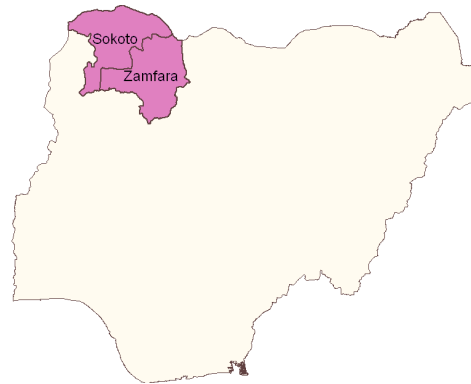


# Sokoto, Zamfara Sanctuary



IMB Presentation October 29<sup>th</sup>, 2012

# Contents

**Sokoto State**

Zamfara State

# Sokoto Progress towards addressing challenges identified in May 2012

Challenges identified in May	Progress towards addressing the challenges
Inadequate Commitment of the State Governor	<p>State EPI Team and Presidential Task Force on Immunization paid a courtesy visit to the Governor in June 2012 which resulted in the following:</p> <ol style="list-style-type: none"><li>1. Governor inaugurated State Task Force on Immunization in June</li><li>2. Governor personally flagged-off June and September IPDs 2012</li><li>3. Governor convened meeting with all LGA Chairmen and urged them to support PEI (June 2012)</li><li>4. Donated and personally distributed 115 motorcycles, 69 solar fridges and 55 vaccine carries/LGA (Sept 2012)</li><li>5. Dispatched senior government officials to supervise IPDs in various LGAs (Sept 2012)</li></ol>

# Sokoto Progress towards addressing Challenges identified in May 2012

Challenges identified in May	Progress towards addressing the challenges
Inadequate commitment by LGA Chairmen (34% actively participated in May IPDs)	State task force mobilized LGA chairmen to support PEI; resulted in improved participation of the Chairmen. (56% in Oct IPDs).
Inadequate supervision at all levels	<ul style="list-style-type: none"><li>• Dispatch of state officials to supervise IPDs in various LGAs</li><li>• Participation of LGA Task Force members in supervision of IPDs</li><li>• Deployment of senior female students from School of Health Technology as supervisors in High-risk LGAs (Kware-17, Illela-50)</li></ul>
Anti-OPV rhetoric by some religious and academic leaders	Repeated engagements and dialogues resulted in consensus to stop negative sermons against Oral Polio vaccination

# Sokoto current challenges and action taken

Specific Challenge	Action Taken/Corrective measures	Responsible	Deadline	Remarks/Success of action taken
<p><b>1. Persistent Non-Compliance (NC)</b></p> <ul style="list-style-type: none"> <li>•12,805 Households, 27,911 Children involved across the state in Oct 12 IPDs</li> <li>•9,787 HH (80%), 20,590 (73%) children concentrated in 7 VHR LGAs (Sokoto North, Sokoto South, Wamako, Kware, Dange Shuni, Gwadabawa, Illela)</li> </ul>	<ol style="list-style-type: none"> <li>1.Daily tracking and compilation of NC households and children missed during evening meetings</li> <li>2.Community dialogues facilitated by traditional and religious leaders</li> <li>3.Evening sensitizations in most affected wards</li> <li>4.Follow up dialogue and individual sensitization of unresolved NCs before end-Oct IPDS</li> <li>5. Positive Polio messages during Friday sermons</li> <li>6. Advocacy with Polio IEC materials displayed in Eid mosques</li> </ol>	<ol style="list-style-type: none"> <li>1.LGA Facilitator</li> <li>2.IPDs Team Supervisors</li> <li>3.Traditional leaders</li> <li>4.Religious leaders</li> </ol>	<p>3-31<sup>st</sup> October</p>	<p>8539 NC HH (67% of total recorded) were resolved and 19165 (67%) children were immunized</p> <p>The follow up sensitizations and increased visibility will likely assist in sustaining the confidence of recently resolved NCs</p>

# Sokoto current challenges and action taken

Specific Challenge	Action Taken/Corrective measures	Responsible	Deadline	Remarks/Successes of action taken
<p>2. Sub-optimal Team Performance</p> <ul style="list-style-type: none"> <li>•Poor documentation of revisits. Teams failed to seek for the total children living in the households. This accounted for 52% (55,998) missed children in Oct IPDs in the State.</li> <li>•85% teams in Waziri B ward, 82% Waziri A, 80% Magajin gari B in HR LGA Sokoto North) not recording revisit households</li> </ul>	<ol style="list-style-type: none"> <li>1. “Daily missed children reason” analyses during IPDs and action plan to revisit the household the following day before commencing the day’s work</li> <li>2.Improve training of teams with emphasis on IPC skills to collect accurate information on number of children in households</li> <li>3.Focus supervision to teams missing &gt;10% children during IPDs</li> <li>4.Daily report of outcome of revisit to compare with estimated number of missed children</li> <li>5.Daily tracking of teams with high workload to ensure completeness of the assigned areas to minimize the chances of missed areas</li> <li>6.TSA to Identify teams not recording revisit households</li> </ol>	<ol style="list-style-type: none"> <li>1.Ward Focal persons</li> <li>2.Field volunteers</li> <li>3.Consultants</li> </ol>	During IPDs	Improved proportion of teams documenting revisits households from 33% to 83% in Waziri A Sokoto North LGA

# Sokoto Current Challenges and Action Taken

Specific Challenge	Action Taken/Corrective measures	Responsible	Deadline	Remarks/ Success of action taken
<p><b>3. Poor quality of Daily evening review meetings</b></p> <ul style="list-style-type: none"> <li>•Evening meetings do not focus on quality and operational aspects of the activity. Only 19241 (34%) children were reported as missed for revisits while monitoring data estimated 55,998</li> </ul>	<ol style="list-style-type: none"> <li>1.Training of ward focal persons, field volunteers to track the effectiveness of revisits by comparing tally and monitoring data during evening review meetings</li> <li>2.Ward teams to develop action plans to revisit poorly revisited areas</li> </ol>	<ol style="list-style-type: none"> <li>1.LGA Facilitators</li> <li>2.State technical Facilitators</li> <li>3.Consultants</li> </ol>	<p>During IPDs</p>	

# Sokoto Current Challenges and Action Taken

Specific Challenge	Action Taken/Corrective measures	Responsible	Deadline	Remarks/Success of action taken
<p><b>4 Poor program visibility</b></p> <p>Poster and Banners account for 0% as source of information in Oct 2012 IPDs</p>	<ol style="list-style-type: none"> <li>1. Timely sharing of information with all stakeholders</li> <li>2. Discussed with state SMC and NTLC on production of Banners targeted for Eid Mosques as part of Eid advocacy and Friday mosques</li> <li>3. Photocopy and distribution of Fatwa on Polio by prominent Islamic scholars</li> <li>4. Production of Banners for IPDs</li> </ol>	<ol style="list-style-type: none"> <li>1. State Social Mobilization Committee</li> <li>2. NTLC</li> </ol>	Oct 2012	1. State SMC in discussion with some private businesses to support with large banners for Eid advocacy



# Contents

Sokoto State

**Zamfara State**

## Challenges and actions taken - Zamfara

Major Challenges	Major Actions points taken to address challenges	Outcome
<ul style="list-style-type: none"> <li>• Programme ownership continue to pose a major problem</li> </ul>	<ol style="list-style-type: none"> <li>1.State flag-off by His Excellency the Executive Governor in Zurmi LGA (the most high risk LGA with 3 WPV1s in 2012</li> <li>2.LGA Chairmen were all visible on the field encouraging parents, resolving NC and also supervising and monitoring the July Implementation. Some Chairmen flagged-off the round and gave additional pluses to their LGAs.</li> <li>3.Receipt of the Polio free torch by His excellency the Deputy Governor from the Minister of state for Health</li> <li>4.Release of state counterpart funding</li> <li>5.State and LGA taskforce meetings to review progress , identify gaps and proffer solutions to the identified gaps</li> <li>6.Evening review meetings in the Palaces of Emirs e.g. Emirs of Anka, Maradun, and Tsafe</li> <li>7. Holding of the Presidential taskforce and National Traditional Leaders Council meetings in the state</li> </ol>	<ol style="list-style-type: none"> <li>1.State flag-off in July was conducted by the Governor in Zurmi LGA</li> <li>2.All 14 LGAs flagged-off in July.</li> <li>3. 4.5 million Naira released by government through the “Basket funding” to support purchase of PLUSES, additional teams and supervision by LGA teams</li> <li>4.Evening review meetings hold in 6/17 Emirs palaces</li> <li>5. A 16% increase in the number of children vaccinated.</li> <li>6.Taskforce meetings held in all 14 LGAs (100%)</li> </ol>

# Challenges and actions taken - Zamfara

Major Challenges	Major Actions points taken to address challenges	Outcome
<ul style="list-style-type: none"> <li>• A significant proportion of children continue to be missed in some LGAs as is evident in the LQAS and independent monitoring</li> <li>• Sub optimal micro plans in some LGAs</li> </ul>	<ol style="list-style-type: none"> <li>1.The newly modified micro planning process using the Indian model was applied and concluded in 7 Very High risk LGAs. Micro planning in the remaining 7 LGAs has just begun in preparation for the November round.</li> <li>2.Immunizations in the markets, nomads</li> <li>3.Training and team selection has been a major area of concern and focuses on the following areas               <ul style="list-style-type: none"> <li>• <i>Staggering of ward level training to enable intensified supervision by LGA team, state, NPHCDA and WHO officials in all the LGAs.</i></li> <li>• <i>Insist on engagement of local vaccinators and recorders to ensure community acceptance and ownership</i></li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• 50% of the LGAs (87.5% of VHR LGAs) completed micro planning using the new approach. The remaining 50% are on-going</li> <li>• 5735 children were immunized in the markets</li> <li>• 100% of ward trainings were supervised by senior supervisors due to the staggering</li> <li>• 75% LGAs accepted =&gt;90%; 1 accepted =&gt;80%; 1 (Gusau LGA) rejected below 60%. A significant improvement compared to July round</li> </ul>

# Challenges and actions taken - Zamfara

Major Challenges	Major Actions points taken to address challenges	Outcome
<ul style="list-style-type: none"> <li>• Increased cross border activities between countries, states, LGAs and wards</li> </ul>	<ol style="list-style-type: none"> <li>1. Border synchronization meetings and development of joint border synchronization vaccinations during IPDs.</li> <li>2. Market (international and National) immunizations to reach migrant parents especially the Fullani nomads</li> </ol>	<ol style="list-style-type: none"> <li>1.Border synchronization meetings: LGA to LGA s (85.7%); State to state (75%); International only 1 (100%)</li> <li>2.Nomadic “children immunization = 8428 and Zero dose was 94 children</li> </ol>
<ul style="list-style-type: none"> <li>• Programme coordination and supervision</li> </ul>	<ol style="list-style-type: none"> <li>1. Daily implementation updates were sent through text messages to states following daily review meetings to ensure smooth implementation and proffer intervention as appropriate</li> <li>2. Real time text message sent by EIM improved the quality of implementation and reduces possibility of data falsification</li> </ol>	<ol style="list-style-type: none"> <li>1.Immediate action is taken to address all emerging issues in a timely fashion</li> </ol>

# Challenges and actions taken - Zamfara

Major Challenges	Major Actions points taken to address challenges	Outcome
<ul style="list-style-type: none"> <li>• Non compliance continues to feature in many areas but most especially in the LGAs of Gusau, Kaura Namoda, Gummi</li> </ul>	<ol style="list-style-type: none"> <li>1. Involvement of some CBOs (FOMWAN, Miyetti Allah) was effective in reducing high rates of NC in Kaura Namoda, Zurmi, Gummi, Maru and Gusau LGAs</li> <li>2. Development of Banners in every LGA informing parents and caregivers on the exercise</li> <li>3. Participation of Emirs and District Heads in monitoring and resolution of NC in all the 14 LGAs</li> <li>4. Flag-offs in some LGAs</li> <li>5. Sensitization meeting with key Religious sects</li> </ol>	<ol style="list-style-type: none"> <li>1. FOMWAN work with teams in high risk areas</li> <li>2. 131 VCMs and 25 supervisors trained and participated in 50% of LGAs during OCT IPDS.</li> <li>3. Training of additional 112 VCMs in 5 LGAs have just been concluded in preparations for the upcoming IPDS.</li> <li>4. 30 banners produced (2 per LGA at entrance and exit points)</li> <li>5. Participation of TLs: 64.7% of Emirs Participated in the Oct IPDS. The remaining 35.3 were represented as they travel for Hajj; 93.7% of District Heads; 90.3% Village heads ; 76.3% Ward heads.</li> <li>6. Four Islamic sects with 19 leaders sensitized on PEI. The Sects were Izala, Kadriya, Tijaniya, JNI</li> <li>7. More than 60% of NC households were resolved</li> </ol>

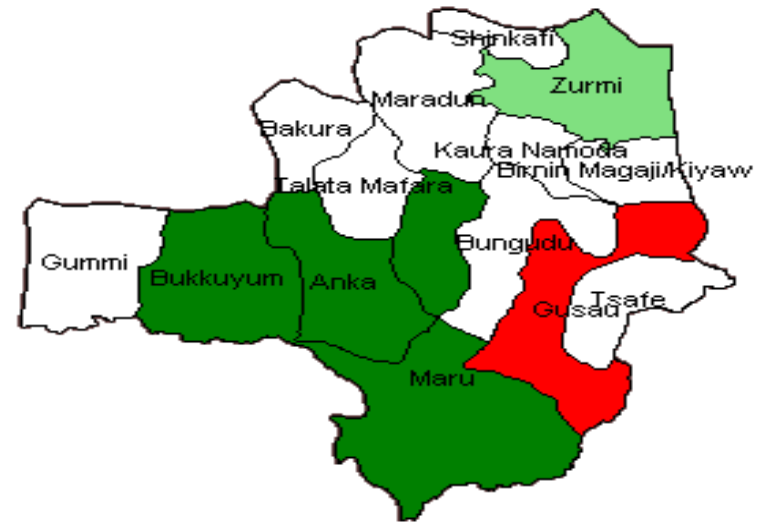
# Emerging Results

# Comparing July and Oct LQAs results

July LQAs



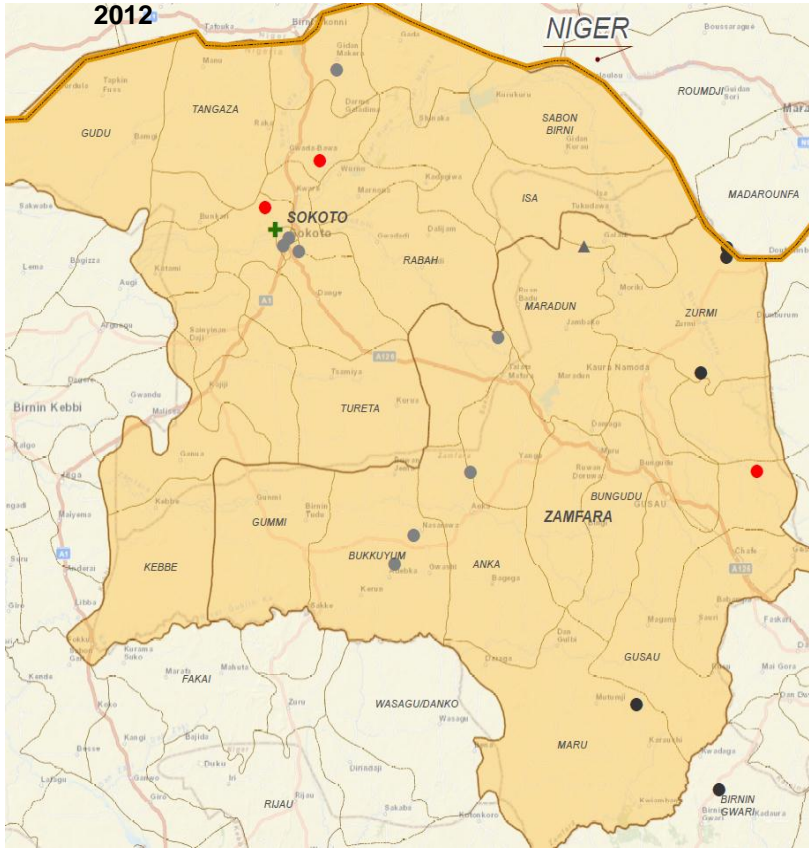
October LQAs



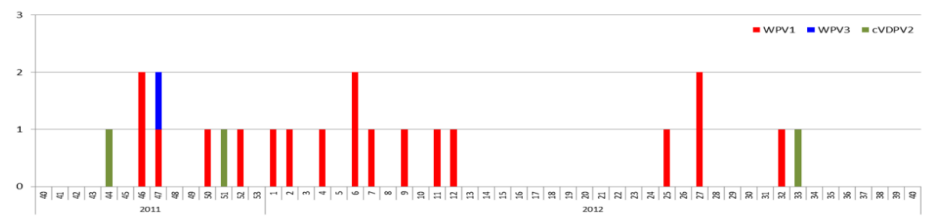
- ≤ 3 unvaccinated: LGAs accepted with ≥90% Coverage
- 4 to 8 unvaccinated: LGAs rejected >80% and <90% Coverage
- 9 to 19 unvaccinated: LGAs rejected >60% and <80% Coverage
- > 19 unvaccinated: LGAs rejected <60% Coverage

# Improving trend in LQAs and OPV status of n-polio AFP cases Sokoto and Zamfara States of North-west Nigeria

WPV and cVDPV cases October 2011 to September 2012



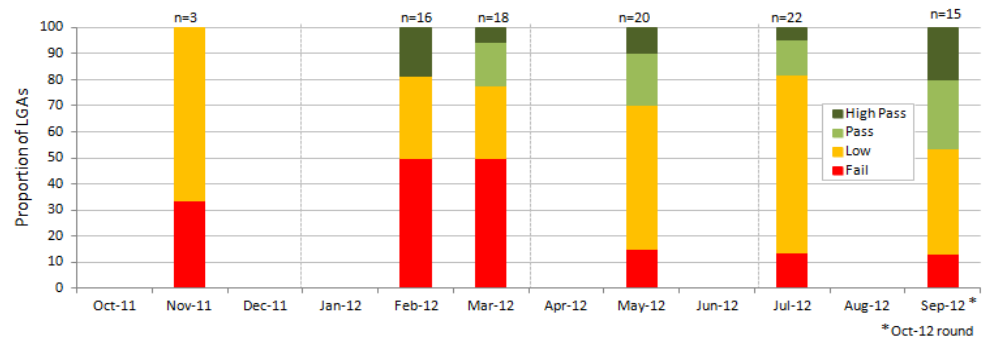
Wild Poliovirus cases, Sokoto + Zamfara states



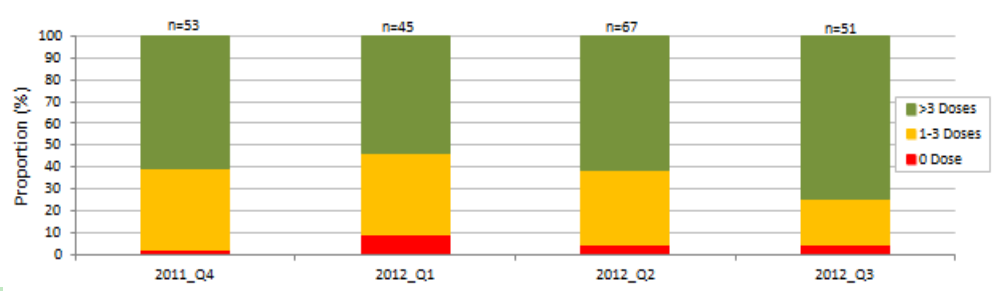
Environmental surveillance results, Sokoto sites (from wk 13)



LQAS survey results by SIA



Proportion of non-polio AFP cases 6-35 mo





# Next steps

- Micro planning using the new process is on-going in the remaining 7 LGAs namely: Maradun, Anka, Bakura, Tsafe, Kaura Namoda, Birnin Magaji and shinkafi
- Tally sheet analysis ongoing in all 14 LGAs – outcome will help in revalidating micro plans
- Finalization of REW training in the remaining LGAs of Anka, Bakura, Birnin Magaji, Bungudu, shinkafi and Tsafe
- Intensification of RI in selected LGAs of Shinkafi, Zurmi, Maru, Gummi, Bukkuyum, Talata Mafara and Bakura.
- Revaccination in selected poor performing wards:
  - Zurmi LGA: Zurmi ward
  - Talata Mafara: Gusari and Makera wards
  - Kaura Namoda: Galadima and Sakajiki wards
  - Gusau: Galadima and Mada wards
  - Bungudu: Gada Karakai, Bingi North and Samawa wards
- Validation of the GIS Maps drawn for the state is on-going in all 14 LGAs

**Thank you**