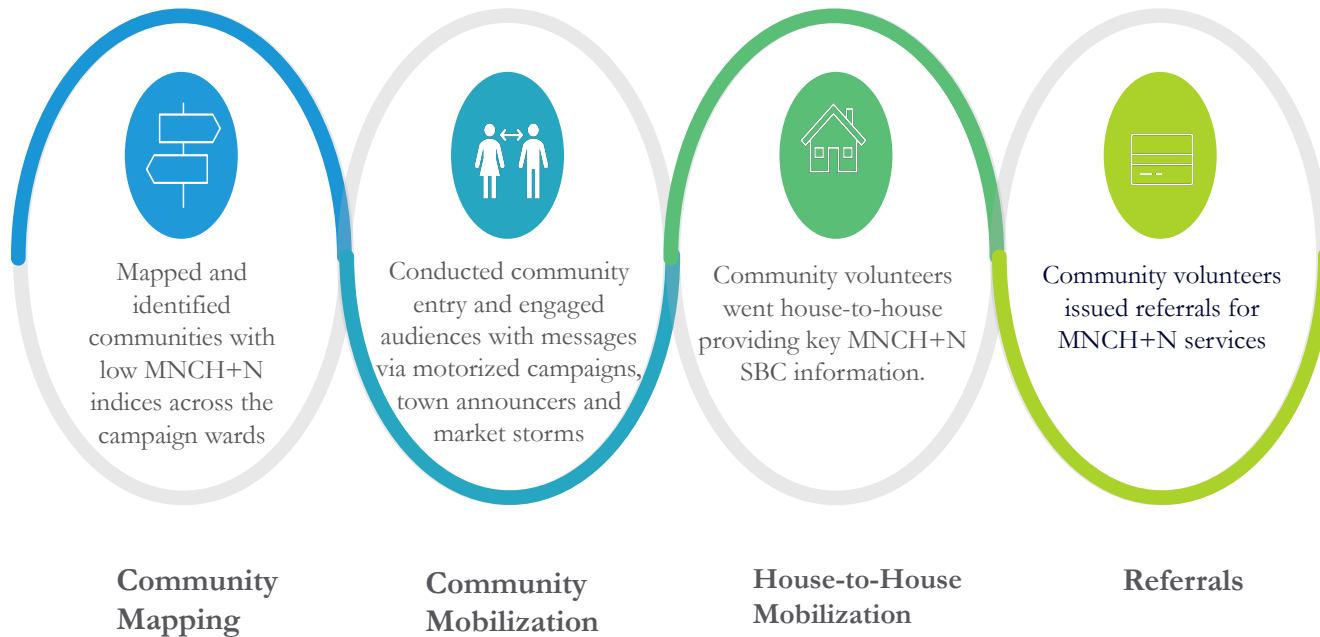
BA-Nigeria conducted an internal After-Action Review (*AAR*)



Joint post-campaign review (debrief) with FCT-PHCB, BA-N and USAID partners



BA-Nigeria's Coordinated Multi-Channel Community Mobilization Approach to the Campaign



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Service Delivery Support for the FCT MNCH+N Campaign

The FCT-PHCB and USAID service delivery partners supported the facilities to:

- ensure quality of integrated MNCH+N services at the referral health facilities
- availability of essential medicines throughout the campaign, to meet the client demand generated by BA-Nigeria.

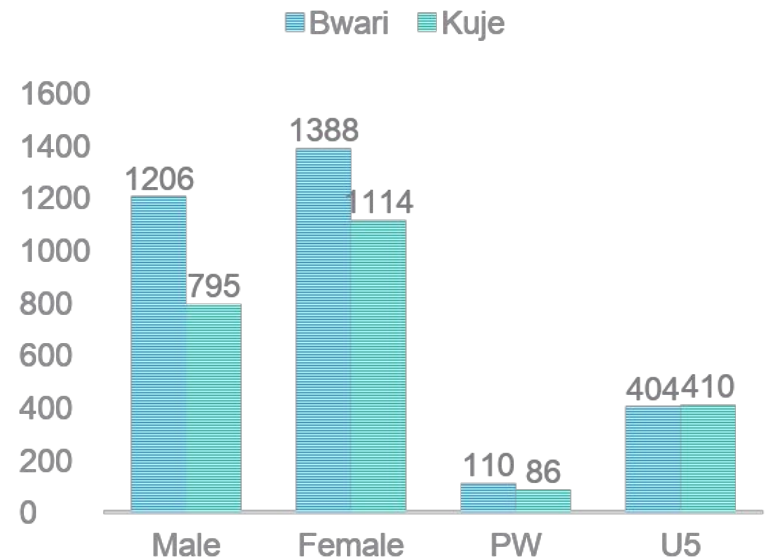


MNCH+N medicines and commodities provided by the FCT-PHCB during the campaign

Results

- Over 4,000 persons (2,350 in Bwari and 1,659 in Kuje) were reached.
- Records from the six (6) campaign referral facilities showed increased MNCH+N service uptake during the 5-day campaign compared with the cumulative uptake for antenatal care, immunization, and diarrhea case management in the 3 months before the campaign.

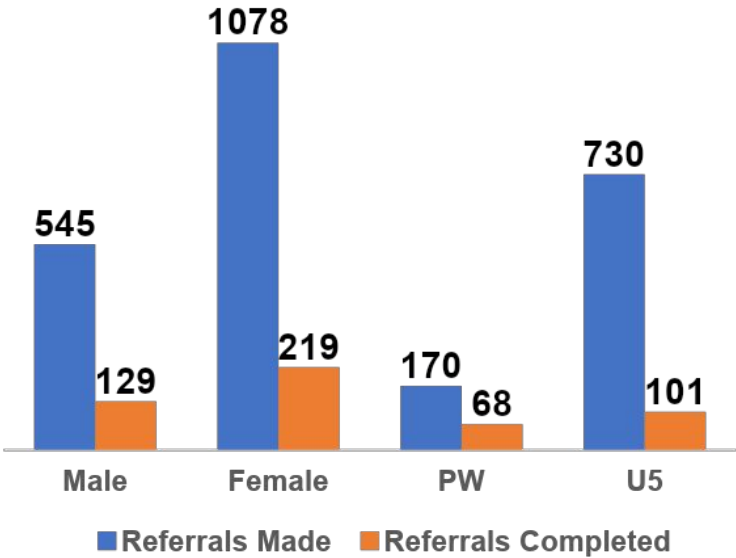
Persons Reached per LGA



Persons reached through the combined strategy of Motorized campaign and IPC (Town Announcement)

Referrals Issued & Completed

REFERRALS	MALE	FEMALE	PW	U5
REFERRALS ISSUED	545	1078	170	730
REFERRALS COMPLETED	129	219	68	101
% REFERRAL COMPLETED	23.7	20.3	40.0	13.8



LESSONS LEARNED



- Community mobilization and referrals motivate clients to access health facility services.
- Free and subsidized services increased service uptake, especially among poor and vulnerable populations.
- Joint implementation and supportive supervision by the FCT-PHCB and USAID partners improved coverage of community mobilization, availability of providers and quality of care at the health facilities during the 5-day campaign.
- Availability of a wide range of services and the presence of health service providers improved confidence and trust in the PHC by community members.
- Joint post-campaign review enables partners agree on best practices, lessons learned and recommendations for future campaigns.

CONCLUSION

Hard-to-reach communities had access to healthcare services that they would otherwise not have been opportune or motivated to access

The campaign improved the public's confidence in utilizing the health facilities.

Though campaigns cannot replace routine PHC services, there are opportunities for stakeholders to consolidate efforts and conduct joint implementation for improved MNCH+N outcomes in FCT and across other states in Nigeria.

Thank You

For more information, please contact:

Shittu Abdu-Aguye

Senior Deputy Project Director – FP &
I-SBC

shittu@ba-nigeria.org

www.breakthroughactionandresearch.org



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