MNCH2
Empowering Communities
Strengthening Health Systems
Saving Lives

Case Study No. 8 | December 2017

Improving maternal and child health with the help of traditional leaders in northern Nigeria

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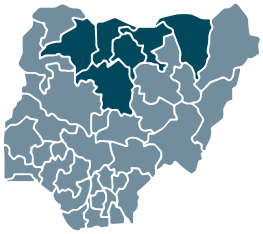
The **Maternal, Newborn and Child Health Programme** in Northern Nigeria (MNCH2) is a UK government-funded five-year programme designed to improve maternal and child health across six states – **Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara**.



Despite recent improvements, health indices in northern Nigeria remain unacceptably poor. The delivery of quality health services faces a multitude of problems such as inadequate funding and infrastructure, which are compounded by deep-seated socio-cultural and traditional beliefs and practices that hinder both delivery and access to health services – especially in relation to maternal and newborn health.

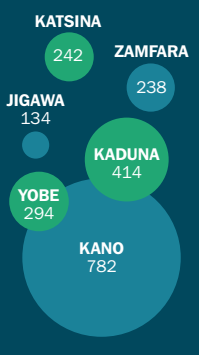
Across the six MNCH2 intervention states, socio-cultural cues and behaviours are taken from traditional leaders. These leaders are the custodians of culture and traditions, they are at the core of society, the community, and people's daily lives. The lessons learned from the pro-active nature of these leaders in the fight against polio in northern Nigeria show promise for engaging them in the efforts to reduce maternal and child mortality rates, which currently rank among the world's highest. Due to their strong role and ability to speak directly to even the hardest-to-reach, the MNCH2 programme recognised the need to engage traditional leaders as a priority.

1 NTL –MNCH2 and Cross section of traditional leaders during their engagement with MNCH2 Kano

Since the very beginning of the programme, MNCH2 has worked with traditional leaders to promote reproductive, maternal, newborn child and health (RMNCH) best practices among the community and decision makers. The close relationship that MNCH2 has fostered with traditional leaders across the intervention states has resulted in the engagement of over 2,300 traditional leaders at the Emirate, District, Ward and Village levels. This engagement includes formal sensitisation of all Emirs and an average 92%[1] of all traditional leaders reached across the six states.

2,104

THE NUMBER OF TRADITIONAL LEADERS – EMIRS, DISTRICT AND VILLAGE HEADS – FORMALLY TRAINED AND/OR SENSITISED ON RMNCH ISSUES BY MNCH2 ACROSS THE SIX INTERVENTION STATES SINCE DECEMBER 2014



1 Traditional leaders engaged by MNCH2 include Emirs, Chiefs, District Heads, Village Heads and Ward Heads; 100% of traditional leaders have been reached in Kano State and 100% of District Heads have been reached in Katsina State.

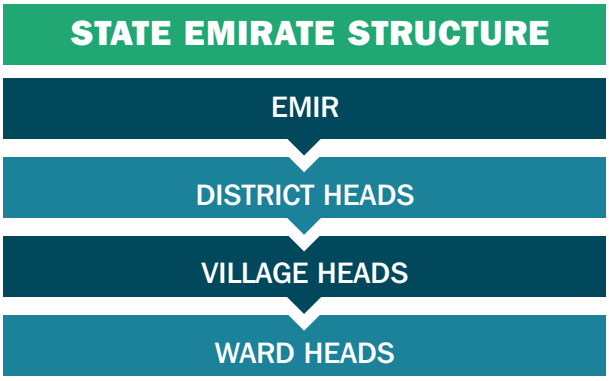
The Emir of Daura in Katsina State, alongside other Emirs in the MNCH2 states, has shown and spoken of his support for working with MNCH2 and for sustaining and furthering the progress made to date on RMNCH in his state.

"We will support this great organisation to pass all necessary information to our subjects across this kingdom, in order to improve the lives of pregnant mothers and their babies. Myself, District, Ward, Village Heads and Council Advisors will be fully involved. The emirate will go a long way in mobilising the communities to understand the MNCH2 programme and its efforts to ensure women have safe pregnancy and delivery. My emirate owes appreciation to this organisation as you are supporting in saving and improving the lives of pregnant mothers, newborns and children in our communities."
– Alhaji Farouk Umar Farouk (CON), *Emir of Daura.*

Traditional leaders in the community

Traditional leaders are community leaders in northern Nigeria; they include Chiefs, District, Village and Ward Heads who are all under the leadership of the Emir. Traditional leaders are the gatekeepers to the community. Prior to the commencement of MNCH2 work within a community, an advocacy visit is paid to the traditional leaders; this ensures the MNCH2 team is able to work within the community and with its institutions without hindrance.

The *Emirs and District Heads,* unlike other public servants, do not exercise any political power, but rather are the custodians of culture and advise the Government on traditional and religious affairs. Each state has a slightly different structure for the traditional leaders, which means the that the MNCH2 State Teams must adapt their approach in engaging these leaders. For example, Kano State has one Emir, whereas Zamfara State has 17 Emirs.



The impact of traditional leaders is evident at each level of decision making and in the patriarchal society of northern Nigeria; this provides a trusted and influential platform for directly engaging men on important issues such as RMNCH. This is one important area where MNCH2 has worked with traditional leaders to inform men of their roles and responsibilities in ensuring their wives and children are properly cared for and able to access health care with granted 'standing permission[2]'.

To help deliver these important messages to the community, MNCH2 has, in partnership with traditional leaders, developed and revitalised male support groups. Traditional leaders have played a key role in making this happen with the selection and recruitment of male support group facilitators. In Jigawa State, for example, 162 male support groups have been activated/engaged by traditional leaders since December 2014.

"I personally take up the challenge as the custodian of culture to direct my community leaders to work with health care providers in improving health-seeking behaviour. In fact, I will charge them to ensure periodic visits to the hospitals in their domain for updates from the health workers and transmit same to me."[3]
– Alhaji Jamilu Sashir Sanusi, *Turakin Dutse (District Head of Dutse, Jigawa State).*

The role of reaching out to the community doesn't stop with men, traditional leaders have been instrumental in the engagement of Traditional Birth Attendants (TBAs). In Kano State, over 7,600 TBAs have been engaged on RMNCH issues by traditional leaders; the Kano Emirate Council Committee on Health (KECCOH) has engaged these TBAs, of which 560 are MNCH2 trained volunteers as members of the Community Women and Child Survival System (COMWACSS). These TBAs work in their communities to increase awareness on health services and encourage parents to vaccinate their children and to use health services.

Traditional leaders have also worked with MNCH2 on reaching remote and underserved communities by requesting outreach services, such as in the Albasu Local Government Area[4] where 113 women received family planning products and 257 women were provided with antenatal care services.

2 Standing permission means that men/husbands have given their wives permission to go to the clinic/facility/hospital to access health services, and in particular maternal and child health services, without having to seek permission each time. This is important as men/husbands may not be immediately accessible when services may be needed.
3 Stated at the sensitisation retreat on MNCH issues November 2016.
4 Located in Kano State

Traditional leaders – creating a cultural and political shift

The traditional leaders work closely with the state governments to ensure that policies enacted provide the necessary support to meet the specific needs of their Emirates and communities.

To work more closely with the traditional leaders in the MNCH2 states, the programme holds traditional leader retreats and workshops in each of the six states with Emirs and District Heads, in addition to the ongoing engagement with traditional leaders through other programme activities. The retreats seek to gain the leaders' support to influence their community in assisting women and children to access quality RMNCH services, especially in the rural communities. Those in attendance go beyond the traditional leaders to include: State Health Commissioners, senior State Ministry of Health officials, State Primary Health Management Board/Agency members and representatives from other related state ministries such as the State Ministry for Local Government and Chieftaincy Affairs.

The state retreats incorporate updates on the work MNCH2 is conducting in the states, such as the renovation of health facilities, provision of free MNCH commodities, training of health care workers, and include information about the importance of the ability for women and children to access RMNCH services.

The dialogue at the retreats explores the challenges faced by each state in relation to access to RMNCH services, including attitudes of men, lack of awareness amongst the population, shortage of skilled medical staff and supplies, as well as inadequate monitoring and supervision mechanisms to track progress.

> **"...We acknowledge the contribution of MNCH2, particularly on health facility renovation and creation of a demand generation community structure. We pledge to continue and sustain the good work that MNCH2 is doing through the community leadership..."**
>
> – Alhaji Mahmud Godoron Kurya, *Uban Kasan Madaro, Kaura LGA,* Zamfara State; 14 November 2016

Traditional leaders committed to reducing maternal and child mortality

The commitments made by traditional leaders, during each state retreat, have shown a shift in mindset. For example, it previously would have been unprecedented for some of these leaders to effectively encourage the use of contraception methods or to be the champions of delaying marriage. These commitments serve to act as recommendations for the future on how traditional leaders can drive change in northern Nigeria.

10 commitments to spearhead change

1. **Formation of Emirate Council Committees on Health**
   All Emirate Councils from the six MNCH2 states committed to either reactivate or establish an Emirate Council Committee on Health to serve as a standing committee on general health issues and to develop Terms of Reference for its members
2. **Training of District Heads**
   Conduct sensitisation and training on RMNCH and related basic harmful traditional beliefs/practices for District Heads
3. **Sensitisation of communities**
   Traditional and religious leaders agreed to embark on mass sensitisation of communities against harmful traditional beliefs around RMNCH
4. **Community Maternal Death Reviews**
   Emirate Councils to set up a Community Maternal Death Review structure within their communities
5. **Data collection**
   Institutionalise a management system for the collection of community level data
6. **Information sharing**
   MNCH2 state offices agreed to share activity workplans with traditional leaders for their buy-in, agreed to hold bi-annual debrief meetings with the Emirates on RMNCH
7. **Linking political and traditional leaders**
   The parties agreed to appoint liaison officers between State Ministries of Health and the Council of Chiefs
8. **Advocacy**
   Emirates to advocate to State Governors to train more medical doctors and other health professionals from each emirate, to provide mobile health services in hard-to-reach communities; Emirates agreed to advocate and promote the establishment of Community Health Contributory Schemes
9. **Strengthening of drug distribution**
   A commitment was made to strengthen the distribution of Misoprostol, a drug used to counter bleeding during childbirth – one of the leading causes of maternal deaths
10. **Integrated services**
    The summits agreed to synergise and reactivate committees on polio to cover RMNCH services

In addition to the commitments made by all the parties at the summits, the meetings have resulted in further actions. Following on since from the last engagement with traditional leaders, several high-level events have taken place with their assistance, including:

- A memo titled *Involving the Traditional Institution for improving sustainable community engagement in Maternal and Child Health in Nigeria,* was presented and adopted at the 59th National Council on Health (NCH) meeting
- Further engagement with Yobe state legislators and LGA Chairmen on maternal and child health and human resources for health issues
- Further engagement with Zamfara State with LGA Chairmen and Directors of Primary Health Committees on MNCH2 activities and Primary Health Care Under One Roof (PHCUOR) strategies
- District heads in Zamfara State now monitor activities of supported health facilities through Facility Health Committees (FHCs). Some are now fully aware of the facilities renovation as well as the quantity of drugs supplied to these facilities by MNCH2.

2 Council of Chiefs and other MNCH sensitization participants in Kaduna, 2016. 3 Zamfara State Team Leader, Yusuf Lawal, speaking to traditional leaders at an event in Talata Mafara LGA (Zamfara).

"I donate blood as a leader, because I believe it is my responsibility to save the life of my people and to lead by example. I donate blood to motivate youths to donate in order to stop the shortage of blood in facilities."

Traditional leaders: Leading by example to save their communities

The traditional leaders that MNCH2 has worked with have taken RMNCH issues and the health of their communities to heart. The leaders have made a point to lead by example, such as District Head Alhaji Sadiq Abubakar in Kaduna State, who is more than just a stakeholder, but also a blood donor.

Speaking at a mobilisation to donate blood to Yusuf Dantsoho Memorial Hospital in Tudun Nupawa in Kaduna South LGA in Kaduna State, he discussed his motivation to support MNCH2 in the programme's efforts to reduce the cost of blood transfusion and avoiding delays to the best of his ability by motivating youths to form blood donor groups.

His encouragement saw other leaders donating blood at the blood drive, including Mallam Abubakar Sani, who is a religious/traditional leader, male motivator working with male support groups and now a blood donor. Mallam Abubakar Sani said, "I donate blood as an act of charity to be rewarded by my creator."

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UKaid from the British people

MNCH2 NATIONAL OFFICE
20 Yusuf Maitama Sule Road,
Kano
Off Ahmadu Bello Way,
Nassarawa GRA,
Kano State, Nigeria

MNCH2 is managed by Palladium and its partners – Axios, Marie Stopes International (MSI), Options Consultancy, Society for Family Health (SFH), MannionDaniels and Association for Reproductive and Family Health (ARFH)

JIGAWA STATE OFFICE:
Opposite Deputy Governor's House,
Off Nuhu Muhammad Sanusi Way,
Yadi, GRA Dutse

KADUNA STATE OFFICE
C/o PATHS2/ESSPIN Office,
No. 1. Idoma Road, Anguwar Rimi, G.R.A

KANO STATE OFFICE
No. 20 Dawaki Road, Off Ahmadu Bello Way, Nassarawa GRA

KATSINA STATE OFFICE
Ministry of Health
State Secretariat Complex,
Katsina State

YOBE STATE OFFICE
No. C111 Obasanjo Housing Estate
Off Gujba Road, Damaturu

ZAMFARA STATE OFFICE
Millionaires Quarters, Off Garba Bisu St.
Tudun Wada Area, Gusau