

Nigeria Country Update



**Meeting of IMB
7-8th May, 2013
Government of Nigeria**

Contents

- **Situational update**

- **What have we done since the last IMB meeting?**

- What has been the result?

- Challenges

- Conclusion and next steps

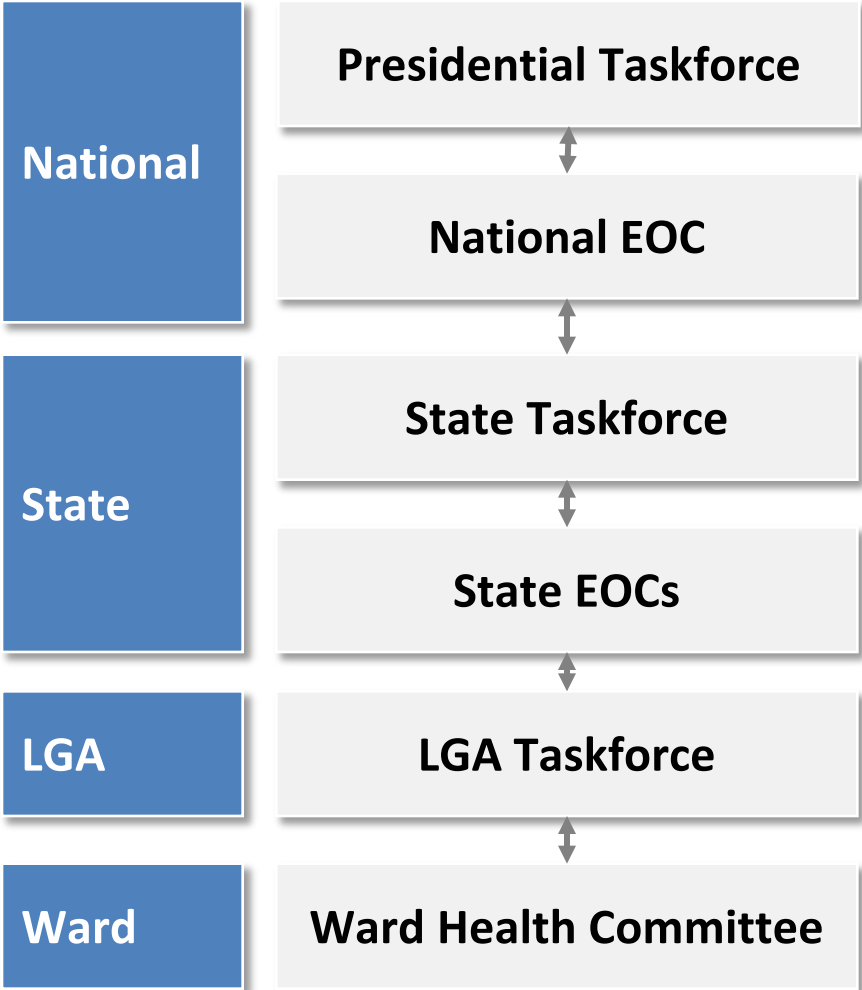
Sustained Political Commitment



- **Financial commitment of \$60 million** (\$30 million annually for 2 years) fully disbursed from the Federal Govt. for 2012-2013
- **Additional financial commitment of \$30 million for 2013** from Mr. President
- **President has held several meetings with state governors and LGA chairmen** on multiple occasions to emphasize the importance of polio eradication in the country

Coordinating mechanisms deployed

- Increased **oversight by political and traditional leaders**
 - Ongoing work of **Presidential Task Force, State and LGA Task Forces**
 - Strengthening of **Northern Traditional Leaders Committee (NTLC)**
- Establishment of the **National Polio Emergency Operations Centre (EOC) in Abuja** and **5 State EOCs** in Borno, Kaduna, Kano, Katsina, and Sokoto with cross-agency ownership (NPHCDA, WHO, UNICEF, CDC)



Some examples of coordinated state and LGA support

Advocacy to political, traditional, and religious leaders

- Meeting between Governors of High Risk (HR) States and Chairmen of poor performing LGAs
- Visit by the Chairman of the PTFoPE and ED/NPHCDA to poor performing states and over 60 LGAs
- Renewed engagement of traditional leaders in the supervision of IPDs and resolution of non-compliance (including MOU to ensure ownership and accountability for PEI)



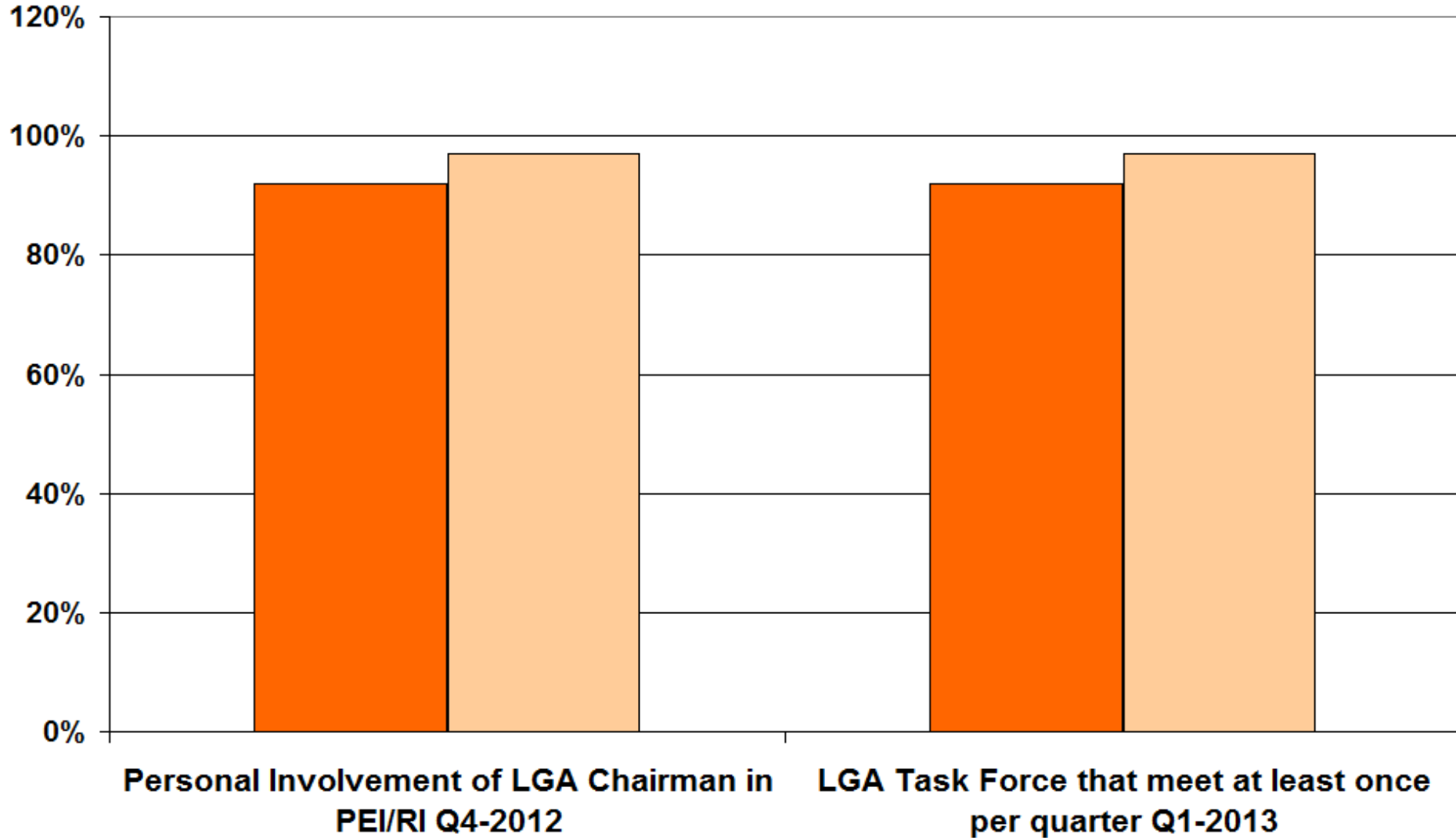
Field visits to increase team motivation and prioritize strategies

- Recognition of strong campaign performance
- LGA workshops with 49 persistently low performing LGAs in 11 HR states to problem solve root cause issues and prioritize strategies in High Risk Operational Plans
- Tours of hard to reach areas including international borders and nomadic settlements (e.g. customs border station in Jibia, Katsina)
- Management support teams with representation across partner agencies sent to highest risk LGAs



Improving programme ownership at LGA level

Abuja Commitment Indicators in the 11 HR states, Q4 2012 – Q1 2013



HR States: Katsina, Kano, Kaduna, Borno, Sokoto, Zamfara, Bauchi, Jigawa, Niger, Yobe, and Kebbi

PEI infrastructure supports the acceleration of RI in VHRs LGAs

NOT EXHAUSTIVE

Complementary use of infrastructure

- **Review of existing micro-plans** in health facilities, supplemented with GIS
- **Adaptation of cold chain** for outreach services
- Positioning of outreach sites based on Polio and non-polio SIAs

Coordination with existing scheduled opportunities

- **Coordination meetings** to ensure integration
- **Vaccination** at motor parks, markets, nutrition/therapeutic feeding centres, transit points, ceremonies, non-polio SIAs

Permanent vaccination teams in borders

- **Cross-border coordination meetings** to ensure synchronized activities and functional fixed post sites
- **Vaccination at fixed posts**

In-between round communication activities

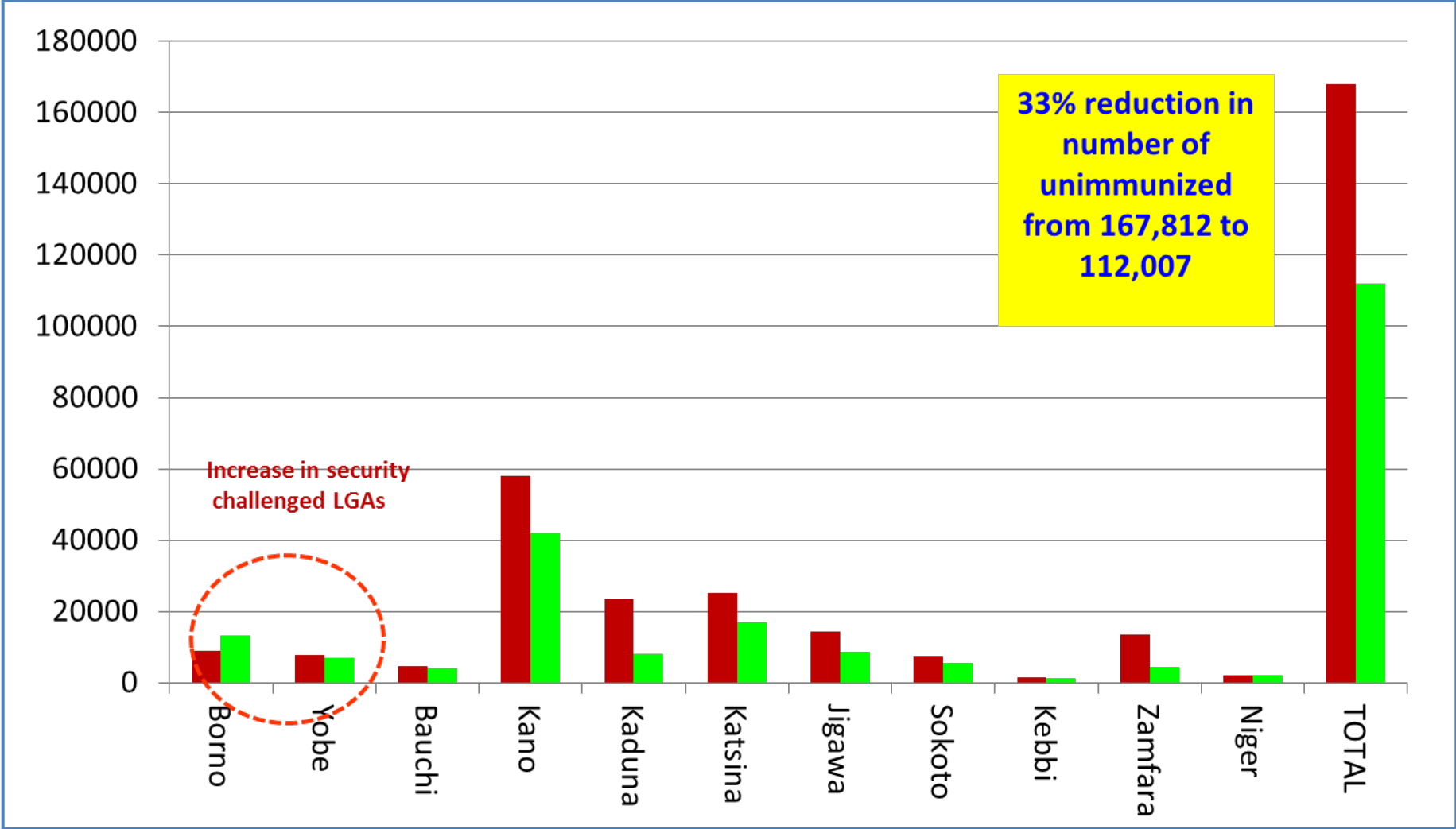
- **Community mobilization** and linkages for planned sessions

There was a 33% reduction in the number of unimmunized children

Number of children

■ Q1 2012 ■ Q1 2013

Reduction in number of unimmunized children in 107 VHR LGAs by State, Quarter 1, 2012 / 2013

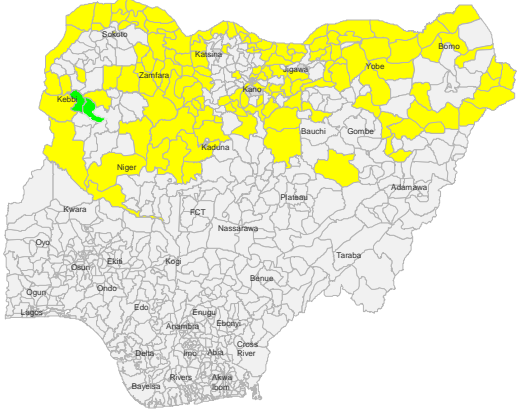


SIAs are ongoing in 2013 to ensure progress toward eradication

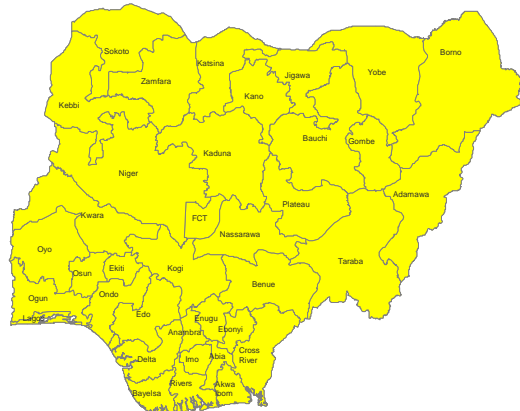
Non Implementing State due to insecurity
 State not participating in round
 tOPV
 bOPV

Rounds conducted in 2013

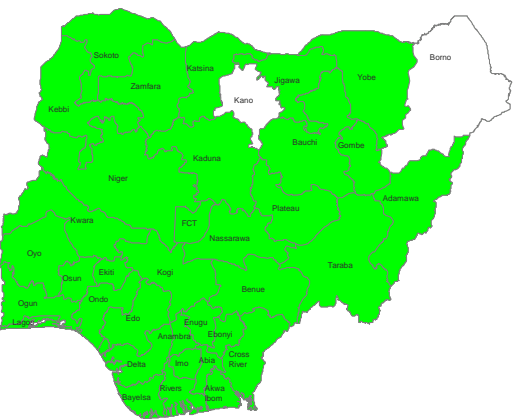
Jan'13
Special rounds for underserved



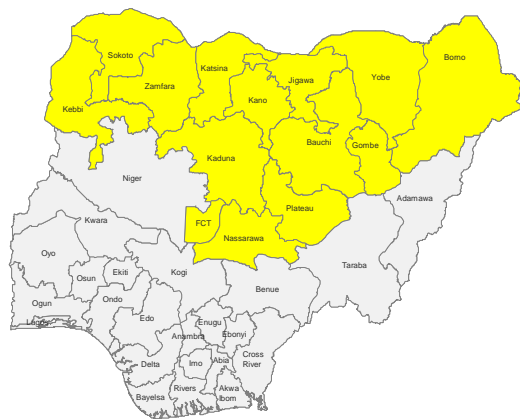
Feb'13
NIPDs



Mar'13
NIPDs



Apr'13
SIPDs



Future 2013 scheduled rounds

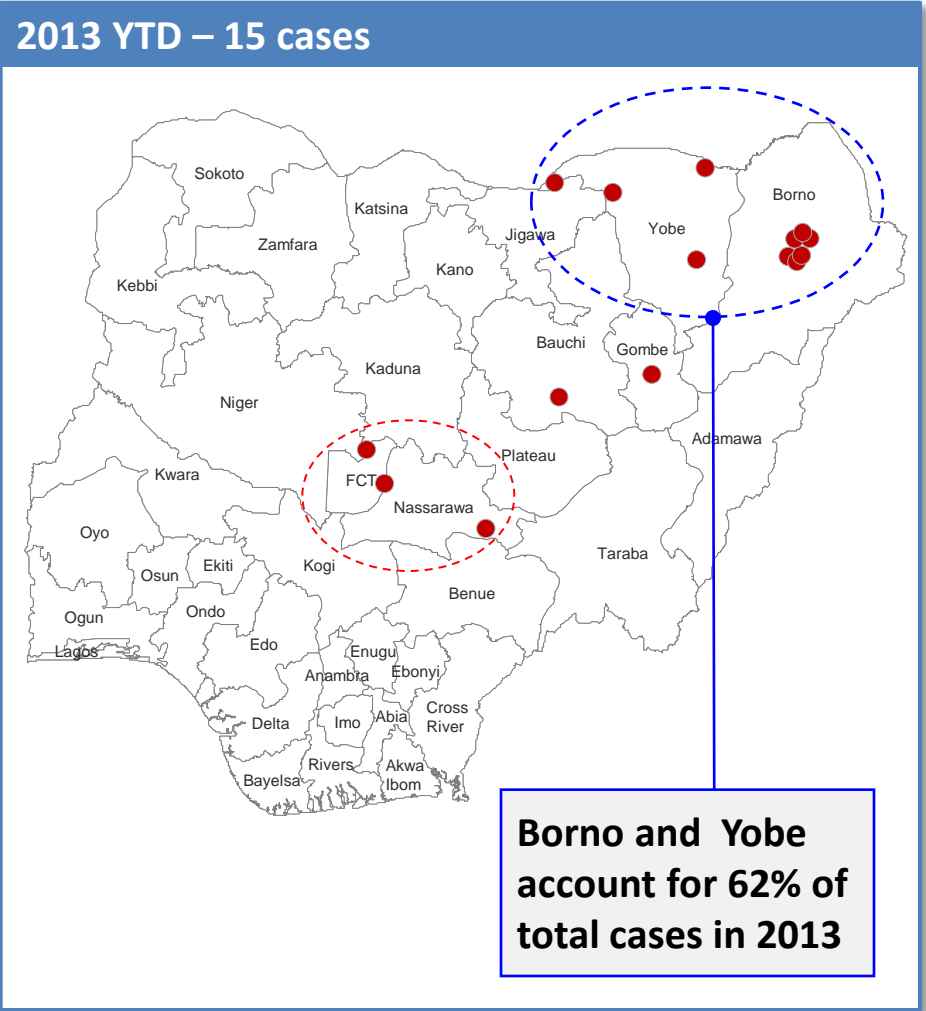
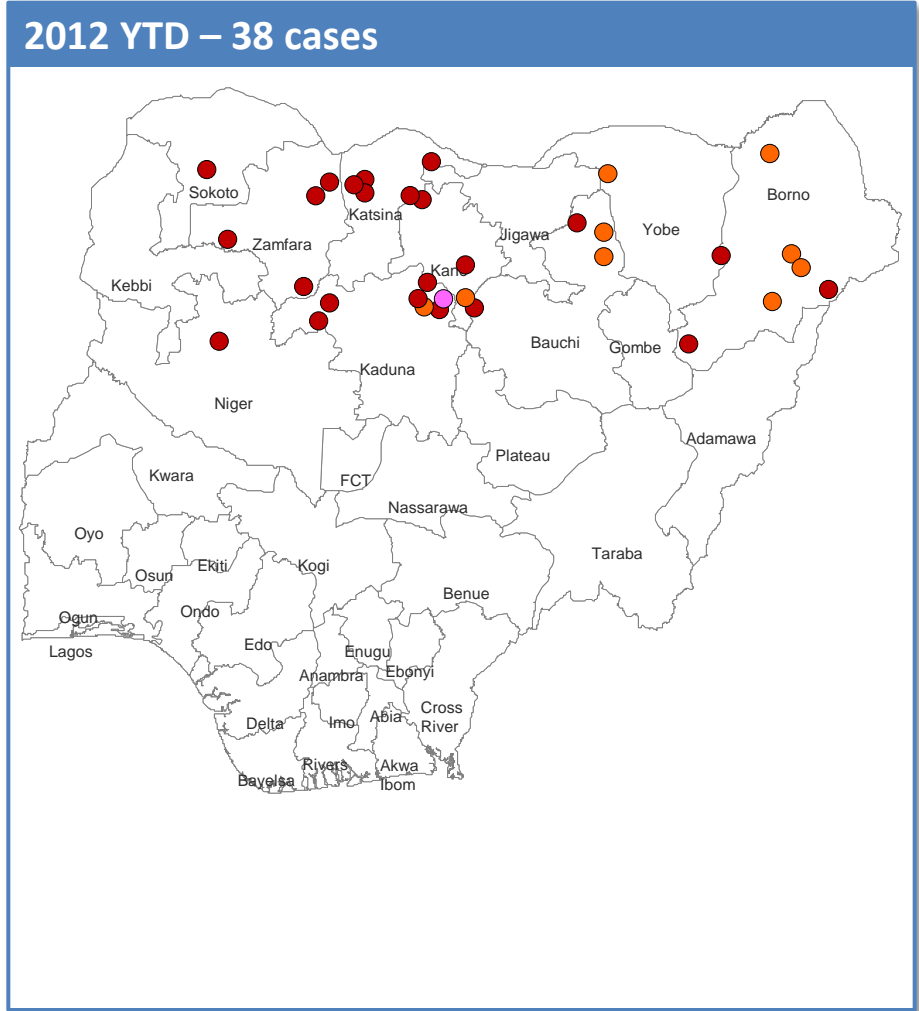
Dates	Activity
11-14 May	SIPDs
15-18 Jun	Special rounds in underserved communities
6-9 Jul	SIPDs
7-10 Sep	SIPDs
12-15 Oct	SIPDs
9-12 Nov	NIPDs
14-17 Dec	Special rounds in underserved communities

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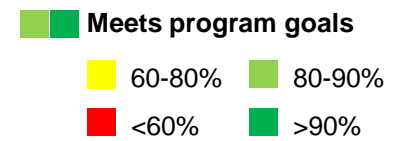
- **Situational update**
 - What have we done since our last meeting?
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There have been a 60% reduction in number of cases compared to the same period in 2012

- WPV1
- WPV3
- cVDPV2

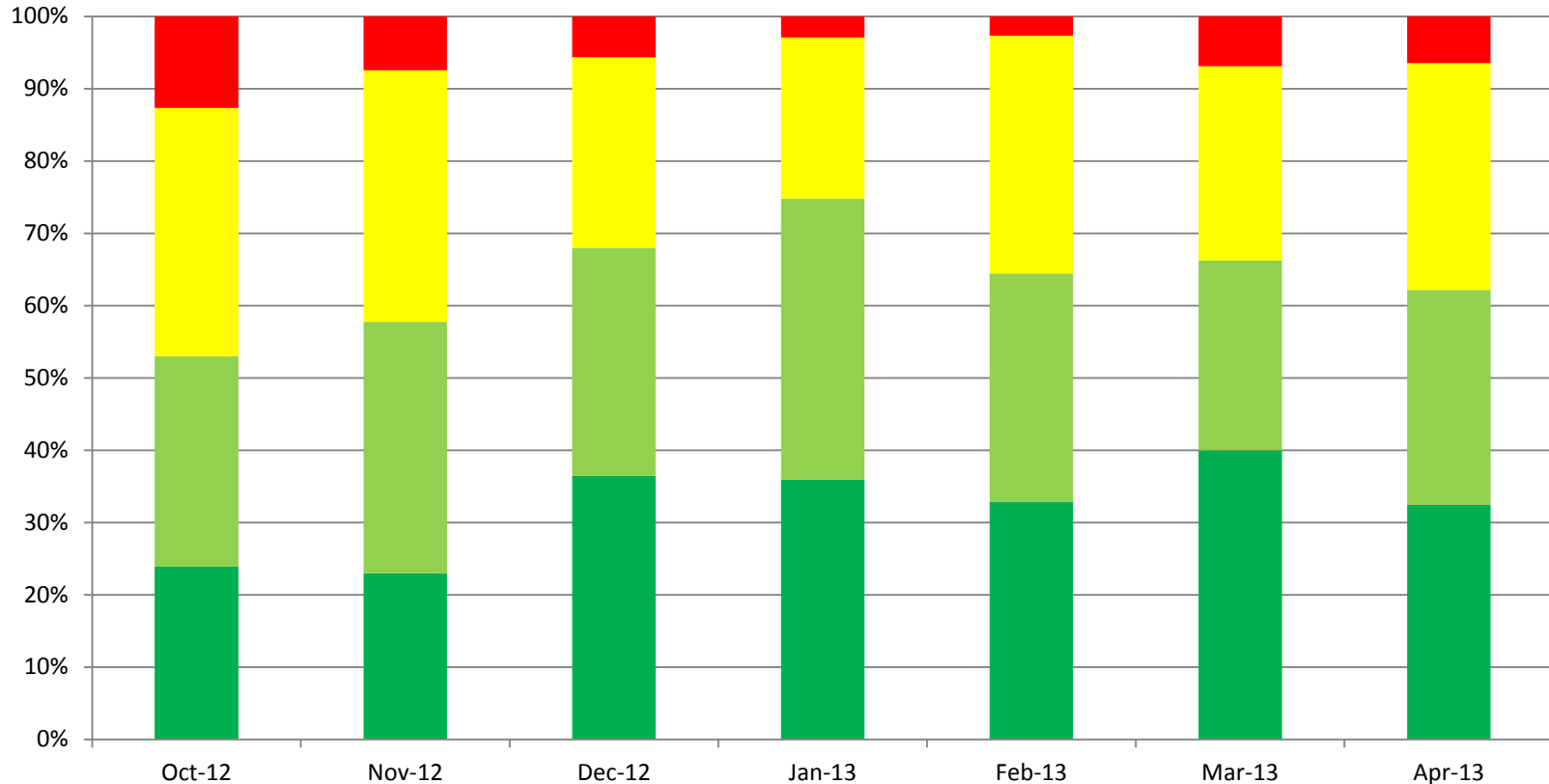


Overall, IPDS coverage has increased in the HR States From 35% in May 2012 to 62% in April 2013



LQAS Performance trend from October 2012 – April 2013

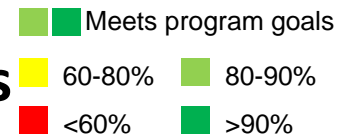
Percent of LGAs attaining specified vaccination coverage band



LGAs sampled are from HR states (Bauchi, Borno, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe, Zamfara) as well as FCT and Nasarawa

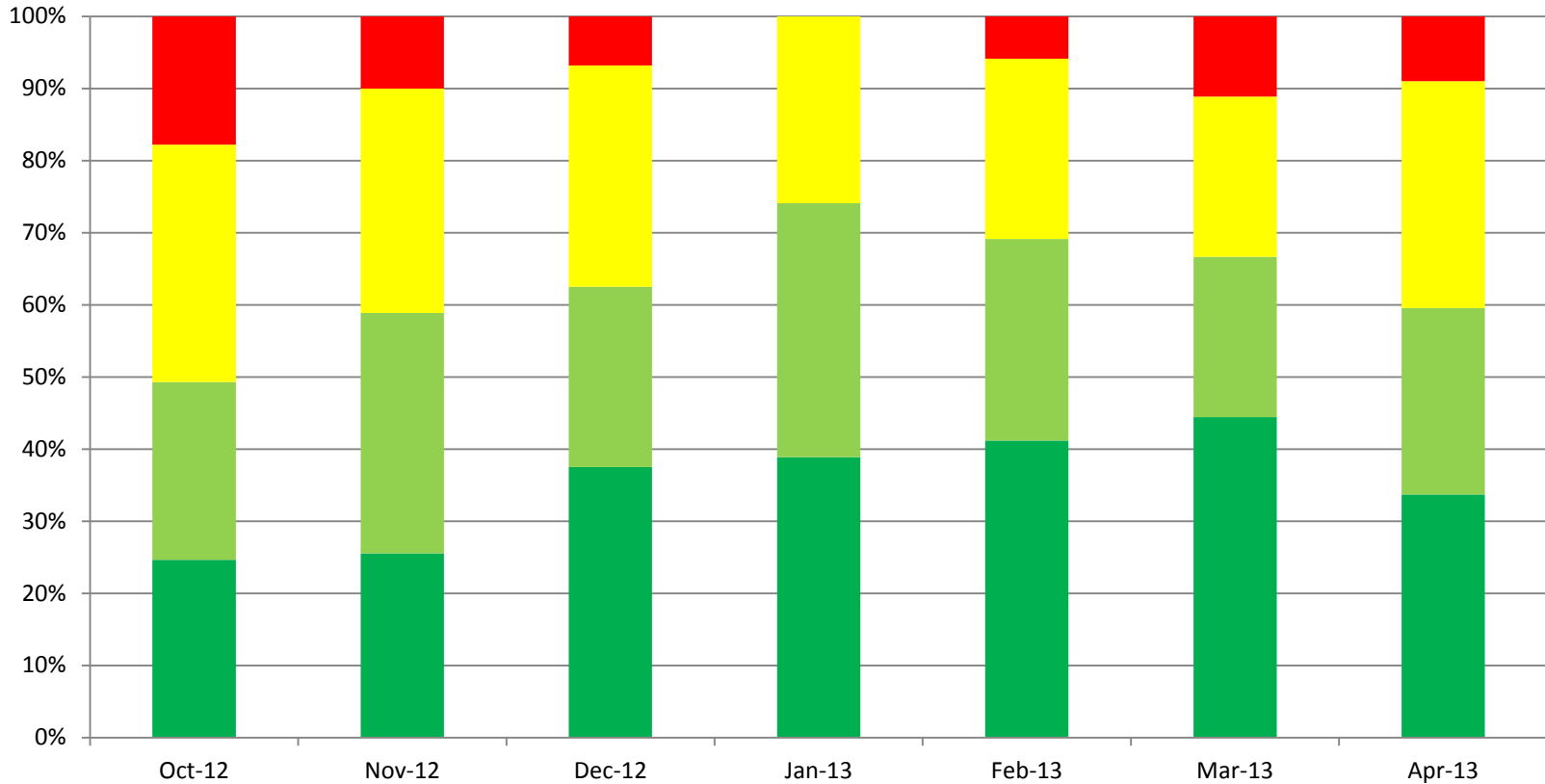
SOURCE: LQAS

IPDS Coverage has steadily increased in the 107 VHR LGAs



Performance trend from October 2012 – April 2013

Percent of VHR LGAs attaining specified vaccination coverage band

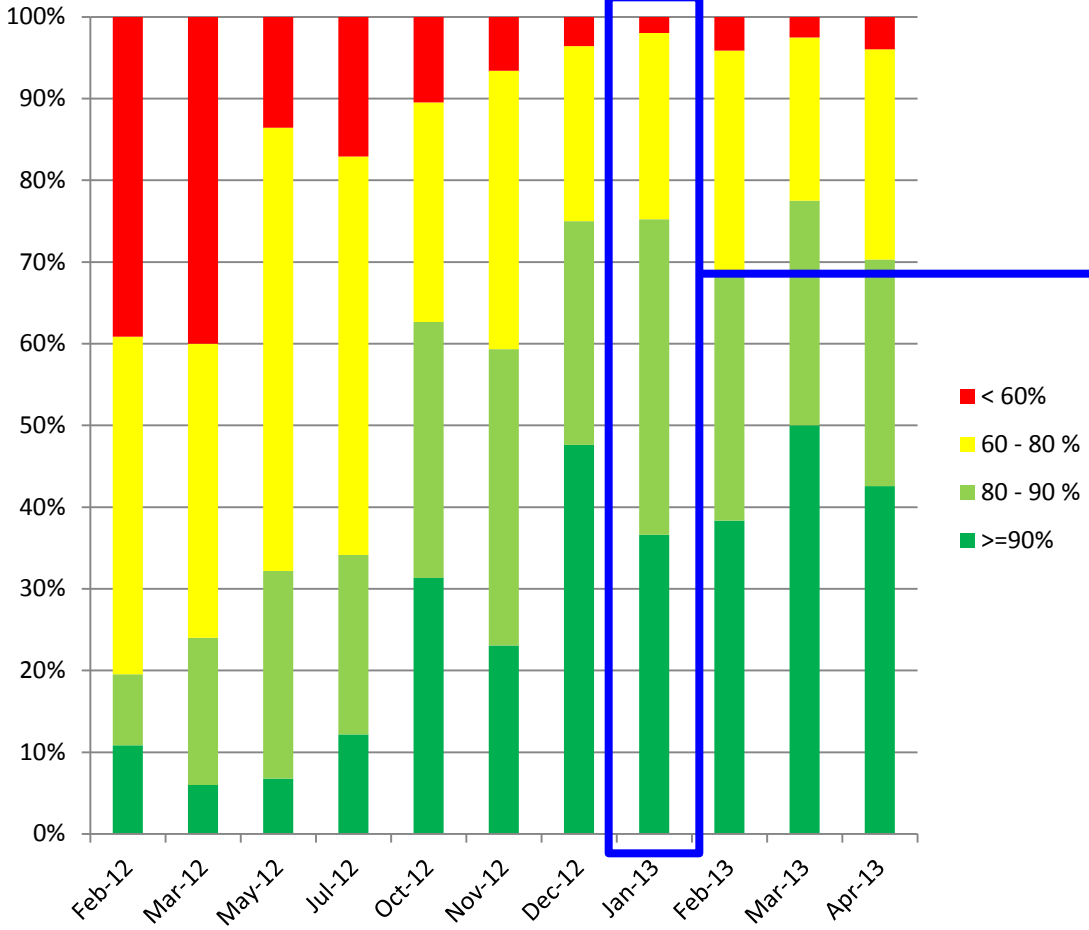


107 VHR LGAs sampled from the 13 major states include the 11 HR states (Bauchi, Borno, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe, Zamfara) as well as FCT and Nasarawa

...And coverage in LGAs with underserved communities is increasing

LQAS COVERAGE IN UNDERSERVED LGAs HAS INCREASED OVER THE LAST 12 MONTHS

Percent of LGAs that attained specified vaccination coverage band



Activities to reach underserved populations

- Landscape analysis and enumeration activities
- Community outreach and leadership engagement during IPDs
- Special rounds targeted at high risk underserved communities (e.g. January 2013)

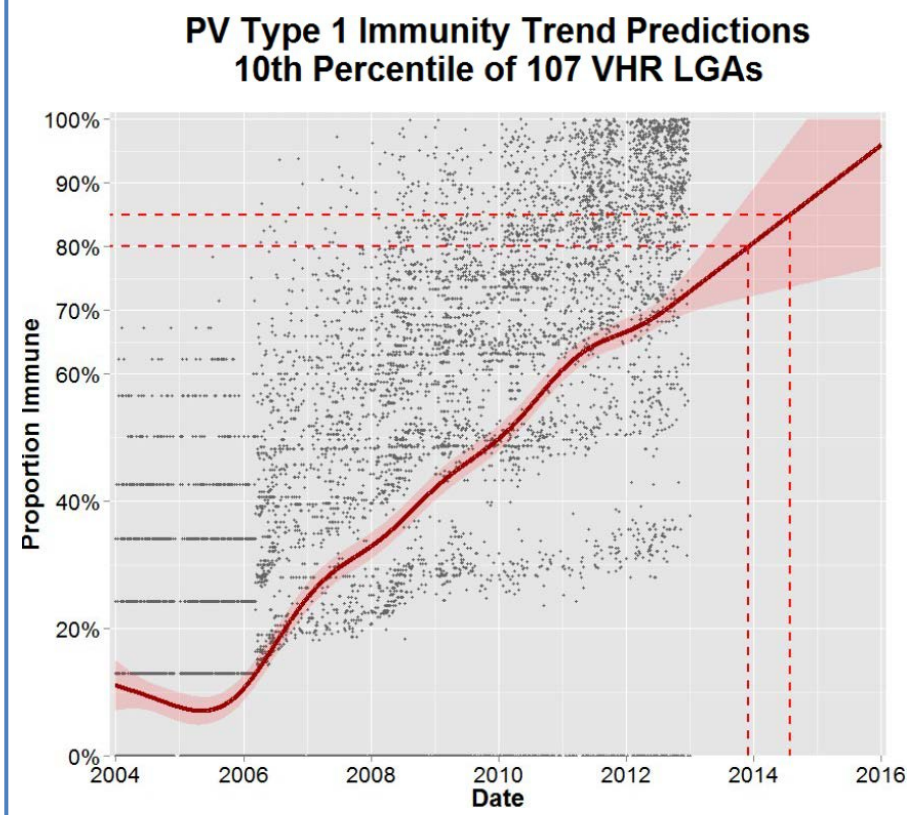


Population immunity is improving

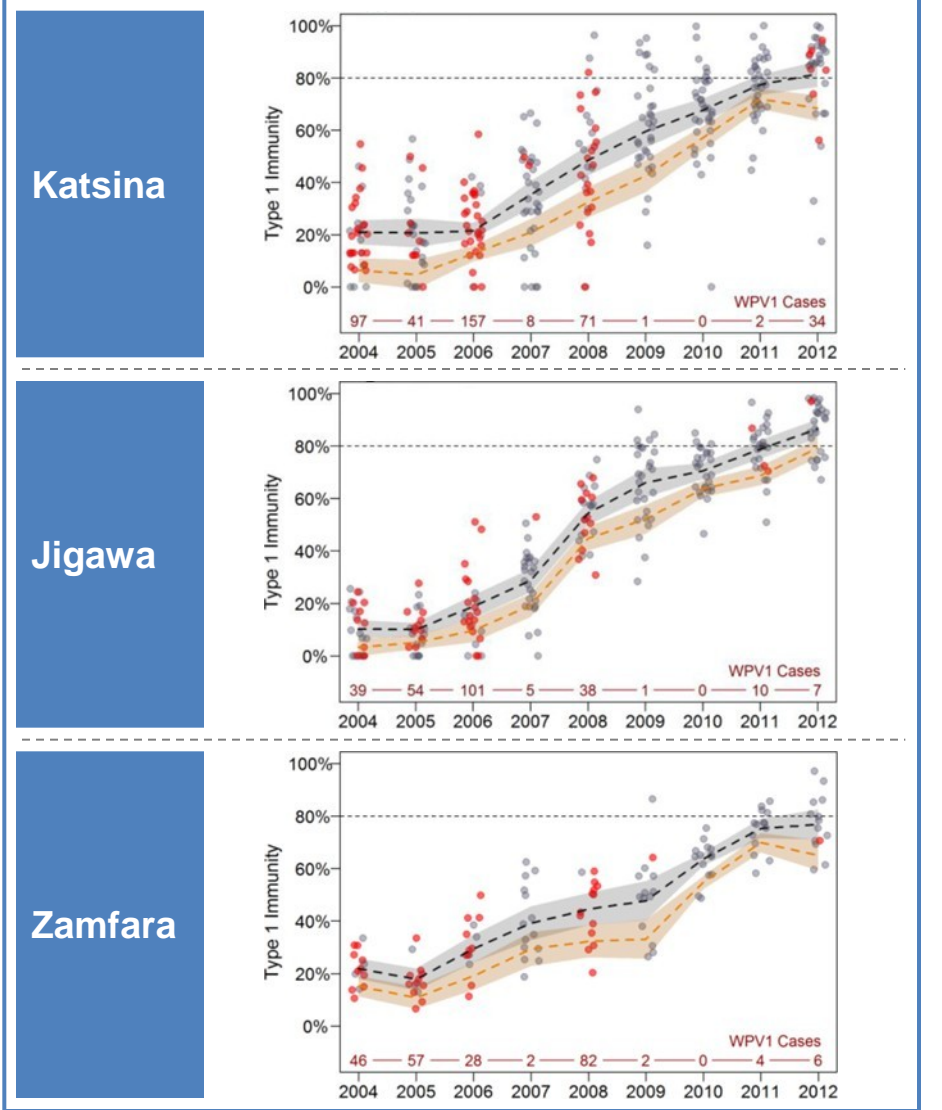
50th perc. ● ≥ 2 cases
 10th perc. ● ≤ 1 case

Projected elimination of WPV1 and WPV3 by end of 2014

Projections of immunity based on non-polio AFP data



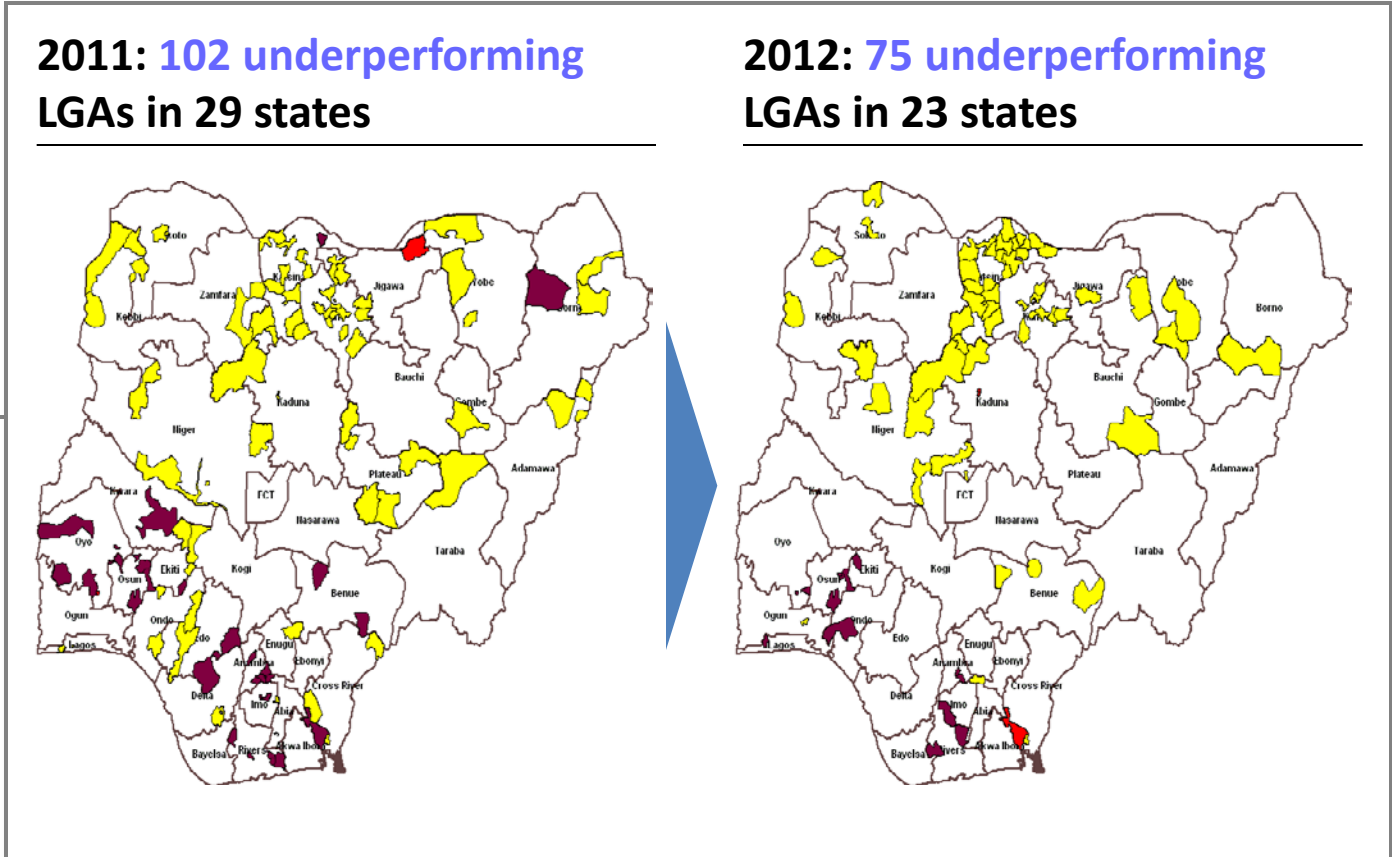
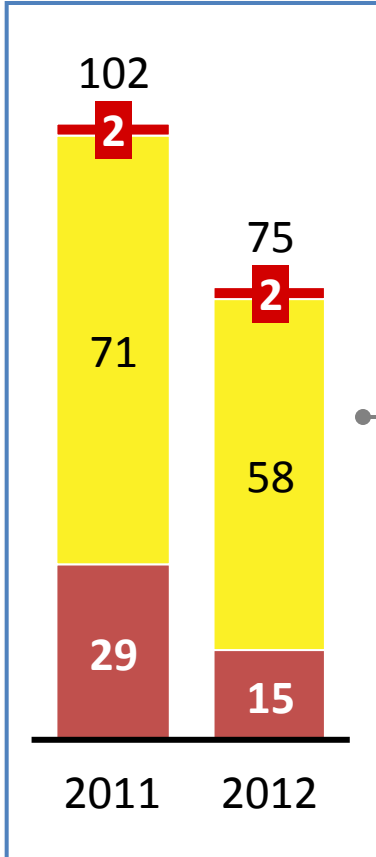
Examples of Northern state performance



SOURCE: Global Good Q1 Report

AFP surveillance is improving

- Low NPAFP and % Stool Adequacy (<80%)
- Low NFAFP (<2)
- Low Stool Adequacy (<80%)



31 of the 75 (41%) underperforming LGAs in 2012 with surveillance gaps are among the 107 VHR LGA

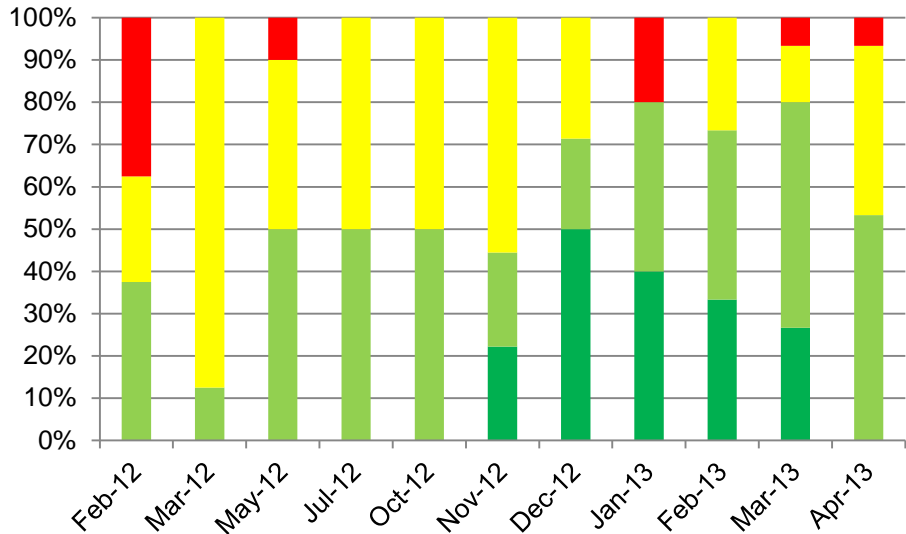
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 - **Access to children in security challenged areas**
 - Community demand/ acceptance of the polio vaccine
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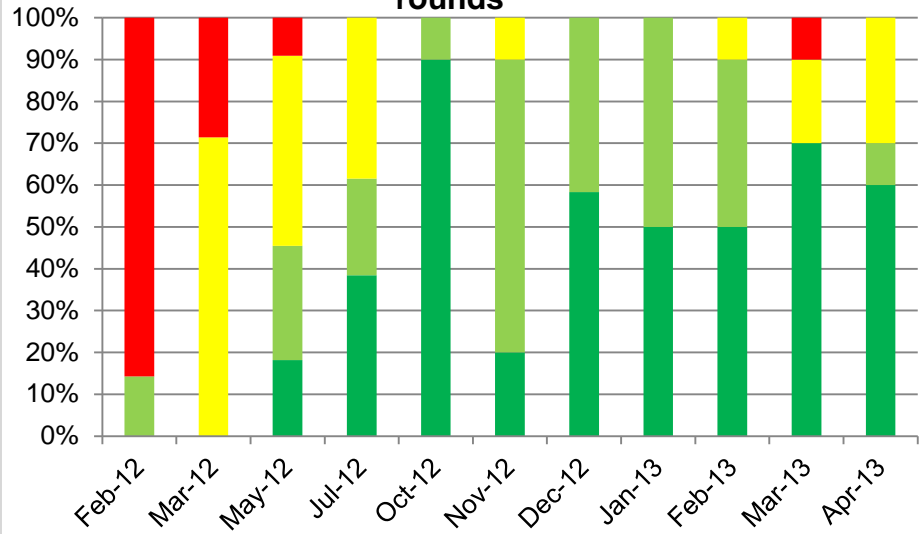
States with declining IPDS performance in the last 3 rounds

- >90%
- 60-80%
- 80-90%
- <60%

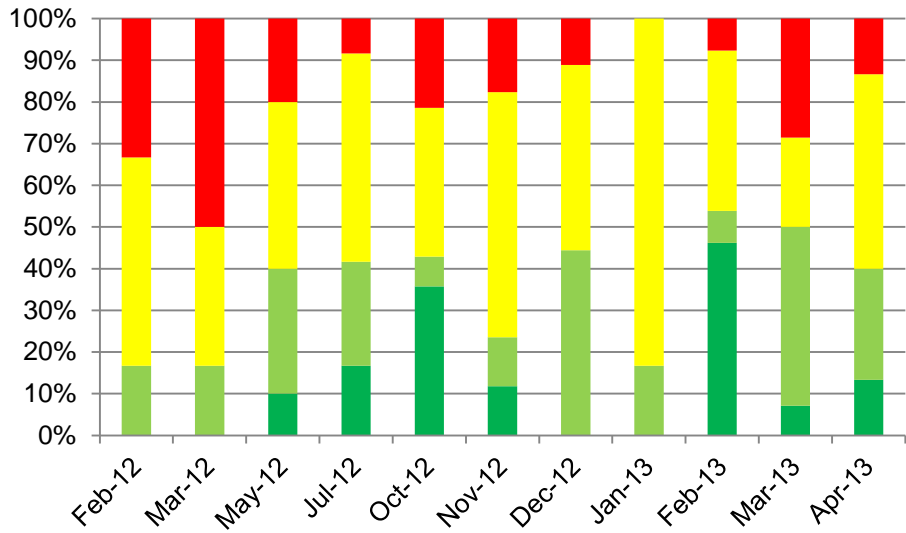
KEBBI: Has seen a decrease in 80% coverage from March to April, and over the last 3 rounds



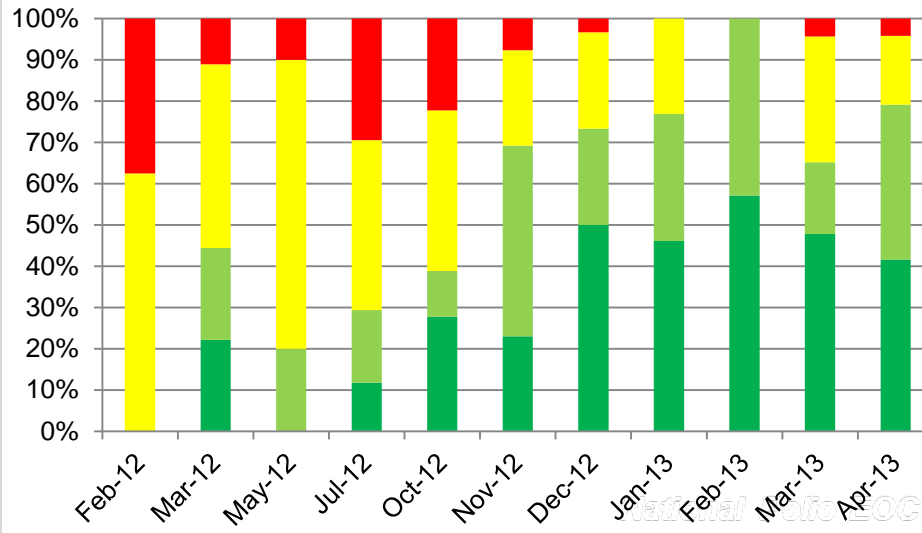
BAUCHI: Proportion of LGAs reaching >80% is high at 70%, but has decreased in the last 3 rounds



KADUNA: 80% coverage performance has steadily declined in 2013

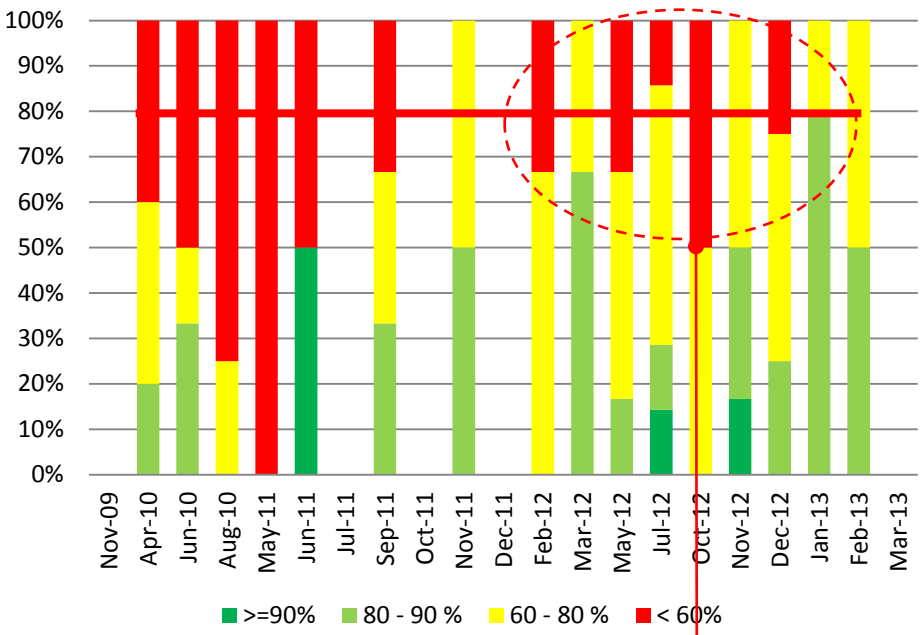


KATSINA: Performance improved from March 2013, but lower than the peak in Feb 2013

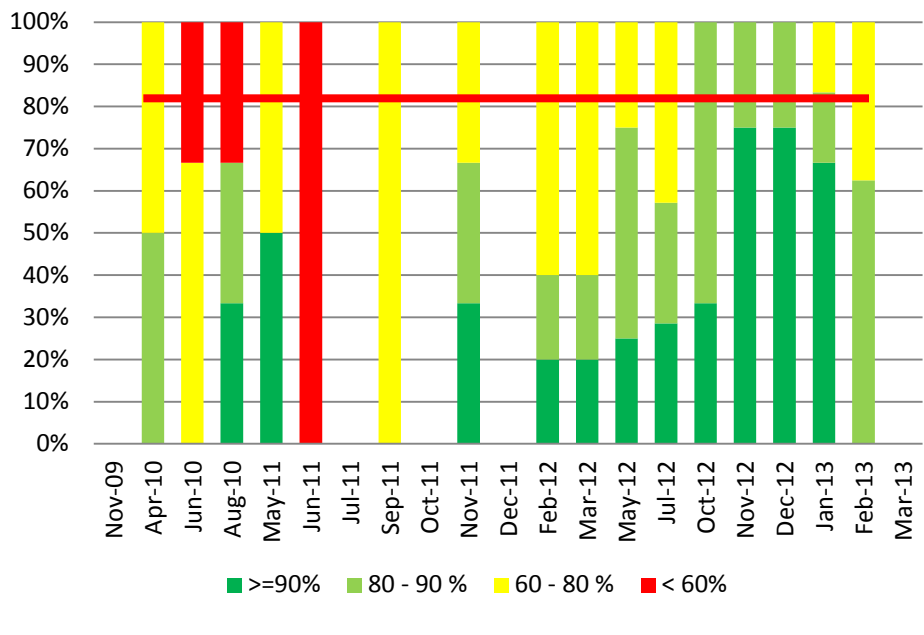


Declining IPDs coverage in security compromised LGAs of Borno state

Security compromised LGAs



Non - security compromised LGAs



Inaccessible children during consecutive rounds of IPDs...HOW DO WE REACH THEM WITH VACCINES?

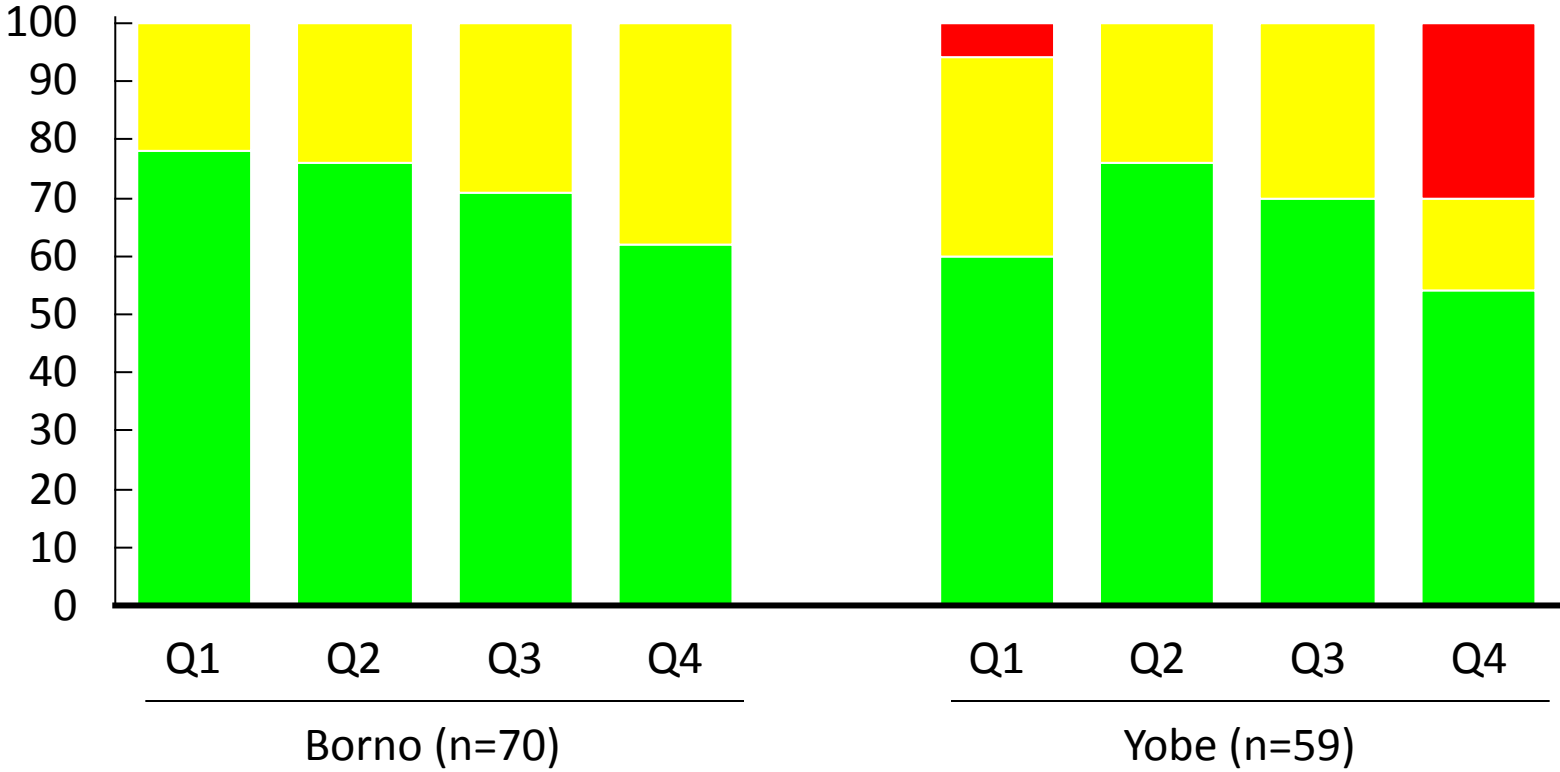
Population immunity in Borno and Yobe is declining



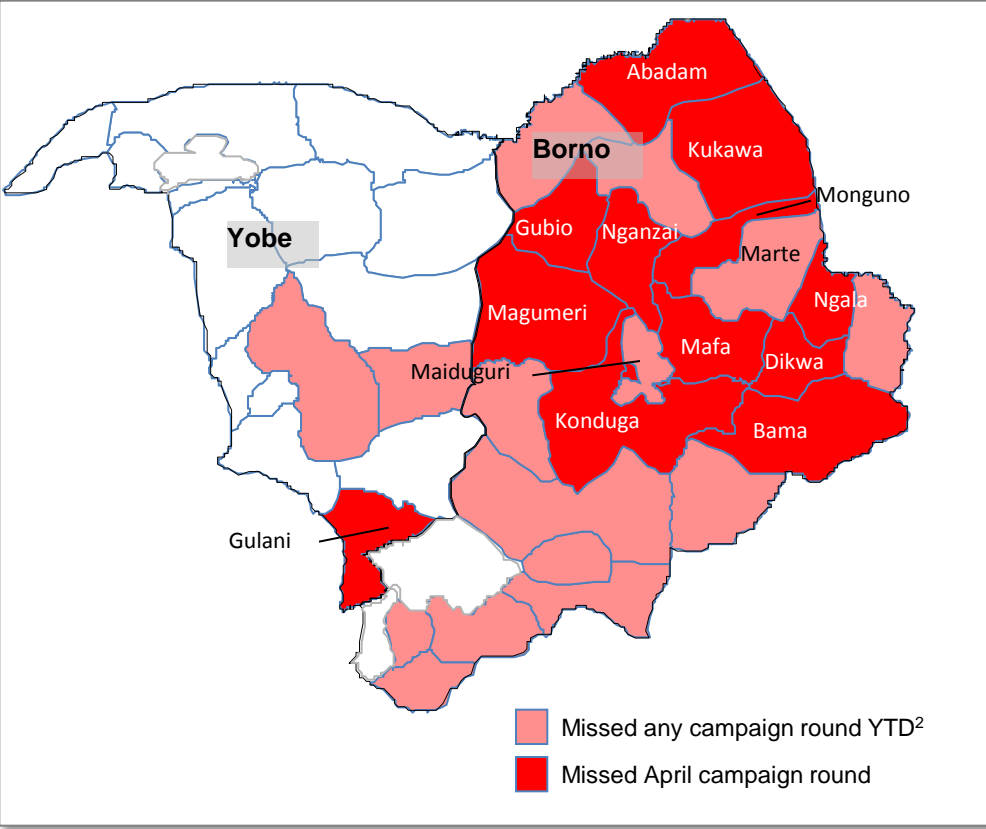
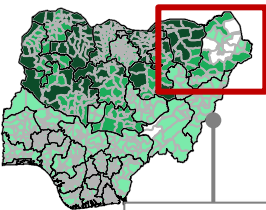
Population immunity has declined in Borno and Yobe – 10 cases

OPV status of Non-Polio AFP cases (2012)

Percent of children aged 6-35 months



Areas with missed/Inaccessible children in Borno and Yobe states



Missed children in security compromised areas, April 2013

State	LGA	Ward(s)	Missed children ¹ (% of target pop)
Borno	Bama	All	6,800
	Dikwa	All	26,800
	Gubio	All	38,000
	Konduga	All	39,600
	Kukawa	All	51,500
	Mafa	All	26,200
	Magumeri	All	35,400
	Monguno	All	27,800
	Ngala	All	59,900
	Nganzai	All	25,200
	Abadam	Arge	20,100
		Busuna	4,900
		Kessaa	3,200
		Kudo Kurgu	6,700
		Maiduguri	Bolori II
Total Borno			337,900 (32%)
Yobe	Gulani	All	26,300
	Total Yobe		
TOTAL - Borno and Yobe			364,200 (22%)

1 When entire LGA is missed, population figures are derived from the 2006 National provisional census (adjusted by population growth rate), however, because the census does not have ward-level data, WHO settlement data is used for ward populations

2 Other missed areas in 2013 include: Kano and selected LGAs in Kwara and Taraba

Yobe state: Bade LGA and EOC team team developing HROP to improve access to missed children



.....and Machina LGA and EOC team developing HROP to improve access to missed children



Addressing unmet health needs of communities and linkage to PEI



Free Drugs by NPHCDA



Potable water supply



Integrating OPV & MCH



Provision of Bed nets

- Provide **pluses** – e.g., soap, ORS, deworming tablets, vitamin A, milk sachets are being provided to during the May IPD
- Providing bore holes in communities that have identified water shortage as one of their felt needs
- Integrating OPV campaigns with measles, Men A and Yellow Fever campaigns; OPV administered at fixed posts during campaigns
- Distribution of bed nets as pluses during IPDs and as incentive for mothers to complete immunization

Interventions to reach inaccessible children in security compromised areas

Held Technical session in Borno and Yobe state to...

- Develop action plan to reach missed children
- Evaluate security risk at ward level and classify LGAs and wards as **High/Medium/Low** level of security concern with specific interventions

... to align and follow-up on interventions for high and medium security risk levels

- **FREE DRUGS:** Bundle polio vaccination with **free Maternal, Neonatal, and Child Health (MNCH) services and essential drugs** in health care facilities
- Provide **pluses** – e.g., soap, ORS, deworming tablets, vitamin A, milk sachets will be provided to 2 health facilities per ward in 18 LGAs (13 in Borno and 5 in Yobe) during the May IPD
- Reactivate **LGA Development Committees / Ward Development Committees / Village Development Committees**
- Set up **Permanent Polio Teams and scale up VCMs** including immunization **at borders, nomadic camps and motor parks**

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Anti-OPV sentiments

- Production and distribution of anti-OPV videos and audio CDs by religious clerics and two university professors
- Anti-OPV preaching in Mosques, print and electronic media



- Increase in non-compliance e.g. **Katsina LGA.**
- Increase in non-compliance among elites eg **Sokoto North and South LGAs**
- Increase in proportion of people clamoring for unmet-needs and not OPV

Communication priorities to increase demand

Addressing anti-OPV sentiments

Key activities

- Produced and distributing 135,000 **pro-OPV CDs** to LGAs citing noncompliance as a key driver of poor performance (e.g., Katsina, Sokoto North and South, Jega, Minjibir, and Zaria)
- Integrate religious leaders with **rapid response teams** in key areas
- Hold **media roundtables** with religious and other leaders to inform radio programme content
- Re-invigorate Journalists Against Polio (**JAP**) in Kaduna & Kano

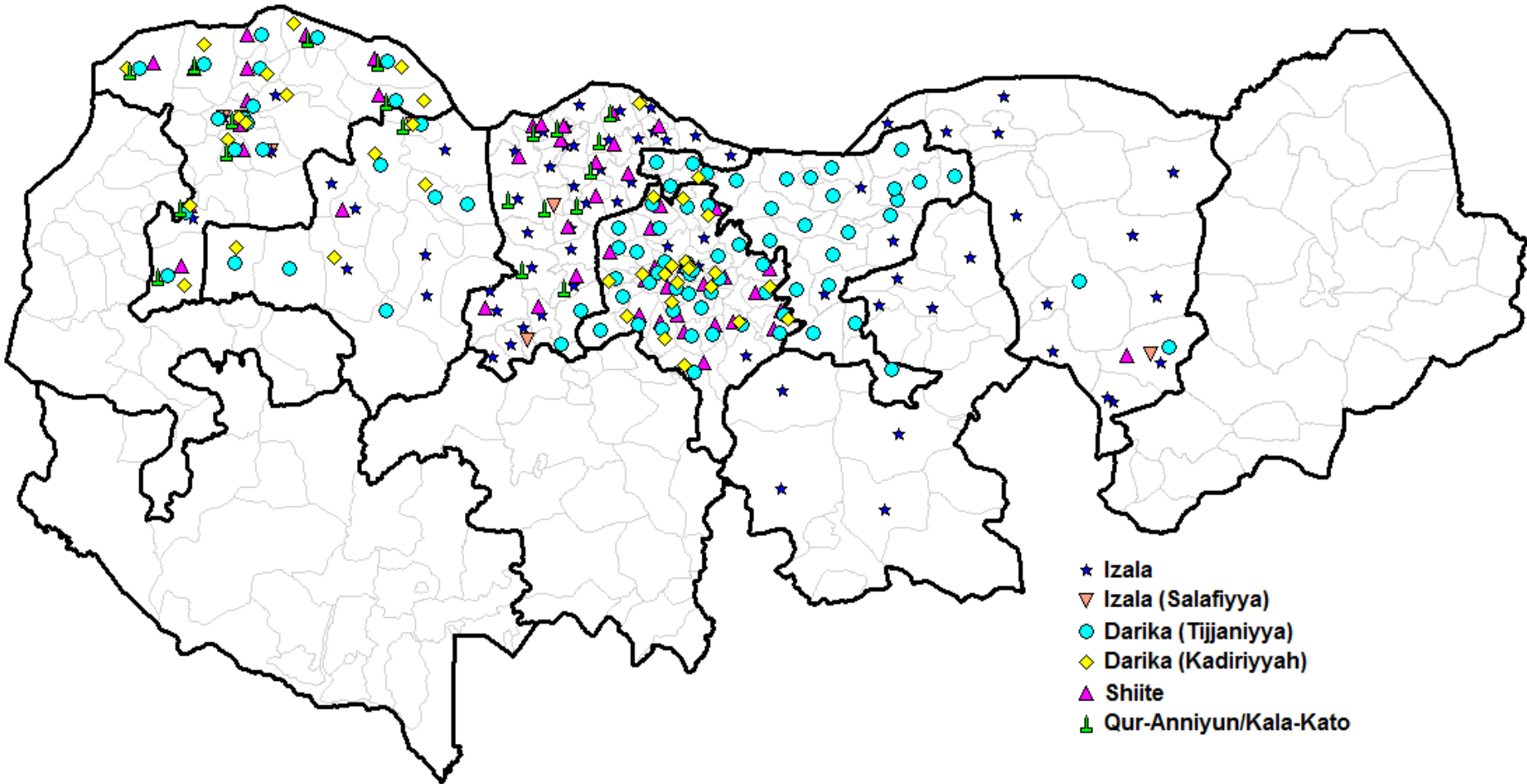
Community engagement / mobilization

- Engage **religious leaders** mapped by sect at the LGA level to ensure targeted approach within each community
- Conduct compound meetings, majigis, and rallies as well as local level entertainment, education, and drama

Household engagement in HR areas

- Hire 2,200 **Volunteer Community Mobilizers (VCM)** (in 8 HR states) – visiting households, tracking and immunizing newborns
- Enlist Federation of Muslim Women Association of Nigeria (**FOMWAN**) and **polio survivors** to support household engagement activities in their communities

Mapping of Religious sects in Northern Nigeria



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Increased accountability is necessary to improve performance of vaccinator teams

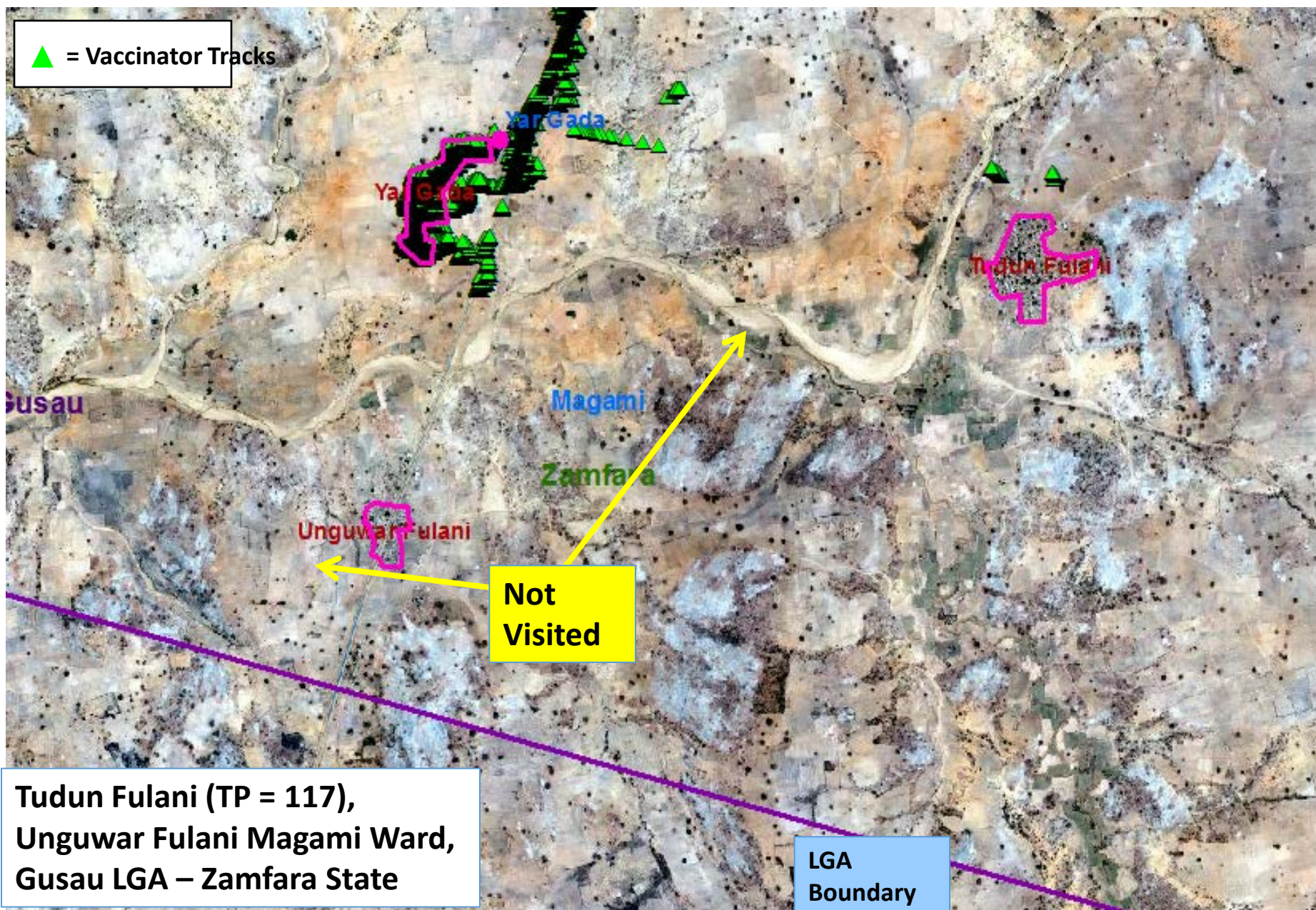
Vaccinator team capabilities and accountability continue to be a challenge in some teams

- Noncompliance due to vaccinator attitude and inconsistent ability to resolve resistant households
- Missed children due to poor house and finger marking
- Distortion in campaign performance monitoring due to unreliable data collection

Several activities are being pursued to overcome challenges

- **Training** to improve vaccinator team and supervisor capabilities
- **Increased supervision**, particularly in underserved areas
- Monitoring of team selection **of** Ward Selection Committees
- **GPS tracking** of vaccinators in poor performing areas

GIS TRACKING OF VACCINATION TEAMS – NOV IPD



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Next steps

- Drive accountability through refined framework and coordinated implementation across partner agencies
- Support strengthening of RI activities particularly in security-challenged areas
- Secure funding for additional pluses and essential drugs to support campaign activities in security-challenged areas



Thanks for your attention



A presentation of the Nigeria Polio Emergency Operations Center