

Community Engagement and Improving Nutritional Services for the Sick Child

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Community Engagement - Definition

- Community engagement is the process by which the health system works collaboratively with host communities to improve community ownership of health and health programs.
- It seeks to work with groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting their wellbeing.

Rational for Community Engagement

- Facility-based services alone do not provide adequate access to treatment especially early in the disease as the majority of children are not taken to health facilities or to a trained health care provider in the event of illness.
- Mortality Reviews of several paediatric departments in Nigeria show that many under-five children are presented late and die within 24 hours of admission.
- Most of these under-five deaths occur at home. And hence the need for strategies that expand coverage beyond the health facilities.
- The Integrated Community Case Management (iCCM) of childhood illness is one strategy that provides community-based curative interventions while working to strengthen the health system.
- Since the delivery of health services is either weak or non-existent in rural, hard-to-reach areas of Nigeria, iCCM takes curative care to homes and communities in the short to medium term.

Community-based Programs

- Roles of Community-based Programs:
 - Improving access to technology and resources
 - Foster behavior change
 - Support caring practices
 - Mobilizing social demand for services and in generating pressure for policy change.
- In community-based programs, workers—often volunteers and part-time workers—interact with households to protect their health and nutrition and to facilitate access to treatment of sickness. Mothers and children are the primary focus, but others in the household should participate.
- Commonly, people go regularly to a central point in their community—for example, for growth monitoring and promotion—or are visited at home by a health and nutrition worker.
- Some examples of community-based programs are: Community Growth Monitoring and Promotion, CIYCF Support Groups. CMAM.
- The existence, training, support, and supervision of the community worker—based in the community or operating from a nearby health facility—are indispensable features of these programs. Thus community organizations are a key aspect of community-based health and nutrition programs.

Community Engagement Stakeholders at Respective Levels

Level	Traditional Leadership	Government Leadership	Religious Leaders	Partners and Volunteer Groups
STATE	Emirate Council Council of Chiefs	NPHCDA State Team Leads, SPHCB	Muslim Leaders (Chief Imam, League of Imams and Alfas) Christian Leaders (CAN, PFN) Traditionalists	SMoH, Development Partners, Professional Associations and Academic Institutions, NGOs, CBOs and the private sector, other MDAs, Rotary Club Trade Unions
LGA	District Heads (Hakimi) Oba, Eze	Local Government Health Authority Management Team (LGHMT), NPHCDA ZTOs, SPHCDA ZTOs	LGA Chief Imam LGA CAN Head	UNICEF LGA Coordinator WHO LGA Coordinator NURTW
WARD	Village Heads	Ward Focal Person Ward Development Committee	Chief Imam CAN	DSNO
COMMUNITY	VDC TBAs CBOs	OIC of PHC facility CHEWS, JCHEWS Ward Focal Person CHIPS Agents	Imams Pastors Traditionalist	Market Heads Trade Union Heads Women Leader

Community-based Programs -Challenges

- Implementation is fragmented (Not national)
- Low coverage due to inadequate human and material resources
- No supportive supervision of community activities from health facility or local govt.
- No incentive for community volunteers
- Over dependence on donor funding so no sustainability

Some Efforts to address the Challenges
CSOs embark on community mobilization and

awareness creation for demand generation

- Evidence-based Advocacy to policy makers for funds allocation and timely releases
- Independent monitoring of services through the use of scorecards.





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