



**Rapid qualitative assessment of health facilities for VAS implementation
during November 2019 Maternal Newborn and Child Health Week
In
Akwanga, Karu And Lafia Local Government Areas
Nasarawa State, Nigeria.
February 2020**

Health Facilities (HF) Visited:

1. PHC Buku, Akwanga East Ward
2. PHC Awon, Akwanga West Ward
3. PHC Ungwan Yara, Agyaga Ward
4. PHC Gbuje, Gwanje Ward
5. PHC Ungwan Habu, Moroa Ward
6. PHC Rafin Kwara, Karshi II Ward
7. PHC Kuchikau, Aso-Kodape Ward
8. PHC Gurku 1, Gurku-Kabusu Ward
9. PHC Rugan Juli, Karu Ward
10. PHC Saka, Uke Ward
11. PHC Ashige, Assakio Ward
12. PHC Ungwan Shalele, Ciroma Ward
13. PHC Azuba Center, Shabu Kwandare Ward
14. PHC Wakwa, Wakwa Ward
15. PHC Ungwan Rere, Arikya Ward

Number of Health Workers interviewed per HF: 2. Very few health workers were available at each facility

Total Number of Health Workers Interviewed: 30

Sex of the Health Workers interviewed:

- Male **40 %** Female **60 %**

Positions of Health Workers interviewed:

- Officer In-Charge **36%**
- Community Health Extension Worker **30%**
- Assistant Officer In-Charge **10%**
- Routine Immunization Focal Person **6%**

- Environmental Health Worker 3%
- Health Attendant 3%
- Health Information Management technician 3%
- Junior Community Health Extension Worker 3%
- Ward Focal Person 3%

General performance of last MNCHW

Did the MNCHW / VAS campaign hold in your service area in January 2020.

Yes: 100% of respondents

In your opinion, on a scale of 1 to 5, how would you rate the quality of this last campaign, with 1 being very poor and 5 being excellent

Very poor	Poor	Fair	Good	Excellent
1	2	3	4	5
	2 = 53 %	3 = 47%		

Reasons for rating the last MNCHW as:

Poor (2):

1. Poor turnout of caregivers for the MNCHW.
2. Inadequate manpower at health facilities during MNCHW.
3. Shortages of some commodities (VAS, albendazole and Sulphadoxine Pyrimethamine) during MNCHW.
4. Poor awareness creation and social mobilization.
5. Poor coordination and planning at health facilities during MNCHW.

Fair (3):

1. Timely availability of VAS.
2. Fair turnout to health facilities during MNCHW.
3. Some facilities reported shortages of red VAS capsules during MNCHW.
4. Fewer reported cases of Adverse Events Following Immunization (AEFI) during MNCHW.
5. Better use of social mobilization channels. (Town announcers, Community dialogues and religious leaders)

Total number of children 6 – 59 months that received Vitamin A in this health facility during the last MNCHW campaign? (Hint: Confirm from the HF register)

***No documentation available**

- VAS administered during the MNCHW is usually recorded on the tally sheets and in the Health Facility registers. However, out of the 15 PHCs visited only 1 PHC had a data reporting tool (HF register) that showed the data for children 6 – 59 months that received Vitamin A during the last MNCHW campaign. Most health workers interviewed reported that tally sheets were filled during the last MNCHW campaign at the health facility level and submitted to Ward Focal

Persons (WFPs) for onward collation of results for the ward, LGA and finally State levels. However, they failed to enter the data into the health facilities registers.

Target number of children 6 – 59 months that your health facility planned to reach with Vitamin A during the last MNCHW?

***No information available**

- Microplanning is usually done at the ward level, after which the Ward Focal Persons are supposed to assign catchment areas and targets for VAS to each health facility. Documentation of this assignment is supposed to be available at the health facility level. However, in all the 15 PHCs visited, the health workers could not provide any documentation that showed the number of children 6 – 59 months targeted to receive Vitamin A during the last MNCHW. This is because most of the time, only verbal targets are communicated to them after the ward level microplanning meeting holds.

Supply of Vitamin A Capsules:

Adequate number of 100,000 IU (blue) capsules for all children 6-11 months

- Yes 80%
- No 20%

Adequate number of 200,000 IU (red) capsules for all children 12-59 months

- Yes 87%
- No 13%

State, Local Government and NGO/Partner Support

Did the state government release funds to support the last MNCHW?

***No idea**

In all 15 PHCs visited, the health workers interviewed were not aware if or how much funds were released by the state government to support the last MNCHW.

Did the LGA chairman release funds to support the last MNCHW?

***No idea**

In all 15 PHCs visited, the health workers interviewed were not aware if or how much funds were released by the respective LGA chairmen to support the last MNCHW.

Did you receive any support from NGOs or other partners to support the last MNCHW?

Yes - 0%

No - 100%

Hard-to-Reach Areas (H2RAs)

Many times, hard-to-reach settlements are usually cut off from the main community by difficult terrain due to rains, rivers, mountainous areas, or eroded roads. During each MNCHW, outreach teams are supposed to be sent out to deliver Vitamin A to eligible children in these H2RAs. However, these

outreach teams are not adequate in number or do not receive sufficient logistic support to cover these H2RAs.

1. Are there hard to reach areas in your service area?

Yes **40%**

No **60%**

2. Were outreach teams sent to provide MNCHW services to these hard to reach areas?

Yes **67%**

No **33%**

If yes, in your opinion, on a scale of 1 to 5, how adequate were the quantity of outreach teams sent out to reach the hard-to-reach areas (with 1 being not at all adequate and 5 being very adequate)?

Not Adequate	Somewhat Inadequate	Fairly Adequate	Adequate	Very Adequate
1	2	3	4	5
	2 = 27%	3 = 40%	4 = 33%	

Was logistic support provided to these outreach teams?

Yes **63%**

No **37%**

If yes, in your opinion, on a scale of 1 to 5, how adequate was the logistic support received by these outreach teams (with 1 being not at all adequate and 5 being very adequate)?

Not Adequate	Somewhat Inadequate	Fairly Adequate	Adequate	Very Adequate
1	2	3	4	5
	2 = 27%	3 = 73%		

Challenges:

What are the biggest challenges that hamper high VAS coverage among 6-59 month old children during the MNCHW?

1. Inadequate awareness of MNCHW by caregivers due to poor community sensitization
2. Inadequate numbers of town announcers, ineffective community dialogues leading to poor social mobilization.
3. Caregivers negligence and low prioritization of MNCHW. The MNCHW is a health-facility- based campaign, intended to strengthen the health system and encourage better health-seeking behavior by caregivers. However, some caregivers expect the interventions to be brought to their homes just like the polio vaccines, instead of them having to take their children to the health facilities to receive VAS. Others expect to be given some form of incentive for bringing their children to the health facilities.
4. Little or no financial incentives for health workers during MNCHW, unlike other campaigns (polio, malaria etc.). This often leads to health worker apathy towards the VAS campaign

5. Insufficient number of health facilities implementing the VAS campaign. Out of 700 PHCs in the state, the MNCHW was only implemented in 300 PHCs due to funding and manpower inadequacy. Some of the PHCs are also dilapidated.
6. Shortage in manpower (health workers) at the health facilities and outreach teams.
7. Inadequate funding for logistic support during outreaches during MNCHW.
8. Insufficient supply of some commodities during MNCHW
9. Poor drug management practices which in turn leads to wastages
10. Inadequate funding and support for MNCHW

Recommendations:

What suggestions do you have for ensuring high coverage during the next MNCHW?

1. Need to improve awareness creation, community sensitization and social mobilization activities among community members and caregivers of eligible children prior to and during the MNCHW.
2. Need to continue to communicate the importance of VAS for child survival to community members (e.g. community leaders, religious leaders, caregivers etc.) so that the MNCHW is prioritized
3. Need for early planning, and timely and adequate funding and support at all levels (state, LGA, partners) to take care of all aspects of the MNCHW campaign (engagement and training of sufficient numbers of frontline health workers and town announcers, procurement of sufficient quantity of commodities, improved community sensitization and social mobilization activities, logistic support for outreach teams, caregiver and health worker incentives etc.)
4. Need for training and retraining of health workers prior to the MNCHW, especially in data documentation and appropriate drug management practices.
5. Need to engage all health facilities to participate in the MNCHW
6. Need to recruit, train, and deploy more health workers to implement the MNCHW at the fixed posts (facilities) and via outreach teams to H2RAs.
7. Need to include a budget for incentives for caregivers (e.g. soap, matches etc.) to boost turnout during the campaign.
8. Need to consider health worker incentives during the MNCHW to address the issue of apathy among the health workers.
9. Need for more partners to support the MNCHW.

Conclusion

This assessment gives a brief snapshot of the quality of the VAS campaign implementation across 15 primary health care facilities during the November / December MNCHW in Nassarawa state. Findings from the assessment reveal that funding is often inadequate to cover all aspects of the campaign such as procurement of commodities, community sensitization activities, training and deployment of health personnel, town announcers and outreach teams to H2RAs. The number of health facilities where the MNCHW is implemented is also grossly inadequate (300 out of 700). Another gap discovered was insufficient manpower (health workers) to implement the campaign at the health facility level and at outreach sites. Furthermore, there were instances where these health workers close down the health facilities to go on outreach to communities 2 – 3 kilometers away due to insufficient health workers to man both the fixed post (health facilities) and outreaches at the same time. Poor health-seeking behavior and low prioritization of the MNCHW by some caregivers was also reported, as well as apathy on the part of health workers because of unavailability of incentives.

Apart from UNICEF that provides the Vitamin A capsules to the state, there were no other partner supporting the implementation of the MNCHW in Nassarawa state. The assessment also found a gap of poor documentation at the PHC level, even though the health workers reported that data was recorded on the tally sheets. These factors were found to affect the quality of the campaign and ultimately VAS coverage as well.

Given these challenges, there is the need to conduct a baseline post event coverage survey to ascertain the true coverage of Vitamin A supplementation among children 6 – 59 months in Nassarawa state.