



IMPROVING ROUTINE IMMUNIZATION IN NORTHERN NIGERIA

Key accomplishments within a functional state wide Primary Health Care system

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

Overview

Routine Immunization (RI) in northern Nigeria has historically suffered from poor services, vaccine stock-outs and lack of community engagement. Through support to five areas of the health system, the Partnership for Reviving Routine Immunization in Northern Nigeria /Maternal Newborn and Child Health (PRRINN-MNCH) programme has achieved significant progress. PRRINN-MNCH began in 2006 and runs to December 2013, operating in four northern states of Jigawa, Katsina, Yobe and Zamfara (population 18 million). Through support to five areas, significant progress has been achieved.

1. Governance of Immunization:

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, while 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 immunization.

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.

2. Health Financing

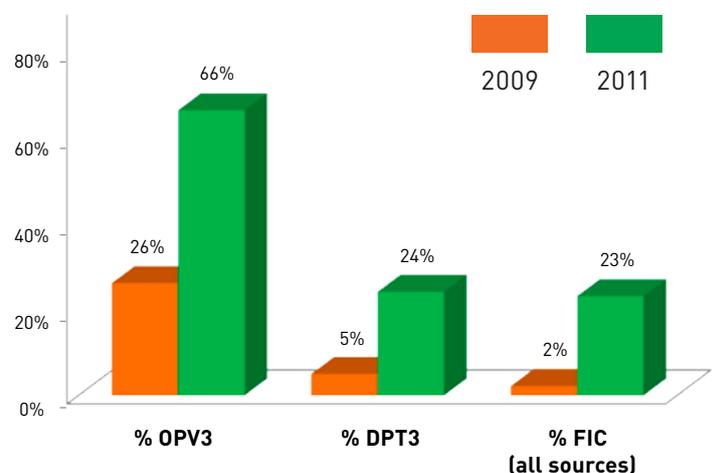
Expanded availability of funds for RI through the establishment of a pooled funding mechanism in Jigawa and a Basket Fund in Zamfara.

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.

Fig 1: Increase in immunization coverage for children under one year

Results of the PRRINN-MNCH Baseline (2009) and Midterm (2011) Household Surveys



OPV = Oral Poliovirus Vaccine; DPT = Diphtheria, Pertussis, Tetanus; FIC = Fully Immunized Child

3. Service Delivery (Immunization)

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

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

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

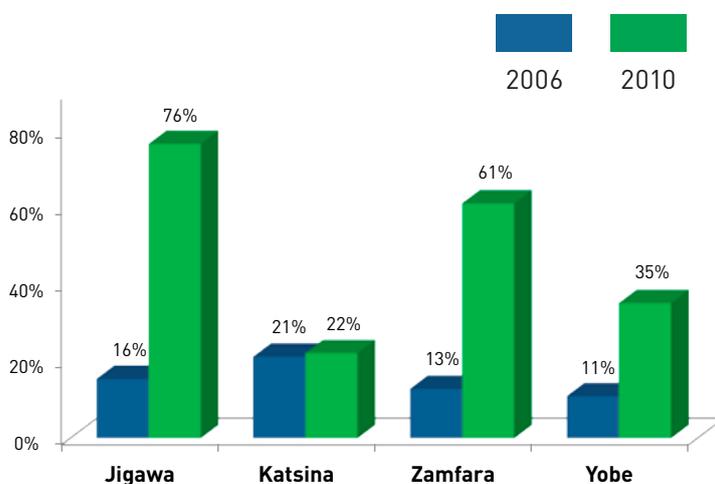
Improved vaccine storage capacity at state and LGA/health facility levels through the procurement, repair and maintenance of solar refrigerators; over 100 solar refrigerators are maintained every year across the four states.

Improved access to RI services through support to the

provision of outreach immunization services, and the vaccine distribution system from state to LGA and from LGA to health facilities.

Fig 2: Percentage of infants fully immunized in PRRINN-MNCH supported states

Results of the 2006 and 2010 NICS Survey



4. Health Management Information Systems

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

Improved quality of reported data and analysis through provision of tools, regular data quality audits; data quality has significantly improved.

5. Demand Creation

Improved awareness by mothers, of the immunization schedule through the activities of community volunteers as part of the Routine Immunization Community Engagement (RICE) strategy. Knowledge of vaccination schedules among women increased from 7% to 52% (Fig 3).

Increased standing permission to take child to facilities for immunization from 40% to 82% (Fig 3).

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

Fig 3: Changes in Knowledge and Attitudes on Routine Immunization in all four states

Results of the PRRINN-MNCH Baseline (2009) and Midterm (2011) Household Surveys

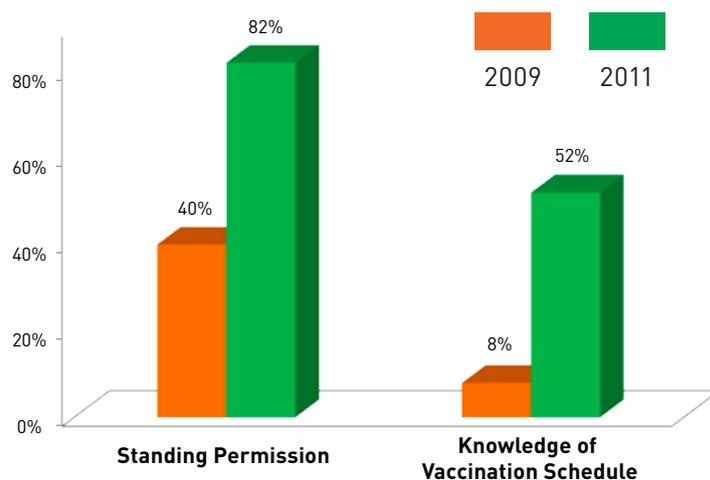
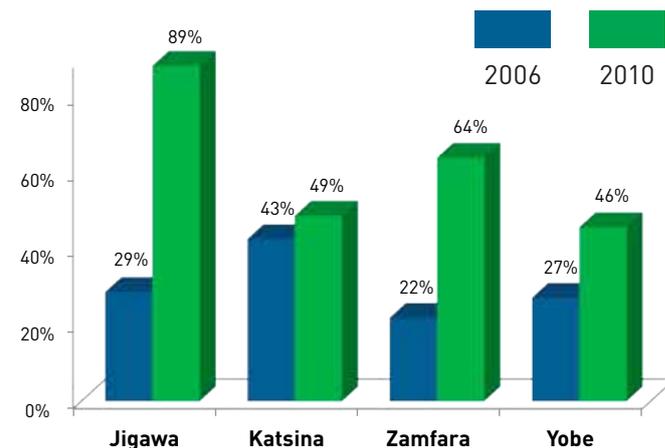


Fig 4: Increase in DPT3 Coverage in PRRINN-MNCH Supported States

Results of the 2006 and 2010 NICS Survey



Key Outcomes

PRRINN-MNCH takes a holistic approach to improving routine immunization services and coverage. Working to strengthen primary health care systems and service delivery while building community engagement has resulted in significant changes in coverage and use of routine immunization services as shown in Figures 1-4.

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