



Review and Documentation of Community Engagement Approach and Interventions

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1. This qualitative review of the PRRINN-MNCH Community Engagement Approach was conducted through documentation review and fieldwork in 30 communities across all programme states. It complements the analysis of state level statistical data conducted by Cathy Green¹.
2. Overall the strategy has been extremely successful. There is increasing awareness of the safe pregnancy plan which includes knowledge of the danger signs, saving, standing permission from husbands for their wives to be rushed to hospital in case of complication, support of blood donors and transportation by ETS drivers. Saving schemes are in place to cater for emergency monetary needs. There is virtually no longer any problem with obtaining standing permission from male partners to attend health facility.
3. Ability to act in a maternal emergency has significantly improved due to the awareness of danger signs in the communities. The demand for ANC services has improved tremendously as a result of the CE intervention. In terms of RI, there has been a very noticeable improvement in the health of children in the RI communities. Parents have identified that their children are healthier than those in nearby communities; they have escaped the measles epidemic and they now pay out much less for drugs.
4. The body tools provide an effective methodology for helping people remember the danger signs etc. The savings schemes and emergency transport scheme are central to the success and the first things mentioned by community leaders. Social approval in EMC has been easier to achieve than in RI only
5. communities because the positive impacts are more immediately observable. The facility health committees have successfully closed the gap between communities and facilities.
6. The programme has had a wider impact in terms of increasing social cohesion and improving communities' capacity to organise and take action for themselves. CVs and ETS drivers have gained increased status and recognition from the community and this has led to greater sense of self worth and confidence, especially for the women. There has been a shift in gender relations within the families of CVs and in the community as the potential and capability of women has been recognised.
7. The commitment of volunteers to this their "humanitarian" activity, the fact that community members see and feel the benefits of the programme, the simplicity of the communication methodology and the fact that there is minimum financial cost to the community all contribute to sustainability at community level.
8. There have been major developments in terms of institutionalising the programme in three of the four states, such as inclusion in five year strategic plans and budget lines for related activities. The majority of LGA personnel working on the programme are enthusiastic about it and keen for it to continue.
9. There are also a number of challenges with institutionalising the process, especially in terms of ensuring that funds are actually available to undertake the work and that LGA personnel have the transport required to visit communities.
10. The programme represents exceptional value for money if the Commonwealth Procurement Guidelines definition of value for money: cost, flexibility and fitness for purpose are taken into account. For their assessment, the review team also included maximising resources and building long term capacity because these are

¹Green, C, (Jan 2011) Analysis of state level safe motherhood community engagement monitoring data.



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important factors in the calculation of the value the CE approach brings to the programme states.

Recommendations Include

1. The need for inclusion of a number of communities selected for CE in Cluster Two of those from the harder to reach areas, not only from an equity perspective but in order to assist the new LGAs to roll out the programme to all communities in the LGA.
2. To overcome the challenges of providing support to more distant, harder to reach communities, it is recommended that LCVs are given more training, including in mentoring and coaching, so that they take the role of lead coaches for the CVs, with the LGA providing back up support.
3. For the same reason, it is also recommended that the programme considers nominating a greater number of LCVs, perhaps eight per community (1 male and 1 female for each community quadrant). This is particularly important in the harder to reach areas.
4. In order to ensure sufficient saturation of knowledge set a target for those directly “taught” by the CVs closer to 50% (rather than the original 30%) to ensure that the new ways of acting and new knowledge are sufficiently passed on.
5. Think through gender issues in relation to how female CVs are trained and the likely spaces in which they are able to operate> For example, where and whether they are able to gather women together as a group. This may be different in different communities. There is also a need to provide more training and coaching support for women to ensure that female community members are learning danger signs etc. Also consider increasing the number of women CVs so that there are at least equal numbers with men.
6. There is an additional need to ensure that women are able to participate effectively in meetings and that their voices are genuinely heard. Even in the Facility Health Committees, where training has been provided in how to ensure quality participation of women, there is a need to provide more follow up or additional training.
7. Monitor FHCs to ensure that a balance is maintained between the community support for the facility and the facility addressing the needs of the community.
8. Emphasize the need to select CVs from different segments of the community, and the need to reach those more difficult to reach in training of volunteers.
9. Reduce and simplify some of the training materials, especially those relating to community systems covered in the community forum, revise and reduce those relating to newborn care and reduce time spent on sad memories.
11. Simplify and write up the whole process as a step by step guide so that LGAs can successfully roll out the programme and have a source book for reference.
12. For existing MNCH communities
 - CE Light - Continue to encourage existing communities, especially LCVs, to provide awareness raising and training for nearby communities – to encourage those communities to set up their own systems rather than incorporating them into the “mother community”
 - Support the LGA teams to train EMC-only community lead volunteers in ANC, Newborn and RI.
 - Slowly wean existing communities off their felt-need for support. Suggest that LGA team members make support visits – but slowly reduce to one every three months.
 - Provide additional training for LCVs in coaching mentoring and sustaining the programme.
13. Continue to monitor savings schemes to ensure that they continue with regular contributions and they are sufficient to cover all emergencies.
14. If linking with the National Health Insurance Scheme ensure that:
 - this does not decrease the autonomy and ownership by the community



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- it will equally benefit the most disadvantaged communities
 - the amount of value it adds to existing savings schemes is worth the additional bureaucracy that it may bring.
15. Continue providing capacity building support to state partners to manage the programme and to further institutionalize the programme within state systems, especially to ensure that the allocated funds and personnel support are provided on a regular basis.
 16. Work with LGAs to include the rolling out of the programme in policy documents and support them to include, in their regular planning processes, a five year step by step plan for rolling out the programme to every community in the LGA.
 17. There now needs to be sufficient support and advocacy at LGA level to ensure that regular standing permission/order from the LGA Chairs for automatic regular drawing down of funds for CE activities happens. Help is also needed to ensure that any funds allocated will be used for the programme as planned.

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