

Improving Maternal, Newborn and Child Health (MNCH) in Underserved Rural Areas of Nigeria through Implementation Research

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Project Team

Principal Investigator

Professor (Mrs.) Felicia Okoro

Co-Investigators

Prof. Emeritus Andrew G. Onokerhoraye

Prof. (Mrs.) May Nwoye

Dr. (Mrs.) Minimin Oseji

Dr. Francis Onojeta

Dr. (Mrs.) Essy Isah

Dr. Johnson Dudu

Engr. Job Eronmhonsele

Investigating Organisation

Centre for Population & Environmental Development (CPED)

BS-1 and SM-2 Ugbowo Shopping Complex, EDPA, Ugbowo, Benin City.

Website: www.cped.org.ng, Email: enquiries@cped.org.ng

Tel: +234-8023346647, +234-8080472801

Research Problem and Rationale

Maternal, newborn and child health (MNCH) is of great social and public health concern, because the causes of deaths are known and preventable.

- The rate of women dying during child birth have become worrisome in Nigeria
- UNICEF has estimated that on the average 145 Nigerian women of childbearing age die every day
- About 2,300 children under-five years die daily.

Research Problem and Rationale Cont'n

Challenges that characterise MNCH service delivery and care in rural communities include:

- ❑ issues of availability, accessibility and non-use
- ❑ knowledge barriers and service delivery gaps,
- ❑ traditional, cultural beliefs and practices,
- ❑ lack of social support networks,
- ❑ financial constraints and inaccessibility of health units, among others.

This situation will likely continue to present a challenge unless some innovative strategies are put in place in rural areas.

Project Location

Okpe Local Government Area of Delta State

Participating Communities

All communities in Ward 17 of Okpe L.G.A. namely:

1. Okwabude
2. Okuogholo
3. Okuofoma
4. Oyenke
5. Ijakpa
6. Okolovu

Research Objectives

General Objective:

The goal of the project was to improve MNCH care in rural areas in Nigeria through the implementation of an innovative community-based MNCH model.

Specific Objectives:

- The specific objectives of the project address:
knowledge development (research),
- *intervention* (delivery of services) and
- *knowledge translation* (influencing policy and scaling up) as follows:

Research Questions

The following research questions were used to guide the project:

- (i) To what extent do people in underserved rural communities utilize the available MNCH services?
- (ii) What are the most cost-effective strategies for improving MCH care in rural communities? How can they be adopted and scaled up?

Knowledge Generation Activities

- ❖ Review of work plan by project team members
- ❖ Design and administration of survey instruments
- ❖ Mobilization of communities for cooperation in the implementation of the Project
- ❖ Recruitment of Research Assistants/enumerators



Review Meeting of project team to discuss intervention for the MNCH project



Mobilization visit to Okpe LG council

Knowledge Generation Activities Cont'n



Mobilization of Community Leaders

❖ Household Enumeration in preparation for initiation of Community Health Insurance Scheme (CHIS).



Research Assistants Interviewing a mother at Agbamuene Community

Knowledge Generation Outcome

- ❖ High out-of-pocket expenditure. some users mentioned that they pay up to **N5,000** for child delivery alone.
- ❖ Drugs are not accessible even when available
- ❖ Ineffectiveness of Communication between Users and the Health workers- *“the staff yell at pregnant women telling them all sorts of negative things such as ‘am I the one that got you pregnant?’*
- ❖ Pregnant women prefer to deliver their babies in the homes of TBAs because of the special care they get when they visit these traditional places,
- ❖ Only 45% of the facilities have functioning toilets
- ❖ Less than 30% of facilities are involved in outreach activities
- ❖ Malaria and diarrhea were the commonest illnesses as reported in the communities

- ❖ Only about 65% of available beds were functioning. Many were broken down and packed
- ❖ Less than 30% have safe water supply. Many depended on open wells at the time of the data collection
- ❖ Over 60% of the facilities were unclean - very bushy. The health workers complained that gardeners were not paid salary for 8-10 months



Inside the open-well used as source of water at the PHC facility at Okwabude

- ❖ Less than 50% of the facilities have supplies for basic ANC services such as blood pressure apparatus, foetoscope, iron and folic acid tablets and TT vaccines)
- ❖ Less than 60% of health staff were trained in basic PHC delivery skills (IMCI, life saving, family planning, etc) in the last 3 years
- ❖ Inadequate infectious control items such as soap, hand disinfectant, latex gloves, and disinfecting solutions were recorded in all facilities



INTERVENTION ACTIVITIES

The intervention activities focused on improving the MNCH situation by strengthening the use and availability of services through the implementation of quite a number of programmes. These include:

- ❑ Re-constitution of Ward Development Committee (WDC)



INTERVENTION ACTIVITIES Cont'n

CPED project team, therefore, saw the need to re-vitalize and strengthen the WDC in the target project location to play key roles in improving MNCH service delivery. The roles of the WDC include to;

- identify health and social needs and plan for them;
- identify local human and material resources to meet these needs;
- raise funds for community programmes when necessary at the village, facility and ward levels;
- supervise the activities of VHWs;
- liaise with Government, NGO and other partners in the implementation of health programmes etc.

CPED and other organisations will continue to work with this established group in many other projects in the ward.

Building the Capacity of Volunteer Village Health Workers (VHW):

- ❖ MNCH project team therefore selected women from the participating communities based on certain criteria and trained them as volunteer VHWs.
- ❖ They work in collaboration with the facility staff and WDC to improve maternal and child health care service delivery in the target communities.



VHWs on vest uniform procured by the project team



Dr. Isaac Mokuro, PHC coordinator Okpe LGA addressing Village Health Workers (VHWs) During Training

Building the Capacity of Volunteer Village Health Workers (VHW):

- ❖ Some of their activities in the communities relating to maternal and child health care service delivery include:
 - Community Outreach- conducting home visits to **provide health education**, link members of the community to health services,
 - Identify Key household practices related to maternal and child health,
 - Provide effective first aid treatment for small cuts and wounds, other emergency cases such as 'fever', convulsion, diarrhea etc.
 - Identify warning signs of pregnancy requiring **referral**, danger signs in Newborns that require **referral**, and danger signs in other members of the community requiring **immediate referral**,
 - Mobilizing community members to register for Community Health Insurance Scheme, among others.

INTERVENTION ACTIVITIES Cont'n

Establishment of Community Health Insurance Scheme

In preparation for the take-off of this scheme, many consultative meetings were held:

- ❖ with the participating community leaders and groups,
- ❖ with the LGA authorities,
- ❖ with DSMoH and all relevant stakeholders.



- ❖ With Okpe LGA health team
- ❖ Joint meeting of Okpe LGA, Community leaders and CPED project team,
- ❖ with all relevant stakeholders, e.t.c



INTERVENTION ACTIVITIES Cont'n

Establishment of Community Health Insurance Scheme

Other works include,

- ❖ Renovation of the PHC facility at Okwabude including: *replacement and installation of lighting and fittings, fans, renovation of the soak away and septic tanks, painting e.t.c*



- ❖ Installation of Borehole for regular water supply

INTERVENTION ACTIVITIES Cont'n

Establishment of Community Health Insurance Scheme

- ❖ The establishment of Community Health Insurance (CHIS) was the major success story recorded in this MNCH project.
- ❖ A committee to properly manage the implementation of the scheme has been set up and has since commenced operation.
- ❖ This committee is comprised of members representing the participating communities, Chairman of Ward 17 WDC, Okpe LGA represented by the LGA health coordinator, and Okwabude health facility personnel represented by the PHC facility head, among others.
- ❖ A bank account has also been opened where money received from registered members are first deposited and later disbursed for purchase of essential commodities and other consumables needed for the running of the scheme.

INTERVENTION ACTIVITIES Cont'n

Official Flag-off of the Community Health Insurance Scheme

- The official flag-off ceremony of the CHIS took place at the PHC facility and witnessed a huge turn out.
- The Chairman of Okpe LGA, **Hon. Godwin. E. Ejinyere**, was physically present at the event to flag-off the scheme.



INTERVENTION ACTIVITIES Cont'n

Official Flag-off of the Community Health Insurance Scheme

The event also witnessed free health care examinations, treatment and care for mothers, children and even adults.

Okpe LGA officials, community leaders, chiefs, members of WDC, CHIS Committee and VHWs were all present.

The D.G. Delta State Contributory Health Commission was among those present at the event.



INTERVENTION OUTCOME/RESULTS

Intervention outcome/results can therefore be summarized thus:

- ❖ Increased ante-natal registration and delivery at the primary health care facility among pregnant women,
- ❖ Increased participation of mothers in immunization exercises and uptake of services,
- ❖ Re-constitution of Ward Development Committee (WDC) and Establishment of Village Health Workers (VHWs) in the target project location,
- ❖ More awareness of harmful traditional practices among community members and leaders,

INTERVENTION OUTCOME/RESULTS

- ❖ **Capacity building for VHWs** to be able to educate community members on: Hygiene promotion, Malaria prevention in pregnancy, pre-post natal care, understanding childhood illnesses, family planning, especially child spacing, food demonstration/Nutrition through pregnancy life cycle, and home visit and care,
- ❖ **Provision of Direct Support Services at the facility level such as:**
 - Provision of Potable Water, provision of chairs and tables, installation of electrical fitting, and installation of floors and wall tiles,
 - Supply of essential drugs for the takeoff of Community health insurance scheme e.t.c

KNOWLEDGE TRANSLATION ACTIVITIES

- ❖ Knowledge translation has been a key component of the MNCH project as it indeed promoted the participation of key policy makers in the Delta State Ministry of Health and in the Okpe Local Government authority as well as other stakeholders in the target communities.
- ❖ Key findings and recommendations of the project have been documented in policy briefs, newsletters, policy papers, journal articles e.t.c.
- ❖ The communication division of CPED has been using these policy documents to engage with key stakeholders in the state and the general public at large.

KNOWLEDGE TRANSLATION ACTIVITIES

Other knowledge translation activities include:

- ❖ feedback meeting with the CPED established steering committee at the ministry of health, Asaba,
- ❖ feedback meetings with local government and community stakeholders,



KNOWLEDGE TRANSLATION ACTIVITIES

❖ Policy workshop on improving MNCH service delivery



Policy Workshop Held Warri, Delta State, September 26, 2017



Project team meeting with Commissioner of Health and Steering Committee at the Ministry of Health, Asaba

CONCLUSION

- ❖ The intervention project on MNCH has generated new knowledge that builds on local insights which has the potential to contribute to the formulation of new policies and implementation strategies on MNCH in Nigeria.
- ❖ By empowering community-based stakeholders in rural communities on their participation on the delivery of MNCH, the project contributed to laying the foundation to sustainable MNCH delivery in rural communities in Nigeria.
- ❖ It is expected that other similar community development and empowerment programmes will adopt the strategies and lessons emanating from the MNCH project so that sustainable community development, entailing the effective participation of local and community-based stakeholders in decision making on health care strategies in Nigeria can be promoted.

THANK YOU

