Partnering to Reduce Mortality Rates in Nigeria

As Nigeria works to reduce its high maternal/infant mortality rates, simple steps as employed by the Partnership for Reviving Routine Immunisation in Northern Nigeria, Maternal, Newborn and Child Health Initiative (PRRINN-MNCH) can be adopted and replicated all over the country. Damilola Oyedele writes

In Nigeria, at just two per cent of the world's population, seven million children die before their fifth birthday, many due to preventable causes. The country has the highest number of infant and maternal deaths in the world, with an estimated 121 per 1000 live births. Despite government's claims, the country does not see the rapid and much needed progress towards the attainment of the Millennium Development Goal (MDG) 5, aimed at drastically reducing infant and maternal mortality rates. [1]

Rural Progress

In spite of these, several rural communities in Katsina state have been able to make two years without a single maternal or infant mortality. These members of communities, which are mostly without any formal education, are beneficiaries of the Partnership for Reviving Routine Immunisation in Northern Nigeria, Maternal, Newborn and Child Health Initiative (PRRINN-MNCH). PRRINN-MNCH started as PPRINN in 2007 in Jigawa, Kebbi and Zamfara states, solely funded by the Department for International Development (DID) of the United Kingdom to boost access immunization of children in the states. Due to the successes recorded, the Norwegian government, through its funding, was in 2010 and added the maternal health component.

The project is being implemented in about 300 communities in 18 Local Government Areas (LGAs) in the four states where most of the maternal/infant mortality rates are recorded in Nigeria. Katsina state has one of the highest rates of maternal and infant deaths due to its top ranking in the rate of teenage pregnancies. According to the 2011 Nigerian Demographic and Health Survey (NDHS), the state has the highest rate of teenage pregnancies at 18.2 per cent.

Simple Solutions

The strategies employed by PRRINN-MNCH are simple: the first and most important one is community mobilization. The community is carried along in all processes due to the realization that the project would fail if it is not accepted by the community. Volunteers are identified from each community and these volunteers drive the mobilization process.

Many of the women in these communities are teenage mothers who for religious and traditional reasons may not consider family planning options. These young women, alongside their husbands, are educated on how to recognize danger signs in pregnant women; swelling feet, pallor, excessive weakness and other signs, and are taught that if a woman should immediately be taken to the nearest health facility.

They are enlightened on the essence of routine immunization for their children as well as proper nutrition. The men are co-opted as willing blood donors in times of need for translation.

Engagement Strategies

By engaging with the men, PRRINN-MNCH has been able to secure over 80 per cent standing permission from the husbands to allow their wives to be taken to the hospital even when they (husbands) are not around. This is a first considering sensibilities where a wife cannot go anywhere without the permission of her husband, even in times of emergency. Partnership with local National Union of Road Transport Workers (NURTW) is also engaged to provide emergency transport services during medical emergencies for the pregnant women.

However, in recognition of the influence of traditional and religious leaders on these rural communities, the first step is engagement of the leaders for cooperation and proper mobilization of the community residents. Some of these communities like Gwada, Rannau Godiya, Angwan Agaya have clocked two years without a single maternal/infant death.

Unlike in many intervention projects, the thorough enlightenment and education strategies fashioned after the needs of the community eliminate the need for financial inducement to encourage the rural dwellers to embrace the programmes. At Duaka General Hospital, Duaka, Katsina state, Ms. Adamu had this to say: "Since the mobilization carried out by PRRINN-MNCH and other interventions, some pregnant women still do not go to the hospital until it is too late. She however noted that the intervention has helped the area to drastically reduce the infant/ maternal mortality rates."

Out of the 135 deliveries in the hospital in July, 2013, there were two maternal deaths and four infant deaths, while 30 women required blood transfusions. In August 2013, the hospital recorded 131 deliveries, zero maternal death with two infant deaths and 20 blood transfusions.

Adamu added that the obstetric staff members in the hospital have been trained by the project in life-saving skills, basic obstetric emergency care, kangaroo mother care (in place of incubators) and proper data collection. PRRINN-MNCH supplied several pieces of equipment in the delivery theatre and ante-natal care sections. The project also provided solar power equipment for the maternity ward, solar freezers, beds, bedside screens, trolleys, wheelchair, among other facilities.

Adoption Process

A referral system, Quran Mohammad Sade of Zango community near Daura town, told THSDAY that the Islamic schools have also adopted the subjects of maternal and infant health alongside the religious education particularly for their female members. The schools also focus on teaching human resources for health and Islam and the social relationship while encouraging their students to accept the developments.

"On Islam and human resources, we realized that we have a low number of women working in the health sector so we encourage our people to let their daughters enrol in science secondary schools. We also focus on the attitude of the health workers: a person from a remote area may come to the hospital, some health workers treat them with contempt, we counsel and preach against this," he said.

Sada noted that in some instances, clerics have to take time to convince some people on the importance of these subjects.

"We some female health professionals: you have to send your daughter for tertiary education. If people who are raising education for their daughters complain about the inadequate number of female health workers, I ask them, "if someone did not send his daughter to school, where would you find a female doctor or nurse?" he said.

The clerics added that the strategy is yielding fruit as more people, even those in rural areas are now making efforts to get their daughters enrolled in school, especially science schools.

Behind the Success

Speaking with THSDAY recently, the State Team Manager of PRRINN-MNCH (Katsina) Dr. Usman Musa Malami, attributed the successes recorded to three strategies: policy/planning, service delivery, accountability.

PRRINN-MNCH works in collaboration with state agencies, local government administrations, and other development partners involved in maternal and infant health. Intensive education programmes are emboldened with the input and collaboration of religious and traditional leaders, and cluster health facilities are rehabilitated and equipped.

PRRINN-MNCH places a lot of focus on monthly and quarterly institutionalized monitoring and supervision to integrate all components involving partners to strengthen the implementation process. This, Malami said, has helped to boost the service delivery process as when gaps are identified during monitoring, follow up actions are taken.

"Another important achievement is an efficient health information management system. We cannot do all things without data; data follow up, impact assessment, challenges, advocacy, budget planning, etc. When we started we trained Monitoring and Evaluation officers in LGAs, they are responsible for data collection in the state, then we sent to the Department of Planning and Research Services at the national office," he said.

The Executive Chairman, State Primary Health Care Development Agency, Katsina, Dr Mustapha Ali Fuatah said the partnership with PRRINN-MNCH has been very effective from assessment through baseline and end-line data comparison.

We provide health education to them to show them how to take care of their own health. This is very easy and cost effective, we select the people: men, women, and sensitize them. They should know how to care for themselves particularly the pregnant women; we encourage them to save when their wives are pregnant so that they can buy good food for the mother and baby; all these are being geared towards prevention of maternal mortality," he said.

The Chairman however disagreed that sole interventions by state governments alone do not work. He cited the several reforms being implemented in the health sector by the Katsina state government to include mobile health services (an ambulance per local government) and provision of health facilities.

"Development partners do not stay forever; they have a timeframe, when they leave without leaving behind a sustainable framework for management, the project will collapse eventually and the interventions would have failed," he noted.

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**Emergency Maternal Care System**

- **Umbilical cord clamping**
- **Neonatal resuscitation**
- **Postpartum hemorrhage management**
- **Infection control**
- **Newborn resuscitation**
- **Breastfeeding education and support**
- **Safe delivery practices**
- **Family planning services**

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**DEVELOPMENT**