

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.

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:

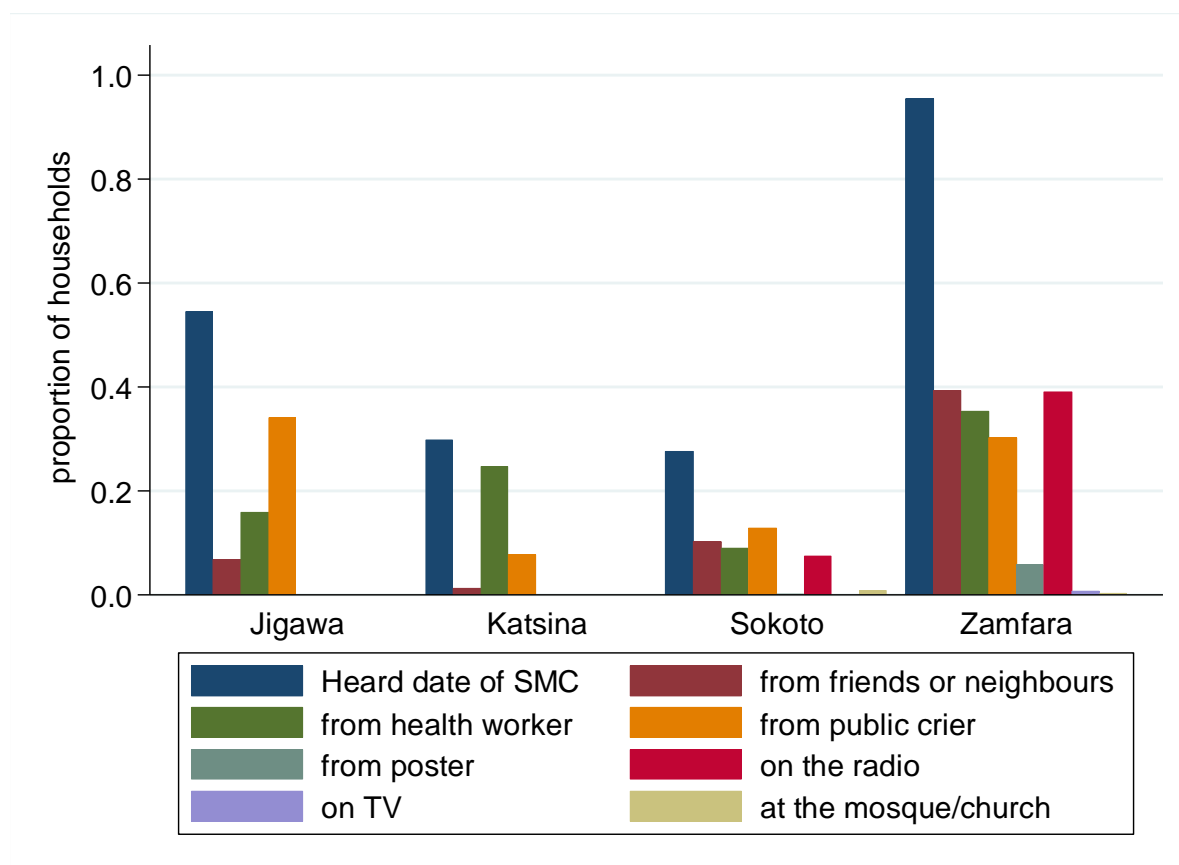
Age	Jigawa	Katsina	Sokoto	Zamfara	Overall
Percent treated:					
5yrs	75%	60%	45%	82%	62%
6yrs	29%	29%	39%	75%	52%
7rs	0%	0%	63%	100%	58%
Number surveyed:					
5yrs	8	45	211	170	434
6yrs	7	31	143	117	298
7rs	2	10	19	14	45

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

Other reasons for missed treatments:

Jigawa: none

Katsina: CHILD WAS UNWELL
I DON'T KNOW ABOUT IT

Sokoto: HEAD OF H/H REFUSED & I DON'T KNOW HIS REASON
THE MOTHER FEEL LIKE NOT TO GIVE THEM THE DRUG
THE MOTHER REFUSE TO GIVE JUST LIKE THAT
THE HEALTHWORKER DID NOT GIVE SMC TO THE CHILD
TOO SMALL FOR THE DRUGS
IT GIVES REACTION TO CHILD
THE CHILD WAS SICK SO THEY DIDN'T GIVE THE PACK
THE HEALTH WORKER DID NOT GIVE THEM THE REST
DISTRIBUTION NEVER GOT HERE
DISTRIBUTION NEVER GOT TO US
THE FATHER DISAGREE
SHE WAS CONFUSED AND FORGET TO GIVE THE CHILD SMC
THE MOTHER FORGET TO GIVE
HEALTH WORKER SAID HIS AGE HAS EXCEEDED
THE HEALTH WORKER DID NOT GIVE SMC TO THE CHILD

Zamfara: THE HEALTH WORKER DID NOT GAVE THE MEDICINE
IDID NOT TAKE MY CHILDREN TO HEALTH FACILITY
I DID NOT TAKE MY CHILDREN TO HEALTH FACILITY
BLISTER PACK FINISH
THE CHILD DID NOT VISIT THE FACILITY
THE FATHER IS NOT AROUND AT THE TIME OF DISTRIBUTI
THE IS NOT AROUND AT THE TIME OF DISTRIBUTION
THE FATHER IS NOT AROUND AT THE TIME OF DISTRIBUTI
THE CHILD IS THREE MONTH YESTERDAY
WE DID NOT RECEIVE THE TREATMENT

State	Suggestion for improving the programme	Number
Jigawa	BY INSTRUCTING TOWN CRIERS TO INFORM THE RESIDENTS	1
Jigawa	BY INFORMING THE RESIDENTS THROUGH TOWN CRIES	2
Jigawa	BY INSTRUCTING A TOWN CRIES INFORM THE RESIDENTS	1
Jigawa	BY INFORMING THE COMMUNITY HEAD	2
Jigawa	BY INFORMING THEM THROUGH RADIO CHANNELS	1
Jigawa	BY CONTACTING THEM THROUGH THEIR MOBILE PHONES	2
Jigawa	INSTRUCTING A TOWN CRIERS TO INFORM THE RESIDENTS	3
Jigawa	THROUGH RADIO BROADCAST	2
Jigawa	THROUGH MOBILE PHONES	1
Katsina	PUBLIC AWARENESS	2
Katsina	MORE AWARENESS	2
Katsina	YOU SHOULD FOLLOW HOUSE BY HOUSE	2
Katsina	THEY SHOULD IMPROVE IN BRINGING THE MEDICINE EVER	3
Katsina	IT SHOULD BE A CONTINUES PROGRAMM	2
Katsina	THE MEDICINE IS GOOD	1
Katsina	BY INFORMING THE VILLAGE HEAD BEFORE COMMENCEMENT	3
Katsina	IMPROVE AWARENESS OF PEOPLE	3
Katsina	BY INSTRUCTING A TOWN CRIER TO INFORM THE RESIDENT	6
Katsina	THE CHW HAS TO BE INFORMING THE VILLAGE HEAD	1
Katsina	THE CHW HAS TO INFORM THE VILLAGE HEAD	1
Katsina	THROUGH RADIO ANNOUNCEMENT	2
Sokoto	THE HEALTHCARE SHOULD DISTRIBUTE THE SMC HOUSE B	2
Sokoto	THEIR SHOULD BE EQUAL DISTRIBUTION OF THE MEDICINE	1
Sokoto	THE HEALTHCARE WORKER SHOULD DISTRIBUTE THE SMC HO	4
Sokoto	THE HEALTH WORKER SHOULD DISTRIBUTE THE SMC TO THE	1
Sokoto	THE HEALTHCARE SHOULD VISIT HOUSE BY HOUSE	4
Sokoto	HEALTH WORKERS SHOULD VISIT THE VILLAGE	1
Sokoto	THE HEALTH WORKER SHOULD DISTRIBUTE THE SMC BY GOI	1
Sokoto	THE HEALTH CARE WORKERS SHOULD VISIT THE VILLAGE	2
Sokoto	THE DRUGS SHOULD BE AVAILABLE & WITHING REACH	1
Sokoto	THE HEALTHCARE SHOULD GO HOUSE TO HOUSE FOR DISTRI	3
Sokoto	THE HEALTHCARE SHOULD VISIT HOUSE BY HOUSE	2
Sokoto	BRING PLENTY DRUGS	2
Sokoto	INCREASE DISTRIBUTORS	4
Sokoto	MORE DRUGS SHOULD BE AVAILABLE FOR US	2
Sokoto	DRUG SHOULD BE GIVEN EVEN WHEN WE ARE ABSENT	1
Sokoto	HOW WILL I NO OF I DON'T NO WHAT THE SERVICES ARE	3
Sokoto	NBA	3
Sokoto	WE ARE SATISFY WITH THE DRUGS AND PLEASE WE NEED M	1
Sokoto	THE HEALTH WORKER SHOULD BE VISITING EVERY HOUSE	1
Sokoto	THE HEALTH WORKERS SHOULD BE VISITING EVERY HOUSE	1
Sokoto	MAKE SURE THE HEALTH WORKERS DISTRIBUTE THE DRUGS	1
Sokoto	THE HEALTH WORKERS SHOULD BE VISITING EVERY HOUSEH	1
Sokoto	MAKE SURE THE HEALTH WORKERS SHOULD BE VISITING EV	2

Sokoto	THEIR SHOULD BE PROPER ANNOUNCEMENT	1
Sokoto	THE HEALTH WORKERS SHOULD BE VISITING EVERY HOUSE	2
Sokoto	THE HEALTH WORKERS SHOULD VISIT EVERY HOUSE HOLDS	2
Sokoto	TO BE ANNOUNCED BY THE VILLAGE HEAD	2
Sokoto	TO BE ANNOUNCED BY RADIO STATION	2
Sokoto	TO BE ANNOUNCED BY THE HEALTH WORKER'S	1
Sokoto	GIVING DOOR TO DOOR	1
Sokoto	THE HEALTH WORKERS SHOULD VISIT EVERY HOUSEHOLDS	2
Sokoto	MAKE SURE THE HEALTH WORKER SHOULD VISIT EVERY HOU	1
Sokoto	THE DISTRIBUTORS SHOULD BE VISITING EVERY HOUSEHOL	1
Sokoto	NO ONE CAME TO GIVE US DRUGS	1
Sokoto	MAKE SURE THE HEALTH WORKERS VISIT EVERY HOUSEHOLD	2
Sokoto	CHILDREN SHOULD BE GIVEN DRUGS EVEN , IF ABSENT	2
Sokoto	DISTRIBUTION SHOULD BE HOUSE TO HOUSE	1
Sokoto	IMPROVE DISTRIBUTION	1
Sokoto	THE DRUGS SHOULD BE MADE READILY AVAILABLE	1
Sokoto	DRUGS SHOULD BE DISTRIBUTED ON WEEK ENDS	1
Sokoto	MAKE SURE THE HEALTH WORKERS VISIT EVERY HOUSE HOL	2
Sokoto	BRING BED NET FOR OUR CHILDREN	2
Sokoto	THE DRUGS SHOULD BE MADE AVAILABLE ALL THE TIME	1
Sokoto	THE HEALTHCARE WORKER SHOULD VISIT HOUSE BY HOUSE	1
Zamfara	BY TAKING MORE WORKERS	3
Zamfara	YOU SHOULD BE GIVEN THE MEDICINE ALL THE TIME	2
Zamfara	BY PROVIDING ENOUGH DRUGS TO THE CARE GIVERS	1
Zamfara	BY GIVEN OUR CHILDREN ALL THE TIME	2
Zamfara	BY FINDING GOOD WORKERS	2
Zamfara	BY GIVING THE DRUGS ALL THE TIME	1
Zamfara	YOU SHOULD CONTINUE WITH THE DISTRIBUTION OF DRUGS	1
Zamfara	BY DOING IT ALL THE TIME	1
Zamfara	BY USING GOOD WORKRS	2
Zamfara	BY DOING IT CONTINUOUSLY BECAUSE WE HAVE SEEN THE	2
Zamfara	IS GOOD TO BE GIVEN US THE DRUGS	3
Zamfara	WE WANT U TO INCLUDE ADULT NOT ONLY CHILDREN	2
Zamfara	YOU SHOULD CONTINUE WITH THE DISTRIBUTION OF THE D	1
Zamfara	BY HOUSE TO HOUSE DISTRIBUTION	2
Zamfara	BY PROVIDING ENOUGH DRUGS TO THE PUPILS	1
Zamfara	BY TAKING AVAILABLE DISTRIBUTORS	2
Zamfara	By PROVIDING ENOUGH DRUGS TO THE PUPILS	1
Zamfara	BY TAKING AVAILABLE DISTRIBUTORS	2
