



CHILDREN WHO CROW LIKE ROOSTERS

More and more parents are having their children immunized, but there is still a long way to go to improve vaccine coverage in rural and urban areas alike.

On the badly maintained road, old bicycles zigzag between potholes. Attached to their luggage racks are nets overloaded with corn cobs or cassava leaves. The cyclists must exercise great care in order to reach the city of Kisangani, the capital of Province Orientale, without losing their balance.

Here in Mbilinga, a village 15 kilometres away from the provincial capital, the local economy depends almost entirely on farming. But this fertile and lush region is poor. Generally speaking, most of its 6,000 residents eat only one meal a day.

The farmers must work hard to produce their crops and take them to the city. The journey to Kisangani is long and difficult. The road is so bad that even the shortest trip is arduous.

The sick who live in the area face the same difficulties. Those who seek treatment at the Mbilinga Health Centre, three modest cement buildings with seven nurses, must travel up to 30 kilometres. This is also the case for children, as well as women who go there to give birth.

Since children do not make the trip often, the nurses try to treat them for all the diseases that they may have contracted. It is not enough to treat the disease whose symptoms are the most obvious. For example, they try to determine if a fever



brought on by a bout of malaria could be hiding another infection. Trained by UNICEF, the health care workers are using an approach known as IMCI (Integrated Management of Childhood Illness).

Health problems abound in Mbilinga Health Centre. The poster at the entrance with photos of leprosy symptoms is not merely decorative – a

few cases of leprosy are reported each year. But it is less common than tuberculosis, which is making a comeback in adults and children.

The centre's head nurse, Jean-Marie Goma, has noticed that young tuberculosis patients do not always have the scar on their left arm indicating that they had received the BCG vaccine that could have protected

them. To reassure his patients, at least those who can read French, he wears a T-shirt that says, in French, "Tuberculosis? Medicine is free."

The health centre sees diseases that immunization could have prevented. Although it is free, few children are completely vaccinated before their first birthday. Two out of three receive their full dose of DTP, a vaccine that protects them from diphtheria, tetanus and pertussis (whooping cough). It is more difficult to administer since it takes five trips to the centre before the children are considered completely immunized. And it is difficult to convince parents to have their children vaccinated.

The main reason for their reluctance seems to be distance. Mothers come willingly to the health centre for the first injections, but they end up wondering what they are doing there. Weariness sets in, explains Jean-Marie Goma. "They feel like they're wasting their time," he says. The result is that their children's vaccination cards remain incomplete.

DTP is a vaccine that often causes the child to suffer from a slight fever, a normal reaction that alarms parents.

Jean-Marie Goma tries to explain that the fever is the result of a “battle” between the body and the vaccine, showing that the antigen is working. But his explanations often fall on deaf ears. Mothers do not always return for a third injection.

Whooping cough, however, is a real danger, and at least one case is reported each month at the Mbilinga Health Centre. In the hope of convincing parents, he reminds them that money is at stake. “I tell parents that if they don’t have their child vaccinated against whooping cough, it will be expensive when he or she starts coughing like a crowing rooster.” Everyone here knows that “crowing like a rooster” is the main symptom of whooping cough.

A health committee set up in the late 1990s with UNICEF support is trying to understand why so few children are fully immunized. One mother firmly told the committee that an injection had caused her son’s malnutrition. Obviously, there is still a long way to go, but committee efforts have yielded some encouraging results. Vaccine coverage has improved since their

intervention. As for Jean-Marie Goma, he teaches by example. His three sons were all publicly vaccinated.

But it would be wrong to think that vaccination challenges are a strictly rural problem.

Nearly 30,000 people live in the city of Mama Mobutu on the outskirts of Kinshasa. In the early 2000s, immunization coverage was low here. In the local health zone, barely one in five children had received the full dose of DTP. But much progress has been made thanks to the work of 300 community workers.

Wrapped up in their work, mothers – most of them street vendors – are reluctant to take their children to the local health centre. “For them, going to have their children vaccinated means a loss of earnings,” explains Augustin Mudibantu, a community worker. “That day, the family doesn’t eat.”

That is why volunteer community workers have taken to visiting homes to spread public health messages. They remind people that vaccination is free.



The vaccination card itself costs 450 Congolese francs (almost 1 USD), and for those who live under the extreme poverty line, this is a considerable sum. But Marcel Bampasi, a health centre nurse, insists that it is necessary for people to spend a little money. "If something is free," he says, "people often think that it's worthless."

In groups of three or four, community workers do much more than just spread the word. They distribute vitamin A, de-worming tablets and administer the oral polio vaccine. They are also taught to recognize the signs of malaria and measles. Some mothers say that their children would have died without their help, says Augustin Mudibantu.

Since they garner such respect, community workers visit parents who are reluctant to have their children vaccinated. They try to persuade uncooperative mothers by explaining, for instance, that DTP is ineffective unless all the shots are given.

How do the community workers stay motivated when there is no money to pay them? The health centre offers to treat their children at no cost. (A visit

normally costs 1,000 Congolese francs or 2 USD). These public health activists also received plots of land in a community vegetable garden.

These days, Nene Lukumbu, who already has a baby boy, goes regularly to the health centre for prenatal care. She will soon give birth to her second child, whom she firmly intends to have vaccinated – especially against measles. She still remembers suffering from this disease when she was eight, and she knows only too well that it can kill. "This one," she says, looking at her belly, "will be vaccinated."