

Improving Access to Adolescent Sexual and Reproductive Health Services through Community Involvement in Southern Nigeria

AUTHORS

Oluwabukunmi Obadeyi¹, Mercy Ogbaji¹, Salome Chika-Igbokwe¹, Emmanuel Dare¹, Fifi Ogbondemininu¹, Abednego Musau²

Author Affiliations:

¹ Society for Family Health, Abuja Nigeria

² Population Services International, Washington, DC, USA

BACKGROUND

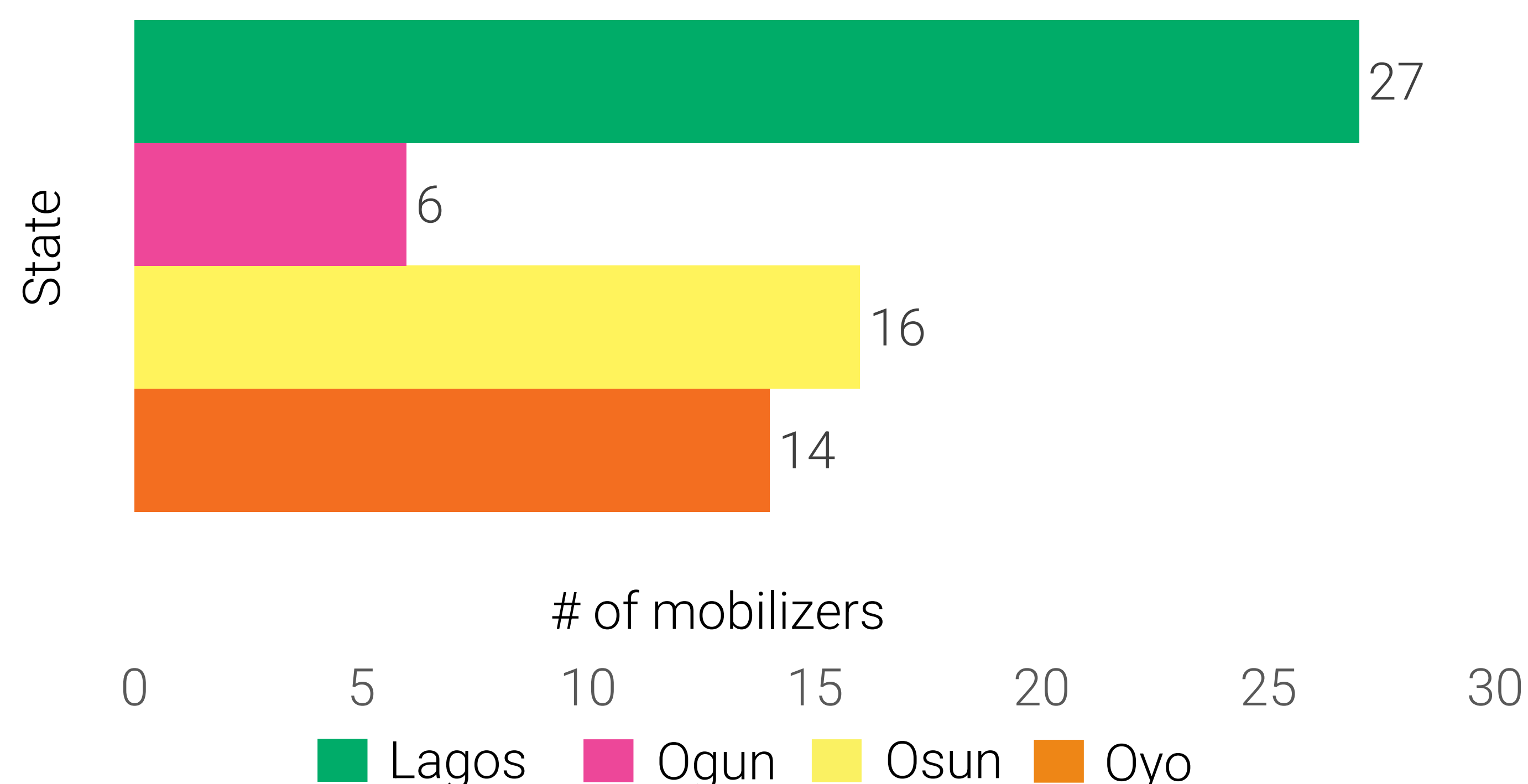
In Nigeria, adolescent girls aged 15-19 face unique barriers in obtaining knowledge and access to contraception, which result in high unmet need for contraceptives. In Southern Nigeria, A360 Amplify and partners developed 9ja Girls to increase voluntary uptake among adolescent girls aged 15-19. 9ja Girls mobilized adolescent girls for programming through trained community-based mobilizers sourced within the community. Mobilizers identify eligible girls, screen them, inform them about the program, and refer interested girls to the partner facility where individualized counselling and services are provided.

We describe the lessons learnt while building a sustainable mobilization model that adapted an existing donor-funded model -- 9ja Girls -- for government-led implementation in four states in Southern Nigeria.

METHODS

Program staff worked with state personnel to select community-based mobilizers using Community Development Associations as entry points. 63 Mobilizers (25-45yrs) were selected from the existing government-paid demand generation team used across 18 Local Government Areas (LGAs). The mobilizers were selected based on previous community mobilization experience, terrain familiarity, ability to speak local dialect and influence within their communities. To monitor the progress of implementation, data on client volumes over time were collected from the 27 PHCs using Family Planning registers. To analyse the effectiveness of this approach, data were collected pre, post implementation.

Graph 1: 63 Government-funded mobilizers were trained in 9ja Girls across 4 states



PROGRAM INTERVENTION

A 2-day training was conducted across Lagos, Ogun, Osun and Oyo to improve mobilizers' capacity to conduct demand generation for the program. Mobilizers were to drive attendance to 27 Primary Healthcare Centres (PHCs). 14 Health Educators selected by the State governments were trained as master trainers to bridge attrition gaps and supervise the mobilizers. The selected mobilizers were trained on community mapping, hot-spot identification, adolescent girl profiling, key influencer engagement, effective communication and information dissemination, referral and escort services.

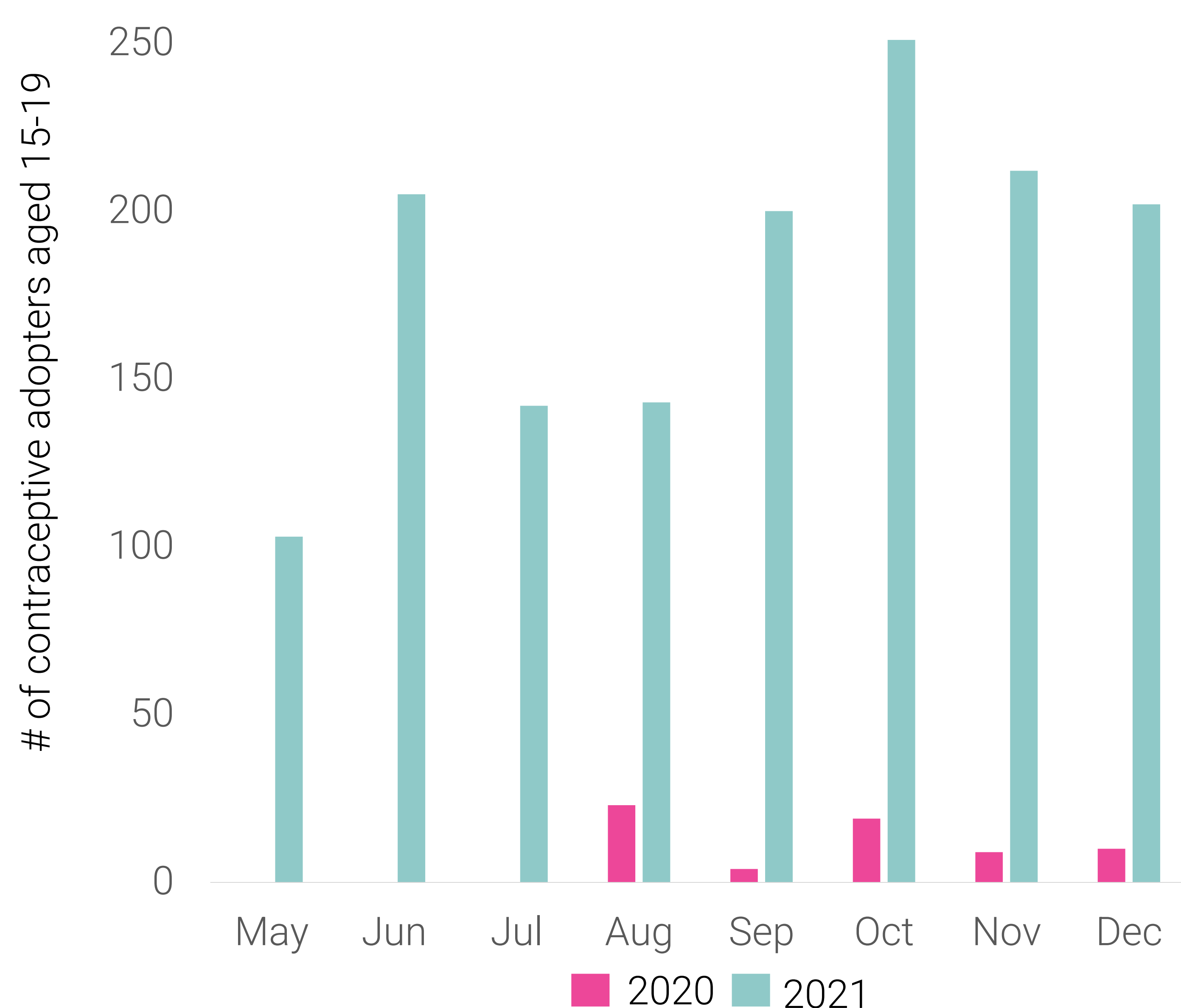


Image 1: Mobilizer training in Southern Nigeria

RESULTS

Before the introduction of the 9ja Girls' mobilization approach, the number of new adolescent users of modern contraception was extracted for a period of eight (8) months (May – December 2020) from the 27 PHCs participating. Data collected showed zero (0) adoption in three states. Oyo state reported 65 adopters aged 15-19 within the reference period. The same PHCs were re-visited after the introduction of the new approach and contraceptive uptake data was collected for the same time span (May – December 2021). During this period, 1,458 new modern contraceptive users were recorded across participating facilities. The number of adopters increased from an average of 8 adopters each month in the eight months preceding the introduction of 9ja Girls' mobilization to an average performance of 182 adopters per month after the adaptation within a similar time span. This was a five-fold increase with an all-time program high in October 2021 with 251 adopters. During this period, program staff observed gaps in the government management of mobilizers, especially with regards to regular payment, which affected their motivation and time spent on the job.

Graph 2: Following the introduction of 9ja Girls' mobilization, participating government facilities saw a five-fold increase in contraceptive adopters aged 15-19 per month



"Sexual reproductive program in our community is very good. Before I started as a mobilizer on this project, I saw it as a bad thing and didn't involve myself but since I started, I have seen that the rate of unplanned pregnancy and untimely death of these adolescent girls has reduced." - Community Mobilizer.

"I wasn't interested in the program when I heard about it, but when I met a friend in the neighborhood who had come to the program and she explained the importance to me, I decided to come. It is important for adolescent girls to know about ASRH as the dreams of girls these days get cut short with unplanned pregnancy." - Adolescent girl (Beneficiary)

CONCLUSION

Leveraging existing community structures and involvement of community members as interpersonal communication agents is a promising strategy for increasing access to ASRH services. Strengthening government structures improves the likelihood of sustainability. We hypothesize better outcomes would have been achieved were it not for challenges around government bureaucracy affecting mobilizers' remuneration and, ultimately, performance. We recommend understanding each state's unique funding structure and improving efficiency of payments. Seeing the effectiveness of the A360 solutions, Nigerian states and other government partners are incorporating additional elements of 9ja Girls, strengthening the potential for sustained impact.

VISIT US
PSI.ORG

LIKE US
PSIHEALTHYLIVES

FOLLOW US
@PSIIMPACT

FOLLOW US
POPULATION-SERVICEINTERNATIONAL

