

Summary of results for cycle 1 in Sokoto, Zamfara, Jigawa and Katsina

2200 children 3-59 months were surveyed. The survey also included 1554 children over 59 months (868 aged 5yrs, 698 aged 6-7yrs) to check whether older children are being treated.

Coverage was good in Jigawa (86%), Katsina (74%) and Zamfara (88%). There seemed to be some problems in Sokoto, where only 55% of children received SMC. In every village surveyed at least some children received SMC so it is not that entire villages were omitted from the campaign. The most common reason given for not receiving SMC was that the health worker did not visit the house.

When we asked if the caregiver had heard about the date of the SMC campaign, in Zamfara 95% said they had heard, only 28% Sokoto, 33% in Katsina, 55% in Jigawa.

In Zamfara people heard about SMC from the radio, from criers, from friends and neighbours, and from health workers. In Jigawa and Katsina they did not hear from the radio. Overall, very few heard through the mosque or church.

When we asked who administered the first SMC dose, there was a marked difference in the responses between Sokoto and the other states. In Zamfara, almost 100% of children who received SMC had the first dose administered by the health worker, the percentage was 90% in Jigawa and 88% in Katsina, but only 24% in Sokoto. In Sokoto, it seems that blister packs were given to caregivers who then had to administer the first dose themselves.

Adherence to unsupervised doses appears to be very good based on caregiver replies and the fact that left over medication was rarely found.

Among older children aged 6-7 years, 87% were treated in Zamfara, 52% in Sokoto, 64% in Katsina and 78% in Jigawa. It would seem children aged 6 to 7 years were just as likely to be treated as children under 5 years of age.

Looking at coverage by LGA, in Zamfara, 6/14 LGAs had coverage less than 90% but none less than 67%. In Sokoto, 5/20 LGAs had coverage above 90%, 8/20 had coverage less than 50%. One LGA could not be surveyed because of security problems. Of the four LGAs surveyed in Katsina, coverage was higher in Dutsi and Mai'Adua than in Baure and Mashi. Only one LGA was surveyed in Jigawa (86% coverage).

Caregivers were asked for their suggestions about how to improve the SMC programme. The most common suggestion was for health workers to visit every house.

Key points:

1. Where delivery is through fixed points it may be necessary to improve communication to ensure caregivers are aware they should take children to the clinic for SMC. It may be necessary to organise door to door mobilisation in these villages. It would be useful to be able to disaggregate administrative data by mode of delivery, to determine the population size of children targetted through door to door and fixed point delivery, and compare administrative coverage between the two modes.

2. The dose of SP and first dose of AQ should be directly observed, administered by the health worker or by the caregiver in the presence of the health worker. Health workers need to be aware about this.
3. In Sokoto many caregivers were not aware of the day when SMC campaign was starting. Steps to improve communication are needed.
4. In village with door to door delivery, health workers should visit every house.
5. Older children are being treated. Administrative coverage estimates assume no children above 5 years are being treated and so coverage is over-estimated and the quantification of the number of drug packs needed for SMC campaigns underestimate the number required. Steps to minimise treatment of older children (emphasising the need to check child's age in health worker training) may improve coverage in the target age group. Older children could benefit from SMC but the dose they are getting is wrong for their age.
6. Delivery is working well in Zamfara. We need to understand the key differences between delivery in Sokoto and Zamfara.
7. Survey questionnaire: For cycle 2 survey we will add questions about whether SMC was received at home or at the health facility, and if the first dose was not directly observed, what the reason was.

Administrative coverage among eligible children aged 3-59 months:

State	No. surveyed	% treated	% took 3 doses
Jigawa	76	86%	97%
Katsina	164	74%	100%
Sokoto	960	55%	95%
Zamfara	1,000	88%	98%
TOTAL	2,200	72.5%	97.2%

Administration of first dose	No.	%
CHW	1,475	73%
Caregiver, observed	123	6%
Caregiver, not observed	407	20%
Not given	5	0.25%

Administration of first dose	Jigawa	Katsina	Sokoto	Zamfara	Total
CHW	66 (90%)	136 (88%)	164 (24%)	1,109 (99.7%)	1,475 (73%)
Caregiver, observed	7 (9.5%)	6 (3.9%)	110 (16%)	0 (0%)	123 (6.1%)
Caregiver, not observed	0 (0%)	13 (8.4%)	394 (59%)	0 (0%)	407 (20%)
Not given	0 (0%)	0 (0%)	2 (0.3%)	3 (0.27%)	5 (0.25%)

Treatment in children older than 59 months:

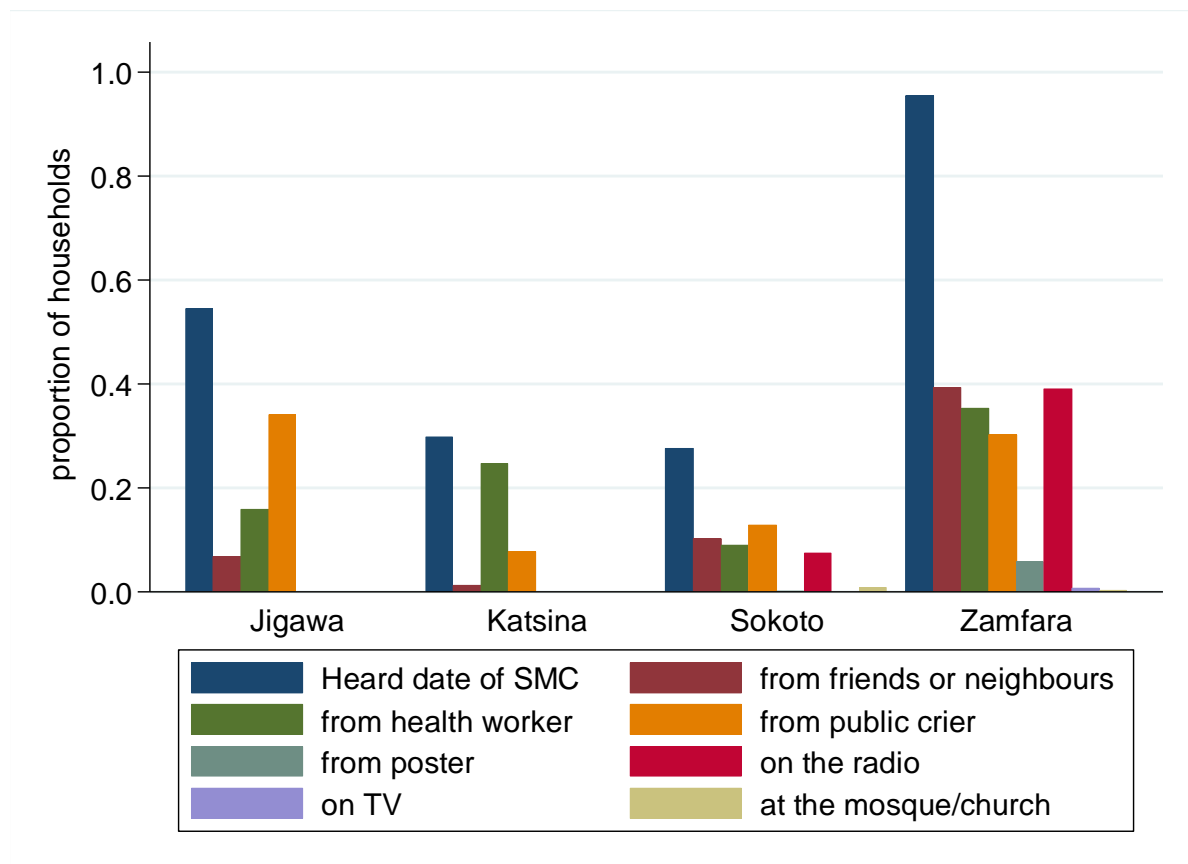
Age	Jigawa	Katsina	Sokoto	Zamfara	Overall
Percent treated:					
5yrs	75%	60%	45%	82%	62%
6yrs	29%	29%	39%	75%	52%
7rs	0%	0%	63%	100%	58%
Number surveyed:					
5yrs	8	45	211	170	434
6yrs	7	31	143	117	298
7rs	2	10	19	14	45

Coverage by LGA:

LGA	Jigawa	Katsina	Sokoto	Zamfara	No. eligible
Kazaure	86%				76
Baure		93%			45
Mashi		87%			47
Dutsi		57%			40
Mai'Adua		50%			32
Bodinga			100%		30
Rabah			100%		33
Binji			97%		38
Tangaza			97%		30
Shagari			94%		35
Isa			81%		26
Sokoto North			81%		31
Wurno			80%		66
Sokoto South			63%		27
Illela			62%		52
Gwadabawa			55%		49
Wamako			54%		52
Sabon Birni			44%		72
Dange Shuni			43%		60
Kebbe			43%		28
Tambuwal			40%		50
Goronyo			39%		66
Gada			30%		120
Kware			13%		39
Yabo			13%		32
Silame			-		24
Anka				100%	40
Bakura				100%	38
Maradun				100%	33
Talata Mafara				100%	134
Bukkuyum				97%	79
Gummi				95%	41
Tsafe				94%	105
Maru				90%	59
Gusau				86%	88
Birnin Magaji/kiyaw				84%	75
Bungudu				80%	93
Zurmi				78%	93
Kaura Namoda				70%	56
Shinkafi				67%	66

(Silame could not be surveyed due to security problems)

Awareness about the SMC campaign dates: proportion of households that heard the dates and the source of information.



Reasons for missed treatments:

Reason	Jigawa	Katsina	Sokoto	Zamfara
Health worker did not visit	10	19	396	80
Child unwell		11	5	11
Caregiver away		3	7	
Child was away on day of SMC			2	6
Child lives away from home		1	1	2
Problems at distribution point		4		
Unable to take child to health worker		3	2	2
Did not know about SMC		1	3	2
Did not know 4 treatments were needed		1		
Family refused			4	3
Other reason		1	3	6

