

Project Summary Brief:

Strengthening health system for the management of cases of Female genital schistosomiasis at primary care level in Ogun State, Nigeria

Background to the study

Female Genital Schistosomiasis is a neglected gynecological condition resulting from complications with Schistosoma infection. It is affecting an estimated 56 million women and girls in Sub-Saharan Africa. Long-term exposure to FGS without treatment could lead to complications in the genital system such as increased risks of cancer, HIV and other STIs ectopic pregnancies, miscarriages/abortions and infertility which have social and psychological consequences for women, including stigma. Lack of appropriate diagnostic tools and limited awareness about FGS among health workers and the overlapping symptoms with other gynecological condition has made several cases of FGS being misdiagnosed and persons affected not accessing needed care. The current National guideline for schistosomiasis control has no provision for management of FGS. It is therefore critical to increase the awareness of FGS and the treatment options among health workers by building their capacity to recognize symptoms, diagnose and provide the necessary treatment to those affected.

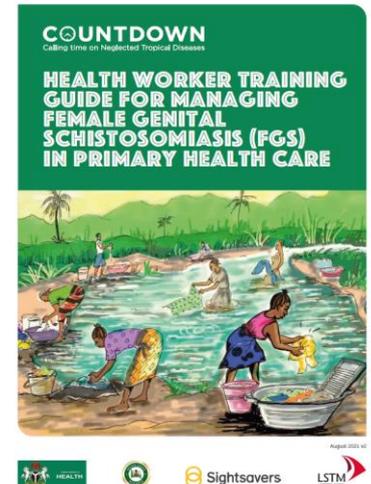


Figure 1: FGS health workers training guide

To address this challenge, the COUNTDOWN Nigeria conducted a Health system strengthening research aimed at building the capacity of the health system to manage cases of FGS among young girls and adult females living in schistosomiasis endemic regions. The research employed participatory health research method to engage health system actors at various level of the health system (including frontline health workers, Consultant Gynecologists, Consultant Public Health physicians, NTD programme implementers at LGA, State and National level) to collaboratively develop and pilot FGS case management intervention tools at the primary health care level in schistosomiasis endemic region in Ogun state (the most endemic state in Nigeria). The study was conducted in two most endemic LGAs (Abeokuta North and Odeda) for schistosomiasis in Ogun State.

Aim: To develop and implement an integrated case management package and pathway for female genital schistosomiasis in highly endemic areas for Schistosomiasis in Ogun State

Methods

A quality improvement (QI) process known as **Plan-Do-Study-Act cycle** was used to develop and pilot a diagnostic algorithm, treatment package and referral system for management of FGS within the health system structure. The **Plan** phase involves planning the intervention with a newly established FGS quality care implementation team who explored the challenges and barriers to diagnosis and treatment, develop a diagnostic algorithm, treatment package and referral system for FGS.

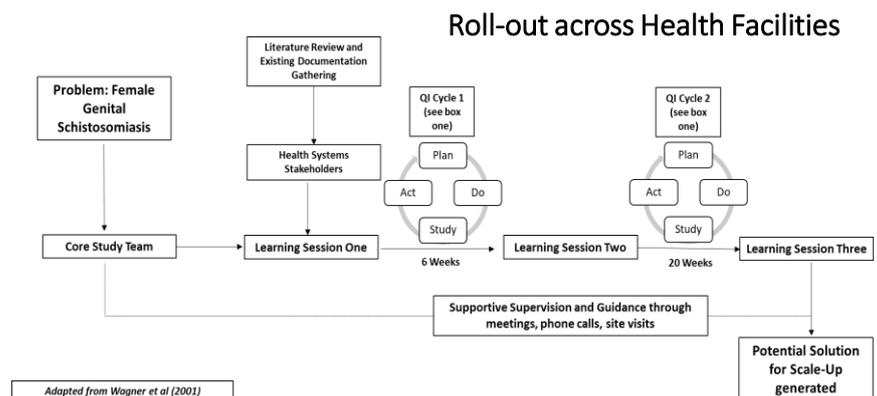


Figure 2: Study design

In the **Do** phase, we conducted trainings to educate and increase awareness of frontline health workers on FGS and build their capacity to be able to diagnose and provide the needed treatment for persons affected or refer them. In the **Study** phase, we conducted a review of the implementation process at one month, after implementation to understand what is working well and address any barriers to the intervention. This was done through interviews with health workers and patients that access the care. In the **Act** phase, all learnings at the different phases will be put together and used to develop, modify or improve the quality of the intervention approach. Two Plan-Do-Study-Act cycle was completed during the course of the study. Training and implementation was done in phases see Figure 2. Final process evaluation was conducted at the end of 6 months of project implementation.

Results and Findings

- Findings reveal that awareness of FGS is low among frontline health workers and other health professionals, although some have encountered women and girls with such symptoms during their clinical practice but were unaware of FGS before the meeting. They acknowledged that they might have missed cases of FGS in the past and mistaken them for pelvic inflammatory disease, cervical cancer or STI based on patient's reported symptoms.
- There are six components of the FGS Care package, and this includes Introduction to Schistosomiasis and FGS, Diagnosis using symptoms checklist and environmental risk assessment, severity symptoms check and referral, Education and counselling to reduce stigma, Praziquantel treatment and FGS management and the overall FGS care pathway/algorithm.
- A total of 65 health workers have been trained on FGS case management, 40 were frontline health workers and 22 were staff of the Ministry of Health Ogun State, 3 medical doctors from a tertiary institution in Ogun State.

"Wow! The training was so... in fact we enjoyed the training and in fact those people that lectured make it easy for us because they came down to our level, so it is very easy for us to understand, so the lecture is very...no excellent"

(Health worker interviews, HF18)

it is not just that somebody did a desk review all alone and brought out something that worked in India and say because it worked in India it must work in Nigeria. Because there were many stakeholders that were brought together, they would look at it in the context of where they want to apply the intervention.... it's a skill to see how those things are rallied together to come to a product, that is I mean, it brings better policy development when there is participation, when there is inclusiveness, when there is stakeholder analysis, that all those stakeholders are now engaged. (PEQI_Qiteam_DPH)

'they [Health centre] always receive us well, are friendly and caring here...I have spent so much on this symptom before I finally got cured here at no expense. I did not even take it seriously that day, thinking it was of no use, just this single dose drug, till I saw otherwise. (Patient Interview _LG_HF07_2)

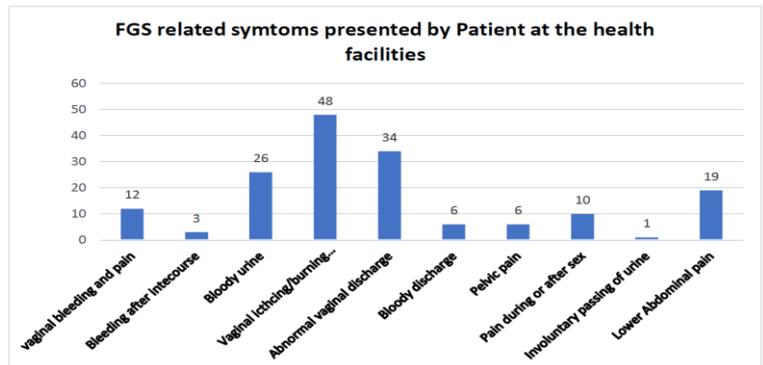


Figure 3: FGS related symptoms presented by patients at the health facility

- A total of 79 girls/women with gynaecological issues were screened for FGS, out of this, 66 suspected cases of FGS has been treated and they all confessed that their symptoms resolved within 3 to 5 days following treatment with praziquantel. 12 persons were excluded from treatment because they were either pregnant breastfeeding mothers, one person refused treatment due to previous experience of side effects and one person was referred for further care. 3 people were treated for other gynaecological conditions along with FGS. Major FGS symptoms reported by those who accessed the care included; vaginal itching, burning sensation, vaginal discharge, pain during sex and contact bleeding.
- Health workers found the FGS care package developed easy to use and were excited that their capacity has been built to be able to support persons suffering from FGS
- Inadequate health workers, competing health interventions like Malaria and COVID 19 vaccination, increased insecurity, cultural gender norms, distance and poor road networks are barriers to accessing FGS care at the health facility

Impacts

- ✓ The Quality Improvement approach facilitated cross learning among frontline health workers and health professional leading to the development of a context specific, sustainable intervention for persons affected by FGS
- ✓ User friendly FGS intervention tools for the management of cases has been developed, tested and finalised which Ogun State Ministry of Health is willing to scaleup in other LGAs. The FMOH is also planning to embed the tools and learning within National policy for FGS management
- ✓ Increased awareness and capacity of frontline health workers and the NTD team in Ogun has been strengthened to manage persons affected with FGS, meaning that women and girls with FGS can now have quality access to care
- ✓ Advocacy for availability of praziquantel at the health facility level leading to consideration of including praziquantel within the National guideline for schistosomiasis control, especially in places where prevalence is less than 50%.
- ✓ Increased health seeking behaviour of girls and women with gynaecological issues without fear of being stigmatized
- ✓ Health workers have been educated on how to respectfully and sensitively identify and act on stigma related to FGS through training on effective counselling and education of patients
- ✓ FGS awareness across the health system has been raised leading to increased advocacy to include FGS within existing medical training, addressing risk factors such as access to bore holes and gaining additional funding for scale up and further research on FGS