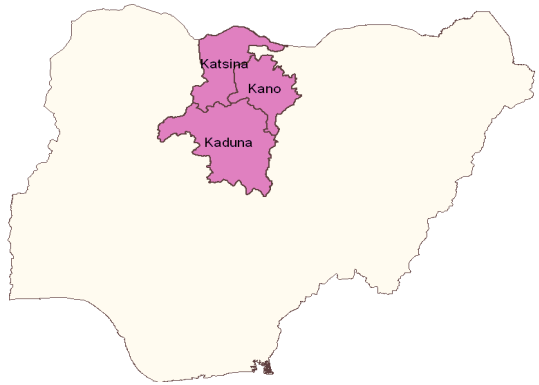
Kano, Kaduna, Katsina Sanctuary



Contents

Challenges, Actions and Outcomes discussed at the June IMB Report (1/4)

Challenges	Reasons for challenges	Actions taken	Responsible	Timeline	Outcomes
1. Persistent pockets of non-compliance areas with 34% missed children due to non-compliance in Jul '12 SIPDs	• No felt need: 25% • No caregiver consent: 16% • Too many SIAs rounds: 9%	• Formation of State and LGA Rapid Response Teams to address noncompliance • Conduct of Intensified Ward Communication Strategies (Film show , community dialogues, compound meetings) • Use of Voluntary Community mobilisers (VCMs) to mobilise caregivers in households • Sensitization of 26,000 religious leaders during every round of IPDs	• LGA Chairmen • LGA Technical Teams • Communit y leaders • VCMs (Unicef)	9 Oct ' 12.	• Proportion of missed children due to noncompliance reduced to 26% in Oct SIPDs compared to Jul (34%) round • 20% of WPV infected LGAs had coverage accepted with ≥90% by LQAS coverage compared to 0% in Jul SIPDs

Challenges, Actions and Outcomes discussed at the June IMB Report (2/4)

Challenges	Reasons for challenges	Actions taken	Responsible	Timeline	Outcomes
2. Poor micro planning in all the 44 LGAs	• Non-involvement of community leaders in micro planning • Non conduct of physical verification of Microplans. • Poor maps • Irrational vaccination team workload • No border meetings • Not enough personnel for supervision	• Intensive review of micro plans in 21 VHR LGAs • Conduct of physical walkthrough with full support of TL in 21 LGAs • Rationalization of team workload • Conduct of cross border meetings • Verification & validation of all 21 LGA micro plans • Surge capacity	• Vaccination team supervisors & Community leaders supervised by 3 levels of supervisors from Zonal, State, LGA & Partners	Sept 2012	• Workload rationalized for all teams in the 21 LGAs • 630 New settlements identified & included in micro-plan

Challenges, Actions and Outcomes discussed at the June IMB Report (3/4)

Challenges	Reasons for challenges	Actions taken	Responsible	Timeline	Outcome
3. Weak programme ownership in some LGAs	•Lack of accountability •Poor appreciation of the current emergency status of polio eradication •Poor oversight/monitoring by State authorities	•Advocacy to deputy Governor and State task force on accountability framework •Executive governor persuaded to meet LGA chairmen twice on accountability for PEI •Sensitization of LGA chairmen on PEI and regular review meetings. •Daily monitoring of dash board indicators (pre- and intra-campaign)	•State TFI •State & LGA Teams	•9th Oct 2012	• Executive governor pledged to reward and sanction 3 best and 3 worst performing LGAs respectively •Conduct of State Flag off by H. E. the Governor •71% of LGA Chairmen supervised implementation • 80% of LGA Chairmen chaired evening review meetings

Challenges, Actions and Outcomes discussed at the June IMB Report (4/4)

Challenges	Reasons for challenges	Actions taken	Responsible	Timeline	Outcomes
4. Under-engagement of traditional leaders	•Lack of systematic engagement of TLs	•Provision of guidelines on roles & responsibilities, accountability frame work and supervisory checklist for traditional leaders	•Kano Emirate Council /TFI	•14th Sept 2012	•80 % of District heads supervised implementation •93% of District heads attended evening review meetings
5. Poor Routine immunization with OPV3 & DPT3 Coverage (Jan-Aug '12) of 33% and 36% respectively	•No budget line for routine immunization in the LGAs to support logistics (vaccine distribution, supervision and outreach services) •Frequent vaccine stock outs •Poor community linkage •Inadequate trained manpower	•Advocacy to LGA leadership for routine immunization support •Supportive supervision and application of abridged checklist •On the job training of personnel •Regular feedback meeting with LIOs	•State/LGA Teams	•On-going	•79% of planned fixed sessions implemented (Jan –Aug 2012) •≥80% of tOPV & DPT have been in stock since 2nd quarter of the year

Challenges, Actions, and Outcomes arising AFTER the IMB meeting (1/3)

Challenges	Reasons for challenges	Actions taken	Responsible	Time frame	Outcomes
1. Poor quality trainings at ward levels	•Poor planning •No conducive training venues •Overcrowded training venues •Inadequate practical/demonstration sessions •Poor monitoring of training sessions	•Early preparations for training •Staggering of training sessions •Segregation of participants according to roles •Emphasis on demonstration and field work •Surge capacity & use of checklists to monitor trainings	•Ward Focal persons, Team supervisors and level 3 supervisors	5th Oct 2012	•98% of training venues were conducive •95%of training sessions had practical demonstration •97% of participants attended training

Challenges, Actions, and Outcomes arising after the IMB meeting (2/3)

Challenges	Reasons for challenges	Actions taken	Responsible	Time frame	Outcomes
2. Poor team performance (e.g. teams not visiting households, not reporting noncompliance and revisit households, poor IPC skills and not asking key questions in the households)	•Not adhering to selection criteria •Politicization of team selection / Weak/nonfunctional ward selection committees •Poor quality training •No feedback to community leaders on the performance of personnel •Weak supportive supervision •Lack of accountability	• Sensitization meeting with LGA chairmen on the negative impact of politicization of team selection •Printing and distribution of team selection criteria to all LGAs and wards •Ward selection committees reactivated in all LGAs •Printing and sharing of key questions to be asked in households to vaccinators •Replacement of erring ward focal persons (e.g. Gwale LGA) found flouting selection criteria •Training of vaccination teams on work ethics	•State TFI •State Taem •LGA Teams •LGA Chairmen •Community leaders	9th Oct '12	During Oct SIPDs: •Only 6% of missed children were unvaccinated due to households not visited by teams: •96% of supervised teams reported noncompliance •92% % of supervised teams asked 5 key questions

Challenges, Actions, and Outcomes arising after the IMB meeting (3/3)

Challenges	Reasons for challenges	Actions taken	Responsible	Timeline	Outcomes
3. Weak supportive supervision	•Weak ownership •State and LGA senior supervisors not trained on supervision •Supervision without use of checklists •No forum for feedback by State senior supervisors	•State and LGA senior supervisors briefed on supervision during SAIs prior to deployment •State and LGA senior supervisors provided with supervisory checklists •LGA senior supervisors giving feedback during evening review meetings •Advocacy to the State for a forum of feedback by State senior supervisors •Surge capacity ensures adequate supervision	•State Team •LGA Team	9th Oct '12	•93% of supervised teams were supervised by senior supervisors
4. Surveillance gaps identified during rapid assessments/reviews and supervisory visits	•Lack of logistics support for surveillance at State and LGA levels •Inadequate number of reporting sites and community informants •Inadequate active case search and clinician sensitization	•Provision of 60 motorcycles to DSNOs •Regular feedback meeting with DSNOs •On the job clinician sensitization	•WHO •State Team	•On going	•77% of LGAs meeting two key surveillance indicators • Annualized NP AFP rate of 8.5 (Jan –Sep 2012)

Next Steps…

The remaining 23 LGAs be taken up for revised HH based Microplan, LGA level trainings scheduled for 22nd Oct' 12

Tally sheet analysis (TSA) new format explained to all cluster consultants & LGA Facilitators at the state level

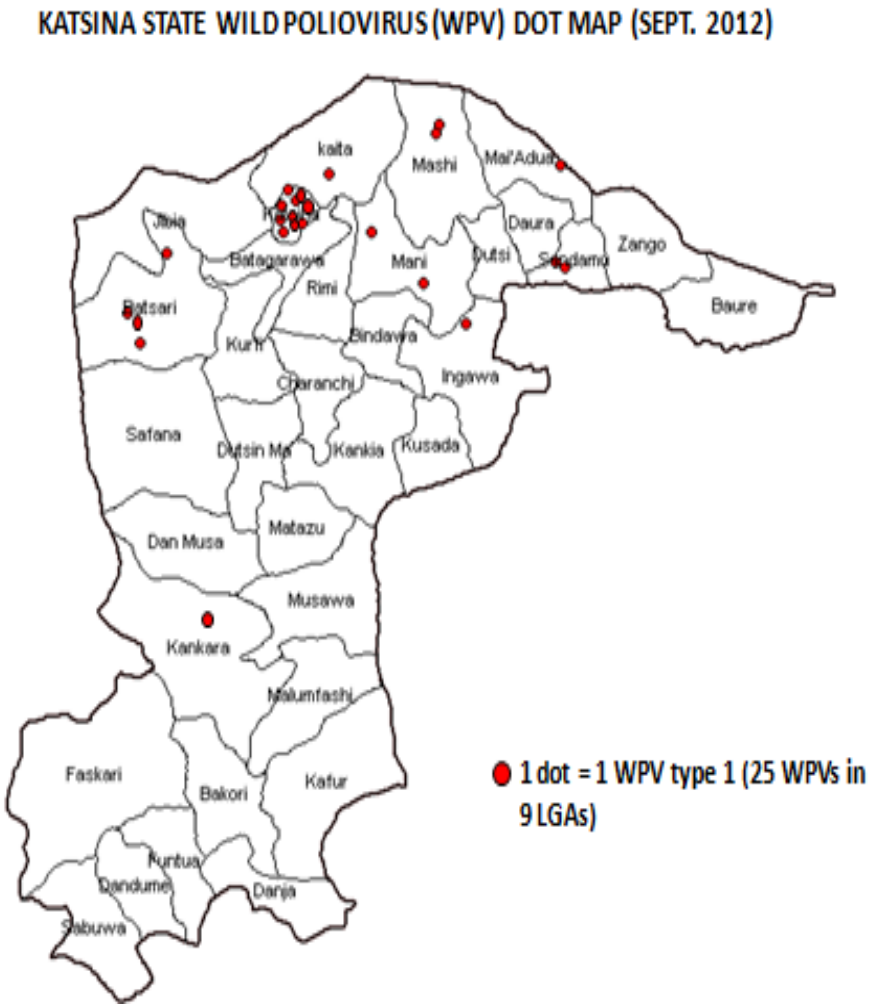
Cluster level FV's orientation is ongoing for TSA format understanding with a timeline to complete TSA by 23rd Oct' 12

The 21 LGAs will review & update their Micro plans on the basis of TSA findings along with field validation as per requirement.

Contents

Summary of WPV cases, Katsina

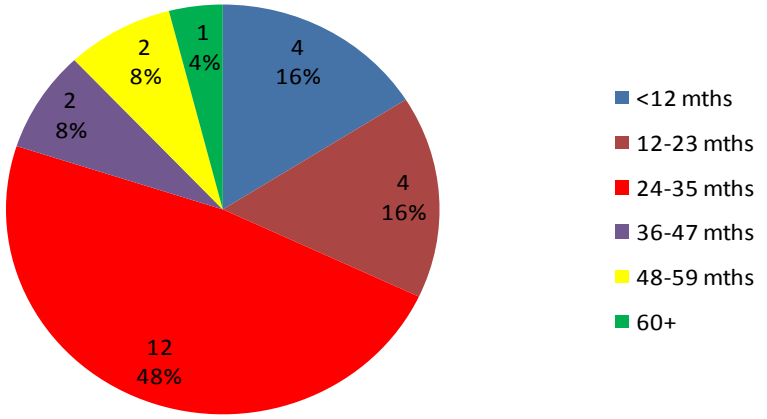
WPV distribution, Kastina



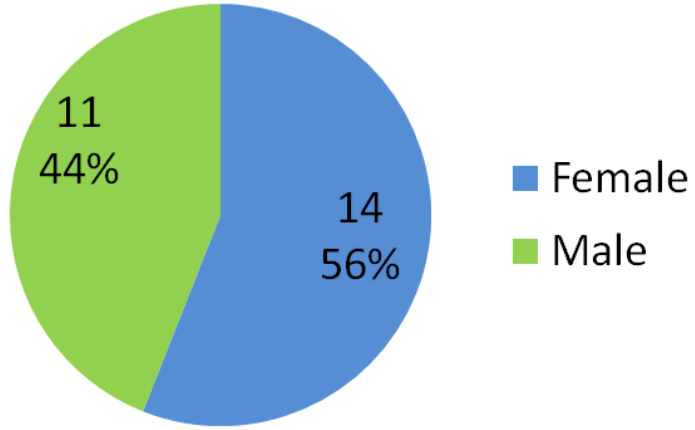
- Intensive WPV1 outbreak in northern half of the State (40% in Katsina LGA)
- 60% had less than 4 doses
- 59% of WPVs are in villages (rural/semi rural) and 29% in urban slums
- 40% of the cases are children of farmers residing in villages
- Those in villages (mostly farmers) did not get the vaccine because their houses were not visited by teams
- Major reasons for refusals during SIAs were “No caregiver consent”, “No felt need” and “Reason not given”

Characteristics of WPV cases, Katsina State – Sep 2012

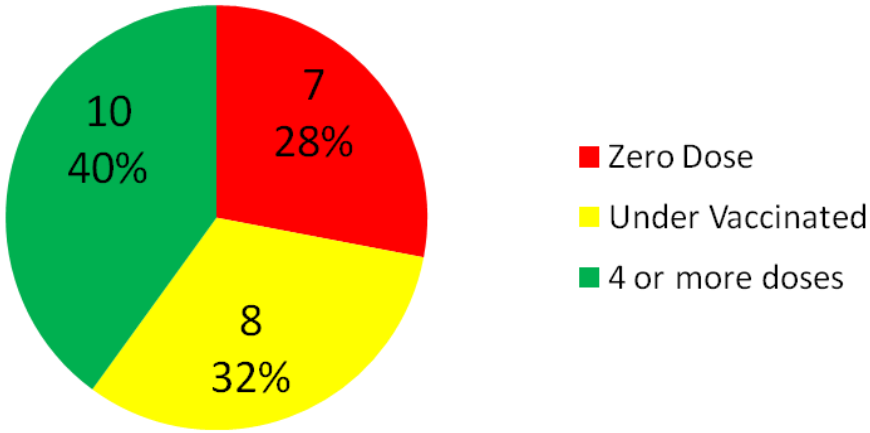
Age



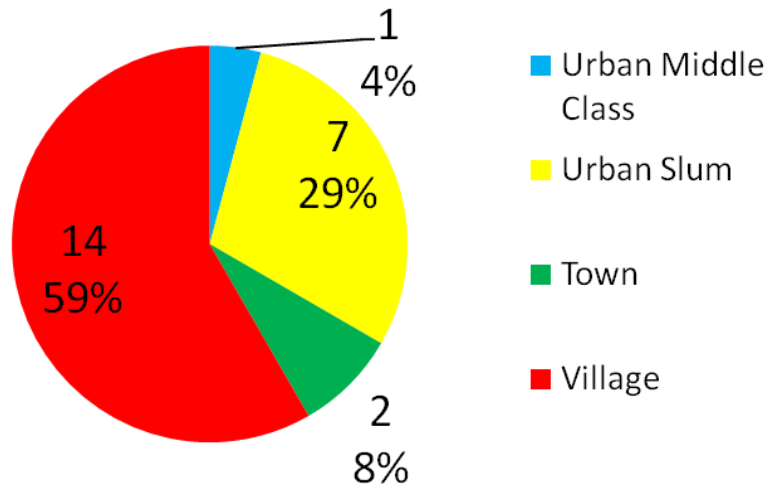
Sex



OPV doses



Location



Major reasons for missed children

Non compliance : Reasons for NC: No felt need, Religious belief, No caregiver consent and Reason not given.

- Katsina LGA (38%),
- Kankia LGA (40%),
- Dandume (62%),
- Dutsinma (41%),

Household not visited/Failure of team to seek for all eligible children:

- Katsina LGA (40%),
- Danja (78%),
- Daura (67%),
- Funtua (54%),
- Mani (63%),
- Safana (80%),
- Kurfi (50%),
- Kusada (50%),
- Ingawa (49%) and
- Kankia (48%).

Source: Outside monitoring data, Oct IPD

Challenges and actions taken – Katsina State

SN]	Challenges	Corrective actions	Responsible Person	Timeline	Remarks
1.	High percent missed children >10% due to Non Compliance and child absent. 15 LGAs out of 34 (44%) recorded >10% of wards with more than 10% missed children in 2/4 IPDs rounds between Feb and July 2012 (Katsina LGA had 100% of wards with >10% MC in 3 consecutive rounds)	a)Involvement of Traditional and religious leaders: Emirate Council Committees on Polio eradication constituted by the Emirs. Carried out sensitization of Trad. Leaders, RLs and Communities. Evening Review Meetings held at District Head's palace b) IWCS activities in high risk wards (Majigi film show , CDs, CMs, Sensitization meetings) c) Involvement of VCMs	State Task force / State team/SSMC	4th Quarter 2012	More than 70% of the NC resolved with the intervention of Traditional Leaders.
2.	Weak political commitment at LGA level - Only 12 out of 34 LGA Chairmen (35%) chaired evening review meeting in Oct-12 SIPDs	Continuous advocacy, Governor meeting with LGA chairmen. - High level advocacy (HCH, HC MLG/CA) conducted to WPV infected LGAs - Meeting of the Emergency Committee headed by HE	Chairman State Task Force	October/November 2012	Exemplary LGA leadership in Sandamu, Ingawa and Mai'adua has led to improved LQAS coverage

Challenges and actions taken – Katsina State

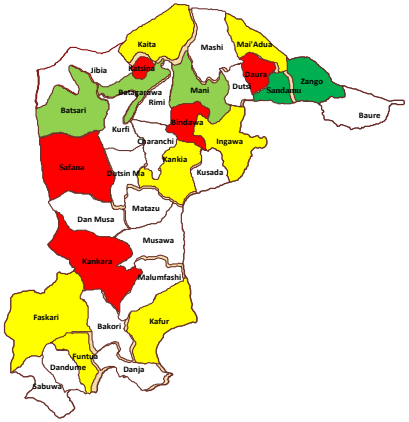
SN	Challenges	Corrective actions	Responsible Person (s)	Timeline/Deadline for implementation
3.	Micro planning issues/ Team performance 66% of missed children in July due to Child absent and 11% due to HH not visited. 12 of the 25 cases of WPV (48%) are under vaccinated (less than 3 doses of OPV). 7 (28%) of them are zero dose children.	Household-based Walk through microplan .Reactivation of ward selection committees and strict adherence to selection guidelines .Work load rationalisation, Training, Scaling up IPC skills .Concurrent monitoring	State and LGA team /Training and selection sub commitees	October/November 2012

Challenges and actions taken – Katsina State – Cont'd

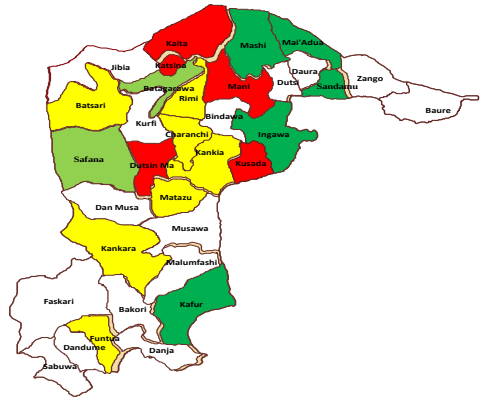
SN	Challenges	Corrective actions	Responsible Person (s)	Timeline/Deadline for implementation
4.	Poor program visibility	Mass multi media campaign	SSMC/STATE TASK FORCE	October/November 2012
5.	Supervision	Training and deployment of more supervisors	State/ LGA teams	4th quarter of 2012
6.	Insufficient motivation of personnel	Advocate at all levels for increased motivation of teams.	State/ LGA teams	4th quarter of 2012
7.	Low RI performance	Promoting ownership of RI services , REW & 123 strategy, Involvement of community leaders,	State/ LGA teams	4th quarter of 2012

Comparing LQAs July 2012 and LQAS Oct 2012 Results

July LQAS



Oct LQAS



- **≤ 3** unvaccinated: LGAs accepted with >=90% Coverage
- **4 to 8** unvaccinated: LGAs rejected >80% and <90% Coverage
- **9 to 19** unvaccinated: LGAs rejected >60% and <80% Coverage
- **> 19** unvaccinated: LGAs rejected <60% Coverage

Contents

Details of Polio Cases, Kaduna, 2012

EPID No	LGA, Ward	Community Profile	OPV Doses	Planning gaps
BNG-001	Birnin Gwari, MG III	Nomadic & H2R	1 dose	M/c Plan , Team performance
BNG-002	Birnin Gwari, MG III	Nomadic & H2R	0 Dose	M/c Plan , Team performance
KAR-004	Ikara, Paki	Urban, Non Compliance	0 Dose	Team performance
BNG-006	Birnin Gwari, MG II	Urban, Non Compliance	2 Doses	No gaps
KAR-004	Ikara, Paki	Urban, Non Compliance	0 Dose	Team performance
KAR-006	Ikara, Rumi	Rural,Nomadic, NC	2 Doses	Team performance
KAR-007	Ikara, Sayasaya	Rural, Non compliance	3 Doses	M/c Plan , Team performance
ANC-003	Kubau, Karogi	H2R Isolated	2 Doses	Team performance
TRK-005	Igabi, Birnin Yero	H2R Isolated	8 Doses	Team performance
TRK-008	Igabi, Sabon Birnin	Rural, H2R, Non compliance	2 Doses	M/c Plan , Team performance
ZAR-002	Zaria, Tukur tukur	Hausa, Urban slum, NC	4 Dose	M/c Plan , Team performance
ZAR-003	Zaria, Tukur tukur	Hausa, Urban slum, NC	2 Dose	M/c Plan , Team performance
NKR-010	Makarfi, Gagara	Rural, H2R, Non Compliance	2 Dose	M/c Plan , Team performance
ZAR-005	Zaria, Kawarbaia	Hausa, Urban slum, NC	0 Dose	M/c Plan , Team performance

NB: M/c Plan: micro-plan, H2H: House to House , H2R: Hard to reach

Compliance with June IMB Report

Challenge	Activity to address challenge	Responsible person	Timeline for activity	Data showing outcome
Inadequate Program ownership at State & LGA levels (Only 52% LGA chairmen participated at LGA Evening Review Meetings, Non release of Funds, Lack of progress tracking at State level)	1. State TFI re-invigorated, with Deputy Governor directly in charge as Chairman, with the full support of the Executive Governor	SMOH/SACI	End of quarter 2	2 State TFI meetings chaired
	2.Basket funding for the programme – ensuring that LGAs contribute their quotas for program financing – especially for purchase of add-ons (pluses) Advocacy to Ministry of Local Government for Counterpart Funding for implementation of Sept IPD	State TFI Commissioner of Health	July 2012	100% LGAs released funds 3 days prior to implementation & 100% LGA Chairmen attended at least 2/4 Evening Review Meetings
	3. Progress reports on PEI now mandatory at weekly State Executive Council meetings	Office of the Executive Governor	July 2012	11/13 reports submitted at executive council meeting
	4. State Task Force on Immunization has been expanded for greater impact	Office of the Executive Governor	July 2012	Reward System instituted by State to the best performing LGAs by end of Oct Now all State Executive Council members and all LGA Chairmen are members

Activities addressing challenges

Challenge	Activity to address challenge	Responsible person	Timeline for activity	Data showing outcome
Excessive Team Work-load Inadequate team performance (poor quality of data, lack of IPC skills)	1. Household-based microplanning and rationalization of team work-load in 11 High-risk LGAs	State technical team State Team /NPHCDA Chairman State TFI	August 2012 From Sep 2012 IPDs State Team	11/23 LGAs with H2H based micro plans, and 1916 new settlements identified compared to July IPD Highest ever documentation of NC since PEI inception recorded in Sept IPDs (From 0.3% in July to 1% in Sep)
	2. Introduction on new (HH-based) teams tally sheet to improve data capturing & minimize data falsification		July –Dec 2012	

Activities addressing challenges

Challenge	Activity to address challenge	Responsible person	Timeline for activity	Data showing outcome
Poor IPC skills	3. 3703 FAQs for H2H team printed and distributed for improving IPC	State & LGA teams	Oct-Dec 2012	State Report of meetings with members of WSC and line-list of members
	4. Ward Team Selection committees constituted in 23 LGAs with active support/Monitoring by state team in VHR LGAs	SACI	October, 2012	
Inadequate access to mobile/nomadic populations	5.Collaboration with National Commission for Nomadic Education(NCNE) for line-listing and mapping of fulani settlements in 12/23 selected LGAs with high nomadic populations	SACI/State team/NCNE	August-Dec 2012	Increased reporting of immunization in all LGAs and mapping of stock routes and grazing reserves

Activities addressing challenges

S/no	Challenge	Activity to address challenge	Responsible person	Timeline for activity	Data showing impact
4	Increasing Non-Compliance (21.9% due to OPV Safety & 19.7% due to Religious Belief)	Scaling up of Intensified Ward "Strategy in High-Risk LGAs & wards. In tandem with other activities targeted at improving team performance, it is expected that the necessity for multiple "redos" & "revaccinations" will be reduced	State & LGAs Soc Mob Working Groups	Jul-Dec 2012	Drop in Sept IPD to 6% due to OPV Safety & 15% due to Religious Belief
5	Poor supervision of teams by Senior Supervisors (<10%)	Deployment of 100 Senior Supervisors by the State	SACI	July to October 2012	54% Teams were supervised by Senior Supervisors in Sept IPD

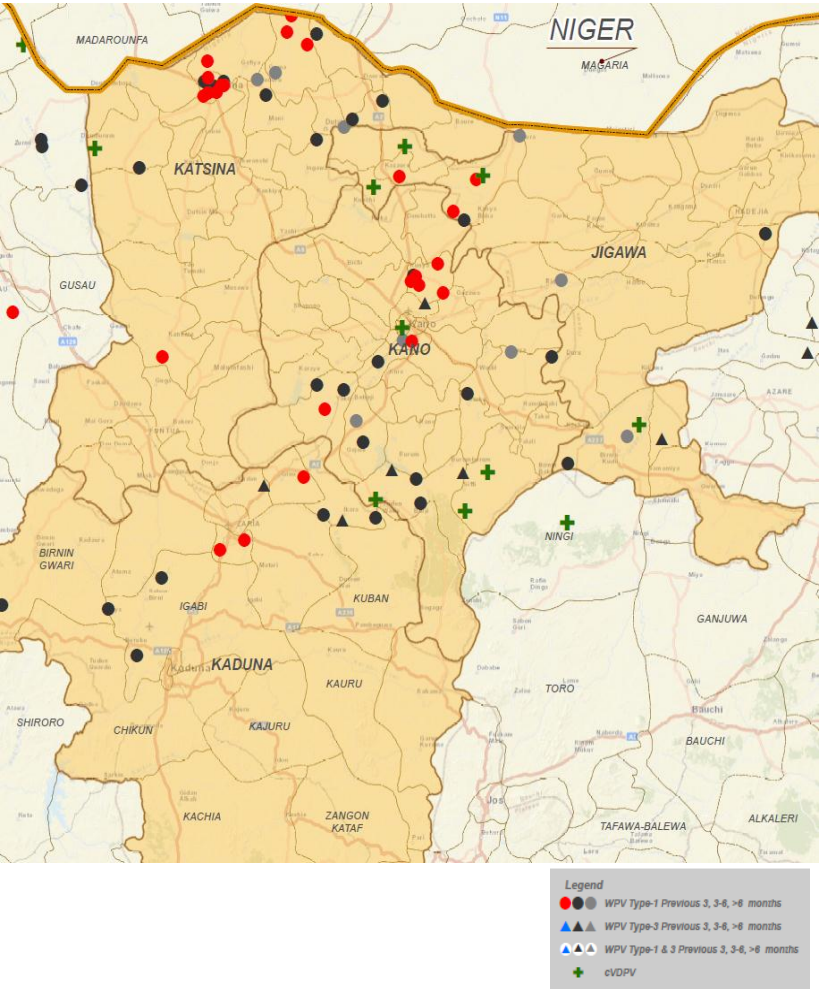
Activities addressing challenges

S/ no	Challenge	Activity to address challenge	Responsible person	Timeline for activity	Data showing impact
6.	High Number of unimmunised Children from RI* Birnin Gwari(2,319) Zaria (3,637) Makarfi(1,422) Igabi (4,109) Ikara (1,783) Kubau (2,473) * Data as on Sept 2012	1. REW Micro plan was conducted and finalized. 2. Plan document for 1 fixed session per week with 2 outreaches per month in 2 Health facilities at wards with the highest unimmunized children. 3. On going compilation of profile of chairmen of VDC and WDC 4. Planned State-wide meeting with Chairmen of WDC . 5. A template has been developed by WHO to aid RI supervision by LIOs, WFP and FV 6. The state technical supervisors (STFs) also double as the first level state RI supervisors, were instructed to integrate both IPDs and RI supervision by completing the abridged checklist and the pre-implementation checklist in their LGAs of posting, to compliment the one filled by Cluster Consultants.	SACI/LGA technical team	April 2010-Sept 2012	Birnin Gwari (-379) Zaria(244) Makarfi(788) Igabi (1,823) Ikara(-2,198) Kubau (88)

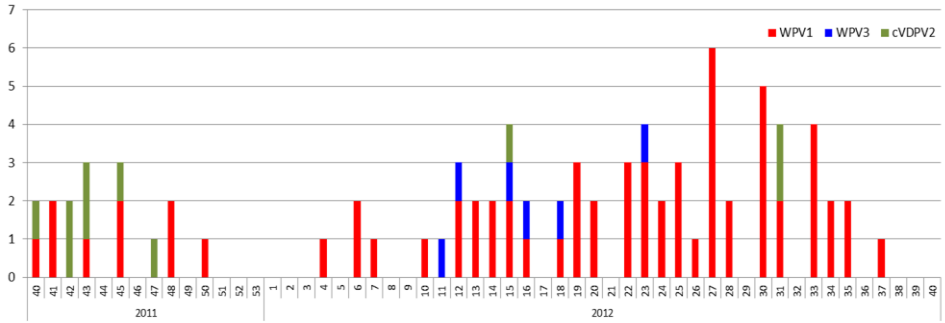
Emerging Results

Improving trend in LQAs and OPV status of n-polio AFP cases Kano, Katsina, Jigawa and Kaduna States

WPV and cVDPV cases October 2011 to September

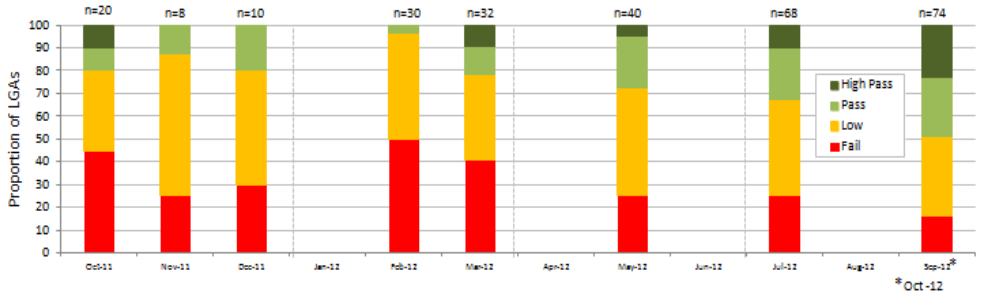


Wild Polivirus cases, Kano, Jigawa, Katsina + Kaduna states

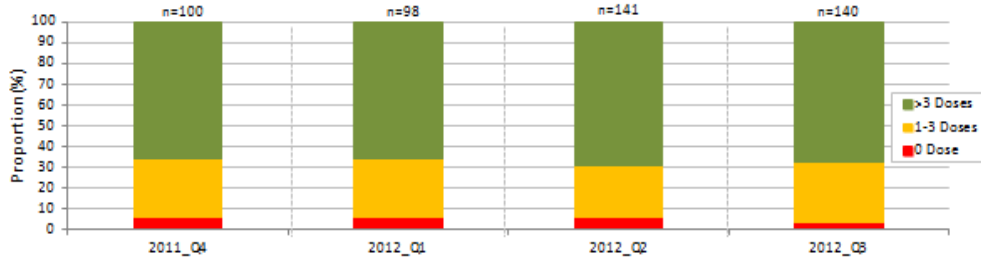


Environmental surveillance results, Kano sampling sites

LQAS survey results by SIA



Proportion of non-polio AFP cases 6-35 mo



Thank you