

The Nigerian Child



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Accelerating Child Survival and Development

A child's right to survival is fundamental. It is the building block towards the realisation of a child's potential and on it hinges other basic rights of the child. Yet, too many children do not enjoy this right to survival and too many still die from diseases that could have been easily prevented or treated through essential interventions.

The FGN/UNICEF Survival and Early Childhood Care programme works to contribute to a reduction in infant, child and maternal mortality in Nigeria. This directly contributes to the achievement of Millennium Development Goals 4 and 5, which seek to reduce the under-five mortality rate by two thirds and the maternal mortality ratio by three quarters respectively.

Main causes of childhood morbidity and mortality in Nigeria include acute respiratory infections, malaria, diarrhoea, measles, pneumonia and increasingly, AIDS; with malnutrition as a major underlying factor.

The poor performance of the health care system, particularly at the local level, is one of the major reasons why so many children in the country do not have access to health services. This lack of access results in unacceptable high levels of death of children under-five.

To address this situation, UNICEF in collaboration with the Nigerian Government, started supporting the implementation of an Accelerated Child Survival Development intervention (ACSD) in Nigeria in February 2006.

The strategy focuses on the use of low cost and high impact intervention packages such as strengthening routine immunisa-

tion, Vitamin A supplementation, exclusive breastfeeding, Oral Rehydration Therapy (ORT) and the use of Insecticide Treated Nets (ITNs). These interventions are integrated at facility, community and family levels, targeting pregnant women and children under-five and accessing the hard-to-reach in order to ensure that the impact is sustainable and equitable.

While early results show that the implementation of the Accelerated Child Survival and Development strategy in Nigeria has contributed to raising the coverage levels of key child survival interventions in the country, this new strategy must be effectively implemented and scaled up before it can reach full potential in facilitating the attainment of health Millennium Development Goals 4, 5 and 6 by Nigeria.

This second edition of our UNICEF Nigeria newsletter highlights the implementation of the Accelerated Child Survival and Development intervention two years since it started. It reports on some of the successes that have been achieved, telling the stories of some of the lives that have been impacted.

I hope it will encourage you to know that it is possible to improve the health status of our children and women and that much is happening at the National and local level to ensure a sustainable reduction in infant, under-five and maternal mortality rates. The ACSD story in Nigeria is one that is already demonstrating success of the use of focused interventions at community level in accelerating progress in child survival and development.

Ayalew Abai
UNICEF Representative

ACSD: Promoting health services at community level for child survival

The child wails in fear at the sight of the needle being held by the vaccinator trying to immunise him against measles. His mother holds and tries to calm him and though she doesn't like to see or hear her baby cry, she knows it is a small price to pay for the assurance that he is protected from the disease. She has made sure her baby has received all his other required immunisations; she much prefers he cries or is uncomfortable for a little while now than have him battle a debilitating disease later or have to face disability or even death.

The fourth Millennium Development Goal aims to reduce by two thirds the mortality rate among children under five. For Nigeria to achieve this, the country has to reduce its under-five mortality rate to 67 deaths for every 1,000 live births by 2015. Today the under-five mortality rate is estimated at 191 per 1,000 live births – reflecting the urgent need to accelerate progress in the seven years left to reach the Millennium Development Goals target.

To address this challenge, UNICEF is supporting the Government of Nigeria in implementing the Accelerated Child Survival and Development (ACSD) strategy, an integrated approach for scaling up delivery of cost-effective interventions for improving child

survival and development.

The thrust of the Accelerated Child Survival and Development initiative is in the selection of low cost and high impact intervention packages like strengthening routine immunization, Vitamin A supplementation, exclusive breastfeed-



A child being immunised against polio during an Immunisation Plus Day exercise in Bauchi State.

ing, Oral Rehydration Therapy (ORT) and the use of Insecticide Treated Nets (ITNs).

These interventions target the most vulnerable groups: pregnant women and children under-five. The strategy is to provide these packages through three different delivery modes:

1. Strengthening community and household activities

• A lot can be achieved at household level when parents get accurate information and adopt appropriate behaviours. For example the wide use of an insecticide mosquito net will reduce morbidity and mortality caused by malaria. Management of diarrhoea is another area where parents can take quick, simple and appropriate action by using Oral Rehydration Therapy. Exclusive breastfeeding for the first six months of a child's life is also a key practice that many mothers can easily adopt as long as they have the correct information.

• Community resource persons (CORPs) who are sufficiently oriented on key household and community practices play a leading role in the promotion of healthy behaviours.

2. Improving access through outreach services

It is not enough for parents to bring their children to health facilities, health services must also reach families where they are. This can only be

ACSD is an integrated approach for scaling up delivery of low cost and high impact interventions for improving child survival and development

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achieved if the Primary Health Care centres conduct regular outreach and mobile activities, providing needed services.

3. Improving access to and quality of clinical care

Clinical care provided by all health facilities is improved by training staff in necessary skills including Integrated Management of Childhood Illnesses (IMCI) and by provision of essential supplies and basic equipment. Antenatal, intranatal and postnatal including neo-natal care also needs to be improved so as to address some of the crucial causes of child mortality.

The Accelerated Child Survival and Development initiative has been implemented in more than 100 districts in 11 West African countries with noticeable results. Nigeria is building on the experiences of these African countries, where the programme has succeeded, to help reduce child mortality in the country.

Working in partnership with the Government, UNICEF Nigeria started supporting the implementation of Accelerated Child Survival and Development in the country in February 2006. By July 2007, the programme had covered the 111 UNICEF focus Local Government Areas in all 36 States and the Federal Capital Territory, involving a population of nearly 5 million under-five children.

Although much progress has been made, the initiative has had to contend with a number of challenges, especially considering the size of a country like Nigeria with a population of about 140 million. The complexity of a Federal structure of 36 States and the Federal Capital Territory made up of 774 Local Government Areas, poses a formidable coordination challenge. An

additional difficulty is the country's Public Health Care system, which is still very weak and uncoordinated.

The weak Public Health Care system and its poor performance, particularly at local level is one major reason why so many children do not have access to health services in Nigeria. Another problem is related to the complex structure of the country, its different tiers of Government and the missing linkages between the different level of decisions and interventions. Consequently, the Accelerated Child Survival and Development operation focuses on developing the capacity of State and Local Government health teams to deliver child survival services regularly and reliably.

The introduction of this new strategy at State level involved an initial 5-day workshop of team-building, bottleneck identification and analysis and micro-planning process in order to scale up service delivery. Participants included 5-7 persons from the focus Local Government Areas made up of program managers, decision makers, community members, and health facility staff. A plan of action was developed for each Local

Government Area.

UNICEF also supports the establishment and orientation of State teams for technical support and supervision at local level. In addition, a core of Community Resource persons (CORPs), directly in touch with communities and households, are being trained to assist caregivers adopt key household practices.

Early results have shown that several of the Local Government Areas have followed-up from the workshop and continued to work as a team, restarting or expanding outreach services, being more proactive and effective in their advocacy to communities and Local Governments and in general obtaining substantial increase in coverage, especially of immunisation, exclusive breastfeeding and Oral Rehydration Therapy. Several States have also instituted regular supervision visits to the focus Local Government Areas.

In March 2007, the Federal Government launched the Integrated Maternal, New-born and Child Health (IMNCH) Strategy, inspired by the Accelerated Child Survival and Development programme and other successful initiatives for child and maternal health in Africa. This new Strategy – if effectively implemented and scaled up – has the potential to facilitate Nigeria's attainment of health related Millennium Development Goals 4, 5 and 6. □



A baby is weighed by a health worker at a Primary Health Care Clinic. Health services delivered by this facility have greatly improved thanks to the introduction of the Accelerated Child Survival Strategy.

Eripa: boosting community development through replication

With a population of about 2,500 inhabitants, Eripa is just about the size of a town. Surrounded by hills, it is situated between Iree, home to the Osun State Polytechnic, and Otan Ayegbaju, the Local Government headquarters.

Eripa was one of the communities selected in Osun State as part of UNICEF's Area focused Community Development initiative carried out in 6 communities from 3 Local Government Areas in each State in the country.

The Area focused Community Development initiative is aimed at promoting replicable models of integrated community development projects that respond to the local needs of various communities; promoting community and stakeholder participation to ensure ownership and sustainability; and developing the capacity of communities to manage their own development activities.

Lawrence Oyebiyi, a retired teacher, is the Community Development Committee (CDC) chairman of Eripa and he said the UNICEF assisted programme has changed their approach to community development, helping them to realise just how important certain things are. "For instance, we didn't use to consider immunisation, household toilets, proper hygiene practices and safe water sources as very important", said Mr. Oyebiyi.

Realising the significance of these issues, however, has brought about a great change in Eripa. Within four years, the community went from having no borehole to having 12 bore-

holes; four of these were provided by UNICEF, two by the Local Government and six by the community".

The community has fully motorised 9 of these boreholes, completed with over head tanks and a standby generator. Fetching water from the local stream is a thing of the past and the fifty naira (4 cents) per month levy paid by each household to the Water and Sanitation committee (WESCOM) for the maintenance of water projects has become very easy to collect.

Perhaps the greatest achievement of Eripa community is their ability to do things themselves. "What we appreciate most is the development of the capacity of our Community Development Association (CDA) to source for funds ourselves using the Community Plan of Action (CPA), and our ability to support the government in monitoring, renovating and owning existing social services in our community instead of waiting for the government to do everything. We had to take our destinies into our own hands."

Built by the Local Government, the health centre in Eripa only had one Community Health Extension Worker (CHEW) and four health attendants. However, as at 2007 the staffing situation had improved with a Medical Doctor, two nurses,

eight Community Health Extension Workers and five health attendants.

Staff also received training to enable Client Oriented Provider Efficient (COPE) services. The community mobilised to monitor and support the centre in providing these client oriented services. This has greatly improved attendance at the health centre; increasing the number of pregnant women receiving antenatal care from only 30 women in 2002 to 323 by June 2007.



The people of Eripa built 6 of the 12 boreholes that provides their community with safe water.

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Mothers in Lokoto community adopt key household practises



Zainab holds her baby boy as she narrates the story of her difficult first pregnancy.

Zainab Ali is 32 and a mother of five. She lives in Lokoto, a traditional community in Chachanga Local Government Area of Niger State. Zainab got married at the age of 26 and for her, married life has been some-

what of a challenging experience, especially as she recalls how she struggled with a lot of illnesses through a very difficult first pregnancy and then a child birth at home with a Traditional Birth Attendant (TBA) at hand to help her through the delivery.

"It was a very difficult time for me. After some time I just learnt to cope with all the illnesses and somehow, my child survived".

Though somewhat traumatised by her previous experience, Zainab says those days and her hard times are over. Not too long ago, a maternal and child health clinic, the only health centre in their community, was established.

The clinic is strategically located within the community at less than a kilometre away from most homes and it has five Community Health Extension Workers (CHEW). It has become a refuge not only for Zainab but for the rest of the community as well.

Pregnant with her second child, Zainab was introduced to antenatal care through the UNICEF sensitisation program that was continued by the community health workers at the health centre. She was glad to obtain such enlightenment. Her implementation of the information she received made her second pregnancy a



Aishatu Siraju, 28, mother of 2, prepares oral rehydration solution which she uses to effectively manage diarrhoea in her children.

much easier experience for her.

"That time round, when I felt sick, I went to the health centre, they give me drugs and advice and I felt much better. During delivery there was no problem; everything went much more smoothly".

UNICEF supported sensitisation in this community, providing information on how to ensure the survival and development of especially, children under-five and mothers during pregnancy. This has led to the adoption of various key household practices, such as antenatal care by most of the women in this tight knit

community of Lokoto.

Hitherto, basic practices such as exclusive breastfeeding, intake of adequate micronutrients through diet or supplementation, growth monitoring and promotion and even birth registration were unknown and non-existent in this traditional society.

Under the Accelerated Child Survival and Development strategy, the community was introduced to various key household practices (KHHPs) through advocacy and sensitisation; and within a short time, changes were evident. At the inception of the promotion of the key household practices, a baseline survey showed practice of exclusive breastfeeding in the community to be at 4%. Four years after implementation, the level of knowledge and practice has risen to 97%.

At present, 96% of pregnant women now take iron supplement while 95% of children aged between 6-59 months receive Vitamin A supplements. There have also been marked improvements in stunting, wasting and underweight levels of children under-five in the community.

Most of these women are gathered here during our visit and the interview with Zainab soon develops into something of a group discussion. Many of the women here know each other and share similar experiences and they are all eager to talk about the lessons they have learnt and how their lives and the lives of their children have changed for the better since the implementation of the Accelerated Child Survival and Development initiative in their community.

Zainab's friend, Aishatu, speaks up next and tells of how she shares her friend's appreciation of antenatal care. Aishatu is a 28-year-old mother of two and she considers herself fortunate enough to have first encountered the UNICEF supported programme four years ago when she was pregnant with her first child. She says that she has had no regrets since.

"They take care of me at the health centre when I am pregnant and they taught me how to take care of my children when they are sick", says Aishatu. According to her, she successfully manages diarrhoea in her children with the oral rehydration salt solution.

Apart from antenatal care and home management of diarrhoea and other childhood illnesses, the social consciousness of the people of Lokoto has improved tremendously and this is evident during our visit there. Walking into some of their rooms reveals the use of Insecticide Treated Nets (ITNs) by many households. In addition, families have also learnt the importance of immunising their children and ensuring their children get all the routine vaccinations they require.

During the interview sessions, many mothers are openly breastfeeding their children. One of the women, Hauwa Basiru, a 30-year-old mother of five, says that she exclusively breastfed the last three of her five children. When asked why she didn't breastfeed the first two exclusively, she said that at that time it was considered inhumane to do so because it was thought that breast milk could not possibly be enough nutrition for the child. She said that husbands never supported their wives then because they believed that exclusive breastfeeding was not healthy and it meant starving the child.

But now, Hauwa says all that kind of thinking is history as both husbands and wives have received adequate information to help them acknowledge the benefits of exclusive breastfeed-

ing. "With exclusive breastfeeding, my babies are healthier, don't fall sick often and have better mental development", says Hauwa. With dissemination of proper knowledge, the community has come to realise that breast milk contains



Mariam Ibrahim, 27, breastfeeds her baby. She was encouraged to adopt exclusive breastfeeding after seeing the positive impact it had on other children.

all of their children's nutritional requirements and is superior to any substitute.

Hauwa's positive experience with breastfeeding has rubbed off on her 27-year-old neighbour, Mariam Ibrahim, who seeing the obvious benefits breastfeeding had on Hauwa's children, adopted the practice with her own children. "I noticed changes in the rate of growth of my children since I started breastfeeding them, their physical appearance is better and I am even comfortable doing this", Mariam said.

The women discuss the difference in the quality of care they have received from trained health workers and the traditional birth attendants. Zainab says that their women no longer use the traditional birth attendants in the community because they are not trained to deliver quality health services. She said the mothers feel that they and their babies are safer with the care they get from trained staff at the health centre.

"But we still have a little way to go", says Zainab. We need to ensure there is an improvement in our sanitary condition too. She pointed out that although they have water, it isn't enough as there is just one functional borehole serving the entire community.

The implementation of the Accelerated Child Survival and Development initiative in Lokoto community has produced obvious results. There has been a significant decrease in the rate of infections among children under-five and there has been a major shift from mortality to stability.

An operational health facility with trained staff contributed in large part to bringing much needed healthcare services to the women and children of this community, but many here are amazed that most of what it took to effect such a turn around from the way things used to be was just getting access to the right kind of information. □

Ekwusigo records three-fold increase in child immunisation coverage

Sitting on a flat patch of land adjacent to the ever busy Onitsha-Owerri highway, the Ozubulu Secretariat of Ekwusigo Local Government Area presides over four busy towns which are dotted by an impressive array of posh-looking residential houses – a sharp contrast to the low level of development of available health facilities here.

For several years, immunisation coverage in Ekwusigo remained extremely low due to several factors: a lack of vaccines; frequent strikes of health workers; few functioning health facilities; inadequate training of health personnel; little or no involvement of community members and erratic power supply in the area. Consequently, immunisation coverage of children was low at only 30%.

This was the scenario before the five-year UNICEF/Nigeria Country Programme of Co-operation began in 2002. Ekwusigo was selected as one of the 111 focus Local Government Areas where UNICEF has been supporting the Government with a package of high impact initiatives to realise the rights of children. Recognising the exceptionally high infant and under-five mortality rates in the country and working closely with Government, UNICEF embarked on the implementation of the Accelerated Child Survival and Development (ACSD) strategy through various initiatives in this and other Local Government Areas.

Ekwusigo LGA has surpassed the country's 2007 National target of 75%

and awareness activities via theatre, drama and the media about the importance of immunising children to protect them from vaccine preventable diseases. Education and accurate information also helped to dispel cultural misconceptions about immunisation; one of the factors that had previously contributed to the low immunisation coverage in the area.

UNICEF also donated equipments that included solar refrigerators which function on a 24-hour basis, fridges, cold boxes, vaccine carriers, thermometers and motorcycles.

Local Government immunisation officer, Mrs. Chinyere Ede, says “the items are important for the movement and improvement of the immunisation exercise”, she explains that “UNICEF introduced outreach facilities to us so we can bring services nearer to the most vulnerable children and women at the community level”. She adds that “beyond improving the cold chain system, the assistance in regularly building and sharpening the skills of Local Government health workers has led to community based strategies to ensure that all young children are immunised on a regular basis.”

The Local Government's Director of Public Health Nursing Services, Mrs. Ibekwe, said she participated in several training programmes supported and organised by UNICEF for government health workers. “They have provided various types of training on a regular basis. The training on data collection, collation and management has been extremely important because it has helped me a lot in my day to day work. I am now able to track the children at the end of each month, I am able to know how to find those who default and I know the exact number of children and pregnant women I am supposed to immunise in my centre on any given date”, she said.

Mrs. Ibekwe continues; “If, at the end of the month, I check and find out that I did not immunise the expected number of children or women for that month, I follow up and try to find out what is happening to them”.

UNICEF support to the Government and emphasis on child survival has led health workers to adopt a strategy of carrying out home visits to make sure that all



Donated items such as these cold boxes and vaccine carriers have facilitated outreach services to communities in the area.

children due for immunisation during the month are reached, and no child is left out.

“There are those children that are supposed to complete their immunisation doses but who may fail to turn up for subsequent doses. Some of them take the first and second doses of DPT and may not appear for the third dose. I systematically go through my records and with the addresses they gave me; I trace those who fail to come for the immunisation. I pay them home visits to find out what is happening to them and encourage their mothers to ensure their children complete their doses. Often, after the home visit, their mothers normally bring them in to complete the immunisation doses”, Mrs. Ibekwe proudly said.

The establishment of two more outreach centres by the Local Government is a direct outcome of the training on data management and replication of the lessons learnt from the UNICEF assisted programme. Immunisation is currently carried out three times every month – once at the public health centre and twice at the outreach centres.

The Immunisation Officer says, “I can speak with confidence and say Ekwusigo Local Government Area has achieved up to 96% immunisation coverage of all eligible children in our community; and we are committed to having all our children immunised in future.”

Since 2002, through cooperation with UNICEF, there have been great strides in boosting immunisation to reach over five thousand children annually in Ekwusigo. The combination of improvement of the cold chain system, regular skills building of key immunisation officers as well as advocacy has boosted and motivated staff to deliver this critical service that is changing children's lives. “Immunisation has become a meaningful operation which every health worker is proud to be associated with”, says Mrs. Ede.

Most importantly, these initiatives have translated into high routine immunisation coverage. And at its present coverage rate of 96%, the Local Government has surpassed the country's 2007 National target of 75%.



Local Government Immunisation Officer, Mrs. Ede, with some of the cold chain equipment donated with support from UNICEF. The potency of vaccines is assured with the cold chain upgrade.

In 2007, five years after the programme was implemented, the story of immunisation in Ekwusigo is a whole different one. In collaboration with other donor and governmental agencies as well as with NGOs and community members; UNICEF improved the cold chain system to ensure that vaccines are available at optimum temperature conditions where and when they are needed. UNICEF also supported massive advocacy

A new strategy improves primary health care in Garaku

It is an overcast Wednesday afternoon in the town of Garaku in Nassarawa State. Rita Jiriko, a 23-year-old housewife and mother of two, patiently waits her turn on the veranda of the Garaku Primary Health Care Clinic. Her two-month-old son is asleep in her arms and as she gently rocks him, she recalls an earlier visit to the health centre.

“When I delivered my first baby here three years ago, this clinic had only one bed for new patients,” Ms. Jiriko says. “Women who came here for antenatal care had no privacy because the same room was used for all consultations – and sometimes for male patients too. Many pregnant women stayed away from the antenatal clinic for this reason.”

Just a year and a half ago, the only formal health care that the town of Garaku offered its

approximately 15,000 residents was two rooms in a dilapidated building with very limited staff and services. The situation was dire and the poor quality of service actually discouraged local residents from coming to the clinic.

Today, the Garaku Clinic is a five-room primary health care facility, adequately staffed and providing comprehensive health services, including maternal care, immunisation, voluntary HIV testing and counselling, as well as advice on nutrition and childhood disease prevention.

Not only has the waiting time diminished, but health education sessions at the clinic are teaching Ms. Jiriko and other patients ways to protect their children from disease.

“I have learned how to prepare oral rehydration salt solution for my children when they have diarrhoea, how to protect them from mosquito bites and how important immunisation is. I didn’t know about these things before,” Ms. Jiriko says. These transformations at the Garaku Primary Health Care Clinic are due to the Accelerated Child Survival and Development strategy, which aims to reduce the number of deaths of infants, under-five children and mothers through immunisation, better nutrition, childhood illness prevention and antenatal care.

In Nigeria, the strategy represents a collaborative effort by the Ministries of Health at the Federal and State levels, and UNICEF.

Since the introduction of the ACSD strategy in Garaku, the number of antenatal care consultations has increased sharply. Demand has also increased for other services, including immunisation of children and voluntary HIV counsel-



Rita Jiriko, 23, watches as her infant receives the oral polio vaccine at the Primary Health Care Clinic in Garaku.

ling and testing.

Justina Philip, 35, is motivated to come often to the renovated Garaku clinic because it distributes free anti-malarial, insecticide-treated mosquito nets to women who attend antenatal care classes at least four times.

“I am encouraging other women to come to the health centre, particularly the pregnant ones. Not only do we benefit from the mosquito nets, but we also learn how to prepare nutritious meals for our families,” she says.

It is difficult to argue against the picture of success painted by these numbers and the testimony of residents like Jiriko and Phillip. From the achievements of the ACSD in Garaku, critical lessons may be learned for improving maternal and child health. □



Women and children at the Primary Health Care Clinic in Garaku. Health Care delivered by this facility has greatly improved, thanks to the introduction of the Accelerated Child Survival and Development strategy.

Netting mosquitoes; saving lives

Yaro Ado, 4, struggles to free himself from the mesh of the Long Lasting Insecticide Net (LLIN) draped over his spring bed. He has just woken from a mosquito-free sleep but as he struggles, his best effort seems to get him into deeper trouble. Hajia Zaliya, his mother reaches out, disentangles him and folds the net, carefully placing it on the railings of the bed. It will be unfolded again tonight and draped over Yaro’s bed once again when he goes to sleep. Such a seemingly tiring daily ritual can keep Yaro alive and protected from malaria, the number one killer of children in this tiny little village of Sarkin Maja in Maigatari Local Government Area of Jigawa State.

According to a recent World Bank Malaria Control Booster Project report, one out of every three children under five years dies of Malaria in Jigawa State. Yaro is four and has been sleeping under a mosquito net since 2005. As he steps down from the bed, he stretches yawns and reaches out for a steaming bowl of ‘Koko,’ a staple breakfast meal made of

ground millet. On the bowl is a sticker, the emblem of the Japanese development assistance agency, providers of the nets.



Yaro, 4, one of the beneficiaries of the Long Lasting Insecticide Nets funded by the Government of Japan. All five children in this household sleep under the insecticide mosquito net. By adopting appropriate household practices, families can greatly contribute to reducing the mortality of under-five children. In this case, children are prevented from malaria, one of the main causes of mortality for young children.

The sticker has been removed from the bag in which the net was wrapped and stuck on the bowl to give it some added colour.

This was the second trip by UNICEF staff to this village to deliver another batch of 265 long lasting insecticide nets supplied by the Government of Japan for the protection of pregnant women and children under five against malaria. These nets are part of a consignment of 318, 000 nets to be used in providing adequate protection against mosquito bites for a target population of nearly three million pregnant women and children under five years spread across 111 UNICEF focus Local Government Areas.

The long lasting insecticide nets have proved more efficient than the conventional Insecticide Treated Nets (ITNs) because they do not need re-treatment and have a life span of three to five years. Hajia Zaliya was given an insecticide treated net a few years ago but it has not

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Hard-to-reach community mobilises to set up a health centre

Travelling the 100 kilometre distance between the capital of Edo State and Sabongida Ora, the main city of Owan West Local Government, the vegetation change from Savannah to dense rain forest is clearly noticeable. As the car approaches Sabongida Ora, the sweet smell of pineapples fills the air. Heaps of pineapples, plantains and bananas line the side of the road, waiting to be transported to other parts of the country. Fruit production is the major agricultural activity of this region.

The road from Sabongida Ora to Iloje, a UNICEF assisted programme focus community, is less attractive. It is raining heavily and the road is rugged and bumpy. The Community Development officer in charge of the community informs us that this 15 minute journey used to last about 40 minutes and that during the rainy season the community was completely inaccessible. It was the beginning of UNICEF's assistance to Iloje that prompted the Local Government to begin upgrading the road and improve access to the community.

The Chairman of the Community Development Association informs us that back in 2003, Iloje had no clinic and no early child care centre and the only school in the community was a half standing structure with most of the roof blown off. "We used to drink and wash from a brook whose water was permanently brown and the only communal activities we did was to clear the road leading to the community and dredge up our only water source during the dry season. You can see how backward we were", Chief Jolly Odigwe adds with a smile.

With UNICEF support, community members were encouraged to get mobilised for the development of their village. Receiving support to develop a community plan of action with clear budget lines, they were also taught how to use their action plan to mobilise funds for the various activities.

In a country where one child in five does not reach its fifth birthday, often because of preventable or curable childhood diseases; where one in five women have no assistance at all in delivery and one in every four births is assisted only by a relative or some other untrained person, access to health care is particularly critical for infants, children under-five and pregnant mothers. The closest hospital to Iloje is about nine kilometres from the village and



The Community Health Extension Worker checks whether the child had taken the required Immunisation during one of her home visitations.

“ We have a common drive to continue to improve our children's quality of life ”

the bad state of the roads makes access quite difficult. For all these reasons, one of the priorities of the community's plan of action was to set up a health care facility.

The oldest man in the community donated his personal house for use as the health post and the Local Government posted a Community Health Extension Worker (CHEW) and two ward orderlies to serve the community in the newly created health centre.

Moved by the gesture of the old man, a philanthropist from a neighbouring community decided to fund the building of a new health centre and the construction of a borehole for Iloje. The new facility has two wards with five beds each, one waiting room, an examination room with a delivery bed and two toilets for the patients.

The health centre has positively impacted on the health of the population of Iloje and surrounding villages. Thirty deliveries were recorded within nine months of its opening and between March and June 2007, a total of 208 children were immunised. Consultations for antenatal care have become a habit among pregnant women. As an incentive, mothers who register for the first time for antenatal care receive a free insecti-

cide treated net.

The community health worker confirms that there has been an increase in attendance at the health centre although specific figures are not available as data recording and management remains a challenge. Community members also receive health and hygiene education from community resource persons who have been trained on key household practices, such as adequate nutrition, disease prevention, basic health care and immunisation, for the growth and balanced development of the child. "I do monthly home visitations", says Elizabeth Adeoye, a Community Health Extension Worker. "I check the immunisation records of children to ensure that all children in the community are immunised and I also

give health talks when necessary". Her work is facilitated by the motorcycle, donated to the community by UNICEF, which she uses to collect vaccines and other drugs from the Local Government. Access to clean water also had a positive impact on the health of children and families in the community. Chief Odigwe confirms that nobody uses the water from the stream anymore as the borehole provides enough safe water for all members of the community.

He says, "our quality of life is far better than we ever imagined it could be and we have a common drive to continue to improve our lives and particularly, the lives of our children." □



The Community Health Extension Worker being driven by a Community member as she goes to the Local Government Headquarter for the replenishment of her drugs. The Motorcycle was provided by UNICEF for programme Monitoring and referral at the Health centre.

School pupils sustain Universal Salt Iodization (USI) status in Nigeria

Ike ran excitedly into his father's large compound in Ekwulobia where the domestic animals were playing into the family's living room. He was shouting for his mother and it was obvious that something important had happened. His voice rang out, "Mummy where are you? I have good news for you". He was clutching a piece of paper that contained a white coloured substance in his hand.

Adaeze, his mother, walked into their living room just as Ike was laying the contents of his hand down on the table and she knew that his news had to do with something that had happened at school. Earlier that morning before he left for school, her 9-year-old son, who was an above average primary three pupil at the Central Community School had taken a large pinch of their cooking salt along with him.

As part of its support for salt iodization initiatives and interventions in the country, UNICEF Nigeria adopted the child-to-child

within the school and community' strategy, recognising it as an effective channel of disseminating useful information to families, peers and communities.

At Ike's persistence, Adaeze had thrown away the salt that the family used to cook with and purchased another brand of salt from the corner shop. She had noted that the new salt had a different kind of logo.

Ike had taken time to explain to her that the cooking salt that she purchased from the local market over two months ago was bad and did not contain an essential ingredient called iodine. He said a lack of iodine would make him dull and could cause her neck to become swollen with a goitre in the future. The prospect frightened her. Ike had insisted that unless she bought salt fortified with iodine, the academic performance of he and his younger siblings in school would be compromised.

He explained that salt that had iodine in it had a special logo on the package that helped people to know it was alright to buy that particular brand of salt.

In addition to providing funding for salt iodization projects, UNICEF's nutrition programme also supports the orientation of school children in salt testing and the advantages of consuming iodized salt.

Ike, still breathless from running, quickly explained to his mother that his teacher had asked all the pupils to come to school with a pinch of salt wrapped in a clean dry piece of paper; and had then carried out an experiment in class that morning. Ike noticed that were strangers at his school that day - two women and a man- who were later introduced as



Pupils at Ekwulobia Central Community School take part in a salt iodization orientation exercise.

having come from the State Primary Education Board and the Ministry of Health, Awka, the State capital.

Ike's headmaster proceeded to test the salt the pupils had brought from their homes by putting a drop of a fluid onto the salt. Immediately, the spot changed to a blue black colour and this Ike was told indicated his was a good and healthy salt which contained iodine.

This was in complete contrast to the testing exercise conducted by his class teacher about two months ago which showed a negative iodine content in the salt Ike had brought from home.

Adaeze was pleased with the outcome of this latest exercise and her son's enthusiasm. Ike too was happy that the iodized salt testing turned out positive. He didn't have to worry about being deficient and he would work hard and go on to become a medical doctor just as dreamed. □



A primary school boy carries out an experiment to check the presence of iodine in salt as his teacher watches keenly.

(Continued from page 5)

been re-treated and is rather worn out - although it is still being used. In poor rural communities like Sarkin Maja, it is common for families to continue to use conventional insecticide nets without proper re-treatment; this reduces their effectiveness considerably. One of the reasons is that the chemicals for re-treatment are not readily available and have a cost that families cannot always afford.

The long lasting insecticide nets provided by UNICEF are given to pregnant women who come to antenatal clinic as a motivation to encourage attendance and also to mothers of children who have completed three rounds of DPT immunisation as shown by the children's immunisation cards. The nets are also used as an incentive during special immunisation days in support of polio eradication as well as malaria control.

To identify families who qualify for one of these mosquito nets, house to house

enumeration is carried out to ensure that no children will be missed out and parents are sensitised on malaria prevention.



Families in Sarkin Maja community in Jigawa State turn out to receive the consignment of Long Lasting Insecticide Nets from UNICEF staff.

Equitable and fair distribution of these nets is essential to ensure that the potential gains of the intervention are not undermined. Field visits and on-the-spot monitoring, such as the one we are undertaking today, ensures that the end users are indeed the intended project targets.

"This mosquito net that I have received has protected my family well against malaria", says Hajiya Zaliya, Yaro's mother.

As we drove out of the little village of Sarkin Maja, away from the home of Yaro and his mother, towards a nearby village to deliver another consignment of 265 Long Lasting Insecticide Nets, we are again hit with the realisation that these nets have and will continue to save lives that might otherwise have been stolen away by malaria. □

The Traditional Birth Attendant with a passion for immunisation

As she calls out, a woman peeps through the door. Seeing Talatu Adamu she smiles in recognition and shuts the door once again. A few minutes later she emerges from the house onto the courtyard with three children in tow, one is crying and kicking. They know it is immunisation time - with Talatu present, it could be nothing else.

The mother decidedly hands over her children to no one else but Talatu and steps back to watch the immunisation exercise. Talatu Adamu has been doing the rounds of the village since six a.m., rousing mothers up and encouraging them to bring their children for immunisation. She also gives them an additional motivation for complying: a Long Lasting Insecticide Net (LLIN).

While this is going on, the town crier's megaphone bellows out messages on immunisation, calling on mothers to bring out their children, and fathers to give consent.



Talatu vaccinates an infant against polio during an Immunisation Plus Day in Isawa town of Bauchi State.

The occasion for all of this is the special Immunisation Plus Days (IPDs) and it is taking place for four days in Isawa, a small town of about 18,000 people in Giade Local Government Area (LGA) of Bauchi State. Talatu is part of the social mobilisation team which visits

(Continued from page 2)

Immunisation coverage also improved significantly by more than double within four years.

Dr. Ogundipe, the community's health centre doctor said "we now carry out community diagnoses and care and we follow up on special cases recorded in the health centre especially in cases of babies born underweight".

Community resource persons are also trained to educate the village in Key Household Practices (KHHP's) such as breastfeeding, immunisation, and proper hygiene. Mr. Oyebiyi confirms this by saying "no child is left out of immunisation. We have trained Community Resource Persons that ensure that we follow the Key Household practices."

With Local Government support, Eripa community was able to build and furnish two Early Child Care centres.

homes in the community, days before implementation, to invite parents to bring their children to the immunisation fixed posts, which were set up in the different wards. In addition, a house-to-house campaign was planned to update the list of all eligible children and make sure that all children were reached.

At the fixed posts, parents who bring their children for immunisation also receive paracetamol, deworming tablets, Vitamin A supplement and Long Lasting Insecticide Nets. The bed-nets are also given as a reward to mothers whose children are fully immunised.

The little town of Isawa appeared to be well prepared for the exercise. Although it has no electricity, the health centre was equipped by UNICEF with one of the four solar fridges available in the entire Local Government.

Talatu's presence alongside the immunisation teams during the house-to-house exercise opens doors to homes that would otherwise be shut against less familiar persons. Talatu has been the community traditional birth attendant (TBA) for 22 years. She has helped most women in the community deliver their babies and she is considered one of the most trustworthy persons in this village. She explains, "When the women see me they are motivated. They trust me since I delivered most of their children.

They know I will not bring anything harmful to the children."

Talatu first heard about immunisation through the radio. She heard that it is a good thing and she took her children to be immunised

© UNICEF Nigeria/2007/Nesbitt



A town crier announces messages about immunisation, encouraging parents to bring their children to the fixed immunisation posts to be vaccinated.

and noticed that they have not been falling sick like other children in the community. This made her realise that indeed, immunisation is a good thing. Since then, whenever she helps to deliver a child, she tells the mother to take her baby for immunisation. She believes that her

task of mobilising women is helping improve immunisation coverage. She says, "People are accepting (immunisation) now better than before but they lack awareness because they are illiterate"

" People are accepting immunisation now better than before "

Talatu is a product of the shift in social mobilisation through joint efforts, by the Nigerian Government, UNICEF and other development partners, to engage known and respected community influencers in community dialogue and sensitisation. These community influencers also counsel non-compliant households

The results are evident. Approximately 31,000 children under-five years were immunised during the four-day exercise in Giade Local Government Area. In 2007, Bauchi State reported only 21 cases of polio virus against 100 cases in 2006. Tremendous progress was observed in 2007 throughout Nigeria with an 80% reduction in polio cases compared to the year before. □

The State Government provides one meal a day to all the pupils through the home grown feeding project and pays the caregivers while UNICEF provided learning materials.



The people of Eripa have fully motorised 9 of the 12 boreholes in their community, completed with over-head tanks and a standby generator.

Mr. Oyebiyi expressed astonishment saying, "we never knew we could generate so much money within this community. And now, other communities copy our development model".

Sixty-one communities have been earmarked by the State Government to be a part of this initiative next year. This marks the beginning of a new course for community development approach in the State.

Other States, Ekiti and Ondo in particular, are now liaising with Osun State with a view to replicating their success story. The achievements in Osun State prompted Ekiti state to create a department of Community Development in the Ministry of Local Government in line with the structure in Osun State. Like in Osun State, this is expected to facilitate planning and make replication easy.

The multiplier effect of the programme in Osun State has charted a course towards promoting the survival and development of their children. □

The race towards a polio-free Nigeria

There's a swift race to reach every child in Nigeria before polio afflicts them. It is the race to totally eradicate polio from Nigeria. The Nigerian government in collaboration with UNICEF, WHO, NGOs, other international organisations, religious leaders, communities, and volunteers as well as people afflicted with polio are part of the coalition involved in the concerted effort to eradicate polio from the country.

THE IMMUNISATION PLUS DAYS STRATEGY

Immunisation Plus Days (IPDs) are days of intensive efforts to vaccinate all children against polio and they are held in States with high polio transmission.

During the Immunisation Plus Days, the oral polio vaccine and other antigens such as BCG, DPT, Hepatitis B, Measles, Yellow Fever and Vitamin A are also given to all children by health workers. In addition, other child survival interventions such as de-worming tablets, oral rehydration sachets, paracetamol, and Insecticide Treated Nets are given to caregivers.

Both fixed posts and house-to-house activities are used. The idea is to make immunisation more attractive for parents and care-givers and to offer more than just polio immunisation to families.

The strategy has been implemented since May 2006 and there has been a marked ownership of the Immunisation Plus Days by States, Local Government Areas and local communities.

The Immunisation Plus Days as well as improved social mobilisation activities have significantly reduced the number of children who were missed out. In its meeting on 7 and 8 December 2006, the Expert Review Committee (ERC) on polio eradication in Nigeria acknowledged the marked impact of the new 'Immunisation Plus Days' strategy in reducing the number of polio virus cases as well as increasing the level of routine immunization such as DPT3.

This progress was also recognised by an award given to Nigeria by the Task Force on Immunisation in December 2006 for its 'remarkable efforts in polio eradication, measles control and routine immunisation'.

Donors who have supported the polio immunisation campaign in Nigeria include: Government of Japan, Canadian Development International Agency (CIDA), Rotary International, Center for Disease Control (CDC), Government of Norway, Swedish National Committee for UNICEF, German National Committee for UNICEF. □

SOCIAL MOBILISATION STRATEGY SUPPORTED BY UNICEF

To stop the poliovirus transmission, UNICEF with the National Programme of Immunisation has enhanced the communication strategy to each grassroots communities. To implement the strategy, UNICEF continues to have a team of 36 Social Mobilisation Officers (consultants) in all 36 States.

Integral to this strategy is the use of community dialogue which is aiming at engaging in dialogue with community leaders before the campaign, providing an opportunity for the community to feed into the planning and the implementation of the Immunisation Plus Days. These community dialogues greatly enhanced the quality of the exercise in 2006.

Discussions in communities with the involvement of traditional and religious leaders and health workers allowed people to express their concerns or to ask questions. This has created a greater local ownership of the package of health care interventions. One example of this is in the Dandamu Local Government Area (LGA) of Katsina State, where the proportion of missed children declined from 38% in the May Immunisation Plus Days to 7.5% in the June exercise. In general, States and Local Governments played a more proactive role than before.



A religious leader immunises a young boy against polio during an Immunisation Plus Day in Bauchi State.

CHILD ADOPTION STRATEGY

Steps in Child Adoption Strategy:

- Twenty pupils are selected and given a Child Adoption form each.
- Each pupil identifies and fill in the names of 10 children aged 0-5 years from their household or from their neighbour's house.
- The pupil is then to check the finger of each 'adopted' child for a mark made on their finger following immunization or to check up their immunization cards.
- If there is no evidence of immunization, the pupil will direct the mother to take the child to the vaccination post for immunization.
- The pupil will submit the completed forms to the school for further submission to the Local Government Areas (LGA) Health Educator.

The Child Adoption Strategy was piloted during the May 2006 Immunisation Plus Days in Bakori Local Government Area using only one primary school and 40 pupils. Each pupil adopted 5 children and followed those children for evidence of immunization. At the end of the exercise, all the adopted children were fully immunized - 100% coverage.

In three subsequent Immunisation Plus Days, the same strategy was employed resulting in success rates between 91% and 94.7%. As the data reveals, the strategy has been extremely effective in increasing compliance. □



Ten-year-old Imrana Musa holds his Child Adoption Strategy form while checking the hand of one of his 'adopted children' to see if she has received her polio vaccination during an Immunisation Plus Day in Gangaren Matoya in Funtua Local Government Area of Katsina State.

UNICEF and the National Programme of Immunisation have developed a strong partnership with religious and traditional leaders, including Qu'ranic school teachers. During the first national round of Immunisation Plus Days in 2007, it was noted that the Qu'ranic schools were more pre-disposed to open their doors to the vaccination teams. This contributed to the success of the round and helped in reaching more children.

Religious and traditional leaders are involved in the immunisation campaign all over the country, preaching in the mosques or making public statements during the Immunisation Plus Days.

UNICEF Social Mobilisation Consultants also encourage local traditional and religious leaders to immunise their own children publicly and to hold meetings with the communities. The Nigerian Forum of Religious and Traditional Leaders and the Media on Immunisation and child survival which was created in August 2005 has also been active. □

UNICEF Nigeria: Highlights



Lagos launch of hand washing campaign



© UNICEF Nigeria/2008/Tayo

Pupils of Ansar ud deen Primary School Alimosho demonstrating hand washing during the Lagos State Hand Washing campaign.

Lagos State has launched the rolling out of its Hand Washing campaign as part of the national campaign launched by UNICEF and Unilever in October last year to promote hygiene among pupils and their families.

The campaign is now active in 145 schools in 21 States of the federation with over 50,000 children benefiting directly.

Present at the Lagos launch, which held on 31st January 2008, was the State Deputy Governor and other high-ranking Government officials.

Lagos State Deputy Governor, Princess Sosan, stressed the importance of targeting children while they were still young and encouraged all Lagosians to build personal toilet facilities in their homes and live healthy lifestyles.

Osun State supports replication of UNICEF assisted community development projects

The Osun State Government has pledged its support to the replication of UNICEF assisted community development projects in communities across the State.

Osun State Governor, Prince Olagunsoye, said his administration has decided to expand the base of UNICEF community development initiatives in the State so as to realise the objectives of the Millennium Development Goals.

The State Government has already begun replication in 61 communities and promises that replication of these development projects will take place in a new set of 61 communities every three years until full coverage of the State is attained.

Achievement in the first 61 communities include the provision of 122 boreholes, the facilitation of 6,100 household sanplat latrines, the training of 525 people on community project monitoring and evaluation, and the training of 1,830 participants on Key Household Practices (KHHPs).

The Governor said the use of the participatory development approach in replication promotes community ownership.

Cross River State signs UNICEF's International Year of Sanitation Plan



© UNICEF Nigeria/2008/Onuoha-Ogwe

Cross River State Governor, Liyel Imoke, signs the 2008 UNICEF action plan. Also at the signing, Ms. Pelucy Ntambirweki (R) Chief of UNICEF A-Field office.

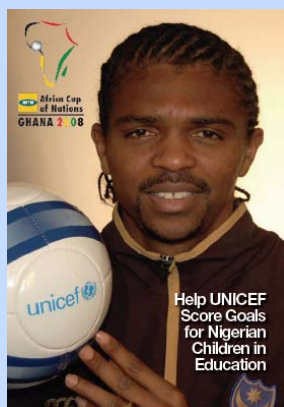
Cross River State Governor, Senator Liyel Imoke, has signed UNICEF's International Year of Sanitation action plan as a demonstration of his Government's commitment to improving the health status of the many children in the State.

Speaking at the signing which took place on February 20, 2008, UNICEF Assistant Representative, Pelucy Ntambirweki, said it was imperative that the plan be signed and implemented by the duty bearers.

"Cross River is the cleanest state in Nigeria and my Government will do all it must do to maintain the present status" said Governor Liyel Imoke.

2008 has been earmarked as the International Year of Sanitation (IYS) by the United Nations General Assembly, to spotlight the sanitation crisis and to kick-start efforts to accelerate progress.

Nwankwo Kanu and others join CAF and UNICEF to promote education for all children during 2008 African Cup of Nations



'Football I love, but it's education that makes a real difference in kids' future'. - Kanu

N w a n k w o Kanu, UNICEF Nigeria Goodwill Ambassador and captain of the Nigerian Super Eagles came together with some of

Africa's other top football players to help UNICEF raise money for children across Africa to receive a quality education during the 2008 MTN Africa Cup of Nations which held in Ghana.

UNICEF and the Confederation of African Football (CAF) joined together to promote a child's right to a quality education. The campaign, which held in February, was featured during the 2008 MTN African Cup of Nations on billboards and in televised coverage of matches.

All the funds raised in Nigeria will be used in Nigeria for the education programme under the joint programme of cooperation between UNICEF and the Federal Government of Nigeria. They will be used towards providing learning and teaching materials for primary schools across Nigeria, supporting teacher training activities, improving on and producing curriculum materials for kindergarten and early primary school children.

"The purpose of this specific campaign is to help achieve the second Millennium Development Goal of ensuring that by 2015, all children, boys and girls alike, will be able to complete a full course of primary schooling", said Robert Limlim, UNICEF Nigeria Deputy Representative. I believe that there is no better investment we can do today than investing in the future of our children by supporting quality education for all."

Northern Governors' Forum and UNICEF join efforts to provide a road map for addressing high child and maternal mortality in the Northern region

The first Northern States Health Summit was held on November 10 in Kaduna, under the theme "Alarming death rates in the Northern States, the time for Change is now" and made specific commitments to improving the health care system in the region.

Convened by the Northern Governors' Forum in collaboration with the United Nations Children's Fund (UNICEF), the summit was attended by high level officials of 19 Northern States, members of the State Houses of Assemblies, key traditional rulers, State Commissioners as well as the Federal Minister of Health and the UNICEF Representative.

Among key decisions, State Governors made the commitment to allocate 15 per cent of their total budget to healthcare and implement free medical services for vulnerable groups, in particular pregnant women and children under five.

They also decided to establish Community Health Committees, upgrade and equip dispensaries, health facilities and maternities to provide comprehensive health services.

"Each one of us here today is making a commitment ... to reduce the alarming death rates in our States by effectively organising and managing our health services to meet the real needs of our people", said Dr Muazu Babangida Aliyu, the Executive Governor of Niger State and the Chairman of the Northern Governors' forum. "We will not meet the world targets by 2015 unless there is genuine commitment on the part of the political leadership to improve the funding and the management of the health sector."

In her address, the Federal Minister of Health highlighted the role of health in development, emphasising that 'reducing the inequalities in healthcare delivery will be essential for achieving the Millennium Development Goals'.

The Health Summit is a follow-up to advocacy efforts by UNICEF to sensitise the Northern Governors to the issue of child survival. On August 30, the UNICEF Representative had made a presentation on this question during the Northern Governors' Forum meeting and the forum had urged UNICEF to work closely with all the States and local Governments to realize the Millennium Development Goals on health, girl child education and girls' rights protection.

UNICEF Nigeria: Highlights



Children interview President of Nigeria on National radio and TV at the occasion of the International Day of Broadcasting

President Yar'Adua of Nigeria was interviewed by children during a 25-minute media chat at the occasion of the International Day of Broadcasting in Nigeria.

The programme was broadcast nationwide on the National television and radio networks at 8 pm on Sunday December 9. The children who participated in this programme were the President, the Speaker, and two members of Nigeria Children's Parliament.

"Mr. President, where are the children in your seven-point agenda?" was the very first question asked by the children. "You are everywhere!" answered the President of the Federal Republic of Nigeria.

"You see, what we are today, we the adults who have the opportunity to run the affairs of State and affairs of the Nation, we owe it to our fathers, to what they have done. What we are doing today is for you children. We are working hard so that you can have a better life."

The young Parliamentarians asked President Yar'Adua questions on some of the many issues that affect Nigerian children. These included: child poverty, child labour and trafficking, access to basic education and child participation.

The President assured the children that his Government was doing everything it could to ensure things get better for all Nigerian children. He reiterated this by saying, "I am committed to children. As a person, I love and cherish them more than anything and this Government is committed to partnership with children." He urged the members of the Nigeria Children's Parliament to extend an invitation to his office whenever they convened a session.



Young parliamentarians interview President Yar'Adua during the International Day of Broadcasting.

As the media chat session came to a close, President Yar'Adua tells the members of the Nigeria Children's Parliament: 'You have given me confidence to face the country's National Assembly!'

Borno State Ministry of Health, Japan Embassy and UNICEF commission Vaccine Cold Room

The third of four cold stores for the safe storage of immunisation vaccines donated to Nigeria by the Government of Japan through UNICEF has been commissioned in Borno State on November 26, 2007.

Amongst those present at the commissioning were Governor of Borno State, Senator Ali

Modu Sheriff; Borno State Commissioner of Health, Mr. Aruba Ida; the Charge de Affaires, Embassy of Japan in Nigeria, Mr. Seizure Narumiya; and UNICEF Assistant Country Representative, Mr. Mohammad Jalloh.

Commissioning the cold store equipment installed at the Epidemiological Unit Maiduguri, the Governor expressed commitment to eradicating polio from Borno State before the end of the year and directed all Local Government Area Chairmen in the State to



One of the cold rooms being commissioned in Borno State.

monitor immunisation in their Local Government Areas.

The Government of Japan has been one of UNICEF's major donors in the polio eradication and immunisation programme. Similar stores donated by the government of Japan have been commissioned in Lagos and Kano States. Each cold room costs N3.5 million and can store enough vaccines to fully immunise 480,000 children each year.

Bauchi Field Office disseminates Annual Work Plan to partners at State and Local Government levels

To facilitate full understanding and effective implementation of UNICEF Bauchi's Filed Office 2008 Annual work plan, the Field Office took the novel step of disseminating this year's sectoral work plans to partners at the State and Local Government levels.

"We had to advise our project officers to take it home – home is at the local and community levels which are the targets of UNICEF's interventions," explains Danjuma Almustafa, Planning, Monitoring and Evaluation Specialist at the Field Office.

The capacity of partners was also built with training on: proposal writing, direct cash transfer retirement and activity report writing. In addition, participants also received training on the programme structure, the UNICEF Mandate, and results based planning and management.

"The expected immediate outcome is for partners to submit quality proposals and fast track implementation so as to achieve results for children and women in the zone," explains Almustafa.

The UNICEF Bauchi Field Office supports 10 States in the zone: Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Nasarawa, Plateau, Taraba and Yobe.

8 million forms processed in birth registration project

A closing ceremony was held in Abuja on January 29 2008 to mark the successful proc-

essing of the backlog of vital/birth registration forms that have accumulated for over a decade.

UNICEF, with funding support from Netherlands, assisted the National Population Commission of Nigeria to process about 8 million birth/vital registration forms as part of a collaborative initiative to scale up the low level of birth registration in Nigeria.

Processing of the forms lasted for 6 months. The ceremony marked the end to the backlog of unprocessed vital registration records and the beginning of regular processing of birth registration records for timely release to end-users.

The project was an important step forward towards achieving a permanent database and guaranteeing the rights and protection of children in Nigeria.

Bauchi Field Office provides relief to internally displaced persons...

UNICEF Field Office in Bauchi has provided relief materials worth N785,000 to 554 internally displaced persons (IDPs) – victims of sectarian violence - in their camp at the Police Barracks in Shira Local Government Area of Bauchi State in February 2008.

The relief items comprised of cartons of Oral Rehydration salts for the treatment of diarrhea and chlorine powder for water purification.

Other relief materials supplied included: long-lasting insecticide treated nets, mattresses and blankets.

The relief items were presented to the affected families through the Chairman of Shira Local Government Area during a visit to the internally displaced persons camp by UNICEF.

UNICEF also provided two 5000-litre plastic water tanks for the supply of much needed water; while the Bauchi State Agricultural Development Programme (BSADP) also trucked water twice daily to the camp.

Two blocks of six toilet/bathroom facilities are also being provided.

... builds the capacity of State Emergency Management Agencies

In supporting partners to respond to emergencies, UNICEF has organised a three-day training workshop in Jos, Plateau State.

Held in February 2008, the 'Disaster Risk Reduction train the trainers (ToT)' workshop was held for 36 persons drawn from the State Emergency Management Agencies and Ministries of Education and Health in the ten States supported by the Bauchi Field Office.

The objective of the training was to ensure that partners are not only equipped with the skills to respond to emergencies or disasters when they occur, but can work towards preventing the occurrence of such emergencies where possible.

An assessment of the status of the State Emergency Management Agencies in the North-East region was also conducted during the meeting; with the aim of building their capacity for enhanced emergency preparedness and response.



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