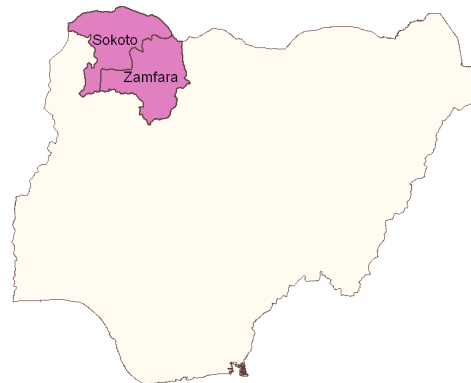


Sokoto, Zamfara Sanctuary



IMB Presentation October 29th, 2012

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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">1.Governor inaugurated State Task Force on Immunization in June2.Governor personally flagged-off June and September IPDs 20123.Governor convened meeting with all LGA Chairmen and urged them to support PEI (June 2012)4.Donated and personally distributed 115 motorcycles, 69 solar fridges and 55 vaccine carries/LGA (Sept 2012)5.Dispatched senior government officials to supervise IPDs in various LGAs (Sept 2012)

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">• Dispatch of state officials to supervise IPDs in various LGAs• Participation of LGA Task Force members in supervision of IPDs• Deployment of senior female students from School of Health Technology as supervisors in High-risk LGAs (Kware-17, Illela-50)
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>1. Persistent Non-Compliance (NC)</p> <ul style="list-style-type: none"> •12,805 Households, 27,911 Children involved across the state in Oct 12 IPDs •9,787 HH (80%), 20,590 (73%) children concentrated in 7 VHR LGAs (Sokoto North, Sokoto South, Wamako, Kware, Dange Shuni, Gwadabawa, Illela) 	<ol style="list-style-type: none"> 1.Daily tracking and compilation of NC households and children missed during evening meetings 2.Community dialogues facilitated by traditional and religious leaders 3.Evening sensitizations in most affected wards 4.Follow up dialogue and individual sensitization of unresolved NCs before end-Oct IPDS 5. Positive Polio messages during Friday sermons 6. Advocacy with Polio IEC materials displayed in Eid mosques 	<ol style="list-style-type: none"> 1.LGA Facilitator 2.IPDs Team Supervisors 3.Traditional leaders 4.Religious leaders 	<p>3-31st 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"> •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. •85% teams in Waziri B ward, 82% Waziri A, 80% Magajin gari B in HR LGA Sokoto North) not recording revisit households 	<ol style="list-style-type: none"> 1. “Daily missed children reason” analyses during IPDs and action plan to revisit the household the following day before commencing the day’s work 2.Improve training of teams with emphasis on IPC skills to collect accurate information on number of children in households 3.Focus supervision to teams missing >10% children during IPDs 4.Daily report of outcome of revisit to compare with estimated number of missed children 5.Daily tracking of teams with high workload to ensure completeness of the assigned areas to minimize the chances of missed areas 6.TSA to Identify teams not recording revisit households 	<ol style="list-style-type: none"> 1.Ward Focal persons 2.Field volunteers 3.Consultants 	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>3. Poor quality of Daily evening review meetings</p> <ul style="list-style-type: none"> •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 	<ol style="list-style-type: none"> 1.Training of ward focal persons, field volunteers to track the effectiveness of revisits by comparing tally and monitoring data during evening review meetings 2.Ward teams to develop action plans to revisit poorly revisited areas 	<ol style="list-style-type: none"> 1.LGA Facilitators 2.State technical Facilitators 3.Consultants 	<p>During IPDs</p>	

Sokoto Current Challenges and Action Taken

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

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Zamfara State

Challenges and actions taken - Zamfara

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

Challenges and actions taken - Zamfara

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

Challenges and actions taken - Zamfara

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

Challenges and actions taken - Zamfara

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

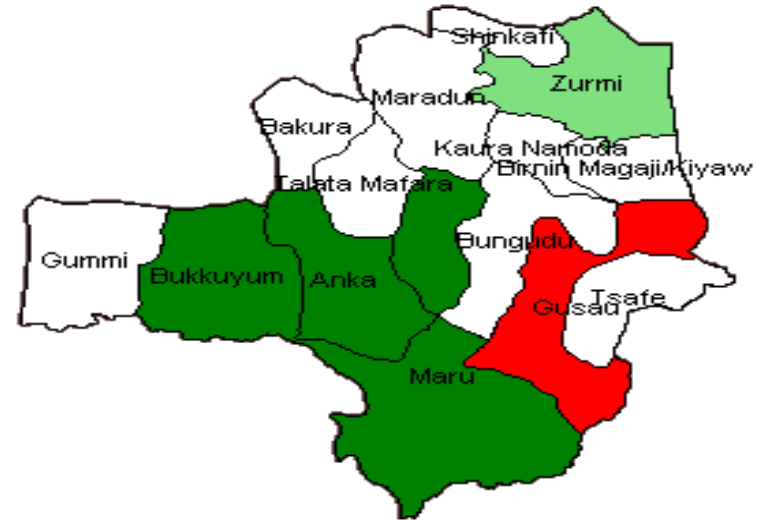
Emerging Results

Comparing July and Oct LQAs results

July LQAs



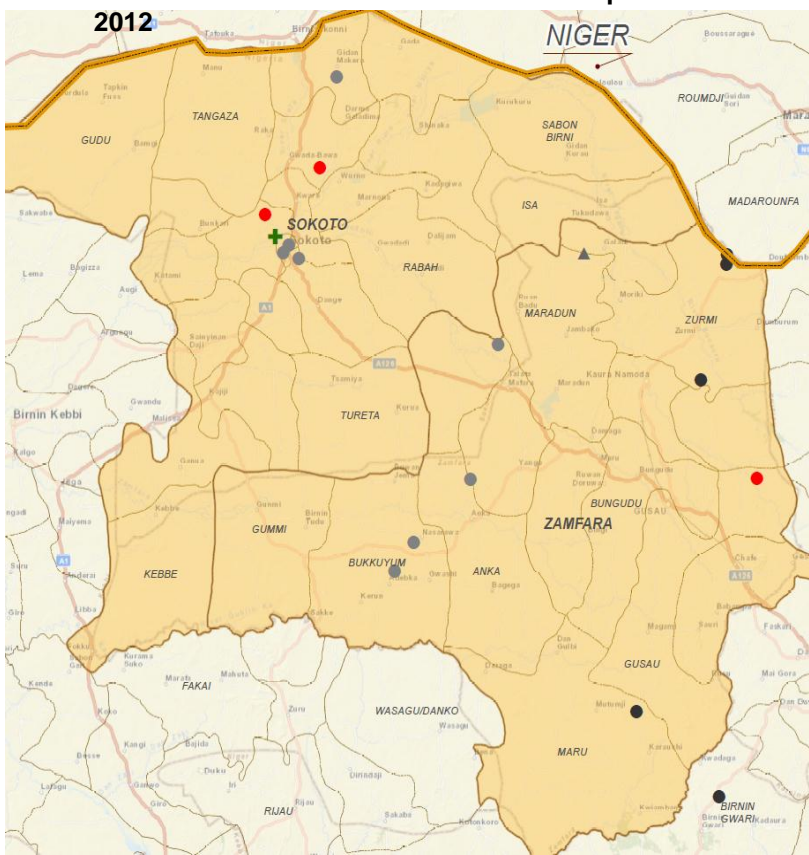
October LQAs



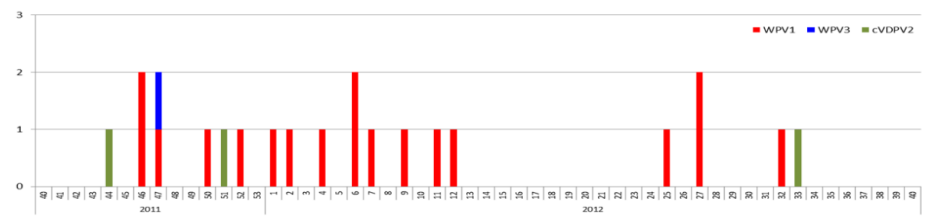
- ≤ 3 unvaccinated: LGAs accepted with ≥90% Coverage
- 4 to 8 unvaccinated: LGAs rejected >80% and <90% Coverage
- 9 to 19 unvaccinated: LGAs rejected >60% and <80% Coverage
- > 19 unvaccinated: LGAs rejected <60% Coverage

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



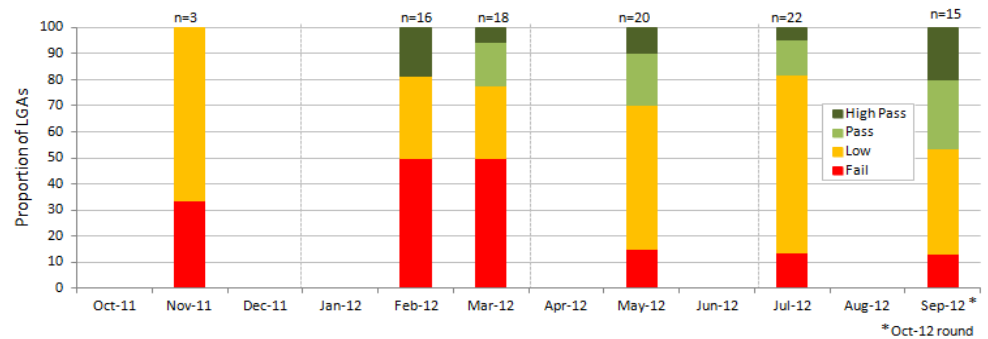
Wild Poliovirus cases, Sokoto + Zamfara states



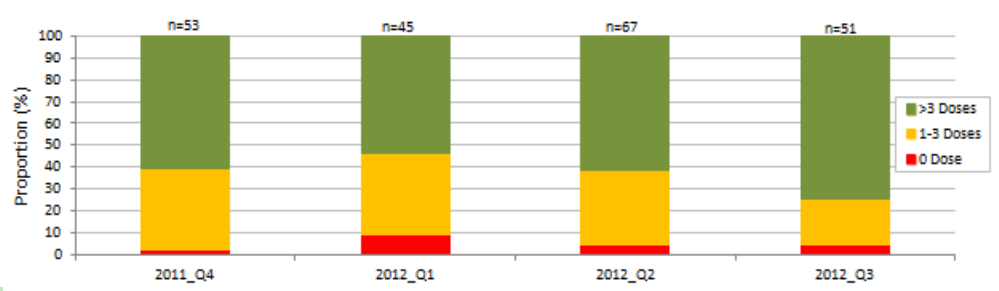
Environmental surveillance results, Sokoto sites (from wk 13)



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