



Partnership for Reviving Routine
Immunisation in Northern Nigeria;
Maternal Newborn and Child Health Initiative

INCREASING ACCESS TO MNCH SERVICES

An Essential Component of a Comprehensive Health Systems Strengthening Approach

By Fatima Adamu and Cathy Green

OVERVIEW

The challenge in Northern Nigeria is to increase the demand for services and go beyond issues of poor supply and low quality services in order to increase access. WHO identifies six components of a functioning health system. Based on our experience under the Partnership for Reviving Routine Immunisation in Northern Nigeria/Maternal Newborn and Child Health (PRRINN-MNCH) programme, we go beyond the WHO six components of a functioning health system to advocate for a seventh. This involves increasing access to services through addressing barriers of awareness, affordability and physical access at household and community levels as well as improving provider accountability to clients.

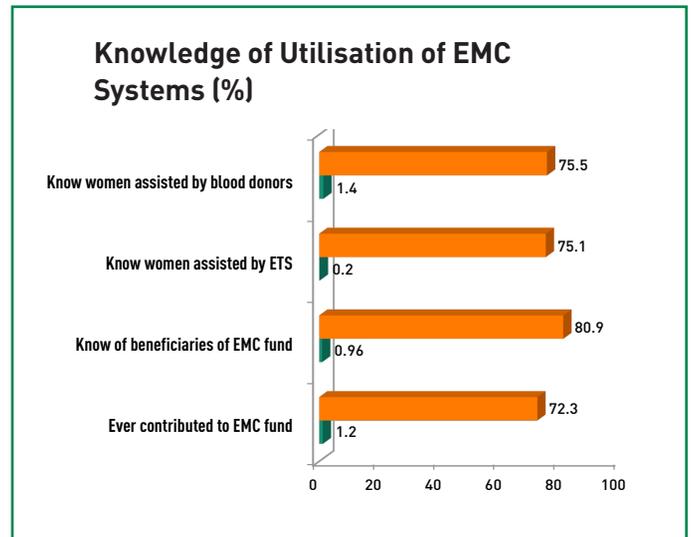
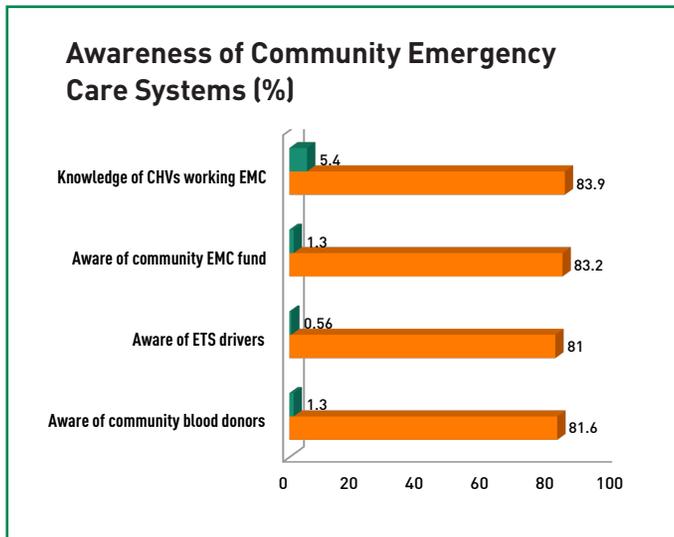
Our approach is to build community ownership and knowledge in four states in northern Nigeria covering 3,391 communities with a combined population of 2,888,931. A total of 31,176 community volunteers were trained to facilitate an intervention package of six components.

COMPONENT 1: COMMUNITY MOBILISATION	COMPONENT 2: COMMUNITY EMERGENCY SYSTEMS
<p>A participatory community mobilisation approach, facilitated by trained community volunteers, is used to:</p> <ul style="list-style-type: none"> • create demand for emergency and routine MNCH services • promote effective home-based care • generate community-wide social approval for behaviour change 	<p>Communities are supported to set up systems to address barriers to the utilisation of MNCH services and effective home-based care. This includes:</p> <ul style="list-style-type: none"> • emergency savings schemes • community based emergency transport scheme • a core group of mother's helpers • community blood donor schemes
COMPONENT 3: OTHER COMMUNITY STRUCTURES	COMPONENT 4: COMMUNITY BASED SERVICE DELIVERY
<p>Communities are supported to set up structures to channel community voices on health issues, promote social inclusion and equitable access and demand accountability for service delivery failures. These include:</p> <ul style="list-style-type: none"> • Facility Health Committees • Young Women's Support Groups 	<p>This initiative works with the government and community levels to bring basic health services 'to the doorstep'. Community Health Extension Workers (CHEWS) are recruited and deployed to remote rural communities that are a distant from local health facilities. This component depends on a mobilised community to work effectively.</p>
COMPONENT 5: COMMUNITY MONITORING SYSTEM	COMPONENT 6: MENTORING AND SUPPORT SYSTEM
<p>The community monitoring system generates data on the activities and changes that are underway at community level. The rationale for establishing community level monitoring is both to build community capacity to document and reflect on the changes brought about through their own efforts and to support sustained change.</p>	<p>A system of ongoing mentoring and coaching support has been established in the community intervention sites. The system ensures that communities receive the assistance they need to move from increased awareness to action. The coaching and mentoring support is intensive initially, becoming lighter over time.</p>

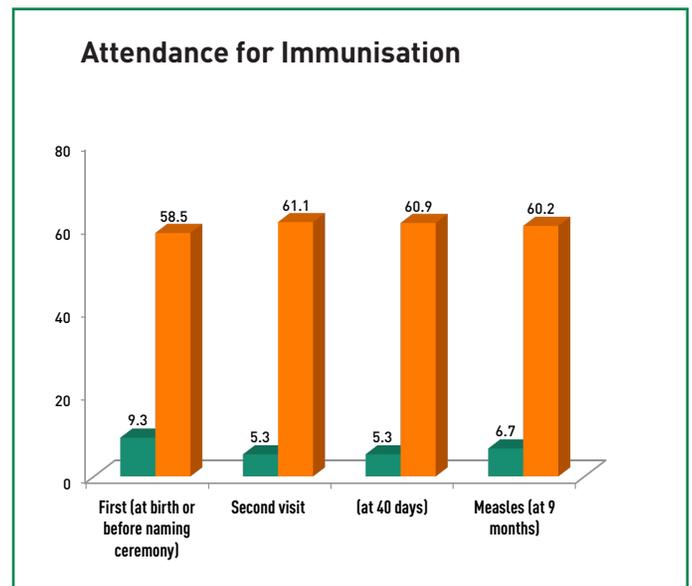
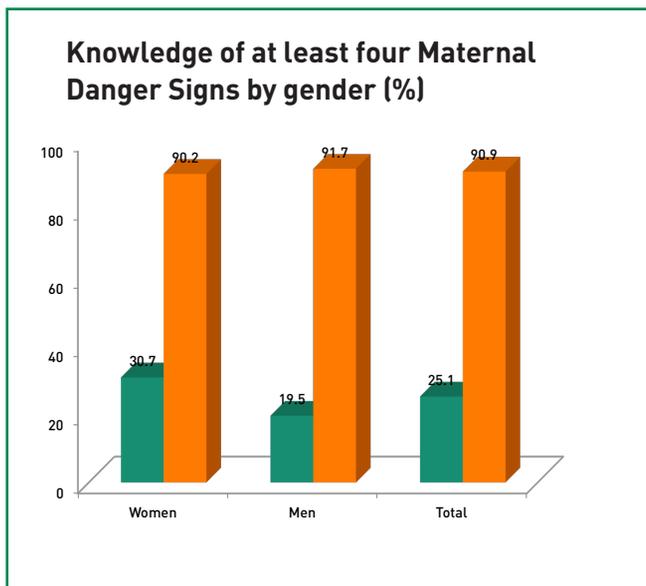
RESULTS

Increased knowledge and changes in practice

Women and men demonstrated increased knowledge about maternal danger signs, knowledge and awareness of utilisation of community emergency maternal care systems (EMC) such as the emergency transfer system (ETS) scheme and immunisation schedules. Communities demonstrated an increased sense of responsibility for EMC in the absence of husbands and that husbands should prepare suitably and plan to mitigate emergencies.



■ Baseline ■ Endline



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“Before the programme, if for example your wife was sick, it would be your own personal problem. But now such cases are viewed as a whole community problem.”
Community member, Busari LGA, Yobe State

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