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Partnership for Transforming Health Systems 2

News
Jigawa/ March 2010

Children now expectant of a healthier future

Breaking down barriers

to deliver historic Immunization Outreach

In August, Jigawa state witnessed a historic achievement: the successful completion of a vaccination campaign within a previously excluded rural community. This closed community, Masare, in Jigawa state, lives quite separately from the outside world and tends not to accept modern interventions or engage with recent social or cultural changes. The campaign focused on immunising children in Masare against the six childhood killer diseases of measles, tuberculosis, poliomyelitis, whopping cough, diphtheria and tetanus.

The Masare community in Gwarzo ward of Garki Local Government has an estimated population of 1100. The people's health needs are met by one basic facility located in the village of Lautai some 6km away. This farming community is all but isolated from modern developments in healthcare, education and other social services. Even a recent bed net campaign failed to reach Masare leaving the community feeling rejected but also distrustful of additional offers of help.

Immunisation coverage in Nigeria is among the lowest in the world, with the North being particularly affected. Whilst the National Average for full immunisation was just 12% in 2003 (NDHS), the percentage of infants was less than 1% in Jigawa State.

Nevertheless, Nigeria is striving towards strengthening its health systems by offering general and routine immunisation services in order to reduce the disease burden of vaccine preventable diseases (VPDs). Measles for example is still endemic: between January and August 2004, of the 35,856 children affected throughout the country, 58% were under five.

Out of a potential 220 children, a total of 219 were immunised.

The Government's commitment to reversing the trend at both a national and regional level will significantly contribute towards achieving the Millennium Development Goal of halving child mortality by 2015.

There are many reasons for such low rates. The primary healthcare services are highly ineffective and have deteriorated due to the lack of investment in personnel, facilities and drugs, together with the poor management of the existing resources.

There is also the problem of confidence and the lack of trust that the public has in a deficient healthcare service. In addition, the low demand for immunisation within both families and their community is linked to a lack of understanding of its value compounded by incorrect beliefs.

To ensure the success of the immunisation campaign, PATHS2 worked closely with PRRINN-MNCH, WHO, UNICEF, and Jigawa State GHSB, as well as with other community- and faith-based organisations, including Myetti Allah, a local non-governmental organisation.

As part of PATHS2 policy to support routine immunisation, training was

Community Children...

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given to 27 Health Educators from Local Government Areas, 9 Health Promotion Coordinators from the 9 Gunduma Health Councils and 27 Information Officers using the PRINN developed Polio – RI DVD. Advocacy visits were also organised to ensure that everyone understood the reasons and trusted the goals of the development efforts introduced by the Programme.

These visits were undertaken by the District Head of Kanya, a local Security Officer and the local Immunisation Officer. They used the Traditional Leaders Forum (TLF) as a main channel of communication, as well as, Ward Development Committees, town criers and radio jingles to raise awareness and increase acceptance. A Health Educator, Local Immunisation Officer, Information Officer, and a State Supervisor were all at hand to urge the local community to participate.

In addition, the advocacy team met the Chief Imam Sammani who commands immense respect in the community. Once the Chief Imam committed to the campaign, he helped to influence others who then ensured that their children were ready to be vaccinated. Out of a potential 220 children, a total of 219 were immunised.

These children also received Vitamin A to help combat blindness, plus Albendazol and Oral Rehydration Therapy (ORT) to help combat the symptoms of water-borne diseases including diarrhoea. In addition, pregnant women also received the anti-malarial, Fansidar, alongside the iron supplement, Fersolate, as part of the Maternal Newborn Child Health (MNCH) Week.

In order to maintain the momentum of this initiative, PATHS2 recognises the need to draw the Government's attention to the problems faced by very remote areas of Jigawa State. There are other rural communities, like Masare, currently awaiting help with health, education, clean water, job creation and other social service requirements. With the increase in vaccination rates, fewer children will be vulnerable to vaccine preventable diseases. This will result in a consequential drop in infant mortality.

The improvement of the Government's capacity to deliver primary healthcare will also improve the people's confidence in the health system as a whole. Putting in place transparent management systems, providing training in a wide range of skills, and building community expectations and involvement will also contribute significantly and ensure that the Masare success story is repeated across Jigawa State.

Left: *The community town crier announcing the impending immunisation exercise*

ABOUT PATHS2

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid, through the UK's Department of International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those in most need.

Apart from working at a Federal level, PATHS2 is working in the five States of Enugu, Jigawa, Kano, Kaduna and Lagos.

PATHS2 follows the successful PATHS1, which ran from 2002 to 2008, and was also funded by UKaid.

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...improving pathways to health

UKaid from the Department for International Development