MNCH2
Empowering Communities
Strengthening Health Systems
Saving Lives

LEARNING BRIEF

The Maternal, Newborn and Child Health Programme in Northern Nigeria (MNCH2) is a UK government-funded five-year programme designed to strengthen health systems and improve maternal and child health outcomes in six states: Jigawa, Kaduna, Kano, Katsina, Yobe and Zamfara. The series of learning briefs looks at the lessons from working towards a stronger health system and more empowered communities.

Sustaining community interventions through government leadership and collaboration: the case of the Jakadan Lafiya

The immunisation coverage in Jigawa State in Northern Nigeria has historically been among the lowest in the country. This learning brief looks at how the government of Jigawa mobilised communities and resources and convened its development partners to deliver State Outreach Days (SODs) to radically improve the immunisation coverage; and how this set in motion a new initiative, the Jakadan Lafiya, which by bringing services closer to marginalised communities aims to build on and sustain the success of the SODs.

BACKGROUND

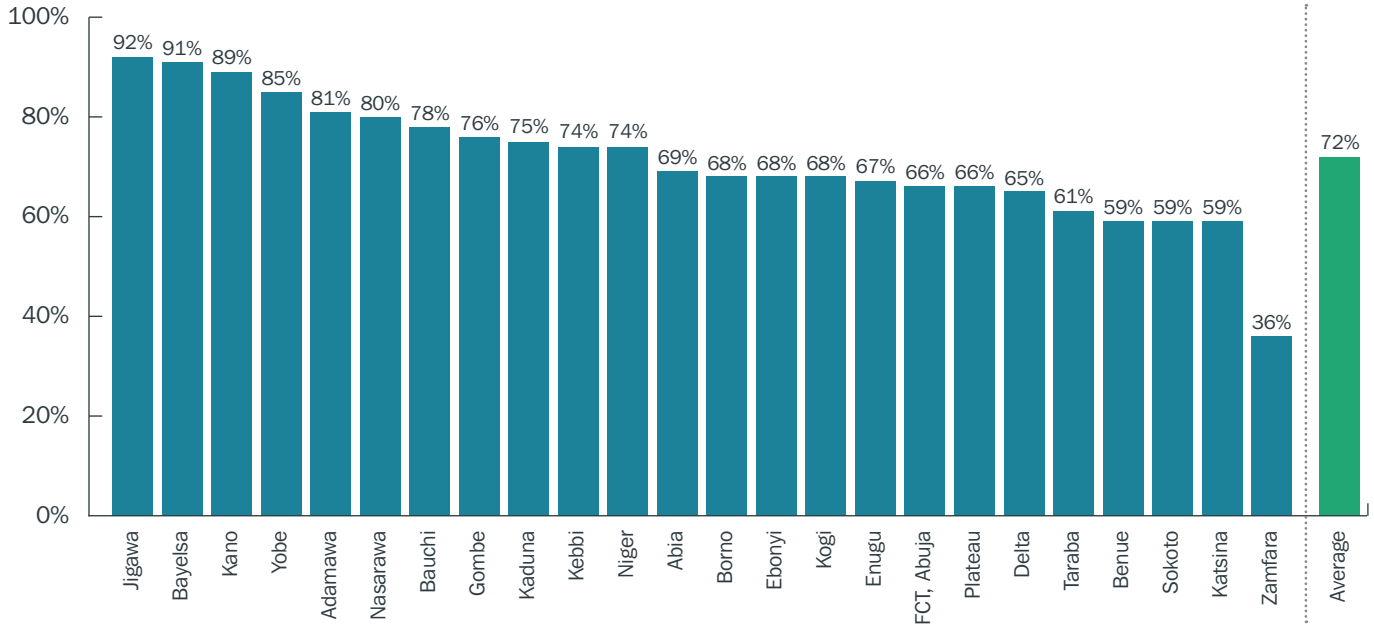
Jigawa has one of the poorest maternal, neonatal and child health outcomes in Nigeria. Every year outbreaks of vaccine preventable diseases like measles and whooping cough claim lives in the state. As a result, many children die before their fifth birthday. Many of these deaths could have been avoided if these children had been able to access immunisation. The 2017 Nigerian Multiple Cluster Indicator Survey (MICS) revealed that only about 2% of children had been fully immunised.

In late 2017, the Jigawa State Primary Health Care Development Agency (JSPHCDA) embarked on a mass immunisation campaign along with the National Primary Health Care Development Agency, WHO AFENET, Bill and Melinda Gates Foundation (BMGF), New Incentives, UNICEF and a UK government-funded Maternal and Child Health (MNCH2) programme. Since its introduction in August 2017, the SODs have reached and vaccinated about 390,000 children over a two-year period – bringing Jigawa's immunisation coverage to 92%, the highest in the country (Source: WHO Lot Quality Assurance sampling, Q1, 2019).

In many remote communities, the State Outreach Days, where health workers leave facilities to deliver immunisation, is the only way people can access basic health services

Women and children visited by an MNCH2 team during a State Outreach Day in Maskadu village

PROPORTION OF CHILDREN APPROPRIATELY IMMUNIZED FOR AGE BY CARD+HISTORY, RI LQAS, Q1, 2019



FROM STATE OUTREACH DAYS TO THE JAKADAN LAFIYA

The outcomes in Jigawa demonstrate that immunisation campaigns such as SODs can have a huge impact on vaccine coverage levels. Mass immunisation can increase awareness and is appropriate in certain contexts – particularly in emergency or post-crisis situations – and there is some indication of SODs impact on routine services as shown by the the virtual elimination of vaccine preventable diseases, such as measles.

However, some of the limitations of the SODs are the lack of information (e.g. birth registers) and buy-in by the communities. This can compromise the long-term efficiency and effectiveness of the intervention and the health workers may not be reaching all eligible children. Without a systemic change (or repeated campaigns), the results may not be sustained.

The Government of Jigawa, through the JPHCDA, set out to build on the success of the SODs to achieve transformational change that would bridge the gap between health services and communities. Following an outbreak of 'a mystery illness' (later confirmed as malaria) in the village of Gidan Dugus that claimed the lives of almost 50 infants in August 2017, the JPHCDA decided to have a focal person – a 'Jakadan Lafiya' (Health Ambassador) – in each of the 12,000 communities in the state.

THE ROLE OF TRADITIONAL AND RELIGIOUS LEADERS

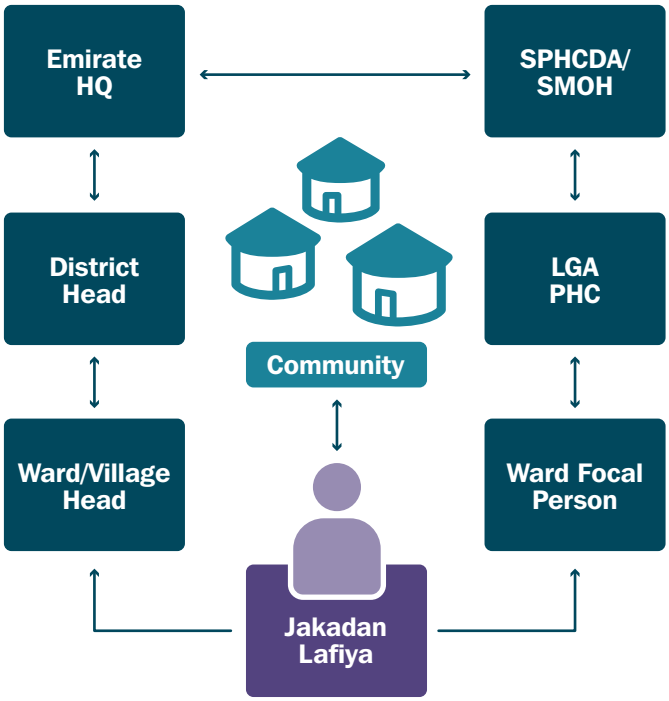
The approach to having a focal person is based on the idea of bottom-up, community-owned health services. To be effective in the long-term, communities would have to not just accept, but own the interventions. Evidence from around the world shows that gatekeeping is effective in orienting communities toward health services. Gatekeepers are often opinion leaders with the capacity to change social norms, and accelerate behavior change. Because religion and tradition run deep in the lives of the largely Muslim communities in northern Nigeria, engaging religious and traditional leaders was key to the Jakadan Lafiya initative.

The JPHCDA consulted the five Emirs of the State, the highest-ranking leaders in the traditional system, to help identify and rally community health ambassadors. This collaboration built on the existing good relationship with the traditional and religious leaders through the state's Emirate Councils on Health.

The Emirs identified 12,000 local Health Ambassadors that met the agreed criteria: they had to be trusted by the community members; reside in the village they would be represented; and not be affiliated with any political party. Ideally, they would also know how to read and write.

Following their identification, the JPHCDA developed the Terms of Reference (ToR) for the Jakadan Lafiya. Their role boils down to four key areas: maintaining birth registers and reporting maternal deaths to the health facility; disease surveillance; and the coordination of all health interventions in their communities.

The Jakadan Lafiya are connected to the health system through the Ward Focal Person (see the figure below). They receive a basic sensitisation after which their contact details are displayed on the wall of each facility.



Most (70%) of the Jakadan Lafiya volunteers are village heads, but they can also be other prominent community members, such as barbers. Almost all (95%) are men, but because men may not hear about family matters that are kept private – such as a pregnancy related complications – they must work closely with women's groups and traditional birth attendants.

The Jakadan Lafiya will be supervised and monitored by the Ward Development Committee (WDC), which consists of a Facility Health Committees (FHCs), health workers and other stakeholders in the area. The ultimate accountability lies at the state-level with the SPHCDA and the Emirate Health Office.

IMPACT

The roll out of the Jakadan Lafiya started in late 2018, a year after its inception. Although the value of champions has been well-documented, attribution of impact is often challenging. However, as an immediate outcome, the state – for the first time – has reliable information on births and therefore the number of unvaccinated children. This also has huge potential and implications for other sectors and areas, such as school enrolment.

As distance to a health facility remains a barrier for many communities, the state plans to continue the SODs. However, it is expecting to reach 100% coverage by 2020 by pairing this with the Jakadan Lafiya initiative.

There are no official figures, but the JPHCDA believes that the initiative has also improved disease surveillance: there hasn't been a day when the health facilities haven't received new information from a village. The data is sent to the state emergency response coordination committee through the Local Government Emergency Routine Immunisation Coordinating Centre (LERICC) and to the District Health Information System (DHIS2).

HOW NAMING A BABY PROTECTS AGAINST A PREVENTABLE ILLNESS

Bashari Galadima started officially working as a Jakadan Lafiya in Gidan Dugus earlier this year. He is also the village head responsible for important community rites and celebrations, including baby naming ceremonies. Before deciding what to call a baby, he calls the health centre.

"On the day of the delivery, I send the family to the health facility, so that the doctor can immunise the child," he explains "[After the naming ceremony] I take the child's name to the doctor for him to record. After four weeks, we crosscheck registers to see if those that have been registered have returned for their follow-on dose. The ones that haven't returned, we follow up to find out why […] The ones that resist the registration initially think that something bad may happen, but we overcome this by explaining it to them."

Khadija Magaji is a 15-year old mother whose son was the first baby to die during the malaria outbreak in Gidan Dugus. He came down with fever, and by the time the family got to the hospital, his condition had deteriorated.

"He seemed to get better, but because it was his time, he died," Khadija says. Since the epidemic, both of her younger children have been vaccinated. In a region, where diseases such as measles or polio are still present, parents are quick to make connections between immunisation and the general wellbeing and development of their offspring: "We really see the importance of these vaccines […] Your child will crawl and walk without any issues."

A Jakadan Lafiya volunteer (the second man from the left) meets with families in Gidan Dugus, Jigawa

A SIMPLE INTERVENTION THAT SAVES LIVES

The Jakadan Lafiya is a home-grown initiative that enables the optimal use of the state's health budget while sustaining community interventions. Currently, the initiative is funded through the federal and state governments, the UK government and UN partners, with the largest part of the funding coming from the BMGF. While it is still early days, and evidence is limited, the increasing immunisation coverage is an indication of the promise in using the Jakadan Lafiya to improve "health service delivery at the community level. The JPHCDA is currently looking at how to best leverage the initiative to transform all maternal, newborn and child and other health services

CHALLENGES AND RECOMMENDATIONS

The Jakadan Lafiya are volunteers from communities with low levels of literacy. Their ability to deliver on their full ToR will be tested over time, but to avoid the risk of overburdening the volunteers, there needs to be investment in their training and mentoring. It is important to engage women's groups and traditional birth attendants in the process to address the current gender imbalance. There is also a need for future research on the Jakadan Lafiya: including on the amount and type of support that will enable the Jakadan Lafiya perform their roles effectively; their longer term impact on health outcomes in Jigawa and the extent to which this model can be successfully applied in other similar contexts.

However, the Jakadan Lafiya presents huge potential for the Jigawa health system. It is therefore crucial that all development partners support this system rather than establish parallel structures. The MNCH2 programme, for example, has started the process of collapsing its community interventions with the Jakadan Lafiya scheme. The money saved by donors and the government can be channeled to other system strengthening activities particularly by aligning the Jakadan Lafiya initiative with national primary health care strengthening initiatives such as the National Primary Healthcare Development Agency-led Community Health Influencers, Promoters and Services (CHIPS) programme. The Basic Health Care Provision Fund (BHCPF) is an excellent opportunity to sustain the Jakadan Lafiya initiative.

Young mothers show their children's immunisation cards in Kudai, Jigawa

A NATIONAL CHAMPION PUSHES THE NEEDLE ON IMMUNISATION OUTCOMES

Jigawa State became among the first in the country to be commended by the Saving One Million Lives (SOML) programme, a national initiative set up to expand access to essential primary health care services for women and children in 2015. In January 2019, the State was awarded USD 5.6 million for its efforts that increased the immunisation coverage of children under from 2% to a global benchmark of 82% (which has since increased to 92%). Immunisation is one of the six indicators the SOML tracks.

SOML champions will receive wide interest from other states aiming to strengthen their primary health care services, giving Jigawa the opportunity to showcase its SOD and Jakadan Lafiya approach. The recognition will also help maintain the current momentum in the time of political change, an affirmation of a sustainable legacy that future health programmes can build on.

The Honourable Commissioner for Health along with the Jigawa Primary Health Care Development Agency receive an award from the SOML programme

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