3rd Quarterly outbreak Response assessment

South Sudan

11-18 March, 2016

Objectives

- To assess whether the quality and adequacy of polio outbreak response activities are sufficient to interrupt polio transmission within six months of detection of the first case, as per WHA-established standards, or as quickly as possible if this deadline has been missed, with a focus on status of implementation of previous 3 month assessment recommendations.

- To provide additional technical recommendations to assist the country meet this goal

Schedule

- Arrival in Juba: 11th March 2016
- Briefing of the assessment team by the country team and logistical arrangements for field visits: 12th March 2016
- Depart for the field and start field work: 14th to 15th March 2016.
- Return to Juba: 16th March 2016
- Report writing: 17th March 2016
- Debriefing to country team: 18th March 2016 at 09.00 HRS
- Departure of assessment team: afternoon of 18th March 2016

Four Assessment teams

Team	Areas assigned	Members
Team 1	Unity (Nyal)	Chidi Nwogu Subroto Mukherjee Martin Notely
Team 2	Upper Nile (Malakal)	Shaikh Kabir Jean Jacques Antoine
Team 3	Lakes (Mingkaman)	Zainul Khan Arindam Ray Farhad Imambakiev
Team 4	Juba	Sam Okiror Rustam Haydarov

Team 1 & 2 could not make it due to cancellation of the flights

Methodology

- Desk Review of relevant documents
- Field observation/assessment to areas affected and or areas at risk to evaluate the plan, process, implementation of the quality of outbreak response including supporting structures
- Key informant interviews of national, sub national officials, NGOs and other partner organizations involved in polio eradication activities
- Provide feedback to the Government authorities and national and Zonal partner teams

Use of standardized tool/checklist to standardize documentation of findings

Subject areas of assessment

- Implementation of recommendation from previous assessment
- Speed and appropriateness of immediate outbreak response activities as per WHA Resolution, 2006 (WHA59.1)
- Effectiveness of partner coordination during outbreak response
- Quality of SIAs – planning, delivery, monitoring , communications, adequacy of vaccine supply and appropriateness of the type of vaccine used
- AFP surveillance sensitivity
- Routine Immunization performance
- Adequacy of human resources to carry out effective response activities

Questions to be answered

- Were recommendations of previous outbreak response assessment fully implemented?
- Did the outbreak response activities meet the outbreak response standards (WHA 59.1 (RC61) particularly in terms of speed and appropriateness ?
- Have national authorities and supporting partners played their role as laid down in WHA and RC resolutions for effective polio outbreak control?
- How likely is it that the currently implemented SIA strategy will interrupt transmission and what are the risks for further spread?
- Is AFP surveillance sensitivity currently adequate to detect all transmission?

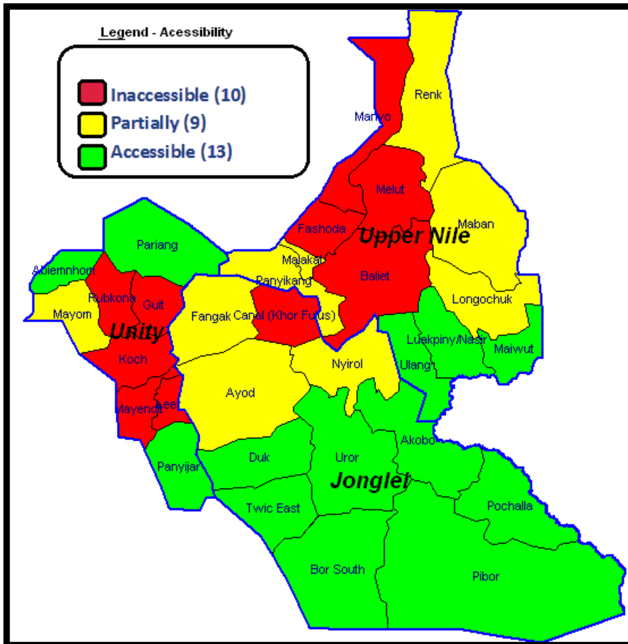
Questions to be answered

- Is the communication response plan adequate to ensure the sensitization and mobilization of all targeted populations?
- Does the country have additional unmet financial or resource needs that need to be addressed to further strengthen the implementation of immunization and surveillance activities?
- What are the remaining risks to stopping the outbreak and for further spread ?
- Have the polio outbreak response activities being undertaken in a manner that would strengthen routine immunization performance

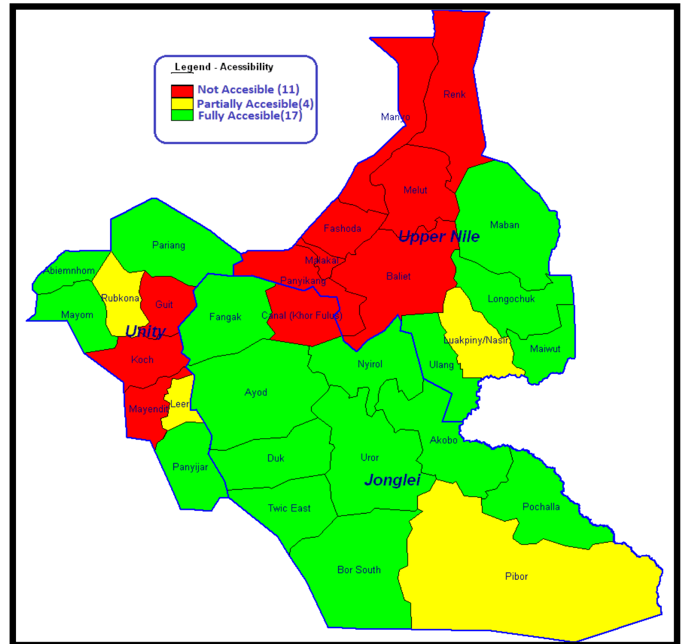
Context in South Sudan

Access for SIAs

As at 1st Sept 2015



As at 14 March 2016



- Access remains a challenge: Situation is dynamic
- Some Health Facilities still none functional
- Travel restrictions for staff to some areas remains
- Movement of funds through banking system remains a challenge
- Difficulty in logistics including cold chain, accommodation and transportation

Were recommendations of previous outbreak response assessment fully implemented?

Summary: Implementation of Sept 2015 OBRA Recommendations

- Fully implemented 11
- Partially implemented 10
- Ongoing 14
- Not Implemented 0

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion ...1

Recommendation	Status
Polio outbreak response should be brought back on the top of public health agenda by Government and partners.	On-going: The level at which regular coordination occurs is still at the Technical Working Group . Needs to get higher with engagement of other partners and NGOs
Country should review the status of outbreak and develop phase II of response plan for next 6 months	Fully Achieved. Plan developed as per 2nd outbreak assessment recommendations
In that plan 4 high quality SIAs be implemented in accessible areas of the conflict affected states; all PoCs and neighbouring Warrap and Lakes by end Dec 15	Partially achieved. • All 13 accessible out of 32 counties had only 2 rounds. • All PoCs, Warrap and Lakes States conducted 4 rounds.

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion ..2

Recommendation	Status
2 High quality SIAs in rest of country including IDPs	Fully Implemented • Overall IM Coverage for Nov (94%) Dec (95%); 50% of IM counties reached 95% or more (both campaigns)
Permanent vaccination points at all important points around access challenged areas and IDPs	Ongoing: Increased from 13 in Sept 2015 to 26 currently. 104,610 under 15 years and 87,282 since last assessment in Sept 2015; 9,738 (9.3%) children were ZERO dose.
Rapidly enhance surveillance in conflict states with focus on 16 silent counties	Ongoing: Overall improvement • Detection rate1.17 (36 NPAFP) in 2014 to 1.79 (54 NPAFP) in 2015. • Stool adequacy from 82% in 2014 to 89% in 2015. • Only Jonglei had detection rate above 2/100,000 • Upper Nile had stool adequacy below 80% at 75%. • Out of 16 previously silent 8 remain silent. • Additional 78 Field Assistants recruited (1/payam in the 3 conflict states). 87 out of 217 Payams covered.

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion ..3

Recommendation	Status
Rapidly improve the quality of SIAs in accessible areas and IDPs/ POCs Through	
1. Introduce micro planning tools, review and update micro plans	Partially Implemented: Process initiated. Variable parts of the micro plan developed in some counties, top down approach which does not address lower level needs.
2. Use monitoring methods both IM and LQAS	Achieved: IM and LQAS conducted in all the stable states. Overall IM Coverage for Nov (94%) Dec (95%) • LQAS Nov 35 lots 24 accepted 11 rejected and Dec 2015 37 lots 32 accepted, 5 rejected
3.Training of vaccinators, supervisors and social mobilizers in each round for first 3 campaigns	Partially Achieved: Training was conducted before the first round. Subsequent rounds training organized only when there were changes in team member composition.
4.Intensified supervision by National and state level staff for preparatory phase activities as well as implementation	Partially Achieved: Supervision done my MoH and development partners. Inaccessibility hampered the process.

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion …4

Recommendation	Status
Vaccination campaigns in access challenged counties in conflict affected states:	Partially Achieved: Out of 19 inaccessible Counties (7) had 2 rounds, (6) had one round (6) no vaccination
Close tracking of access and preparedness for conducting SIADs in newly accessible areas in conflict affected states up to payam level	Ongoing: Before end of Aug 2015, 4 counties became accessible, all implemented relevant SIADs. Accessibility tracking documentation is sub-optimal. Thuraya can not yet be deployed. At payam level, there is communication between national focal persons and Payam supervisors.
State of preparedness with Scenario based contingency planning down to county/payam level should be developed to ensure vaccination teams and partners are prepared to respond quickly when a potential opportunity presents.	Ongoing: • Plans ready for vaccine delivery directly from Juba and ground transport for the difficult payams. • The team members were trained in readiness to vaccination on arrival of vaccines and supplies.

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion ..5

Recommendation	Status
Weekly review of situation and documentation.	Ongoing: • The situation is monitored through weekly meeting of polio control room and Technical Working Group. • Documentation is through weekly update shared widely.
Use RRM, RRT and other opportunities to deliver OPV in unreached areas	Achieved and ongoing: Since Sept 2015 • 45 RRM missions since Oct 2014 to February 2016 71,980 under 5 years. • 1 RRT in Renk County Upper Nile State with coverage of 13,833 under 5 years • Other platforms (pre-migration conference, FAO) are to be utilized
Identify a focal person to track and coordinate this component.	Achieved. Both UNICEF and WHO have focal person for RRMs

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion ..6

Recommendation	Status
Further strengthen NGOs engagement in AFP surveillance:	
Update mapping of NGOs present on the ground	Achieved: Updated map available with 67 NGOs for Health.
Fast tracking the training of NGO staffs (cascade model)	Ongoing: 63 NGO staff trained; So far additional 115 Payam surveillance and Social Mobilization Assistants and 20 Community based surveillance officers
Weekly active information seeking from NGOs on any AFP case seen.	Ongoing: In all the 32 conflict affected counties by Field and Payam Assistants. 32% of AFP cases are picked through community informants (2015)
Establish timely feedback mechanism for stool results	Partially implemented: Results sent once a month since Jan 2016. From now on will be sent immediately on receipt and will be monitored.

Status of implementation of Sept 2015 outbreak response a e men recommen a ion ..7

Recommendation	Status
Strengthen contact sampling from all AFP cases, particularly in conflict affected states.	Ongoing: • Improvement between 2014 and 2015 in Jonglei (80 to 91%) and Unity (67 to 98%). • Upper Nile dropped from 79 to 56% (accessibility)
Sensitize all health facilities in conflict affected states.	Ongoing (Since Sept 2015): • By the FA/FS during the active case search visits to health facilities. Both H/Facilities in Bore Payam trained. • 8 Clinical Officers and 82 Community Health promoters sensitized on AFP surveillance in Bentiu PoC.
Strategy of collecting stool samples from healthy children in silent counties be fully implemented	Partially implemented : Out of 8 silent Counties 4 had collected community children samples. Continuation stopped due to limited accessibility.
Process of recruitment of Field Assistants for every Payam in conflict affected state should be fast tracked and these be trained through NGOs.	Partially Achieved: • Field Assistants recruited for all Payams in the conflict affected States. • Training partially done in Upper Nile. Planned for Jonglei, Unity and rest of Upper Nile in March and April'16

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion ..8

Recommendation	Status
Recommendations from the last assessment on cold chain should be fully and rapidly implemented.	Partially Achieved.
• Complete hiring of national and state level staff for CCL & vaccine management by government	Ongoing (advertised)
• Support capacity building	On-going. Training of cold chain (6 assistants have been trained).
• Strategic prioritization of facilities for cold chain support	On-going: 94 (Solar fridge) distributed, 82 installed, 11 looted, 75 functioning currently, 8 not yet installed.
• Institutional system of return (backhauling of cold boxes)	Limited implementation.
• Regularize return of unused vaccine vials and report vaccine usage.	On-going for both SIA and Routine Immunization, except in hard to reach locations with limited cold chain and communication

Status of implementation of previous outbreak re pon e a e men recommen a ion ..8

Recommendation	Status (as of March 2016)
• Focus exclusively on implementation and expansion of the polio programme in the three states, urgently delivering on recommendations of the first polio outbreak assessment. - Prioritize social mobilization in the three states - Improve management, quality & accountability of SM workforce - Operationalize communication plans to county beyond POCs - Review and rationalize production and use of visibility materials	Achieved. Further improvements on-going. Recommendations of the 1st Polio Outbreak assessment have been mostly met: • Partnerships rolled-out and formalized to deliver comprehensive social mobilization programme in the three states. • Training manuals, social maps, and educational aids developed and produced. • Communication is happening beyond POCs through partnerships; one county missed in December 2015 • Use of visibility materials rationalized – more focus on health education and interpersonal communication.

Status of implementation of previous outbreak re pon e a e men recommen a ion ..9

Recommendation	Status
• Rapidly improve the quality of social mobilization activities (including done by NGOs), ensuring that minimum excellence standards are met: - IPC/Polio content training - Accountability and availability of Tools - SM door-to-door activity planning	Achieved - at national level (training, concept, tools). • C4D (strategy & planning) training completed for polio stakeholders by an international C4D expert. • Partner NGO training of trainers completed for door-to-door social mobilization; cascade training to be rolled-out. • Comprehensive educational aids are available, social mobilization flipchart, IPC skills training module, social maps. On-going at sub-national level. • Above is yet to be rolled out in the field - plans are in place.

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion …10

Recommendation	Status
Polio control room should be strengthened	Ongoing: Part of prefab already in place
Deploying one full time staff for outbreak coordination activities	Fully Implemented: Outbreak response coordinator deployed by WHO since October 2015.
Identify focal persons from all MoH and key agencies	Implemented
Meeting of all key stakeholders minimum once every week	Ongoing: Technical Working Group meets weekly participants include (MOH, WHO, UNICEF and implementing partners)
Strengthen functioning of TWG and its subcommittees	Ongoing: The TWG and its committees work concurrently.

Status of implementation of Sept 2015 outbreak re pon e a e men recommen a ion …11

Recommendation	Status
Rapidly fill the existing vacancies in MoH, UNICEF and WHO	
Strengthen capacity to respond by: Rapidly engaging (a) National outbreak coordinator (b) Emergency SIA & M/E coordinator (c) Emergency surveillance coordinator (d) operations officer (e) Communications officer (f) Cold chain and Logistics officer	Implemented: • MoH – 8 N-Stop recruited and are being trained; 1 consultant (BMGF) • WHO – 3 surge staff and 2 new Stop Consultants recruited. • UNICEF – 6 new STOP consultants, 1 new vacancy (Polio C4D specialist), Cold chain specialist (to be recruited through GAVI).
1 LSA each in 3 conflict affected state	Cancelled

Did the outbreak response activities meet the outbreak response standards (WHA 59.1 (RC61) particularly in terms of speed and appropriateness ?

Speed and appropriateness of outbreak response activities as per WHA Resolution, 2006 (WHA59.1)

Indicators	Status
Number of SIAs, dates, type of vaccines, target age groups, and areas covered during outbreak immunization response activities were appropriate	Partial implemented: Number of SIAs, appropriate vaccine and target populations followed. Some insecure areas not covered
At least two full immunization rounds in the target areas after the most recent VDPV detected case confirmation	Partial implemented: 6 out of the 17 inaccessible areas had no vaccination
SIA coverage at least 95% as evaluated by IM data	Partial implemented: IM Coverage 94% Nov and 95% Dec 2015 rounds
Response plan was followed during outbreak response	Partially implemented: Yes. Some delays in implementation in insecure areas.

Objectives:

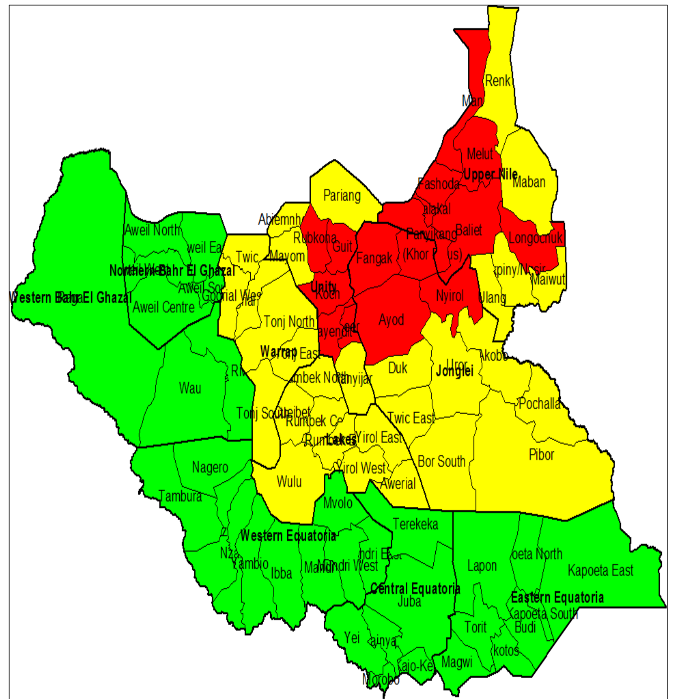
Rapidly increase population immunity of high risk populations

- 4 High Quality SIAs in accessible areas of conflict States, all PoCs, Lakes and Warrap
- 2 High quality SIAs in the rest of the country
- Expand permanent vaccination points

Intensify surveillance in onflict affected states of Jonglei, Upper Nile and Unity

- Engaging NGOs
- Increasing field presence by recruiting 1 field assistant for every Payam
- Contact sampling of all AFP cases
- Healthy children sampling from silent counties

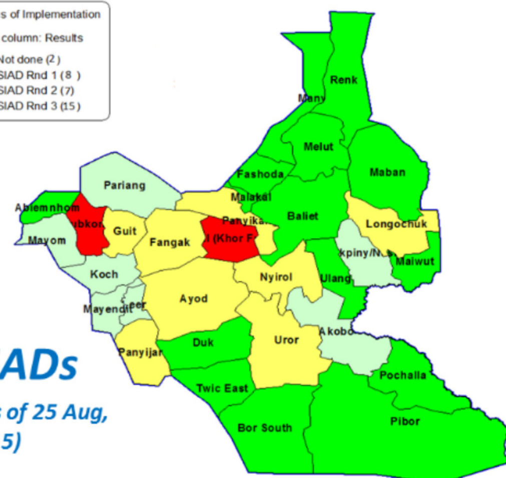
Phase II Response Plan



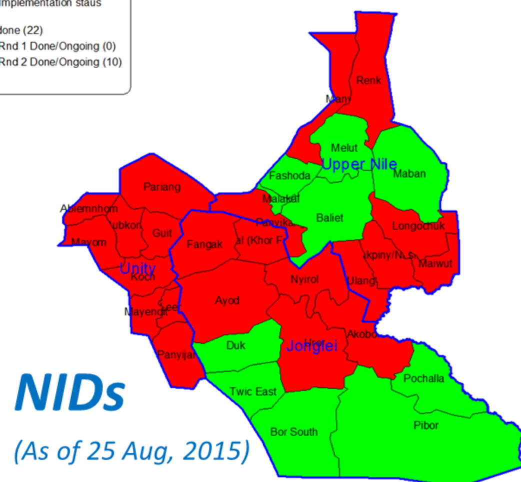
Red Zone – Inaccessible
Yellow Zone- Accessible and Immediate risk
Green zone – Rest of the country

Implementation status as at 14 Aug 2015

Type of SIAs	Target population (using NID data)	Target Age group	Type of Vaccine	No of children reached with tOPV	counties reached/round out of 32counties (+3PoCs)
SIAD Rnd -1	2,606,995	0-15 yrs	tOPV	1,363,886	30 (+3POC)
SIAD Rnd -2	2,606,995	0-15 yrs	tOPV	963,202	25 (+3POC)
SIAD Rnd -3	2,606,995	0-15 yrs	tOPV	560,110	17 (+3POC)
NIDs Rnd -1	1,176,301	0-59mths	tOPV	146,539	10 (+3POC)
NIDs Rnd -2	1,176,301	0-59mths	bOPV	177,622	10 (+3POC)

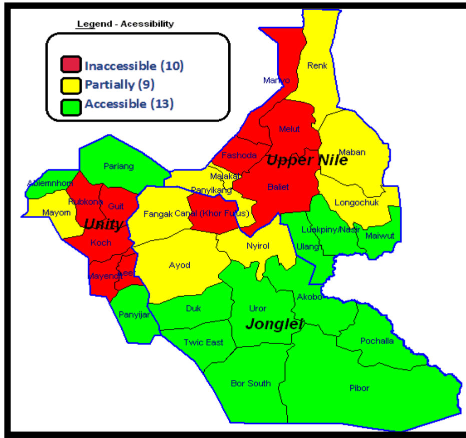


- Access a key challenge in implementation
- 2 counties not reached at all
- Some Payams not reached even in covered counties
- Population movement

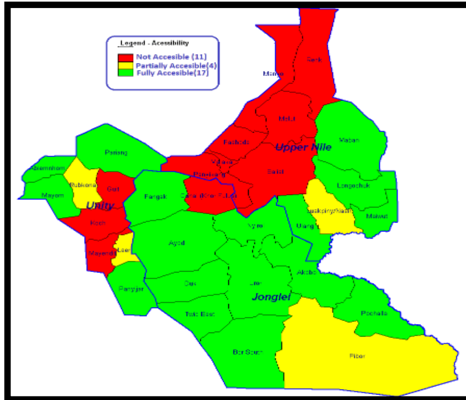


Number of SIAs since outbreak 2014 and accessibility Sept 2015 and Mar 2016

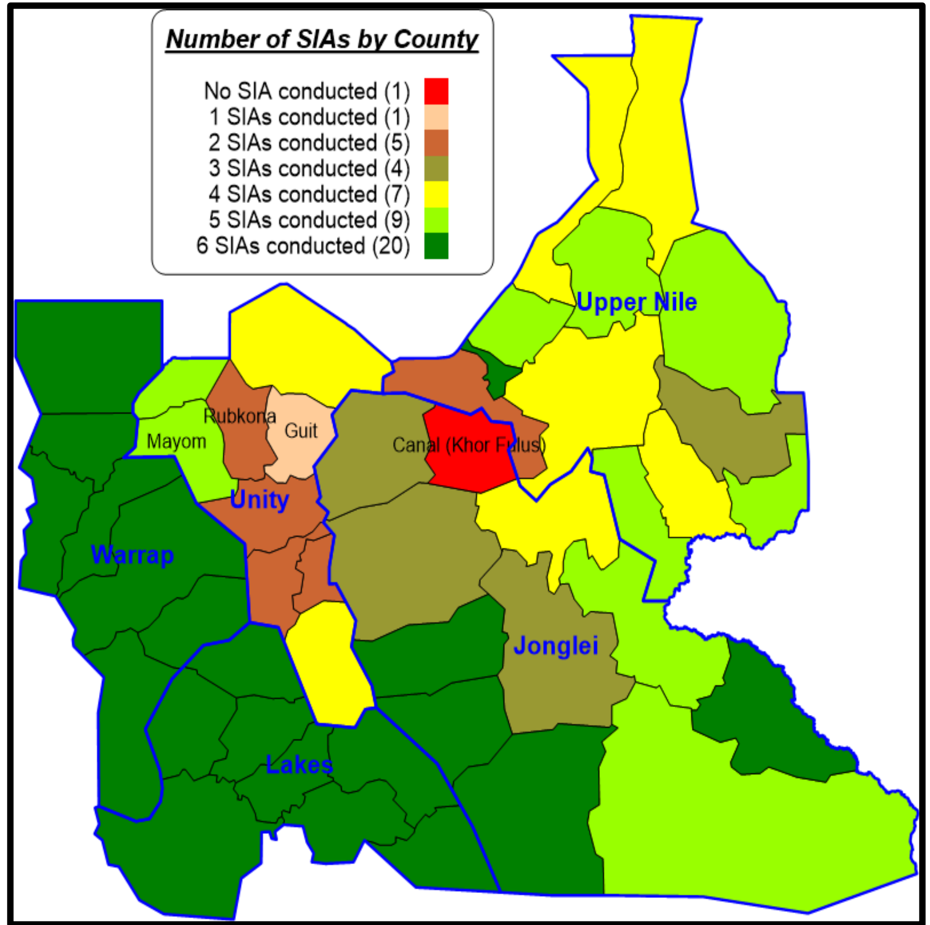
Accessibility as at Sept 2015



Accessibility as at March 2016

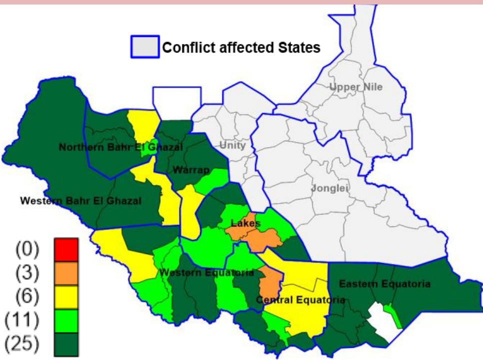


SIAs: Insecure areas Oct 2014 to Dec 2015



Rest of Country SIAs IM Results: Feb, Mar, Nov & Dec 2015

February 2015 NIDs



INDEPENDENT MONITORING:
Coverages by Finger Marks during the last 4 NIDs Rounds: County level – 7 Stable States

IM: In-House Survey

- Coverage by FM<70%
- 70%<=Coverage by FM<80%
- 80%<=Coverage by FM<90%
- 90%<=Coverage by FM<95%
- Coverage by FM>=95%

0% 20% 40% 60% 80% 100%

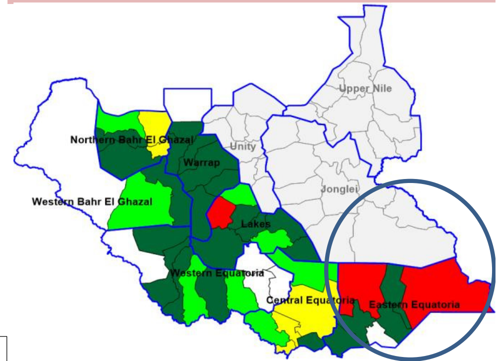
Round					
R1-2015	25	11	6	3	2
R2-2015	27	10	6	2	2
R3-2015	24	8	5	3	7
R4-2015	23	8	4	2	10

Good coverage by County during R1 & 2 as compared to R3 & R4::

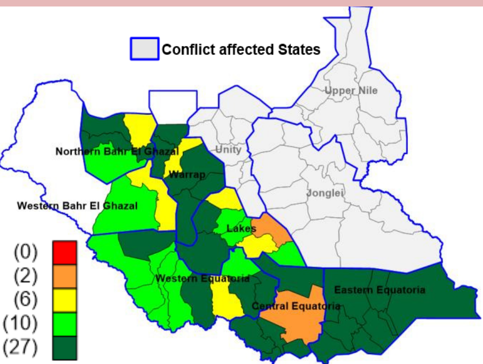
36 (77%) & 37 (79%) Counties out of 47 in stable states with HM>=90% respectively in R1&2-2015

3 red Counties during R3-2015

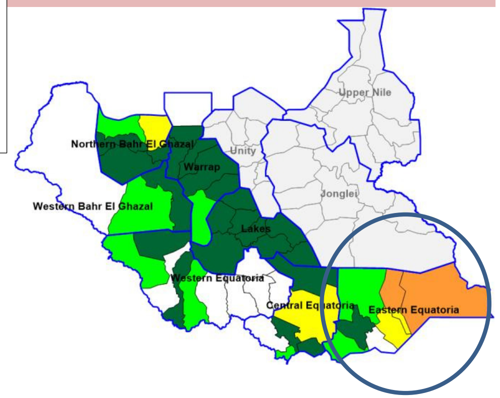
November 2015 NIDs



March 2015 NIDs



December 2015 NIDs

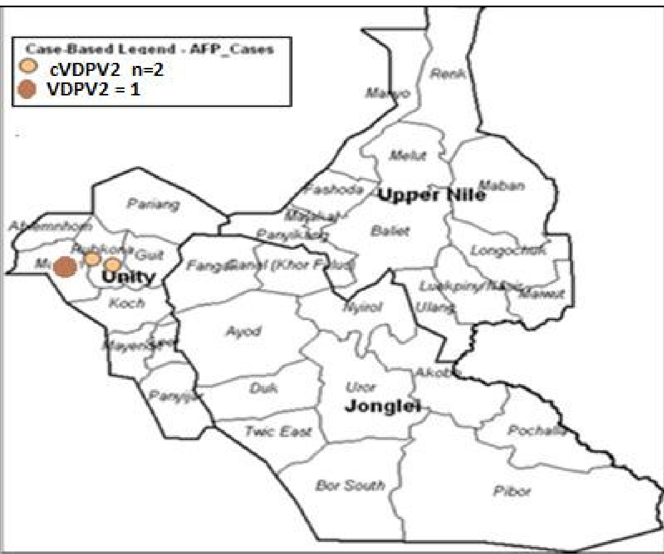


Quality of outbreak response - Surveillance

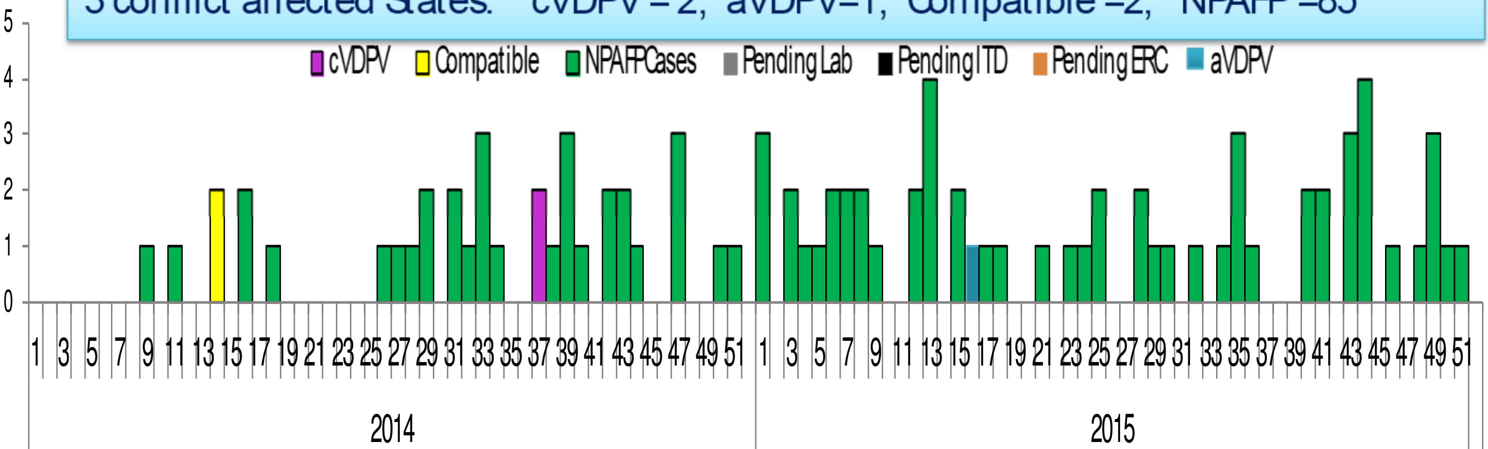
Indicators	Status
NPAFP rate of 3 achieved	Not at State level; only 10 out of 32 counties achieved 3/100,000.
Active case search visits	No evidence of monitoring active case search visits.
Sensitization training on AFP surveillance to all health-care workers	Ongoing with major challenges in the conflict affected States
Monitoring of weekly reports	Being done. Weekly update disseminated
Expanding the contact sampling of all AFP ca□e□from “infec□e□” an□“imme□ia□e” ri□k zones	Yes. Ongoing
Integration of AFP case-finding into SIA activities;	Yes 5 cases detected during SIAs in 2015
Strengthening laboratory services	Yes

What has been the impact of the response on the outbreak?

EPI Curve of Outbreak 2014 to 2015

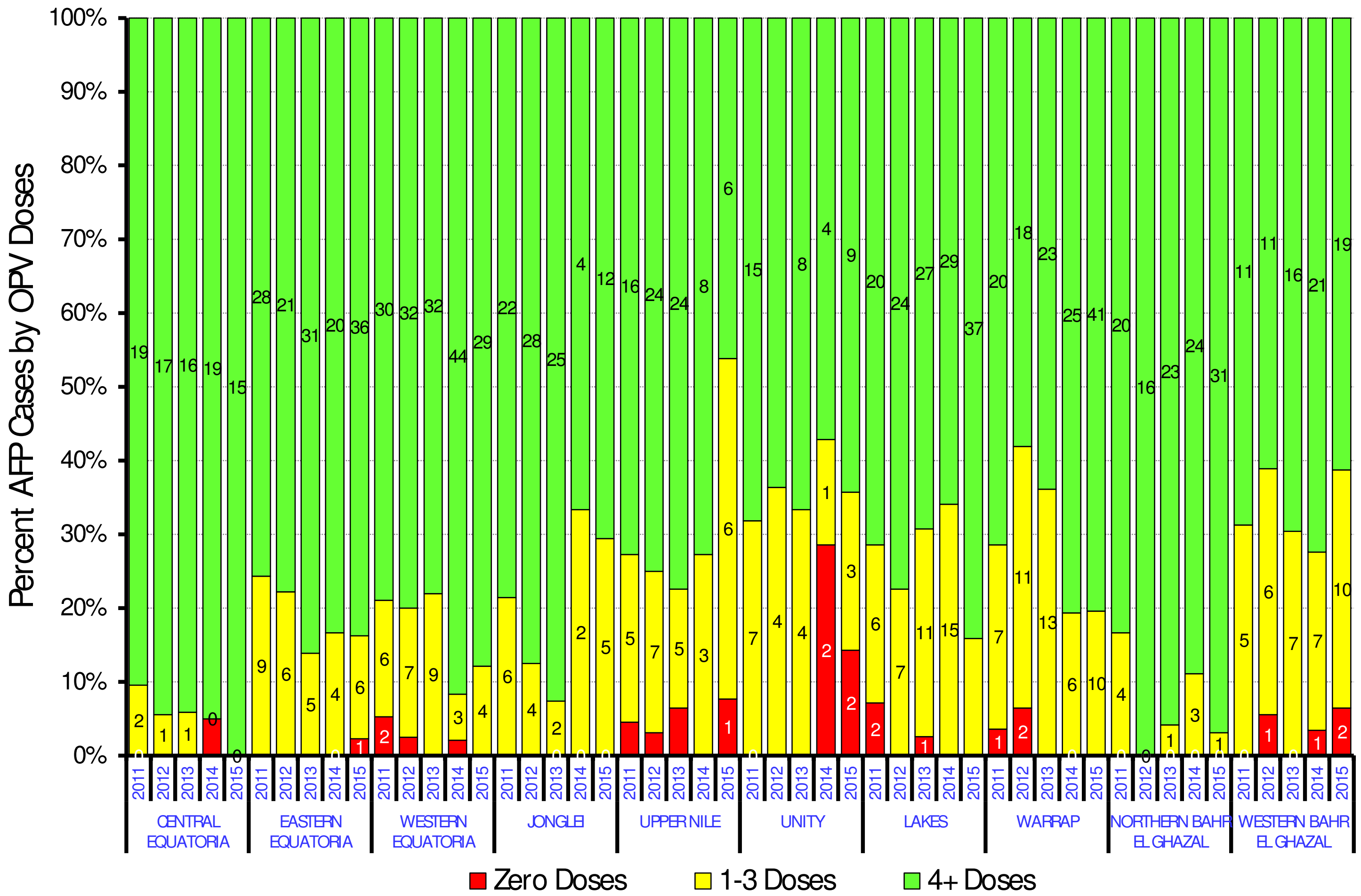


- 2 cVDPV2 in Rubkona county, Unity state
- 1 VDPV2 notified on 11 June 15 (date of onset 19th April 2015) from Mayom county, Unity state
  - Closest match is Sabin 2; 14 nt. difference.



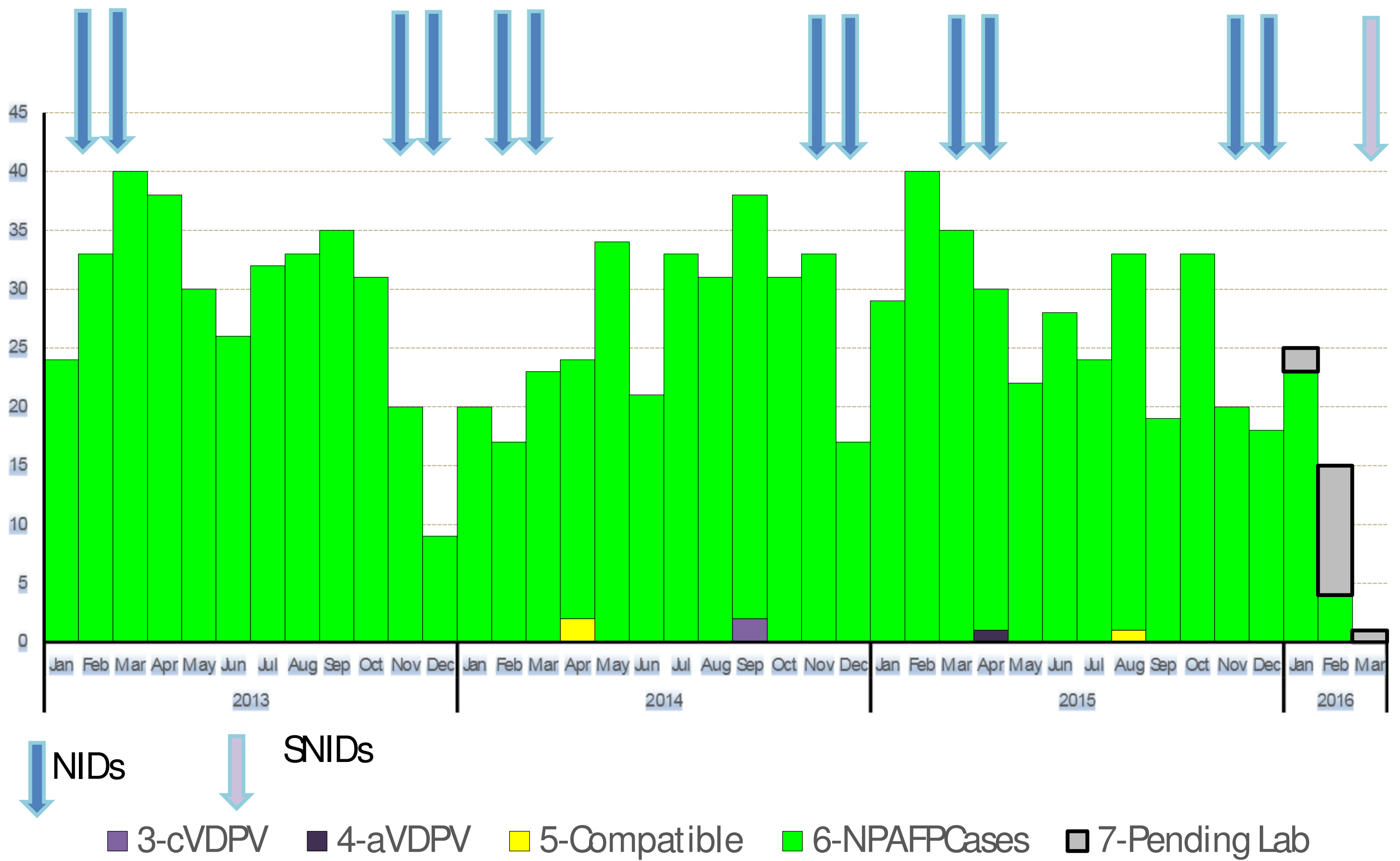
IMMUNITY PROFILE BY STATES IN SOUTH SUDAN 2011-2015

Number and Percentage of Non-Polio AFP Cases ***(6-59 months of age)*** by OPV doses by year

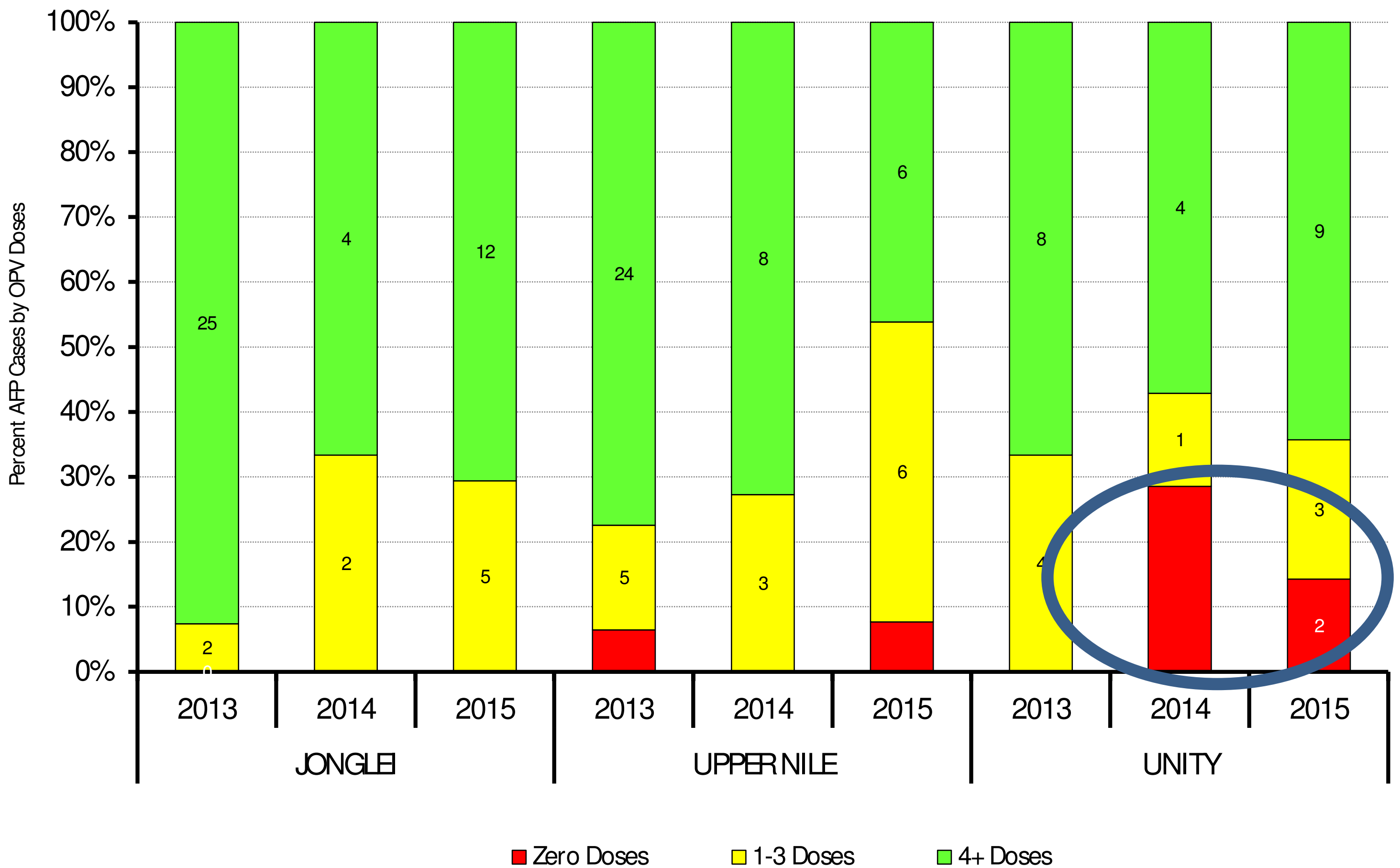


As of epidemiological week 9/2016

AFP cases Classification by Month of Onset & SIAs South Sudan, 2013-2016

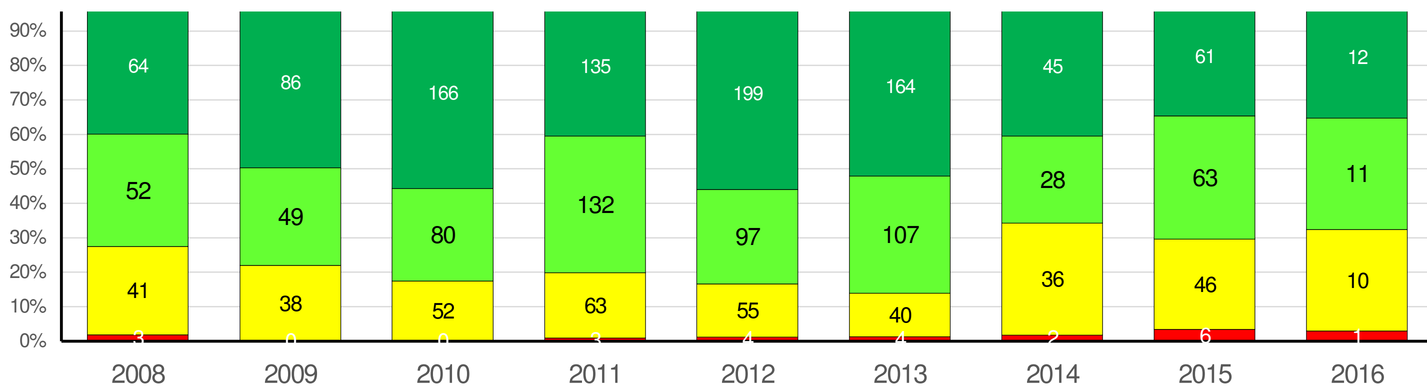


Immunity Profile of NPAFP (6 – 59months) in conflict affected states, South Sudan (2013 – 2015)

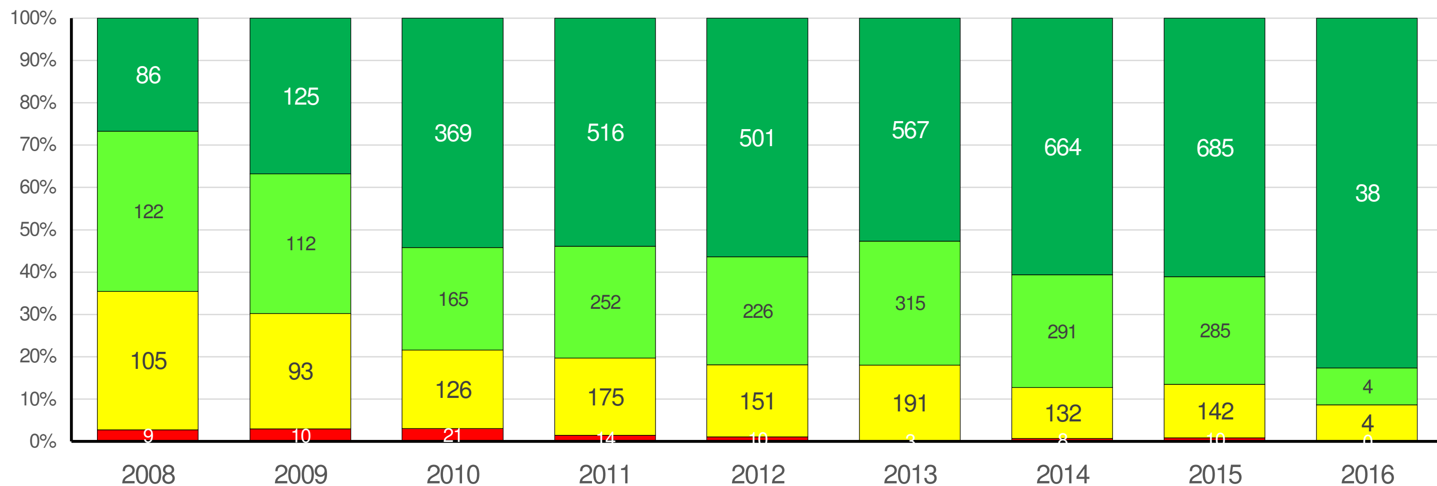


Immunity Profile for Non-Polio AFP and Contacts cases (6-59 months)

Conflict affected States



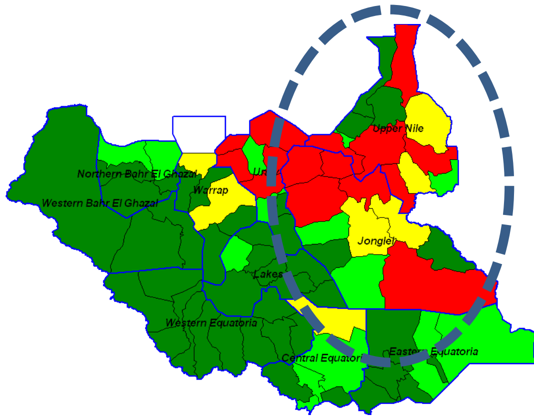
Stable states



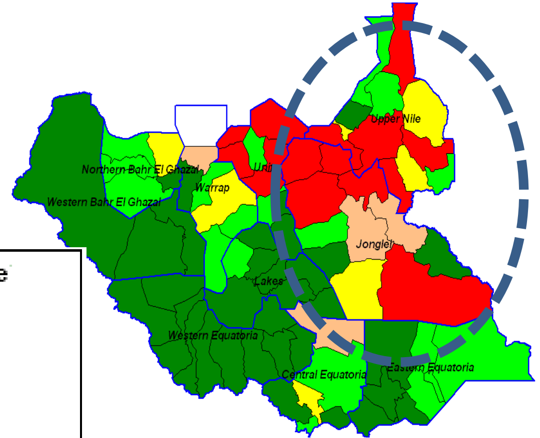
Are we able to detect all transmissions?

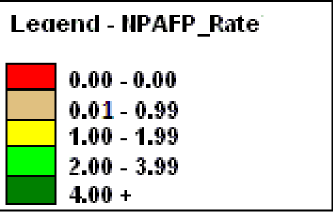
Non Polio AFP Rate by Quarter by County 2014 to 2015

3rd Quarter 30th Sept 2014, epi Week 39

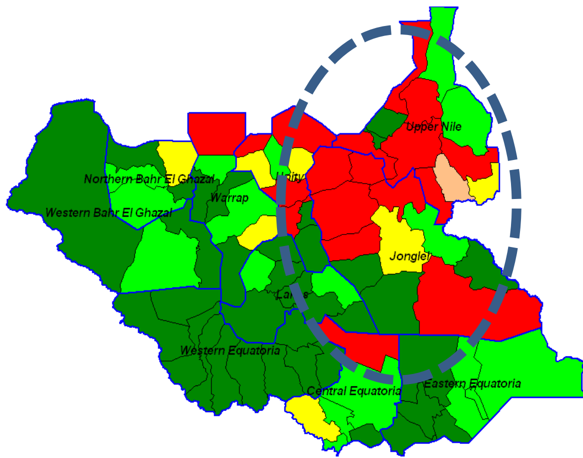


4th Quarter 31st Dec 2014, epi Week 52

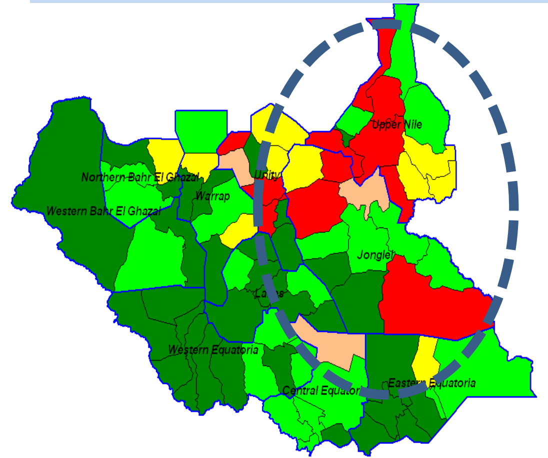




3rd Quarter 30th 2015, epi Week 39



4th Quarter 31st Dec 2015, epi Week 52



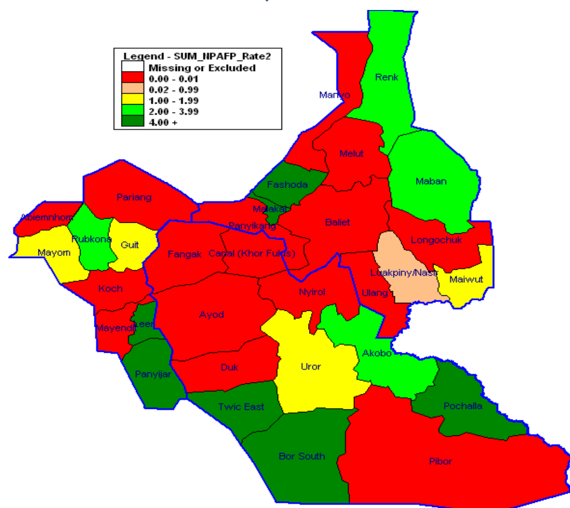
Improvement of Surveillance performances 2014 to 2015

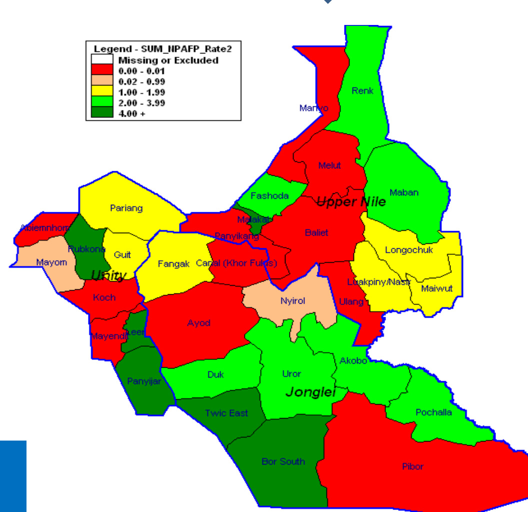
2014 - Week 52

36 AFP cases
16 Silent Counties

2015 - Week 52

54 AFP cases
11 Silent Counties





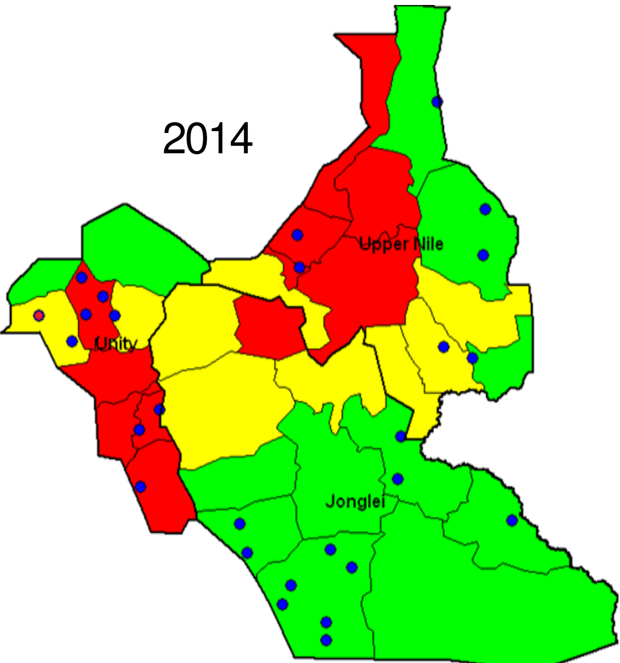
Reasons:

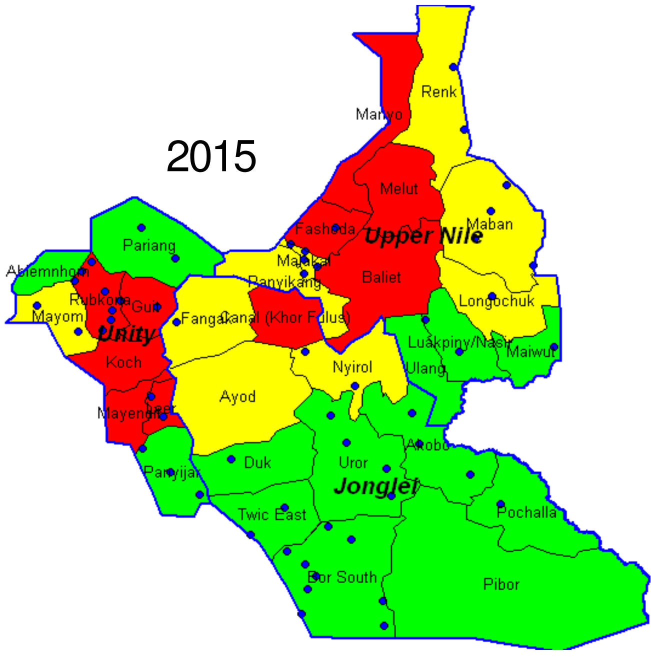
- Return of Field Supervisors (FS) and Field Assistants (FA) to their duty stations
- Involvemen of NGO' in e conflic affec ed a e in AFP urveillance.
- Recruitment of additional Volunteer FS(County) and FAs (Payam level)

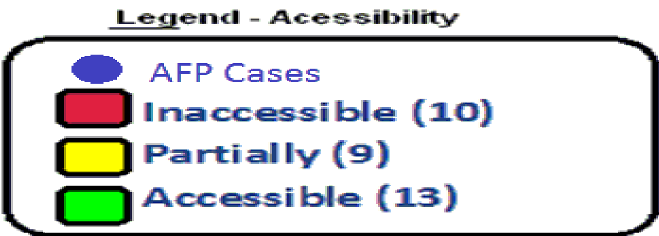
AFP surveillance Indicators of conflict affected states in 2014/2015

State	2014 (Epi week 52)				2015 (Epi week 52)			
	# AFP cases reported	NPAFP Rate	Stool Adequacy	NPEV	# of AFP cases reported	NPAFP Rate	Stool Adequacy	NPEV
Jonglei	10	1.02	90%	30%	22	2.04	95%	32%
Unity	12	1.16	83%	8.3%	16	1.62	94%	13%
Upper Nile	14	1.34	75%	25%	16	1.67	75%	31%
Total	36	1.17	82%	20.6%	54	1.79	89%	26%

Accessibility of Counties with number of AFP Cases reported in the conflict affected states 2014-2015

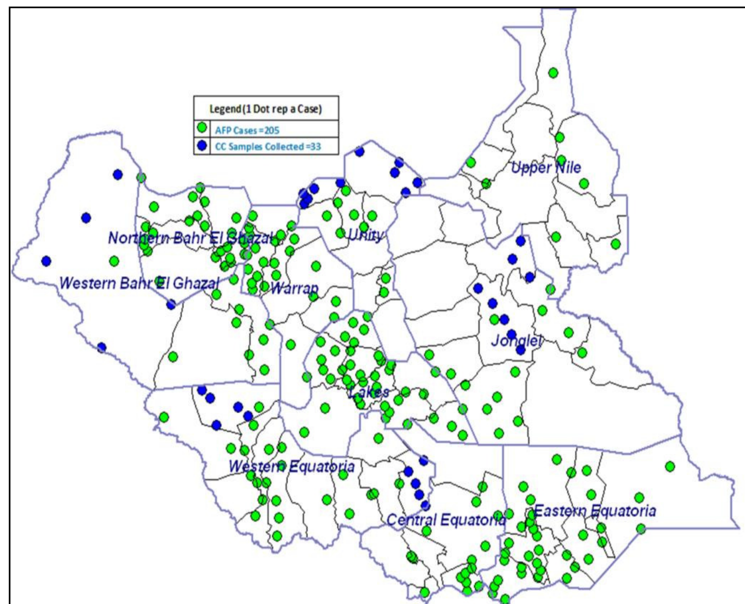






Contact sampling and Community Children Sampling, 2015

Map of healthy children sampling

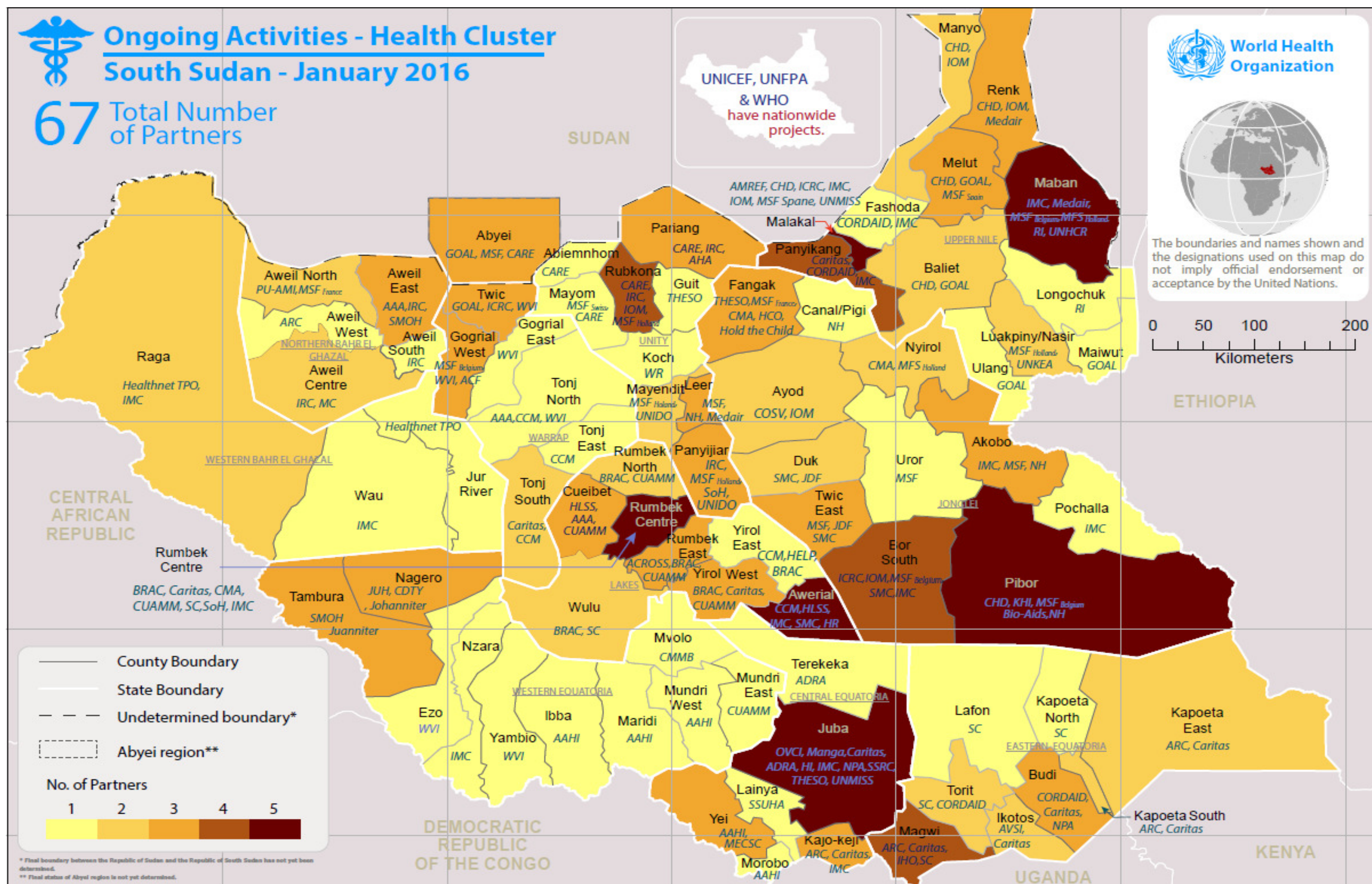


Place	% AFP with contact sample-2014	% AFP with contact sample-2015
Jonglei	80	100
Unity	67	55
Upper Nile	79	38
South Sudan	88	88

- Suboptimal implementation of contact sampling and community sampling in conflict affected areas
  - Access as key reason

Have national authorities and supporting partners played their role as laid down in WHA resolutions for effective polio outbreak control?

Map: Other Implementing Partners



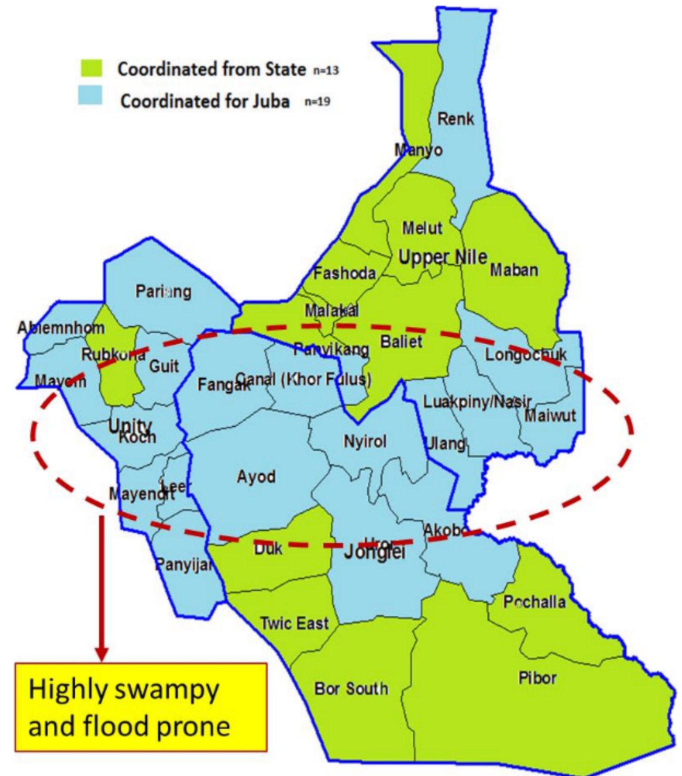
Effectiveness of partner coordination during outbreak response

- Multiple coordination mechanisms (Health cluster coordination, RRT, EPI TWG etc)
- Polio dropping from the agenda
- Weekly Updates and Monthly SITREP produced and shared with partners
- Polio control room is established but functioning sub optimally
- Inadequate engagement of Government and implementing partners at sub-national level
- Need to better engage top level of Government, WHO, UNICEF and partners in response. Coordination between UNICEF (and UNICEF implementing partners) and WHO (at all levels) needs further strengthening.
- Good support from partners on ground (IOM, GOAL, CARE, IMA, UNIDO, UNHCR and HPF, etc.); coordination needs to be improved (at all levels).

Coordination, Logistics and Finance

Flexible coordination of activity in view of challenges.

59% (19/32) counties coordinated separately from Juba



How likely is it that the currently implemented SIA strategy have interrupted transmission?

Geographical Coverage of sNID 2015

Sl. No.	Name of the State	Total number of Counties	Total number of Payams	County Covered		Payam covered	
				First round	Second round	First round	Second round
1	Jonglei	11	73	10	10	63	62
2	Unity	9	73	5	5	32	33
3	Upper Nile	12	71	11	6	53	32
Total for conflict states		32	217	26	21	148	127
5	Lakes	8	50	8	8	50	50
6	Warrap	7	47	7	7	47	47
Total for two stable states		15	97	15	15	97	97
Total		47	314	41	36	245	224

Quality of SIAs: planning, delivery, monitoring and communications

- Funding disbursement (timeliness & amount):
  - Banking situation , facilities has not improved. Funds are sent in physical form, still delays in disbursement of funds, flight cancelled, etc.
- Vaccine flow (timeliness & quantity):
  - No shortages of vaccine, complicated logistics, flight restrictions, leads to interrupted shipment, flow of vaccine, etc.
- Number of SIAs, dates, target age groups, and areas covered:

  - All 13 accessible out of 32 counties had only 2 rounds.

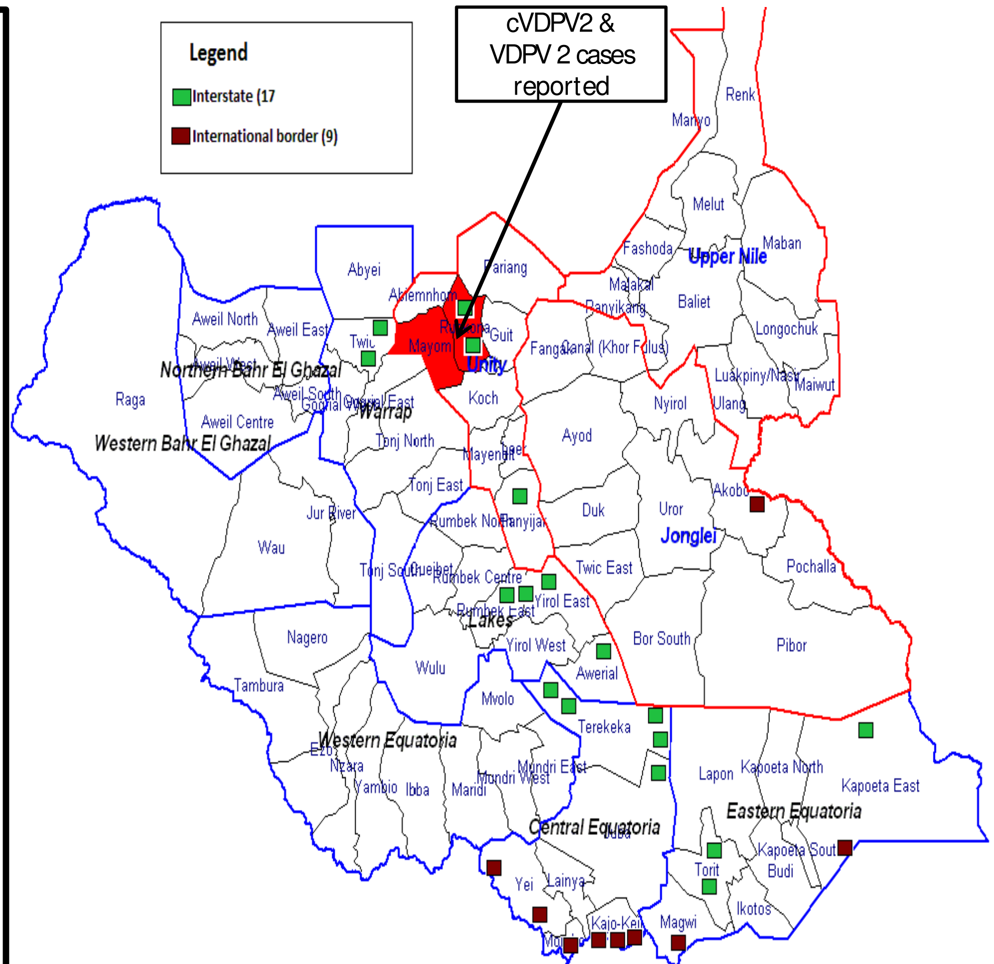
  - All PoCs, Warrap and Lakes States conducted 4 rounds.

  - Some of the targeted areas have been covered partially or not covered
- Level of engagement by authorities, political and health leaders and local community influencers

  - Evidence of involvement of leaders at community and state level (Mingkaman, Lakes)

Distribution of Permanent Vaccination Post By County

- 26 permanent vaccination posts including 9 international border crossing points across six states
- 104,610 children (0 to 15 years) were vaccinated with tOPV from June to Dec. 2015



Opportunistic vaccinations – RRM

71,980

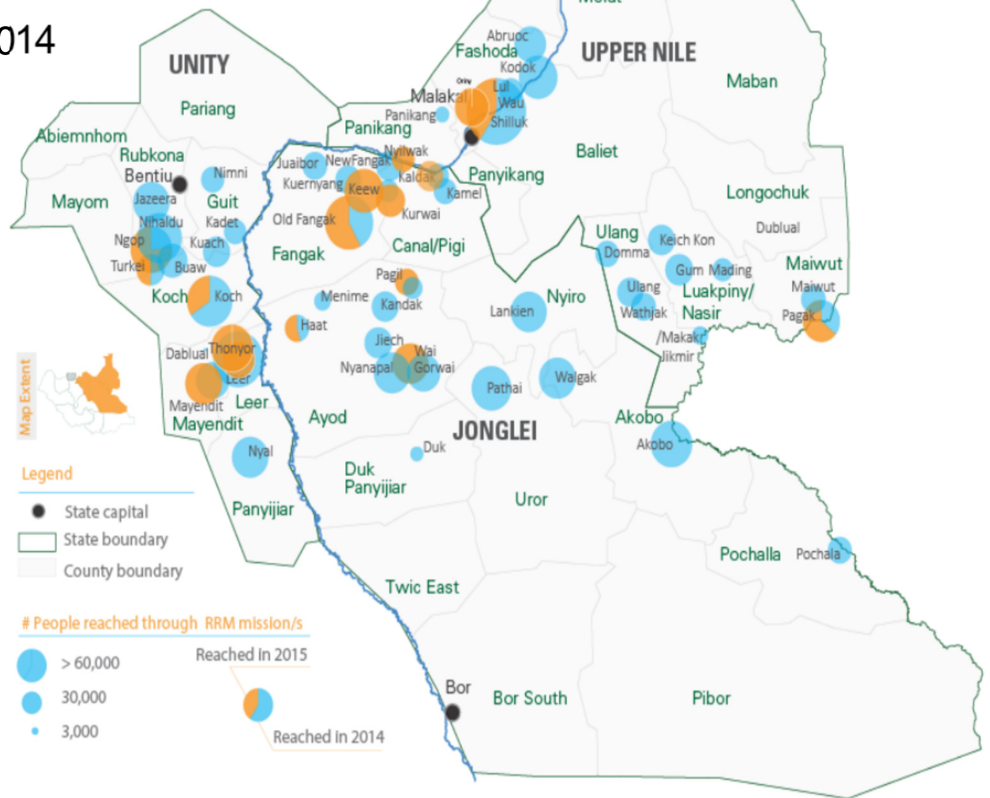
< 5 vaccinated during 45 RRMs
(October 2014 – February 2016)

171,388 children < 15 y.o.

- 5 missions in Oct – Dec 2014
- 36 mission in 2015
- 4 mission in Jan 2016
- 2 in Rubkona
- 1 in Mayom

30%

of missions in the areas not reached by Polio SIAs



Is the communication response plan adequate to ensure the sensitization and mobilization of all targeted populations?

Communications

- Major shift of the programme to operationalize the response in conflict affected states: – 715 social mobilizers through partnerships with CARE, IMA, UNIDO; 500 full-time social mobilizers through CORE Group in Jonglei and Upper Nile.

- At national level: Major progress achieved creating excellence standards. Key communication partners in conflict states trained in polio C4D strategy and planning – state plans developed. Training of trainers for partner NGOs on polio door-to-door social mobilization; plans to roll-out trainings in the field.

- At sub-national level: the quality of door-to-door activities and community engagement are yet to be addressed. Mingkaman - social mobilizers have weak knowledge of polio, their role in reaching missed children, microplanning and community engagement strategies.

Communications

- Essentials are in place
  - Training package
  - Social mobilization toolkits (health education)
  - Mobile population research & strategy
  - Social maps
  - M&E & accountability (being developed)
- Improved field presence
  - 6 STOP team members
  - Dedicated operational resources for monitoring
- Attempts to collect and analyse data at state level
  - Bentiu POC / C4D reports

Communication Activities and Results sNID Sept-Dec15

(based on data from 16 counties of conflict affected states and PoCs)

- 864 Social Mobilisers engaged
- 670 Community & Religious Leaders oriented
- 59 Churches and Mosques for campaign awareness
- 3 Existing community radios broadcasting messages
- 156,040 Megaphone and PAS announcements in communities
- 207,241 Households reached in every round
- 3,820 Banners and posters

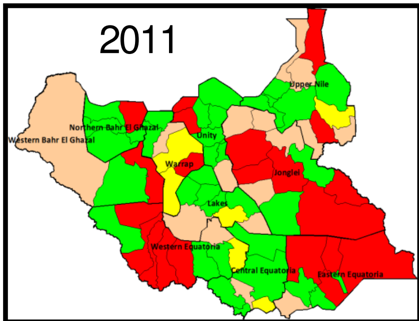
Is vaccine management robust and effective to support campaigns and routine immunization?

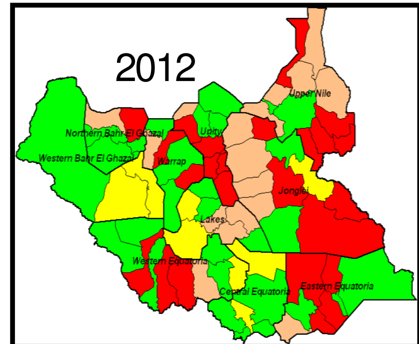
Cold Chain and Vaccine Management

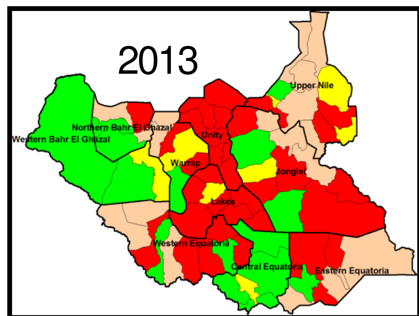
- Working cold chain at state level
- 19 of 33 counties need vaccine supply and cold chain supports from Juba during SIA
- Unused vaccine return after SIA are limited and challenging
- Vaccine wastage analysis not reflecting the actual wastage in many instances both at county, state and national level
- tOPV-bOPV switch plan yet to be finalized

Have the polio outbreak response activities being undertaken in a manner that would strengthen routine immunization performance

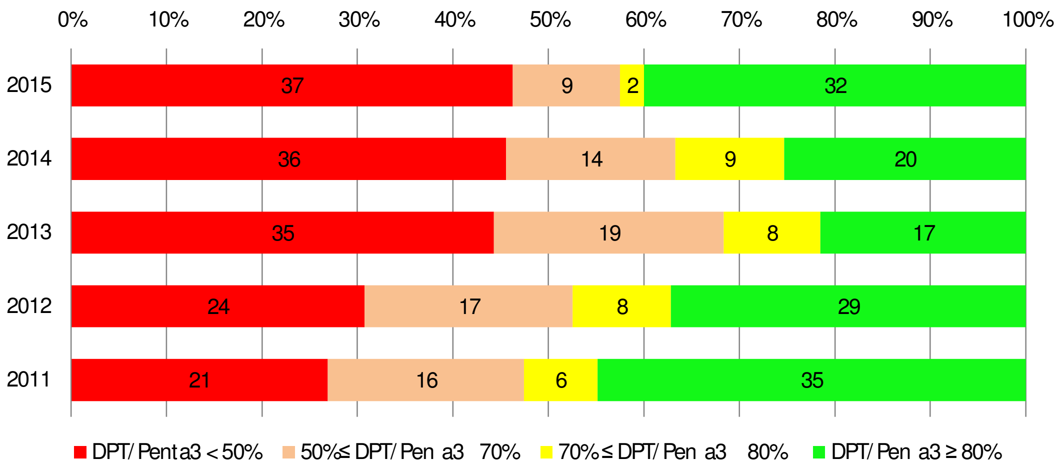
Routine Immunization Performance

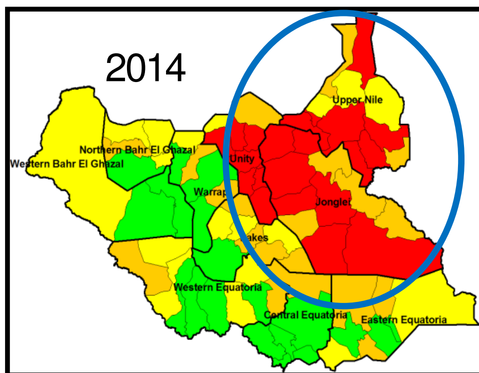


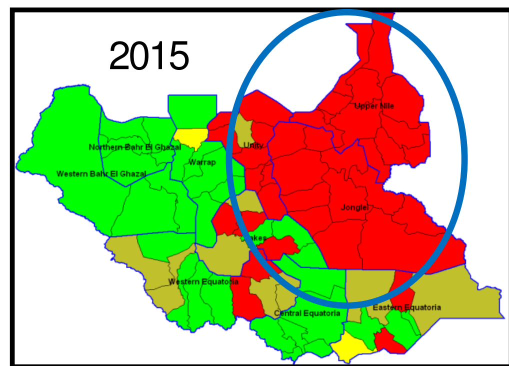




of Counties with DPT/ Penta3 coverage 2011 to 2015







Polio Asset Supporting Routine Immunization

- Staff funded by GPEI support EPI programme activities
- Cold chain functioning, maintenance and operating costs / fuel
- Logistics for supporting supervision during other campaigns
- Research, tools, communication products, social mobilization networks.

What are the remaining risks to stopping the outbreak and for further spread?

Risks

On-going transmission can not be ruled out

- Unreached children in conflict affected areas, pockets of unimmunized children in other areas
- Persistent unpredictable population movement - displacement
- Silent counties - strong possibility of missing transmission.

Conclusions

Conclusions (1)

The assessment team noted the tremendous progress that has been made since the last assessment despite challenges and appreciates the support that the partners continued to provide to the country.

However, there is no sufficient evidence to conclude that the transmission of cVDPV type 2 has been interrupted.

Conclusions

- Despite tremendous efforts to coordinate the response, there are still coordination gaps at national, state, and county level.
- Quality microplanning remains an issue in preparation of campaigns, particularly in the face of population displacement, inaccessible areas, and nomad/pastoralist movement.
- Expected standards of key surveillance indicators were not met primarily in the conflict affected States

Conclusions

- Major investments into quality are promising (roll-out of the training package, social mobilization educational aids, social maps informed by the mixed-migration study, M&E reporting framework). However, these components are yet to be widely rolled-out in the field and demonstrate impact

- In the absence of other data, attempts to collect social data at state level are commendable; however, the approach is not standardized or technically ascertained

Recommendations

Recommendations (1)

- Coordination:
  - Further strengthen close coordination between MOH and all partners agencies at all levels through existing forums and mechanisms.
  - Initiate monthly review meeting chaired by H.E. the Minister of Health and attended by WHO & UNICEF Representatives
  - Improve coordination of NGO implementing partners through regular monthly meetings at national and sub-national levels. Make Polio Eradication a standing agenda in Health Cluster Meetings

Recommendations (2)

– Complete implementation of the phase II outbreak response plan by end of June 2016

– Ensure high quality last tOPV round(April 2016) before the switch through early planning, supervision and monitoring

– Initiate and accelerate the introduction of IPV in the conflict affected states

Recommendations (3)

- Using the period when there are no campaigns, conduct bottom up microplanning exercise prior to the November and December 2016 rounds.

- In preparation of the April round review and update microplans in all conflict affected counties, including development of team movement and supervisory plans.

- In the run up to the tOPV/bOPV Switch ensure that the left over tOPV vaccine from March and April rounds as well as from the routine immunization stocks is pulled out and disposed off.

Recommendations (4)

- Refresh the training of field assistants, field supervisors, and relevant implementing partners on vaccine management in accordance with vaccine management SOPs.

- Reasons for inaccessibility and challenges to programme delivery/vaccination activities need to be regularly identified and documented in line with GPEI joint security approach.

Recommendations (5)

Develop and implement 90-day action plan to ensure rapid roll-out of the well-designed communication component to the field:

- Urgent finalization of PCAs (project cooperation agreements) with key NGO partners
- Training of all social mobilizers and NGO partners using standardized package and educational aids to ensure uniformity of quality
- Implementation of the M&E and accountability measures for social mobilization outcomes, including collection and use of social data in the conflict states.

The next cVDPV 2 Outbreak Response Assessment to take place in 3 months

Thank you