Community Engagement, Organizing, and Mobilizing

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Introduction

• Community engagement started in May/June, 2009, the second year of the project

• Health facility structure put firmly in place in the first year of the project – health facility assessments, upgrades, training, NASG distribution, data collection plan before community start-up

• Community survey carried out in communities around health facilities in project states

• Findings shaped the implementation strategy
Purpose of Community Engagement

- **Goal:** increase awareness on project technologies generally and mobilize the community to be able to access health facilities when emergencies arise.

- **Objectives:**
  - Increase awareness on danger signs of pregnancy and child birth, particularly PPH
  - Increase ANC attendance and health facility delivery
  - Ensure birth preparedness plans, including transportation plan for emergencies
Strategies

1. Awareness creation
2. Communication and transportation systems
3. Referral systems
4. Overcome reluctance of community to donate blood.
5. Quality improvement teams
6. Targeted advocacy
7. NASG usage at the community level
Community Emergency Transportation
Contact phone number of emergency transport
Start-up

• Project staff identified the ward structure in project Local Government Areas around intervention PHCs e.g., population size, influential gatekeepers, implementation structure available e.g., existing community groups (Ward Development Committee, Community Development Committee, Community Coalitions)

• Participatory project design – workplan, budgets

• Advocacy for support and buy-in
Implementation Structure

- Somewhat different in each state

- Community groups were constituted: membership comprising traditional/religious leaders, women and youth representatives, school teachers, community health workers, lay people, etc.

- Given training on advocacy and community mobilization skills

- Meet regularly to discuss and plan implementation

- Project staff in stage give technical support
**Activities**

- Monthly meetings by Community Development Committee/Community Coalition to review implementation plan and progress towards outputs
- House-to-house mobilization; community dialogues; weddings and other traditional events; sermons in mosques
- Regular ANC health talks
- Trained TBAs and CBAs mobilize women to health facilities for ANC and delivery
- Monthly community blood donation drives
- Monitor and fine tune emergency transport system in each community
Birth Preparedness Plans
House-to-house Sensitization
TBA Training Session
Male Engagement
Community Implementation To-date

- Intervention communities - 36
- 28 (77%) of the communities have a community-driven emergency transport system
- 243 women transported to health facilities using these emergency transport systems
- 76 sensitization events held
- Over 200,000 people attended
- 477 TBAs trained and engaged on early and prompt referrals
- More than 100 pints of blood donated by community members
All for Safe Motherhood

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LETS MAKE IT SAFE

ZONE C. SAFE MOTHERHOOD COMMITTEE

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