

# Challenges, Lessons Learned & Recommendations

Dissemination Meeting

Abuja, Nigeria

March 8, 2012



# Environmental Challenges

- Poverty
  - No money for transportation to & from health facilities
- Difficult Terrain
  - Made it hard for some TBAs and FOMWAN Volunteers to travel to women, as well as making data collection difficult.
- Strikes by Health Care Workers
  - 3-6 months of skeletal or no activity
- Insecurity
  - Movement of people to locations of relative safety
  - Records of skilled providers quitting Jobs
  - Reluctance to travel to locations due to fear of insecurity



# Socio-Cultural Challenges

- The qualitative research was particularly helpful in identifying these barriers:
  - The need for permission husbands and mother-in-laws hinders some women's ability to access health care.
- Some service providers turn back Women with emergencies (if woman is not attending ANC)



# Communications & Infrastructure Challenges

- Service outages from telecommunication companies disrupted use of the Call Centre
- No network service at all in some very remote communities inhibited use of the Call Centre
- Some of the volunteers lost their telephones, affecting the volume of calls made to Call Center
- Lack of power causing dead phones – inability to make calls in emergencies.



# Lessons Learnt

- TBAs more successful with intra-partum care and referral of pregnant women with danger signs, less so with ANC and key MNH messages.
- ETS added an important element to the intervention and should be continued.
  - Adapted ETS 'Lite' scheme was more effective than Transaid's ETS 'Frank' model.
- Community volunteers should be given 3 or fewer key messages at a time for easy retention.
- Coverage was inadequate due to large areas of project intervention.



# Lessons Learnt Continued

- Referrals involving women in labor with complications occurred more in FOMWAN LGAs but were insufficient in general.
- Many calls made to the call center were on issues not directly related to maternal health – there is a demand for information on other health issues including malaria and family planning.
- Rural communities are more likely to be reached by TBAs, compared to those reached by community volunteers who are based in urban areas.



# Recommendations & Next Steps

- Density the intervention coverage in target locations
- Increase supervisory and monitoring activities.
- Redesign and engage TBAs in different capacities as community agents.
  - Consolidate on key messages for delivery
  - Incentivize TBAs to make referrals to health facilities a key aspect of the programme.
- Explore Conditional Cash Transfers (and vouchers) to encourage Health Facility visits.
- Encourage government to recruit and retain skilled providers at health facilities in rural locations.



# Recommendations & Next Steps Cont.

- Virtual expansion of Call centre services to include other health areas.
- Identify and work with skilled providers in select health facilities to enhance quality of service.
- Intensive engagement with government, men, and mothers-in-law.
- Introducing new technical innovations:
  - Resuscitation Masks.
  - Low birth Weight identification tool.





# THANK YOU

