

Improving routine immunisation

Key accomplishments within a state-wide Primary Health Care system

The challenge: routine immunisation losing out to irregular campaigns

RI in Northern Nigeria has historically suffered from poor services, vaccine stock-outs and lack of community engagement. This has led to low immunisation coverage rates. This has been further complicated by supplemental activities such as immunisation plus days (IPDs). The large number of these days, the monetisation of the process and the time spent in planning and implementation has meant that the PHC system has often ground to a halt. IPDs have become the only game in town, to the detriment of routine immunisation.

In 2007, the vaccine cold chain was suffering from lack of equipment and electricity. Distribution of vaccines was dependent on ad hoc collection by health workers. The political will to strengthen routine immunisation was low. Polio campaigns were reinvigorated after the 2003 boycott and as the frequency of campaigns increased, efforts to eradicate polio pushed government and partners' focus away from routine immunisation.

The response: a broad approach to strengthen RI

A strong routine immunisation system not only decreases childhood disease, but also increases the likelihood that more children will be reached by

Key messages: Strengthening primary health care systems and service delivery while building community engagement has resulted in significant improvements in routine immunisation services.

- 1 Routine immunisation in Northern Nigeria has historically been a challenge, and is complicated by over-emphasis on sporadic immunisation plus days.
- 2 RI in all four PRRINN-MNCH intervention states has grown through steady emphasis on coordination of PHC services, better leveraging of existing funds, improved service delivery and tracking, plus promotion of the need for immunisation.

polio vaccination between campaigns. Maintaining high immunisation coverage against polio and other diseases ensures that eradication efforts can be sustained. It also builds community trust when services are consistently available; and when services are efficiently managed, the government can reduce costs.

Improving immunisation service delivery depends on availability of vaccine, functioning equipment to store vaccines at safe temperatures and quality service by health care workers – all with support and funding from national and sub-national governments and international partners.

While supporting the polio eradication initiative (PEI), the focus of PRRINN-MNCH's work has been on strengthening the RI system through a broad-based health system strengthening approach.

Governance of immunisation

Improved coordination of PHC services through the development of 'PHC under one roof' (PHCUOR) into Nigerian national policy and state legislation. Jigawa, Yobe and Zamfara have established state

PHC or Gunduma/district boards, amalgamating responsibilities and services in line with the PHCUOR policy. The process is ongoing in Katsina.

Enhanced policy making, planning and budgeting via support to state-led annual processes. More efficient processes free up more funds for the PHC system, including immunisation.

Advanced the proper functioning of the State Interagency Coordination Committee (SIACC). PRRINN-MNCH collaborates with partners including WHO, UNICEF, PATHS2 and GAVI to implement RI activities such as training and micro planning.

Instituted effective performance reviews (RI being a key component) to monitor progress against targets and guide decision making.

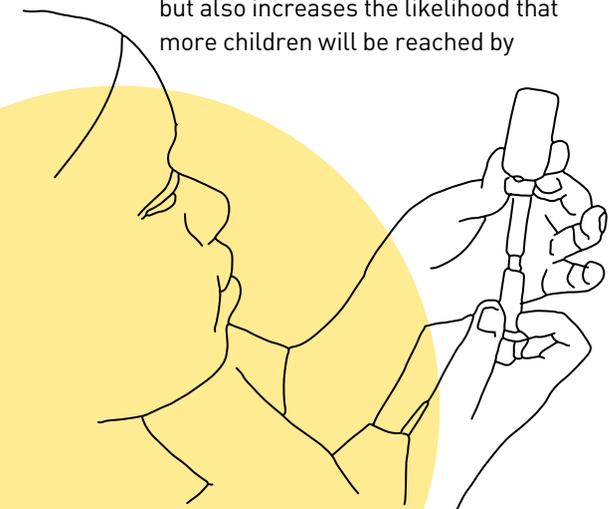
Increased focus on RI through advocacy.

Health financing

Expanded availability of funds for RI through a pooled funding mechanism in Jigawa and a basket fund in Zamfara.

Supported leveraging of additional resources for RI, with improved account management and transparency. All four states have been accessing and retiring GAVI funds for the last four years.

THIS DOCUMENT IS ONE OF A SERIES OF KNOWLEDGE SUMMARIES THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME



Service delivery (immunisation)

Enhanced technical skills for RI services through regular training and supportive supervision. Thousands of health workers have been trained in the four states on different aspects of immunisation including Reaching Every Ward (REW) strategy, vaccines management and surveillance.

Expanded systems for supportive supervision at state and Local Government Area (LGA) levels in all four states.

Expanded planned maintenance via increased state government capacity for maintenance of solar refrigerators.

Improved vaccine storage capacity at state and LGA/health facility levels through buying and maintaining solar refrigerators; over 100 solar refrigerators are maintained every year across the four states.

Improved access to RI services through support for outreach immunisation services, as well as the vaccine distribution system from state to LGA and from LGA to health facilities.

Health Management Information Systems (HMIS)

Enhanced access to immunisation data with DHIS2 software in the programme states. Data is accessible via the internet.

Improved quality of reported data and analysis through tools and regular data quality audits. Data quality has significantly improved.

Introduced mobile phones to track vaccine stock-outs.

Demand creation

Mothers' awareness of the immunisation schedule improved through the activities of community volunteers as part of the Routine Immunisation Community Engagement (RICE) strategy. Knowledge of vaccination schedules among women increased from 7% to 52%.

Increased standing permission to take child to facilities for immunisation from 40% to 82%.

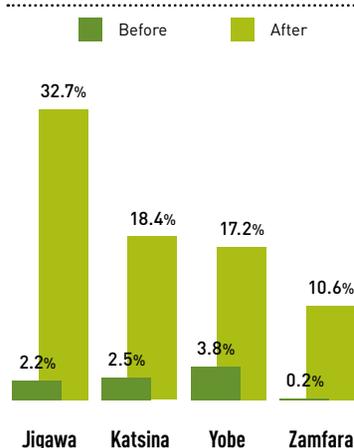
Promoted RI through the use of communication materials, including radio jingles, the 'vaccination hand' poster and RI training DVD which was adopted nationally.

The results

Working to strengthen primary health care systems and service delivery while building community engagement has resulted in significant improvements in routine immunisation services.

The PRRINN-MNCH household surveys show a vast increase in DPT3 coverage and an impressive increase in fully immunised children and OPV (Oral Polio Vaccine) coverage. Surveys show marked changes across all four states.

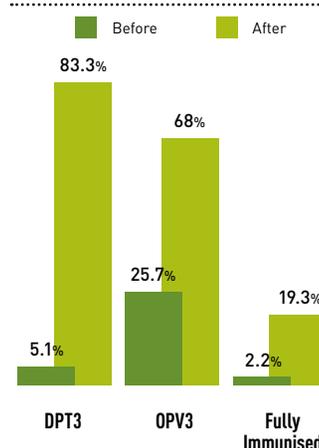
Fig 1: Fully immunised coverage



Source: Baseline data 2009, Endline data 2013

The number of fully immunised children increased significantly in all four states.

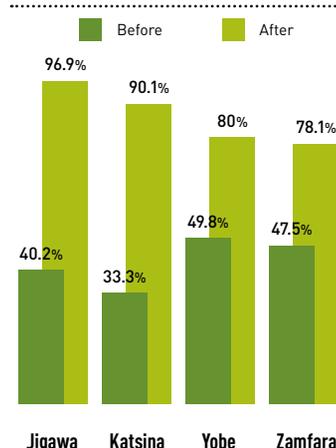
Fig 2: Immunisation coverage



Source: HHS data: Baseline data 2009, Endline data 2013

Women who know the number of immunisation visits and who have standing permission to take a child to a health facility also increased between the PRRINN-MNCH baseline and endline household surveys (HHS). Some states show a more impressive increase than others.

Fig 3: Women with permission to take a child to the health centre



Source: HHS data: Baseline data 2009, Endline data 2013

Immunisation-related knowledge results from the 2013 endline KAP (Knowledge, Attitudes and Practices) survey were also very positive. Correct knowledge of the timing of the first, second and measles vaccinations increased dramatically over time.

Strengthening routine immunisation services requires a broad based health systems strengthening approach.



Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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