Working with religious leaders

to improve maternal, newborn and child health

The challenge: communities lack information on MNCH issues

When PRRINN-MNCH began working in the four northern states of Katsina, Yobe, Jigawa and Zamfara, awareness of appropriate maternal, newborn and childcare practices was low. Numerous practical barriers such as lack of transport and money also prevented families from using health services. Communities lacked the knowledge, structures and systems to work together to address their high mortality rates and therefore many had little faith in healthcare.

PRRINN-MNCH and its partners designed a participatory community engagement approach which could be rolled out at speed across entire communities. However, the sheer scale of the programme posed a significant challenge: the 72 local government areas (LGAs) in the area had an estimated population of 15 million. Complementary rapid awareness-raising strategies were needed so the programme could reach the entire population.

Key messages:

1. Religious leaders can play an important role in disseminating MNCH information across a large population and persuading communities to change established behaviour and attitudes.
2. Religious leaders can also help to promote a shift in thinking away from 'charity' towards broader-based support for the least supported who are likely to suffer the heaviest burden of ill-health.
3. A facilitative approach is required where religious leaders are supported to use health-related information to devise their own key messages and preferred means of communicating them.

The response: recognising the crucial role of religious leaders

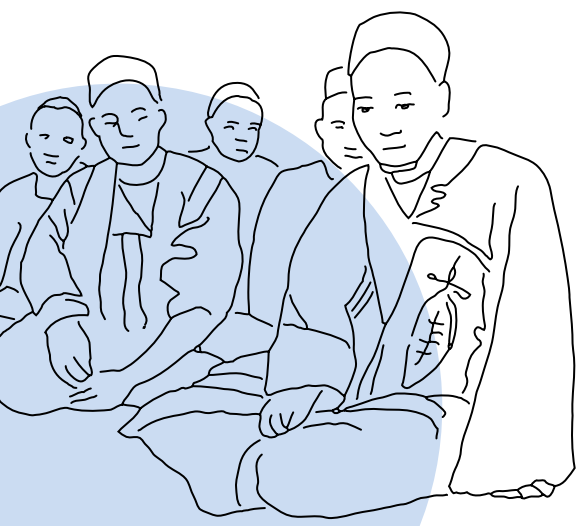
Early on, PRRINN-MNCH recognised the importance of working with religious leaders to change hearts and minds in favour of women's health. In a context where Islam permeates every aspect of life, provides a framework for personal conduct, and an establishment view on family life and communal activity, religious leaders are extremely important opinion leaders and can help to shift social norms in positive ways.

Working through existing Islamic structures and systems therefore made sense. This included preachers and scholars at mosques, teachers at Islamiyya schools (these provide Islamic education at community level), and religious radio broadcasts. Engagement with Islamic organisations such as the Federation of Muslim Women's Association of Nigeria (FOMWAN), the Council of Ulama (council of senior Muslim scholars), and government structures such as the Ministry of Religious Affairs created an enabling environment for the work.

PRRINN-MNCH's strategy was to bring a cross section of religious leaders from each state together in an initial workshop in 2011 where they were supported to review the MNCH situation in their state and decide on an appropriate course of action.

The wide range of Islamic preachers and scholars included Malamin Kauye (preachers), Malamin Tsangaya (Quranic teachers), Malamin Zaure (local scholars), Limamin Gari (township Imams), Mai Tafsiri (Quranic interpreters) and Babban Liman (Chief Imams at LGA level).

Detailed discussions about the provisions of the Holy Quran, and of



Quranic Hadith (reports of the deeds and sayings of the Prophet Muhammad) and how these legitimized taking action to save women's and children's lives were the centrepiece of the workshops. This analysis provided the framework for the religious leaders to take action.

"Make not your own hands contribute to your destruction, but do good; for Allah loveth those who do good."
(Extract from the Holy Quran used by religious leaders.)

The workshop produced an action plan with multiple strategies that the religious leaders could use to increase awareness of the importance of antenatal care. The main points included facility delivery, preparedness for maternal emergencies, and routine immunization. Religious leaders were supported to develop messages and produce leaflets on key MNCH-related topics. In a cascade training approach, each workshop participant was encouraged to share information and their action plans with other local religious leaders, so encouraging their peers to use key MNCH themes in their teaching.

Considerable emphasis was placed on disseminating MNCH-related information during Ramadan (the month of fasting) in 2011. This included:

- Preaching during regular Friday prayers, so reaching considerable numbers of men.
- Integrating messages on MNCH into radio slots for religious broadcasts.
- Including a variety of MNCH-related topics into the teaching curricula of Islamiyya schools, which could be found in most communities.

In each state, the Ministry of Religious Affairs agreed to support and monitor the efforts of the religious leaders. Subsequent workshops were held to review progress, share experiences, realign workplans and introduce new topics.

The results: reaching wider audiences

Monitoring during Ramadan in 2011 provided evidence of the capacity of religious leaders to reach large populations. The fifty or so religious leaders who attended the initial planning workshop in 2011 trained just under 1,600 peers who went on to preach on MNCH issues. 82,000 copies of Hausa language leaflets designed by the workshop participants were distributed at Friday prayers and thousands more leaflets were photocopied and distributed by Islamic institutions.

The MNCH-oriented teachings of Islamic scholars in Katsina and Zamfara were recorded on radio cassettes and proved to be extremely popular, with many copies sold. Across the four states, 29 radio and 13 television programmes on MNCH-related issues were aired by Islamic scholars.

In Katsina, the Ministry of Religious Affairs supported 13 radio discussions on MNCH-related issues on Companion FM radio and Katsina state radio.

The religious leaders continued their work beyond the end of Ramadan, ensuring that key messages about women's and children's rights to good health were delivered during Friday prayers (Jumu'ah) and during radio broadcasts. By 2013 a household survey by PRRINN-MNCH found that **60%** had heard religious leaders talking about health-related issues, providing evidence of their effectiveness as mass communicators.

Policy implications and conclusion: an effective strategy

Working with religious leaders is an important and highly effective strategy to promote MNCH. However, for the strategy to work, it requires a facilitative approach where religious leaders are supported to use health-related information to devise their own key messages and preferred means of communicating them.

In the PRRINN-MNCH states, the involvement of key ministries such as the Ministry of Religious Affairs provided a means to monitor the work of religious leaders – and an entry point for integrating MNCH-related topics into the curricula of Islamiyya schools.

PRRINN-MNCH's initial emphasis was on working with religious leaders to promote better MNCH. More recently, it has extended its focus to supporting religious leaders to address the lack of women in the health workforce (in partnership with the W4H programme), as well as social isolation and lack of support at community level – conditions that can have a devastating effect on health status and health outcomes.

In contexts where community-level social safety nets are weak or have disappeared with growing poverty and hardship, religious leaders have the influence and reach to promote a shift in thinking away from 'charity' towards broader-based support for and empowerment of the least-supported, leading to improved health.

PRRINN-MNCH

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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