



## Applying a proven community mobilization model to support improved MNH outcomes in Nigeria

By: Prof. Emmanuel 'Dipo Otolorin, FRCOG  
ACCESS Nigeria, and  
Angie Brasington

Jhpiego in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and IMA World Health

## Session Outline

- **This session will cover:**
  - Definition and evidence for Community Mobilization
  - ACCESS Nigeria Community Mobilization Strategy
  - Key Steps in introducing CM
  - Case study and early results



2

## What is community mobilization?



3

## Operational Definition

- **Community mobilization is a capacity-building process** through which community individuals, groups, and organizations plan, carry out, and evaluate activities on a participatory and sustained basis to achieve an agreed upon goal, either on their own initiative or stimulated by others.



4

## Community Action Cycle (CAC)



5

## So what is the evidence for CM?



6

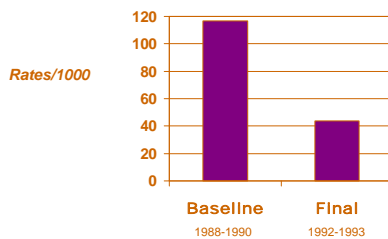
## Warmi: Baseline Health Indicators

- Maternal mortality estimated at 1,400/100,000 births (3 times greater than the national rate)
- Perinatal mortality estimated at 103/1,000 births
- Neonatal mortality estimated at 69/1,000 live births

## Strategies & activities implemented by communities

- Improved women's status-participation in community decision-making fora.
- Identified and trained midwives & family members to attend births
- Strengthened referral links with nearest Hospital
- Increased prenatal care; iron
- Family planning promotion
- Transport agreements
- Emergency funds
- Women's health card, prep for pregnancy/birth
- Made & sold clean birth kits
- Women's group pressure on families to seek care when danger signs occurred

## WARMI Perinatal Mortality Results



## Results of MIRA Trial in Nepal

- 30% decline in newborn mortality
- Maternal Mortality Ratio:  
69/100,000 l.b.- intervention communities  
341/100,000 l.b.- control communities.
- Many examples of community capacity to take collective action to improve health similar to *Warmi* experience.
- Two years post-project, 105/111 groups still meeting regularly with local women facilitating and no external assistance.

## Scaling Up CM in ACCESS programs

- Bangladesh
- Malawi
- Nigeria

## Application of the Community Mobilization Model in Northern Nigeria



ACCESS CTO listening to Community Mobilization Officer During Village Meeting

## Background

Northern Nigeria remains a very conservative area with:

- Preferences for high fertility
- High maternal and newborn mortality ratios
- Weak health systems for maternity services (including lack of potable water)
- Low utilization of health facilities for maternity services
- Very low contraceptive use



Digging for water at river bed in Zamfara State Each keg sells for \$0.085

## Key ACCESS/ Nigeria Program Components

ACCESS works along the HHCC, including:

1. Facility-based interventions
2. Behavior-change communication interventions -
  - Interpersonal Communication through household visits by female volunteers and junior CHEWs, using a counseling flipchart;
  - Group health education using posters, handbills, counseling cards, drama, etc.
3. Community Mobilization

## Key Steps in introducing CM

1. Identified CM as a key component to create an enabling environment for behavior change, including care-seeking
2. Gathered data on existing CM efforts in Northern Nigeria
3. Conducted a workshop with stakeholders to define the CM strategy – sharing evidence and experiences, and designing the CM intervention
4. Adapted and translated the CM manual and associated job aides
5. Formed and trained CM teams in 5 focal LGAs in Kano State and 2 in Zamfara State

## Rollout of CM at LGA level

- CMT members formed and trained community core groups in primary health care catchment areas
  - Core groups included members of existing community groups, religious leaders and TBAs
- CMT members act as facilitators of the Community Action Cycle (CAC).



## Community Core Groups



CMT and CCG Members in Gezawa LGA of Kano State

CMT members have established 15 Community Core Groups (CCGs) in Kano State and 4 around ACCESS supported health facilities in Zamfara State

## Selected Health Issues prioritized by Core Groups

- Low attendance of ANC
- Low delivery at health facility
- Quality of care at the health facility
- High prevalence of malaria infection
- Lack of emergency transportation

## Photos from Community meetings and drama on MNH



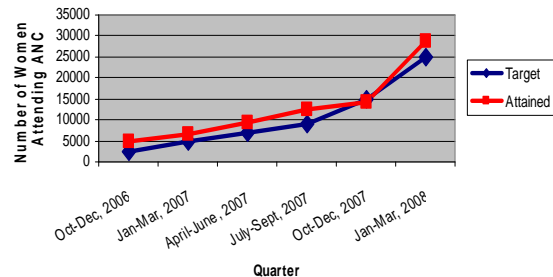
## Case Study: Gusau LGA

- Since formation of CMT and CCGs, both have been very active in advocacy to LGA Chairman and council, resulting in:
  - New ambulance bought to transport patients from PHC to hospital (stationed at Tundun Wada PHC)
  - ANC drugs and LLINs were purchased by the Chairman
  - NYSC doctor posted to facility (and is being paid call duty allowances)
  - One nurse/midwife also posted to facility
  - Hard working and committed Senior CHEW redeployed to Tundun Wada LGA
  - LGA commenced payment of shift-duty allowances to staff so that facility is now open 24 hours a day / 7 days a week.

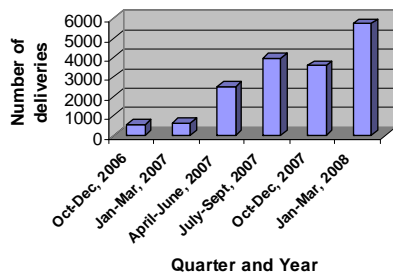
## Other Tundun Wada PHC accomplishments

- Renovated the doctors apartment to attract an NYSC doctor to the facility
- Dug a water well
- Restored electricity to the facility (though national services remain epileptic)
- Supplied patient benches to the ANC

ANC Attendance at ACCESS Supported Facilities



Deliveries by SBAs



Results: ANC and Deliveries at Tundun Wada PHC in Gusau LGA



## Continued Expansion of CM activities

- **Constitute and Train CMT members in new LGAs**
- **Support CMT members to form and orient new Community Core Group (CCG) members around new ACCESS-supported health facilities**
- **Synthesize CM results and advocate with state and federal health authorities to expand the model**

## Summary

- **Scaling up a proven model allows for quick start up**
- **Community mobilization efforts are beginning to yield fruit as judged by increasing ANC and delivery attendance**
- **The CM model has high likelihood of being scaled up in other parts of Nigeria**
- **CM strengthens the HHCC approach, improving emergency obstetric and newborn care and serving as an entry point to postpartum family planning**
- **Many community and facility level barriers remain (including infrastructural challenges).**
- **Investments need to be sustained for 6-10 years in order to achieve the desired demographic impacts**

## Mission Director and Gusau LGA Chairman



Gusau LGA Chairman shows USAID Mission Director the Ambulance, LLINs and ANC drugs He bought after CMT Advocacy to Him



# Thank You