

## DRAFT: Plan Five Low Season Priorities For Nigeria Polio Emergency

	Priority	Status	Comments
<b>1</b>	<b>Refine micro-planning</b>		
	Scale up and refine house-based microplanning with social data in all 107 VHR LGAs	105 out of 107 VHR LGAs (98%) have completed refining and updating micro-plans	
	Map hard to reach / border/nomadic settlements in 95 LGAs by January 2013 and all settlements reached with at least 3 doses of OPV by June 2013	All 95 (100%) LGAs that were planned for mapping, enumeration and outreach have been covered.	Additional settlements in 75LGAs have been mapped and enumerated by April 2013. The activity is on-going as a result of seasonal nomadic movements / migration and communal internal displacement populations
	Complete GIS mapping of 8 states and integrate into micro-plans by March 2013	7 (88%) out of 8 high risk states completed GIS mapping by March 2013	GIS mapping has not been completed in the remaining state of Borno State where 20 (74%) out of 27 LGAs were not done due to heightened insecurity
<b>2</b>	<b>Strengthen team selection and training</b>		
	Revise SOP and training package to support improved team selection, management and monitoring in place by March and scaled up in 107 VHR LGAs by June	All vaccinators were selected by Ward Selection Committees in the 107 VHR LGAs in accordance with the EOC Dashboard. Visual training aids have been developed and complemented with Stall Methodology during training. In all VHR LGAs, LQAs and Independent Monitoring SOPs are	

		being implemented according to SOPs during each round	
	Track vaccinators in 20 LGAs in 8 states with GPS during IPDs by April	The programme has been able to track 23 LGAs in each IPD round since March 2013 IPDs i.e. 23 LGAs each in March and April rounds	Overall, 70 different LGAs have been tracked by April 2013 IPDs round
<b>3</b>	<b>Access children in security compromised areas</b>		
	Strengthen mapping of security access by February 2013	Done in Borno and Yobe. By February 2013, 13 LGAs(48%) out of 27 LGAs in Borno; and 7 (41%) out of 17 LGAs in Yobe had been mapped out as high security risk compromised LGAs	Furthermore, in April 2013, National EOC evaluation with the Borno and Yobe State team did a granular ward level risk assessment into high, medium and low.
	Pilot use of permanent vaccination teams in special areas (i.e. all major health facilities, busy markets, transit points)	A plan has been developed by State, LGA and community members for specific wards with security challenges. 203 PPTs in 12 LGAs in Borno State have been identified with training on 29 April 2013 to commence implementation. Each LGA has been categorized by security risk	In a National EOC consultation meeting with the State in Borno on 7 April 2013, additional strategies to complement PPT were planned. These included modified IPDs with pluses / health interventions; PPT with VCM; Border and Transit vaccination.
	Initiate SIAD in newly accessible areas	Security risk assessment by the state government security agents revealed that the SIADs strategy cannot be implemented due to the fluid security situation. 10 out of 27 LGAs have been identified as high security and did not implement the April	

		rounds.	
	Continue local stakeholder engagement	From 7-10 April 2013, the National EOC had a consultative meeting with State Government (Health, Local Govt, Security agencies) and partners (WHO, UNICEF, CDC N-STOP, Program officers from LGAs)	
<b>4</b>	<b>Reduce non-compliance</b>		
	Rapid review of VCM management structure to strengthen supervision by February to improve effectiveness and inform scale-up	VCM management review was conducted by CDC, WHO, McKinsey and UNICEF in March 2013. The review included desk review of documents and field visits by the reviewers.	Recommendations of the review are informing VCM scale up in all states.
	Develop and begin to implement LGA-specific strategy to enlist and mobilize religious leaders including integration of imams in micro-plans by April 2013	Mapping of religious sects that refuse OPV was done in LGAs of HR states. Work plan on engagement of leaders of these sects has been developed and is being implemented at the LGA level. Polio survivors, quranic school teachers, Imams and other religious leaders have been engaged in accordance with LGA plans.	Engaged Imams are announcing dates for IPDs passing polio messages during Friday prayers. Religious leaders are now becoming part of rapid response teams during campaigns. Engagement of polio survivors, religious leaders and quranic school teachers is ongoing and is yielding good results. Pro-polio CDs are being distributed
	Operations research on reasons for persistent, clustered non-compliance	Qualitative assessment of non-compliance and missed children was undertaken at the end of 2012. This is informing communication	

		approaches. Nigeria is reviewing the special investigation tool for implementation.	
<b>5</b>	<b>Intensify programme management</b>		
	Sustained engagement with Executive Governors and VHR LGAs by Presidential Task Force & Nigeria Governors' Forum	Sustained engagement through PTF meetings, followed up by field visits. Polio has always been on the agenda of the Nigeria governors forum meeting. The chairman PTF and the ED and team have been engaged in field visits to persistent low performing LGAs Katsina, Kaduna, Kano, Sokoto, Jigawa, Bauchi, Kebbi, Zamfara, Borno, Yobe	
	Establish EOCs in Abuja, Kano, Katsina, Sokoto, Kaduna and Sokoto	The national and five state EOCs have been established and functional	
	Optimize deployment of government and partner field staff to align with segmentation analysis of highest risk LGAs and wards by February, optimization completed by April 2013	EOC team with inputs from Mckinsey, optimized and aligned surge capacity by re-deploying best hands to poor performing LGAs in March 2013	
	Ensure thorough and expedient response to outbreaks as outlined in the SOP	Out of the 13 cases in 2013, mop-up campaigns have not been conducted as	The mop-ups could not be conducted as outlined in SOPs in these LGAs due to insecurity

		planned for 4 cases (3 cases in Maiduguri LGA in Borno State and 1 in Yobe State)	
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