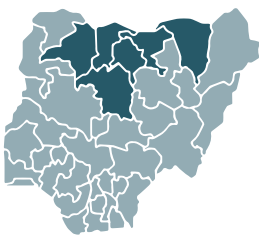


# Saving Lives through Empowerment and Safe Space Intervention



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.**



Recent data shows there has been slow progress in reducing the Maternal Mortality Rate (MMR) across Nigeria from 1,170 per 100,000 live births in 2000 to 814 per 100,000 live births in 2015. This gives Nigeria the fourth highest MMR in the world. The Under-5 mortality rates are also dire. In the North West and North East Zones where the six MNCH2 states are located, Under-5 mortality rates are the highest in the country at 185 and 160 per 1,000 live births.<sup>2</sup>

To reduce maternal and under-5 deaths, MNCH2 is working across the continuum from strengthening government health systems to promoting greater community engagement between women and families, traditional birth attendants (TBAs), community leaders, facility health committees (FHCs) and health facilities. Working at the community level helps to ensure communities are empowered to make informed decisions about Maternal, Newborn and Child Health (MNCH) now and in the future. Since 2014, MNCH2 has implemented a number of community-based interventions to increase the demand for quality and improve access to maternal health services.

Safe Space Interventions (SSIs) are designed to create safe, confidential environments in which to discuss issues that are often both personally and culturally sensitive. SSIs have been implemented by MNCH2 in all six programme states and engage young married women aged 15-25 and equip them with the information and skills to improve their marital and familial relationships, to make better decisions about their family's nutrition, take control of their healthcare, and educate them on life-skills.

## Young Women Support Groups

The average age at which a girl marries for the first time in the MNCH2 states is fifteen (15.6). On average she is eighteen (18.1) when she gives birth to her first child. The ability to reach these young women and mothers is vital to ensure the health of both the woman and her children are taken care of.

A key platform to reach young women in MNCH2 intervention states are Young Women Support Groups (YWSGs), where members meet in a

1. (Left to Right) Zainab Muibi (SSI Facilitator), Musa Ibrahim Biu (Demand-side Coordinator MNCH2 Zamfara State Office), Malam Rabi, and Jamila Rabi (YWSG member).  
2. World Health Organization



secure and comfortable environment where they can speak freely with their peers.

The YWSG intervention works through an established process that commences with an advocacy visit to key state government health institutions namely the state Ministries of Health, Religious Affairs, Local Government, and the Ministry of Women & Children Affairs to gain



**“My wife is very happy attending her group meetings [YWSG] and she looks forward to it very much.**

**Since she has started attending the meetings her organisation with our son is much better, her hygiene and cleanliness has improved and our relationship is stronger. She tells me about what she is learning and she tells her friends too.**

– Umar M. Adam, *husband of SSI member Imrahatu*

their support and buy-in.

These advocacy visits are then followed by visits to the LGA, the ward head, religious leaders, and other community leaders to inform them of the new groups and solicit their support. Local community leaders and the Facility Health Committees (FHCs) then organize informal meetings with relevant community influencers and opinion leaders. Based on clearly established criteria, they work with community members to select committed young women as facilitators and mentors. Each YWSG is also linked to a local

health facility to help encourage referrals from community to facilities.

Selected facilitators are trained by State Master Trainers on the sessions they will conduct, the purpose of the YWSG, and how to use information materials. Next, YWSG members are recruited through a meeting with community leaders (the village and district heads), who in turn mobilize husbands to allow their wives to participate in YWSG sessions. The husbands inform their wives and, upon their agreement to participate, the husbands submit names of potential members to the community leader.

Upon submission of the YWSG members' names, the Facilitator holds a planning meeting during which a mentor is selected for training. SSI mentor are the team lead for individual women's support group. Each group is coordinated by a mentor who is required to be slightly older than the group members, literate, or at least should be able to read and write. Where she does not meet the requisite, she is required to be more social and outgoing than her group members. She is supported by the SSI LGA Facilitator and is responsible for documenting and reporting the group's activities. She is trained on the modules in the YWSG manual and leads the discussion sessions.

### **The Sessions**

Groups meet twice a week. Each group consists of 10-12 young women between the ages of 15-25, who are considered peers. Keeping the groups relatively small enables better participation, increased learning, and individual attention for each member.

The facilitator records profiles of each member: pregnancy status, number of children under-5, how often they are visiting a health facility for healthcare or delivery, whether they are accessing Healthy Timing and Spacing of Pregnancies (HTSP) services and other important information. It is then the job of the facilitator to report monthly on the progress and activities of the YWSG and to conduct follow-ups on previously identified issues and challenges.

YWSG interventions consists of structured, facilitated sessions using a modular approach. The facilitators empower their groups with accurate information and facts on MNCH issues, benefits of MNCH services, and provides support on where and when to access these services. This may include a referral to a local facility or to another one nearby. There are five main modules which guide discussions



## Meet Amira, Facilitator - Young Women Support Group

Amira Mohammed Adam is a 22-year-old resident of Wudil LGA in Kano State and is the seventh child of 23 siblings. Her mother is a second wife of the family who had no formal education, but encourages all her children to go to school.

Amira has a certificate in Food Hygiene and is presently studying for her Diploma. She works part-time in the Wudil General Hospital where she has acquired health skills. She is planning to get married soon.

Amira was among the first set of Safe-Space Intervention (SSI) Facilitators to be trained in Kano State.

Since January 2014, MNCH2 has trained 208 SSI facilitators in Kano State and reached 5,711 young women through YWSGs across the state.

and participatory activities, such as role play, during the meetings. Members are required to complete all modules of the curriculum to be certified as reached by the intervention. The facilitators encourage the young women to share their knowledge outside of the group with their friends, peers and families, including their husbands.

### Increasing HTSP and RI

YWSGs work to dispel local myths and overcome barriers to demanding and accessing quality MNCH services. For example, the Facilitators are trained on how to provide comprehensive information on the benefits of immunization and debunk local myths surrounding it, such as that it can cause a male child to become sterile.

Data and testimonial evidence has shown that YWSGs have been successful in contributing to an increase in the uptake of Healthy Timing and Spacing of Pregnancies (HTSP) services, as well as, Routine Immunization (RI). In Zamfara state, for example, approximately 1,600 additional children have received RI as a direct result of the SSI. According to state statistics, a recorded 77,741 women used HTSP methods for March-September 2015 in the six MNCH2 states, a 29% increase compared with the previous period of July 2014 to January 2015 (55,206).

Additionally, a number of other results have been observed and documented, these include improved personal hygiene, improved financial management, increase in antenatal care visits, and an increased awareness of the importance of MNCH issues by community leaders.

### MODULES IN YWSG CURRICULUM

#### 1 Health Topics

Discussions on nutrition, reproductive health and personal hygiene, common childhood illnesses, and home management of illnesses.

#### 2 Pregnancy Planning

Discussion on Healthy Timing and Spacing of Pregnancy – Benefits, available methods and where to access services and commodities.

#### 3 Life Skills

Discussions on Life Skills – Effective communications, negotiation skills, relationship management and conflict management.

#### 4 Effective IPC

Discussions on Inter-Personal Communication (IPC) – Effective IPC, barriers and remedies to IPC.

#### 5 Finance

Discussions on Financial Management Skills - Saving money, making and managing money.

### Building in sustainability

Safe Space Interventions have built-in sustainability to ensure continuation beyond MNCH2. SSIs direct support from the State Ministry of Health (SMoH) in each of the six MNCH2 states through the active participation of government Health Educators and Maternal Child Health (MCH) Coordinators. This is vital if the intervention is to become an integral part of community systems.

### YWSG FACILITATORS AND YOUNG WOMEN REACHED AS OF JUNE 2016

- Facilitators
- Young Women



Jigawa	98		1,518
Kaduna	98		1,146
Katsina	78		3,036
Kano	208		5,711
Yobe	66		1,170
Zamfara	104		2,130





## Taking up RI and HTSP – one family’s story

Jamila Rabi is 21 years old, she is a Hausa/Fulani from Shemori community, Mada Ward, Gusau Local Government Area, Zamfara state. Jamila is married to Malam Rabi, a farmer, who is a brother to “Maigarin Shemori” or the village head of Shemori. The family is blessed with three children, of which the youngest is just over a year old. Jamila is a student of Arabic school in Shemori, she can read and understand Arabic and Hausa language and has become an active member of her local YWSG.

Jamila’s first child and second child did not benefit from immunization due to a lack of awareness of its importance and her cultural belief that vaccination can prevent a male child from being able to impregnate a woman later in life. Since joining the YWSG, all three children are now fully immunized.

Jamila was also enlightened about the benefits of healthy timing and spacing of pregnancy. Previously she was using traditional methods of contraception and refused to access HTSP services at the nearby health facility. Her refusal was not based on a lack of desire to use the services,

but rather her concern at the potential lack of confidentiality at the local facility and that she would be stigmatized by workers at the health facility with whom she and her family have a relationship.

Through the SSI Facilitator, Jamila was referred to another hospital where she was able to take up HTSP services. Her husband was very supportive of her decision and since then Jamila expressed her satisfaction with the method saying, “I have passed periods of heat without conceiving.”

MNCH2 has also trained and engaged religious leaders across the six states, who now promote the uptake of MNCH services during sermons and Tasfir in the mosques and Islamic schools. Additionally, the religious leaders speak to the men and tell them the importance of allowing their wives to attend Young Women Support Groups.

Lastly, group members make the SSIs sustainable through their peer-to-peer knowledge sharing outside of the groups. There is evidence across all six states that the young women involved in the YWSGs regularly share information they learn with other women in their community who are in turn sharing it with others.

### Key lessons learned

The SSI is part of an integrated approach of empowering communities to take ownership of their Maternal, Newborn and Child Health. Whilst it directly empowers young women through increasing their knowledge about MNCH issues, it does not stand alone. In order for an SSI programme to be successful it must do the following:

- **Gain the support of key community influencers and potential community health volunteers** – MNCH2 did this by holding a one-day meeting with the LGA, Health Educators and Facility Health Committee Alliance Chair.
- **Gain entry into the community** – MNCH2 used the leadership of the FHCs to organize open community meetings to enlighten members of the communities on rationale and criteria for proposed interventions. After training of the community volunteers, MNCH2 established relationships between trained community health volunteers – facilitators/mentors, Emergency Transport Scheme drivers, Traditional Birth Attendants, facilities and communities to foster trust.
- **Use participatory training for adult learning** The main methodology for training is participatory, using role play, practical sessions and other participatory methods to enhance learning.
- **Include husbands** – Husbands are included from the very beginning of the formation of YWSGs in the community. This improves uptake, and also educates the men on the importance of key MNCH issues.



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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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