



CASE STUDY

Alive and Well Against Heavy Odds

Kano • August 2014

Sadiya Hassan's story is one of extraordinary personal courage: the HIV-positive 25-year-old lost the fifth of her six children in 2013. On the last day of May 2014 she was at the Panshekara health facility in Kumbotso Local Government Area in Kano State to have the sixth child, her 20-day-old daughter, seen to by the health workers.

Sadiya's husband, who had worked as a labourer in Kano, had died 4 months before from complications arising from full-blown AIDS, when she was 6 months pregnant, leaving her at the mercy of his family.

She had had this most recent baby on 11 May. It being a Saturday, she had assumed that the health workers would not be at the facility, and since she had given birth to live babies five times before, she decided to have the baby at home, with the help of her grandmother, who is a Traditional Birth Attendant. Sadiya had however been attending antenatal care at the Panshekara health facility. She was a regular client, and could even sing, from memory, the PATHS2 song that warns of the nine danger signs in pregnancy. She is also aware of the benefits of delivering in a health facility.

On the day of her visit to the facility, Sadiya looked gaunt. Her eyes were lowered most of the time she talked to us. It was difficult to miss the hopelessness in them the few times she glanced up in response to our queries as she narrated her story. She was poor, from a poor family. Her late husband's family were so



Pharmacist technician at Panshekara PHC, Kano dispensing drugs for clients

poor they could not afford to buy her baby the milk formula that she needs, and instead would send her pap made from guinea corn.

The workers at the health facility are aware of Sadiya's HIV status. She goes there to receive her antiretroviral drugs and therapy, and now takes her baby there for the same purpose. She says they treat her and her baby with respect and warmth.

Junior Community Health Extension Worker (CHEW) Alawiyya Isa explains that Sadiya brought her baby to the health facility the Monday after her birth to be examined and treated. "We were aware of her situation, so I immediately gave the child Nevirapine syrup, to protect the child and prevent the virus from multiplying," she reported. "We have maintained this treatment course, and she comes

here every two weeks for follow-up. When the baby is 42 days old, we will place her on clotrimazole syrup. The baby has received all vaccines for her age, and will be tested for the virus at six weeks. We are not afraid to attend to them, because of the trainings we have received, and we observe all the protocols. We pray that they both survive.”

Alawiyya has been a CHEW for 10 years. Excitedly, she reels off what she learnt at the PATHS2-supported Integrated Management of Childhood Illnesses (IMCI) training in 2012. “I am happy about the training PATHS2 gave us—more knowledge about managing children when they are sick. I am very, very happy. I also trained my fellow workers when I returned from the training. We have been practicing what we learnt—when to treat a child, like in malaria and diarrhoea; and when to refer the child to a hospital when the child is vomiting or convulsing.”

Alawiyya’s colleague, 48-year-old Senior CHEW Hauwa Sani Auta, looks on proudly and indulgently as she listens to 30-year-old Alawiyya. Hauwa and Alawiyya are among the 10 health workers in the facility, which is composed of six CHEWs and four midwives; Hauwa has been a CHEW since 1989. Her training in PATHS2-supported life-saving skills in maternal and child health began with the Advanced Life-Saving Skills training in 2011. Since then, she has benefited from other trainings, including Post-Abortion Care and Family Planning. She says she also benefitted from Alawiyya’s

training in IMCI, because she taught them all she learnt. “We teach ourselves when we return from the trainings,” she says.

So, having been a CHEW for 25 years, what new knowledge did she acquire from these trainings?

“It is about the new ways things are done. Like, we were taught how to resuscitate a baby and the first thing to do is to wash our hands, then use a hand glove. We should have soapy water and some clean water at hand. Then we clean the baby’s mouth and then we place gauze over the mouth to do mouth-to-mouth resuscitation.”

The IMCI strategy delivers key interventions that prevent and treat the most common causes of mortality in children, which include neonatal infections, pneumonia, diarrhoea, measles, malaria, under-nutrition and HIV infection. This integrated approach gives health workers clear guidelines on how to care for a sick child, as well as ensuring that the whole child is cared for at a single visit.

Based on this approach, developed by WHO and UNICEF, PATHS2 has trained and mentored 164 health workers in Kano State on IMCI. The National Demographic Health Surveys show a reduction in under-5 mortality in North West Nigeria, where Kano is located, from 217 in 2008 to 185 in 2013.

For more information, please contact: Mike Egboh (m.egboh@paths2.org)

FOLLOW US ON-LINE:

www.paths2.org • www.facebook.com/paths2nigeria • www.youtube.com/paths2nigeria
www.flickr.com/paths2nigeria • www.twitter.com/paths2

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

Funded by UKAID from the Department for 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 most in need. In addition to its work at the federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.

