



Knowledge breaks down barriers

Community volunteers in Yobe State are helping to raise awareness about the importance of routine immunization and antenatal services, while mobilising their communities to address the cultural barriers that discourage them from using these services.

Yobe State has suffered from unacceptably high maternal mortality and childhood killer diseases such as polio and measles. Traditional cultural and religious practices have discouraged people from using available health services. One such cultural practice is that a woman should remain indoors for 40 days after giving birth. This prevents her from accessing postnatal services for herself and immunization services for her newborn child.

Now, with a sustained awareness campaign by the Partnership for Reviving Routine Immunization in Northern Nigeria and the Maternal, Newborn and Child Health initiative (PRRINN-MNCH), working hand-in-hand with government, the situation is changing fast.

State Programme Officer Hajia Zainab Abdul Moukarim declares, “We are breaking traditional and cultural barriers as parents are now bringing their children to be immunized.”

This is confirmed by health workers in programme sites. Daura ‘A’ clinic offers routine immunization, antenatal services and health education for in- and out-patients. Uptake of services used to be very low. “Now more than 10 patients come every week and we collect vaccines from local government headquarters twice a week”, explains Mustapha Ganyema, officer-in-charge at the centre.

The situation is similar in Kollere Primary Health Care clinic, where the officer-in-charge, Mallam Abdullahi Ibrahim, says, “Between 20 and 30 children are now brought to the clinic every month for immunization. Less than five used to come before the PRRINN intervention.”

The programme’s community engagement approach spreads knowledge about the importance of maternal and child health services, especially antenatal care and routine immunization. At the heart of this approach is the recruitment and training of community members as health volunteers.

Mobilisation efforts are first targeted at community leaders, such as religious leaders, who are educated about the benefits of allowing and encouraging pregnant women and mothers to attend health clinics. “Once these leaders are won over, they become key change agents in their communities,” Hajia Zainab explains.

The community leaders use community meetings to share and disseminate information and to invite community members to become volunteers in order to educate and mobilise their peers to access health care services.

The community volunteers are first trained by local government health educators and then by PRRINN-MNCH staff at refresher training sessions. They hold discussions with health workers on mother and child health and routine immunization, track newborn babies, and mobilise parents to attend immunization sessions at local primary health care facilities.



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

“Once I hear that a woman has delivered”, explains Hajia Musma Koro, a community volunteer at Daura ‘A’ clinic, “I quickly visit her and ask her to take the child to the clinic for immunization.”

The majority of the volunteers are women, and most are grandmothers. There are some male volunteers but men in particular seem to be discouraged by the fact that the volunteers receive no payment for their services. In Kollere, Maina Adamu Ibrahim says, “I know of some who are not working again and I tell them to come back because it is for the good of their children.”

However, many volunteers remain committed. “We were told during training that there will be no payment for what we are doing, but I like what I am doing because it will help children”, says Amina Bukar.

Other volunteers echo the fact that helping their communities and protecting their children is a big motivation. For Kawu Larema, a 47-year-old volunteer also from Kollere community, volunteering in itself is key. “I like the role because it affords me a rare opportunity to help others in my community,” she says. So far, she has successfully convinced 27 women to bring their children to the clinic for immunization, but as she acknowledges, “There are yet more to be convinced to bring their children and we will do more to see that every mother brings her child to the clinic.”

As a result of the activities of the volunteers, more pregnant women are also attending antenatal clinic sessions. Eighteen-year-old Rekaya Hassan, who is five months’ pregnant, attends Kollere clinic regularly. She explains how Amina Bukar impressed on her the importance of attending antenatal services. “Health workers at the clinic also encourage me to come,” she says.

Clearly, the community engagement initiative has helped to increase the demand for maternal, newborn and child health services, but this has also exposed some inadequacies in the state health system, such as the lack of trained health personnel, and poor conditions and staff motivation.

Earlier this year, pregnant women and mothers were unable to receive health care services at the Kollere primary health care facility as the only health worker at the facility did not receive his salary and had to leave the post. Services were restored only after Dudu Baba paid a protest visit to local government officials.

Now, with more community members coming to health centres to access services, it is important that the health facilities are able to meet the new demand. PRRINN-MNCH will be supporting government plans in this area while continuing to roll out the community engagement approach beyond the initial pilot areas to more Local Government Areas and local communities.

By Simon Amase