

A Community Empowerment Success Story: Nigerian Communities Taking Action to Improve Health and Education

Community Participation for Action in the Social Sector (COMPASS), which is the largest integrated health and education project in Africa, has been promoting community involvement and participation in strengthening social sector services, mobilizing groups for positive behavior change and advocating for improved health and education services in the five Nigerian states of Kano, Lagos, Nasarawa, Bauchi and the Federal Capital Territory.

To ensure active community participation, COMPASS uses two conceptual frameworks based on participatory problem solving approaches - the **Community Action Cycle (CAC)** and **Partnership Define Quality (PDQ)**. The CAC encourages community members to work together to identify and prioritize problems in their community, define and identify solutions to those problems, and take action to improve or remedy the situation. The process also includes a review of the progress made in order to adjust strategies and/or identify new problems. PDQ is a similar methodology that involves service providers and community members using the CAC to work on specific quality issues at the health facility or school level.

To encourage the active participation of communities, COMPASS has been mobilizing community members to establish two key community-based structures, namely: the Quality Improvement Teams (QITs) and the Community Coalitions (CCs).

QITs are established at the facility level and consist of both service providers or teachers and community representatives who work together to improve quality of health or educational services. These teams use the CAC approach to identify challenges with quality, work on possible solutions and act to solve the problems identified.

CCs are formed at the community level and consist of all interested community members within a specific community. Representatives include Parents-Teachers Association (PTA) members, women groups, youth groups, community-based organizations, and QITs. Through the CAC process, CCs develop action plans to address basic health and education issues in their communities. COMPASS provides technical guidance and helps to identify strategies for implementing action plans. To date, more than 200 community coalitions have been established in COMPASS-supported states. So far, their achievements have been very impressive.

COMPASS recently assessed its community mobilization component. The hypothesis was that the CAC/PDQ process leads to increased ownership, empowerment, and service accountability which in turn lead to changes in community relationships and health/learning status. The assessment teams covered 21 Local Government Areas (LGAs) in all five of the COMPASS states. Roughly one third of the total LGAs in each state were randomly selected among both urban and rural environments. For each LGA visit, the teams held group interviews with a variety of informants, allowing for

triangulation from different perspectives. The major complement to the qualitative data was the analysis of the routine health center data comparing rates of routine immunizations, family planning visits, ante-natal care, and facility deliveries between those facilities with and without QITs and CCs.

Findings showed that, overall, health service utilization for family planning, antenatal care, facility deliveries, and routine immunization is considerably higher in facilities with CCs and QITs than in matched facilities without these community structures.

The contribution of the QITs and CCs to improving the infrastructure of health facilities and schools has been quite remarkable. Among individual member contributions, community donations and funds resulting from advocacy efforts with the LGA, COMPASS-supported communities leveraged over \$1 million during the past year. This money has been used for a wide variety of infrastructure activities including construction of new primary health facilities and schools, renovation of existing facilities, toilet construction, electrification, digging boreholes for water, and provision of equipment and supplies such as furniture, blood pressure cuffs, medicine, school first aid kits, radios and batteries for interactive radio instruction, and exercise books and text books. In cases where COMPASS was supporting the renovation of facilities but funding was limited, the CCs/QITs provided matching funds to complete the job.

In addition to fundraising and construction projects, the CCs and QITs have also been involved in other activities that contribute to the improvement of health and education services in the community. These include:

- Advocacy: Members of the coalitions organize themselves to advocate for public and private resources to address problems identified by their QITs. Up to now, these efforts have largely targeted the local government chairmen, although local businesses and corporations have also been approached.
- Sensitization: Coalition and QIT members organize activities to educate community members on important health and/or education issues. Targeting both men and women, they carry out house to house visits as well as group sessions, focusing on the importance of routine immunization (particularly polio) and promoting pre-natal care, facility deliveries and family planning.
- Improved provider – community relations: Through the process of listening to each other and working together to address the challenges and problems associated with service delivery, providers and clients develop a better understanding of the constraints that each faces, thus shifting the relationship from one of blame towards one of collaboration and mutual understanding.
- Supervision and monitoring: The coalitions and QITs have been involved with supervising the renovations carried out in their communities, including those funded by COMPASS. They also monitor health and education services, review routine data such as health service utilization and school absenteeism, and serve as ombudsmen in

the case of complaints.

- Quality improvements: In health, QITs have been involved with improving confidentiality, reinforcing provider respect for clients, encouraging TBA referrals for unvaccinated children, and organizing community assistance for sanitation and water supply. In education, QITs have been involved with following up on absenteeism and non-attendance at school, drug prevention education, and accompanying classes during field trips and breaks. Both CCs and schools are regularly referring clients for health services.

On a large scale, there were aspects of the way COMPASS designed this community development and empowerment process which worked particularly well and might be considered as lessons learned when developing similar strategies in other projects.

By using existing traditional structures, both the scope and breadth of the CC and QIT activities were significantly enhanced. Several people cited the integration of health and education activities, the inclusion of community associations, and the involvement of traditional structures as strategic elements which strengthened the CC and QITs' roles.

COMPASS' rigorous denial of financial and material support for CC and QIT operating costs has led to a significant increase in community responsibility for their own activities. Because there is a tendency to believe that the one who pays is the one to whom the process belongs, once the community comes around to taking responsibility for their own activities, the level of ownership and the potential for sustainability are significantly higher than they would have been with project support.

Any promises for interventions and resources will be remembered and therefore should only be made when it is clear they will be fulfilled. COMPASS is still suffering from mistrust and disappointment due to promises made to communities two years ago. People remember and count on what they are told, and any changes in plans need to be transparently shared with them. Otherwise, suspicion falls not only on the project itself, but also on the volunteers and collaborators with the project.

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