

Project Summary Brief:

Strengthening health system for the management of cases of Female genital schistosomiasis in a highly endemic schistosomiasis region 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 resulting to cancer; ectopic pregnancies, miscarriages/abortions and infertility which have social and psychological consequences for women, including stigma particularly in developing world where a women's worth is often directly related to her fertility and reproductive capacity. Lack of 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.

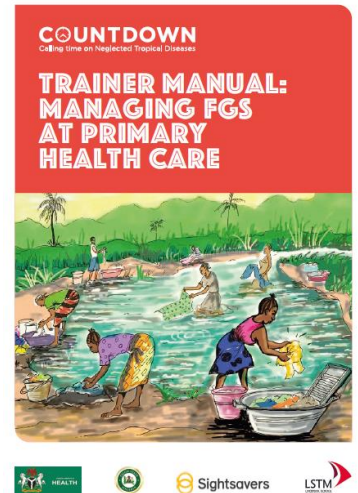


Figure 1: FGS health workers training guide

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: Strengthening health system for the management of cases of Female genital schistosomiasis in a highly endemic schistosomiasis region in Ogun State, Nigeria.

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.

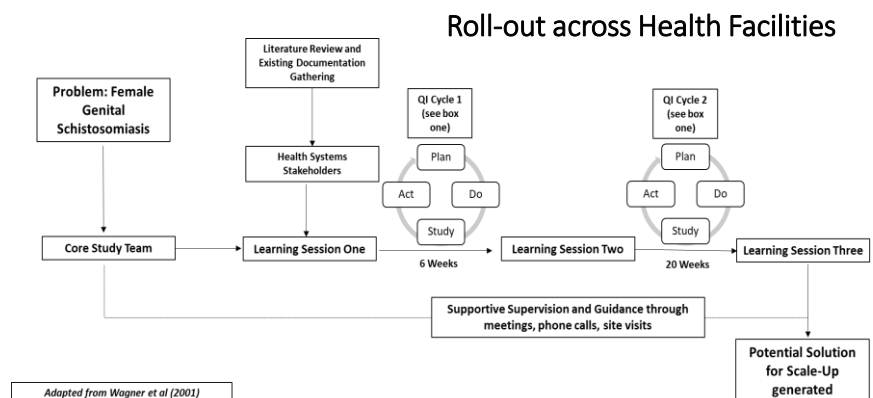


Figure 2: Study design

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 will be 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)

"What I enjoyed the most was the participatory manner of the training, the fact that everyone was allowed to express themselves. Also, the fact that we were asked questions and to write down answers and we got to know how we performed almost instantly. That display we used to do helped us to know if we made a mistake immediately. For instance, the sitting arrangement, I still remember some of the mistakes some of us made and how we were corrected, it stuck with me."

(Health worker interview, HF10)

"In this case the people that were involved in this did not know anything about FGS before but through this process their participation exposed them to a lot of information that was enough capacity building for them."

(QIT interview, DPH)

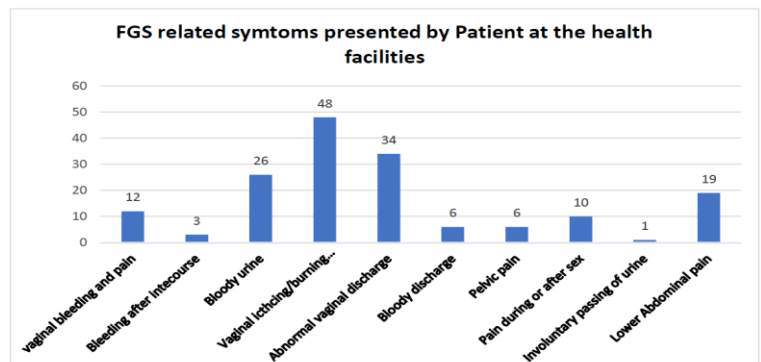


Figure 3: FGS related symptoms presented by patients at the health facility

- A total of 76 girls/women with gynaecological issues were screened for FGS, out of this, 62 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
- The health workers are inadequate and engaged with several other health interventions like Malaria and COVID 19 vaccination making it difficult for them to be present at the health facility always.

Impacts

- ✓ The use of the Quality Improvement approach has help cross learning among frontline health workers and health professional leading to a development of context specific and sustainable intervention for persons affected by FGS
- ✓ FGS intervention tool for the management of cases of FGS has been developed, which the Ministry of Health is willing to use to scaleup management of FGS in other LGAs across the State, while FMOH is planning to use it for development of National policy document for FGS management
- ✓ Capacity of frontline health workers and NTD team has been build to be able to manage persons affected with FGS, meaning that persons affected by FGS can now have access to care
- ✓ The study has supported the advocacy for availability of praziquantel at the health facility level and this being considered in the next National guideline for schistosomiasis control especially in places where prevalence is less than 50%.
- ✓ Increased awareness about FGS among frontline health workers, health professionals and communities where the project is being implemented.
- ✓ The study has increased health seeking behaviour or girls and women with gynaecological issues without fear of being stigmatised.