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ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT
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WASH Committees (WASHCOM) drive birth registration and immunization of children in their communities

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Under the "Federal Government of Nigeria – UNICEF" Water, Sanitation & Hygiene (WASH) programme, the normal process of engagement in a community includes the establishment of a WASH Committee (WASHCOM) and training of its members on their roles and responsibilities, record keeping and management of WASH facilities to ensure ownership and sustainability of WASH interventions. Experience in some of the intervening states showed that once WASHCOMs are empowered, they take additional responsibility to address developmental challenges beyond WASH in their communities. Building on this, an expanded WASHCOM guideline covering inter-sectoral issues was developed for sensitizing WASHCOMs on child survival issues affecting their communities. UNICEF Nigeria piloted the roll-out of this guideline for cross-sectoral integration using WASHCOMs as an entry point to address birth registration and immunization in 29 communities in Benue and Jigawa states. The results recorded thus far clearly demonstrates the potential for engaging WASCHCOMs to address child survival issues.

Background

Globally Nigeria ranks fourth among countries in terms of people practicing open defecation[1]. The country has over 11 million stunted children[2], only 50.3% of children in Nigeria are immunized[3] and just about 30% of the under-5 population is registered[4]. As a consequence, Nigeria is among the 5 countries that contribute half of the global under-5 deaths[5]. Improving Water, Sanitation and Hygiene (WASH) services contributes significantly to realizing the child's right to survive and develop. It is expected that a greater impact on child survival can be achieved by integrating WASH interventions with services like immunization, ante-natal care, malaria control, nutrition and birth registration.

The WASH program in UNICEF Nigeria is one of the largest development programs for UNICEF globally[6] and involves 22,000 communities spreads across 70 Local Government Areas (LGA) in 21 states (out of 36) covering the six geographical zones. Water, Sanitation & Hygiene Committee (WASHCOM) is an integral component of UNICEF WASH interventions in Nigeria and provides an opening for child survival and other developmental interventions in these and other communities.

Expanded WASHCOM guideline

WASHCOM is a platform involving representatives from the various sections of a community galvanized around the need to own and manage the WASH situation in their community. It usually comprises between 15 to 20 representatives (at least 40% women) from the community. Traditionally, WASHCOM members are trained on their roles and responsibilities which include; record keeping, financial management, undertaking preventive maintenance of water facilities and promoting safe water, sanitation and hygiene practices within their communities. Interventions under the "Federal Government of Nigeria (FGN)-UNICEF" WASH program is characterized by initial emphasis on mobilizing the community around elimination of open defecation. Sensitizing a community through this approach fosters cohesion among the community members and creates a momentum often leading to an open defecation free (ODF) status and a water secure community. UNICEF's experience in Nigeria shows that the households' trust in WASHCOMs

builds gradually, aided by their role in securing improved WASH services for their community and thereby positions them to play a lead role in promoting the uptake of other services including for child survival and development at the household level.

The UNICEF WASH Section worked with other sectors to develop an expanded guideline for training WASHCOMS to cover issues pertinent to the community such as health, nutrition, child protection, education and other child survival issues. By including cross-sectoral issues affecting child survival and development, such as immunization, nutrition, vitamin-A supplementation, birth registration, malaria, etc., the Expanded WASHCOM Guideline provides an avenue for a structured engagement of communities on these issues through the WASHCOM.

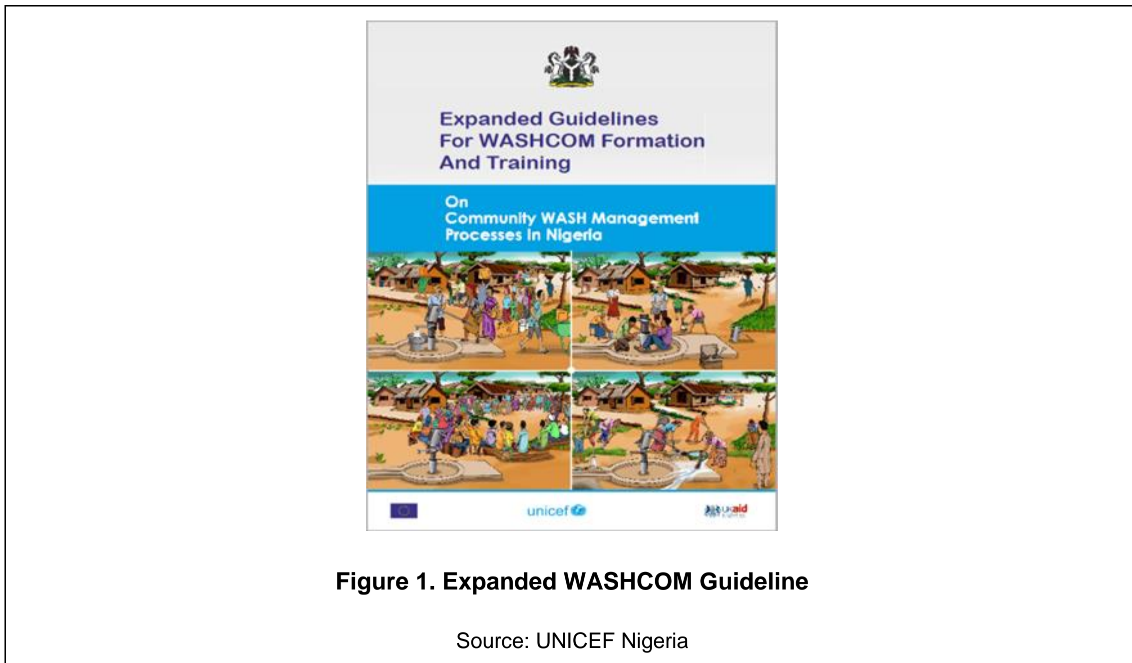

Figure 1. Expanded WASHCOM Guideline

Source: UNICEF Nigeria

Strategy and implementation

The strategy was to work in states that had poor social indicators, where there were sufficient number of ODF communities and functional WASHCOMs. In consultation with sectoral stakeholders, the states that ranked lowest in social indices such as ante-natal care, child nutrition, and birth registration were considered. Additional criteria included progress in Community Led Total Sanitation (CLTS) interventions; presence of functional WASHCOMs and improved water source in the community. UNICEF's engagement in the state was an additional consideration. The hypothesis was that empowered WASHCOMs would be ready for other interventions as their WASH needs have been met.

Selection of the pilot communities

Two states, namely Benue and Jigawa were selected for the initial pilot. The initial pilot focused on 29 communities with an estimated population of 61,640 inhabitants. These were ODF certified communities with functional WASHCOMs and whose WASH needs were met. WASHCOMs in these communities identified immunization and birth registration as important issues to be addressed.

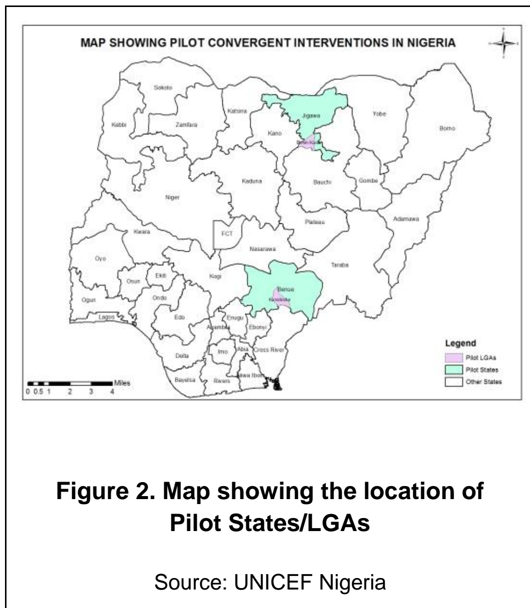

Figure 2. Map showing the location of Pilot States/LGAs

Source: UNICEF Nigeria

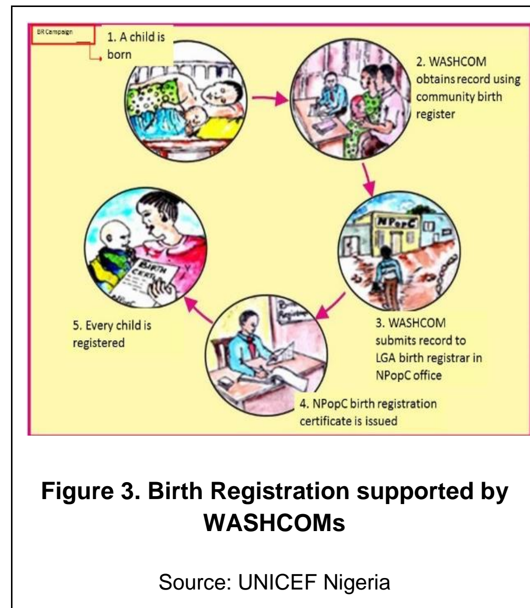

Figure 3. Birth Registration supported by WASHCOMs

Source: UNICEF Nigeria

Implementation and roll-out

UNICEF WASH interventions in Benue and Jigawa states commenced in 2012 under the UKAid funded SHAWN project, with the sensitization of communities on ending open defecation practices. This was followed by the establishment of WASHCOMs and other WASH interventions subsequently. Based on the remarkable progress achieved in sanitation as well as the evidence of successful community engagement on non-WASH issues brought out in the CLTS Case Studies' documentation done in 2013/14, the expanded WASHCOM guideline was developed in 2014.

Stakeholders at state and local government levels from Benue and Jigawa states were engaged to pilot the initial roll-out of the convergence approach in select communities in 2015. In collaboration with Health, National Population Commission (NPopC) and WASH stakeholders, WASHCOMs were trained to lead sensitization and social dialogue on key child survival and development issues affecting their communities. Critical actions to be taken were identified and presented to the community. In the case of the 29 selected communities, birth registration and immunization were identified as key issues in their communities by community members. Based on resolutions adopted, WASHCOM members liaised with the service delivery centers (Local Government Immunization Office and Birth Registration Office) to organize services outreach to the community where distance restrains community members from accessing services.

In the case of immunization, WASHCOM members mobilized households, ensuring that all children due for immunization were listed, presented and immunized. Subsequently, they monitored to ensure that no child was missed during immunization. For birth registration, they carried out birth registration campaign, obtained birth registration information for all children between 0-17 years and submitted these details to the District Birth Registrar who certified the information and issued birth certificates. The certificates received were distributed by WASHCOMs to affected households with records maintained. Having ensured that all children living were registered, new births and deaths occurring in the community are promptly documented for registration thereby sustaining 100% birth registration status for the community. Figure-3 illustrates the process of birth registration through WASHCOMs.

Advantages of an expanded WASHCOM approach

Addressing other sectoral issues by building on the existing WASH platforms is not only value for money but also introduces synergy across interventions with increased child survival outcomes:

- Builds on existing WASH structures at community level (WASHCOMs) to promote health, etc.
- Builds on sensitized communities with sense of ownership and readiness to sustain other interventions
- Relatively easy acceptability for new interventions by households due to their trust on WASHCOMs
- Communities benefit not only from WASH but also other interventions leading to better child survival & developmental outcomes
- Creates a ripple effect around neighbouring communities who too demand for other services

Typical Cost of Interventions (**based on interventions in 2 LGAs covering 29 communities**)

- Total cost - approximately US$ 6,000
- Cost for training for 2 days is about US$ 3,000 (2 resource persons; 4 state officials per LGA; 62 LGA officials per LGA)
- Cost of facilitation in communities is about US$ 3,000
- Cost per community for the expanded approach is $206 (which will decrease as human resource utilisation is optimised as more communities are engaged)

It is Value for Money

- No additional cost in creating new institutional arrangements at community level
- Health, Social Welfare and Rural Development Ministries need not spend additional funds to mobilize communities for services
- Time of officials and money lost from missed immunization outreach programs saved
- Reduction in Disability Adjusted Life Years based on reduced morbidity & mortality in the intervening communities

Results achieved

In Benue and Jigawa State where the pilot is implemented, the approach has been accepted by the sector players with the Department of Vital Registration in National Population Commission, State Ministry of Health and other stakeholders fully involved. The interest and zeal of partners in the approach is also demonstrated in their commitment to sustaining the collaboration.

Photograph 1. - WASHCOM distributing Birth Certificates and collating Birth Registration details in Mbaaku, Konshisha LGA

Source: UNICEF Nigeria

Photograph 2. WASHCOMs mobilizing for immunization in Jata community, Birninkudu LGA

Source: UNICEF Nigeria

Since the inception of the roll-out in early 2015, impressive results have been recorded. As at January 2016, there was a drop in cancellation of outreach sessions (which usually occur due to poor turn out of people) from 18% to 2%. The ward summaries of the District Vaccines and Devices monitoring system

showed continued decline in missed immunisation to less than 2%.. 289 children between the age of 0-5 years who never got vaccinated and 367 children who discontinued vaccination after their initial rounds were profiled and immunized. 27 children within their first month of birth, whose births occurred at home were also registered and immunized. Figure-4 illustrates the increase in immunization rates for various vaccines post intervention. For instance, the number of children administered DTP-HepB-Hib-1 increased by 34% over that achieved prior to the intervention.

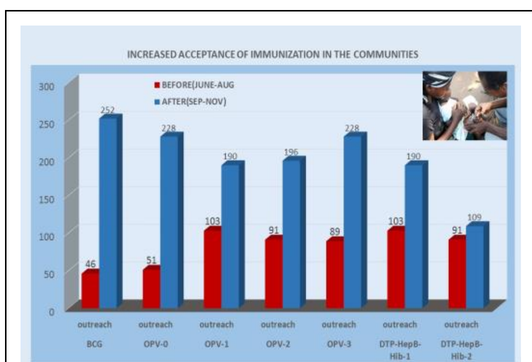

Figure 4. WASHCOM's contribution to increased immunisation uptake in 29 communities

Source: UNICEF Nigeria

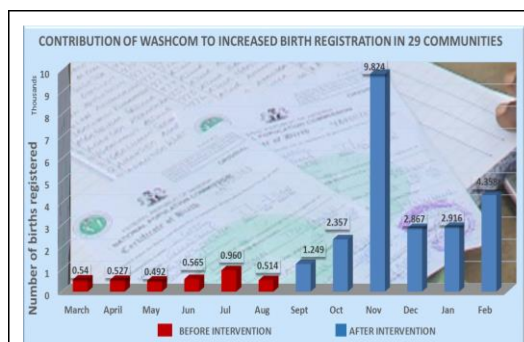

Figure 5. WASHCOM's contribution to progressive increase in birth registration in 29 communities

Source: UNICEF Nigeria

In the case of birth registration, as at January 2016, the 29 communities have sustained 100% registration of all new born children. Over 23,611 unregistered children got identity by being registered and issued national birth certificates in these LGAs within the period; of which 13,488 registered children were from the 29 communities (representing over 57% of all births registered in these LGAs). This represents an 84.8% increase in registered births compared to that registered (3,596 registered children) pre-intervention for the two LGAs (see Figure-5). These LGAs which recorded less than 400 registered births a month before WASHCOMs intervened now record over 1000 births as seen in the screen shot from the Nigeria online birth registration reporting portal www.rapidsmsnigeria.org (see Figure-6) for January 2016:

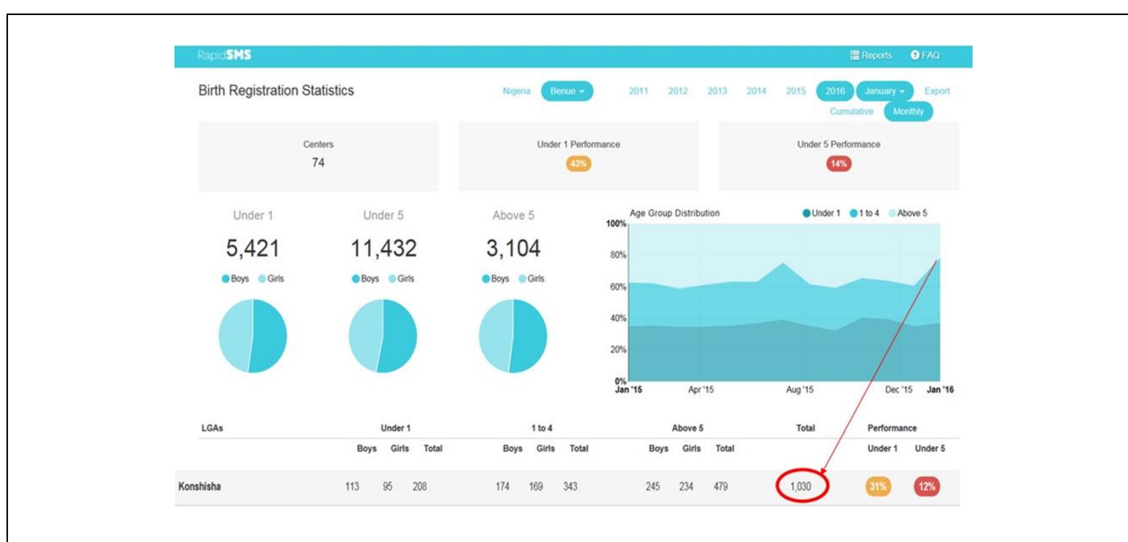

Figure 6. Screen-shot from the Rapid SMS Platform showing number of registered birth for Konshisha LGA in the Month of January 2016

Source: UNICEF Nigeria

Implementation challenges and way forward

1. Initial resistance to joint planning and coordination of activities which is much required. This challenge eases as results from the approach begin to show.
2. Health Officers often view their role in compiling monthly immunization appointment list as a task separate from their official responsibility. This has been addressed by a state government circular.
3. There are few local government Birth Registrars who are easily overstretched with increased demand for birth certificates. Flexible deployment approach is considered.

Lessons learned

1. Sensitization of stakeholders and coordination at local government level is fundamental for effective convergence of services through WASHCOMs.
2. Integrating child survival and development outcomes in WASH interventions is a driver to improving health outcomes for the child
3. The national significance of birth registration gives communities a sense of inclusion in affairs of government.
4. Involvement of WASHCOMs who are community people in promoting immunisation helped dispel negative perceptions about vaccination and increase households vaccinations acceptance.
5. The expanded responsibilities on child survival and development promotion has further boasted the prominence of WASHCOM in their communities.
6. Communities are proud of their achievement and quick to showcase successes to neighbouring communities.

Next steps and potential application

The innovation lies in mobilizing the latent social energy existing within community WASH structures to address other developmental challenges confronting communities beyond regular WASH issues. Experience in Nigeria has shown that once WASHCOMs are well established and empowered, and their immediate WASH challenges are met, they gain trust of the community and become good entry point for initiating social dialogue to address pressing issues affecting their community sustainably. UNICEF has tapped this knowledge to demonstrate how this approach contributes to addressing developmental challenges in a systematic manner. The pilot was introduced in communities with access to water and were ODF certified and concretely demonstrated the modality of engagement as well as further scale-up.

Two conditions are needed to introduce this model successfully in other developing countries around the world – a) existence of a focal committee driving WASH improvements at community level; and b) training/ sensitizing the committee on cross-sectoral issues using expanded WASHCOM guideline. The authors believe that the social bonding and cohesion resulting from CLTS interventions (ODF certified communities) is conducive for the successful roll-out of this approach.

UNICEF WASH programme in Nigeria as currently spread over 22,000 communities within 70 LGAs across 21 states offers a sizeable footprint to advance child survival & developmental interventions through WASHCOMs as an entry point. Besides, Nigeria is implementing a LGA-wide approach with the objective of getting all the communities ODF and with access to water. In 2016, the Government of Nigeria will commence the implementation of a national roadmap for the elimination of open defecation. This offers an excellent opportunity for rolling-out cross-sectoral integration using WASHCOMs national wide.

The model for promoting immunization and birth registration have been adopted by stakeholders for wider implementation. In the immediate phase, the pilot would be scaled up to 500 neighbouring communities in the LGAs already benefiting and will be extended to other states. The plan is to cover 8 to 10 states in 2016.

The approach can be institutionalized as a strategic vehicle to further leverage the investment in WASH for increased child survival and development. The approach has the potential to further boast the reach and save cost for programmes involving distribution of long lasting insecticide treated bed net, community management of acute malnutrition, neglected tropical diseases (e.g. Onchocerciasis) which often need setting up committees in communities where they intervene.

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Note/s

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