



## Community committees motivate women to give birth safely in facilities in Yobe State, Northern Nigeria

Rakiya is alive today because a community committee intervened to save her life.

*"I am really grateful to the committee for taking up my case and assisting in saving my life. I developed complications during childbirth which we couldn't manage at home and was taken to Yunusari health facility by members of the committee. I was referred to Geidam General Hospital but my husband could not afford it. The committee took responsibility and rescued me out of the danger. If it were not for them, I would have died because the baby had since died in my tummy. It was my twelfth pregnancy", she says.*

Maryam Bukar, a 20-year-old mother of two and expecting her third child, says she plans to give birth in her local health facility for the first time.

*"This pregnancy is quite different from the others as I feel more secure and hopeful of a successful delivery."*

She cites her local Facility Health Committee for raising the possibility of a facility birth. Once the committee started its activities, Maryam and her husband realised their need and registered at the facility.

*"Thanks to the committee for the enlightenment", she says.*

Before the Facility Health Committees (FHCs) were formed, women gave birth at home and several of them died. Even if their families were concerned about their wellbeing, there was no way to transport the women to the facilities and the facilities, even if the women made it there, were often unstaffed.

A UKaid programme called PRRINN-MNCH is working to strengthen health facilities and ensure that female midwives are present to assist in safe childbirth. Even with improved and well staffed facilities, it is important to build up community trust so that women and their husbands feel confident that a facility birth is a good idea.

There is international agreement that women need to give birth in facilities with skilled birth attendants in order to give birth safely. Facility Health Committees are building the trust of the community and sensitizing community members on the need to address maternal and child mortality issues.

*"Before the committee was established, not all women were allowed by their husbands to attend antenatal care or deliver in the hospital. But when the committee was established, we helped to sensitize the men on the need to allow their wives to visit the facility during pregnancy, delivery and thereafter, and it worked. We actually used the town crier in the sensitization as well as community talks, and thank God, it is yielding positive results."*

A female committee member, Amina Mustapha, says that one of the most interesting things about serving on the facility health committee is the fact that the views of everyone, including the women, are respected.

*"The views of the women are being respected during meetings which is not very usual in a patriarchal society like ours."*

PRRINN-MNCH is working in four states in Northern Nigeria to strengthen maternal health care from community to hospital level. Northern



## Partnership for Reviving Routine Immunization in Northern Nigeria; Maternal, Newborn and Child Health Initiative

Nigeria has one of the highest rates of maternal mortality in the world. PRRINN-MNCH is seeking to change cultural norms whereby women give birth at home to encouraging women and their husbands to trust the healthcare system. This programme is having a major impact on reducing maternal mortality in these four states.

Rakiya now says, *“My experience of how effective the hospital could be has really changed my thinking and I now know better the importance of visiting the hospital for me and all other members of my family.”*