Nigeria: A Supportive Approach to Improving Immunization

Supportive supervision improves immunization services in Northern Nigeria

In the face of many challenges, a health worker in Bengaje village in northern Nigeria has been able to increase the number of children in his community who are up-to-date with their immunizations. "For me, helping to serve my community by reducing our health problems is the most important thing," says Aliyu Sarkin Aski, 35.

Over the years, Nigeria has struggled to ensure that all of its children are vaccinated regularly. In 2003, only 25% of Nigerian children were immunized and in 2006, only 36%. In some northern states of Nigeria, immunization rates have fallen as low as 10% in past years.

To combat this problem, in 2005 the government of Nigeria adopted the World Health Organization's Reaching Every District approach for improving routine immunization coverage worldwide, which Nigeria adapted to "Reaching Every Ward." A key part of Reaching Every Ward is something called supportive supervision, which is a collaborative method of supervising that encourages employees to share the responsibility for finding solutions to problems such as immunization coverage.

In Aliyu's case, supportive supervision has made a huge difference in terms of understanding how to improve the quality of the immunization program at Bengaje's health facility. "Before supportive supervision, routine immunization services were conducted with negligence and no standards," said Aliyu. "We didn't have a good understanding of how to manage vaccines or the cold chain or even how to track people's immunization records."

USAID's IMMUNIZATIONbasics project has been working in Nigeria since 2007 to support the country's aims to improve its routine immunization program. Specifically, IMMUNIZATIONbasics has helped establish a supportive supervision system in the area where Aliyu works. The project has trained both state and local government area (LGA) health staff how to assess job performance, give constructive feedback, and work cooperatively with health facilities to improve the management and delivery of immunization services with a focus on weaker-performance areas.

In Bengaje, Aliyu's newly-trained supervisor conducted supervision using a checklist of appropriate service standards that IMMUNIZATIONbasics helped both the LGA and health facilities create together, based on national guidelines. The checklist ensures that the health facility and supervisor are paying attention to issues that are specific to the LGA's immunization services. The checklist serves both as a self assessment tool for the health facility and a supervision tool for the LGA. Reflecting on the checklist results provides an important chance for LGAs and health facilities to probe particular gaps in immunization and work together to make sure all eligible children and women of child bearing age get vaccinated. While the process focused on immunization, supportive supervision and all the other components of the "Reaching Every Ward" approach are flexible and can be used to strengthen other primary health care interventions.

"I had heard about supportive supervision before," said Aliyu, "but I thought it was a fault-finding activity. Now I realize that it is about helping me build my skills and I even look forward to the next visit and hope my LGA will continue the process. Having a more experienced supervisor support my work has given me the opportunity to be creative in initiating good health strategies in my community. Now parents and caregivers are asking for routine immunization services and my good relationships with them allows me to track those not completing their immunization. I have gained back my respect."

IMMUNIZATIONbasics is a five-year global project (2004-2009) that aims to improve the ability of governments and collaborating organizations to deliver and maintain the coverage of quality immunization services. The project is managed by JSI Research & Training Institute, Inc. (JSI), with partners Abt Associates, Academy for Educational Development (AED) and the Manoff Group, Inc. More information can be found at immunizationbasics.jsi.com.

http://www.jsi.com/JSIInternet/FeatureStories/Stories/Nigeria_-_A_Supportive_Approach_to_Improving_Immunization.cfm

Pneumonia Case Studies

Example

Abu is 18 months old. His skin is not hot. His mother brought him to the clinic because he has a cough. She says he is having trouble breathing. The CBD checked Abu for general danger signs. Abu is able to drink. He has not been vomiting. He has not had convulsions. He is not lethargic or unconscious.

"How long has Abu had this cough?" asked the CBD. His mother said he has been coughing for 6 or 7 days. Abu sits quietly on his mother's lap. The CBD counted the number of breaths the child takes in a minute. He counted 41 breaths per minute. He thought, "Since Abu is over 12 months of age, the cut-off for determining fast breathing is 40. He has fast breathing."

The CBD did not see any chest in-drawing. He did not hear any noisy breathing. Here is how the CBD recorded Abu's case information and signs of illness:

1. To identify Abu's illness, the CBD looked at the flowchart for difficult breathing.
    a. First, he checked to see if Abu has any of the general danger signs. No, he does not. Does Abu have any pneumonia-specific danger signs? “No, he does not."
    b. Next, the CBD checked for the main symptoms that CBDs are supposed to find and treat. He thought, "Does Abu have diarrhea for less than 14 days, fever for less than 7 days, or fast breathing? He has fast breathing."
    c. The CBD classified Abu as having PNEUMONIA.
2. He wrote the breath count and ticked the box for Pneumonia on the Patient Register.

Case 1: Komba

Komba is 6 months old. His skin is hot. His mother said he has had cough for 2 days. The CBD checked for general danger signs. The mother said that Komba is able to breastfeed. He has not vomited during this illness. He has not had convulsions. Komba is not very weak or unconscious.

The CBD said to the mother, "I want to check Komba's cough. You said he has had cough for 2 days now. I am going to count his breaths. He will need to remain calm while I do this."

The CBD counted 58 breaths per minute. He did not see chest in-drawing.

a. Record Komba's signs on the Patient Register.

Case 2: Wango

Wango is 8 months old. Her skin is very hot.

Her father told the CBD, "Wango has had cough for 3 days. She is having trouble breathing. She is very weak." The CBD said, "You have done the right thing to bring your child today. I will examine her now."

The CBD checked for general danger signs. The mother said, "Wango will not breastfeed. She will not take any other drinks I offer her." Wango does not vomit everything and has not had convulsions. Wango is lethargic. She does not look at the CBD or her parents when they talk.

The CBD counted 55 breaths per minute. He saw chest in-drawing. He decided Wango had noisy breathing because he heard a harsh noise when she breathed in.

Record Wango's signs on the Patient Register.

Case 3: Peter

Peter is 18 months old. His skin is not hot. His mother says he has had a cough for 3 days.

The CBD checked for general danger signs. Peter's mother said that he is able to drink and has not vomited anything. He has not had convulsions. Peter is not lethargic or unconscious.

The CBD counted the child's breaths. He counted 38 breaths per minute. The mother lifted the child's shirt. The CBD did not see chest in-drawing. He did not hear any noise when he listened to the child's breathing.

Record Peter's signs on the Patient Record.