

# Independent Monitoring Board GPEI



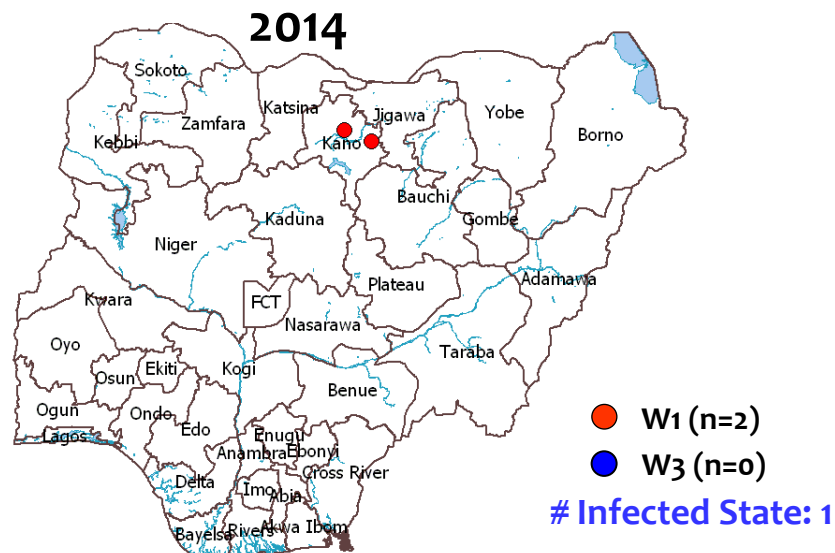
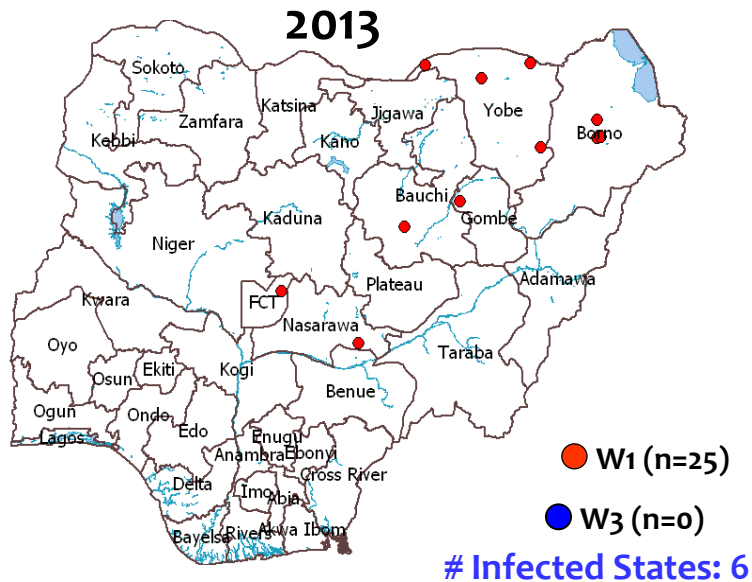
10<sup>th</sup> Meeting  
6-7 May 2014  
Nigeria Presentation

# Outline of Presentation

- **WPV Epidemiology**

- Innovations and What we are Doing Differently
- Quality Outcome Data
- Threats to the Programme
- Priorities for the next 3 months

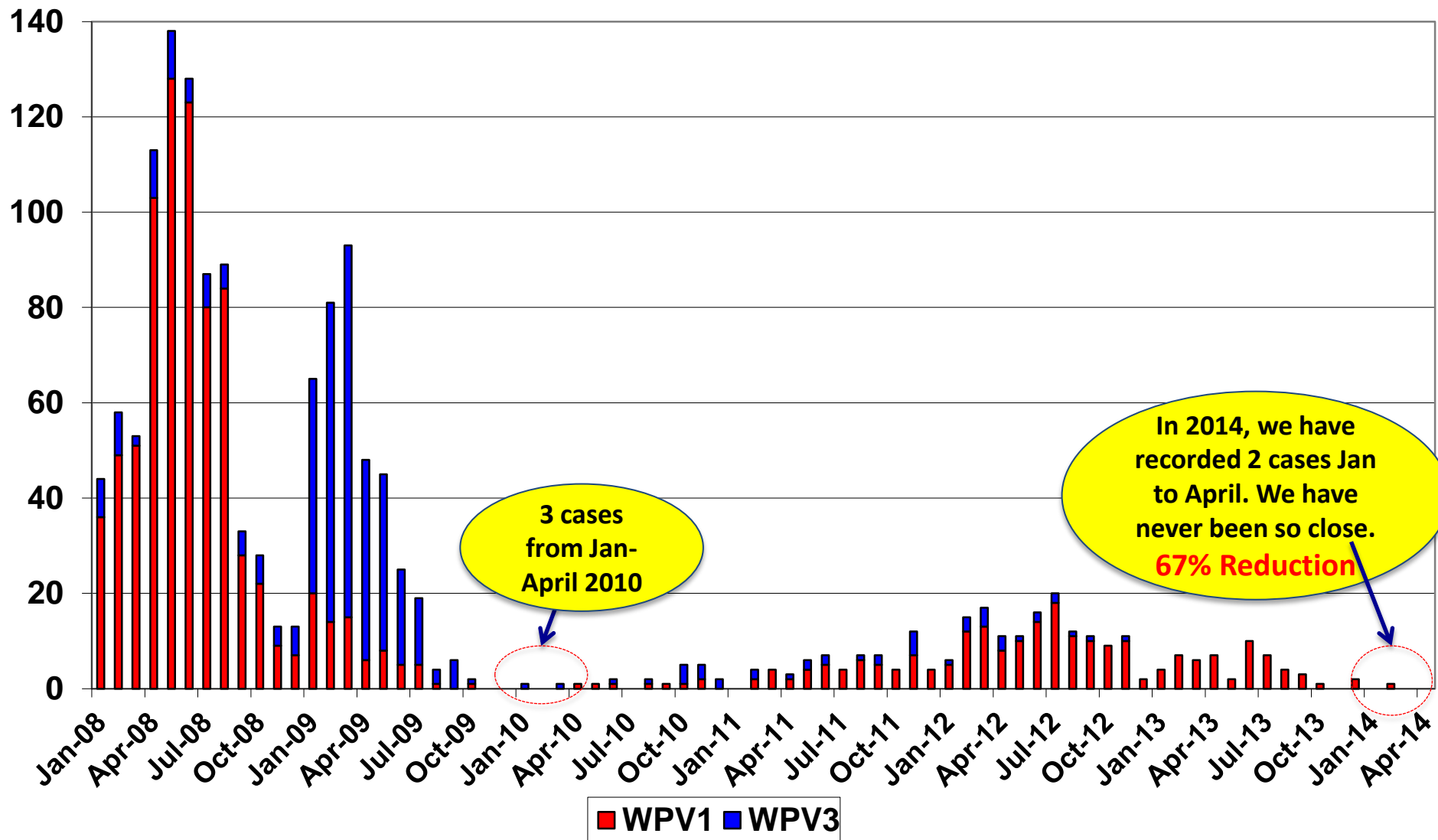
# Steep Reduction of Polio Cases YTD



As at April 25, 2014 Nigeria has:-

- 2 confirmed WPV1 in 1 State compared to 14 cases in 7 States for the same period in 2013.
  - Date of onset of latest case is March 24, 2014
- There have been no confirmed WPV3 since November 2012.
- 1 confirmed circulating vaccine derived poliovirus (cVDPV2) in 1 State just as same period in 2013.

# Total WPV Reduction from 2008 to Date

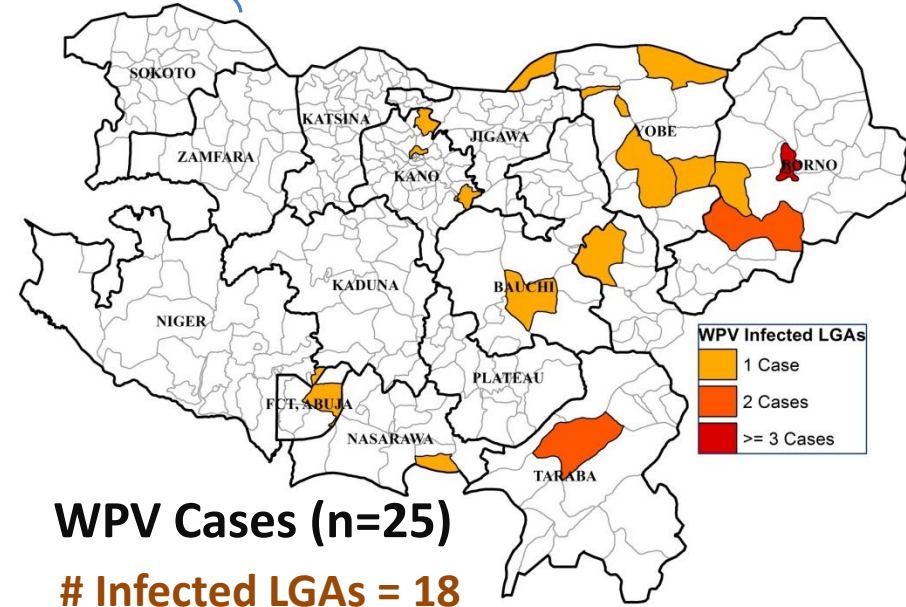
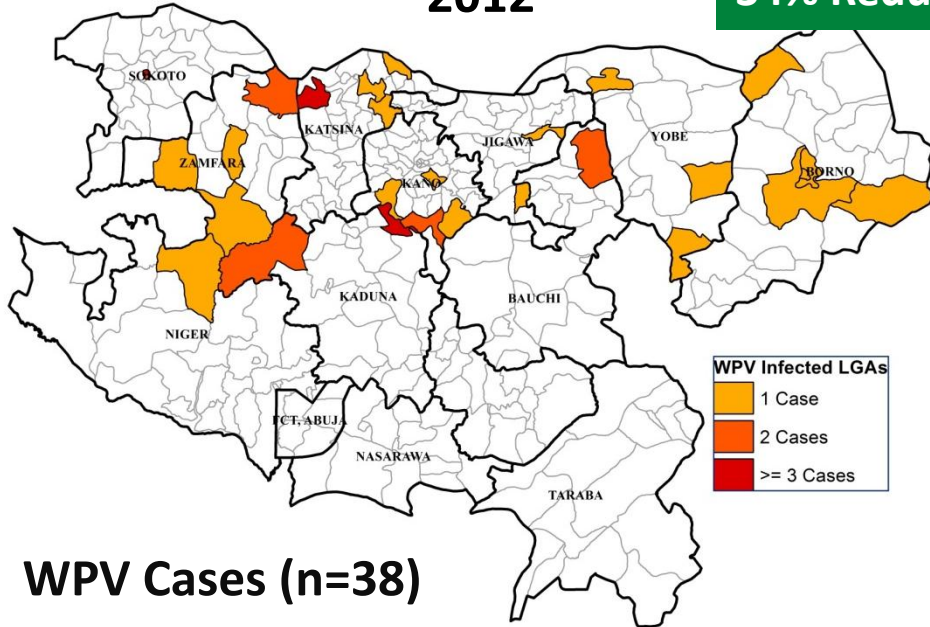


# Jan- Apr: Wild Polio Virus: Infected LGAs 2012-14

2012

34% Reduction in Cases

2013



WPV Cases (n=38)

WPV Cases (n=25)

# Infected LGAs = 27

# Infected LGAs = 18

2014

92% Reduction in Cases

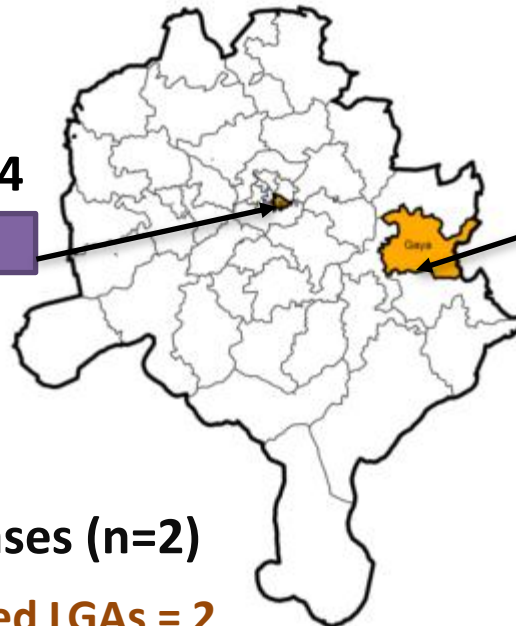
Taurani 1 case

Gaya 1 case

92% reduction  
in number of LGAs from 2013  
to 2014 and 34% reduction  
in 2012 to 2013

WPV Cases (n=2)

# Infected LGAs = 2

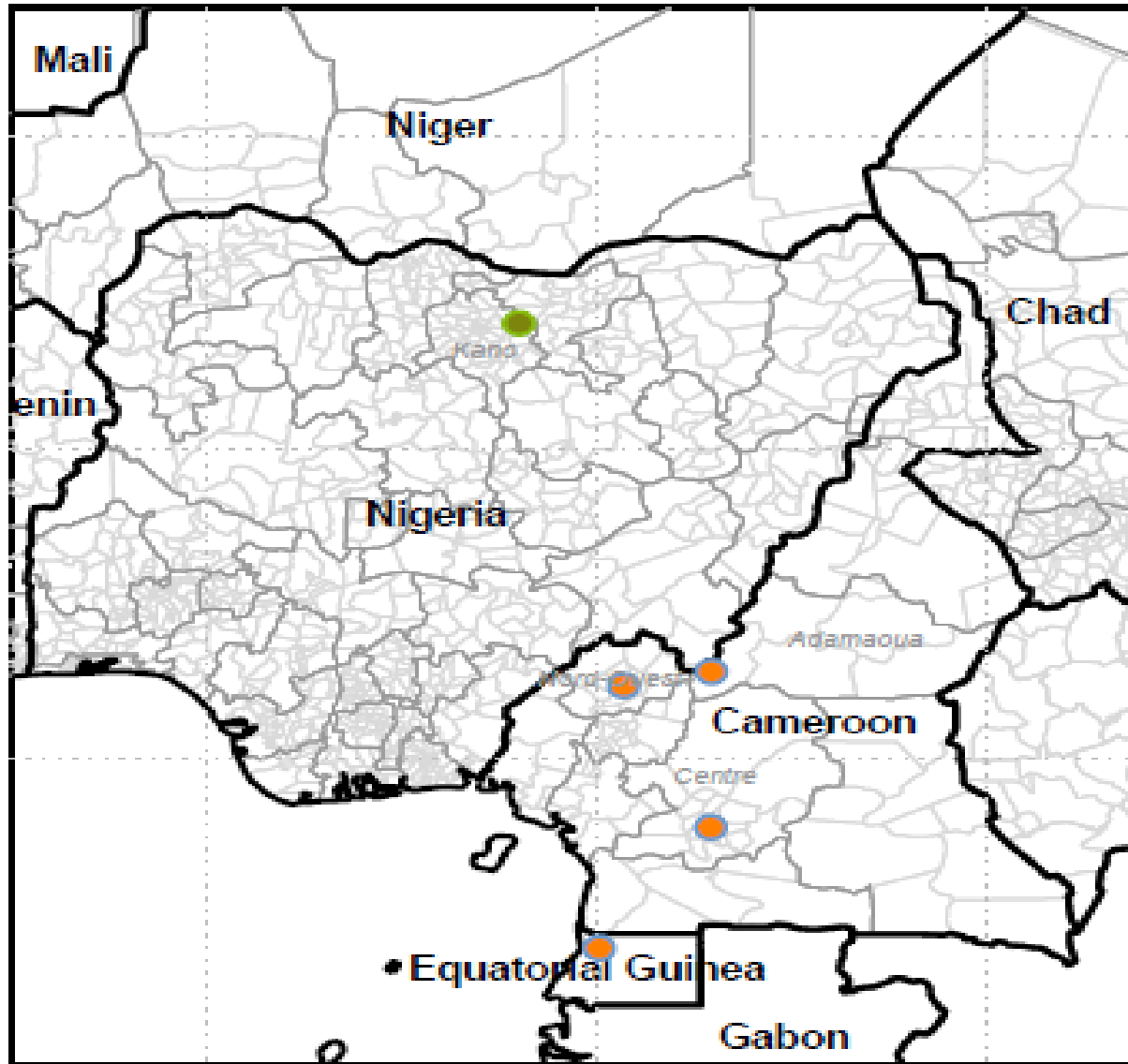


# Declining active WPV genetic clusters, Nigeria, 2011 - 2014

	2011				2012				2013				2014
WPV1 genetic clusters	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
L1													
L2													
N1													
N2													
N5													
N6													
N7													
N8													
WPV3 genetic clusters	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
F4													
F5													
F6													
F7													

There has been a 86% decline in circulating genetic clusters from 2012 to early 2014 and a 50% decline from circulating genetic clusters from 2013 to early 2014

# 2014 PV1 Serotype Nigeria, Cameroon, Equatorial Guinea WEAF-B1 (circulating clusters).



## Legend

- N5A (latest: case 2014-02-01)
- N6B (latest: case 2014-01-31)

Same clusters circulating  
in Cameroon and  
Equatorial Guinea

# WPV 3 Epidemiology



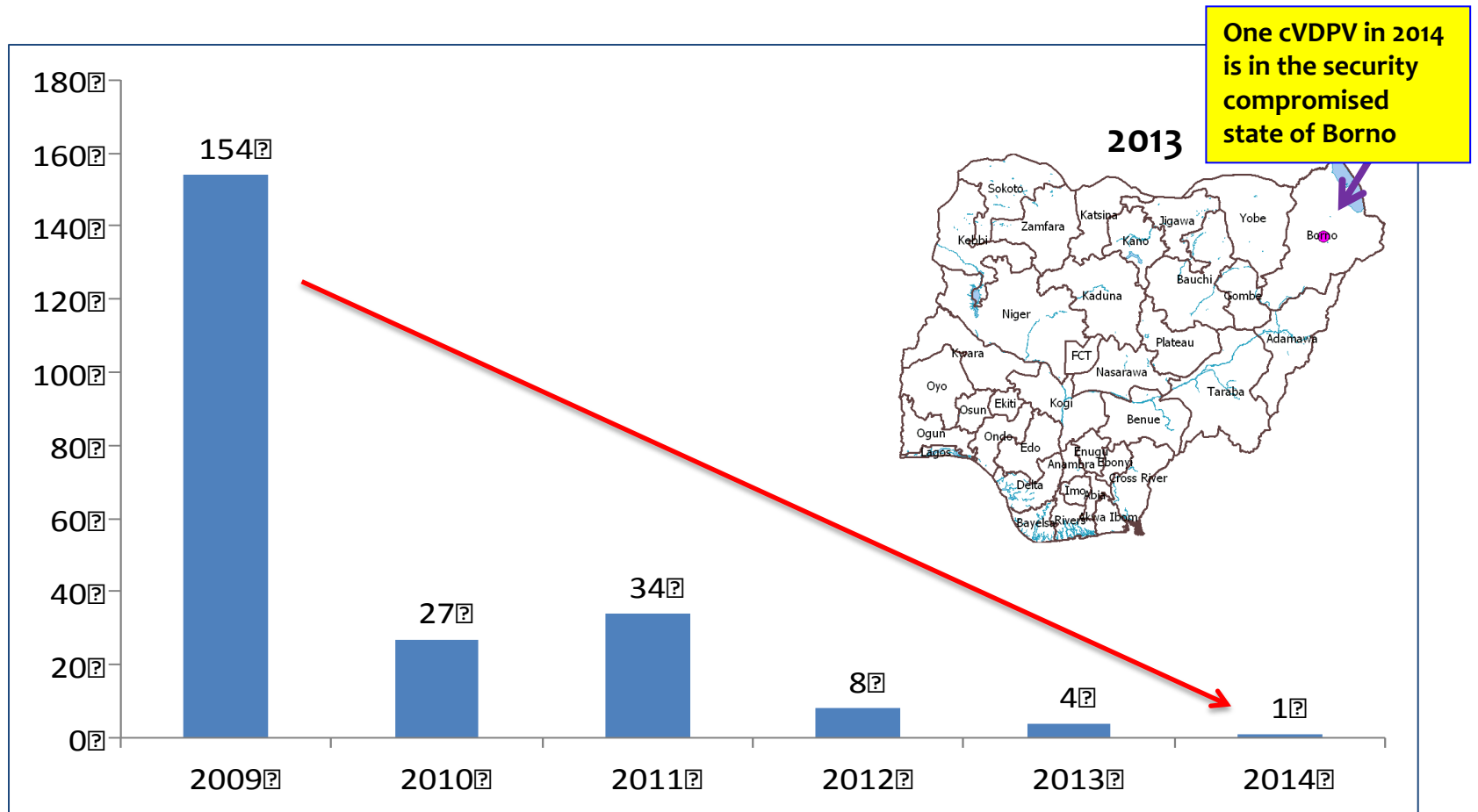


# Epidemiology Summary

- 92% reduction in WPV 1 cases compared to same period 2013
- Geographic spread has lowered by 94%
- There is disappearance of WPV3 for the past 17 months
- Genetic cluster of WPV 1 has been reduced from 8 to 1, an 87% reduction.
- Disappearance of WPV1 from environmental isolates for the past 1 year.

# CVDPV Epidemiology

# Reduction of cVDPV2 in Nigeria from 2009 - 2014



In 2013, Environmental surveillance detected 1 WPV1 in Sokoto State and 15 cVDPV2 (Sokoto 6, Kano 1 and Borno 8). 12 cVDPV2 (Kano 1, Sokoto 2 and Borno 9) in 2014

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- Threats to the Programme
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# 1. National EOC Monitoring and Accountability Matrix

- **Monitoring:**

Monitor activities and their resulting outcome at LGA level

- Summary of intra-campaign indicators (days1-4)
- Interventions deployed by LGA
- Children immunized
- Pending missed children
- Post campaign results
- Review meetings held at LGA level
- In-between round activities

- **Accountability Framework:**

Monitor and document accountability at all levels of the program

- Rewards
- Reasons for reward
- Sanctions
- Reasons for sanctions
- Pre-campaign and post campaign results may be used to determine if a reward or sanction is in line with performance

# Examples of the Accountability process

## Government Employees

State/National	Sanctions	Redeployed	Rewards
NPHCDA National	0	40	51
Kaduna State	22	17	193
Katsina State	20	9	0
Jigawa State	0	41	0
Kano State	263	-	634

## Partners Employees

### World Health Organization

“WHO sanctioned 25 of its Cluster Consultants and terminated 2 of them, sanctioned 108 of its LGA Facilitators, and terminated 8 of them. They also sanctioned 437 of its Field Volunteers and terminated 31 of them”

### Unicef

“UNICEF fired 10 consultants, re-shuffled 42 consultants, promoted 10 consultants. Note this does not include VCMs or VWSs.”

Note: Those sanctioned include PHCCs, LIOs, WFPs, Team Supervisors, vaccinators and recorders. Those rewarded include Governors, LG Chairmen, Commissioners and LG team members

## 2. New Operating Model by EOC Regular Review Meetings with Poor Performing LGAs Post IPDS



**Review Meetings with high risk LGAs on 17<sup>th</sup> January 2014 in Kaduna State chaired by Hon Minister Health.**



**LGA engagement with poor performing LGAs in Katsina State, 22<sup>nd</sup> March 2014**

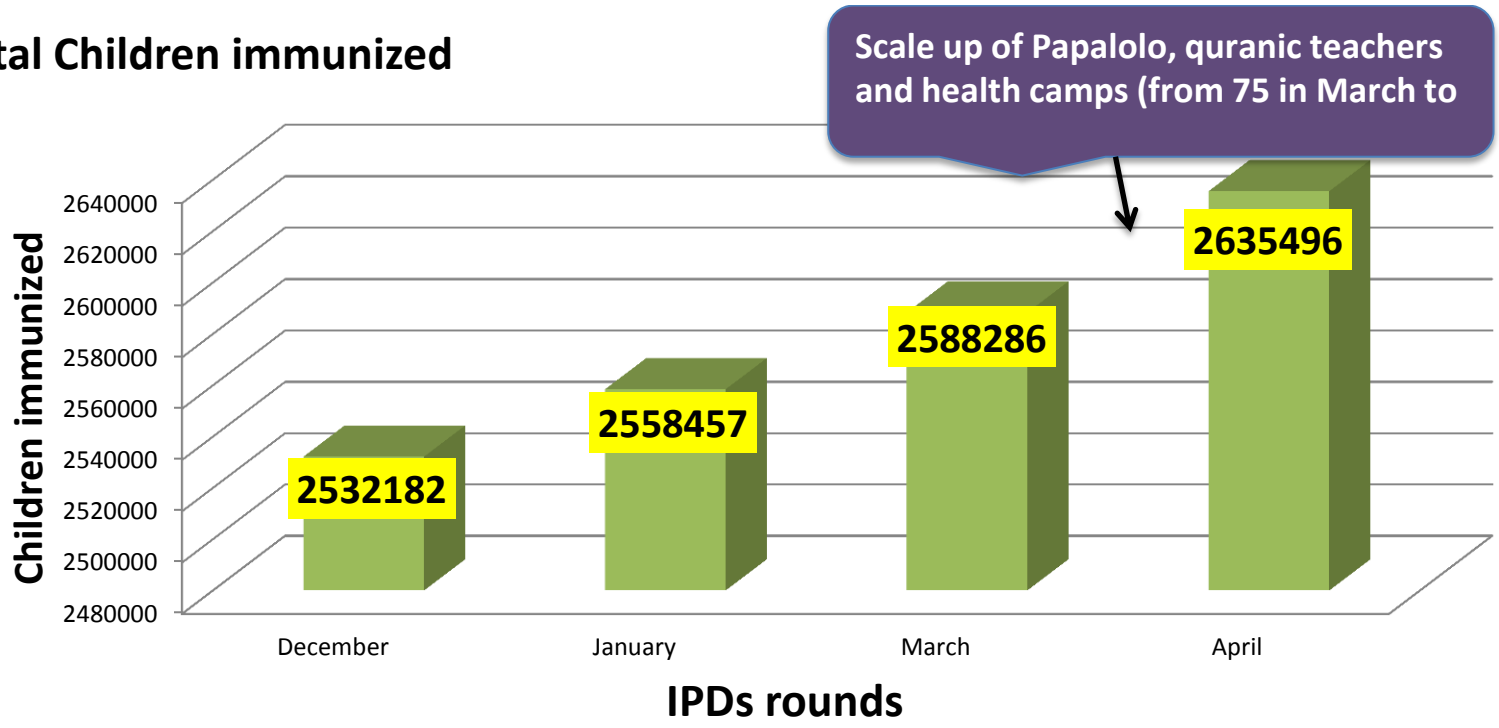
- Regular post campaign meetings with poor performing LGAs.
- The LGA microplans are reviewed
- Help them develop high risk operational plan
- Shared experience from other LGAs with similar problems
- Review inherent challenges and proffer solutions



# Health Camps: Scaling up of health camps across the high risk states to provide free drugs and other basic health needs



## Total Children immunized



# Reaching Missed Children: Innovations that have worked



## Interventions Used for the April IPDs across the high risk States

- ✓ 1,200 Health Camps
- ✓ 1,315 Polio Survivor Groups
- ✓ 9,000 VCM
- ✓ 18,000 Religious Leaders
- ✓ Community Clowns (*Papalolo*)
- ✓ Local Theatres
- ✓ Attractive Pluses

# Engagement of Community Clowns “Papalolo” and Local Entertainers “Choge”



“Choge” (female musician) in Funtua LGA, Katsina State



“Papalolo” reaching out to missed children from non-compliance household and playgrounds

# Reaching missed children: Strengthening Community engagement with traditional leaders



- The program has actively engaged leaders in advocating for the polio program
- Traditional leaders have provided oversight, education and accountability to vaccination activities while working with communities to resolve non-compliance

# PSG resolving non-compliance households in Jigawa State



# PSG and VCM Rally in Wammako LGA, Sokoto state



# Communication Priorities in 2014

- **Linking the polio infrastructure to other services to address other felt needs – scale up**
  - Nutrition, EPI, health camps, hard to reach outreach project
- **Ensuring operational excellence within the expanded communication network**
  - Improving training package & programme of network
  - Improving the monitoring platform of network
  - Building on religious leader network, including Daawah Coordination Council members & FOMWAN
  - Expanding the network to include community & youth groups
- **Collection of additional social data**
  - Polling & qualitative assessments to guide programming (currently in process), including for introduction of IPV
  - Full operationalization of smartphone platform to include surveillance data, routine immunization data, campaign data

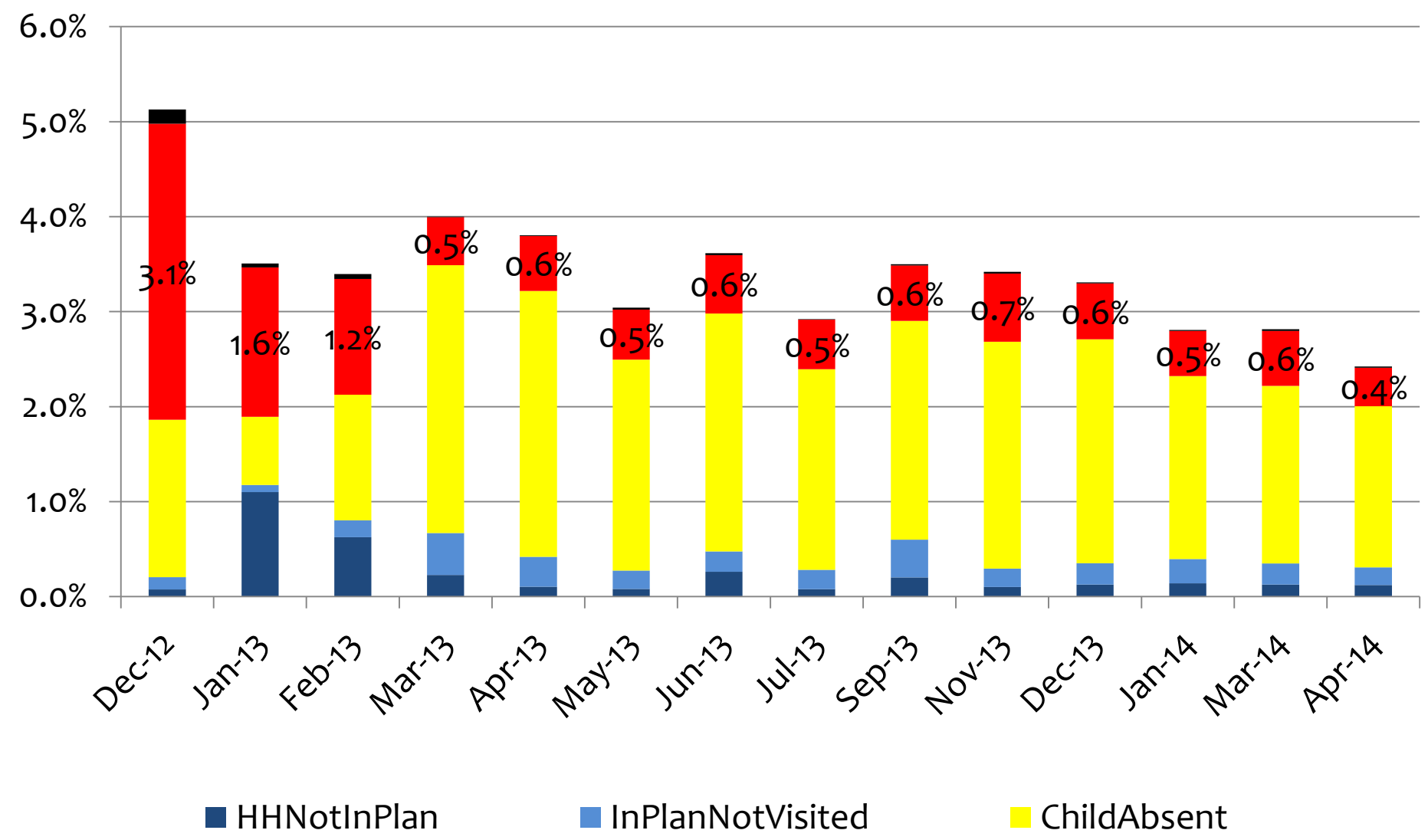
# Our focus: household & community engagement to reduce missed children

## *Targeted messages & resources – high risk LGAs/wards*

- Local entertainment in areas with high missed children (child absent) linked with special teams, pluses
- Continuous use of traditional ceremonies as opportunities (child absent)
- Engagement of youth in their communities
- Local self-help groups as platforms for dialogues
- Systematic engagement of religious leaders / koranic school teachers
- Aggressive messaging on immunization
  - Use of technology - bluetooth campaign at community & household level, viewing centres
  - >700,000 CDs distributed



# Progress being made in reducing missed children, including non-compliance in high risk states



■ HHNotInPlan      ■ InPlanNotVisited      ■ ChildAbsent

# Kano Turn Around- Addressing quality issues

HCH discussing Accountability with all WFPs

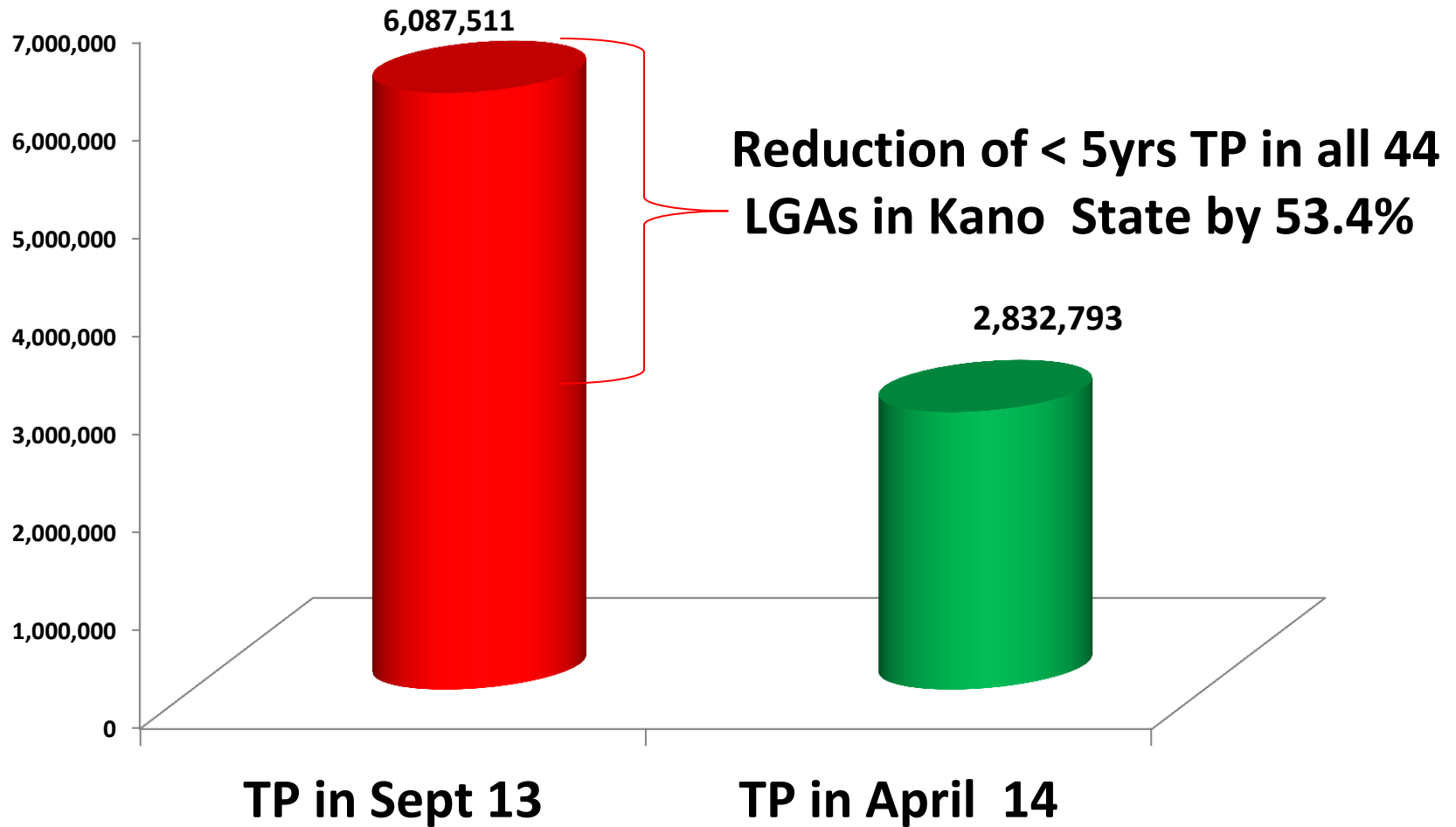


- 1) Systematic engagement and capacity building of all WFP.
- 2) State ownership: two meetings held with 484 WFPs which resulted in accountability, data accuracy, less falsification and improved quality of the programme

- Walk through micro-planning has been conducted in the 44 LGAs giving rise to a 53.4% reduction in the target population of Kano State.
- Workload rationalization and team restructuring has been carried out.

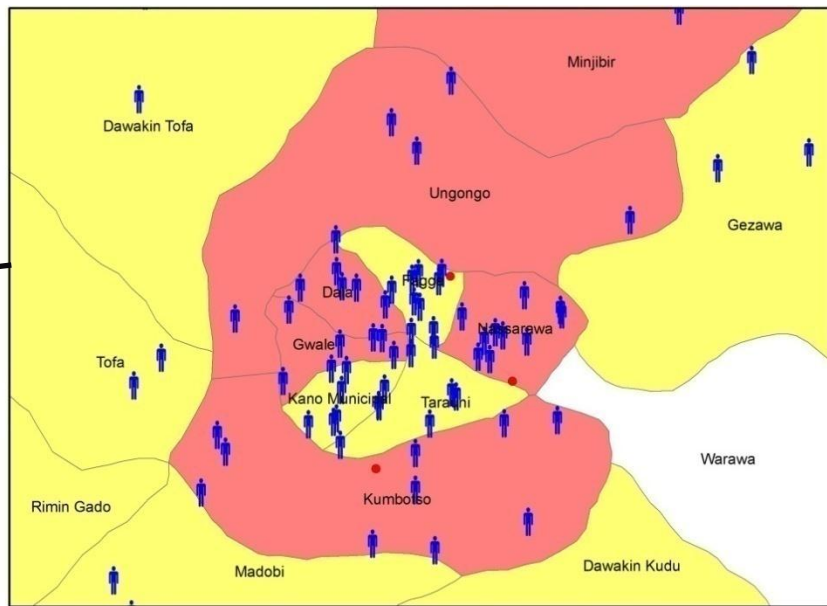
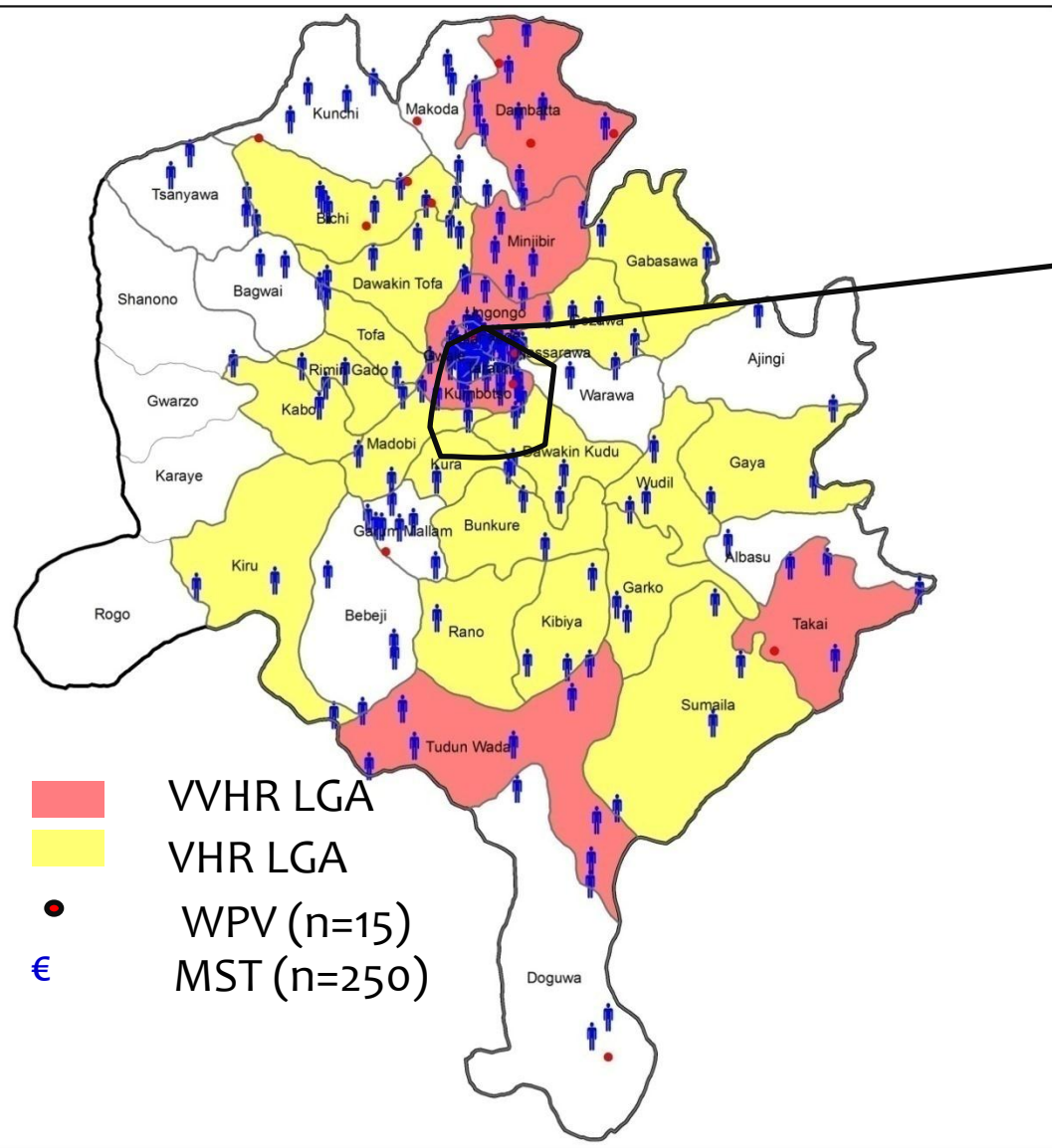
# Reduction in < 5yrs Target Population after major Micro-plan Review in Kano (all 44 LGAs)

■ TP in Sept 13  
■ TP in April 14



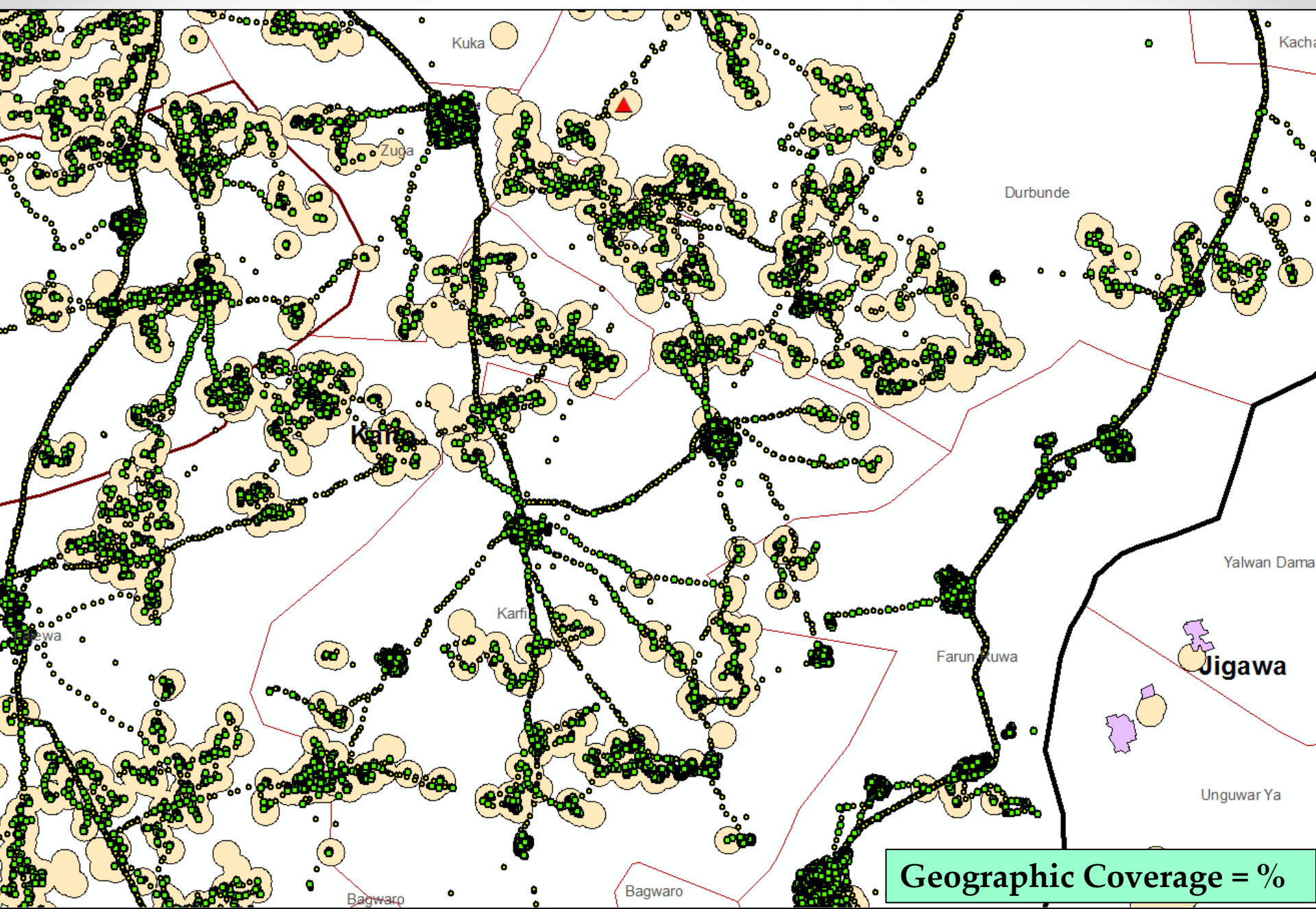
# Management Support Team (Supervisor) Deployment in Kano

## Increased Technical Surge



**The propping up of the Management Support Teams in the LGAs has assisted in proper planning, management and coordination of Campaigns.**

# Vaccination Tracking System (VTS) for Sumaila LGA, Kano State, March 2014 IPD



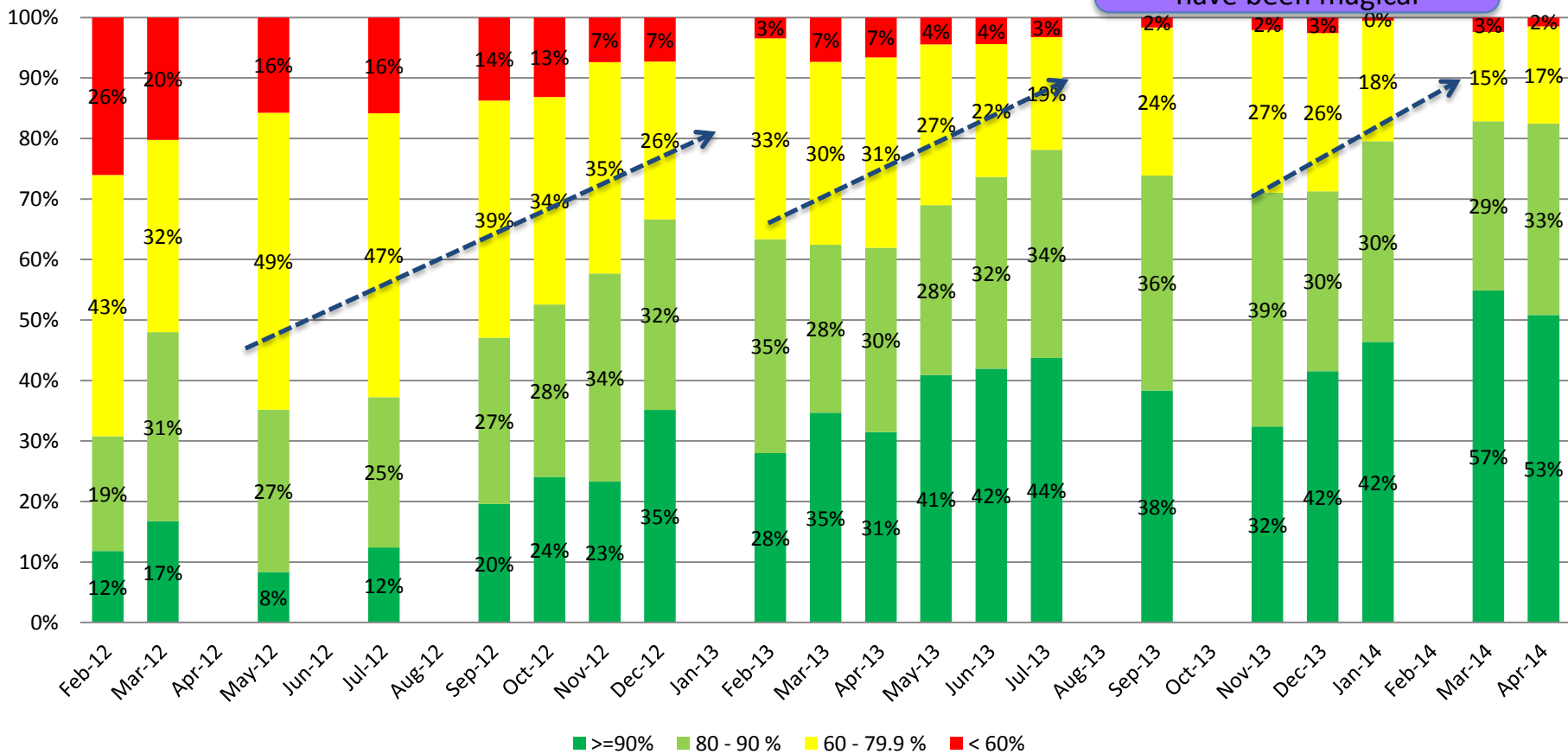
# Outline of Presentation

- **WPV Epidemiology**
- **Innovations and What we are Doing Differently**
- **Quality Outcome Data**
- **Treats to the Programme**
- **Priorities for the next 3 months**

# LQAs Trend over time: From 16% in 2012 to 86% in 2014

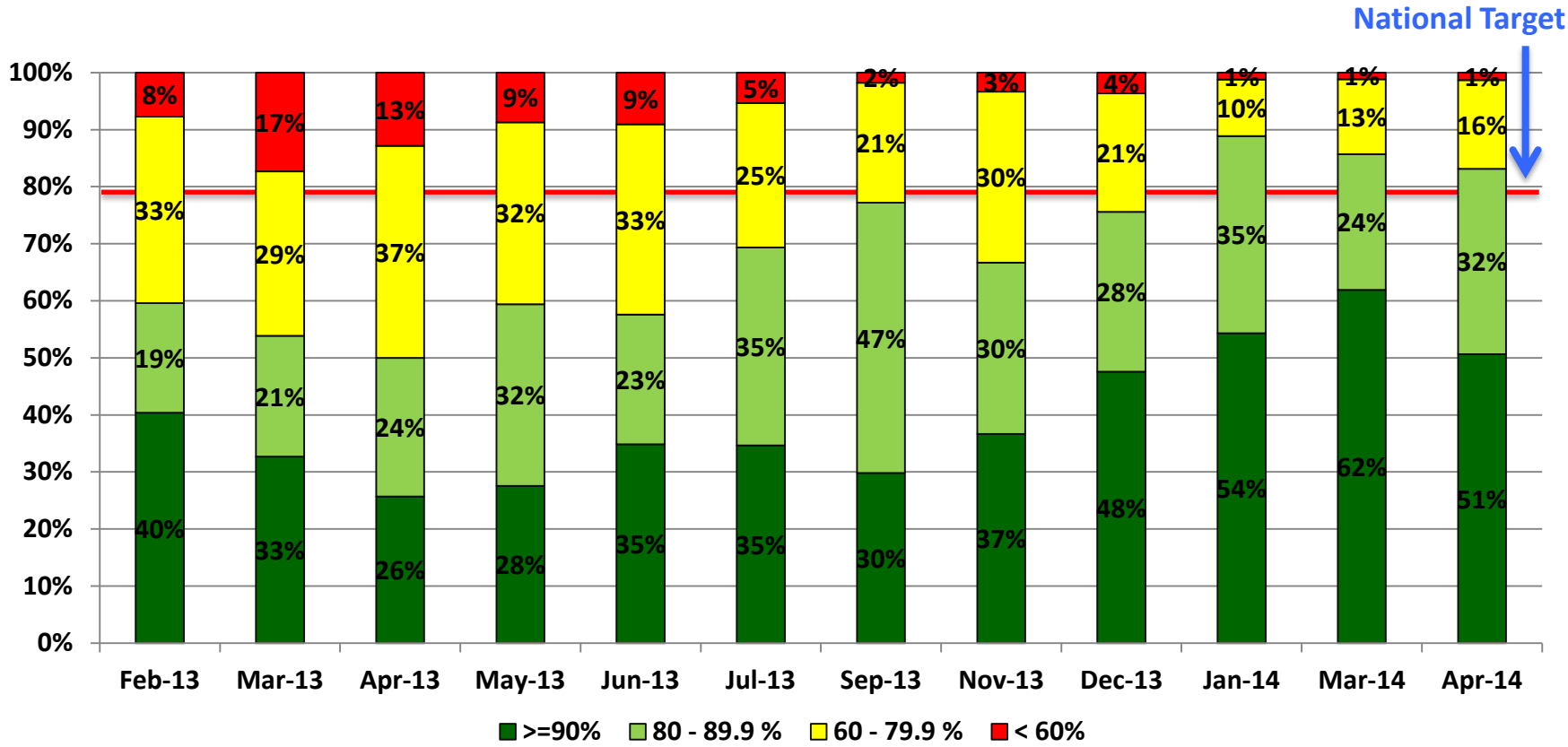
## LQAS Trend From 2012-2014

Scale up of innovations have been magical



	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Sep-13	Nov-13	Dec-13	Jan-14	Mar-14	Apr-14
<b>LQAs surveyed</b>	<b>143</b>	<b>159</b>	<b>174</b>	<b>173</b>	<b>174</b>	<b>172</b>	<b>168</b>	<b>145</b>	<b>195</b>	<b>207</b>	<b>209</b>	<b>199</b>
<b>&gt;=90%</b>	36%	35%	33%	39%	39%	44%	39%	32%	42%	47%	57%	53%
<b>80 - 89.9 %</b>	29%	26%	30%	29%	33%	34%	35%	39%	30%	34%	29%	33%
<b>60 - 79.9 %</b>	31%	30%	30%	27%	22%	19%	24%	27%	26%	18%	11%	13%
<b>&lt; 60%</b>	5%	9%	6%	5%	5%	3%	2%	2%	3%	0%	2%	1%

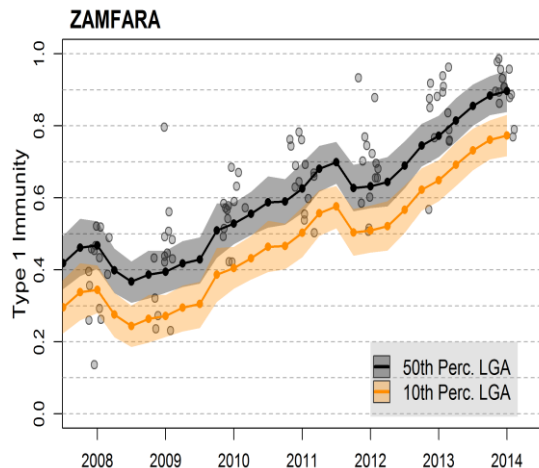
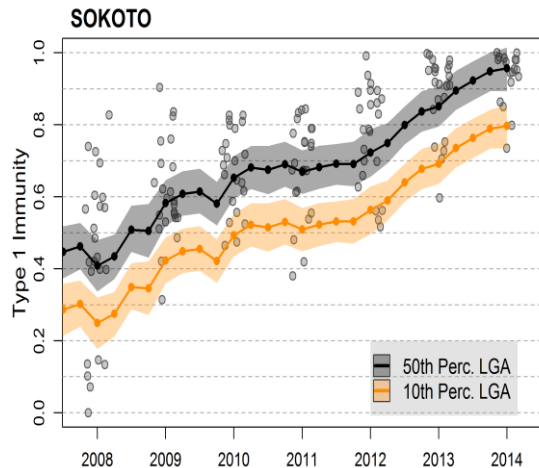
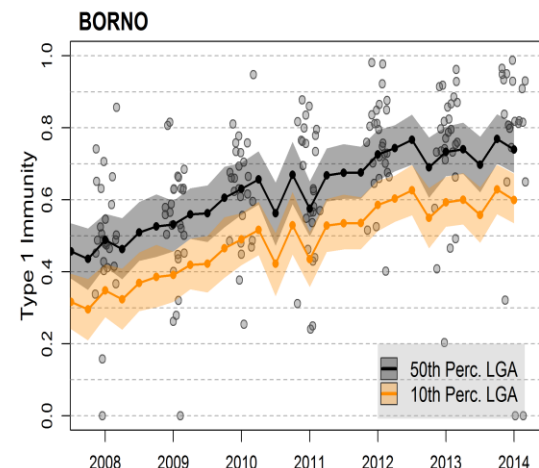
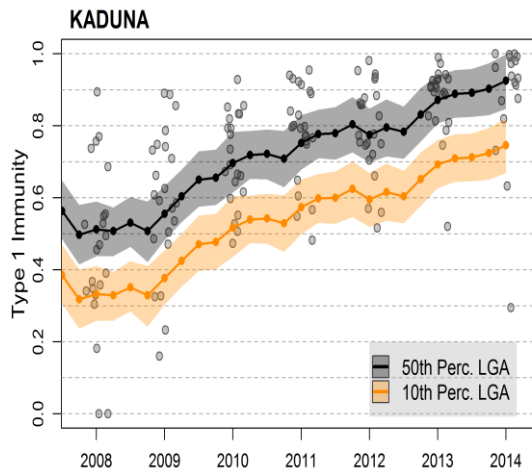
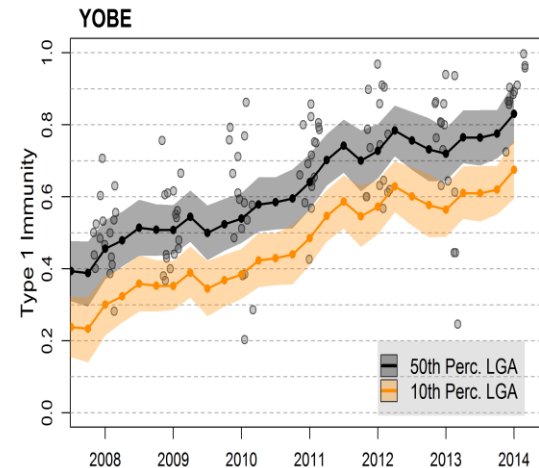
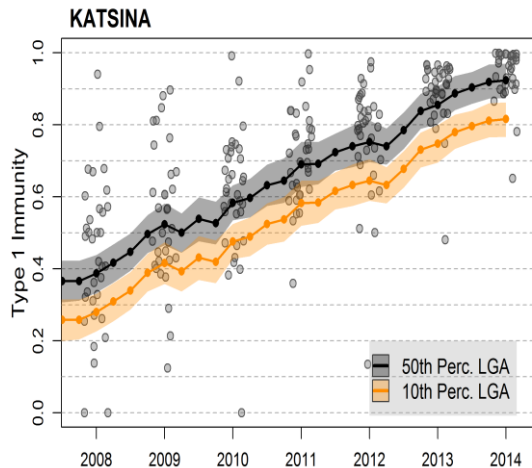
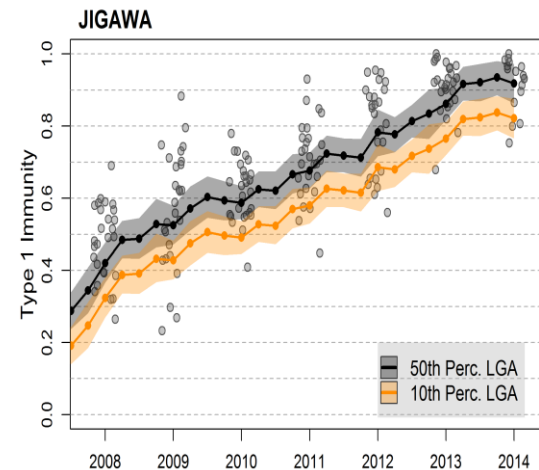
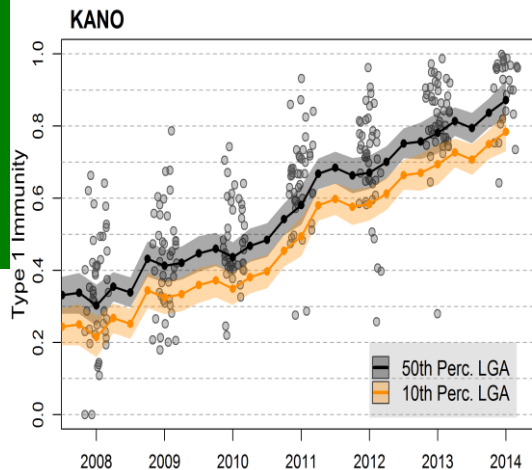
# LQA trends in the 85 high risk LGAs



	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Sep-13	Nov-13	Dec-13	Jan-14	Mar-14	Apr-14
<b>LGA's surveyed</b>	<b>52</b>	<b>52</b>	<b>70</b>	<b>69</b>	<b>66</b>	<b>75</b>	<b>57</b>	<b>60</b>	<b>82</b>	<b>81</b>	<b>84</b>	<b>77</b>
<b>&gt;=90%</b>	40%	33%	26%	28%	35%	35%	30%	37%	48%	54%	62%	51%
<b>80 - 89.9 %</b>	19%	21%	24%	32%	23%	35%	47%	30%	28%	35%	24%	32%
<b>60 - 79.9 %</b>	33%	29%	37%	32%	33%	25%	21%	30%	21%	10%	13%	16%
<b>&lt; 60%</b>	8%	17%	13%	9%	9%	5%	2%	3%	4%	1%	1%	1%



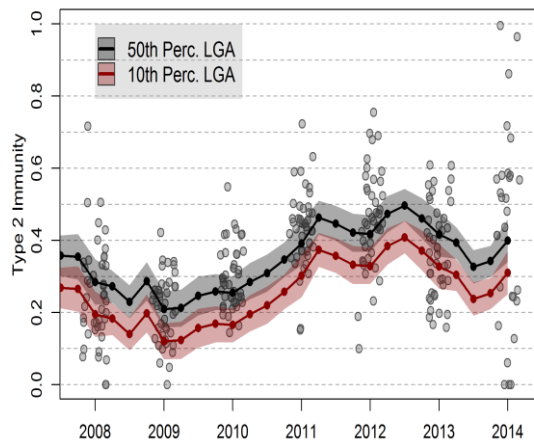
# Population Immunity Type 1 Immunity



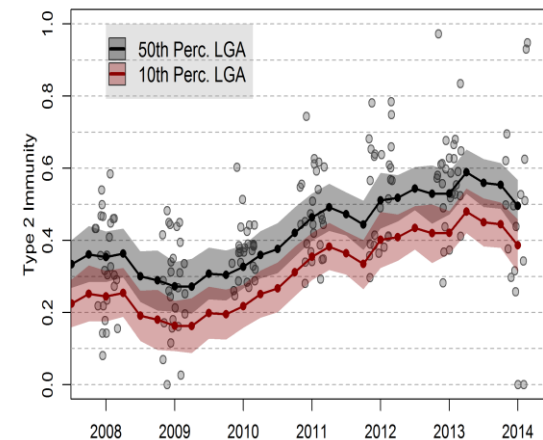
# Population Immunity Type 2 Immunity



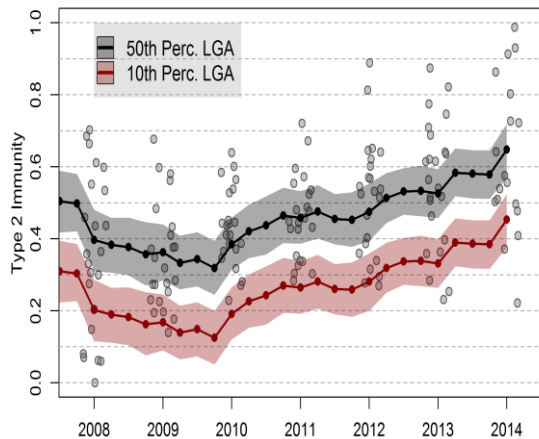
### KANO



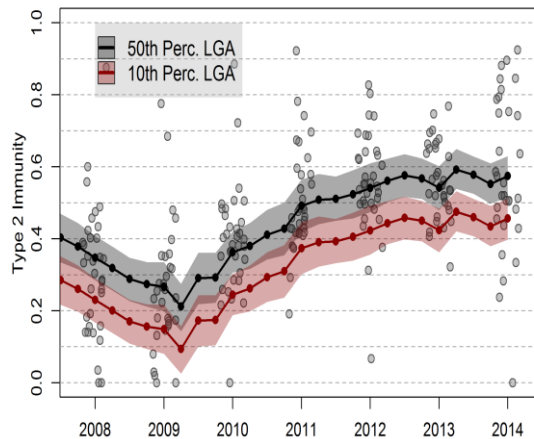
### JIGAWA



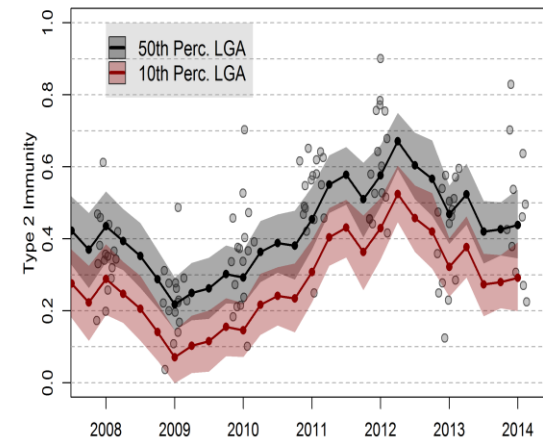
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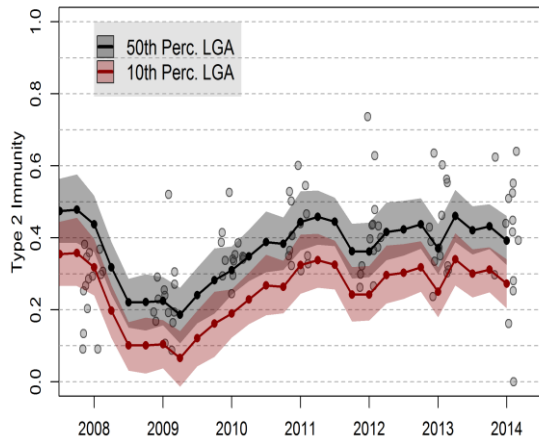
### KATSINA



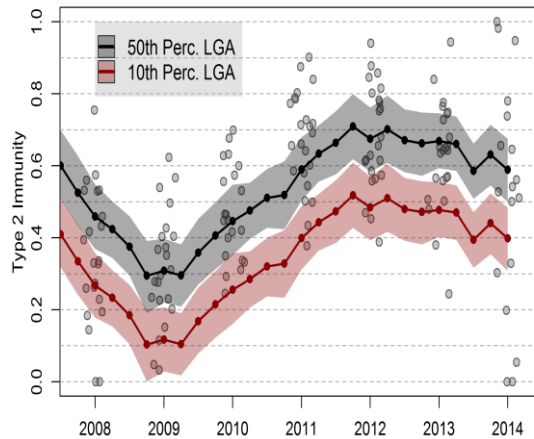
### YOBE



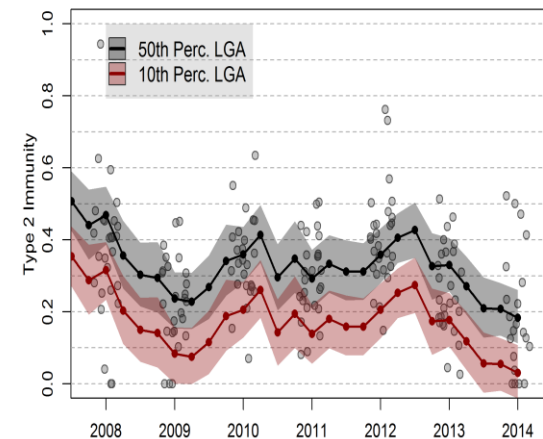
### ZAMFARA



### KADUNA



### BORNO



# Outline of Presentation

- WPV Epidemiology
- Innovations and What we are Doing Differently
- **Quality Outcome Data**
  - Routine immunization
  - Surveillance
- Treats to the Programme
- Priorities for the next 3 months

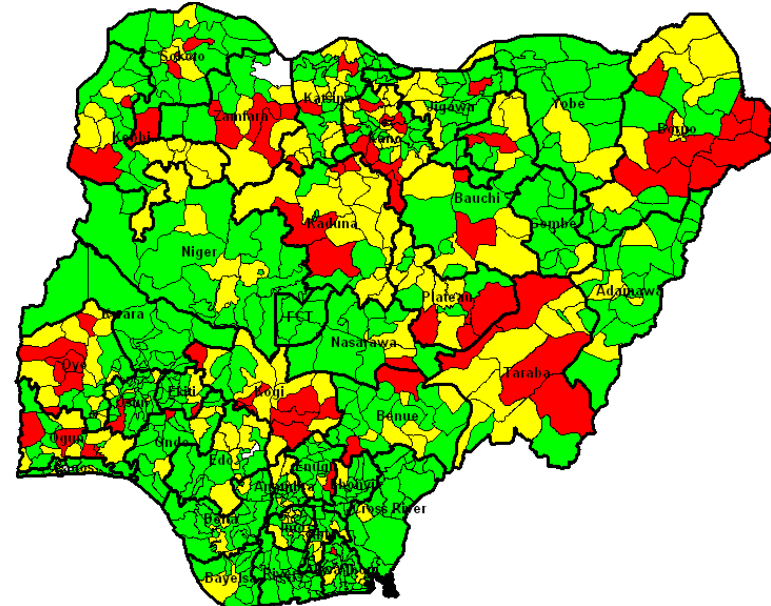
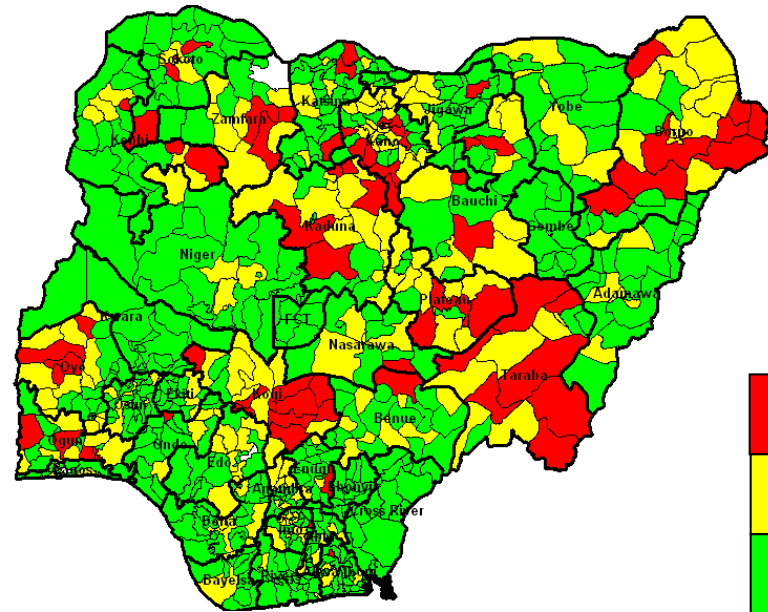
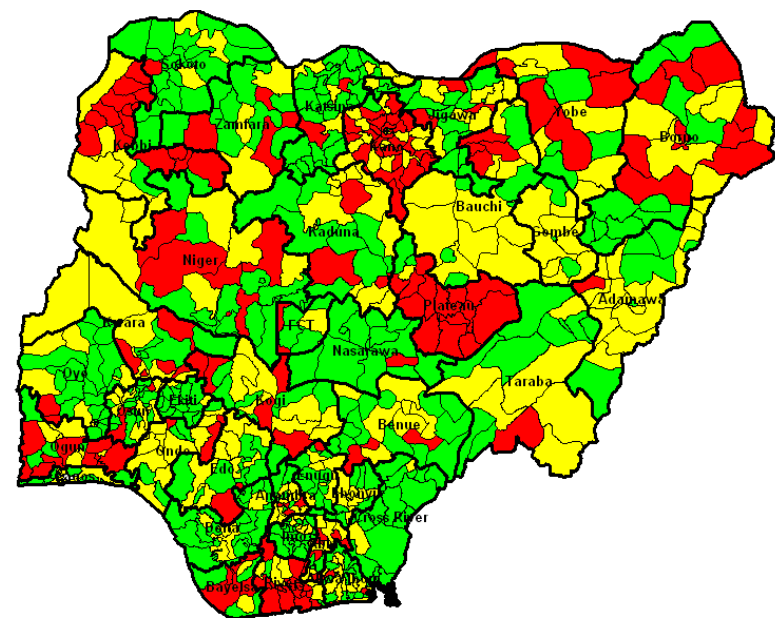
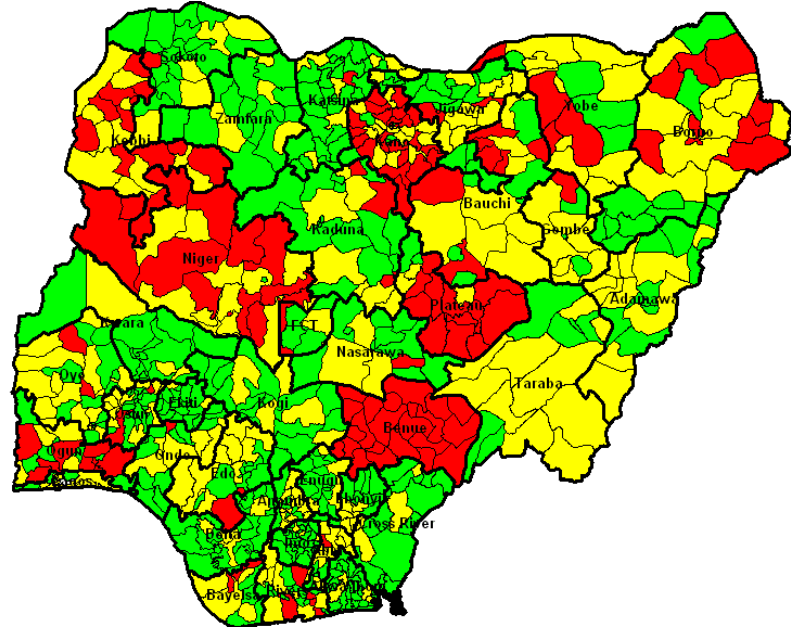
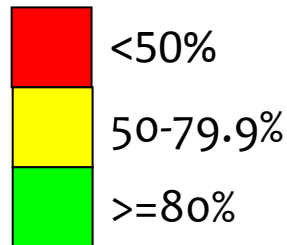
# Qter 1 Routine Immunization: DPT-3 containing antigen coverage and OPV-3 coverage

## DPT-3 Coverage

## OPV-3 Coverage

2013

2014



# Routine Immunization Summary

## **Capacity development**

Considerable on-going efforts to strengthen RI

Focus on rapid strengthening of supply chain

Improved coverage

Leveraging GPEI infrastructure

Better coordination at the state/local level

## **Key challenges**

Management and accountability

Support for outreach

Data quality

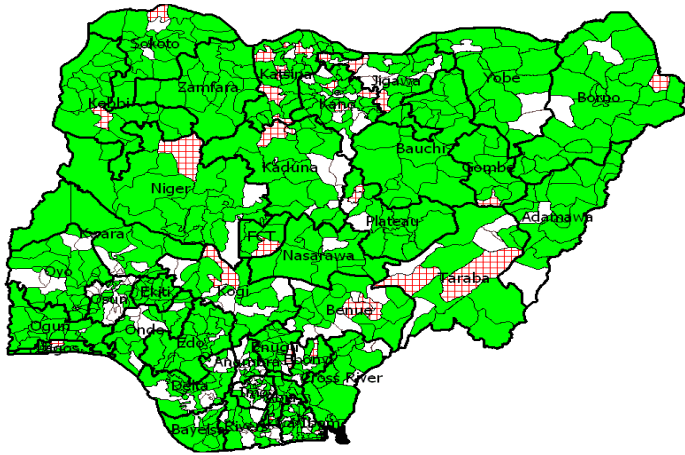
Integration of health camps into RI system

# Key surveillance gaps/challenges

- Persistent **security** challenges;
- **Knowledge gap** amongst groups expected to report cases; (Doctors, paramedical staff, Community members, informants);
- Surveillance network
- Quality of supervision/Active Case Search;
- **Sporadic insecurity issues** across many states impacts negatively on AFP surveillance processes.
- **Insecurity along border** LGAs is a major impediments to AFP case search
- Polio compatibles.
- **Underperforming** LGAs (36 in 2014).

# Nigeria: Key activities implemented for improvement in 2014

## Key Activities



- Nigeria Medical Association Yobe: 48 Members, Anambra 60, Bayelsa: 6
- Association of Nurses/Midwives Yobe: 30 members
- Medical & health workers union of Nigeria, Yobe: 4 members
- Expansion of focal sites, informants, DSNOs (Yobe & Borno)
- Mass media: Radio Borno

- Training of DSNOs and Assistants: 1200
- HF Focal persons: 4204
- Sensitization of:
  - clinicians: 8418
  - Informants: 14567
  - Youths: 2989
  - Bike Riders: 729
  - VCMs Rogo, Kano: 64
- Supportive sup to underperforming states: 5
- Monitoring Active Case Search & Feedback: 4
- Sensitization of members of professional medical associations:
  - Pharmaceutical society of Nigeria (Yobe)
  - Environmental officer Imo: 54

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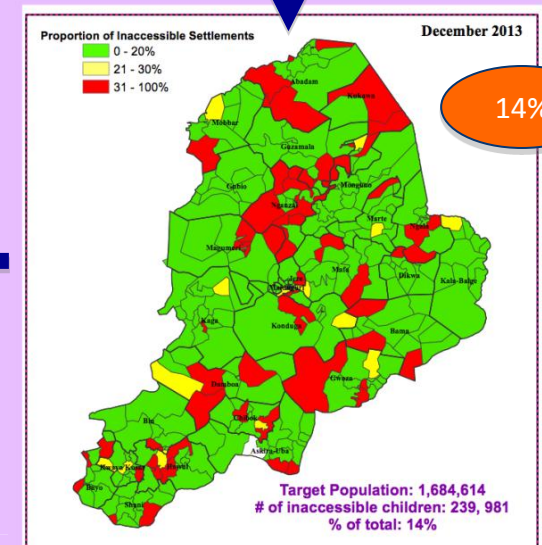
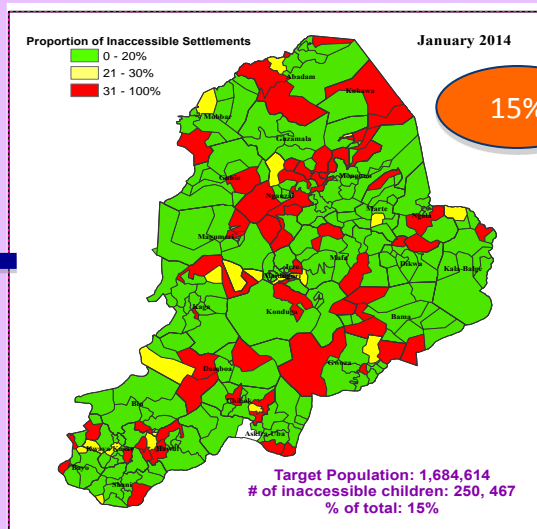
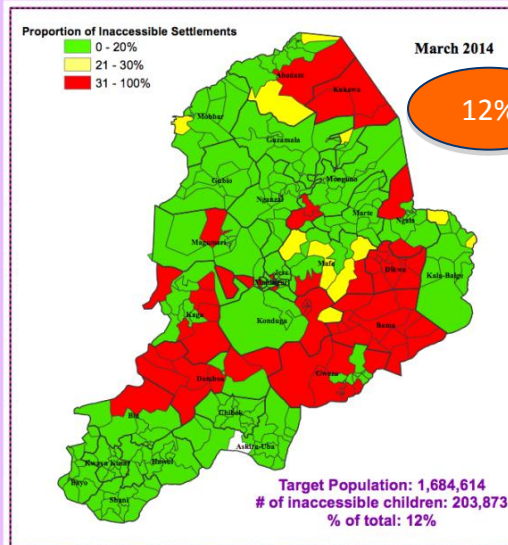
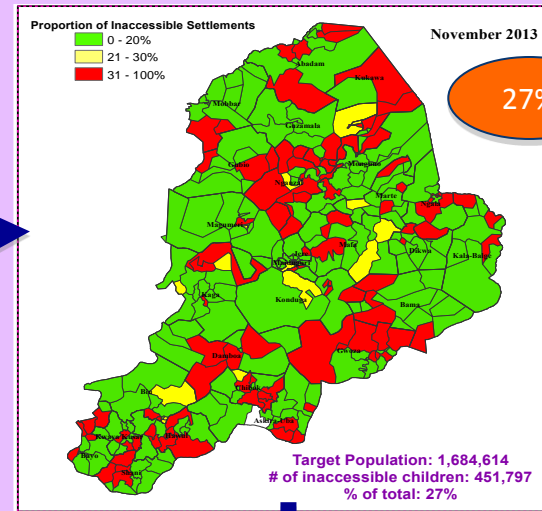
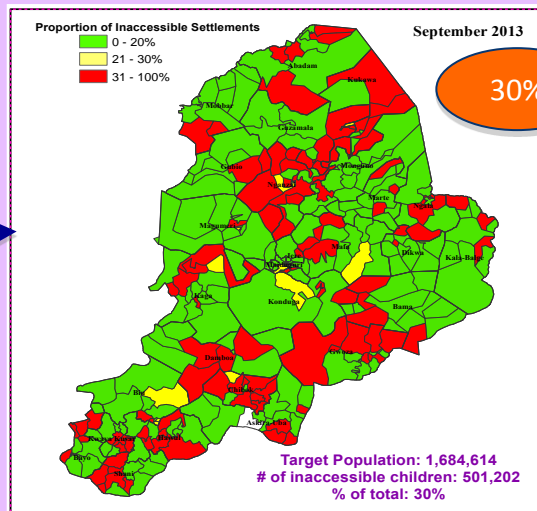
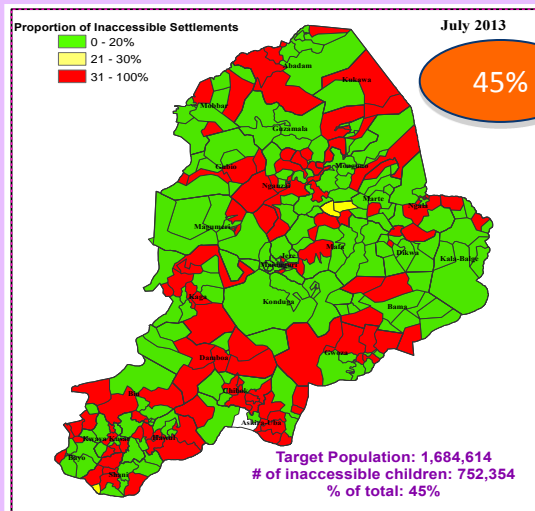
# Threats to the program

- **Security Challenges**

- Outbreak in Cameroun
- Political/2015 General Elections
- Responding to WPV1 and cVDPV outbreaks
- Closing Immunity gaps in vulnerable states in South and North central Nigeria

# Limited Access to Children in Borno due to Security Challenges

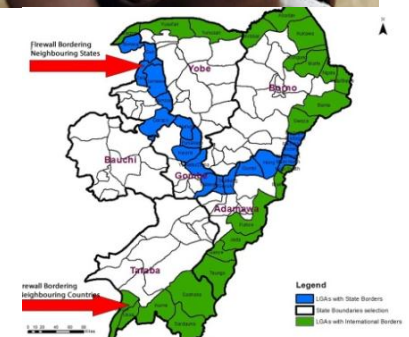
## Inaccessibility of Borno State for OPV vaccinations: July, September, November, December, January & March 2014



# What are we doing differently in Borno and Yobe?

## Initiatives

- Put IPDs on a regular calendar
- Expansion of Permanent Health Teams to wards with inaccessibility challenges with persistent non-compliance
- Intensified routine immunization and MNCH services bundling vaccination with free MNCH services and essential drugs
- Expansion of “Hit & Run” to all wards with WPV and accessibility challenges that did not achieve high quality IPDs during “catch-up” contacts
- Conduct 3 “catch-up” OPV contacts in wards that did not participate in planned IPDs rounds
- Conduct monthly security risk assessments to determine accessibility for PEI/EPI activities
- Firewalling Borno/Yobe borders with health teams and health camps at borders, checkpoints, nomadic camps and motor parks in all LGAs surrounding Borno and Yobe including international borders.

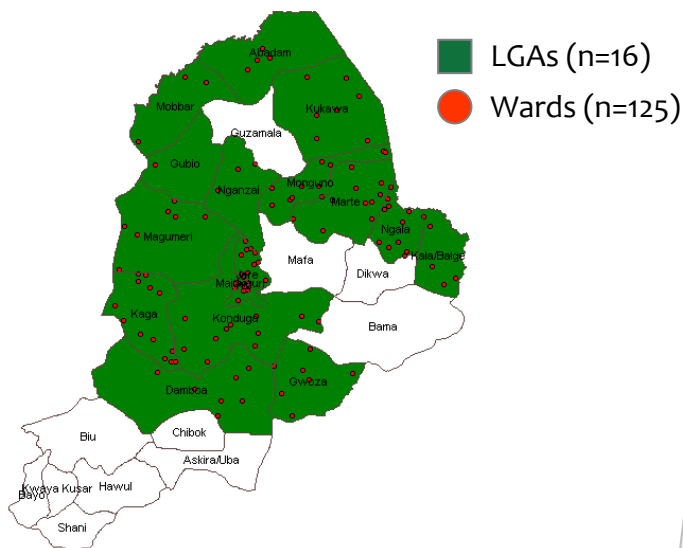


Impact on increasing coverage

# To increase immunization coverage, a catch-up round was recently conducted in 125 wards in 16 LGAs of Borno

## Description of catch-up round

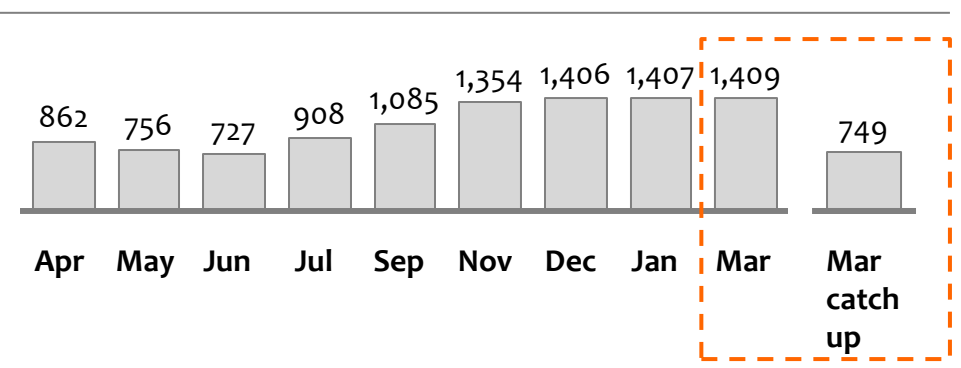
- Dates**
- Catch-up campaign implemented from 22-24 March
- Coverage**
- 125 wards implemented in 4647 settlements using 977 teams
    - Those wards are located in 16 LGAs of the central belt and North East of Borno



## Results: 748,807 children vaccinated

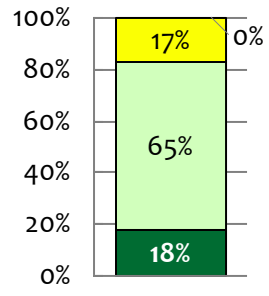
- The March catch-up increased the total children immunized in March

Total children immunized per SIPDs in Borno, Thousand children



LQAS results in March catch-up round

■ <60%    ■ 80-90%  
■ 60-80%    ■ >=90%



- 83% of LGAs reached >80% coverage in the surveyed

# Similarly, the hit and run strategy was implemented in 38 wards in 11 LGAS of Borno after the March SIPDs

## Description of the hit-and-run campaign of March

- The hit-and-run campaigns are the main strategy to immunize children in security compromised settlements of Borno

### Dates per LGA

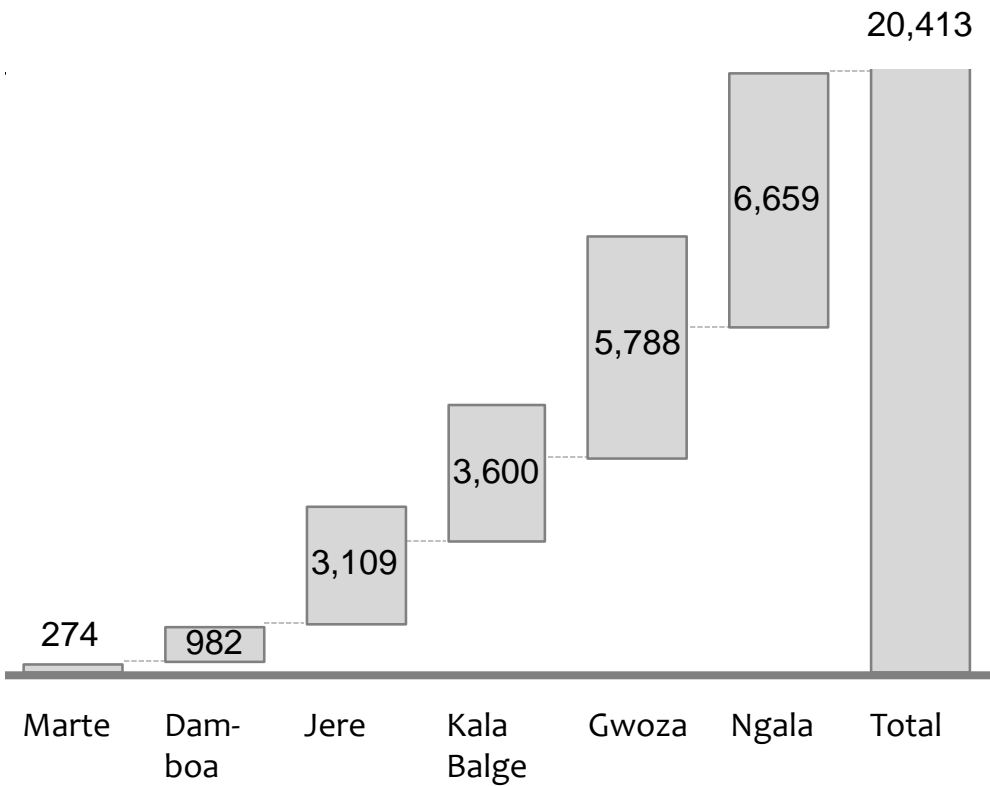
- **March 15:** Damboa and Kala Balge
- **March 18:** Marte and Gwoza
- **March 29:** Jere and Ngala—originally planned for march 14 but postponed to March 29 due to insurgent attacks in the wards

### Coverage

- The hit-and-run interventions targeted **11 LGAs, 38 Wards, 173 settlements** targeting **20,413 children**
- **All the settlements planned had not been accessed** in the recent IPDs conducted in Jan and Mar 2014

## Results: 20,413 children vaccinated

Total children immunized per LGA during hit-and-run interventions in March



# Threats to the program

- Security Challenges

- **Outbreak in Cameroun**

- Political/2015 General Elections
- Responding to WPV1 and cVDPV outbreaks
- Closing Immunity gaps in vulnerable states in South and North central Nigeria

# Polio Outbreak in Cameroun



There are different interventions targeting bordering states

## Special interventions in Adamawa and Taraba

- Mop-up in the bordering LGAs from 22<sup>nd</sup> – 25<sup>th</sup> March, 2014
- IPDs in the 5 bordering LGAs bordering Cameroon to implement on 7<sup>th</sup>-10<sup>th</sup> April (5 days before national IPDs)
- Taraba and Adamawa to participate in May and June IPDs with the 11 high risk states
- Expansion vaccination clinics into the late afternoon/evening during IPDs for all busy border crossings

# Threats to the program

- Security Challenges
- Outbreak in Cameroun
- **Political/2015 General Elections**
- Responding to WPV1 and cVDPV outbreaks
- Closing Immunity gaps in vulnerable states in South and North central Nigeria



# Political/2015 General Elections

- Accountability
- Ongoing community mobilization
- Some communities have taken ownership of the program and driving the process.
- Community driven activities involving the District heads and religious leaders and enforcing accountability in terms of program officers at the LGA.
- The EOC has taken steps to mitigate any untoward effect as the elections draw closer.

# Threats to the program

- Security Challenges
- Outbreak in Cameroun
- Political/2015 General Elections
- **Responding to WPV1 and cVDPV outbreaks**
- Closing Immunity gaps in vulnerable states in South and North central Nigeria

# cVDPV response in Nigeria since last ERC

- Most (4) cVDPVs cases were detected in Borno State (Maiduguri, Konduga and Damboa) and 1 in Mayo Belwa in Adamawa. Also there were isolates from the environment (Maiduguri) in 2013 and 2014
- Responses to cVDPV in Borno:
  - December 2013 IPDs in Borno State used tOPV despite being a bOPV SNIDs
  - tOPV vaccination in all settlements within the catchment areas of the environmental surveillance in February 2014
  - LIDs to be conducted using tOPV in Damboa LGA and other LGAs were appropriate in May 2014 in response to the new cVDPV
  - Additional in-between round tOPV vaccination mop-up in Maiduguri, Jere, Mafa and Konduga LGAs from 3 – 6 May 2014
  - Combined use of tOPV and IPV in June 2014

# Threats to the program

- Security Challenges
- Outbreak in Cameroun
- Political/2015 General Elections
- Responding to WPV1 and cVDPV outbreaks
- **Closing Immunity gaps in vulnerable states in South and North central Nigeria**

# Closing Immunity Gaps in Southern Polio free states

- HROP will be developed
- Review meeting with Southern states to develop plans for hard to reach settlements and vulnerable communities
- LIDs to be stepped up.
- Improving surveillance
- Strengthening RI
- Intensifying monitoring and supervision.
- Staff accountability

Non-Polio AFP Population Immunity Data >3 doses		
State	2013	2014
Abia	55%	40%
Anambra	49%	77%
Rivers	60%	72%
Osun	66%	77%
Enugu	78%	83%
Ebonyi	89%	78%
Akwa Ibom	67%	75%
Kwara	77%	67%
Benue	74%	77%

# Outline of Presentation

- **WPV Epidemiology**
- **Innovations and What we are Doing Differently**
- **Quality Outcome Data**
- **Threats to the Programme**
- **Priorities for the next 3 months**

# Priorities for the next 3 Months

- ✓ Focusing on WPV 1 and reducing the threat of cVDPV
- ✓ Timely Outbreak Response Team at State/LGA Level
- ✓ Borno- Yobe IPV Introduction
- ✓ Ensuring Vaccine Security
- ✓ Enhancing population immunity in South and Middle Belt States
- ✓ Prevent importation of Polio virus from international communities.

**Thank You!**



# Extra Slides

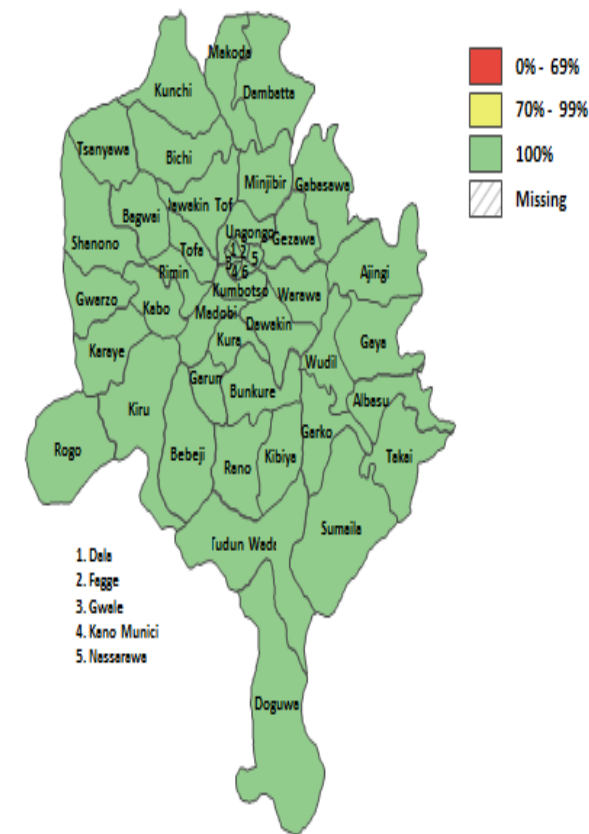
# 3. Consolidated the use of Dashboard

Apr-2014

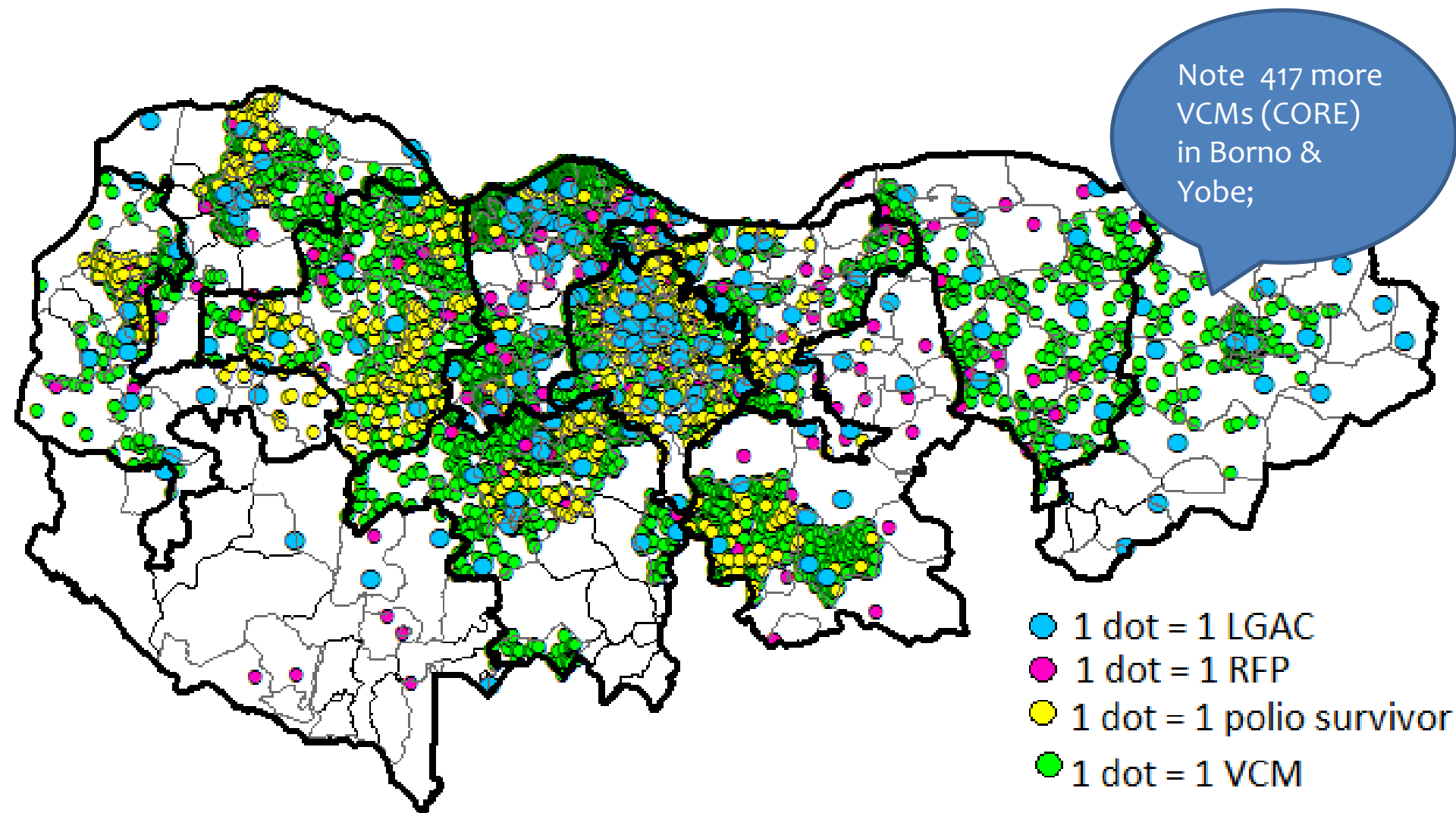
Kano

LGA	Updated micro-plan	Border synchronization planning meeting	Training Plan implementation	Social mobilization Plan implementation	High risk Operational Plan	Social mobilization funds received	Logistics funds received	Evidence of task force meeting	LGAs/State counterpart funding received	Meeting of Ward selection Committees to review performance	Security agents conducted assessment	IPD plan adjusted based on security assessment
Ajingi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Albasu	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Bagwai	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Bebeji	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Bichi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Bunkure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Dala	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Dambatta	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Dawakin Kudu	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Dawakin Tofa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Dogwu	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Fagge	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Gabasawa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Garko	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Garum Mallam	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Gaya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Gezawa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Gwale	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Gwarzo	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Kabo	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Kano Municipal	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Karaye	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Kibiya	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Kiru	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Kumbotso	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Kunchi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Kura	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes
Madobi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%	Yes	Yes

Select an indicator to map: Meeting of Ward selection Committees to review performance

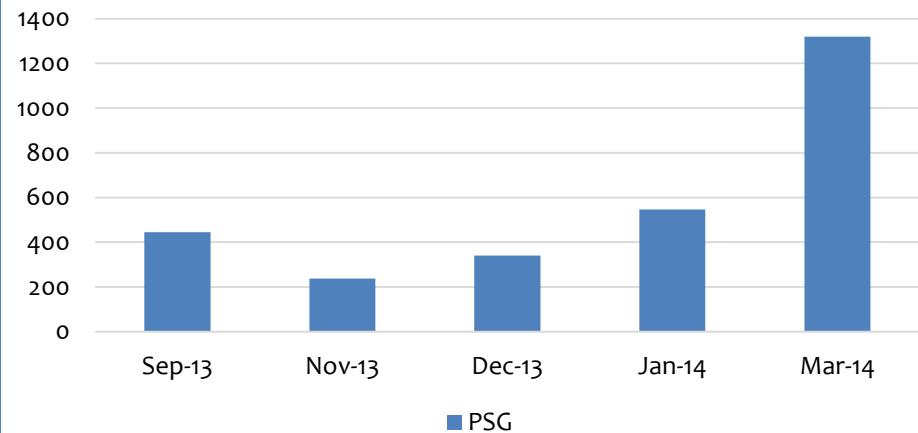


# Expanding the polio communication network, Northern Nigeria

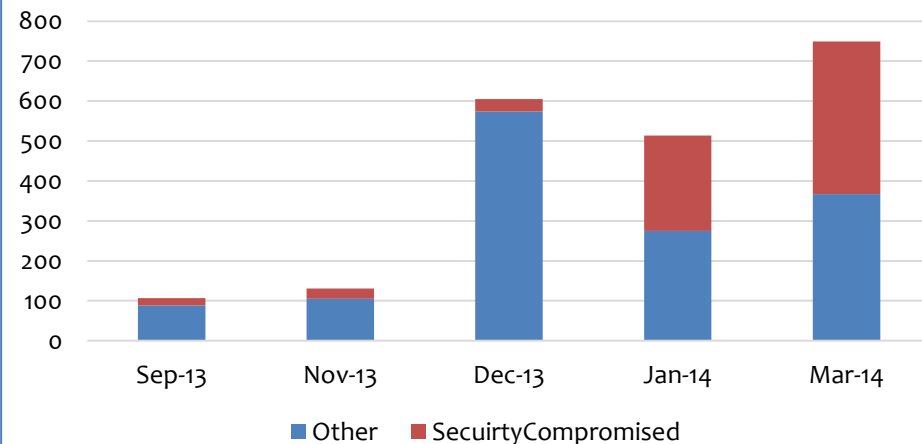


# More community members engaged to support demand creation during campaigns

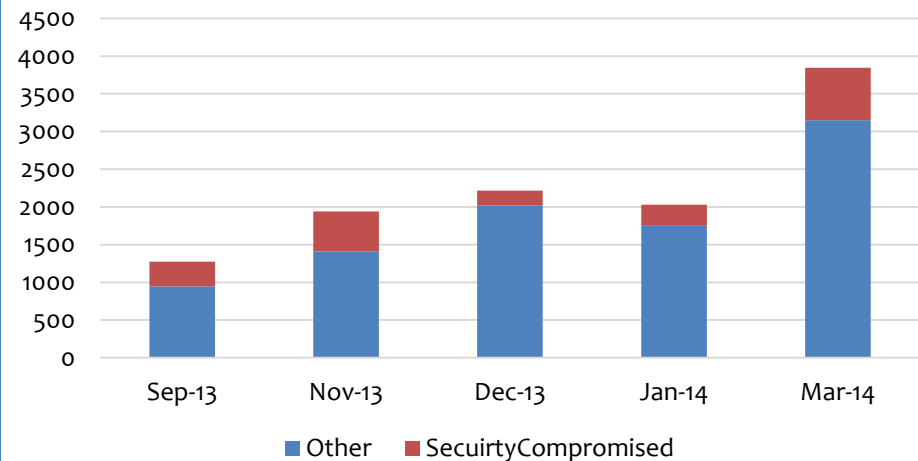
## Polio survivors engaged



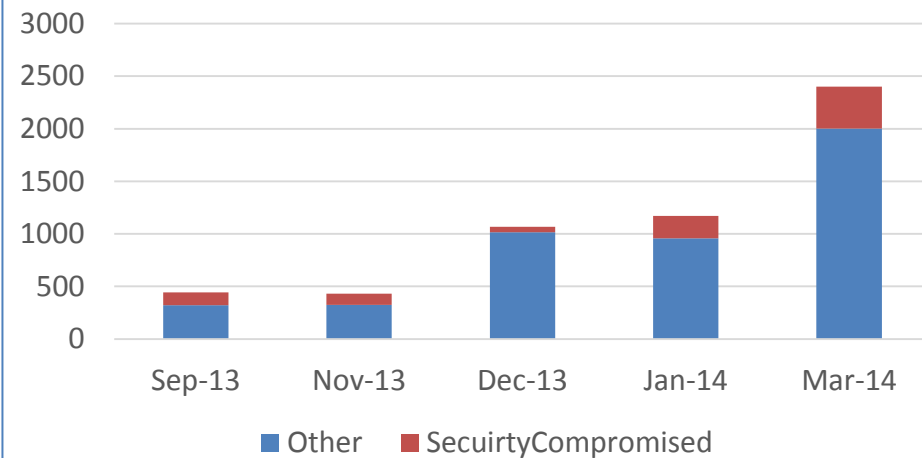
## Youths engaged



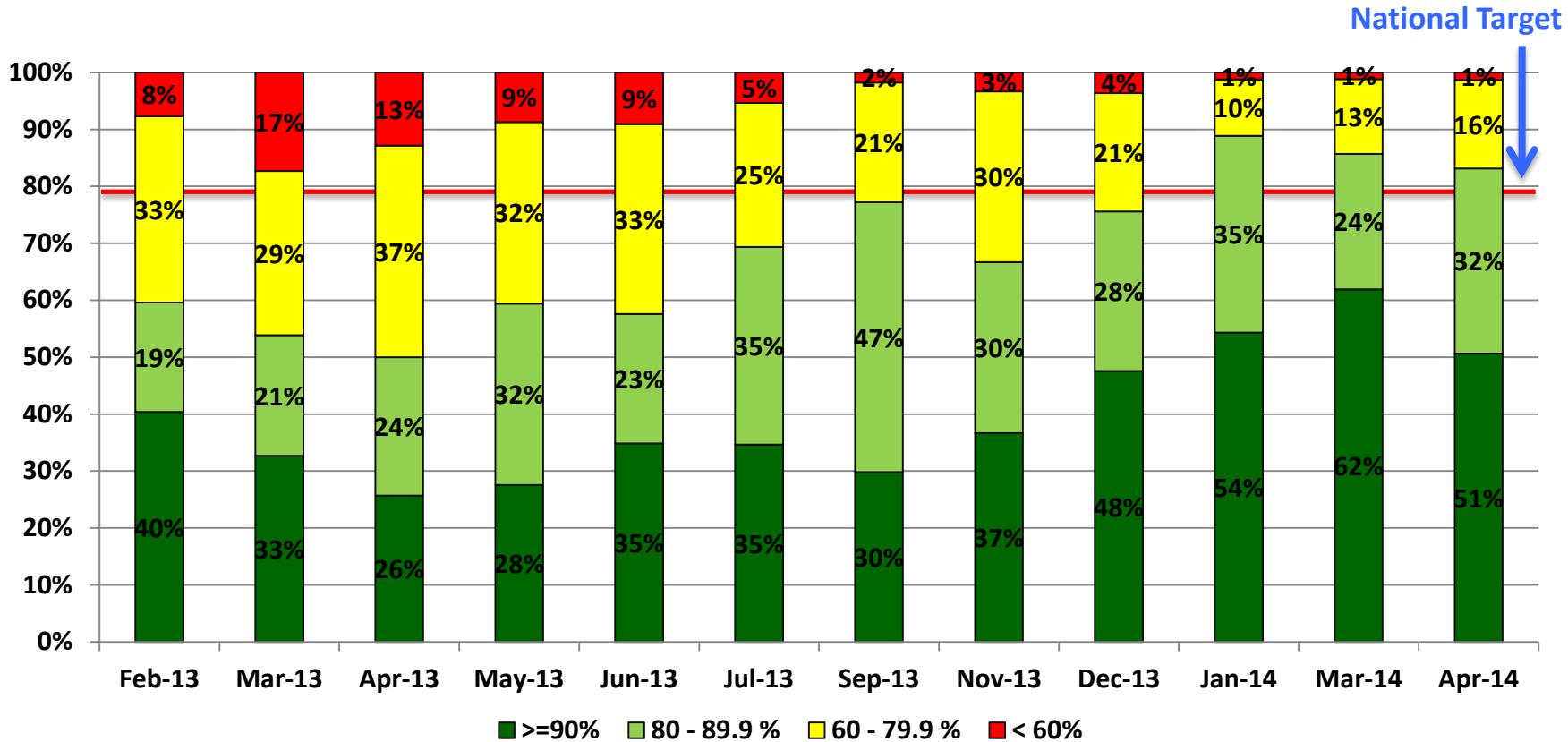
## Quranic school teachers engaged



## Ardos engaged



# LQA trends in the 85 high risk LGAs



	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Sep-13	Nov-13	Dec-13	Jan-14	Mar-14	Apr-14
<b>LGA's surveyed</b>	<b>52</b>	<b>52</b>	<b>70</b>	<b>69</b>	<b>66</b>	<b>75</b>	<b>57</b>	<b>60</b>	<b>82</b>	<b>81</b>	<b>84</b>	<b>77</b>
<b>&gt;=90%</b>	40%	33%	26%	28%	35%	35%	30%	37%	48%	54%	62%	51%
<b>80 - 89.9 %</b>	19%	21%	24%	32%	23%	35%	47%	30%	28%	35%	24%	32%
<b>60 - 79.9 %</b>	33%	29%	37%	32%	33%	25%	21%	30%	21%	10%	13%	16%
<b>&lt; 60%</b>	8%	17%	13%	9%	9%	5%	2%	3%	4%	1%	1%	1%

# LQAS Trend from February 2013 to April 2014 in VVHR LGAs

**Kano State: No data available for Feb and March 2013 IPDs due to killing of vaccinators**

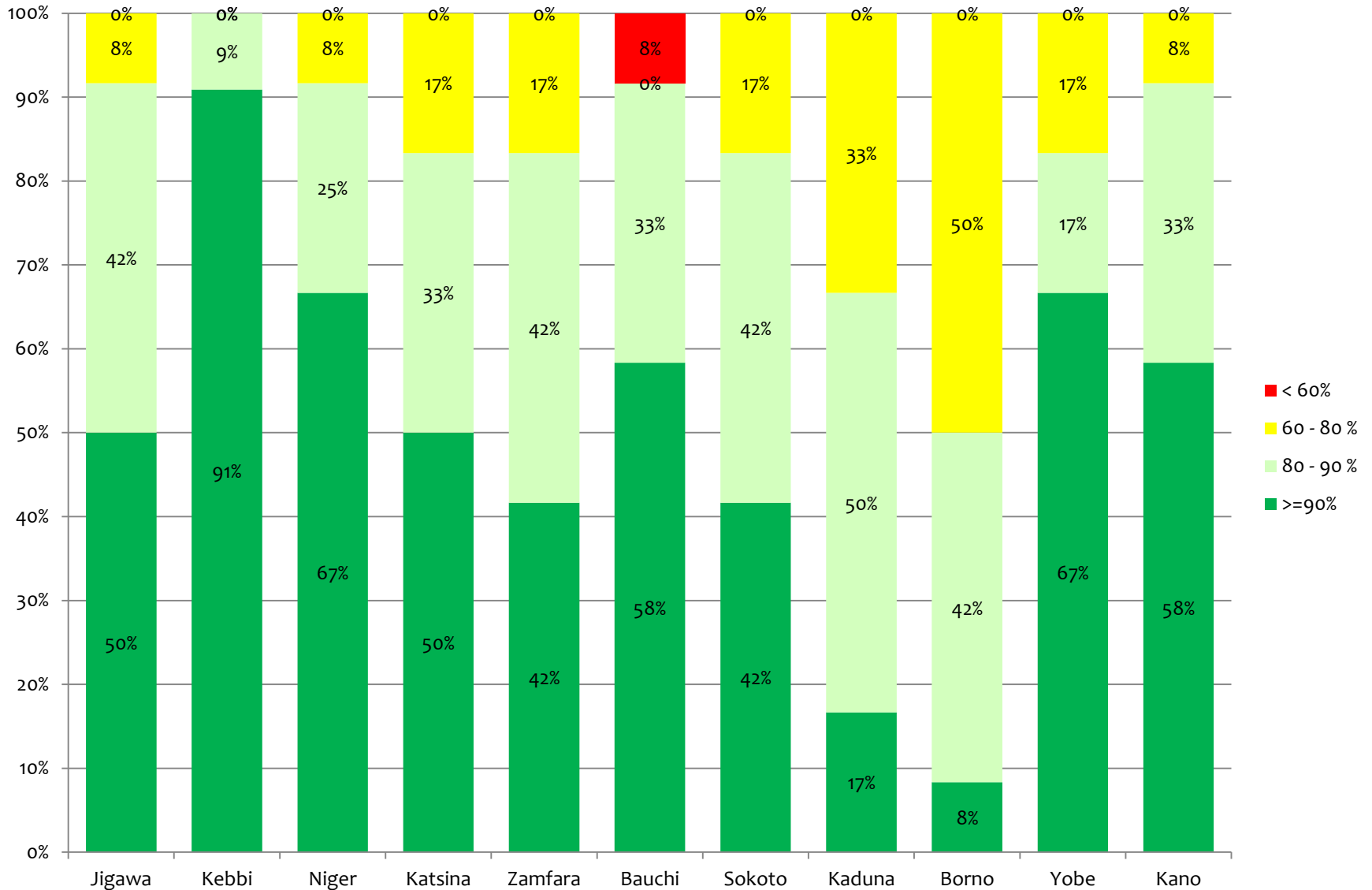
LGA	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Sep-13	Nov-13	Dec-13	Jan-14	Mar-14	Apr-14
Bichi						3		2	8	2	2	4
Dambatta			12	10	23	12		3	2	3	2	6
Kumbotso			11	15	11	17		7	1	4	1	4
Makoda											0	2
Minjibir			2	2		17	3	2	2	5	0	0
Nassarawa			26	39	18	26	13	9	5	2	0	1
Tudun Wada			8	19	21	7		19	4	3	2	
Ungongo			13	18	37	16		11	2	3	5	5

## Katsina State

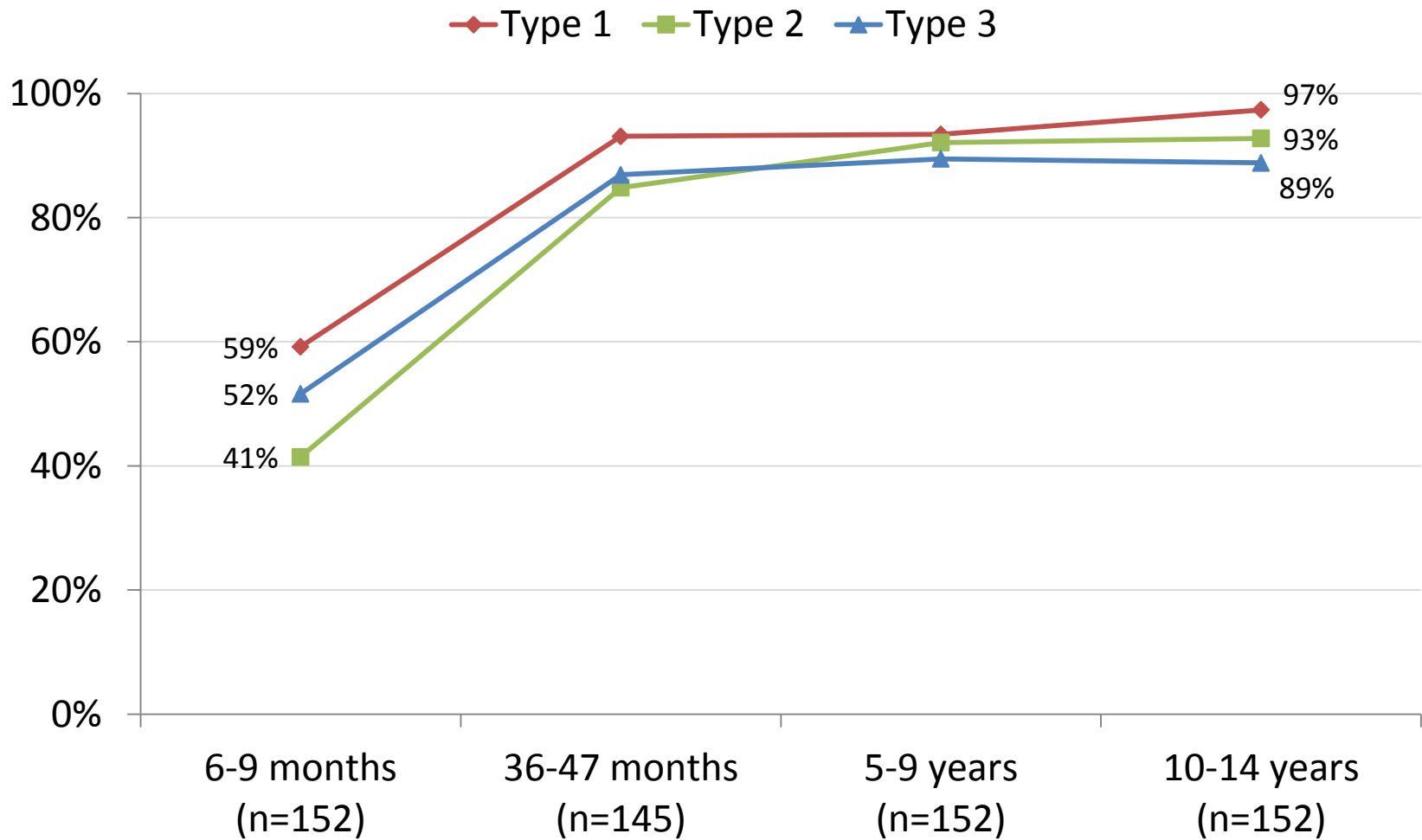
LGAs	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Sep-13	Nov-13	Dec-13	Jan-14	Mar-14	Apr-14
Katsina	53	30	22	12	17	29	20	29	23	15	21	5
Funtua	1	5	4	23	18	7	2	13	20	21	4	1
Mani	2	0				1	12	4	2	12	1	1
Kusada	1	6	8	6			5	11	2	2	13	
Malumfashi	1	10	1	7	0	0	5	13	0	0	11	6
Bindawa				4	0	2	9		11	15	8	

# State Analysis for April IPDs

## HR States for current month: % of LGAs in vaccination bands



# Seroprevalence across age groups, Kano, Nigeria, 2013\*

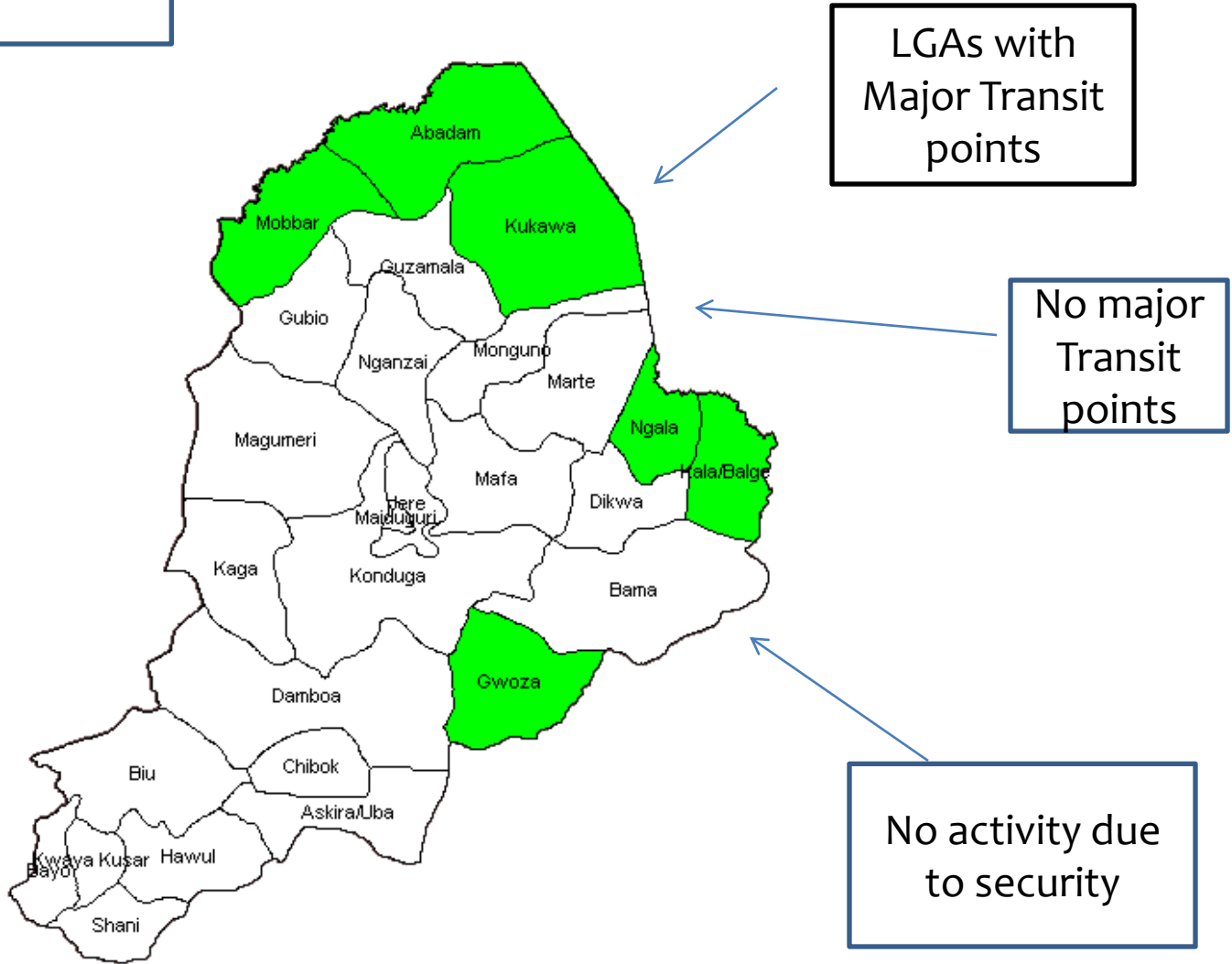


\* Survey conducted September – October 2013



# Borno LGAs with International Border Permanent Transit Teams

Border countries: Cameroun, Niger and Chad



# Children are being immunized along International Borders by Permanent Transit Teams

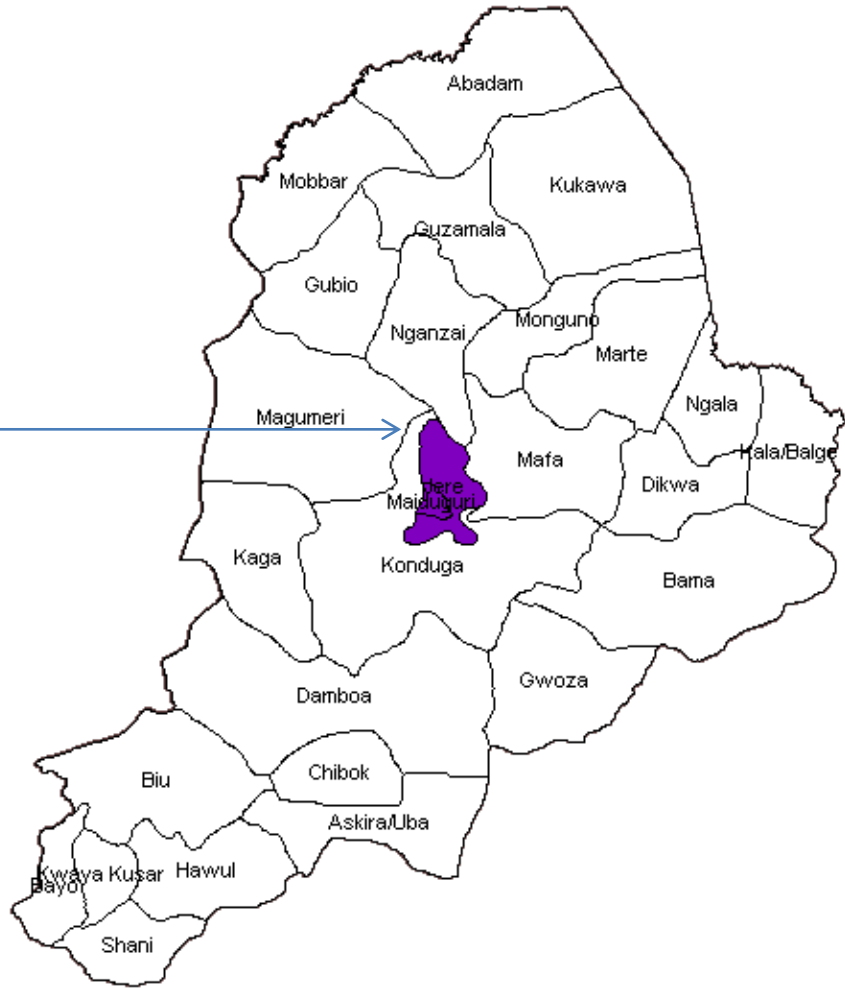
## Borno International Permanent Transit Point Immunisations

LGA	Ward	Border Post	5-11/04/14	12-18/04/14	19-25/04/14	26/04-2/05/14
			Under 5 immunised	Under 5 immunized	Under 5 immunized	Under 5 immunized
Abadam	Bussuna	Bosso Achalba	431	228	280	228
	Yituwa	Kuttari	801	177	191	65
Kukawa	Doro	Doro	212	135	139	106
	Baga	Fish Dam	246	132	140	116
Ngala	Gamboru A	Gamboru A Gate	482	911	352	187
Kala balge	Sigal	Sigal Int Boder	149	151	148	143
	Jilbe	Jilbe Int Boder	129	152	131	156
Mobar	Asaga	Asaga Boder	124	275	219	136
	Chamba	Marara	138	314	242	205
Gwoza	Ashigashiya	Ashigashiya	0	174	132	57
	Kirawa	Kirawa	0	85	91	45
	Hambagda	Hambagda	0	209	153	89
Bama	Banki	Banki Boder p	0	0	0	0

# LGAs with PHTs Borno 2014

**MMC and Jere are currently implementing PHTs**

**PHTs implementation is planned for Damboa, Konduga and Bama LGAs in May 2014**



# Borno PHT data March- April 2014

LGAs	Week	OPVo	Other Doses	Total
Jere	Wk1	262	6078	6340
	Wk2	170	4612	4782
	Wk3	161	4504	4665
	Wk4	95	4253	4348
Maiduguri	Wk1	330	6543	6873
	Wk2	223	6091	6314
	Wk3	174	5659	5833
	Wk4	173	5022	5195
				44,350

# Polio Outbreak in Cameroun

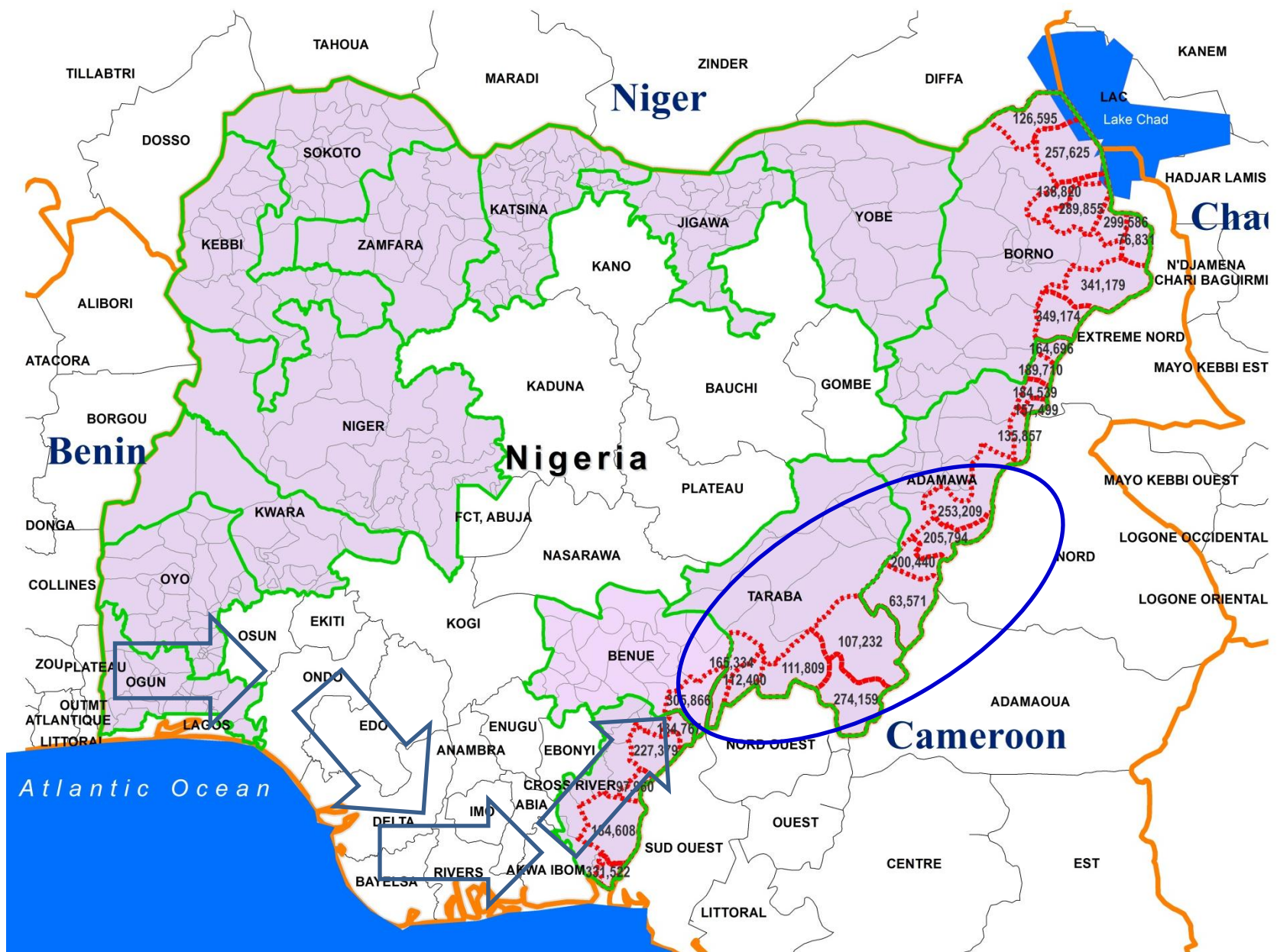


There are different interventions targeting bordering states

## Special interventions in Adamawa and Taraba

- Mop-up in the bordering LGAs from 22<sup>nd</sup> – 25<sup>th</sup> March, 2014
- IPDs in the 5 bordering LGAs bordering Cameroon to implement on 7<sup>th</sup>-10<sup>th</sup> April (5 days before national IPDs)
- Taraba and Adamawa to participate in May and June IPDs with the 11 high risk states
- Expansion vaccination clinics into the late afternoon/evening during IPDs for all busy border crossings

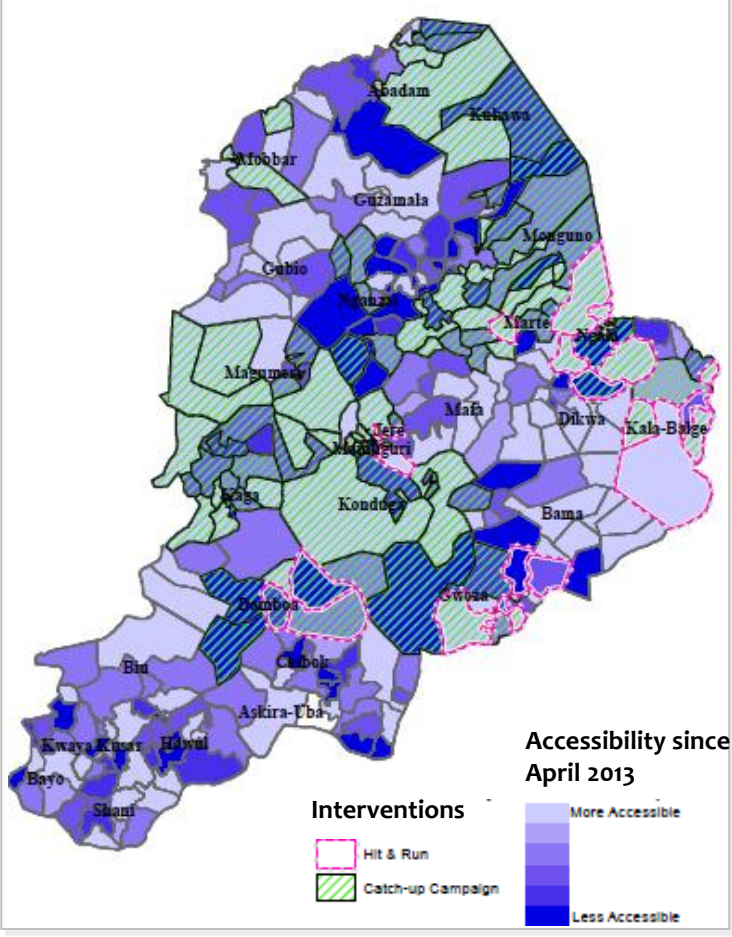
# Vulnerable States and LGAs at Risk to Importation



# The catch-up and the hit-and-run interventions didn't take place in all the wards where children have been inaccessible

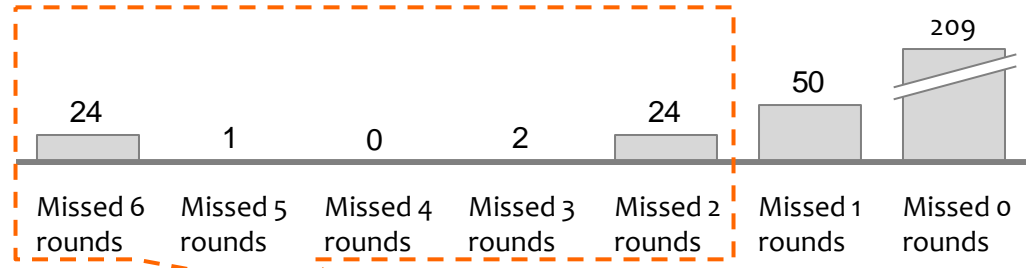
## Interventions focused on the central belt and North East of Borno

Map of chronically misses wards and special interventions in March 2014



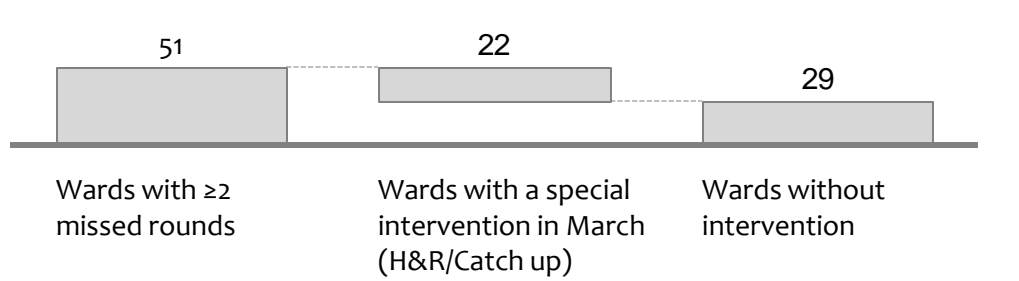
## 22 out of 51 wards that missed at least 2 IPDs have been reached

Total wards that have missed X SIPDs campaigns from September 2013 to March 2014, total 310 wards



In the last 6 SIPDs, **51 wards** have missed 2 or more of those campaigns

Breakdown of the wards that have missed 2 or more rounds during last 6 SIPDs



There are 29 wards that have missed  $\geq 2$  rounds AND didn't have special intervention: 14 in Bama, 3 in Damboa, 10 in Dikwa, 2 in Kaga

# Strategies to further reach children in security compromised areas and children vaccinated Oct – Dec 2013

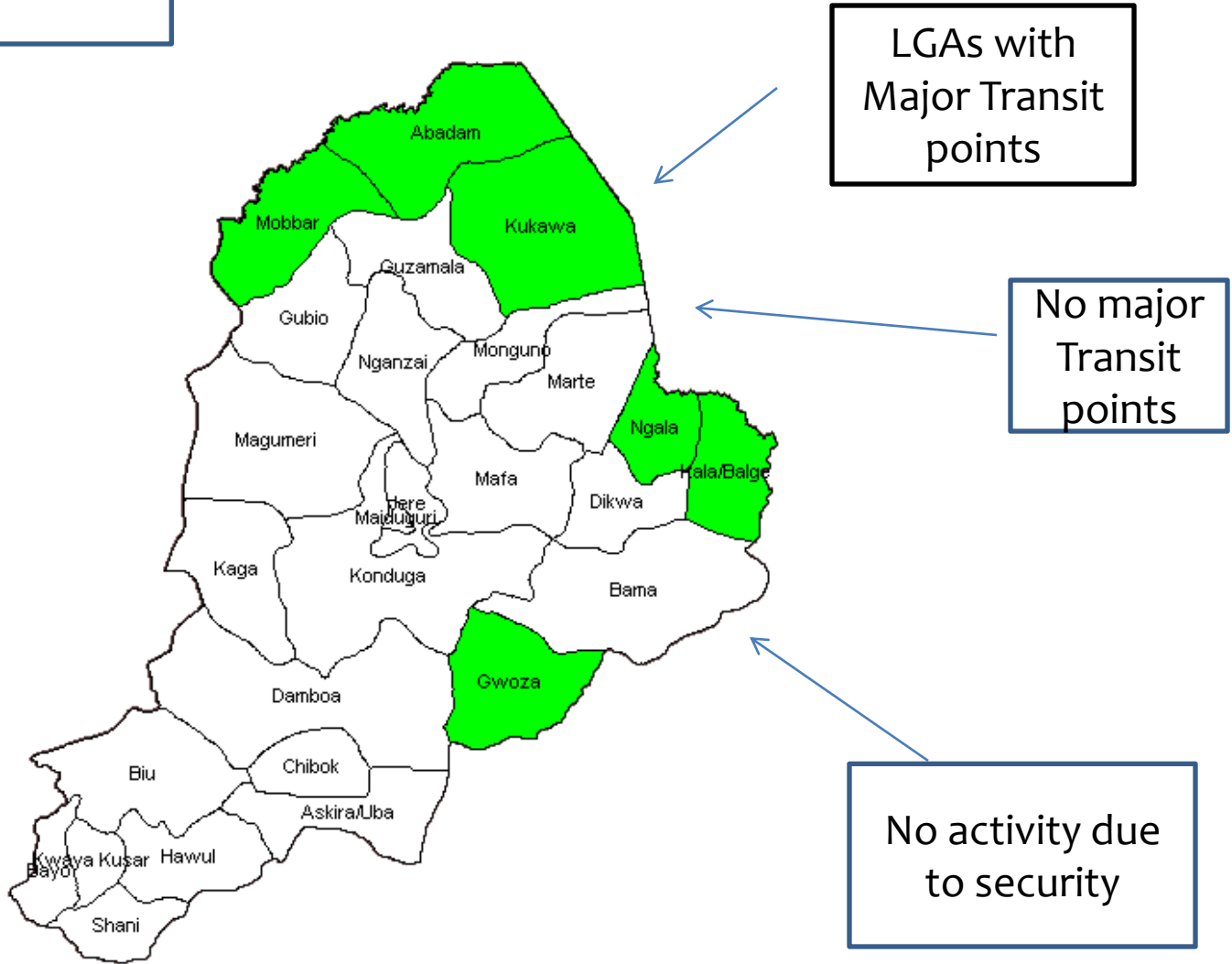
Strategy	Description	Children vaccinated		Total
		Borno	Yobe	
1. Permanent Health Teams	Minimal visibility of local vaccination teams	184,185	164,878	349,063
2. Shortened Immunization Days ("Hit & Run")	Reduced SIAs days with increased teams	876,021	213,801	1,089,822
3. Fire-Walling and Permanent Transit Points	Vaccinating on transit points and bordering districts	24,551	31,436	55,987
4. Health Camps*	Provision of OPV with other interventions at fixed posts in non-compliant communities	22,175	16,226	38,401

\* While health camps have been used since July 2013 in 9 very high risk states, the security compromised states rolled out during the March 2014 polio SIAs round



# Borno LGAs with International Border Permanent Transit Teams

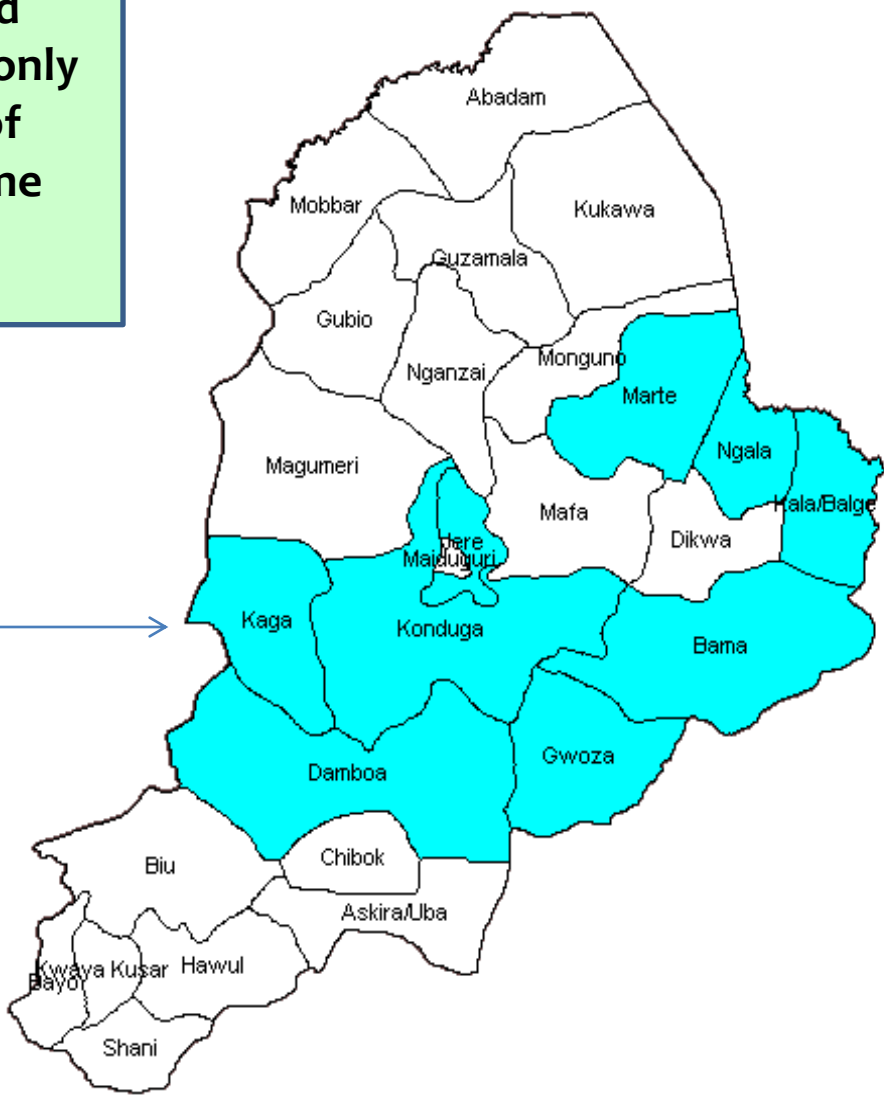
Border countries: Cameroun, Niger and Chad



# LGAs That conducted Hit n Run 2014 Borno

Implementation of Hit and Run campaigns are done only when there is a window of opportunity to access some hitherto impregnable settlements

LGAs that implemented Hit N Run 2014



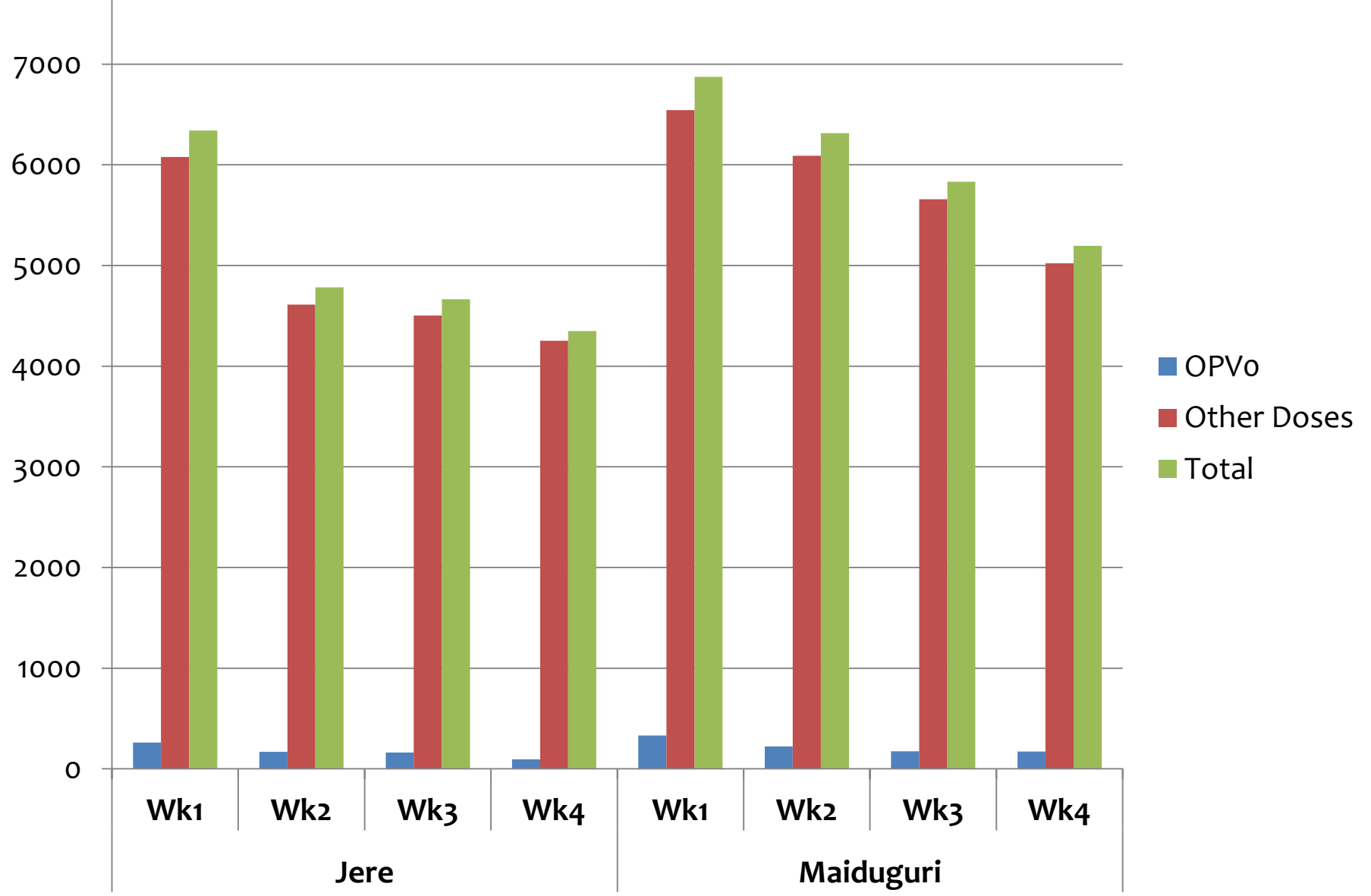
# Hit & Run campaigns were conducted March -April 2014 in Borno (1/2)

LGA	No of wards	No of Settlements	Dates	No teams	Justification	Children immunised	Zero Dose
Damboa	3	14	15/03/14	3	Security challenges	1027	21
Gwoza	5	26	15/03/14	7	Security challenges	5253	281
Kala Balge	5	25	15/03/14	5	Security challenges	1751	34
Marte	1	1	15/03/14	1	Security challenges	272	2
Ngala	6	36	29/03/14	7	Security challenges	6659	101
Damboa	3	17	09/04/14	3	Security challenges	1884	23
Jere	4	19	10/04/14	4	Security challenges	1207	157

# Hit & Run campaigns were conducted March -April 2014 in Borno (2/2)

LGA	No of wards	No of Settlements	Date	No of teams	Justification	Children immunised	Zero Dose
Magumeri	2	13	09/04/14	2	Security challenges	503	97
Marte	4	8	09/04/14	3	Security challenges	1019	11
Kaga	3	8	09/04/14	2	Security challenges	511	29
Bama	2	6	09/04/14	3	Security challenges	327	40
Dambo	3	32	24/04/14	8	Security challenges	2249	24
Marte	3	7	29/04/14	3	Security challenges	748	9
Magumeri	2	12	23/04/14	3	Security challenges	587	79
Jere	5	24	25/04/14		Security challenges	1603	51

# Trend of Children vaccinated at PHTs with OPV wk1 - 4, MMC & Jere LGAs



# Borno PHT data March- April 2014

LGAs	Week	OPVo	Other Doses	Total
Jere	Wk1	262	6078	6340
	Wk2	170	4612	4782
	Wk3	161	4504	4665
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Maiduguri	Wk1	330	6543	6873
	Wk2	223	6091	6314
	Wk3	174	5659	5833
	Wk4	173	5022	5195
				44,350

# Profile of LGAs with firewalling activities

LGA	Ward	No. of Health Facilities	No. of Settlement
SHANI	4	4	46
BAYO	3	3	38
HAWUL	1	1	6
GWOZA	6	12	46
ASKIRA UBA	6	6	25

# No. of children vaccinated by firewalling strategy in March-April 2014

## Oral Polio vaccine

LGA	OPV 0	OPV 1	OPV 2	OPV 3	OPV (0-59mnt hs)
SHANI	239	586	532	610	688
BAYO	216	489	626	661	928
HAWUL	26	44	58	77	0
GWOZ A	254	548	514	537	258
ASKIRA	74	246	166	160	218

## Penta, Measles and Yellow fever vaccines

LGA	Penta 1	Penta 2	Penta 3	MV	YF
SHANI	633	532	552	298	308
BAYO	566	431	351	668	578
HAWUL	44	58	77	38	38
GWOZA	532	457	407	644	642
ASKIRA	236	142	153	176	133



# Summary of micro-planning findings

Findings from all the 44 LGAs where MP reviews have been completed:

1. Increase in No of settlements by 7,736 (38%)  
(from 20,338 to 28,074 )
2. Reduction in TP (<5 Yrs) by 3,254,718, (53.9%)  
from 6,087,511 to 2,807,551)
3. Reduction of No of Households by 754,507  
(from 2,491,405 to 1,736,898) (30.3%)

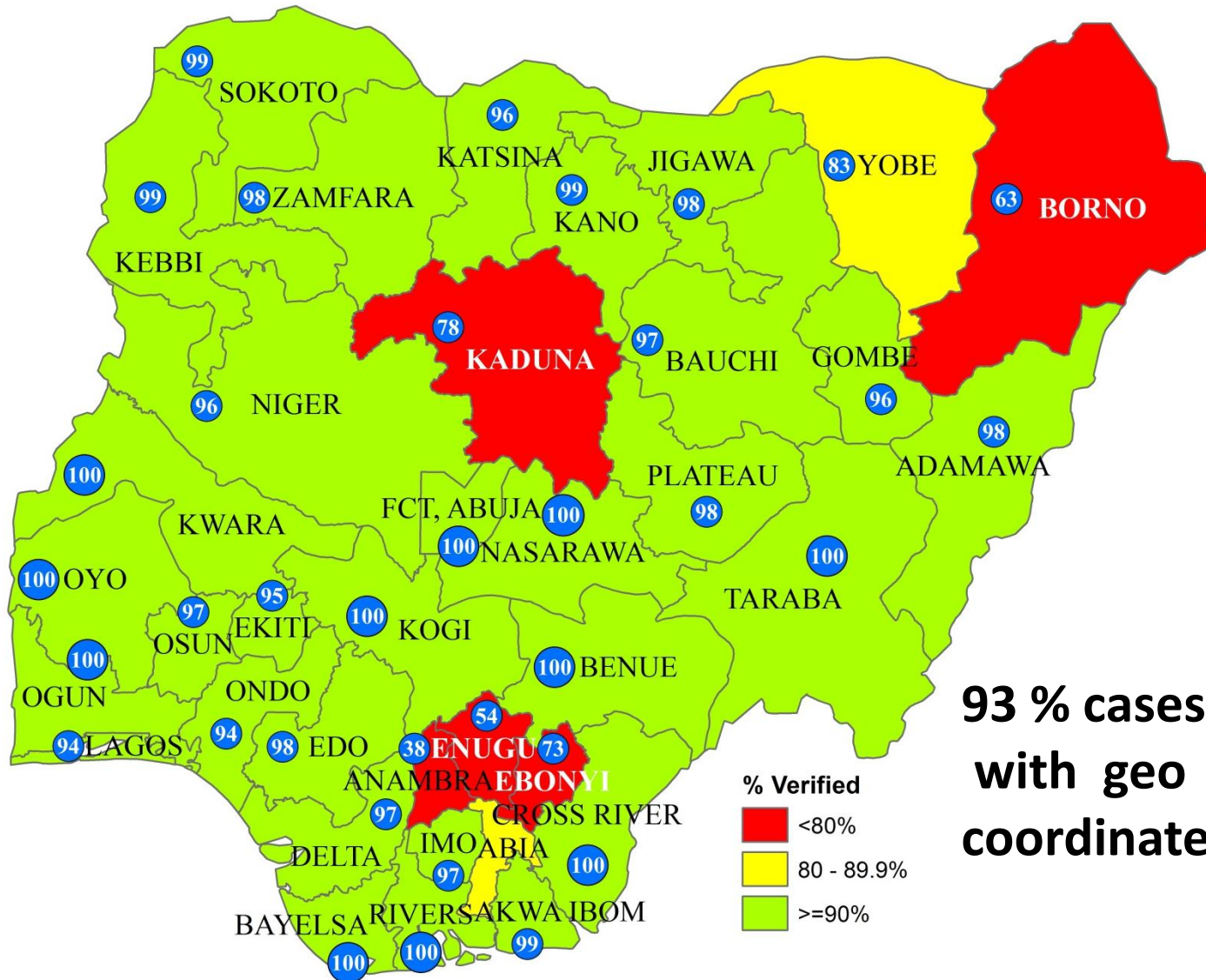
**Comparison of LQAS Performance in 10 selected LGAs in Kano before team restructuring (Nov 2013 IPDs) and after restructuring (Dec 2013 IPDs)**

<b>LGA</b>	<b>Nov IPDs 2013</b>	<b>Dec IPDs 2013</b>
<b>Bichi</b>	2	8
<b>Dala</b>	0	3
<b>Dogwuwa</b>	6	14
<b>Fagge</b>	4	1
<b>Gwale</b>	29	2
<b>KMC</b>	13	10
<b>Kumbotso</b>	7	2
<b>Nassarawa</b>	9	5
<b>Tarauni</b>	8	0
<b>Ungogo</b>	11	2

**There was improved performance from 60% of the LGAs achieving at least 80% before restructuring to 80% of the same LGAs achieving at least 80% coverage**

# Proportion of AFP Cases verified with geo coordinates taken Jan – April 2014

Target  $\geq 90\%$

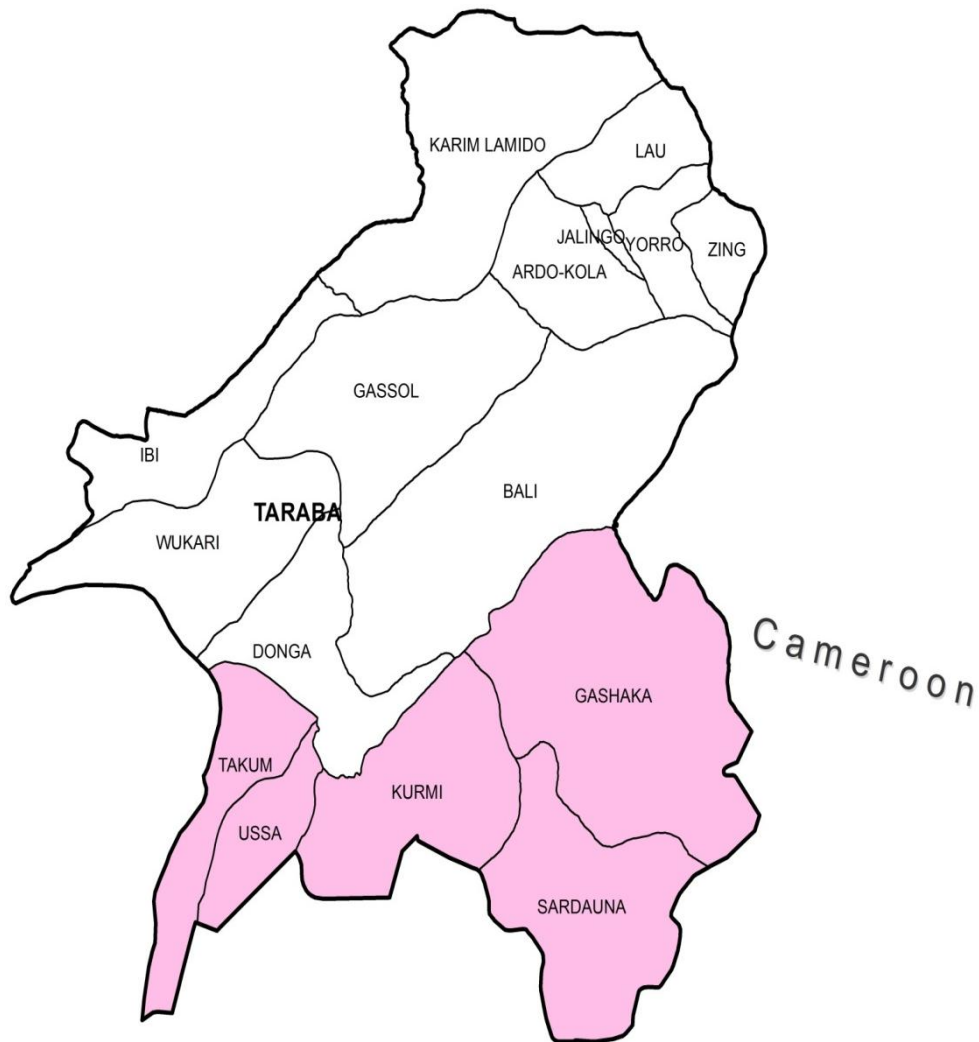


**93 % cases verified  
with geo  
coordinates taken.**



# Immediate Mop Up Carried Out to Build Immunity in 5 Bordering LGAs in Taraba

- Mop up carried out in 5 LGAs involving 18 wards along the border 31<sup>st</sup> March - 2<sup>nd</sup> April 2014
- Total children immunized **214,764**
- Synchronization meetings held prior to mop up
- Intensification of surveillance activities (Active case search)

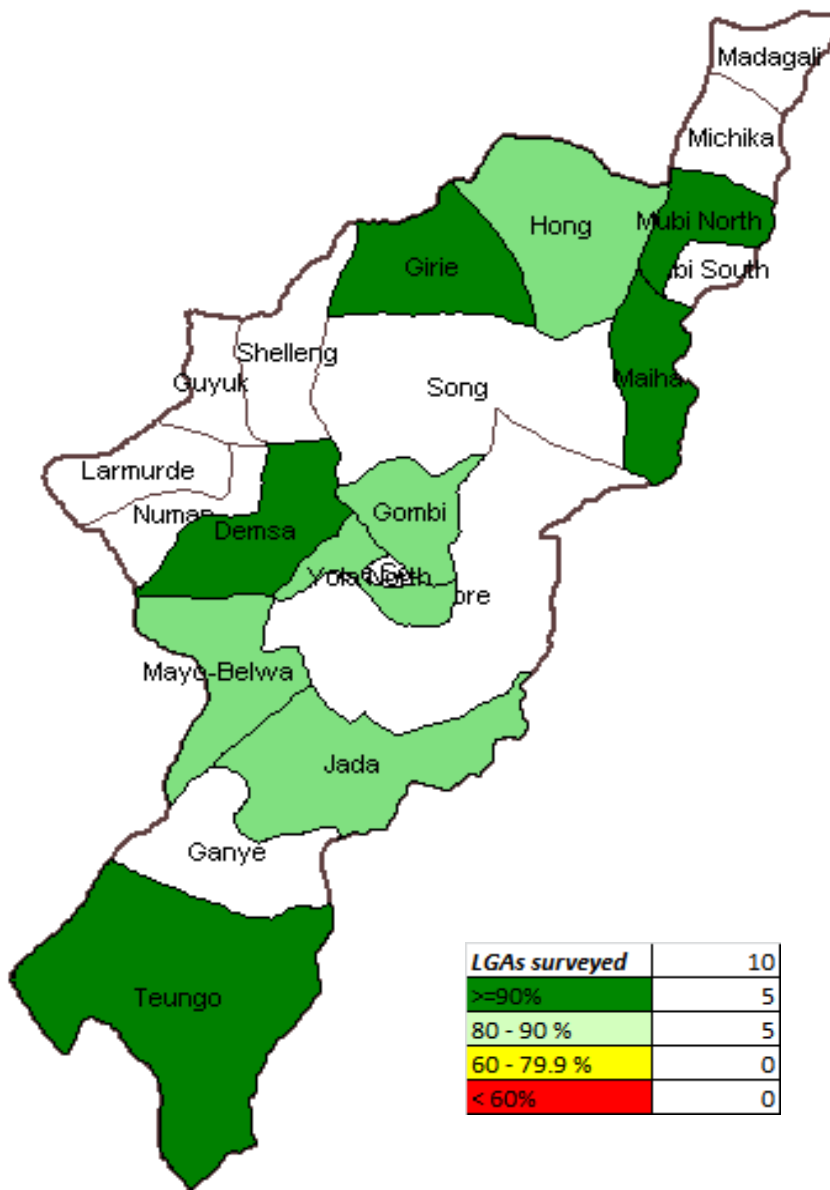


5 Bordering LGAs Cameroon

# Coverage in The Border Wards March Mop Up 2014

LGAs	Target Pop for OPV in the affected wards	Total No. of H - H Teams	Total children Vaccinated OPV
GASHAKA	22,068	53	26,008
KURMI	25,189	64	24,789
SARDAUNA	76,523	187	73,760
TAKUM	55,047	120	50,635
USSA	39,896	93	39,572
	<b>218,723</b>	<b>517</b>	<b>214,764</b>

# Riding on cVDPV Mop Up to Build Immunity Against Type 1

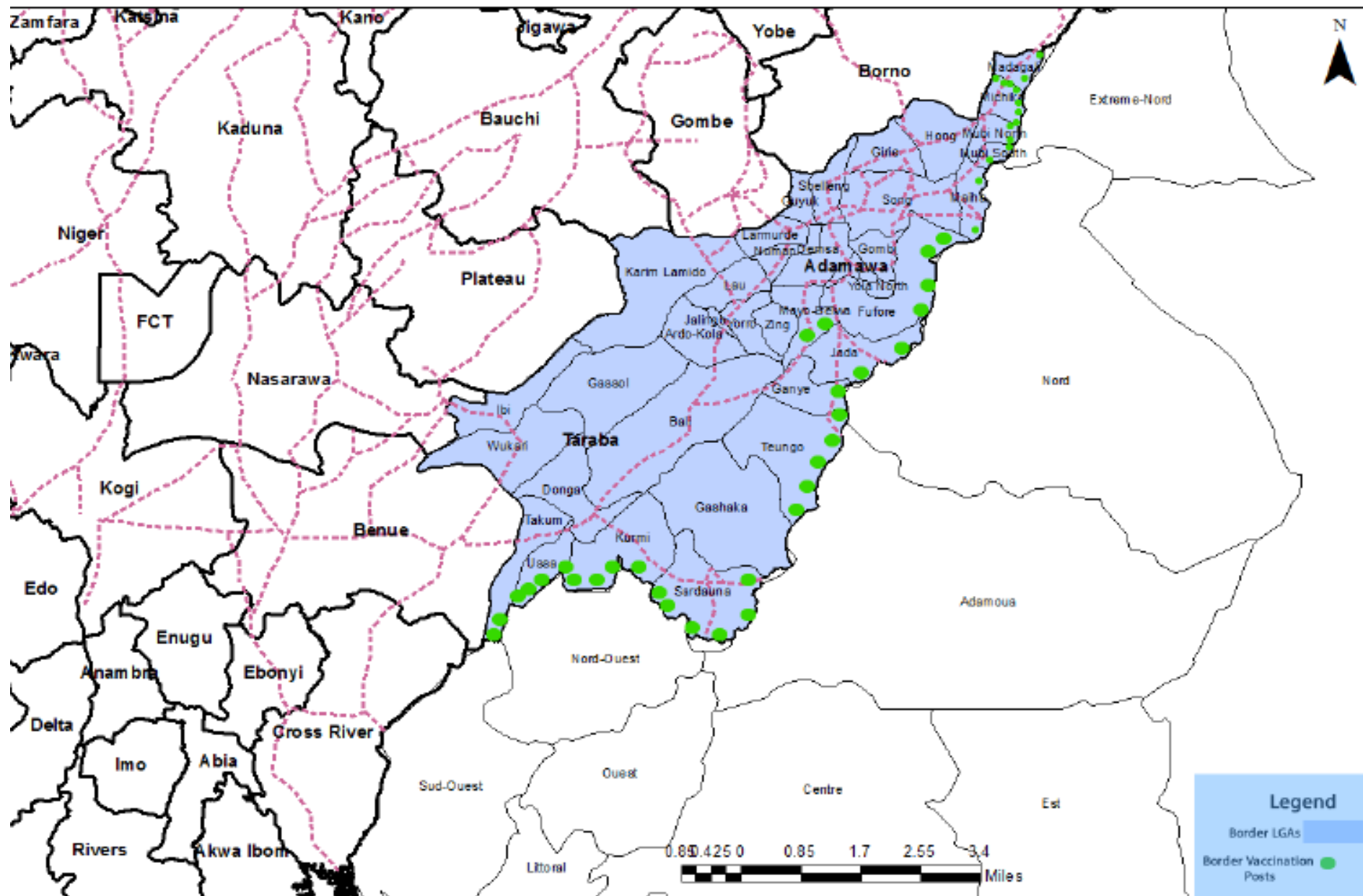


- Mop up carried out in Adamawa for the delayed response to cVDPV in Mayo Belwa 22<sup>nd</sup> – 25<sup>th</sup> March 2014
- Five LGAs surrounding Mayo Belwa used tOPV
- Rest of the LGAs used **bOPV**
- Madagali and Michika did not implement due to security situation Used Hit and Run

# Strategy to Improve RI in Taraba and Adamawa Border LGAs

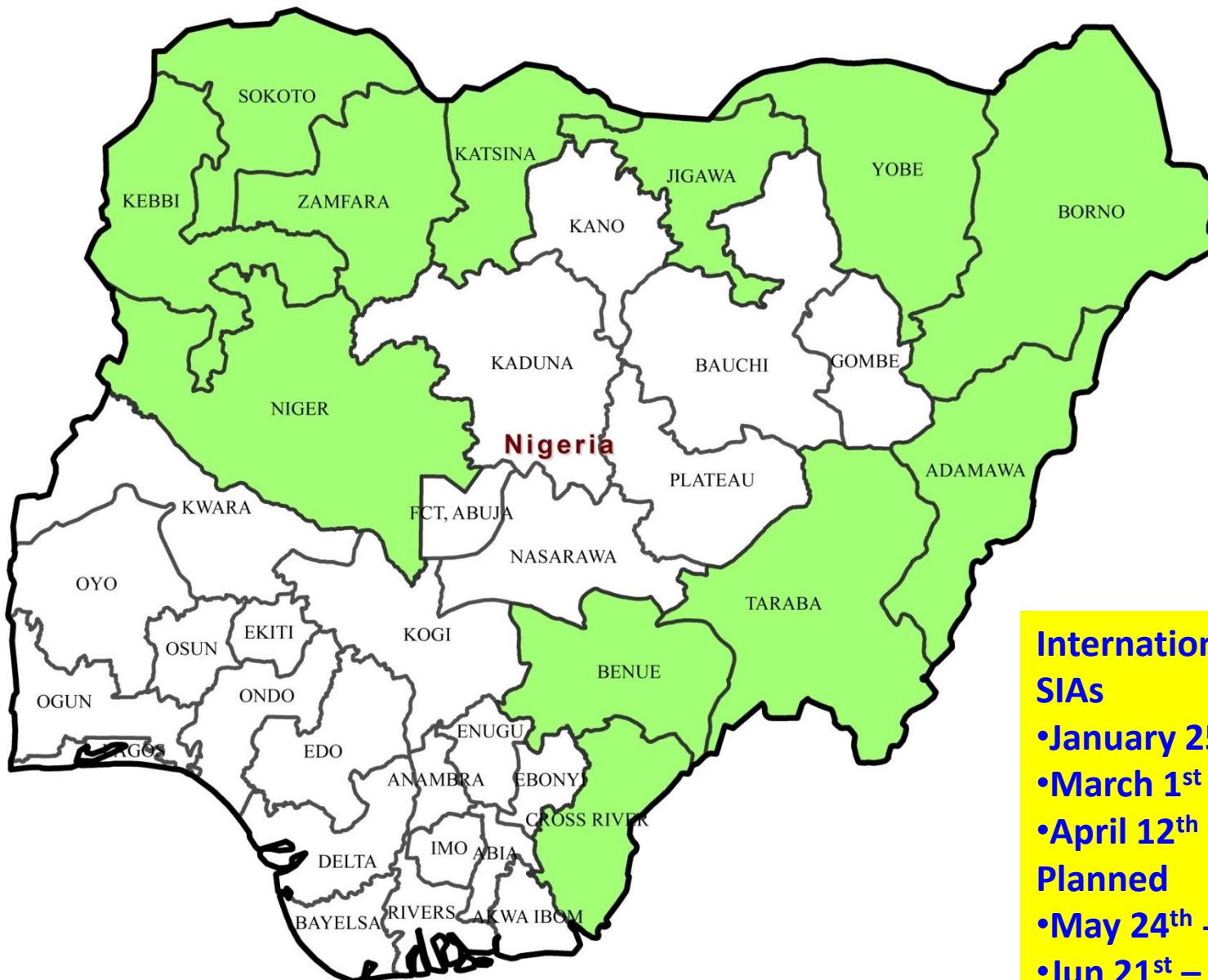
Objective	Key activities	Status
Improve capacity	Ad-hoc staff to 14 LGAs Training Development of RI Plans Review of REW Micro plan	Staff in place Statewide RI plans REW micro plans revised
Intensification	Increase fixed and outreach sessions Outreach to underserved	Ongoing intensification is on track Operational support
Strengthen surveillance	Training of teams Network community leaders	Reminder cards Surveillance training
Improve cross border immunization	Establishment of additional border posts	18 Taraba 58 Adamawa

# Mapped crossing points with permanent vaccination teams





# Evidence of Based Border Synchronization Activities Apr 14 IPDs



## Internationally synchronized SIAs

- January 25<sup>th</sup> – 28<sup>th</sup>
  - March 1<sup>st</sup> – 4<sup>th</sup>
  - April 12<sup>th</sup> - 15<sup>th</sup>
- ## Planned
- May 24<sup>th</sup> - 28<sup>th</sup>
  - Jun 21<sup>st</sup> – 24<sup>th</sup>

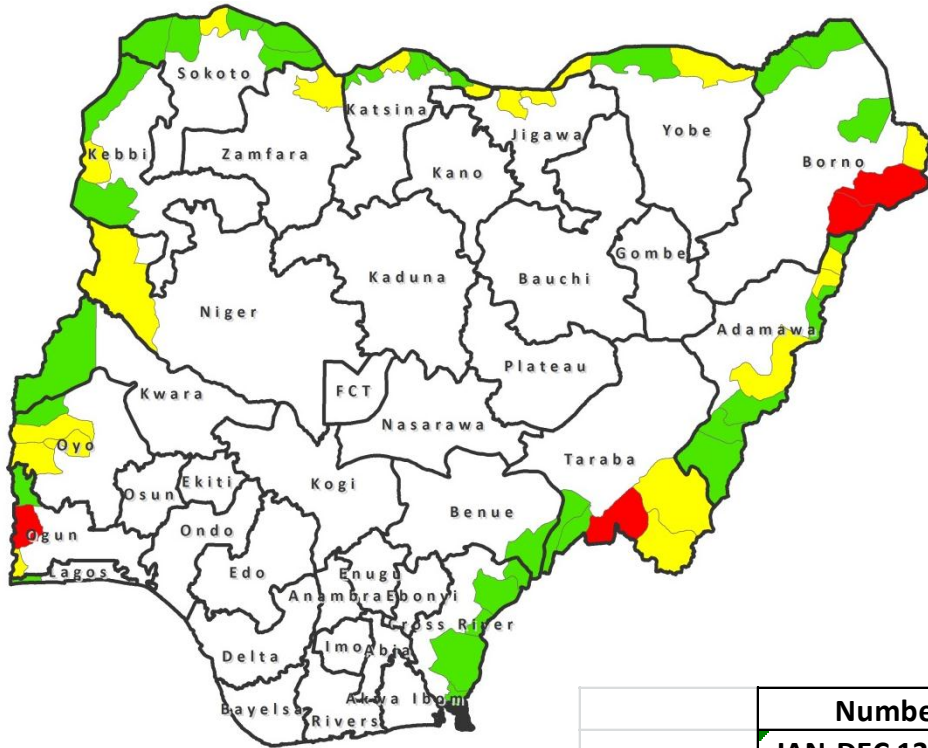
# International Border synchronization activities: April 2014 NIPDs Adamawa State

## Missed children (Cameroonians) vaccinated at the border transit

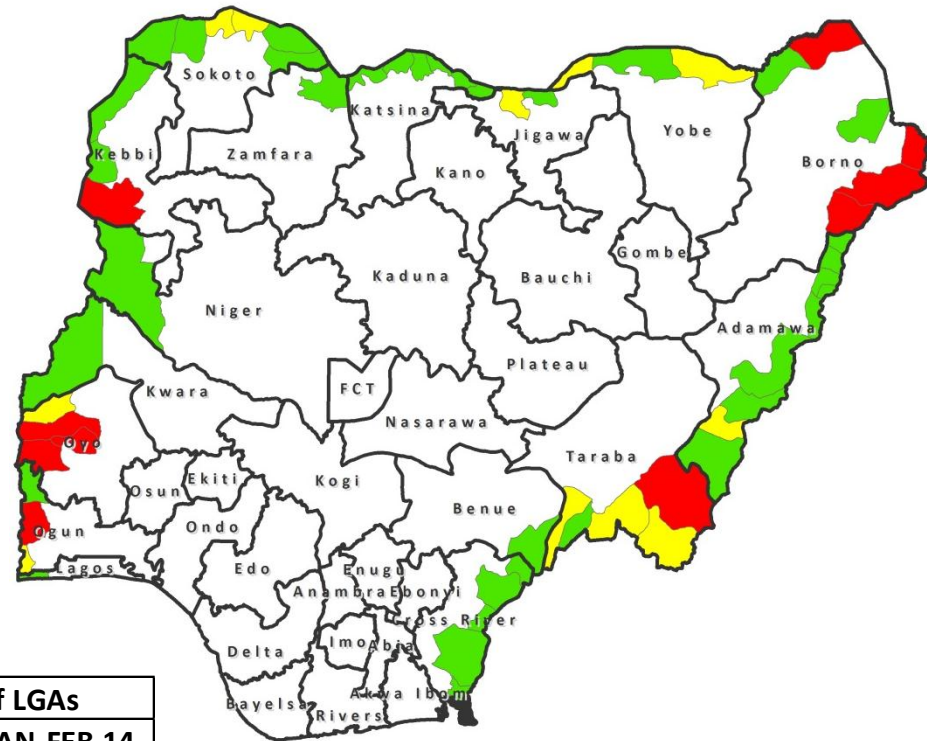
LGAs	Wards	Settlements	Children immunized	Geo coordinate
Jada	Leko	Nalomi	94 (with 12 zero dose)	Lat: 8.62469;Long: 12.48126
Jada	Leko	Kubi Salasa	104 (with 8 zero dose)	
Jada	Yelli	Sapeo	192 (with 3 zero dose)	Lat:8.43895;Long: 12.39338
Jada	Yelli	Jumba	186 (with 3 zero dose)	
Jada	Yelli	Duna (Nigeria)	48 (with 18 zero dose)	Lat: 8.44583;Long: 12.295228
Jada	Yelli	Duna (cameroun)	58 (with 51 zero dose)	Lat:8.427545/Log:12.297305
Ganye	Sugu	Hayatu / Nomads	98 (with 55 zero dose)	Lat: 8.44980; Long: 12.25882
Ganye	Sugu	Nomadic routes	160 (with 56 zero dose)	

# OPV3 Coverage in Border LGAs

JAN-DEC 13

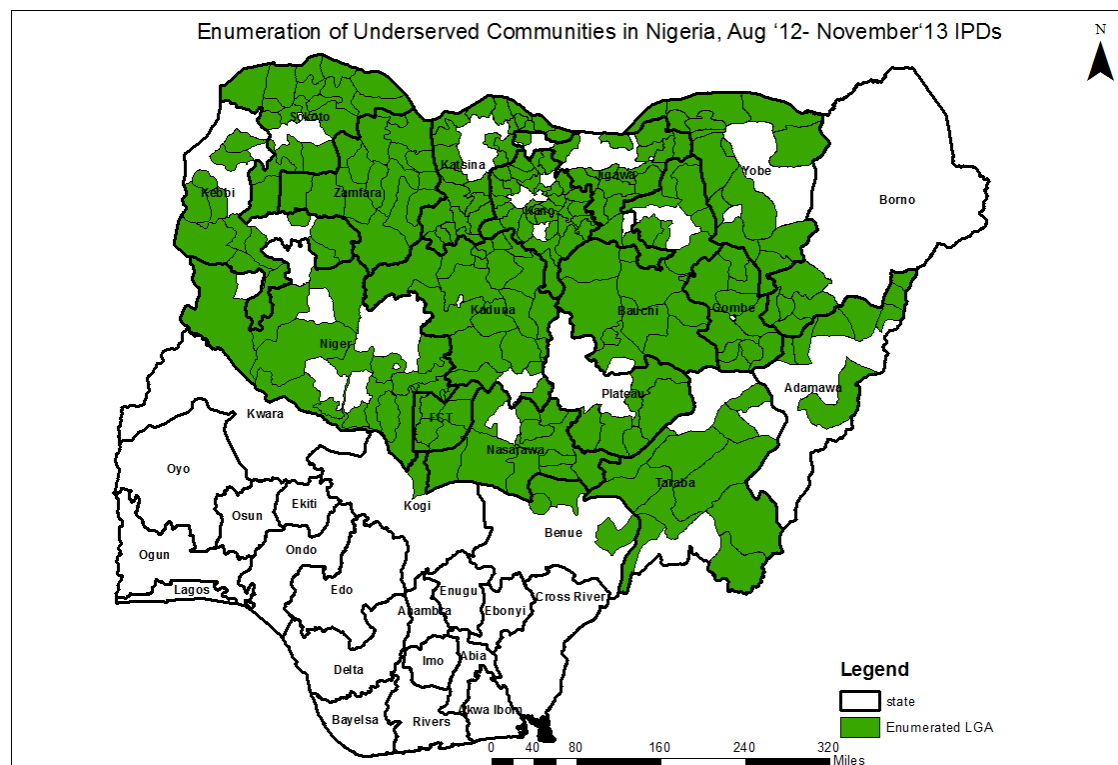


JAN-FEB 14



	Number of LGAs	
	JAN-DEC 13	JAN-FEB 14
<50 %	4	10
50-79.9	21	11
>80%	33	37

# Summary: Outreach to Underserved, Aug '12- November '13



No. LGAs visited

281

Total settlements visited

53,188

No. under five population enumerated

1,183,687

No. (%) missed previous IPD

116,848 (10%)

No. (%) zero-dose

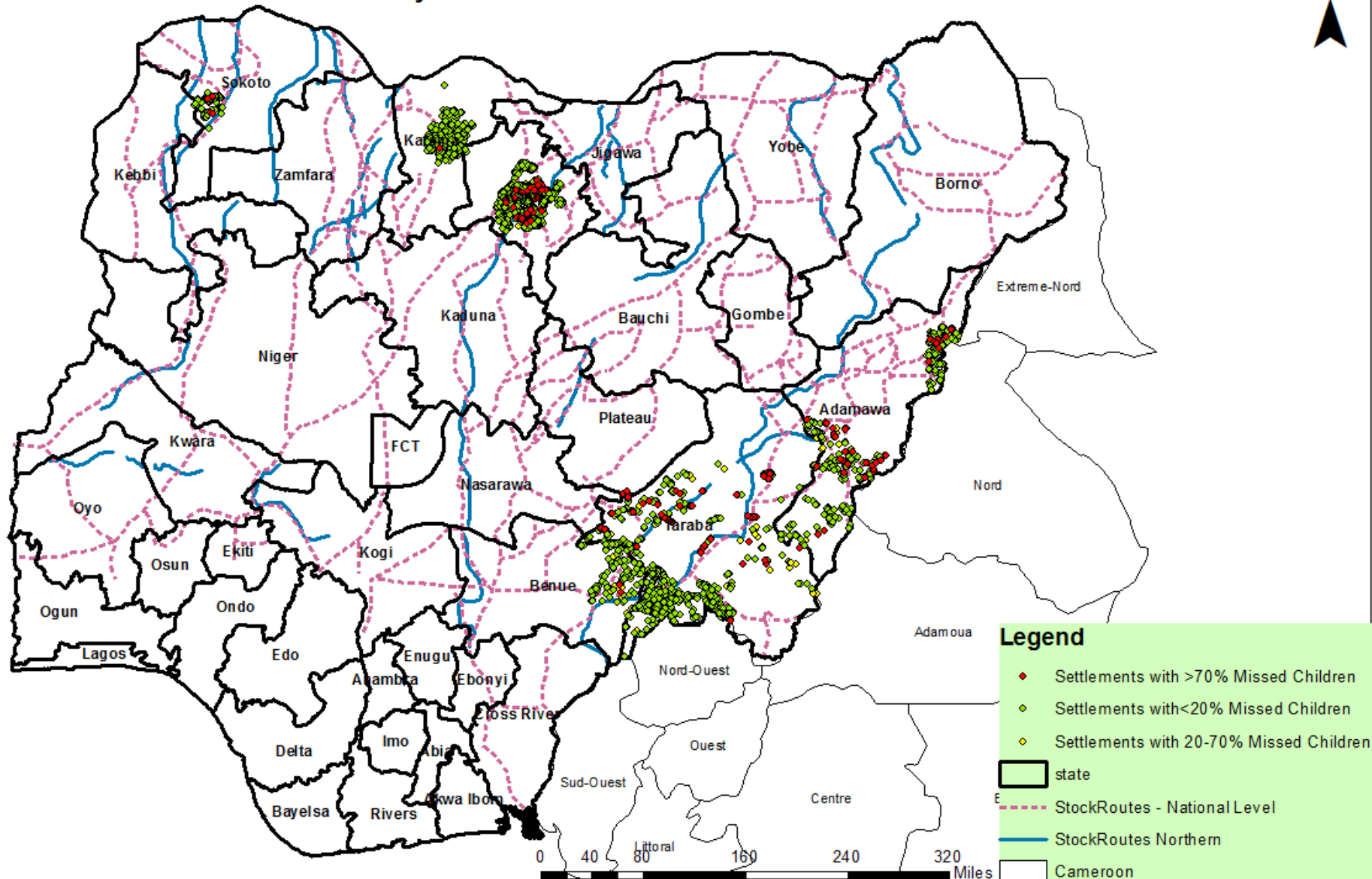
76,238 (8%)

# Strategy: Outreach to Underserved

- Continue outreach based on evolving epidemiology
- Ensure settlements identified in previous exercise continue to be reached
- Repeat enumeration in areas with high population movement

# Underserved Outreach with Stock Routes in January 2014

## January 2014 IPD Outreach Enumeration with Stock Routes



# Summary: Outreach to Underserved

- Enumeration exercise has been completed in > 90% of LGAs in northern states
  - Gaps in Borno and Adamawa
- Ongoing efforts are needed to ensure these communities are reached in IPDs
  - Vaccinator tracking is being used to ensure they are reached.
- Efforts ongoing to bring RI and other primary care services

# Key Issues: Outreach to Underserved

- **Issues**

- Movement of virus with onset of rainy season
- Importation from Cameroun/EG
- RI coverage is low

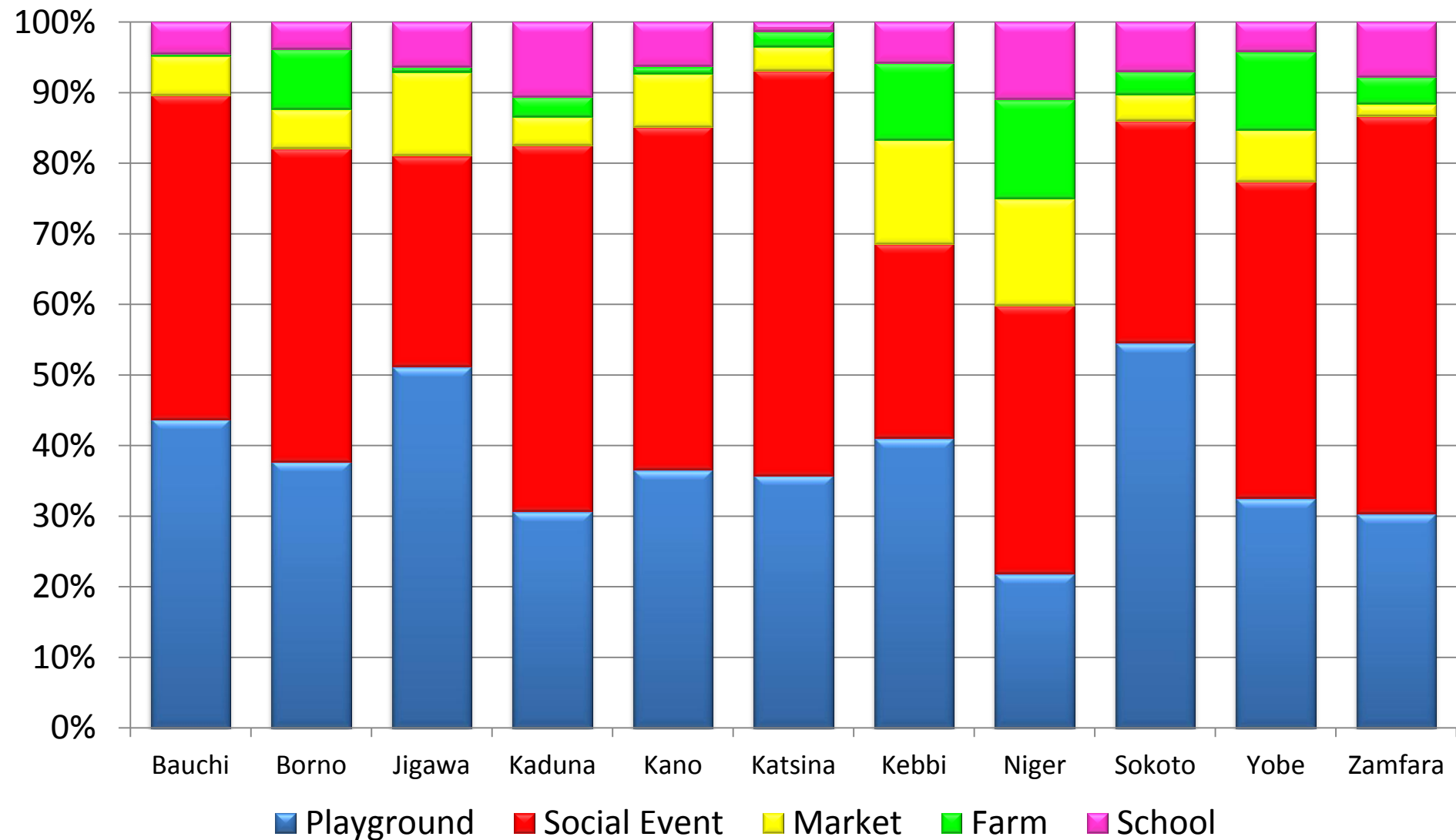
- **Priorities in coming months**

- Increased operational support for RI
- Target moving populations along stock routes, transit points,....
- Southern states (Benue, Cross Rivers)???
- Riverine communities in Bayelsa, Cross Rivers





# Setting the context: Where are the missing/absent children? Reasons for Child Absent by State, HR States, Mar 2014



# What are we doing in Kano?

## Significant scale up of community & household engagement approaches

- Community Volunteer Association members involved (12 LGAs)
- Support from 220 male self help group members
- Engagement of 300 Alarama in 15 LGAs
- 90 members of Community Reorientation Committee engaged
- 220 Jumat mosque imams involved in 44 LGAs – with tracking of mosque announcements
- Scale up of VCMs from 558 to 3558 & CORE group expansion of VCMs by 130 in 4 LGAs
- 3000 viewing centres airing polio/RI messages
- 1200 Women's Self Help groups led by VCMs empowering women in their communities
- Scale up of health camps from March in every LGA

# What are we doing in Borno?

- Regular orientation of Tsangaya school teachers - 80 teachers ahead of April round
- 13 religious focal people coordinating with local mallams
- Distribution of pro-OPV message by bluetooth pairing/sharing by all campaign personnel
- Strong media campaign during/between IPDs
- Scale up of VCMs to 361 including CORE Group
- Scale up of CMAM programme with OPV to provide opportunities during/between campaigns (11 LGAs, 56 sites)
- Expansion of health camps – during/between campaigns in HR areas

# Ongoing mobilization of religious leaders & stakeholders



- Line list of nearly 18,000 religious leaders/koranic school teachers in prioritized LGAs with focused support – now zero non-compliant Koranic schools in Kano
- Religious focal persons engaging local religious leaders, ensuring mosque announcements, resolving Non-compliance
- Religious leaders part of rapid response teams
- Outreach to refusing sect leaders – mapped by LGA

## Ongoing efforts to engage non-compliant sects:

- Produced a video with a positive message from Izala sect leader Sheikh Yakubu Musa (Katsina) for broadcast, pairing/ sharing ahead of April IPD
- 63 sect leaders engaged in Katsina state from this previously NC sect

# Communication plan to support rapid introduction of IPV in Borno & Yobe

- Key approaches
  - Focus on strong communication component within training of health workers, members of communication network (VCMs, FOMWAN, Daawa, religious focal persons, etc)
  - Roundtable discussions with key stakeholders
    - Medical professionals
    - Religious & Traditional leaders,
  - One-on-one meetings with key religious scholars
  - Intensive house-to-house mobilization by communication network
  - Development of appropriate messages based on outcomes of qualitative data

# Addressing community demand & other felt needs through Health Camps

**Provision of a broad package of health services, including RI in very high risk LGAs with high non-compliance/access issues:**

- Initial focus on 70 prioritized LGAs (EOC-WHO-CDC-Global Goods ranking June 2013) & selected wards with high non-compliance
- 365 health camps in September 2013
- Expanded to 1200 camps in April (EOC, government, BMGF supported camps)
- Health camps in areas with access challenges in between campaigns as an opportunity



**Mothers queuing at a health camp in Borno, April 2014**

# Expanding the network for strong household & community engagement during & in between campaigns



- >9000 female mobilizers now operating in 9000 high risk settlements in 10 states
  - 417 additional in Borno & Yobe (CORE)
- 216 religious focal persons facilitating access to >17,000 local religious leaders, teachers with members of LGA team
- 1315 polio survivors supporting engagement during & in-between campaigns

# New tools being used to share positive messages

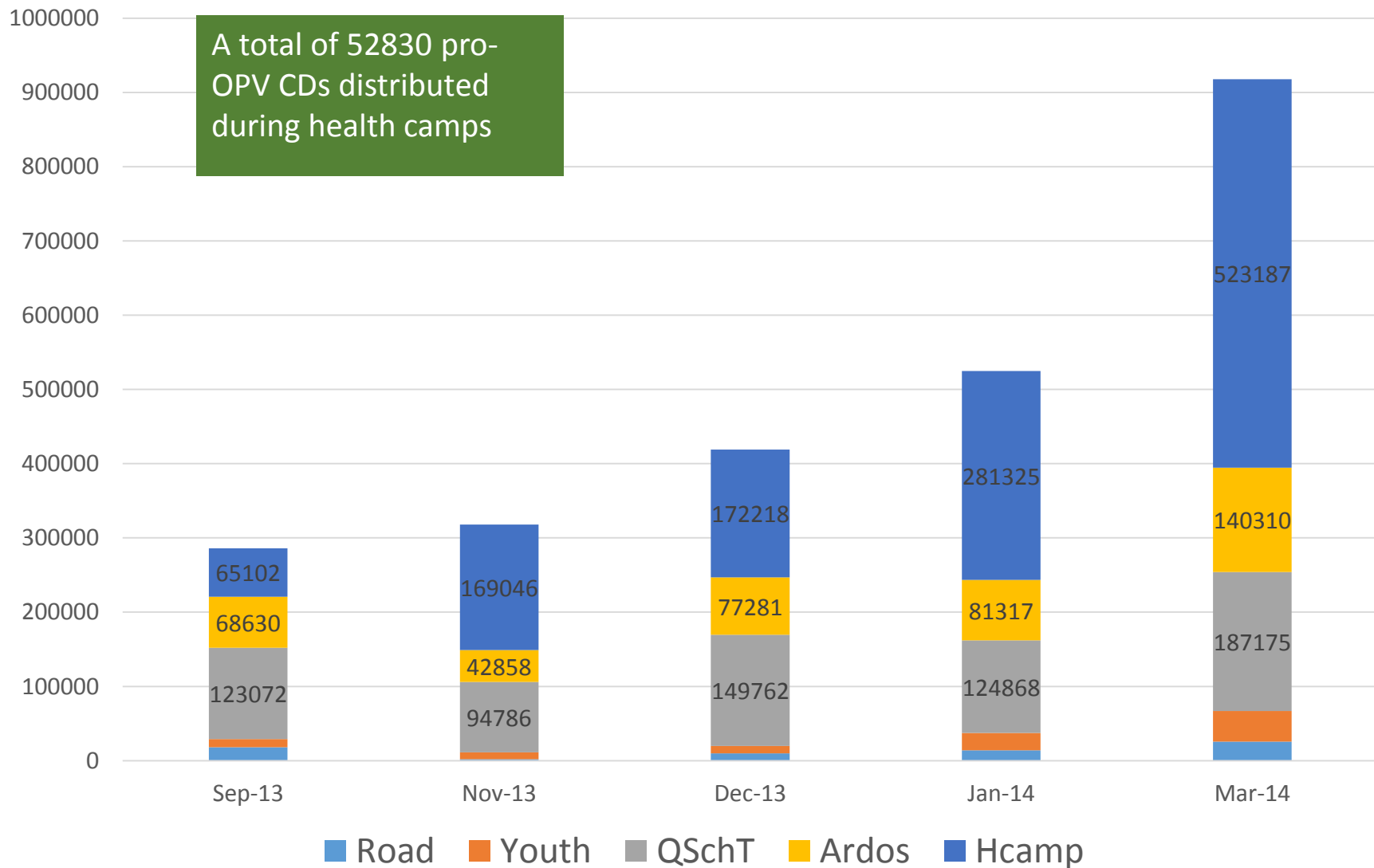
## Bluetooth pairing & sharing



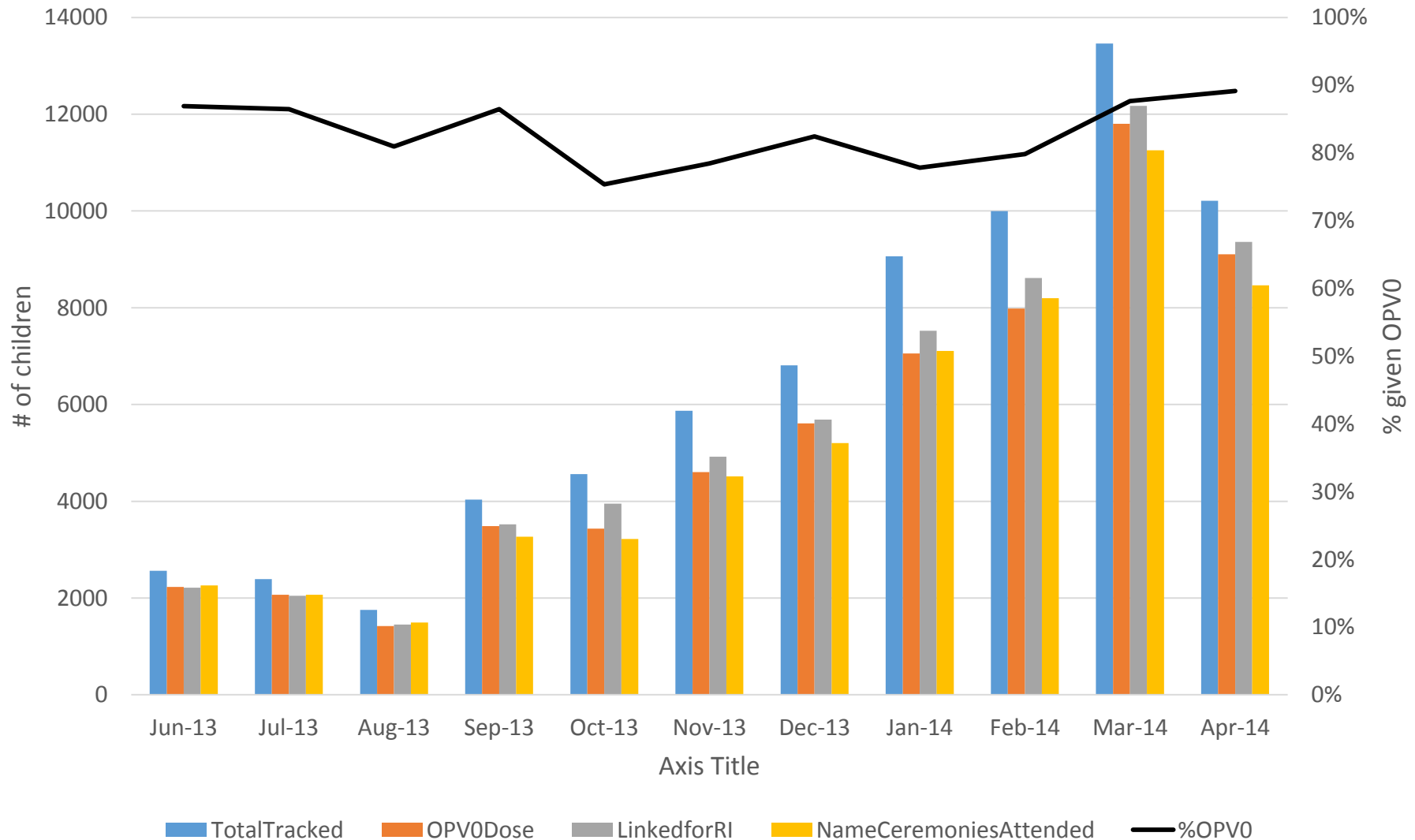
- Pro-OPV videos & songs converted to MP3/4
- Mobilization & campaign personnel have messages on their phones
- Sharing/pairing of messages in communities
- In Kaduna alone, an average of 1,000 videos and songs are transferred daily



# Numbers of children given OPV by various groups during demand creation activities



# Number of new births tracked by VCMs & OPV zero dose given, 10 HR States



April data is up to 17/04

# Setting the context: Summary of Preliminary Polling research Data

	Measure	Borno	Kano	Other
Awareness	Q3. Aware of polio	97%	98%	99%
	Q13. Giving polio drops to children is a good (very/somewhat) idea	88%	94%	96%
Demand	Q23. Child received drops at last round (among those who said vaccinators came) <sup>1</sup>	84%	96%	96%
	Q12. Intend to give child the drops – every time offered	68%	59%	66%
Coverage	Q20. Vaccinators came to home last round	78%	95%	95%
Underlying Beliefs	Q23. Child definitely received drops at last round	66%	91%	91%
	Q8. Believe paralysis is curable	38%*§	25%	24%
Views of Drops	Q15. Belief child needs drops every time offered	65%	72%	69%
	Q16. Heard any destructive rumors	47%*§	23%	33%
	Q17. Believe any destructive rumors (Completely/somewhat true)	4%	3%	5%

n=388 Borno; 507 Kano; 1734 All Other States

<sup>1</sup>n=302 Borno; 480 Kano; 1645 All Other States

||=statistically significantly greater than Borno

\*= statistically significantly greater than Kano

§=statistically significantly greater than All Other States

*Please note that wording is approximated from full questions; final numbers may be refined through further analyses*

# Setting the context: Summary of Preliminary Polling Data

	Measure	Borno	Kano	Other
Views of Frontline	Q27. Trusted vaccinators a great deal	47%	66% <sup>  </sup>	70% <sup>  </sup>
	Q32. Vaccinators were very knowledgeable	43%	62% <sup>  </sup>	60% <sup>  </sup>
	Q31. Vaccinators were very respectful	49%	70% <sup>  </sup>	72% <sup>  </sup>
	Q33. Vaccinators cared about child a great deal	43%	64% <sup>  </sup>	67% <sup>  </sup>
	Q29. Vaccinators included children/teenagers	16%	12% <sup>  </sup>	13% <sup>  </sup>
	Q28. Vaccinators were from the neighborhood	29%	38%	46% <sup>  </sup>
Views of Program	Q38. Local health organization is responsible for vaccinators in neighborhood	22%	24%	22%
	Q38. International organizations are responsible for vaccinators in neighborhood	17%	22%	28% <sup>  </sup>
Direct Communication	Q22A. Knew vaccinators were coming ahead of time	20%	55% <sup>  </sup>	61% <sup>  </sup>

n=388 Borno; 507 Kano; 1734 All Other States

<sup>||</sup>=statistically significantly greater than Borno

\*= statistically significantly greater than Kano

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