

## WORKSHOP PRESENTATIONS

**Community health and stakeholders' role**

*Professor Bene E. Madunagu, Chairperson, Girls' Power Initiative, GPI, Executive Board, made this presentation at the World Health Day event, organised by PHC/Disease Control Department of the Cross River State Ministry of Health, Calabar at the State Library Complex Hall, Calabar, on the theme, "Healthy Mothers and Children are the Real Wealth of Society", on April 7, 2005*

**D**evelopment, a term which is on the lips of everyone is a basic ingredient to achieve a reduction in the rates of maternal mortality and infant mortality.

Indeed, it has been shown that maternal mortality is the most important discriminating indicator between developing and developed countries. This fact is supported by the definition of development by Prof. Amartya Sen, the Nobel Prize Winner in Economics in 1999 for his studies in development economics.

He defined development as follows:

"Development is a process of achieving desired changes from a life with few choices and many suffering to a life in which the basic needs for food, education, health, freedom, peace and self-esteem are satisfied, and in which many more choices are made available through the sustainable use of natural resources."

This definition of Amartya Sen, clearly demonstrates that we in Africa, including the giant of Africa - Nigeria, are still far behind in development and therefore, behind in the attempts to reduce maternal mortality and infant mortality.

One of the objectives of the Millennium Development Goals (MDGs) is to improve maternal health and reduce maternal mortality by 75% by the year 2015. Of the global estimate of about 600,000 women who die each year from complications of pregnancy and childbirth, 61% of

this occur in 10 countries, namely; India, Ethiopia, Nigeria, Indonesia, Bangladesh, DR Congo, China, Kenya, Sudan and Tanzania. Again, countries in the world with the highest maternal mortality ratios are mostly in sub-Saharan Africa: Rwanda, Somalia, Nigeria, Chad, Sudan, Burkina Faso, Equatorial Guinea and Kenya.

Added to this, as we all know, is the burden of HIV/AIDS and its role on adolescent mortality. Thus, while we lose one woman every 90 minutes to maternal mortality, we are also losing the future - adolescents aged

15-24. We are aware that reduction of maternal mortality, infant mortality and HIV/AIDS are key targets of the MDGs.

Let us use this occasion of the 2005 World Health Day to ask ourselves the question that Nelson Mandela asked in 2001 - "Will the legacy of our generation be more than a series of broken promises?" I hope not. Let us use this occasion to re-commit and re-dedicate ourselves to an integrated collaborative approach

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with all hands on deck - government, the civil society in all communities and individuals to initiate action that will see us moving in the direction of meeting the 2015 target of reduction in maternal mortality, infant mortality and HIV/AIDS spread. What roles can we all play?

**Government:** The government has already developed policies, strategies and plans capable of ensuring that health services are brought closer to communities. What is required by government included 1. The institutionalising of collaborative efforts across sectors, organisations, communities and individuals.

2. Training, retraining and re-orientation of healthcare personnel at all levels - State, LGA and communities for change in attitudes, development of skills and attitudes as well as effective supervision of community-based programming.
3. Provision of regular essential drugs and commodities to meet the needs of all in the communities.
4. Creating effective monitoring and evaluation and feedback mechanisms.
5. Integrating maternal, child health and HIV/AIDS prevention for a more effective and comprehensive programming.
6. Motivating community health workers.
7. Bringing health services closer to communities and strengthening homecare practices and health-seeking behaviour of citizens at rural levels.
8. Expanding choices for reproductive health services for women.

The government has already developed policies, strategies and plans capable of ensuring that health services are brought closer to communities. What is required by government

9. Supporting comprehensive sexuality education for young people towards reducing HIV/AIDS infection.
10. Mainstreaming gender into all health programme designs.
11. Developing a policy to utilize the existing Community-Directed Treatment (COMTI) programme on onchocerciasis prevention to integrate reproductive health components such as safe motherhood, family planning, prevention of Sexually Transmitted Infections (STIs), including HIV/AIDS, elimination of harmful traditional practices such as Female Genital Mutilation (FGM) and harmful contemporary practices such as trafficking in girls in particular, and comprehensive sexuality education

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for adolescents.

12. Provision of Adequate resources to address the MDG targets.

**Civil society organisations:** Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), different professional groups in the health sector, media practitioners (electronic and print), academic institutions and the private sector, covering all kinds of commercial enterprises should be part of the collaborative machinery to bring health services to the household level in all communities in the state.

These broad groups of the civil society can play various roles to complement the role of government to improve the health status in the state and hence ensure a "match-on" towards development in the real sense. NGOs can provide gender education that is culturally sensitive to break some of the sexist discriminatory practices like widowhood rites, FGM, son-preference, and other forms of gender-based violence that put girls and women at risk. Such information on education can help to change attitude of male power in relationships that put girls and women at risk. They can provide comprehensive sexuality education from a gender perspective to adolescents and teachers to build capacity of young people for mutual respect and to resist negative power pressure and other similar risky behaviours.

Training and capacity-building for community workers will help to provide information and services to people where they live, since farming and other means of livelihood are

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barriers to people visiting clinics for services. CBOs and other health professional bodies can reach out with information and services to rural communities and difficult-to-reach as well as isolated communities.

The collaboration of these sectors would help with the implementation of government policy on integrated COMTI and reproductive health services. It will increase health service delivery, health education and sensitise the private sector to provide services and entitlements for healthy living to their employers and the communities where they benefit from. Educational institutions should provide data through research to help reach out to often neglected communities as well as provide monitoring, evaluation and analysis of outcomes.

**Communities:** Learning from the experiences of the COMTI programme for onchocerciasis from East and Southern African countries where community-based distribution of family planning services has succeeded rapidly in increasing contraceptive prevalence rates (CPR) by over 10%, it can be seen that supporting and empowering communities to initiate, plan and execute programmes is the most effective way of sustaining such programmes. Hence, communities have a role to play in being actively engaged to combine the two approaches of addressing onchocerciasis prevention and reproductive health concerns through community-directed action for effective community development

and healthy status of community members.

Communities should themselves generate the demand for comprehensive health services to address their needs as well as reduce HIV/AIDS, maternal mortality and infant mortality. Communities should nominate and designate community-based volunteers and agents in equal numbers of females and males to be trained in simple technologies to become community providers of services, health commodities and information.

Communities should also take on the responsibility of rewarding community-based volunteers and agents to motivate them. It would equally be the role of the community to ensure compliance through monitoring and evaluation of the programme.

**Individuals:** Individuals have a responsibility to be equal participants in all community-based activities. Individuals also should avail themselves of opportunities to be trained and informed about their rights and responsibilities to be able to change attitudes and behaviour to ensure the health and survival of their

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family members.

Men particularly, have a role to play in helping break down the various cultural practices that impair the health of women and girls. As partners they need to promote the health of their partners and children.

I will conclude with the statement of the UN Secretary General, Kofi Annan at the CSW: "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning."

Finally, we need to break the cycles of high maternal mortality rates, high infant mortality rates, feminisation of poverty, feminisation of HIV/AIDS, gender-based violence, harmful traditional and contemporary practices that are barriers to women's health, gender discrimination, trafficking in girls, etc.

To do so, we can use the existing community-directed treatment with ivermectin (CDTI) programme structure to provide sexual and reproductive health information and services to all communities.

It is also important to provide resources for implementing comprehensive sexuality education for all youths in all community settings in Cross River State. There is need for intensification of action in these two areas as a commitment to health and development of Cross River State citizens. ♀