

# Championing Respectful Maternity Care Through Community-Provider Dialogue in Ebonyi State, Nigeria

Nwankwoegu Ebele Felicia, Officer in Charge (OIC) of Onyirigbo Health Center in Egwudinagu ward of Ebonyi local government area, Ebonyi state, participated in several cluster meetings and learned about respectful maternity care. She listened to clients with empathy during client-provider dialogue sessions. She tried her best to provide information to her clients, encourage companionship during labor and delivery, and respect their choice of birth position during labor. Still, some challenges to implementing respectful maternity care were outside her power.

To mitigate those challenges, Breakthrough ACTION-Nigeria trained Felicia and the Ward Development Committee (WDC) leadership to implement dialogue sessions between providers and community



*WDCs, health workers, and community members attending community-provider dialogue session in Onyirigbo Health Center in Egwudinagu ward of Ebonyi local government area. Photo credit: Iheanacho Oji*





WDCs, health workers and community members with action plan drafted from a community-provider dialogue session. Photo credit: Iheanacho Oji

members. Community-provider dialogue leads to systematic co-development and monitoring of action plans with clients, their families, and communities. This all improve clients’ health care experiences.

During dialogue sessions, health care providers from the three facilities in the ward, together with community representatives, identified four issues undermining the quality of maternal, newborn, and child health services: (1) insecurity around the health facilities; (2) lack of transport to and from the health facilities for emergencies and referrals; (3) inconsistent availability of health care workers in the facilities; and (4) chemists and patent medicine vendors who manage complicated deliveries.

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*“I have watched health facility problems I thought were insurmountable being handled in just a few weeks. This community-provider dialogue demonstrates that a health care provider must work with their community structures to achieve person-centered care.”*

— Nwankwoegu Ebele Felicia, OIC, Onyirigbo Health Center

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The WDC raised funds to address several issues uncovered during dialogues with the community. To improve security, the WDC employed security patrols for the three PHCs in the ward. Postnatal mothers feel safe staying in the facility for at least 24 hours after delivery. Mothers in labor and other emergency cases also feel safe to come to the facility at night, and health providers feel safe providing services at night. This way, clients are assured that health care workers will be present at night. According to Nwode Mary, OIC, Uloenwu Health Center, “This community-provider dialogue has enabled us to implement respectful maternity care. Now we can take care of our patients at night without fear.”

The WDC also engaged a designated motorcyclist (called an okada rider) to promptly transport emergencies and facility referrals to the secondary health facility. So far, five referrals from Onyirigbo Health Center have been transported to the secondary health facility, reducing complications and mortality.

To ensure health care providers' availability 24 hours a day, Felicia and the other PHC OICs drafted duty rosters in their facilities, and the WDC conducted routine supervision to monitor health care providers' attendance.

The WDC members also paid advocacy visits to traditional leaders in the ward, during which Felicia explained the dangers of unskilled birth attendants and their contribution to maternal mortality and morbidity. As a result of these visits, the traditional leader of Uloenwu village of Egwudinagu Ward has banned chemists and patent medical vendors from assisting deliveries.

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