How PRRINN-MNCH is Intervening

Maternal, Newborn and Child Health in Northern Nigeria
PRRINN-MNCH’s key objective is to improve effective access to maternal, newborn and child health (including routine immunization) in Northern Nigeria. The programme began in 2006, runs for six years, and is funded by both the UK and Norwegian governments.

Where is PRRINN-MNCH working?

PRRINN-MNCH works in four states in Northern Nigeria with a total population of about 16 million people—approximately the populations of Sierra Leone and Zambia combined. These states (Jigawa, Katsina, Yobe, and Zamfara) were chosen for their extremely poor health indicators. These northern states have extremely high maternal and child mortality rates—among the worst in the world.

Why is PRRINN-MNCH likely to be a successful programme?

- Country stakeholders drive priorities;
- A decentralised state focus lends flexibility;
- Its innovative approach (which should be considered by other programmes);
- It focuses on problems relevant to the community;
- It uses targeted maternal-child health interventions;
- An emphasis on good governance and partnerships; and
- The flexible management and committed staff are unafraid of innovation.

Stakeholder driven. Key to success is engagement with stakeholders to address the bigger and complex issues of governance and fragmented health systems before embarking on service delivery. PRRINN-MNCH staff has the kind of deep engagement with key officials that generates trust and leads to an informed cadre of government staff. Consequently, the stakeholders understand the problem and begin to take the lead. Stakeholders are eventually able to drive the process—by far the best way to achieving ownership and sustainability. (In addition, there is little branding in this programme which possibly led to increased ownership.)

“This is a programme of and by Northern Nigerian stakeholders.” --one of the early project designers
**State focus.** Decentralisation of the programme to the states means that action is responsive to both the needs and aspirations of the state-level stakeholders. Each different state context will throw up different bottlenecks to effective health care delivery. State decentralisation gives the State Team Managers the ability to be flexible and responsive to the needs of each state. State Teams are backed up with assertive and professional technical advice from national and international advisors. (The programme also has a small federal level component to allow PRRINN-MNCH to engage at all levels of government.)

**Innovative approach.** PRRINN-MNCH began as a health systems strengthening project, attempting to tackle the many challenges to delivering healthcare in a system that has been neglected. Health systems strengthening is not an easy job and there is no way it can be done quickly or in a slapdash manner. It involves strengthening each of the less glamorous aspects of delivering healthcare from ensuring adequate human resources to collecting health management data.

But delving into the complications of the health system and slowly beginning to strengthen it does not yield quick wins in improving maternal and child health. This is where the ‘vertical’ maternal, newborn, and child health interventions are targeted at those in need.

**Problems relevant to the community.** Clients demand services that suit them and attempting to convince people about what is ‘good for them’ does not work. PRRINN-MNCH’s work with the community uses peer discussion that generates social approval for healthier behaviours. Locally appropriate solutions focus on common issues around the child and mother; for example, one of the interventions focuses on community recognition of a maternal emergency (see box). The programme uses a ‘Learn/recall/share/own and act’ approach to new health knowledge which is very good for working with people with low literacy levels. In this way, the programme is changing community patterns of support for those suffering the highest burden of mortality and morbidity and local government officials have begun to support replication.
PRRINN-MNCH uses targeted maternal-child health interventions

- By delivering healthcare in **comprehensive emergency obstetric care clusters** whereby women in labour with emergencies can be easily referred and transferred to higher level facilities with more resources for saving women’s lives. These facilities must have the staff, equipment, and supplies they need to deliver the services women need, particularly in emergency situations.
- By ensuring **skilled birth attendance** through assisting the government to solve the bottlenecks that cause midwife shortages. This includes seeing that more midwives are trained, deploying southern midwives in the north, giving Community Health Extension Workers (CHEWS) lifesaving skills, and looking at other innovative ways to ensure that births are attended by healthcare personnel with the necessary skills. These skilled attendants can also care for newborns.
- Community interventions such as **community emergency transport schemes** are working to ensure women can afford the transport to facilities and that modes of transport are easily available (see box).
- Seeing that the health system’s routine immunization covers babies and children with the vaccinations that will ensure their protection from common childhood diseases.

**Emphasis on good governance and partnerships.** PRRINN-MNCH is not delivering healthcare but working to support the work of others. The thorny governance issues of financial management and fragmentation of the health system are not avoided. Indeed, tackling these issues that impede performance is key. Work is done in partnership and seeks to build on existing structures (rather than create new ones). A key working principle for PRRINN-MNCH is to ‘compliment’ not ‘replace’ government. Besides working with the Government, PRRINN-MNCH works closely with UN agencies such as WHO and UNICEF to coordinate plans and supplies. These good relationships go a long way toward improving systems when everybody has something at stake. A low key but effective way that PRRINN-MNCH facilitates change is by convening meetings and simply bringing stakeholders together. Once the systems are strong and functioning independently, PRRINN-MNCH staff will not be missed.
Flexible management with committed staff, unafraid of innovation. A combination of ‘loose and tight’ management through a decentralised structure leads to a strong team. This team shares a vision and drive and allows for considerable cross-fertilisation of ideas; local, national, and international staff learn from one another. The staff also has a willingness to experiment and pilot ideas, leading to alternative solutions.

“If we had the solutions, we would have used them already!” – programme staff

Finally, PRRINN-MNCH staff report that working in one of the most difficult and complex places in the world—and making a difference—is immensely satisfying.

Handy Knowledge
Mallam Ayuba is poor but takes a keen interest in what goes on around him—especially new developments that seek to enhance the quality of life in his settlement, Bojo. This is how he comes to know about the PRRINN-MNCH work on Danger Signs and Safe Pregnancy. Mallam subsequently shares his knowledge with members of his family—his pregnant wife and teenage daughter. The physical demonstration of the Danger Signs always fascinates him: the knuckle and groove technique of recalling Safe Pregnancy Plans is something that he displays to the admiration of his friends and relatives.

This interest comes in handy when Mallam Ayuba’s daughter notices the swollen foot and face of her mother. In the absence of her father (who by then is at Daura Market), she runs to inform her aunty, a woman also knowledgeable of the Danger Signs. The aunty sends her to call an Emergency Transport Scheme driver who promptly rushes Nany Ayuba to Daura General Hospital, where she is admitted. In addition, the driver calls the Bojo Women Saving Group which assists Nana with 600 naira to help with expenses. Finally, it is discovered that Nana needs blood and she receives two pints of blood from her younger brother who is a community blood donor.

Now, Nana holds her new baby and prays for long life and prosperity for PRRINN-MNCH and its staff. She says, ‘I am happy to be alive today to witness the health and laughter of my baby. My husband’s love of knowledge has indeed come in handy by yielding the fruit that saved my life. May Allah show me the day my baby and I will reciprocate in similar manner to the Bojo people.’ Nana Ayuba pledges her daughter as a community volunteer when the girl comes of age.

*Reviving Routine immunization in Northern Nigeria—Maternal, Newborn and Child Health*
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