

Background

With the Alma Ata Declaration in 1978, community en-

and the referral of newborns to vaccination posts was also discussed.

Although VDCs were not available in all the 2311 set-

the coverage in Yobe rose from 6 to 42%, while Bauchi

Table 3 Distribution of OPV and Penta coverage in the selected HTR settlements of Bauchi, Kano, Yobe and Borno June 2014 – June 2015

State	Jun-Sep 14		Oct-Dec 15		Jan-Mar 15		Apr - Jun 15		Jun-Sep 14		Oct-Dec 15		Jan-Mar 15		Apr-Jun 15	
	OPV < 1	OPV < 1	OPV < 1	OPV < 1	OPV < 1	OPV < 1	OPV < 1	OPV < 1	Penta1	Penta2	Penta3	Penta1	Penta2	Penta3	Penta1	Penta2
Bauchi	3776 (36%)	5002 (48%)	7786 (74%)	8076 (77%)	7388 (70%)	3341 (32%)	2906 (28%)	6467 (62%)	5824 (55%)	4273 (41%)	7069 (67%)	5498 (52%)	5753 (55%)	6750 (64%)	5081 (48%)	5653 (54%)

beneficiary satisfaction since the state has the highest number of settlements and each settlement has a community mobilizer, town announcer, and traditional leader. Having a community mobilizer who is respected and resident in the community helped in the passage of the right information for caregivers to act by visiting vaccination posts. Perhaps the most important point about our CE approach was not just about raising awareness about the services of the HTR project, but also persuading community members to take action by visiting vaccination posts.

We found out that CE interventions implemented in the HTR settlements were instrumental to the steady increase in immunization coverage in these areas. Implementation of community activities during the period under review showed improved routine immunization outcomes with an increase from 22% penta3 coverage in the first quarter to 62% by the fourth quarter within the first year of project implementation. When compared with the service satisfaction of clients about the HTR and the CE activities, the data analysis showed that Bauchi had met all three indicators. This is indicative of the fact that CE, when implemented alongside other interventions, has the potential to improve coverage, particularly for marginalized communities such as the HTR population [5, 10, 12–15].

One of the ways of monitoring immunization coverage is through the monitoring of penta3 vaccine administration to children less than 1 year old. As a proxy for routine immunization coverage, penta3 coverage increased dramatically in the HTR states from the first quarter, when penta3 coverage was 22, to 62% by the fourth quarter. These results varied across states, with Bauchi recording a realistic increment from 28 to 54% by the fourth quarter, followed by Borno which increased from 36% in the first quarter to 47% by the fourth quarter. The lowest in the first quarter was Yobe with 6%, but

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Abbreviations

BMGF: Bill and Melinda Gates Foundation; CBO: Community-based