



## **All hands on deck: Protecting the lives of women and children in Katsina State**

*“My household is an extended family house. We are more than 20 women. All the women in our house now bring their children to the health clinic for immunization. Some of us are pregnant women and we visit for antenatal care.”*

So explains 22-year-old Halima. Halima’s village, Tandama in Danja Local Government Area (LGA), is part of a new health promotion approach called ‘Health Partnerships’, which involves the whole community in improving the delivery and use of antenatal and immunization services.

These partnerships are already beginning to show results in Tandama and other wards in Katsina State, as well as in wards in the other Northern Nigerian States in which the approach is being introduced – Jigawa, Yobe and Zamfara.

“Before, attendance at antenatal services was 20 to 30 persons a week”, explains Lawal Abdullahi, Officer-in-Charge of Tandama Primary Health Care centre. “Now we record 50 to 80 cases. Routine immunization has also improved with over 40 immunizations a week.”

Binta Dahiru Danja, in charge of antenatal services at the clinic, agrees: “The partnerships mean that more women are using our services and we are seeing fewer women and children dying within the community.”

Community Health Volunteers and local health workers are active partners in the Health Partnership. Thirty volunteers have been trained in each pilot ward in Katsina State to lead lively and informative discussions on routine immunization and antenatal care.

In Funtua LGA, volunteers have partnered with local clinics to identify women and children who have missed their routine immunizations and to make sure they are brought to the clinic. “The volunteers are working with the Officer-in-Charge to record increasing attendance at routine immunization and antenatal care services”, says Mallam Sani Nanladu of Maska Ward.

The story is the same in Goya and Nasarawa Wards in Funtua LGA. According to the Goya Ward Focal Person, Bilkisu Shuaibu, “Before the introduction of the Health Partnership immunization awareness was about 30 per cent. Now it is up to 75 per cent. The women in these wards now know about the ‘vaccination hand’ and the importance of attending antenatal services.”

The vaccination hand is one of the communication tools that volunteers are trained to use. These are called whole body tools and communicate vital health information in ways that are easy for community members to understand and remember. They cost nothing and they can be taught to people who cannot read or write.

With the vaccination hand tool, people use their hand to count out the routine immunization schedule to ensure that a child is fully immunized. The four fingers of the left hand are used to name the four routine immunizations scheduled in the first four months of a child’s life. The thumb is used to remember the measles vaccination visit scheduled for the ninth month.

The Health Partnership approach has been introduced by the Partnership for Reviving Routine Immunization Services in Northern Nigeria and the Maternal, Newborn and Child Health Initiative (PRRINN-MNCH), working closely with state and local government staff. The



## Partnership for Reviving Routine Immunization in Northern Nigeria; Maternal, Newborn and Child Health Initiative

vaccination hand poster can be seen in clinics and houses in communities covered by the PRRINN-MNCH programme.

Asmau Lawal, a local facilitator in Danja LGA, is excited about the vaccination hand. “At community gatherings, women and men easily demonstrate the vaccination hand as a reminder of the schedule for routine immunizations,” she says.

“These whole body tools are working for us,” agrees Mallam Sani Nanladu of Maska Ward. “Volunteers are working with health officers, using the vaccination hand, to keep the communities fully abreast with attendance at health facilities for routine immunization and antenatal care services.”

The involvement of men is a big plus for the Health Partnership as they are key decision-makers in every household and community. Often women need men’s permission and financial support to use health services but before the partnerships this was not always available: many men believed that giving birth at home was better and that immunization caused infertility. Involvement in the partnership has given men access to information and things are changing.

Alhaji Bello Lawal, a community leader, father and husband in Funtua LGA said, “Now that we know routine immunization and antenatal care help prevent maternal and child deaths, we, the men of this community, have decided to support our women and children to access these services.” Halima in Danja LGA agreed: “Now, our husbands are ready to make us visit the clinic.”

Religious, traditional and community leaders also play an important role in the success of the Health Partnership. At their meetings and events, like naming and marriage ceremonies, the leaders challenge unhelpful beliefs and urge community members to demand and use immunization and antenatal services.

Through the Health Partnership, community representatives advocate for improved services. In some programme states, communities have set up Village Health Development Committees to ensure that local officials become more accountable to service users. For instance, people have used the committees to advocate for specific dates for routine immunization sessions and to have rude and ineffective staff removed.

Government is the final, and very important, partner in the Health Partnership. The Katsina State Government has increased the annual budget for the health sector. It has also established a task force to address issues of routine immunization and polio eradication. Governor Ibrahim Shema approved the task force’s recommendation that all LGAs should provide vehicles for the Primary Health Care departments to ensure vaccine distribution, supervision and monitoring. Now, each LGA provides motorcycles for immunization staff in every ward. The Chairman of Danja LGA, for instance, has provided 10 motorcycles. In addition, the State Primary Health Care Development Agency is planning to introduce motorcycle training for health staff. These staff will provide services as part of a mobile village-to-village scheme within the wards.

By bringing ‘all hands on deck’ to increase demand for immunization and antenatal services, the Health Partnership approach is having a real impact in Katsina State. Sustaining and replicating these efforts is crucial, as is the next challenge for the Partnerships – supporting government-led efforts to make sure that there are appropriate services in the state to meet this demand.

*By Oma Julie Asu*