polio global eradication initiative

BEST PRACTICES IN MICROPLANNING FOR CHILDREN OUT OF THE HOUSEHOLD: AN EXAMPLE FROM NORTHERN NIGERIA

THIS DOCUMENT IS A SUPPLEMENT TO "BEST PRACTICES IN MICROPLANNING FOR POLIO ERADICATION".

World Health Organization

ACKNOWLEDGEMENTS

These best practices documents for polio eradication have been developed from the contributions of many people from all over the world. The people concerned have themselves spent many years striving to eradicate polio, learning from successes and failures to understand what works best and what does not, and quickly making changes to suit the situation. In writing these best practices the aim has been to distil the collective experiences into pages that are easy to read and detailed enough to be adapted for other health programmes.

'To strive, to seek, to find, and not to yield'

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Polio supplementary immunization activities (SIAs) must reach every child in the target age group. In northern Nigeria, despite many rounds of SIAs with reported high coverage, as wild poliovirus was still circulating in 2008, the reasons children remained unvaccinated was analysed.

Figure 1. Reasons children remained unvaccinated, Nigeria, November 2007

State	Reasons children remained unvaccinated in November 2007 IPDs (%)		
	House not visited	Absent child	Non-compliance
Jigawa	6.3	47.1	46.6
Kano	12.0	46.3	41.7
Katsina	4.1	29.6	66.3
Total	**6.5**	**38.1**	**55.4**

IPD: polio immunization plus days

It was recognized that the microplans were not including children who were out of the household at the time of the SIAs. Further analysis of the data from previous rounds showed that, at any time, for children aged 0–59 months:

- approximately 50% could be found at home

and for those not at home:

- 30% were in Koranic or regular schools
- 20% were in the streets or marketplaces.

It was also recognized that absent children and non-compliance could be addressed by better engaging the community, ensuring parental permission and including the locations of children who were out of the household in the detailed microplans for social mobilization and parental permission.

UNDERSTANDING SOME OF THE RISKS OF POLIOVIRUS TRANSMISSION IN NORTHERN NIGERIA

- Around 70% of the population lives in absolute poverty.
- The percentage of women married before the age of 15 is estimated at around 30%.
- The skilled attendant rate during childbirth is under 10%.
- The female literacy rate is under 35%.
- Routine immunization coverage rates are very low.
- Families are large and rates of sanitation and access to clean drinking water are low.
- When the older children leave the house, they take their infant siblings with them.
- Boys and girls can often be found in separate Koranic schools in crowded conditions with their younger siblings and with as many as 50 to 200 children in one room or outdoors in classes held under trees.
- Many children can be found around crowded marketplaces.
- Young children are often in close contact with others, experience poor sanitation conditions and remain unvaccinated.
- Families often require that parental permission be given before the vaccination of children.

Children of various ages in a Koranic school

ENSURING MICROPLANNING PRACTICES FOR CHILDREN OUT OF THE HOUSEHOLD

- Analyse district-specific communication data from previous rounds to understand the reasons children remain unvaccinated in any given location.
- Involve traditional leaders in a discussion on the benefits of polio eradication and vaccination in order to obtain permission to vaccinate in the community.
- Engage local communities in a dialogue on the benefits of polio eradication and vaccination through discussion groups organized by local staff from government, WHO, UNICEF and other partners and NGOs; answer questions and clarify misunderstandings.
- List all schools, especially Koranic schools where very young children are likely to be found with their older siblings.
- Make visits to the Koranic schools to get permission from the teachers who will work as community influencers to permit the vaccination of children aged under 5 years in the schools.
- List and locate all markets and other areas where young children can be found outside the household.
- Identify the controller of the market and obtain permission to vaccinate children in the marketplace; vaccination teams may have to work in shifts to cover all market opening hours.
- Work through the teachers associations to enrol teachers in the SIA workplan with a paid engagement in social mobilization.
- Orient teachers on their role as community influencers to visit communities to ask parents to give permission for their children to be vaccinated in school, or outside in markets and other places.
- Add schools as sites in the SIA microplan and assign vaccinator teams to each school in collaboration with the teachers.

BEST PRACTICE IN THE FIELD TO INCLUDE CHILDREN OUT OF THE HOUSEHOLD IN THE MICROPLAN

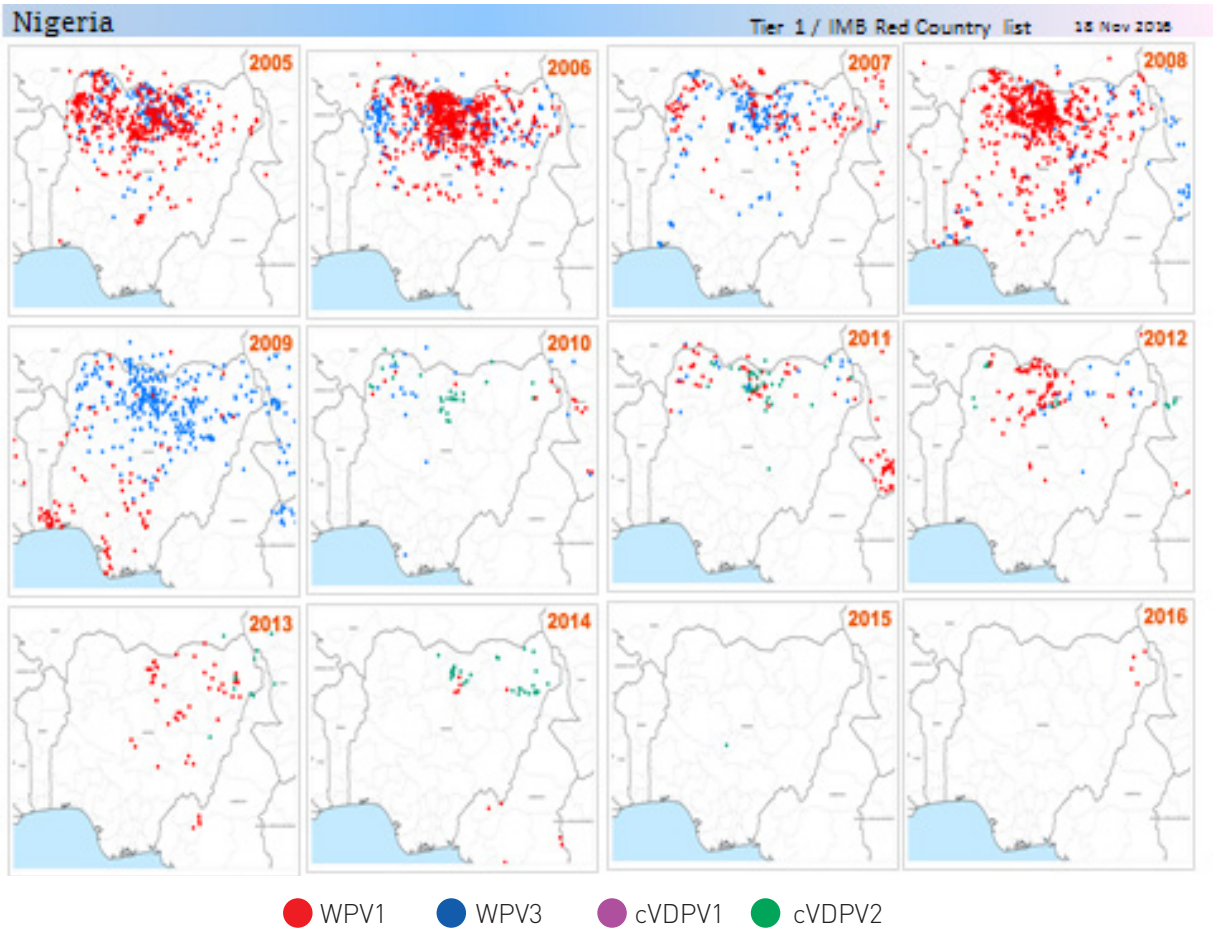
- Analyse surveillance data and the results of previous SIA rounds to understand the dynamics of poliovirus circulation in the community and the groups of children at highest risk.
- Prepare to adapt the microplan to locate and include children out of the household who have been missed regularly.
- First engage senior traditional and religious leaders, but do not expect that their influence alone will reach communities of rural and urban poor.
- Understand who are the local community influencers whose traditional and religious advice is most likely to influence families and the health of children.
- Provide payment in areas of poverty and social deprivation as it is difficult for people to work as volunteers and it creates a formal engagement of community influencers as part of the operational microplan.
- Include community influencers in the microplan as part of the vaccination team to ensure their involvement and movement door to door with the teams.
- Ensure senior community influencers who do not follow all the teams are on call to help convince families who refuse vaccination.
- Ensure the names of each member of the vaccination team, including vaccinators, recorders, supervisors and social mobilizers, appear in the detailed operational team plans.

Orientation for teachers from Koranic schools to work as community influencers, and the vaccination of children as a result of the community influencers' work

RESULTS

As the figure shows, polio transmission was interrupted in 2015.

Figure 2. Polio transmission interruption, Nigeria, 2005–2015



WPV1: wild poliovirus type 1; WPV3: wild poliovirus type 3; cVDPV1: circulating vaccine-derived poliovirus type 1; cVDPV2: circulating vaccine-derived poliovirus type 2

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