



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

MATERNAL & CHILD HEALTH BEHAVIOURS

The impact of community-based programmes – alternative approaches to promoting antenatal care in Northern Nigeria where maternal mortality ratios remain among the highest

The challenge

High levels of maternal mortality in northern Nigeria reflect low levels of antenatal care (ANC) utilization and deliveries with a skilled birth attendant. Immunization rates in Northern Nigeria are low and there has been slow progress in improving infant and child survival.

The majority of women in the PRRINN-MNCH states of Jigawa, Katsina, Yobe and Zamfara regularly deliver at home for comfort, cultural reasons, or lack of access to facilities or health care providers. Primary health care services are underutilized, often because of low levels health knowledge and lack of access to available services. Community Health Extension Workers (CHEWs) are often a first, and maybe only, contact a woman has with health care services in northern Nigeria and their role in reaching the community with information on maternal, newborn and child health is crucial.

The objective

Our study aimed to test the effectiveness of different ways to provide education and effective community outreach with the objective of:

Teaching women and their families about critical maternal and child health problems

Facilitating use of ANC, skilled birth attendants, newborn care, sick child care and immunizations

Maternal health outcomes in Nigeria are among the worst in the world.¹ In Northern Nigeria the maternal mortality ratio is estimated to be appreciably higher than the national average² with recent estimates for the north over 1,000 per 100,000 live births, compared to estimates for the southern region below 300 per 100,000 live births³.

1. Findley S, Uwemedimo OT, Doctor H, Green C, Adamu F, Afenyadu, G. Changes in maternal and child health behaviors: early evidence of the impact of community-based programs, PRRINN-MNCH, September 2012.

2. Federal Ministry of Health of Nigeria, Save the Children and ACCESS. Saving newborn lives in Nigeria: newborn health in the context of the integrated maternal newborn and child health strategy. Abuja, Nigeria: Federal Ministry of



The alternative CHEW models

Within intervention communities, CHEWs provided community-based service delivery (CBSD) of MNCH care with varying levels of intensity of activity, where women were able to access advice from CHEWs, either at the health facility or in the community:

Low intensity: CBSD with fixed point delivery at selected communities (CHEW facility), supported by community volunteers for outreach

High intensity: CBSD with CHEWs living and working the hard-to reach communities (CHEW community), supported by community volunteers for outreach

Control communities: No CHEWs and no community volunteers

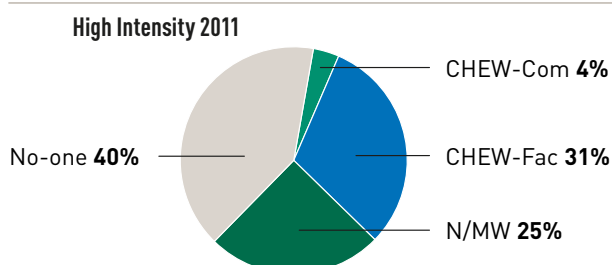
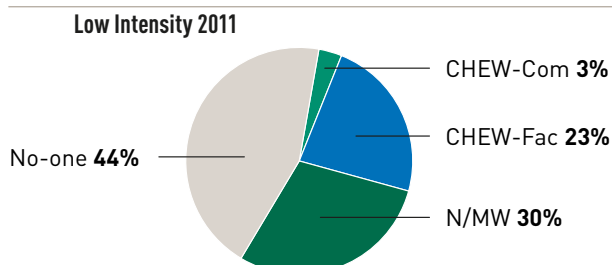
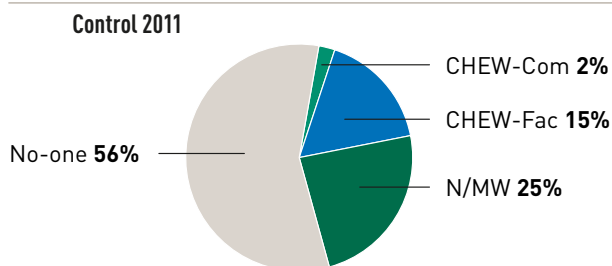
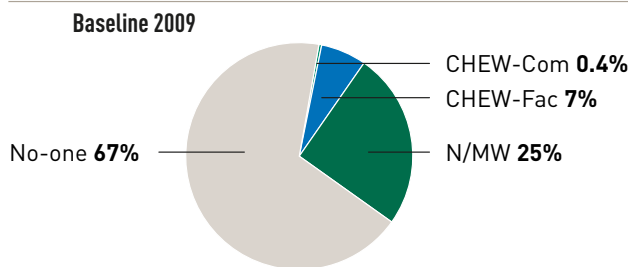
Health, Save the Children and ACCESS, 2009.

3. Centre for Reproductive Rights and Women Advocates Research and Documentation Centre. Broken promises: human rights, accountability, and maternal death in Nigeria. New York, United States and Lagos, Nigeria: Centre for Reproductive Rights and Women Advocates Research and Documentation Centre, 2008.

Mid-term Results – antenatal and newborn

1. More women are seeking antenatal care from trained CHEWs

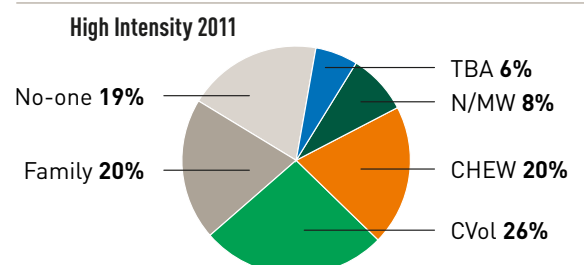
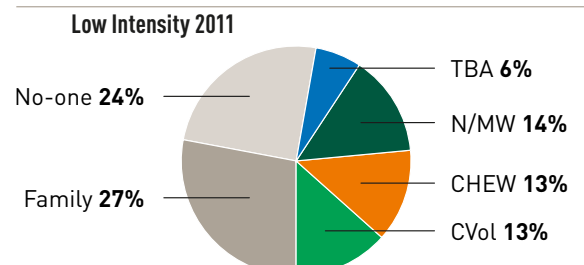
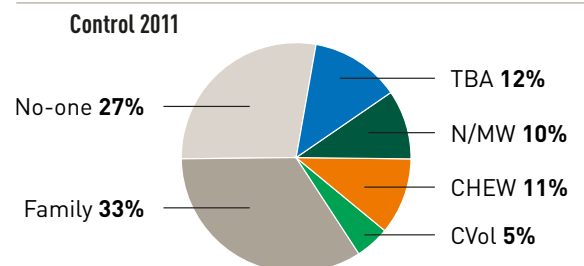
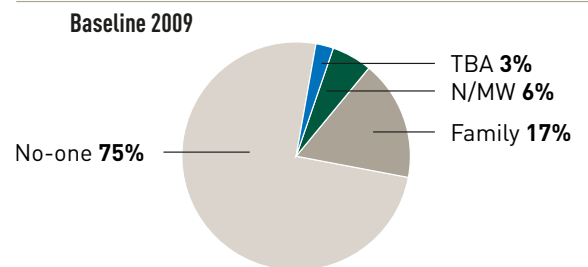
Significant drop in the proportion of women who had no ANC for their most recent pregnancy in the past five years. The proportion with no ANC was significantly lower in the intervention areas than in the control areas.



For women with two or more live births in the five-year period, data refer to the most recent birth; Some numbers for sub-categories may not add up to the total due to (1) inconsistencies across related variables and (2) reference to specific categories.

2. More women learning about care of their newborn from CHEWs and trained volunteers in high intensity clusters

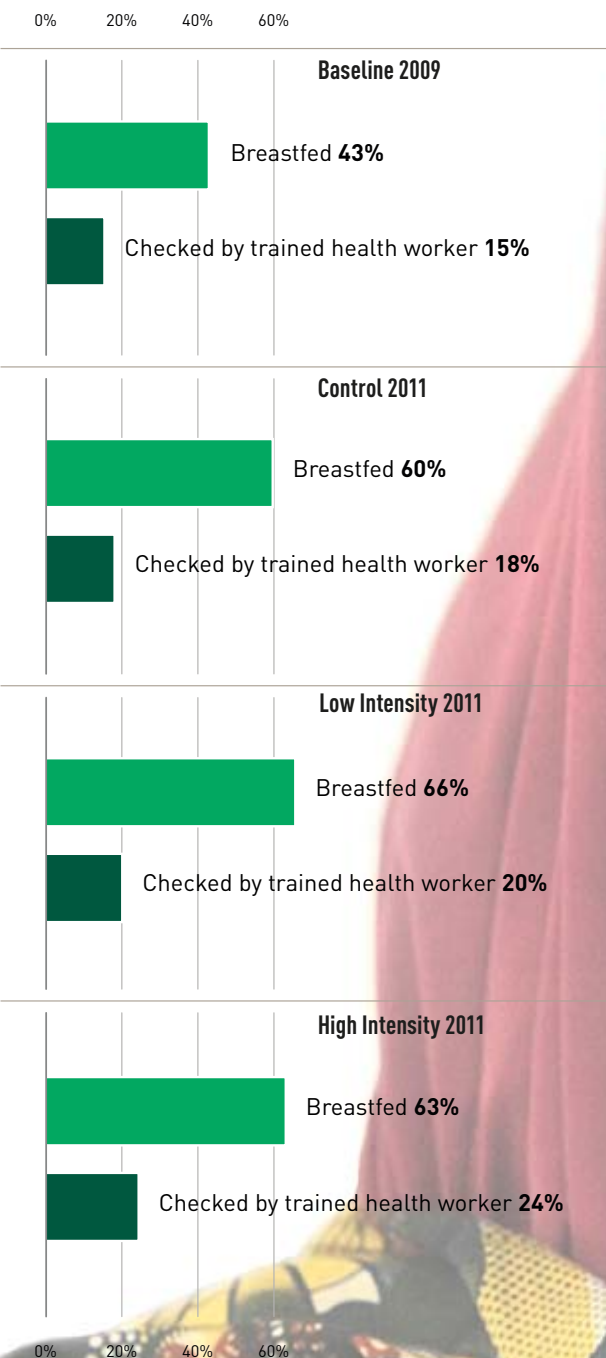
Large increase in the numbers of women who sought advice about their own or their child's health. Most notable increases were in percent of women seeking advice from CHEWs and community volunteers.



- CHEW-Com** CHEW in the community includes CHEW outreach and providing CBSD
- CHEW-Fac** CHEW at a facility
- N/MW** Nurse or Midwife
- TBA** Trained Birth Attendant
- Family** Family or friend
- CVol** Community volunteer

3. More newborns checked and breastfed immediately

More newborns first breastfed within 24 hours from birth, with the percent increasing from 43% to 60%, with significantly more in the intervention areas. More newborns have their first postnatal check by CHEW within 48 hours.



These results are from a PRRINN-MNCH mid-term assessment and show the importance of CHEWs and their impact on maternal and child health care behaviours.

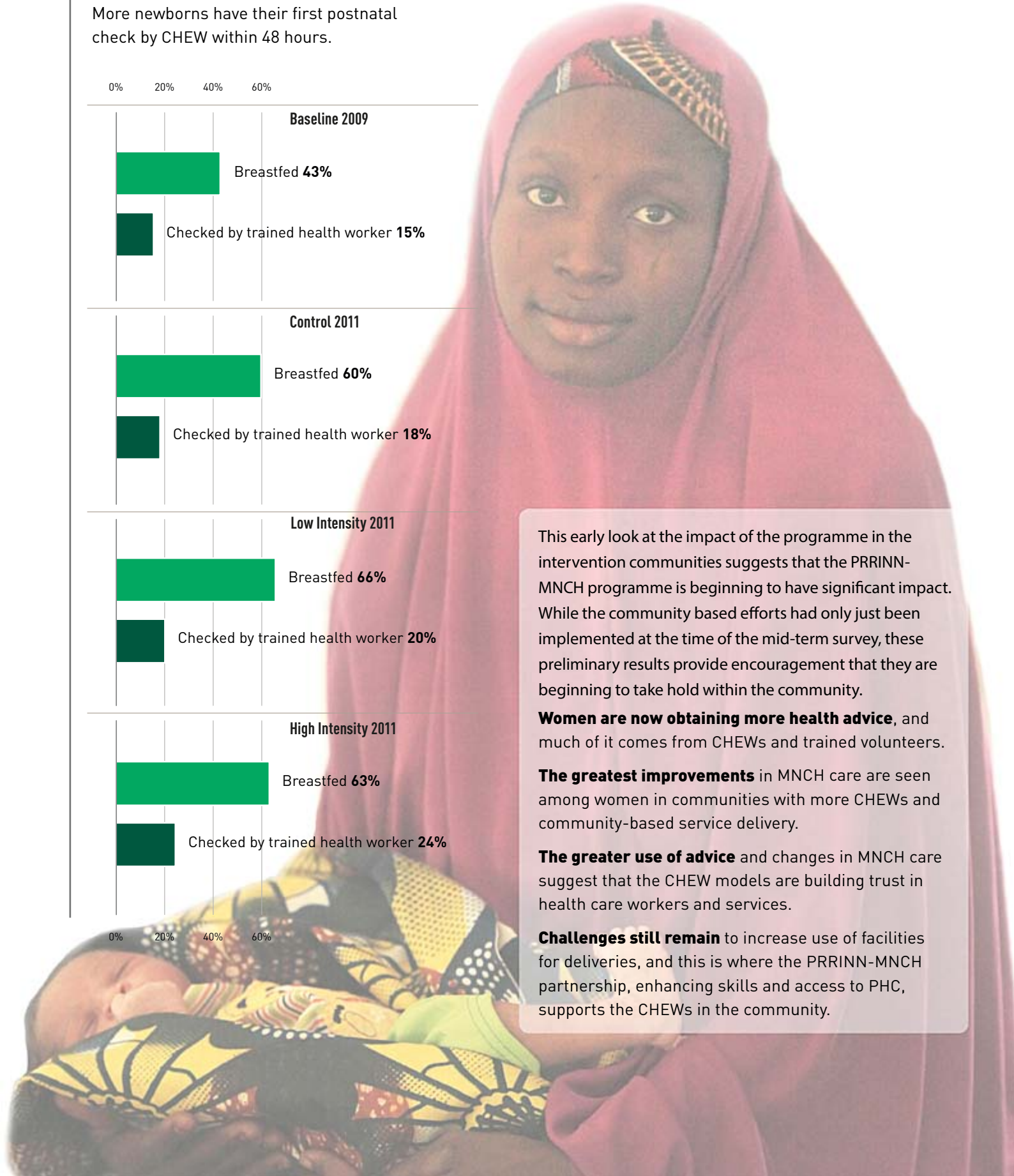
This early look at the impact of the programme in the intervention communities suggests that the PRRINN-MNCH programme is beginning to have significant impact. While the community based efforts had only just been implemented at the time of the mid-term survey, these preliminary results provide encouragement that they are beginning to take hold within the community.

Women are now obtaining more health advice, and much of it comes from CHEWs and trained volunteers.

The greatest improvements in MNCH care are seen among women in communities with more CHEWs and community-based service delivery.

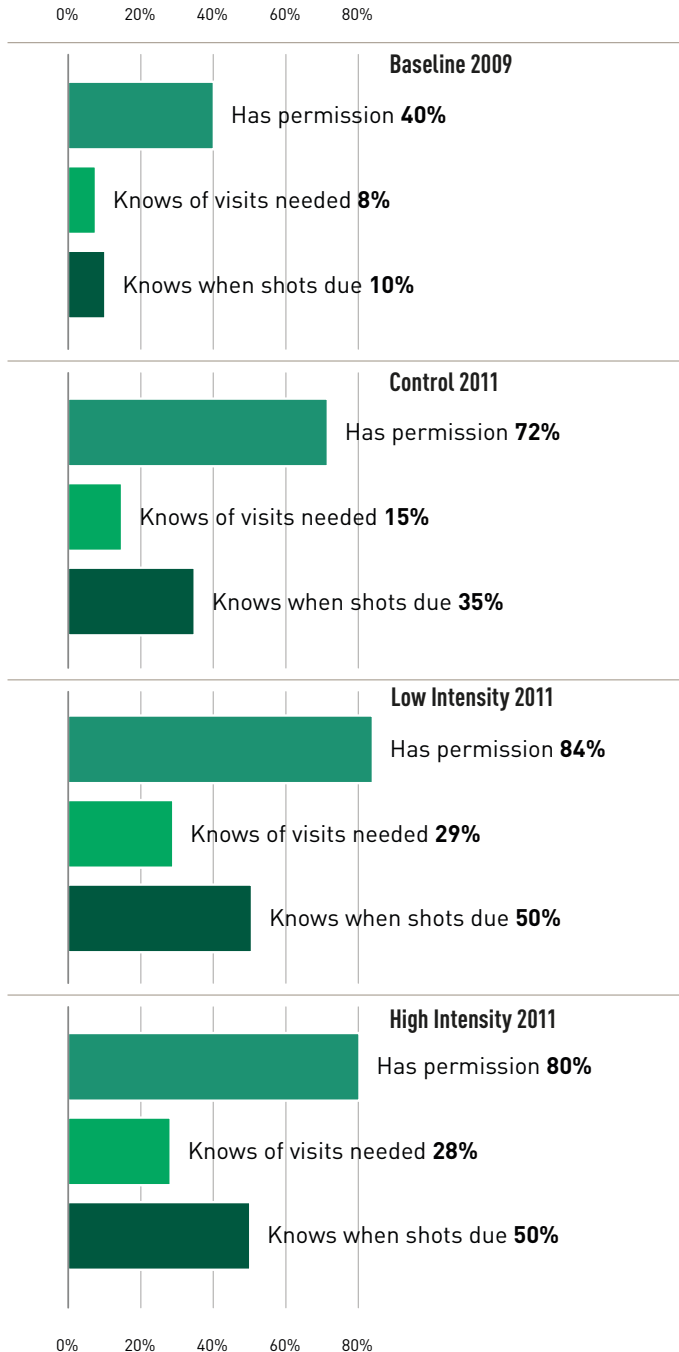
The greater use of advice and changes in MNCH care suggest that the CHEW models are building trust in health care workers and services.

Challenges still remain to increase use of facilities for deliveries, and this is where the PRRINN-MNCH partnership, enhancing skills and access to PHC, supports the CHEWs in the community.



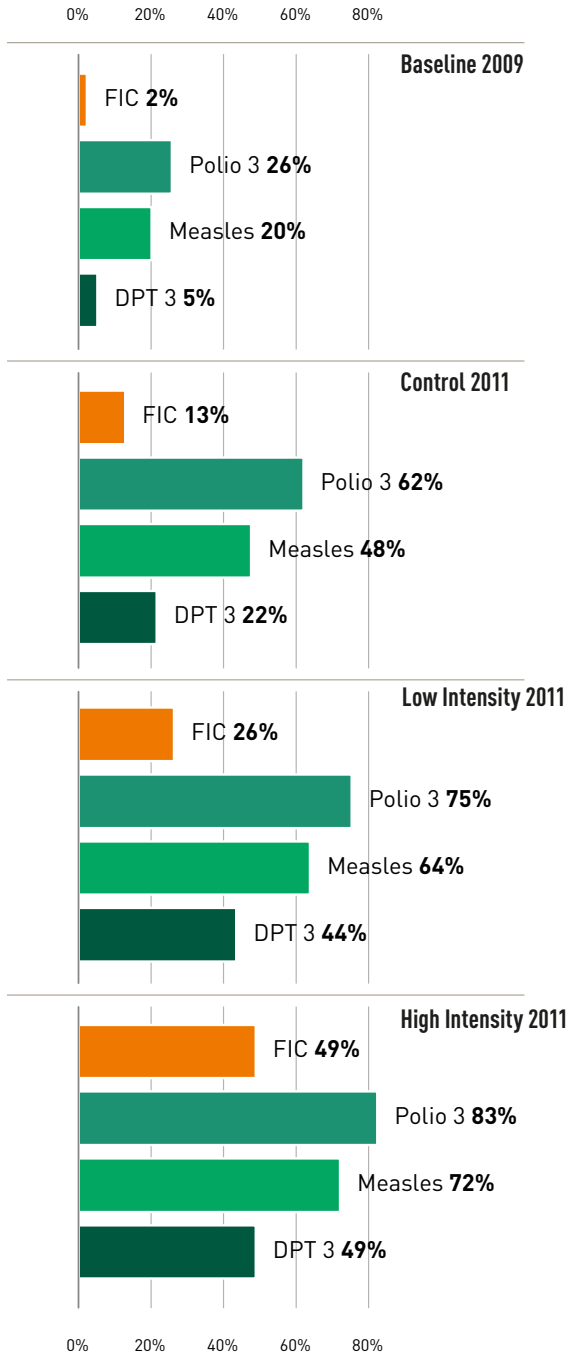
Mid-term Results – immunization

4. Significant increase in the proportion of women who knew basic information about immunizations and who had permission from their husbands to vaccinate their children



5. One-year old vaccination coverage has risen dramatically

Fully Immunized Child (FIC) coverage has increased more in areas with greater CHEW presence.



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