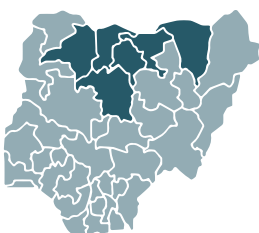


Providing hard-to-reach communities in northern Nigeria with RMNCH services



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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.**



Across the vast rural areas of the MNCH2 intervention states women find it difficult or are unable to access fixed health centres due to the lack of facilities and lack of permission from spouse.

To increase access and uptake to Reproductive, Maternal, Newborn and Child Health (RMNCH) services for hard-to-reach communities, MNCH2 has introduced a mobile outreach intervention. The integrated outreach services are achieved through close collaboration with community members and leaders, local, state and federal governments, and frontline health workers. The outreach services target women, households with children under 5 years of age, and young married adolescents in hard-to-reach communities across all six MNCH2 intervention states.

Integrated outreach services have been proven to be an effective strategy to address acute shortage of skilled human resource for health (HRH) in poor resource settings. The integrated intervention package includes: antenatal care (ANC), Basic Emergency Obstetric and Newborn Care (BEmONC), emergency delivery, Healthy Timing and Spacing of Pregnancies (HTSP) services, routine immunization (RI), and Integrated Management of Childhood Illnesses (IMCI).

Effective delivery of the integrated outreach services has been achieved through engagement between the State Outreach Teams and critical partners including: State Primary Health Care Development Agency, the Local

1. Antenatal Care (ANC) services being administered by the Outreach Team in Zilki community.



THE INTEGRATED OUTREACH STRATEGY DOES THE FOLLOWING:

Conducts Advocacy

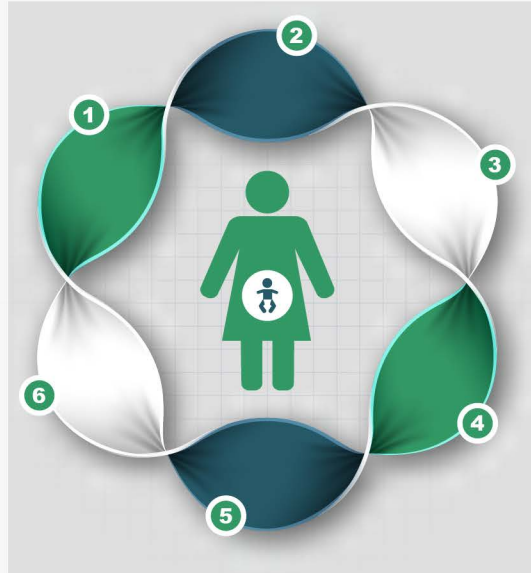
Gains buy-in and support, demonstrated through active involvement and promotion of services, of policy makers, community and religious leaders, and other key gatekeepers.

Improves Referrals

The State Outreach Teams act as a linkage between communities and primary health care facilities, MNCH2 and the teams have collaborated to develop referral tools in order to improve the process of referrals to facilities and beyond.

Builds Capacity

MNCH2 works with the State Outreach Teams to further develop their capacity through training, organisational support, and the supply of medicines, supplies and other commodities.



Improves Access

Regular provision of mobile outreach services in hard-to-reach communities drives demand and improves access to integrated RMNCH services, with most outreach teams committed to delivering a minimum of two outreach activities per week.

Generates Demand

Culturally tailored Information, Education, and Communication (IEC) materials are used by the outreach teams to increase the knowledge of individuals and couples within the reproductive age bracket.

Ensures Quality

MNCH2 has increased the number of outreach sites and has made Standard Operating Procedures (SOPs) and other operating resources readily available to outreach teams to improve the quality of integrated MNCH outreach services in hard-to-reach communities.

Government Areas (LGAs) and other partners – Support to National Malaria Programme (SuNMaP), Zinc, Iron and Folic Acid Supplements Project (ZIFAS), and Working to Improve Nutrition in Northern Nigeria (WINNN).

MNCH2 has engaged the State Ministries of Health (SMoH) and their outreach teams, which consist of six team members – Outreach Officer, Infection Prevention Officer and an Outreach Coordinator from MNCH2 and their state counterparts. MNCH2 works with the SMoH to build the states' capacity to ensure they can continue to provide outreach services across the state after the programme. The State Outreach Teams then train Zonal Outreach Teams made up of local government staff to cover zones across each state (3 zones in each MNCH2 state, with the exception of Kano with 6 zones due to the large population of the State).

The State Outreach Team acts as the coordinating body with the MNCH2 team providing technical support to all teams.

2. The outreach services team travelling by boat to Redo community, Basirka, Gwaram LGA, Jigawa state.





Improving access for rural communities

The problems associated with access to services have been exacerbated by poor service quality which is a direct result of a lack of skilled health workers and unreliable supplies of essential medicines and commodities.

Prior to MNCH2 the outreach teams were only providing vertical outreach services, mostly relating to Routine Immunisation (RI) and Family Planning, thus not meeting the full needs for maternal and child health. To better meet the needs, particularly in rural areas, MNCH2 instituted the integrated outreach services. The new integrated services allowed health practitioners to not only address RI and family planning, but to also conduct antenatal care check-ups, and provide treatment of some minor illnesses.

In order to bridge these gaps MNCH2 not only conducts integrated outreach services, the programme works across the supply and service delivery chain to ensure a continuum of care for MNCH services, even in the most rural locations.

Year one of MNCH2 (July 2014 – March 2015) focused on strengthening the health service delivery points in the health facilities through health worker training and initiation of integrated MNCH services – including HTSP. Year two (April 2015 – March 2016) was dedicated to strengthening outreach

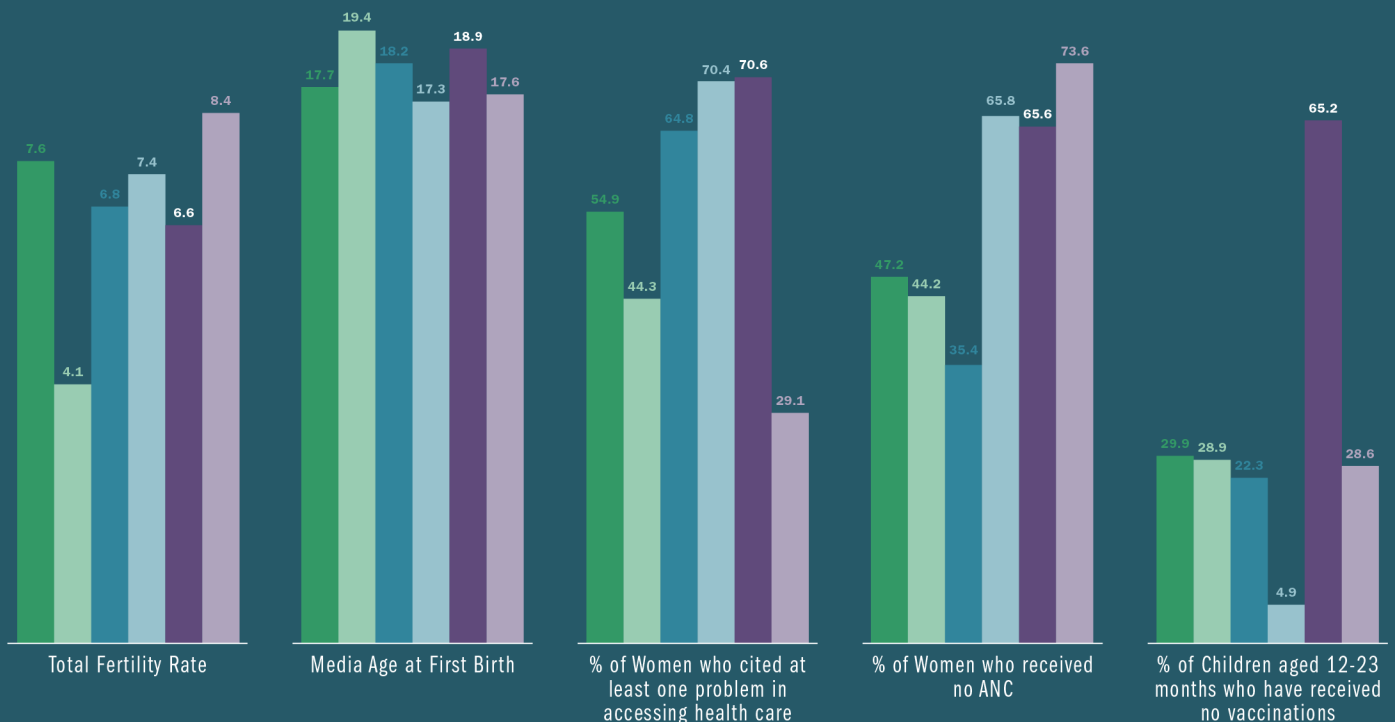


teams and linking them to the health facilities with trained health care providers.

During this time MNCH2 also conducted Community Assessments to determine the priority RMNCH service needs in communities which could be addressed by outreach services.

KEY FACTS OF MNCH2 INTERVENTION STATES

● JIGAWA ● KANO ● YOBE
● KADUNA ● KATSINA ● ZAMFARA





As a result of MNCH2 engagement with State Outreach Teams, new capacity has been developed at the local level through the introduction of appropriate quality outreach services and community ownership has been strengthened through the involvement of community members in planning, implementation, and monitoring and evaluation across all six MNCH2 states. The State and Federal governments continue to support the integrated outreach services through funding, commodities and staff, thus ensuring sustainability and a reliable service in years to come.

Yobe State

When MNCH2 started working in Yobe state the programme faced three key challenges: (1) outreach services focused only on routine immunization (2) outreach services were not delivered in hard to reach communities and (3) health workers were unaware how to insert IUDs, Implanon and Jadelle (contraceptives).

Sister Yanga Mohammed of the Maternal and Childcare Hospital (MCH) Yusufari is a member of the outreach team, but she knew little about these major challenges. MNCH2 worked closely with her and other members of the Yusufari outreach team to train them on delivering integrated services in the hard-to-reach communities.



3.16
MILLION IS THE ESTIMATED POPULATION OF YOBE STATE

499
NO. OF PUBLIC HEALTH FACILITIES

6.6
FERTILITY RATE

6.9%
UNDER-5S FULLY IMMUNIZED

33.2
ANTENATAL CARE ATTENDANCE

10.2%
BIRTHS ATTENDED BY SKILLED PERSONNEL

1.1%
CONTRACEPTIVE PREVALENCE RATE

When asked about the training provided by MNCH2, Sister Yanga Mohammed said, “Prior to obtaining training on integrated RMNCH services and on conduct of outreaches, I did not know the problems of the communities around the health facility, but the needs assessment which is part of the outreach activity process have opened my eyes to the needs of women and children in the communities.

Thank God to MNCH2 because I can confidently address the health needs of communities.”

The dedicated Yusufari outreach team addressed these challenges head-on through mentoring, coaching and technical support from MNCH2, technical training on the HTSP and through the provision of integrated outreach services, not just RI.

Statistics sourced from the National Population Commission, 2015 Projection, Yobe State Ministry of Health and Nigeria Demographic and Health Survey 2013

NUMBER OF CLIENTS REACHED IN ALL 6 MNCH2 INTERVENTION STATES WITH OUTREACH SERVICES

HEALTHY TIMING AND SPACING OF PREGNANCIES

307

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

10,189

ANTENATAL CARE

1814

HTSP COUNSELING

2379

HTSP COUNSELING

6201

POSTNATAL CARE

647

REFERRAL

253

DEWORMING OF CHILDREN

980



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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)

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KATSINA STATE OFFICE

Ministry of Health State Secretariat Complex, Katsina State

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