

NIGERIA:

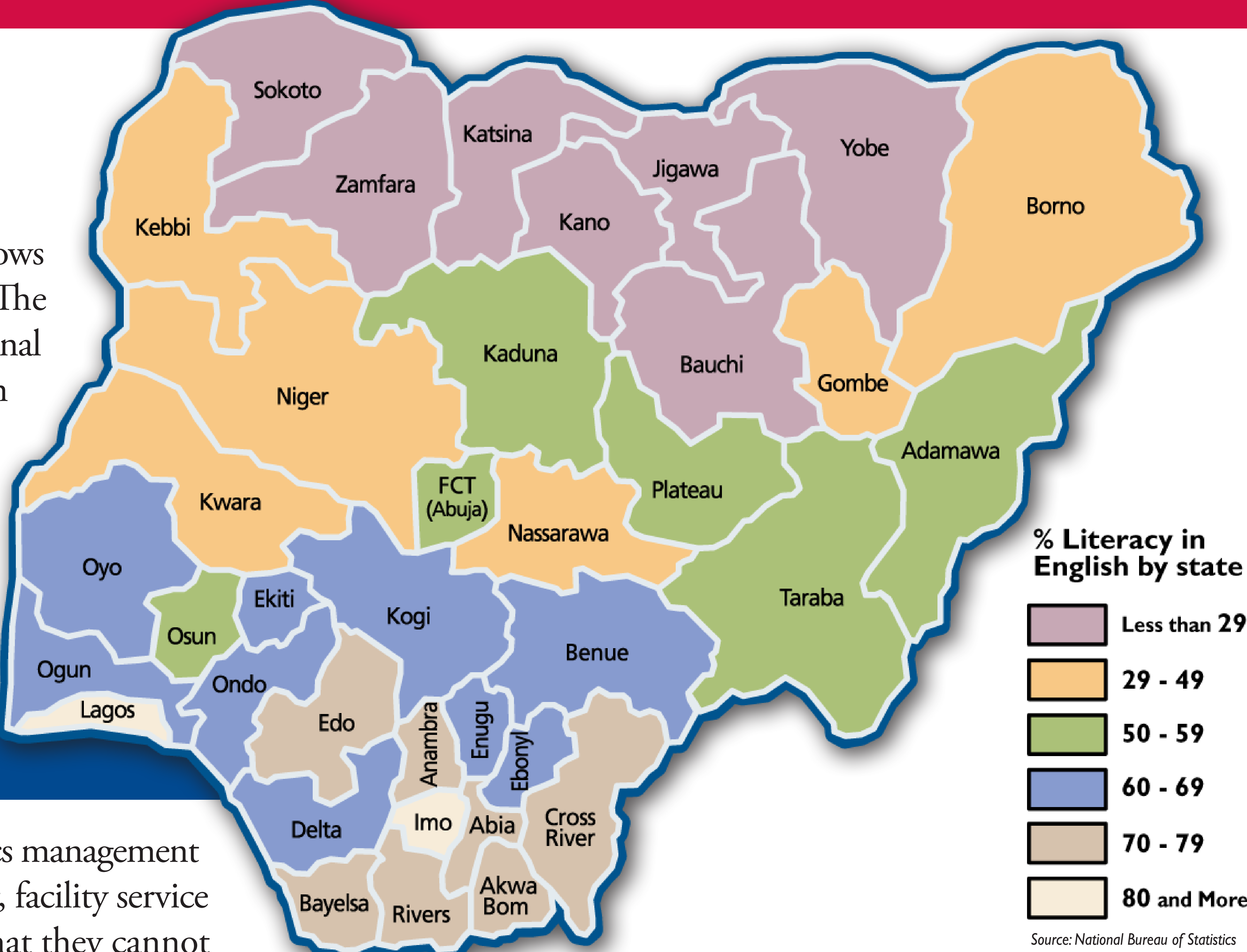
Using the Native Language to Achieve
Equitable Access to Contraceptives

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Background

A report from the Nigerian National Bureau of Statistics shows the adult literacy rate in English for the country is **57.9%**. The northern region of Nigeria, however, has a much lower national lingua franca English literacy rate of only 40%; the southern region has 88%. Most facility staff managing contraceptives in the northern region have limited understanding of English. Despite the varied backgrounds and tribes in northern Nigeria, the Hausa language is the language spoken by most northerners.



Nigerian Literacy Rate in English

However, across all states in Nigeria, the contraceptive logistics management system (CLMS) is in English. Because of the language barrier, facility service providers cannot easily manage the CLMS, which means that they cannot provide equal access to contraceptives.

The USAID|DELIVER PROJECT realized the advantage of using the native language (Hausa) when managing the logistics for contraceptives in two northern states: Bauchi and Sokoto. The results are impressive.

In addition, to assist the State Ministry of Health in distributing contraceptives, the project introduced the Review-Resupply Meeting (RRM) model.

What are RRM's?

Health workers from the service delivery points (SDPs) meet with supervisors at the end of each review period (bimonthly). At these meetings, the health workers present their family planning activity records and other logistics management tools. The supervisors review and validate data and calculations, resupply commodities based on validated usage figures, and provide feedback to participants on their logistics performance. They also discuss any challenges faced and quality control issues. The health worker often carries the commodities back to the SDP after the meeting. RRM's can improve reporting rates from **40%** to about **98%** and reduce stockout rates to less than **5%**.

UNFPA: <http://profiles.unfpa.org/uploads/documents/1373284016-unfpa-fy12-annual-progress-report-to-dfid-rhcs-16th-aug-2012.pdf> (accessed 01-14-2015)



Methods

To help health facility staff improve how they implement the CLMS in Bauchi and Sokoto states, the project introduced other interventions:

- The project sends logistics advisors (LAs) who can communicate in Hausa to these states.
- RRM's are conducted in Hausa and English.
- The LAs convert each of the elements on the LMIS to Hausa.
- CLMS trainings are conducted in Hausa and English. If needed, the trainer alternates between English and Hausa.
- The LA reviews the logistics management information system (LMIS) forms at the RRM's and gives feedback in Hausa.

Results

These interventions have led to many successful results:

- Clients at the northern health facilities have the same access to contraceptives as their southern counterparts.
- The improved LMIS has increased the availability of commodities in the states; in **2014**, the stockout rate dropped to **10.9%** from **33.5%** in **2009**.
- Losses are lower because of improved recordkeeping.
- Expiries have decreased.
- Facility staff understand more CLMS terminology.



Conclusion

To achieve equitable access to health commodities, especially in rural areas, programs should consider using the recognized language of that country when conducting training or designing systems.

Supply chain improvement interventions will also benefit from adaptation to local context, including the use of native languages at local/community level as appropriate to facilitate achievement of equitable access to health commodities, especially in the rural areas.