

Community engagement

to improve access to maternal, newborn and child health services

The challenge: multiple barriers to MNCH services

Baseline studies undertaken by PRRINN-MNCH identified a wide range of household and community level barriers to use of MNCH services. But communities, health managers, administrators and health workers lacked the know-how and resources to address the low demand for services.

The response: community-level interventions

At community level a number of interventions were used to address MNCH access barriers:

- A participatory community mobilisation approach facilitated by community volunteers was used to create demand for MNCH services.
- Communication body tools were used to increase awareness of maternal and newborn danger signs and the routine immunisation schedule, and community discussion groups provided space for reflection on the MNCH situation and what could be done about it.
- Community systems to address access, affordability and other barriers were established, such as Emergency Transport Schemes (ETS), community blood donor groups, and emergency maternal care savings schemes.



Key messages:

- 1** Improving access to MNCH services in rural Northern Nigeria requires a strategy that addresses all household and community level barriers simultaneously.
- 2** The 'scalability' of community interventions needs to be considered from the outset.
- 3** Restructuring of the health sector so that primary health care is 'under one roof' will help to ensure a properly resourced institutional home for community MNCH activities.

- In some sites, young women's support groups (YWSGs) were established to reach out to and support women who would otherwise be excluded from community level change processes.

- A community monitoring system generated data on the activities and changes that were underway at community level, including use of the community emergency systems.

- Facility health committees were established or strengthened. These played an important role in demanding accountability for service delivery failures, as well as supporting and monitoring the community-based MNCH response.

Government interventions

- Local government health departments were supported to create 'demand creation teams'. Together with representatives of state ministries, these teams provided mentoring and coaching support to communities.
- State and local government were supported to include community-based MNCH activities in their health plans and budgets.



The results: communities helping themselves

Coverage

By September 2013 PRRINN-MNCH was supporting community engagement activities in 2,400 communities in 45 local government areas (LGAs) in Katsina, Yobe and Zamfara states, covering an estimated population of 4.3 million.

The creation of a core group of community engagement trainers in each state, use of a cascade training approach, adoption of a community health volunteer approach, and a strategy of local dissemination, enabled the activities to be scaled up rapidly.

Behaviour change

A household survey found that between 2009 and 2013:

- Antenatal care rates increased from 25% to 51%
- Skilled birth attendance rates increased from 11% to 27%
- Children who had received DPT3 vaccine increased from 5% to 42%

YWSGs had a positive effect on health-related knowledge and practice. A survey undertaken in 2013 found that members of these groups were more likely than non-members to:

- Know four or more maternal danger signs
- Give birth in a health facility
- Have the complete set of vaccinations

Community systems were heavily used and helped to avert many potential maternal and newborn deaths. Between December 2009 and September 2013:

- 19,811 pregnant women with a complication were supported by ETS
- Intervention communities saved N39 million and 9,000 women were assisted with these funds
- 4,337 women were supported by community blood donors

Challenging service delivery failures

By 2013 the PRRINN-MNCH-supported facility health committees were meeting regularly, had maintained their membership, matured over time and were functioning across the breadth of their remit. Unlike in the past, many of the committees reported that their advocacy efforts to government had positive outcomes.

Extent of institutionalisation

State strategic health plans included budget lines for MNCH demand-side activities. LGA demand creation teams had accrued substantial capacity to oversee and monitor community-level MNCH activities. Nevertheless, as the programme drew to a close, few of the LGAs had committed funds to sustain or expand the community engagement work.

In contrast, in Jigawa state, the Gunduma Health System councils established to run health services in different parts of the state as a result of health sector restructuring received regular funds for community MNCH interventions, and institutional responsibility for demand-side health activities was clear.



Policy implications

The community engagement approach had many positive effects on MNCH-related knowledge and behaviour. By the end of 2013 there were signs that communities were on the cusp of a more substantial shift in health-seeking behaviours.

PRRINN-MNCH's experience to date suggests the following:

- Because of the size of the states, there is some way to go to achieve state-wide coverage. However, the



methodologies used by the programme and its partners – a community health volunteer model, a cascade training approach and a strategy of local dissemination to neighbouring communities – are inherently 'scalable'.

- For MNCH behaviour to change in rural communities all demand-side barriers need to be addressed simultaneously in a comprehensive approach.

- Without a shift to 'primary health care under one roof', local governments are likely to find it difficult to adequately resource and support the community MNCH response.

Conclusion

PRRINN-MNCH demonstrated that it is possible to devise an effective and culturally appropriate community engagement approach to address demand-side MNCH barriers in a challenging environment. Establishing a clear institutional home for these efforts within government will be vital in future – and will be facilitated by wider health sector restructuring efforts.



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

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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The PRRINN-MNCH programme is funded and supported by UK aid from the UK Government and the State Department of the Norwegian Government. The programme is managed by a consortium of Health Partners International, Save the Children and GRID Consulting, Nigeria.