

# Overview of PEI in Nigeria



14<sup>th</sup> IMB Meeting  
20-21 July 2016

National Polio Emergency Operations Centre

# Outline

## 1. Current Epidemiology

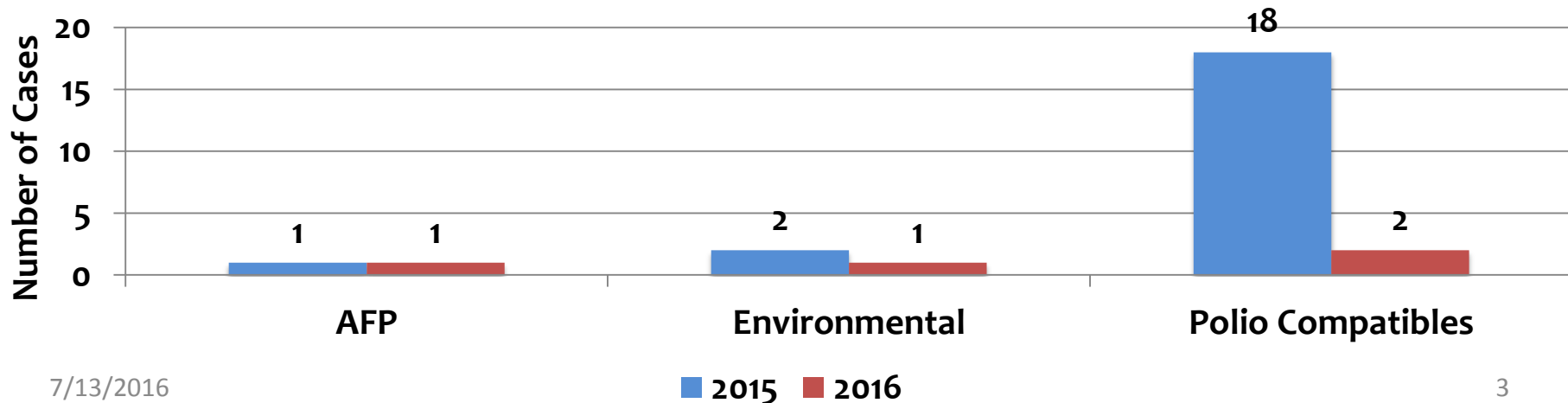
2. Resilience strategy
3. Sustaining high quality Surveillance
4. Sustaining population immunity
5. Reaching children in security compromised areas
6. Responding to VDPV2 events/ outbreaks post switch
7. Efforts to revamp routine immunization
8. Legacy Planning
9. Current challenges and priorities for the next six months

# Current Status of Polio Cases in Nigeria

## Status of Polio Cases

Type	Number of Cases in 2016	Date of Onset of Last Case	State	Comments
WPV1	Nil	24/07/2014	Kano	Interrupted for 23 months
WPV2	Nil	09/02/1998	Nasarawa	Eradicated
WPV3	Nil	10/11/2012	Yobe	Interrupted for 3 years and 7 months
Environmental cVDPV2	1	29/04/2016	Borno	3 outbreak response rounds conducted using mOPV2
VDPV2	1	14/05/2016	Jigawa	1 outbreak response round conducted using mOPV2; Final Classification: ambiguous
Polio Compatibles	2	14/02/2016	Katsina	Response Done
		06/06/2016		

## VDPV2 and Polio Compatibles in 2015 & 2016 (YTD)



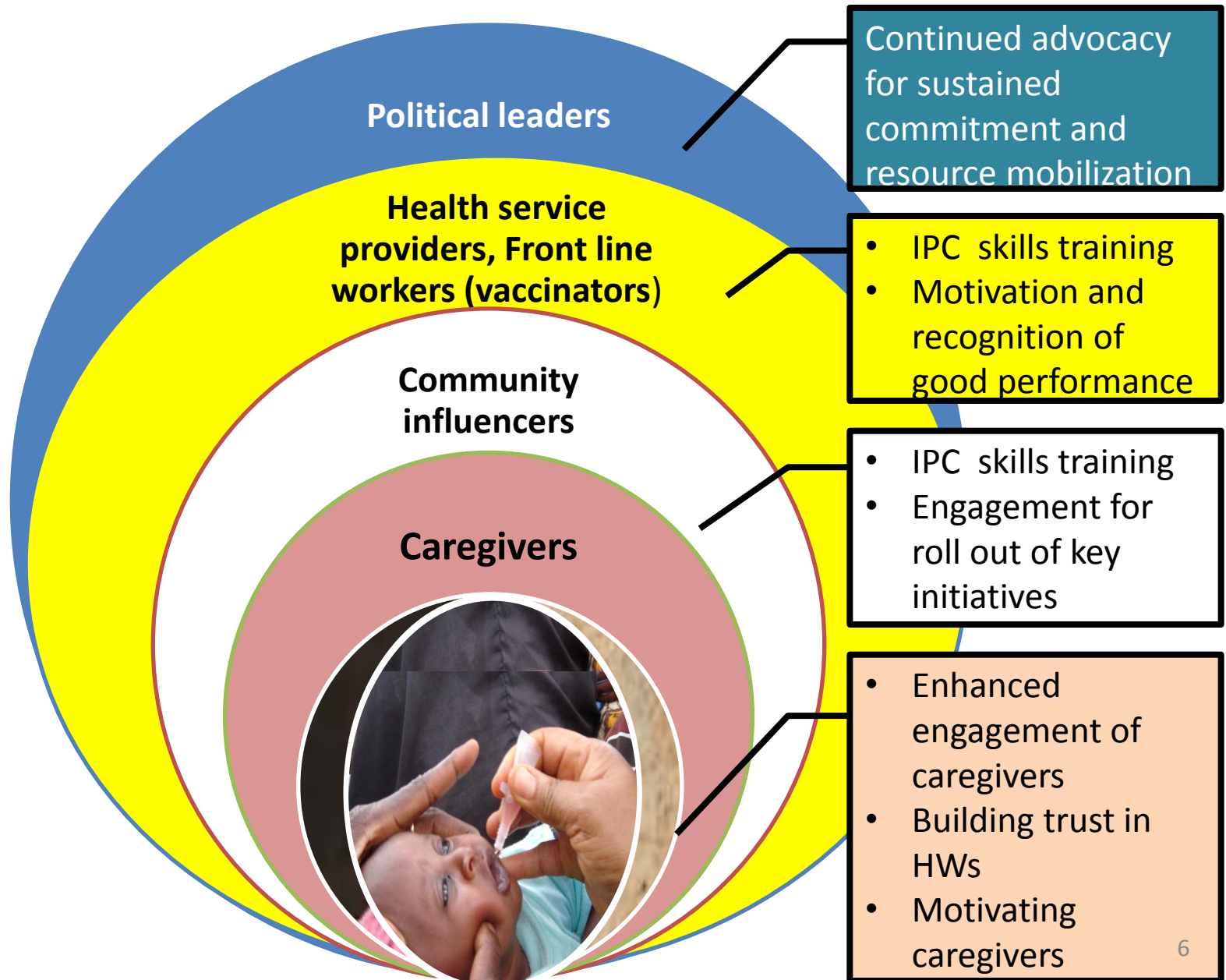
# Focus of 2016 National Emergency Action Plan

1. Building resilience
2. Ensuring SIAs quality towards certification
3. Special approaches for security challenged areas
4. Ensuring robust outbreak preparedness and response across all states
5. Enhancing routine immunization
6. Intensifying surveillance and tracking documentation deliverables towards certification
7. Global synchronized withdrawal of tOPV
8. Polio Legacy Planning

# Outline

1. Current Epidemiology
- 2. Sustaining Resilience**
3. Sustaining high quality Surveillance
4. Sustaining population immunity
5. Reaching children in security compromised areas
6. Efforts to revamp routine immunization
7. Legacy Planning
8. Current challenges
9. Next Steps

# Sustaining Resilience Strategy



# Sustaining Resilience Strategy

## Community level advocacy



Community dialogue with  
Village Heads sustained

7/13/2016



Targeted advocacy women  
group

# Sustaining Resilience Strategy

## Motivation of LGA Chairmen & Frontline Workers

Kano, March  
2016



Kebbi, May  
2016



The LGA Chairman of Bichi, Alh Sani Mukaddas, receiving a trophy from HE The Deputy Governor of Kano for timely release of counterpart funds for PEI

7/13/2016

Disease Surveillance and Notification Officers (DSNO) of Gwandu LGA of Kebbi State receiving Award for best performance from the Acting Chairman of State PHC Development Agency 8



# Sustaining Resilience Strategy

## *Building trust by providing for felt needs – Health Camps Strategy*

Borno, June  
2016



7/13/2015

**Between Jan-May  
2016:**

9,169 Health  
camps conducted  
with over 2.2  
million doses of  
OPV administered  
in HR states

In June-16, Borno  
conducted 147  
health camps in  
106 wards

# Implementation of the Accountability Framework (Jan – Jun 2016)

State	Number Rewarded	Number Sanctioned	Category of Staff
Kaduna	50	64	LIOs, CCOs, DSNOs, LGAFs, WFPs, Team Supervisors, Town Announcers, Vaccinators, Community Mobilizers
Kano	93	49	
Taraba	-	58	
Yobe	2	8	
Jigawa	5	8	
Adamawa	90	4	
Zamfara	6	5	
Katsina	133	73	
FCT	19	15	
<b>TOTAL</b>	<b>398</b>	<b>284</b>	



7/13/2016  
National M&A Officers at the EOC

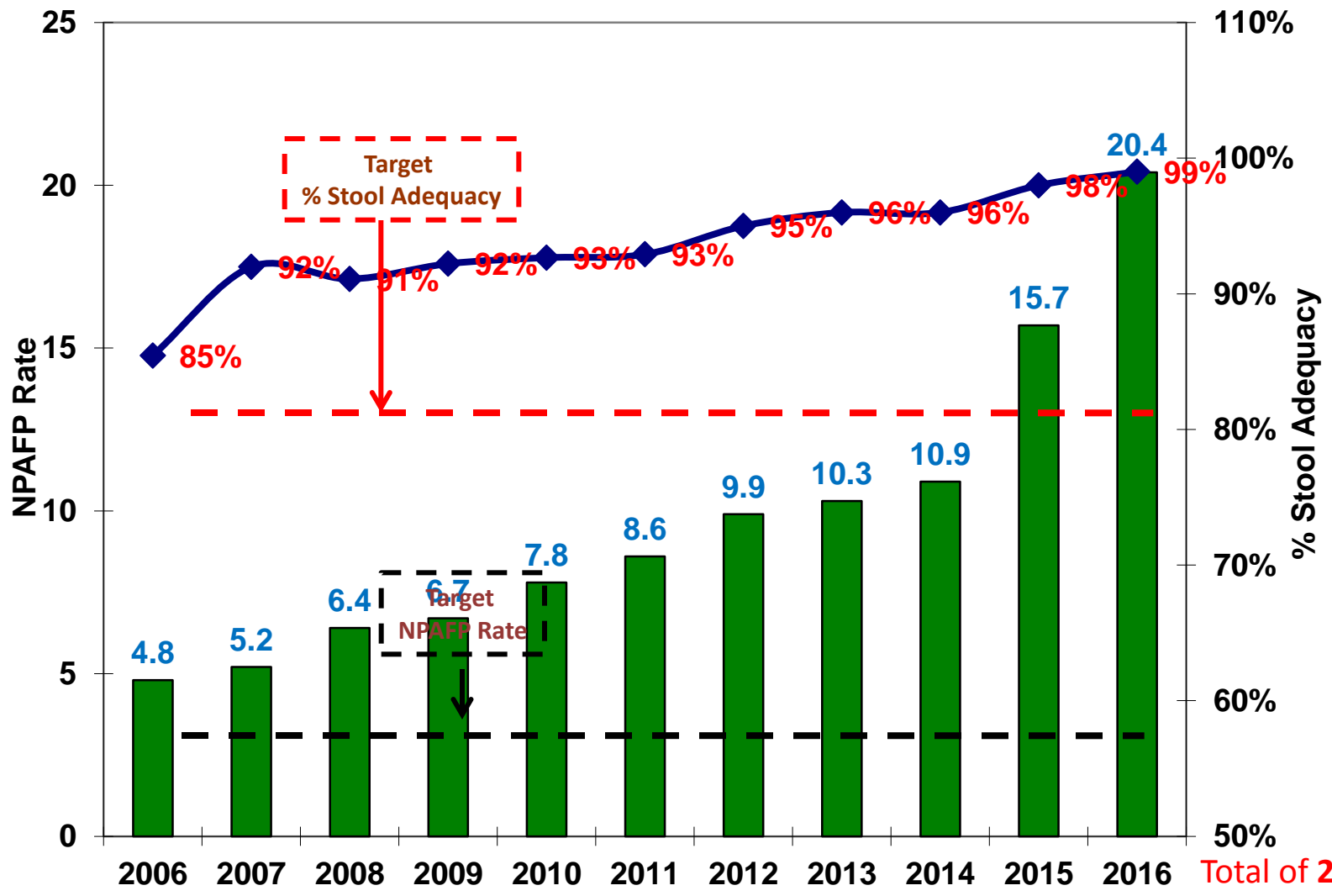


Rewards Given After the May 2016 IPDs in Igabi LGA,  
Kaduna State

# Outline

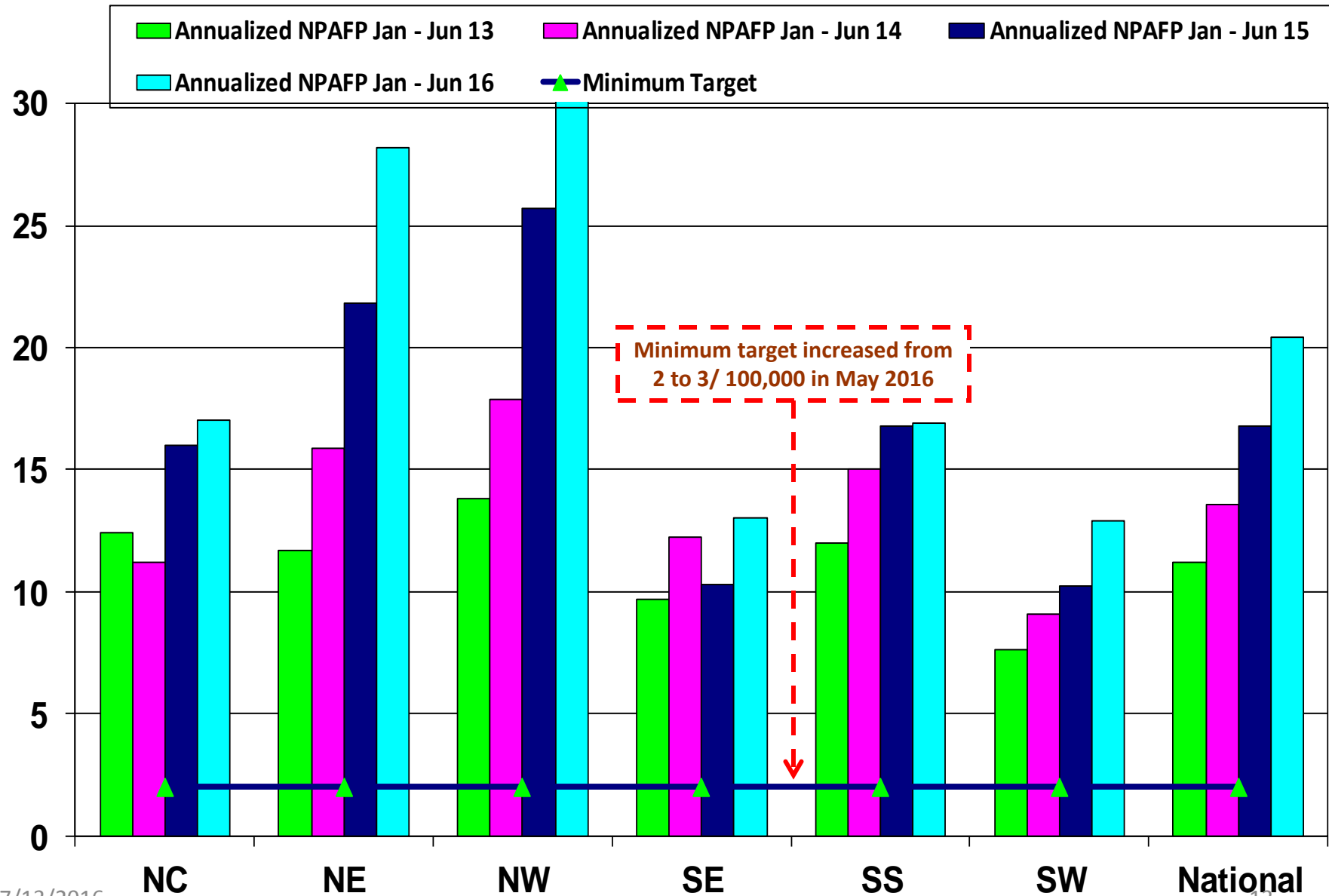
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# Sustained Improvements in AFP Surveillance Performance, January – June 2016, Nigeria



Total of 21 699 stools tested so far in 2016

# All Zones in Nigeria have increased Annualized NPAFP January – June 2013-2016

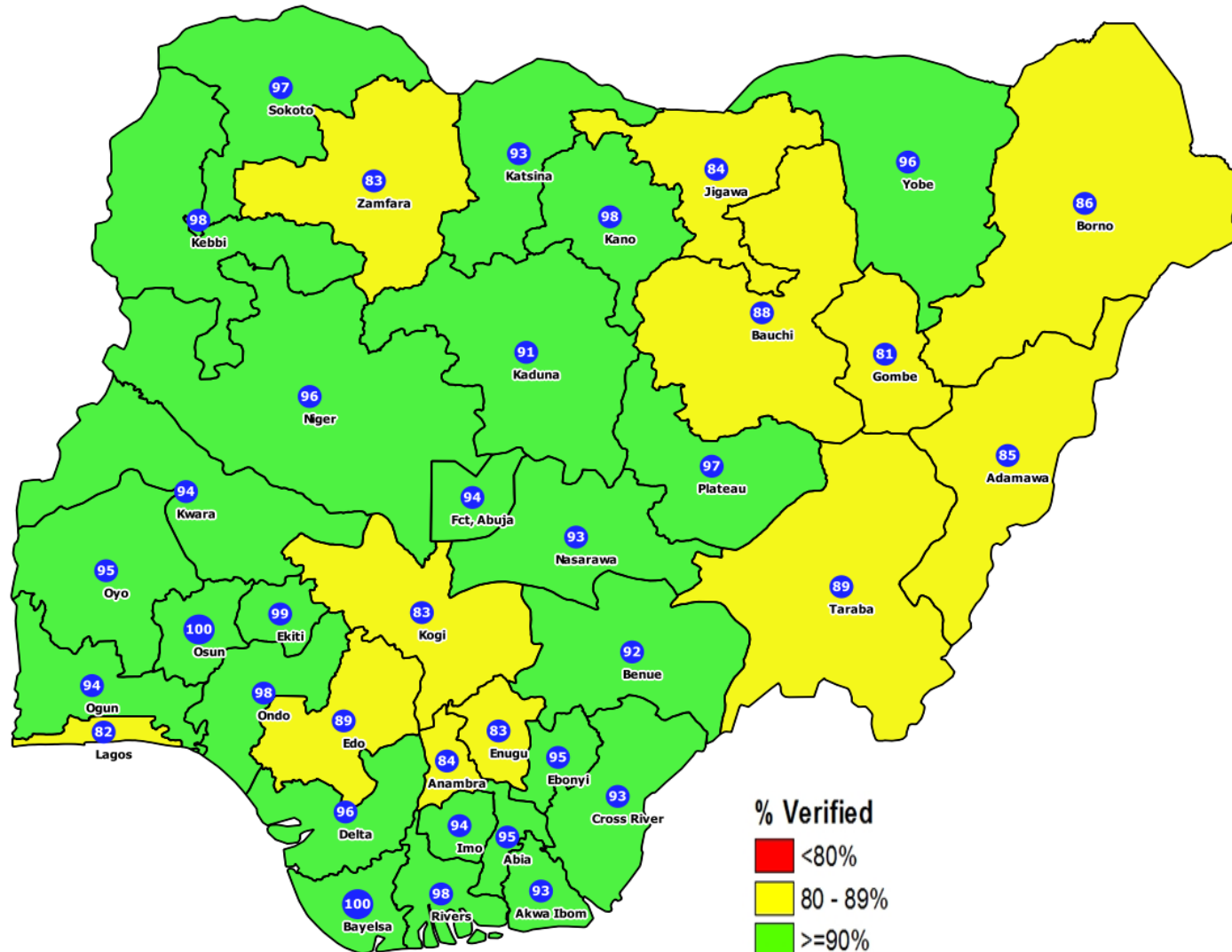


# Programme ensures verification of AFP Cases

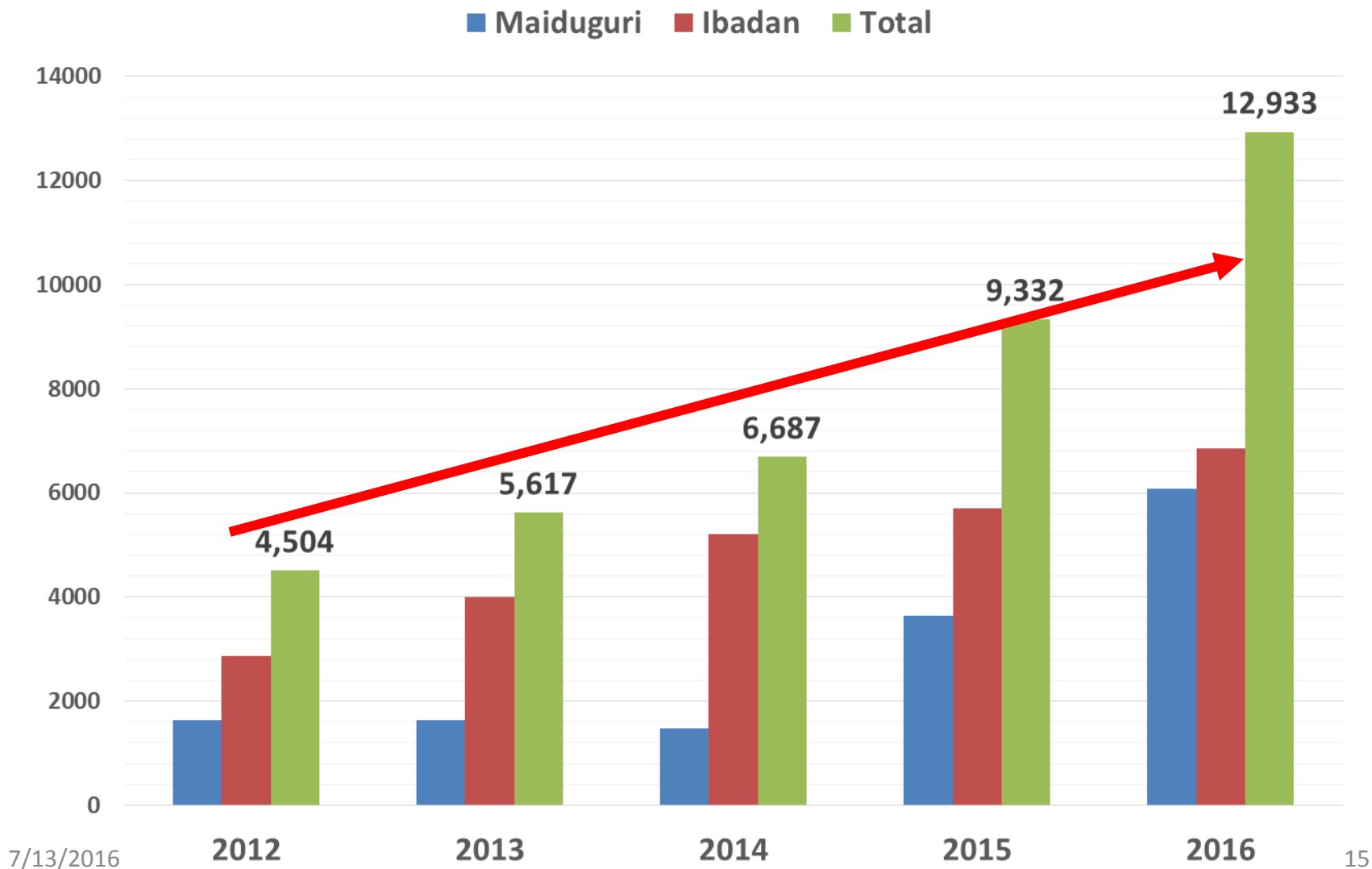
## Cases verified (%) January – May 2016

Target = 90%

National Average = 95%



# Increased Workload in National Polio Laboratories January – April 2012-2016



# Environmental Surveillance Sites expanded to 45 in 2016

S/N	State	Date of initiation	Total number of sites
1	Kano	Jul 2011	5
2	Sokoto	Mar 2012	4
3	Lagos	Dec 2012	3
4	Kaduna	Jun 2013	5
5	FCT	Jun 2013	2
6	Borno	Oct 2013	5
7	Kebbi	Feb 2014	3
8	Katsina	Mar 2014	3
9	Jigawa	Oct 2014	3
10	Yobe	Nov 2014	3
11	Adamawa	Mar 2015	3
12	Rivers	May 2016	3
13	Osun	May 2016	3
	<b>Total</b>		<b>45</b>



ES States (n=12 + FCT)  
 27 LGAs, 45 collection sites

**Keys findings from ES 2015-2016:**  
 -2cVDPV2-Kaduna, 2015 (Jan, March)  
 -1cVDPV2, Borno, 2016 (March)

*2 states and 1 additional site added in Borno in 2016;  
 Sampling increased from monthly to weekly collection in Borno*



# Enhanced Surveillance Activities in North Eastern Nigeria, 2016

- Provision additional support to DSNOs for surveillance where use of motorbikes has been banned in Borno, Yobe and Adamawa.
- Increase in environmental sites (4 to 5) in Borno
- Increased sewage collection frequency:
  - Borno: From monthly to weekly collections from all 5 sites
  - Yobe & Adamawa: From monthly to twice monthly collections.
- Engagement and training of community informants and clinicians in recently liberated areas. Number of community informants has increased in the security compromised states from 2015 to 2016 as follows:
  - **970 to 1,153 in Borno (19%)**
  - **400 to 525 in Yobe (31%)**
  - **947 to 1,161 in Adamawa (22%)**
- Conduct of retroactive case search using various stake holders (Informants, VCMs, focal points, clinicians, NMA, DSNOs and assistants), provision of IEC materials.
- Community case search (78,310 households in 9 wards using 473 teams)



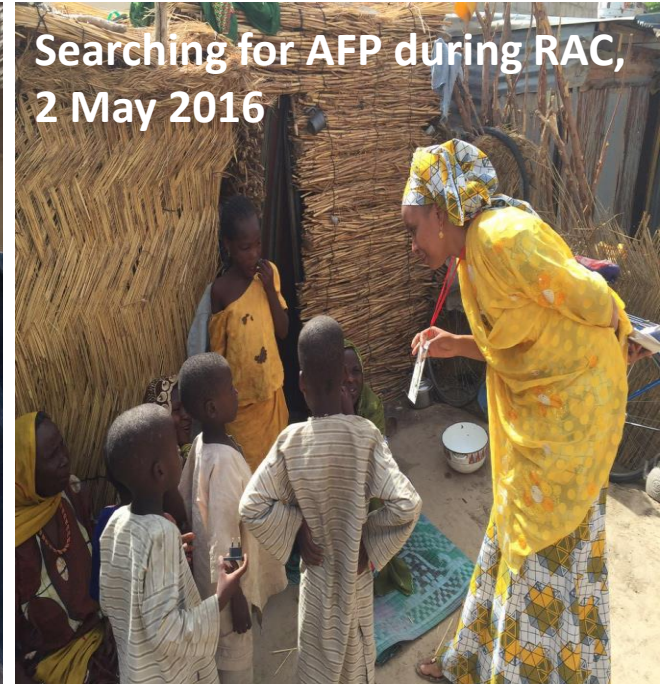
# Surveillance Trainings/ Sensitizations in Borno, Q2-Q3 2016



Sensitization of traditional barbers



Training of community retroactive case searchers



Searching for AFP during RAC, 2 May 2016



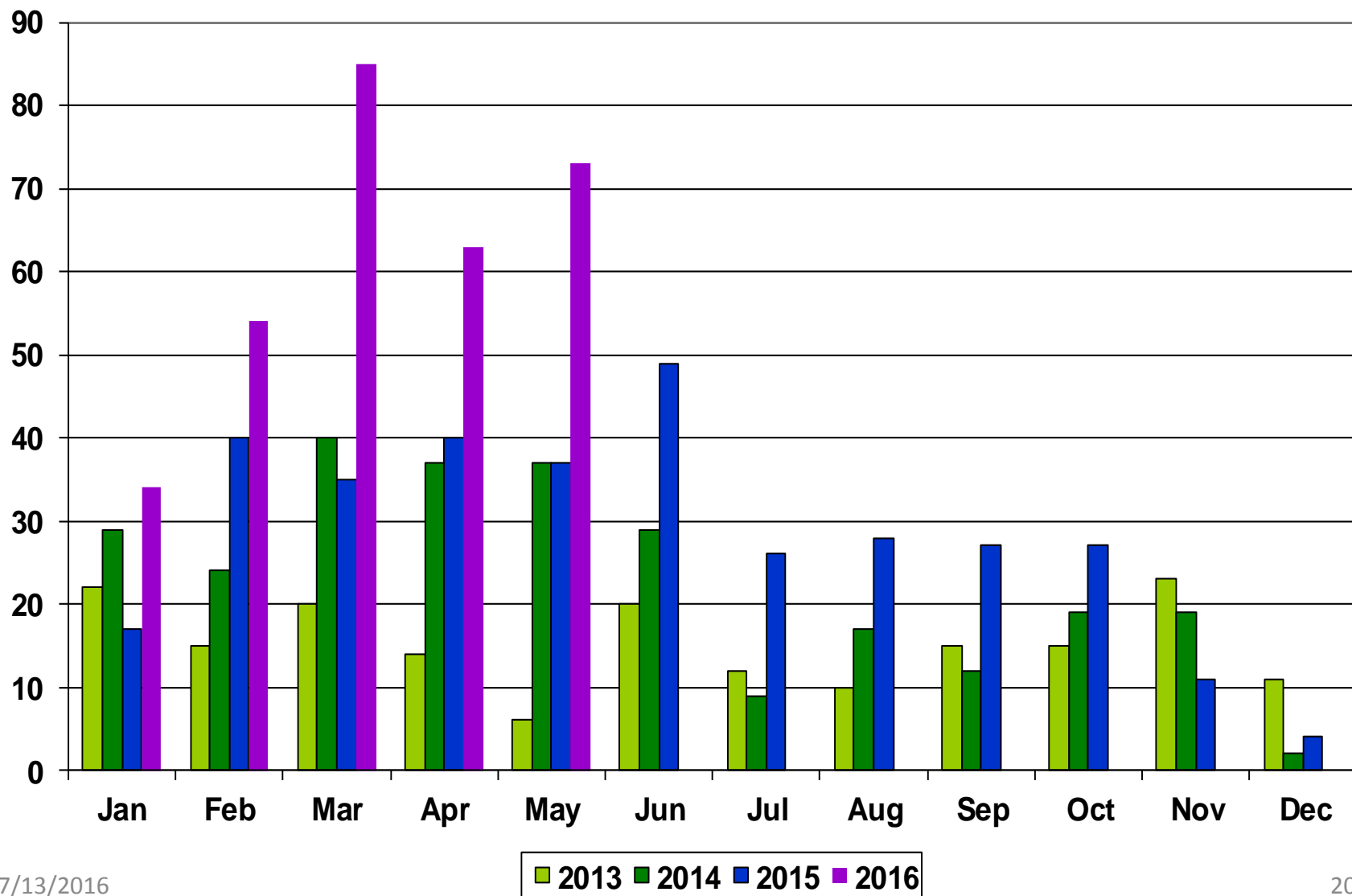
Focal person training Maiduguri

7/13/2016

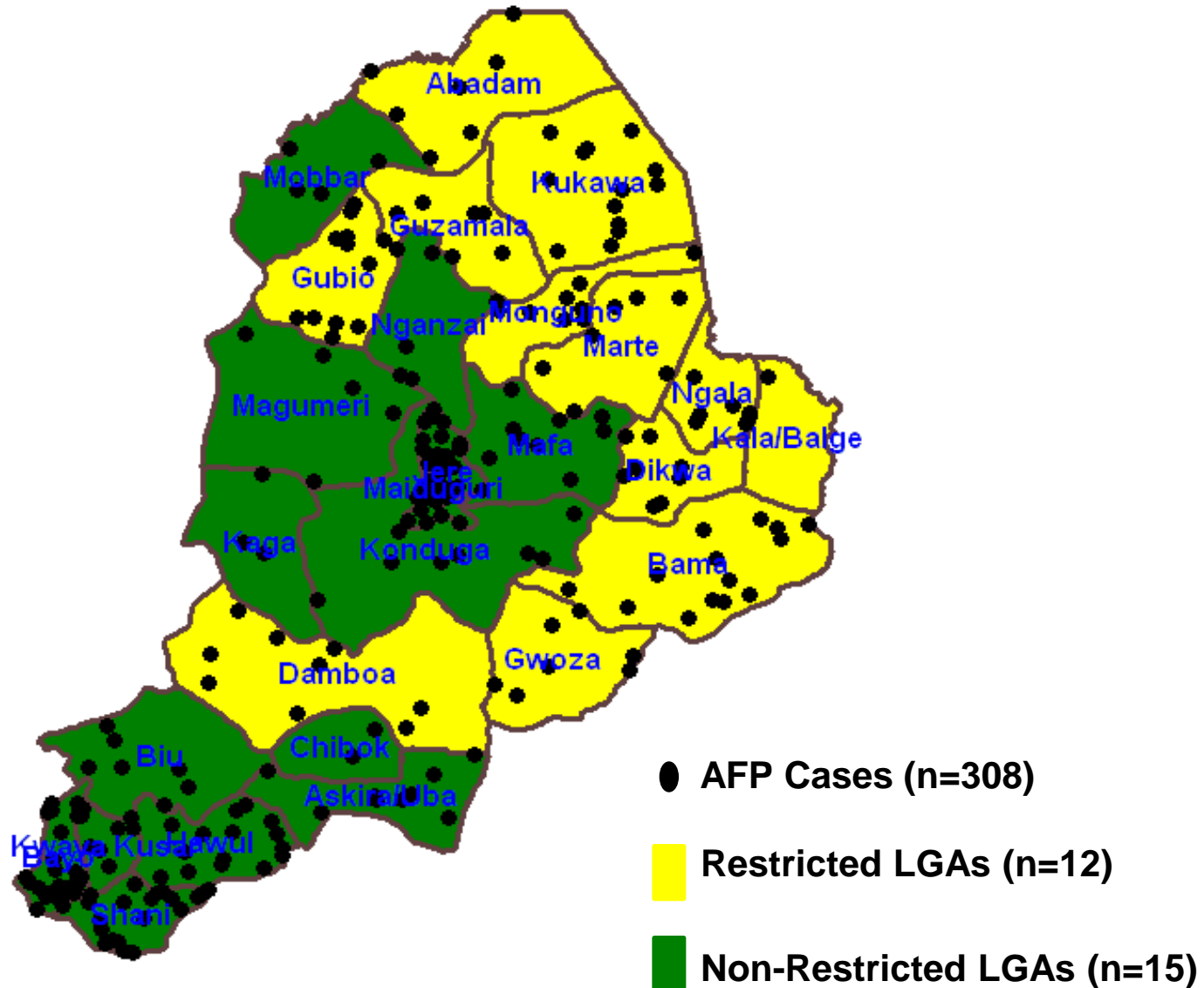


Dalori IDP camp

# Borno State: Monitoring AFP cases reported per month, Jan – May 2016



# Borno State: Distribution of AFP cases as per location at onset of paralysis, Jan - May 2016



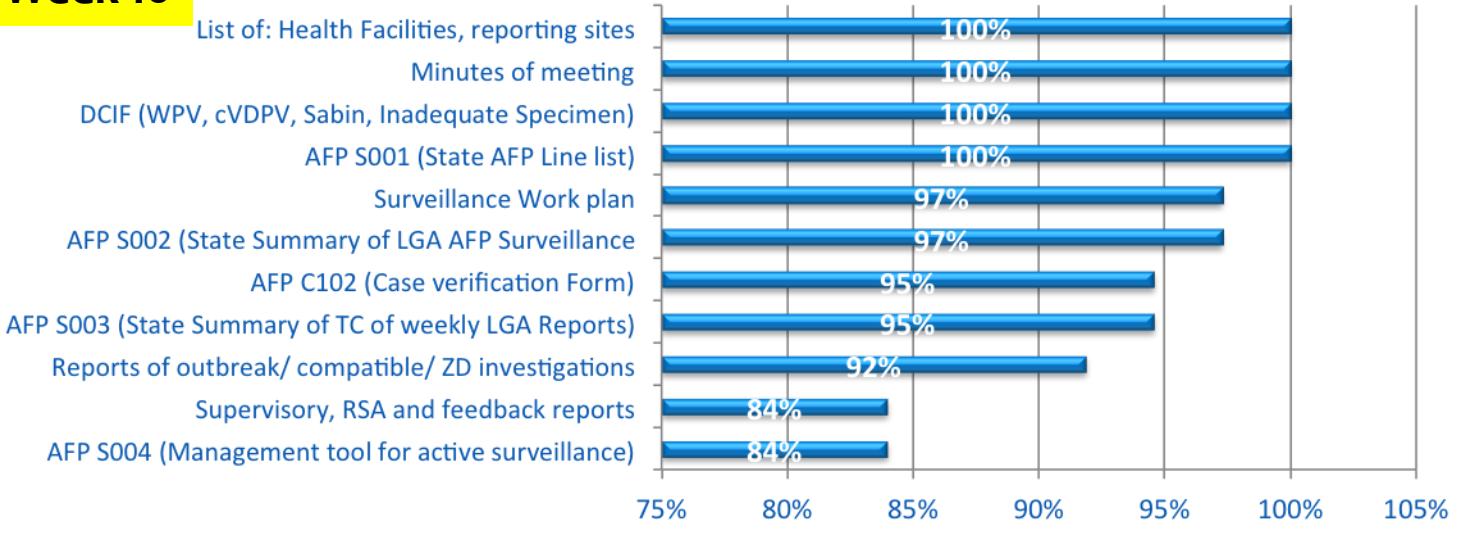
# Road to Certification in 2017: Certification Documentation

- Strategy group meetings were held to revise policies for implementation.
- Development of dashboards by the National EOC for monitoring of activities.
- Dashboards developed for state, LGA, health facility focal sites and health facility non-focal sites and they are tracked weekly by the national EOC.
- An orientation meeting on documentation for polio certification was held in Enugu state on 5<sup>th</sup> May 2016 and attended by State DSNOs, State Epidemiologists, WHO State Coordinators & WHO State Surveillance Focal Persons.
- This orientation has been cascaded to the LGA level surveillance officers across all 36 states and FCT.
- Country documentation manual is being completed

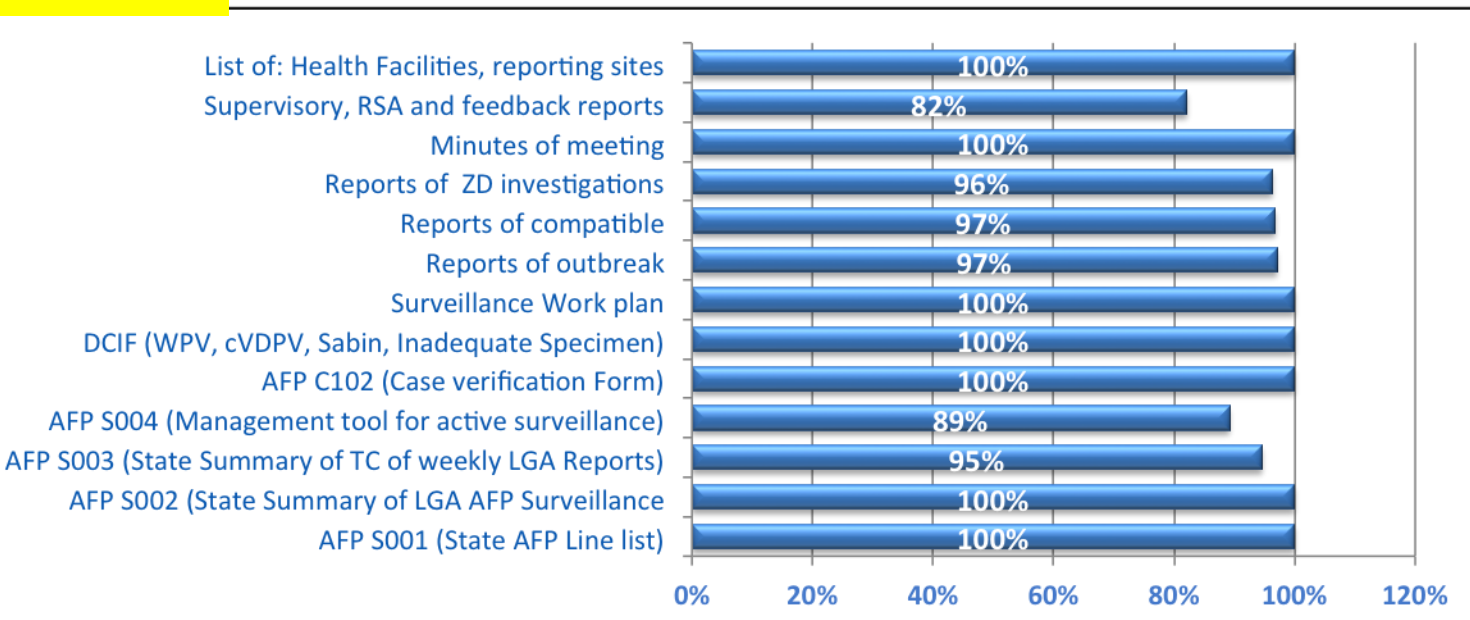
# Use of Dashboard to Track Activities Weekly

## Status of preparedness by type of Documentation – State Level

**Week 16**



**Week 22**



**Training in Enugu, May 2016**

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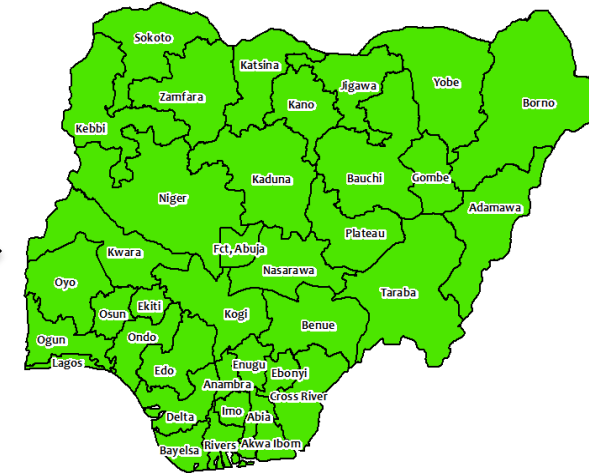
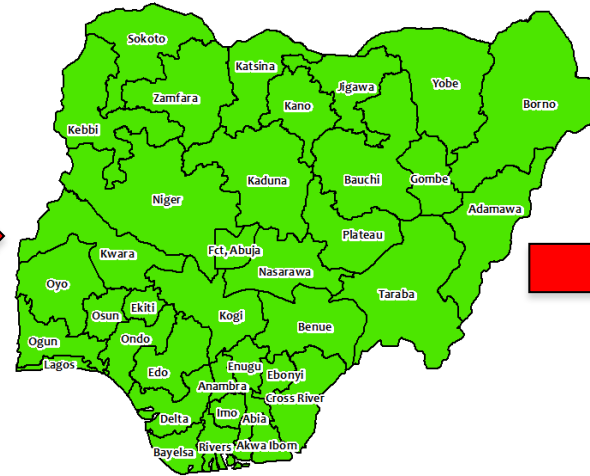
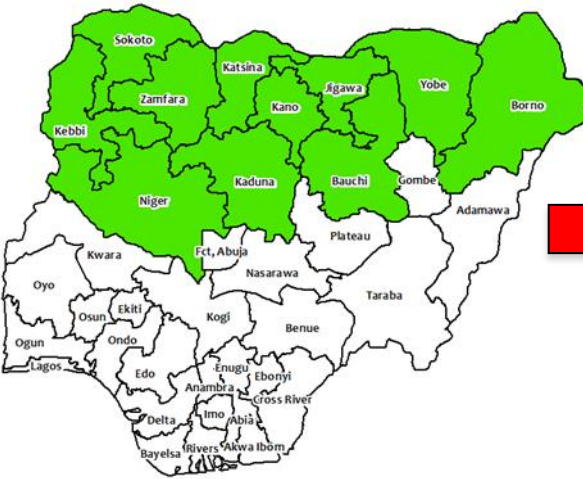


# 2016 SIAs Calendar, as recommended by ERC, on course




Jan '16 - Done

Feb '16 - Done

Mar '16 - Done

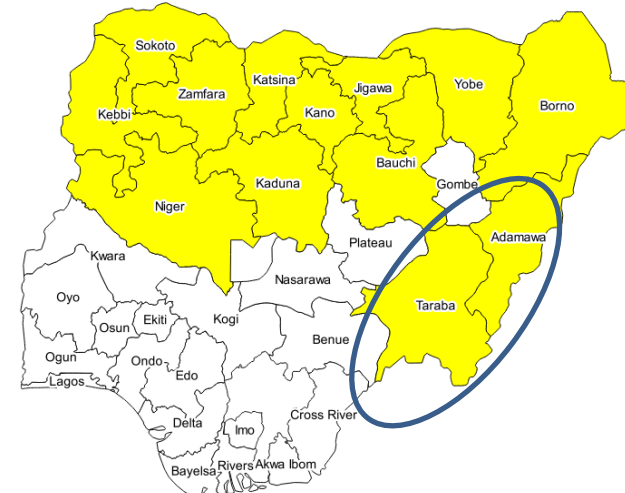
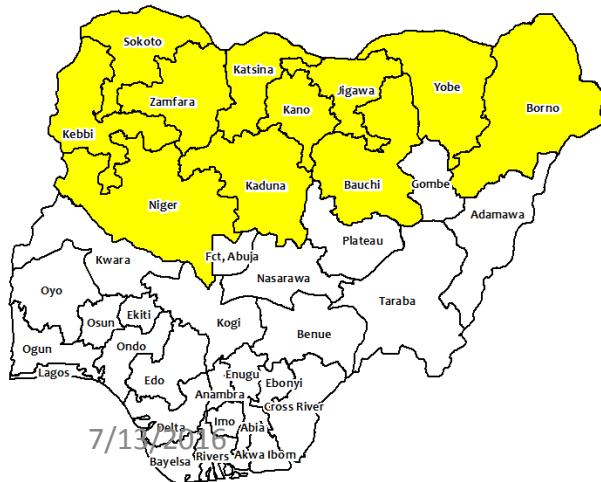


tOPV Switch Date: 18<sup>th</sup> April 2016

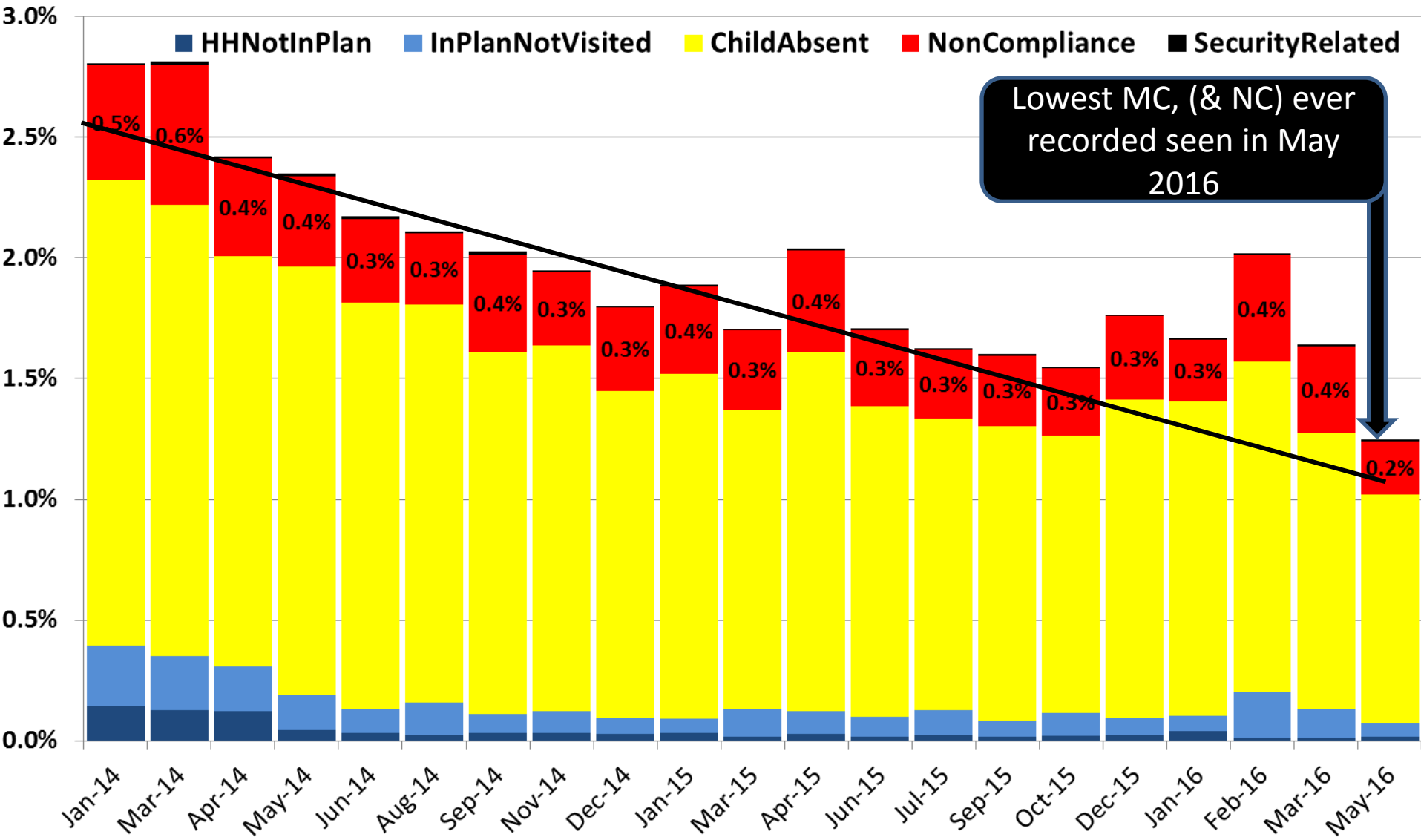
-  tOPV
-  bOPV
-  Non-Implementing States/LGAs

Oct '16 - Planned

May '16 - Done



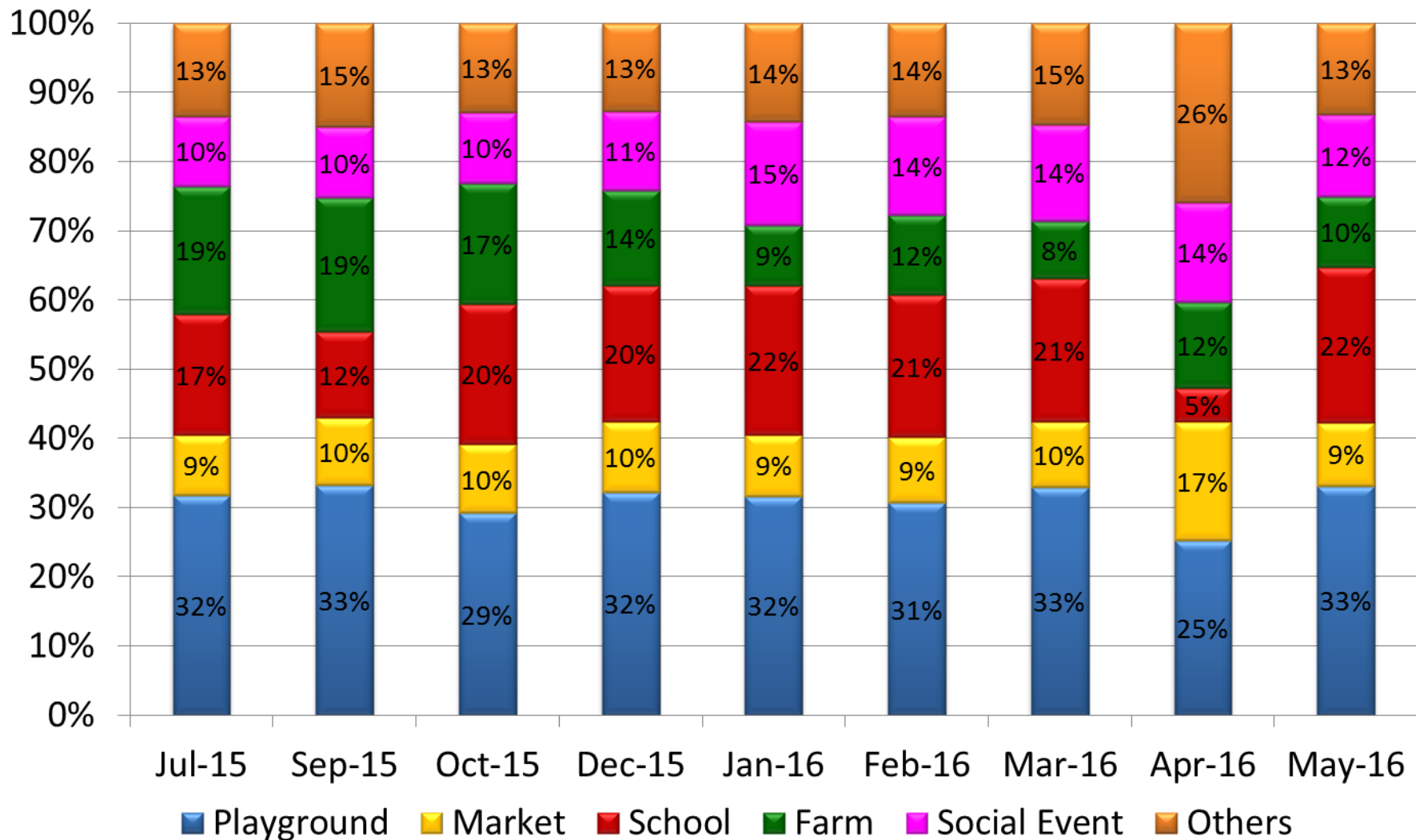
# Steady reduction in missed children, Jan 2014 – Jan 2016



7/13/2016

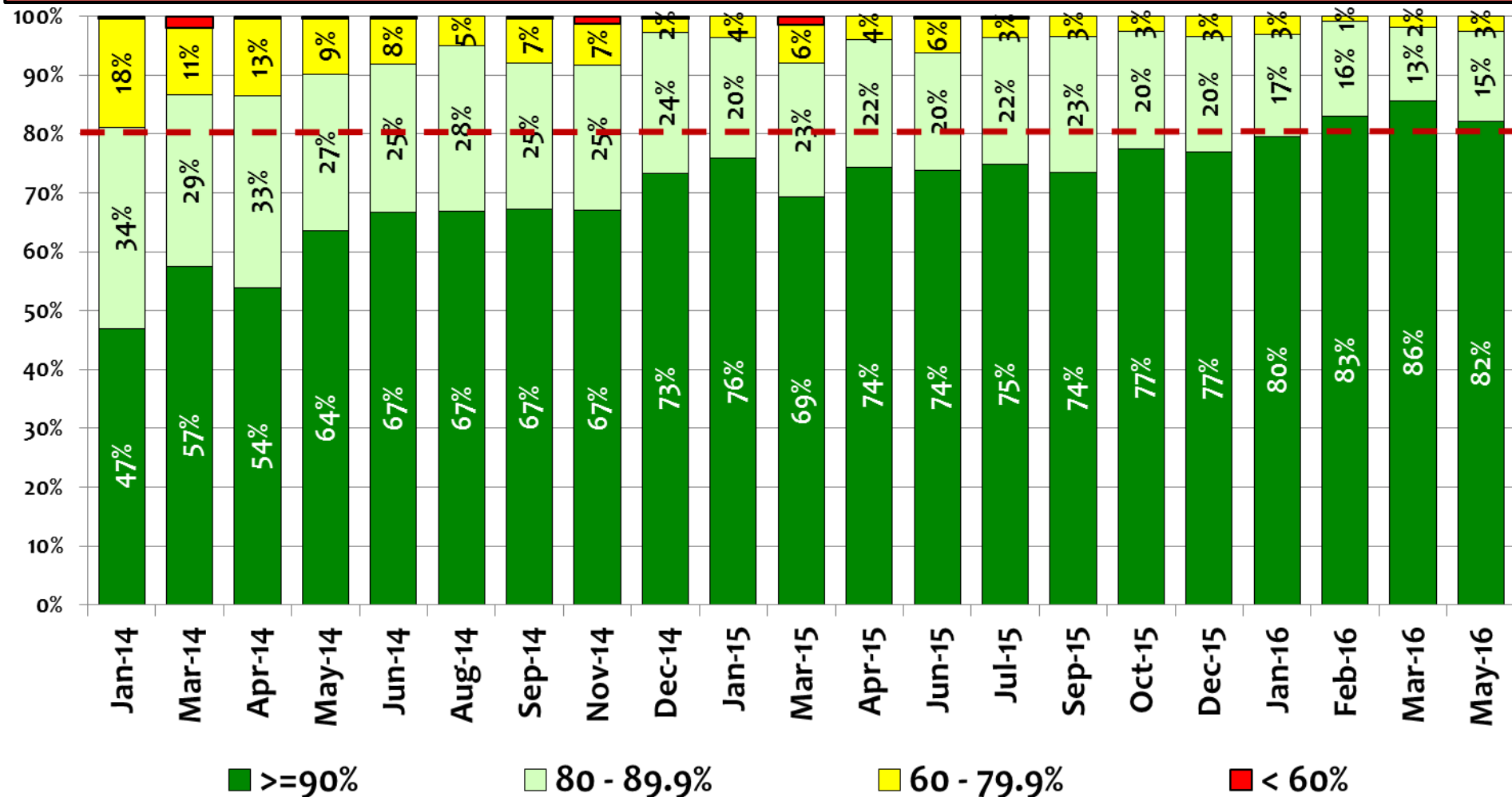
# Where are these **few** missed children during IPDs?

## Independent monitoring data: July 2015 – May 2016



# Continued improvement in LQAS trends in 11 Very High Risk States, Nigeria, 2014-May 2016

% of LGAs in vaccination bands



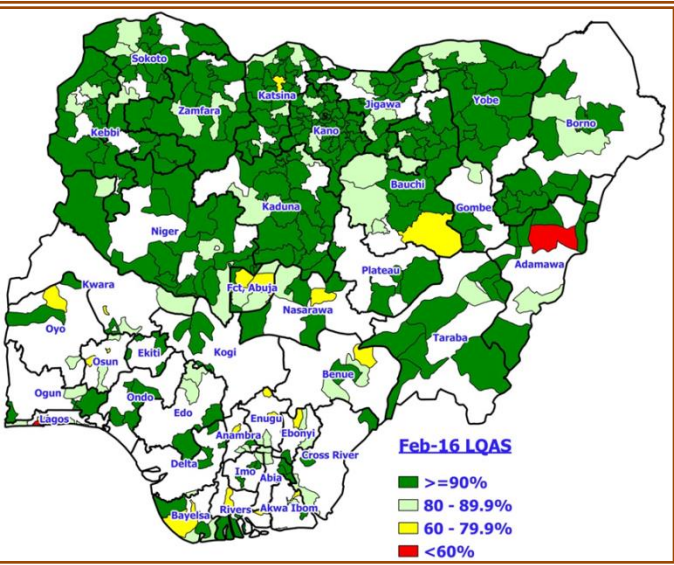
97% of the LGAs in the 11 HR states achieved >=80%, May-16 SIPDs

7/13/2016

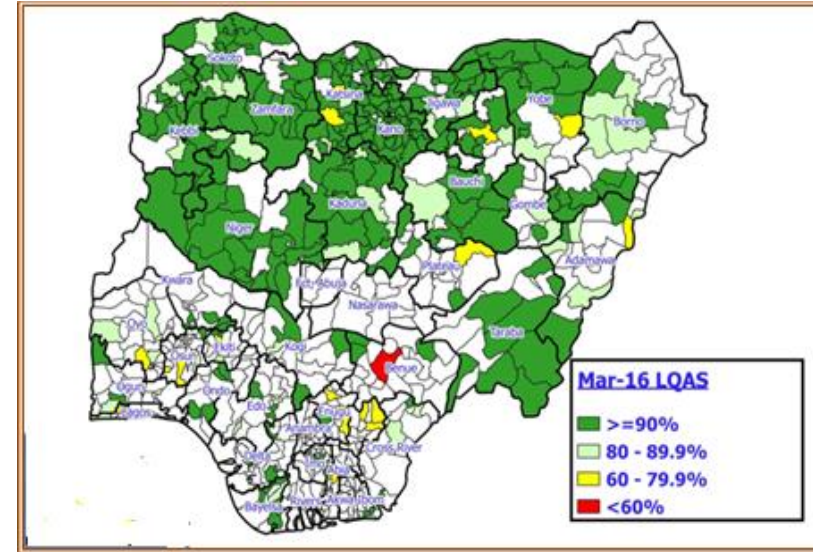
28

# LQAs Results by LGA, Last three IPDs, Feb – May 2016

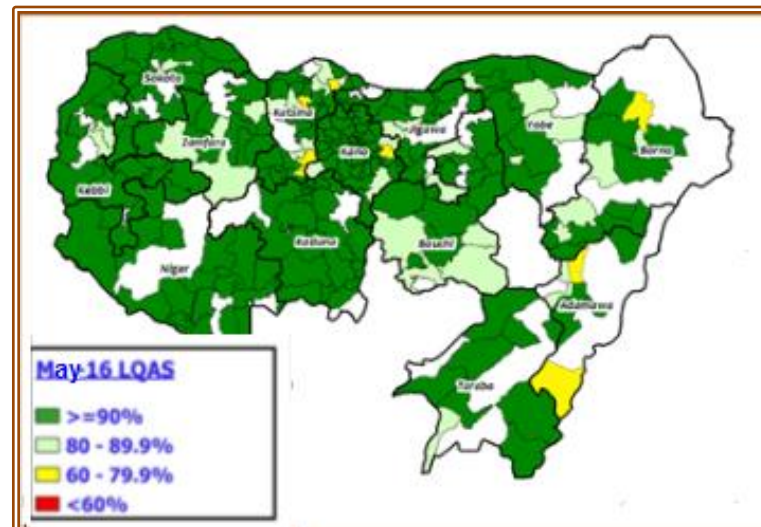
Feb-16 NIPDs



Mar-16 NIPDs

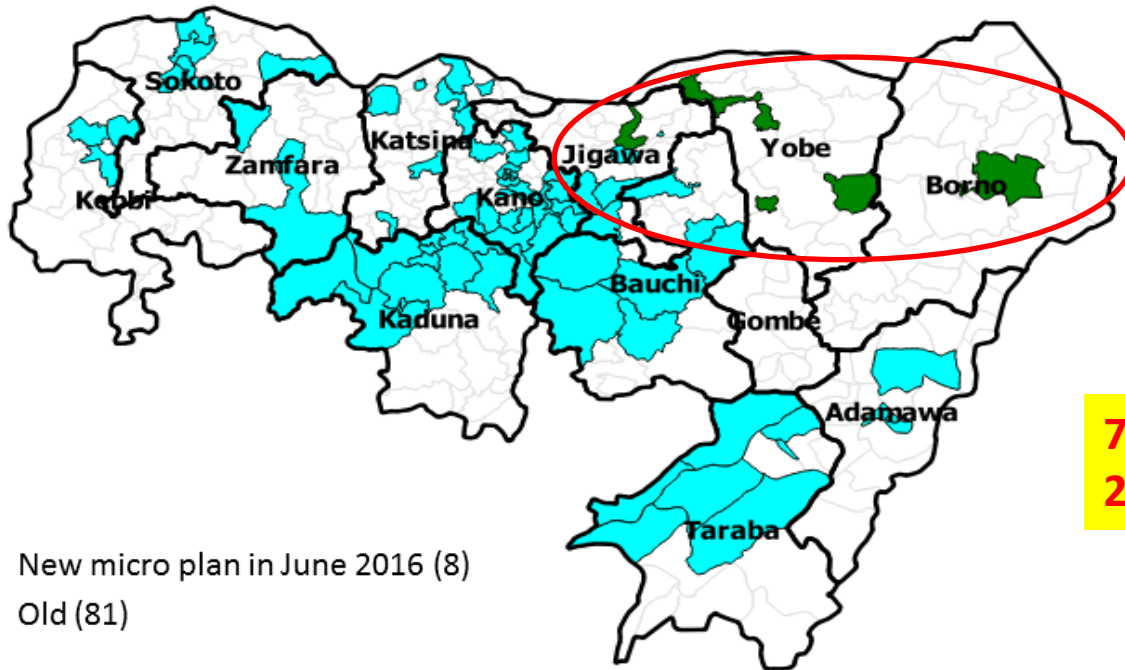


May-16 SIPDs

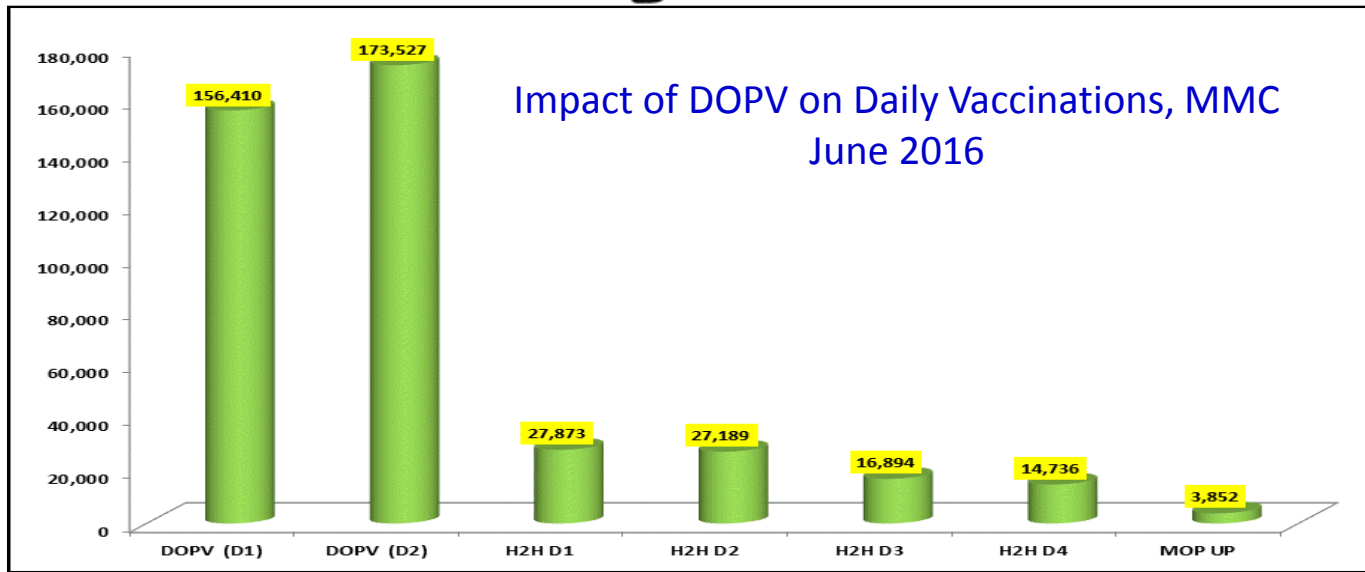


**No single LGA had coverage below 60% in May 2016 SIA**

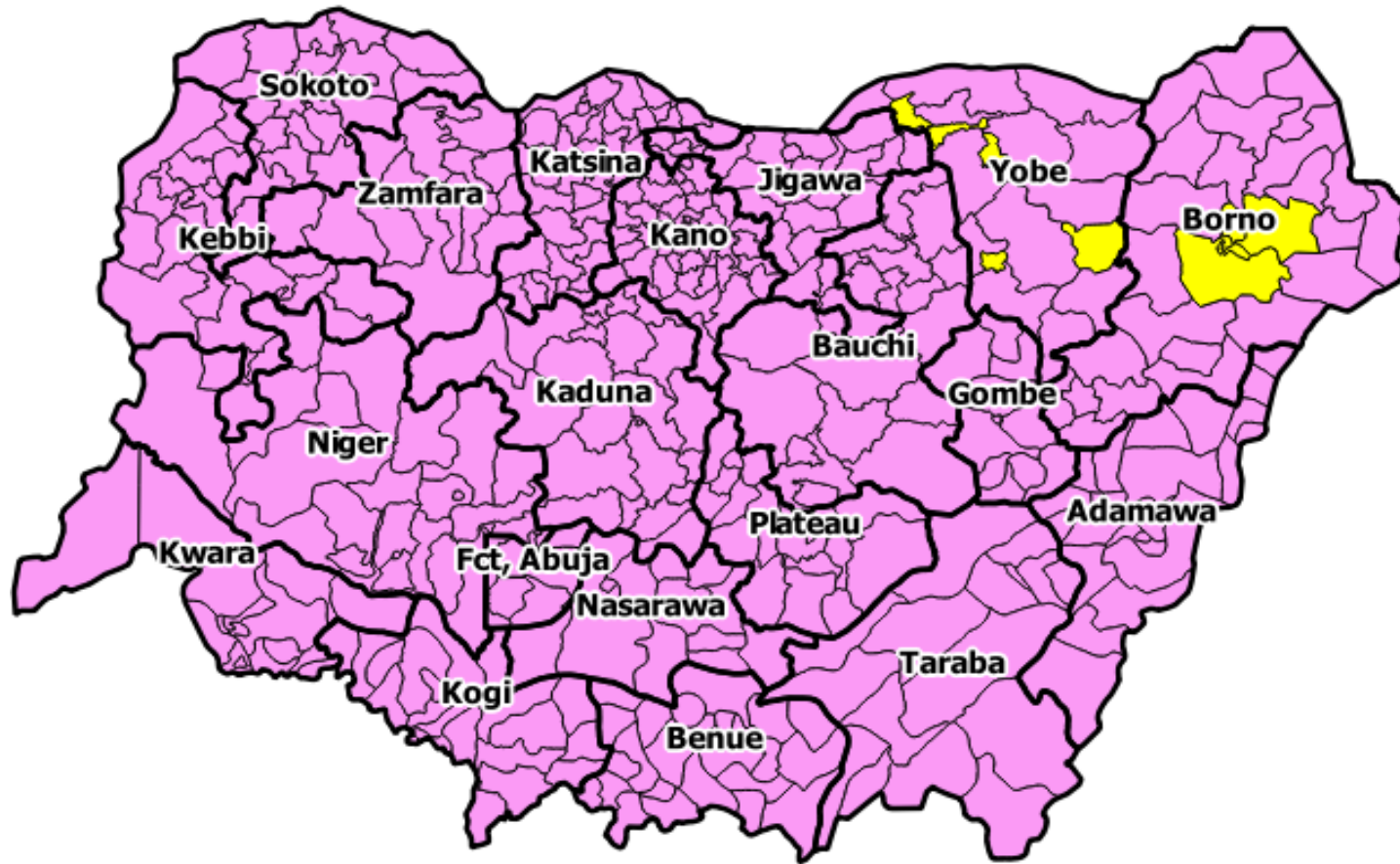
# Scale up of DOPV to OBR States, June 2016



**71% of the children 1<sup>st</sup> 2 days of DOPV**



# Walk through Micro Planning in Metro Borno and Damaturu, June 2016



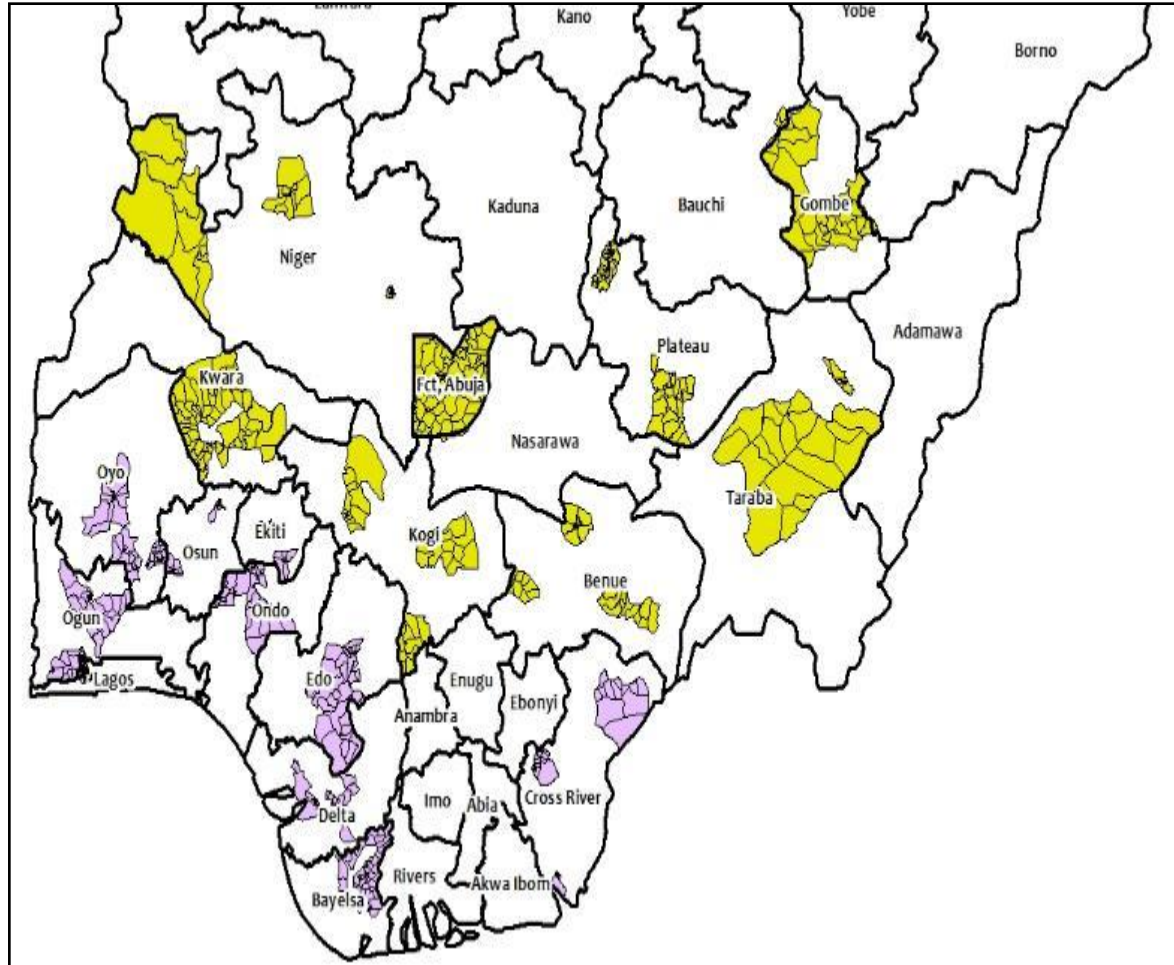
- New HH based micro plan in June 2016 (8)
- Old (81)


Target Pop		No of HHs			No of Teams before & After workload rationalization	
Before	After	Before	After	HH with IDPs	Before	After <sup>21</sup>
693,857	807,722	312,789	426,758	84,578	757	978


# VTS introduced to Middle & Southern States to improve quality of SIAs, 2016

## Objectives of Vaccinator Tracking in Middle belt and Southern States:

- Validate existing LGA boundaries and generate new settlement and ward level boundaries
- Estimate geographic coverage
- Identify missed settlements



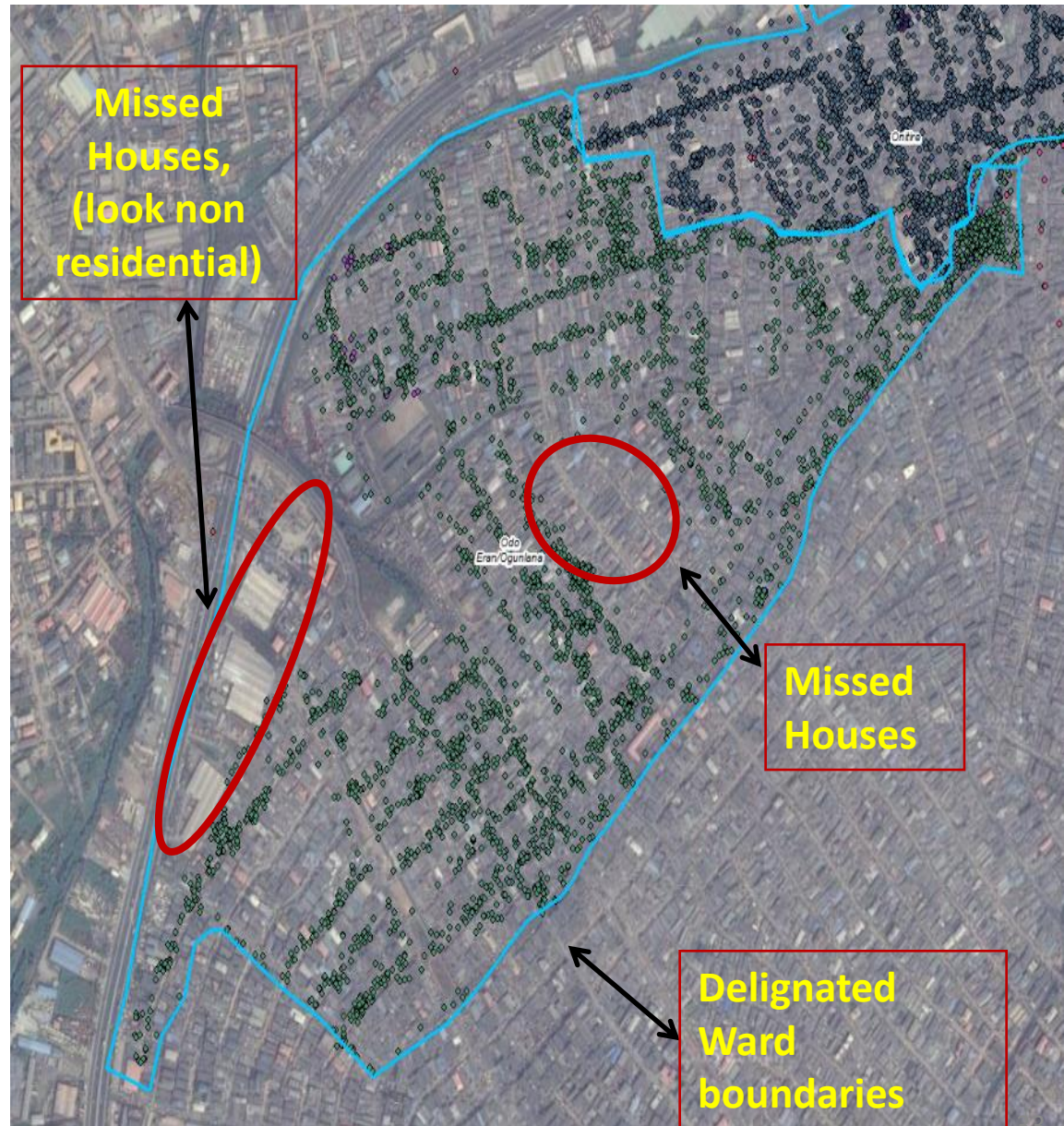
 LGAs tracked in Feb-16

 LGAs tracked in Mar-16



# VTS showing missed houses in Lagos, 2016

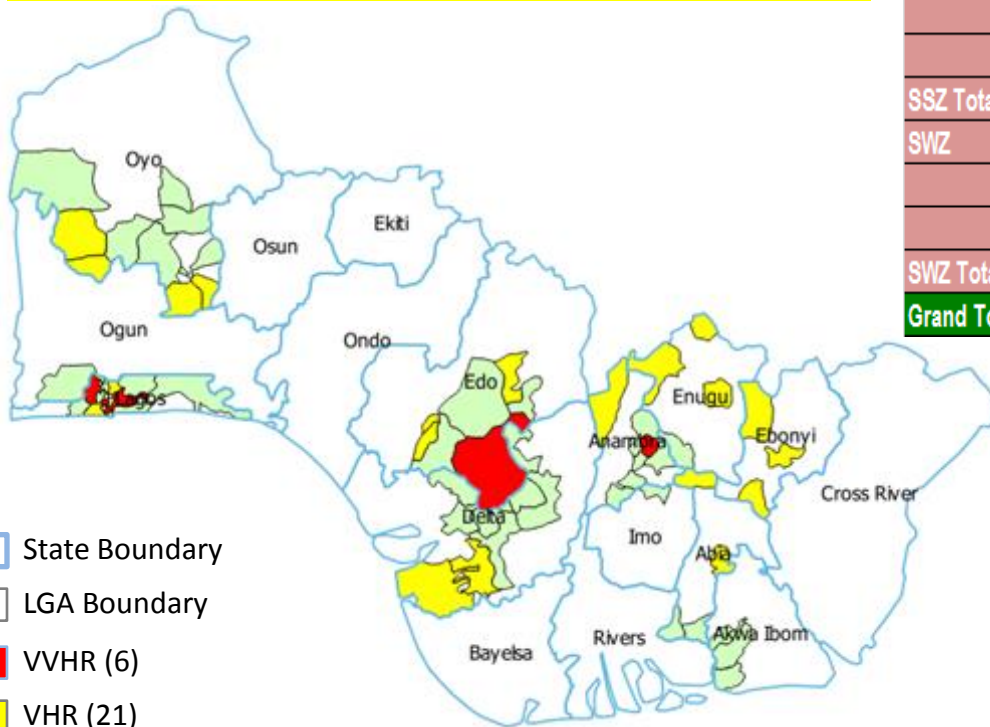
- Tracks of Vaccination teams shows settlements missed
- No baseline data, hence difficult to identify if missed houses are non residential
- Feedback provided to improve team performance



# Raising Immunity in Southern States in 2016, ahead of tOPV Switch, April 2016

- Risk analysis conducted in the southern States
- 70 High Risk LGAs with immunity gaps targeted for in between round activities (LIDs)
- Excess tOPV withdrawn ahead of switch and used to boost type 2 immunity in high risk LGAs

Zone	State	VVHR/VHR/Adjacent to VVHR LGA	Sum of <5 Pop (2015 projection)	Total Immunized
SEZ	Abia	4	114,219	120,551
	Anambra	8	413,047	489,527
	Ebonyi	3	227,181	222,210
	Enugu	4	206,047	203,396
	Imo	1	42,065	49,208
<b>SEZ Total</b>		<b>20</b>	<b>1,002,559</b>	<b>1,084,892</b>
SSZ	Akwa Ibom	3	116,656	128,191
	Delta	9	454,354	504,409
	Edo	7	402,817	426,257
<b>SSZ Total</b>		<b>19</b>	<b>973,827</b>	<b>1,058,857</b>
SWZ	Lagos	18	2,298,329	3,291,413
	Ogun	1	141,054	305,929
	Oyo	12	512,854	1,116,638
<b>SWZ Total</b>		<b>31</b>	<b>2,952,237</b>	<b>4,713,980</b>
<b>Grand Total</b>		<b>70</b>	<b>4,928,623</b>	<b>6,857,729</b>

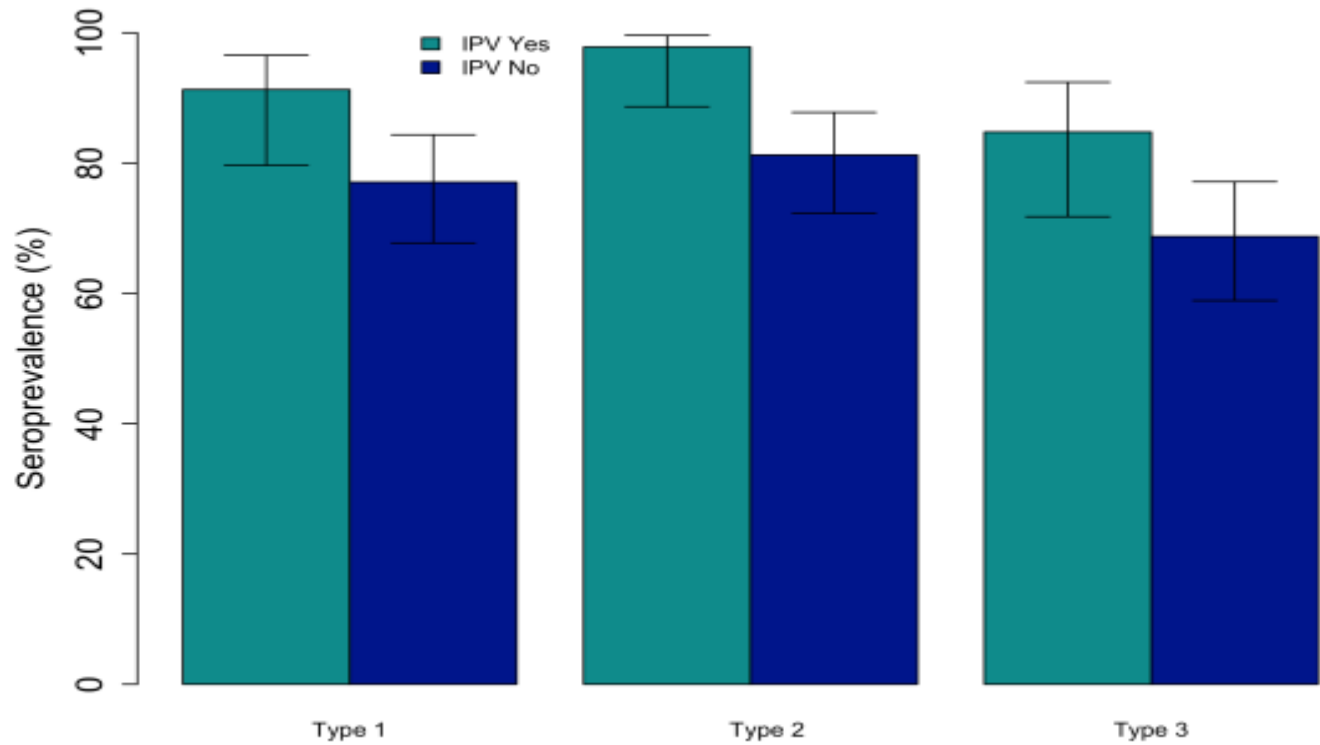


- State Boundary
- LGA Boundary
- VVHR (6)
- VHR (21)
- Adjacent to VVHR LGA (43)

7/13/2016

**Implementing dates  
9 – 12 April 2016**

# Borno: Seroprevalence and IPV in RI, 2016

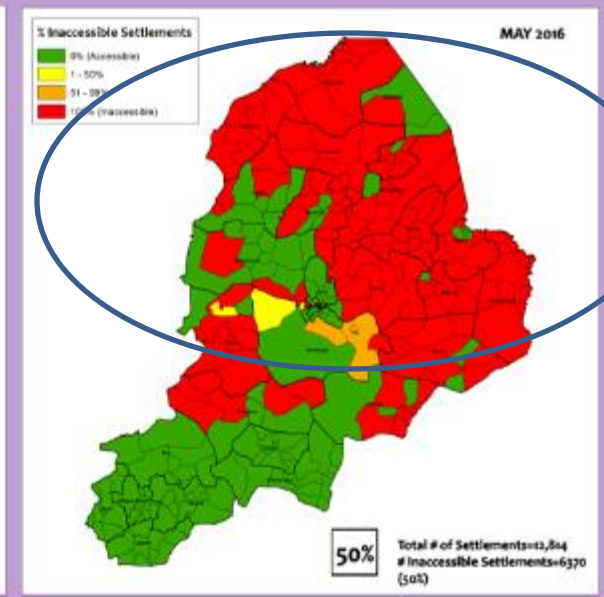
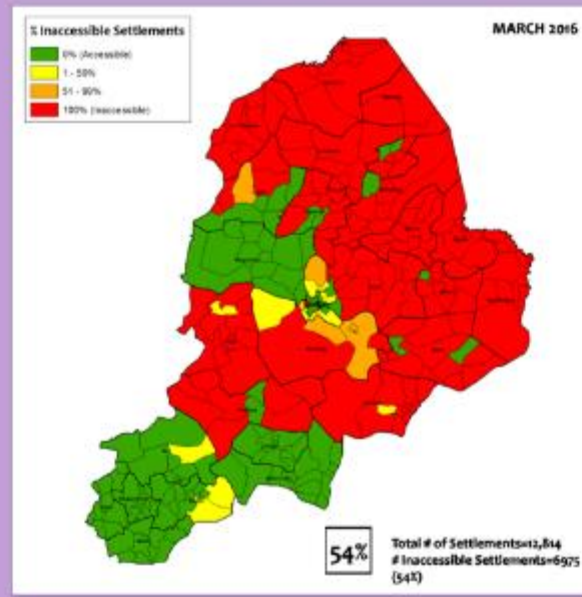
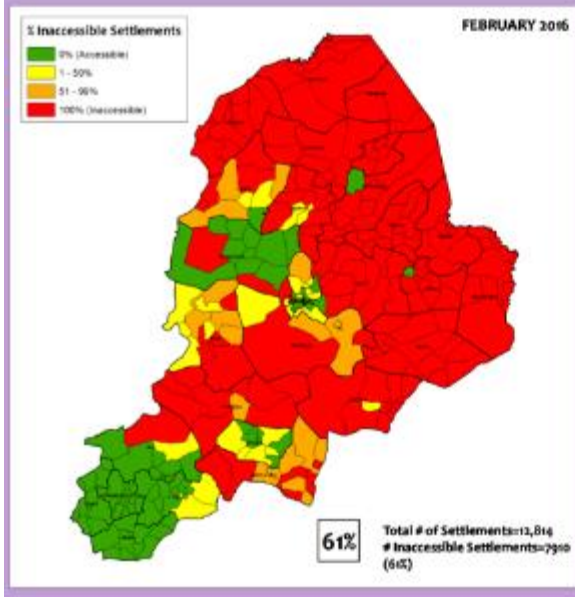
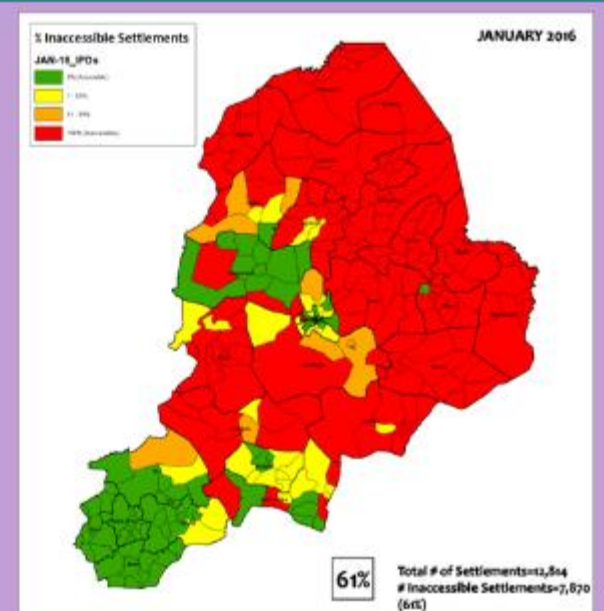
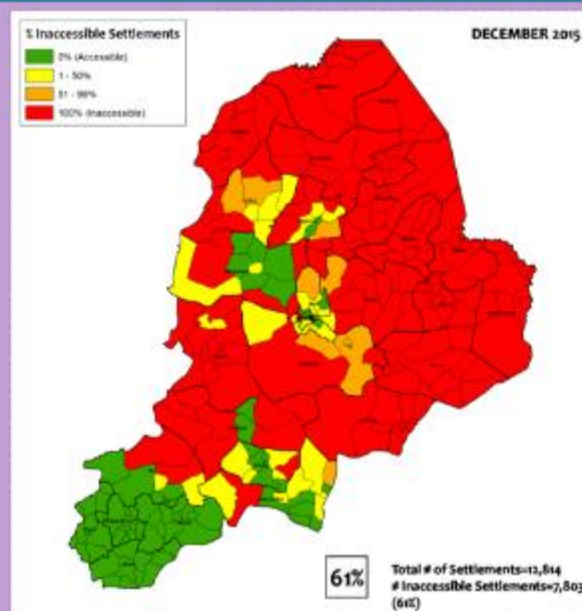
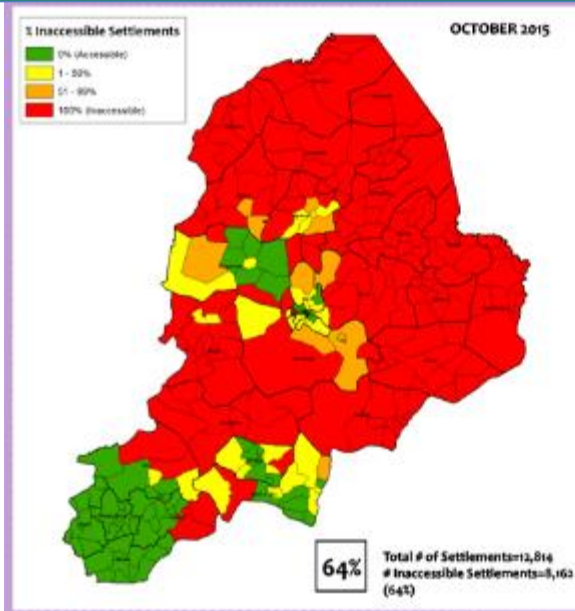


Age Group	IPV in RI	Type 1			Type 2			Type 3		
6-9 mos	Yes	42/46	91.3 (79.7-96.6)	0.040	45/46	97.8 (88.7-99.6)	0.007	39/46	84.8 (71.8-92.4)	0.042
	No	74/96	77.1 (67.7-84.4)		78/96	81.3 (72.3-87.8)		66/96	68.8 (58.9-77.2)	

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# % Settlements inaccessible to H2H Teams, Borno, Oct 2015–May 2016



7/13/2016

More LGAs and wards are being opened up following military interventions

# Programme continues to use special interventions to reach children in inaccessible areas of Borno, May 2016

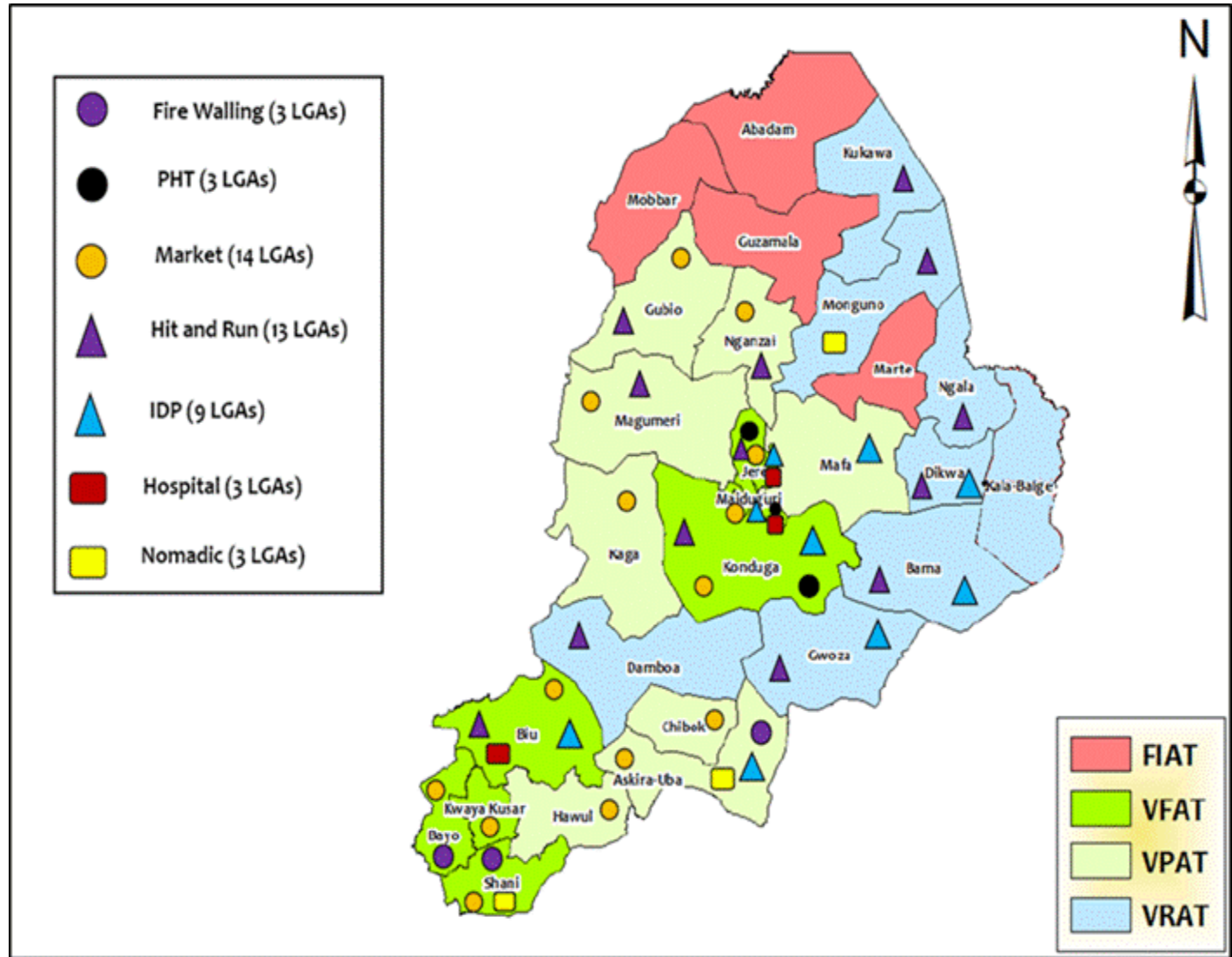
The map is based on Special Intervention Data for 2016

**FIAT:** Fully Inaccessible Territories

**VFAT:** Fully Accessible Territories

**VPAT:** Partially Accessible Territories

**VRAT:** Recently Accessible Territories



# Military Escorts to Recently Accessible Territories, April – June 2016



Briefing by Military prior to take off



Newborn with tetanus in IDP Camp in Dikwa

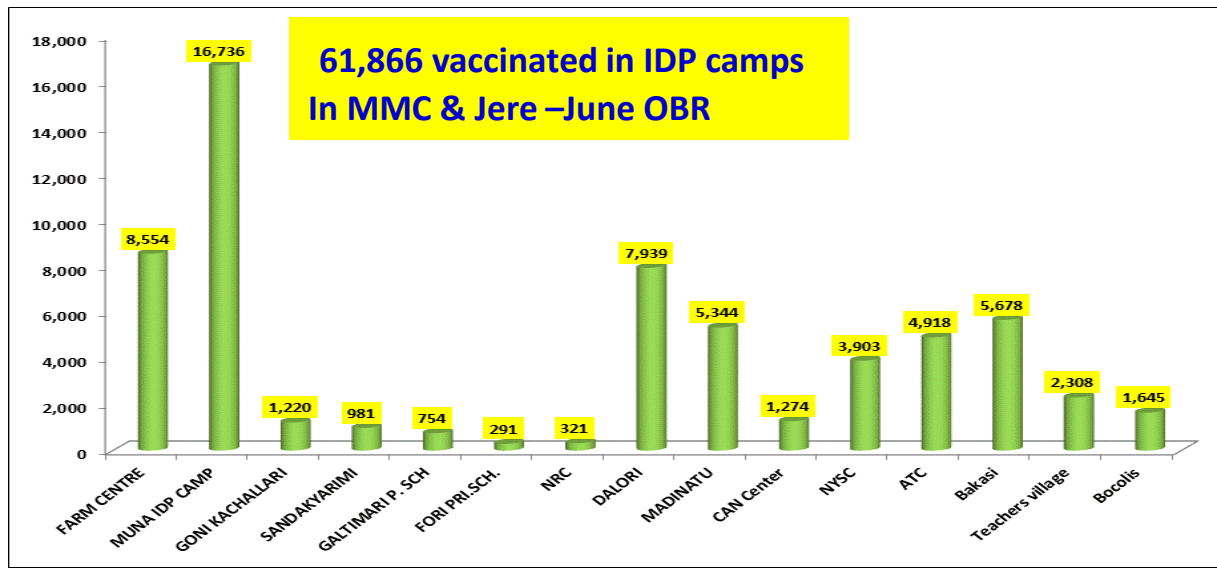
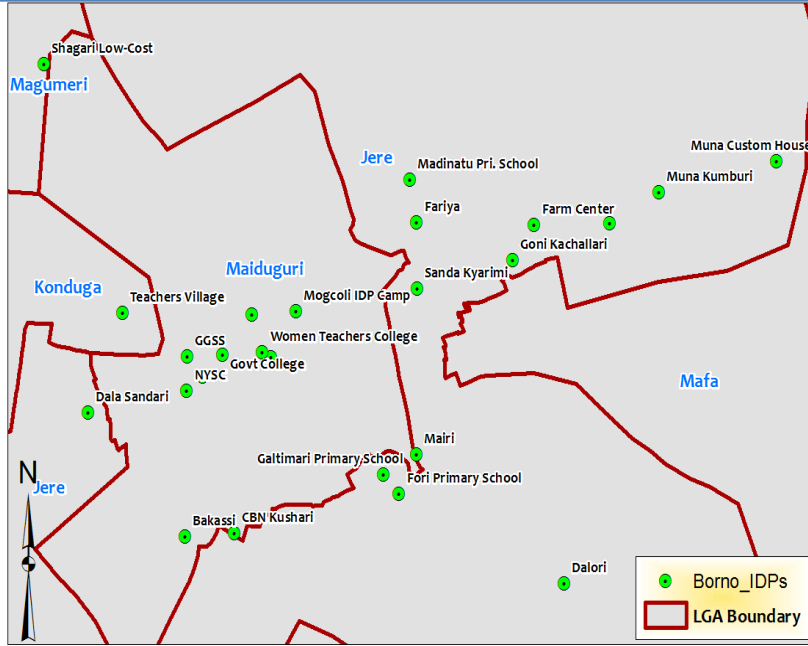


7/13/2016

Vaccination taking place in IDP Camp in RAT

LGA	No of Escorts	Total Immunized
Ngala	3	89328
Gwoza	4	108908
Kukawa	4	95098
Monguno	5	160325
Bama	5	33724
Dikwa	5	50505
Kalabalge	3	10177
<b>Total</b>		<b>548065</b>

# Children are immunized in IDP Camps during IPDs and in between rounds activities



**IDP Vac in Yobe with IPV/OPV and Measles**



# Children vaccinated through Special Interventions in NE states: Week 22, 2016

Interventions	Borno	Gombe	Yobe	Taraba	Adamawa	Total
Firewalling	22,602	19,257	18,584	549		60,992
PHT	212,149		176,756		32,547	421,452
Market/Transit	203,988	39,856	11,679	111,067	70,519	437,109
IBPT			18,654	37,585	60,654	116,893
Hit&Run	326,190		194,394	4,344		524,928
IDPs	227,252	4,259	5,345	6,339	2,274	245,469
Hospital	114,476		13,687			128,163
Nomadic	14,791		53,189	17,497		85,477
Cross Border				306		306
<b>Total</b> 13/2016	<b>1,121,448</b>	<b>63,372</b>	<b>492,288</b>	<b>177,687</b>	<b>165,994</b>	<b>2,020,789</b>

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# Response to cVDPV<sub>2</sub>, Borno State, 2016

- **VDPV type 2 found in the Environment** (ENV-NIE-BOS-MAG-AGF-16-003)
- Sequencing: **32nt diff** from Sabin 2 (**Orphan virus**)
  - **Duration of circulation: 1-2 years**
  - **cVDPV / Outbreak**
- Reporting date: **29 April 2016** (Source: CDC)
- Sampling date: **23 March 2016**
- Sampling site: **Abba Ganaram Filling Station, Maiduguri, Borno state, Nigeria.**



Abba Ganaram Environmental Site

	Date	Status	Scope	Type of Antigen	Strategy
<i>Date of sample collection</i>	<i>23<sup>rd</sup> March 2016</i>				
<i>Date of notification</i>	<i>29<sup>th</sup> April 2016</i>				
1 <sup>st</sup> Outbreak response	9-12 May 2016	Done	State-wide Borno + Gombe-6, Yobe-4, Adamawa-2 LGAs	mOPV2	House to House
2 <sup>nd</sup> Outbreak response	11-14 June 2016	Done			
3 <sup>rd</sup> Outbreak response	9-12 July 2016	Done			

# Responding to Environmental cVDPV2 in Borno:

## Social Mobilization and Human Resources

### High Level Social Mobilization Activities for the OBR:

- The Federal Government and State Government declared this as an emergency.
- The Governor of Borno state – His Excellency, Alh. Kashim Shettima and The Deputy Governor of Borno – Alh. Usman Mamman Durkwa were mobilized.
- Sensitization meeting was held with Traditional leaders including the Shehu of Bama (Chairman of the NTLC) by The Deputy Governor of Borno.
- The Shehu of Borno also held a sensitization meeting with the District Heads.



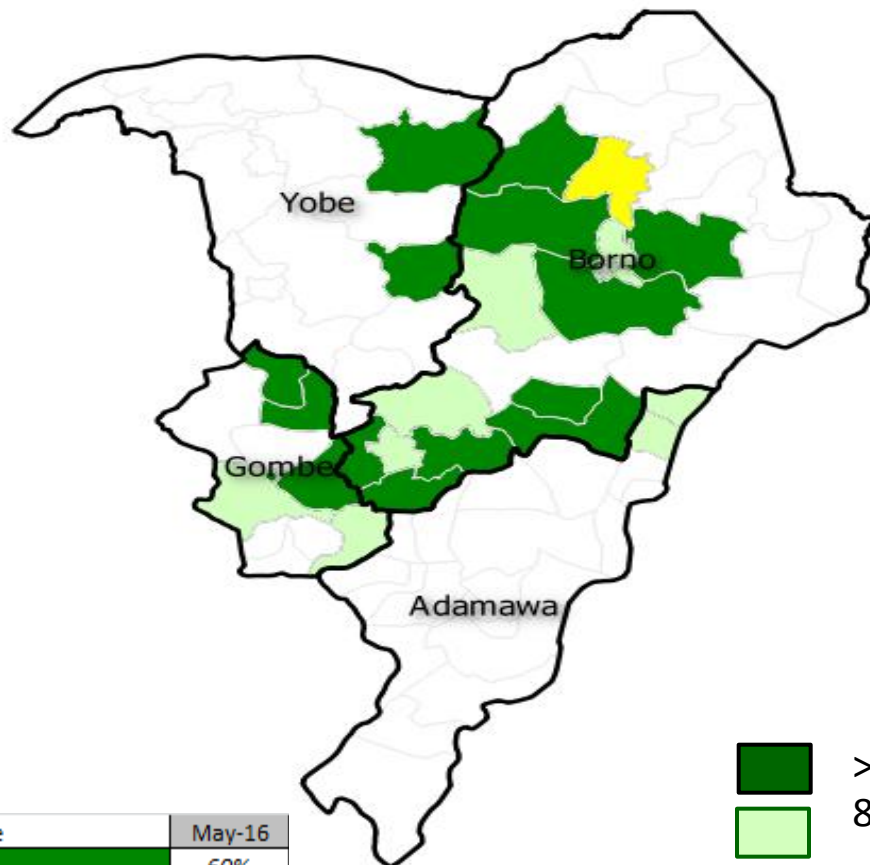
- **70 MSTs** posted to Borno and Yobe from **May to December 2016** to Support the Outbreak Response and implementation of the Emergency Technical Plan for the North East.
- **550 Programme Officers** Deployed for the OBR (PHTs, Supervisors, and FOMWAN).
- **VCMs Distribution: 500 in host communities and 222 in IDP camps** in Borno state.

Sensitization Meeting with Deputy Governor of Borno State – Alh. Usman Durkwa and LGA Secretaries (June 2016)

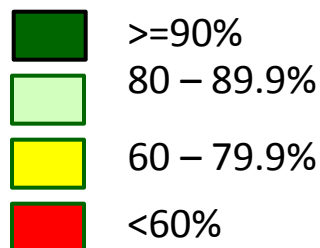
# LQAs results: cVDPV2 Outbreak Response in Borno

## May – June 2016

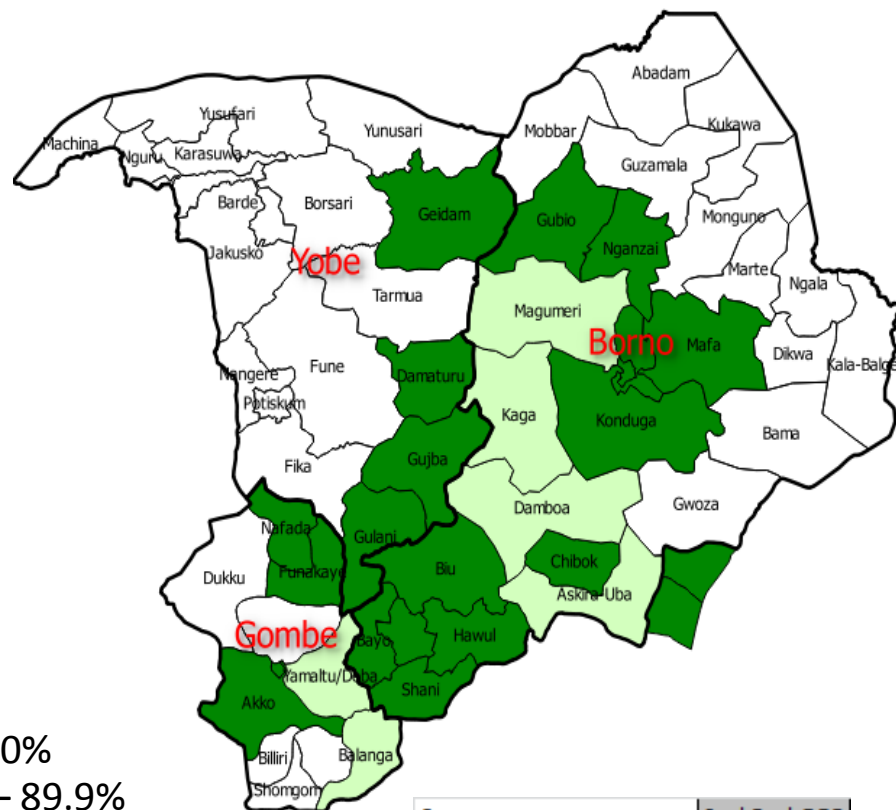
1<sup>st</sup> OBR May 16



Coverage	May-16
>=90%	60%
80 - 90 %	36%
60 - 79.9 %	4%
< 60%	0%



2<sup>nd</sup> OBR June 16

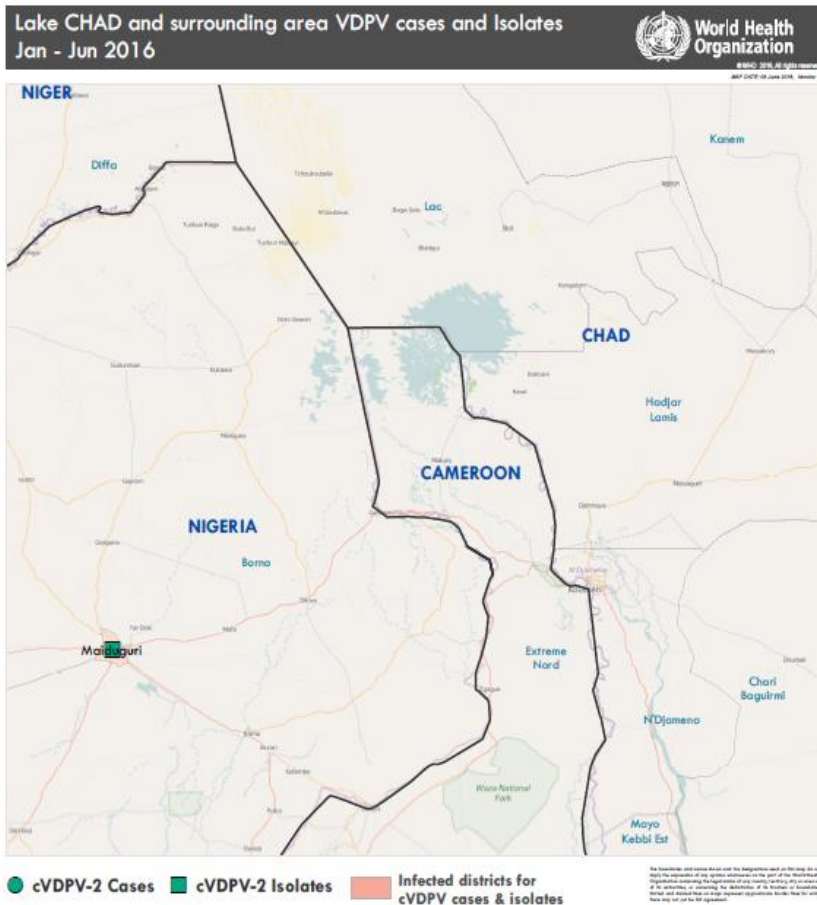


Coverage	2nd Rnd OBR
>=90%	79%
80 - 90 %	21%
60 - 79.9 %	0%
< 60%	0%

96% of the LGAs had coverage above 80%.

100% of the LGAs had coverage above 80%.

# Lake Chad Basin Collaboration, 2016



- 4 LGAs in Borno (Abadan, Marte, Monguno, Kukawa) are part of the basin. Total population is 607,493
- Accessibility (due to insecurity) is the major challenge
- Country Focal Points from NPHCDA and partners (WHO & UNICEF) designated
- 6 month work plan developed and costed

# Timely Response to VDPV2 in Jigawa

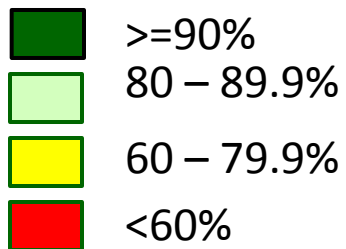
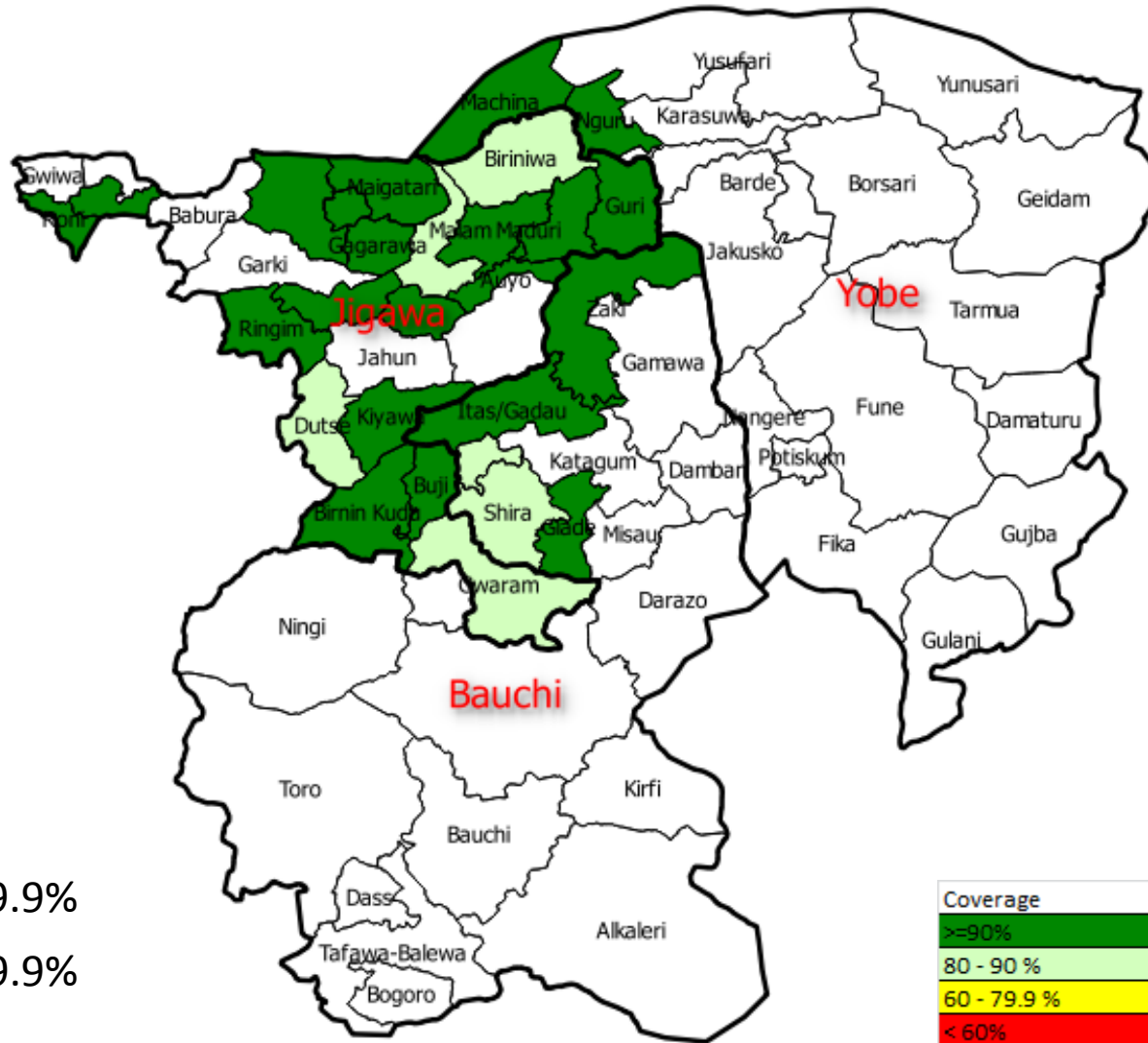
## Polio event: VDPV2 Jigawa State

Name of Child	Ibrahim Mustapha *Died from Severe diarrhoea 08/06/16
Age	2yrs
Date of onset	14/05/2016
OPV doses	0 RI dose; 16 SIA doses
Date notified	13/06/2016
Date investigated	14/06/2016
Date immediate response	18/06/2016
<b>Final classification (8 July 16)</b>	<b>aVDPV2</b>

## Planned response timelines using mOPV2

s/N	Activity	Proposed Dates	Scope	No of LGAs in Nigeria	Proposed Antigen
1	Immediate Response	18 <sup>th</sup> – 19 <sup>th</sup> June 2016	Affected Ward	1	mOPV
1	1st OBR	25th -28th June 2016	State-wide & Neighboring LGAs in Yobe (2) & Bauchi (5)	27 in Jigawa +2 Yobe & 5 in Bauchi	mOPV2
2	2nd OBR	23rd -26th July 2016	State-wide & Neighboring LGAs in Yobe (2) & Bauchi (5)	27 in Jigawa +2 Yobe & 5 in Bauchi	mOPV2
7/13/2016 3	3rd OBR	27th -30th August 2016	State-wide & Neighboring LGAs in Yobe (2) & Bauchi (5)	27 in Jigawa +2 Yobe & 5 in Bauchi	mOPV2

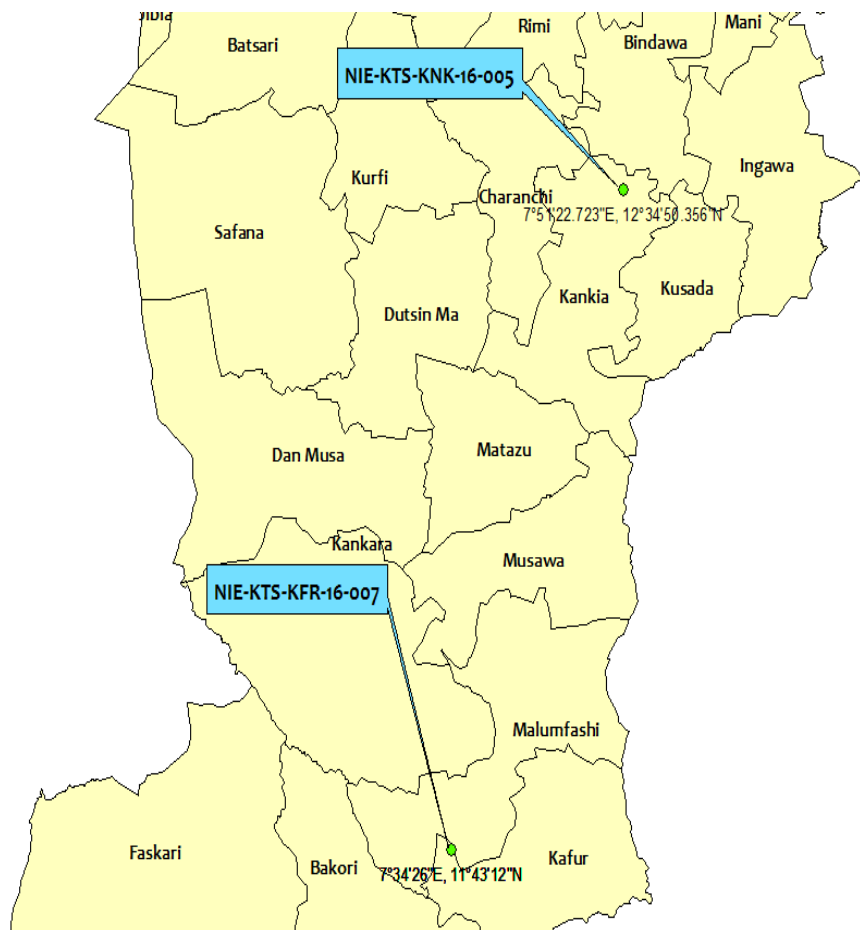
# LQAs Results: 1<sup>st</sup> Round VDPV Response, Jigawa State



Coverage	1st Rnd VDPV OBR
>=90%	79%
80 - 90 %	21%
60 - 79.9 %	0%
< 60%	0%



# Response to 2 Polio Compatible Cases in Katsina State (Jan - June 2016)



## Vaccination Response:

- **Kankia LGA:** 3 rounds completed in February, March and May 2016.
- **Kafur LGA:** 3 rounds completed in March, May and June 2016.

## Intensified surveillance:

- Field investigation done
- Training/ sensitization conducted for LGA informants and clinicians

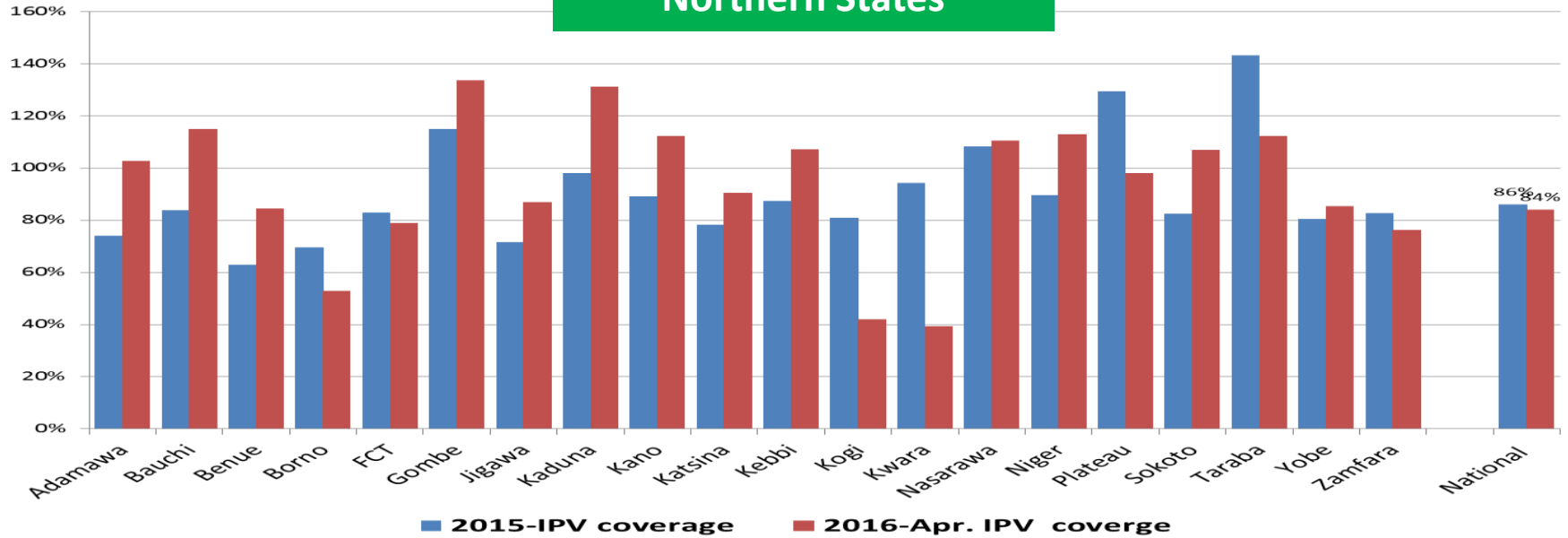
States	LGA	Epid Number	Date Of Onset	OPV Doses
KATSINA	KAFUR	NIE-KTS-KFR-16-007	09/03/2016	15
KATSINA	KANKIA	NIE-KTS-KNK-16-005	14/02/2016	40

# Outline

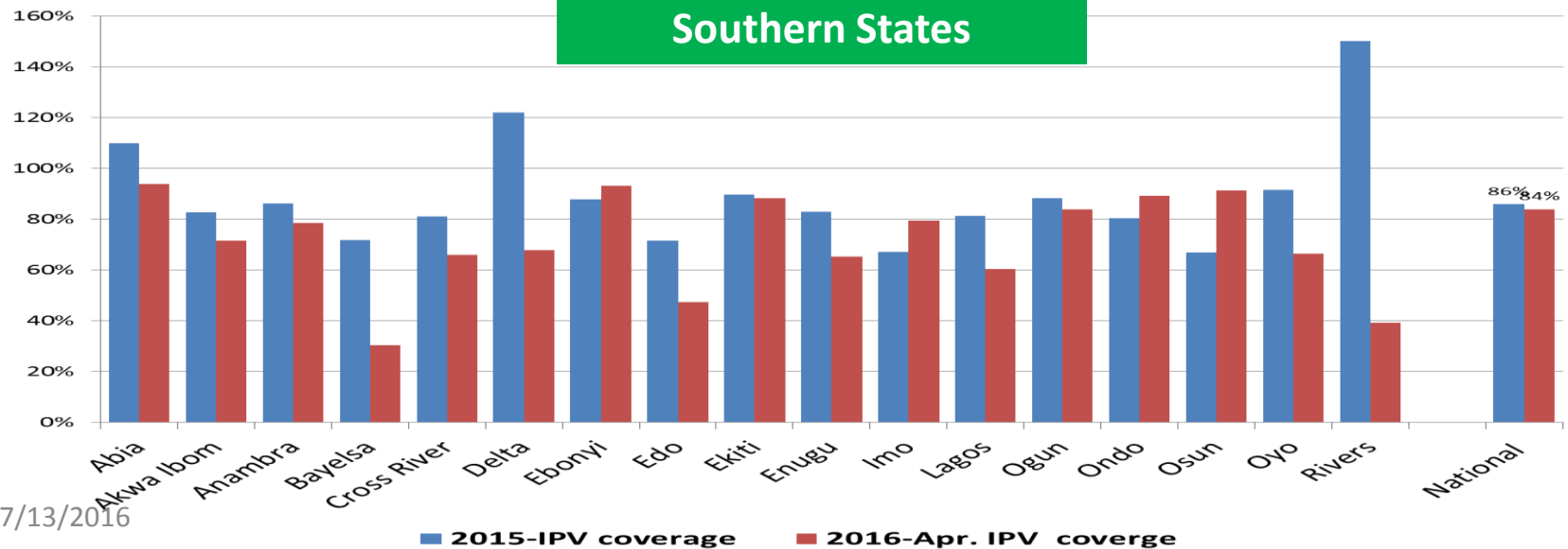
1. Current Epidemiology
2. Resilience strategy
3. Sustaining high quality Surveillance
4. Sustaining population immunity
5. Reaching children in security compromised areas
6. Responding to VDPV2 events/ outbreaks post switch
- 7. Efforts to revamp routine immunization**
8. Legacy Planning
9. Current challenges and priorities for the next six months

# Routine IPV Coverage, Nigeria, Dec 2015 vs April 2016

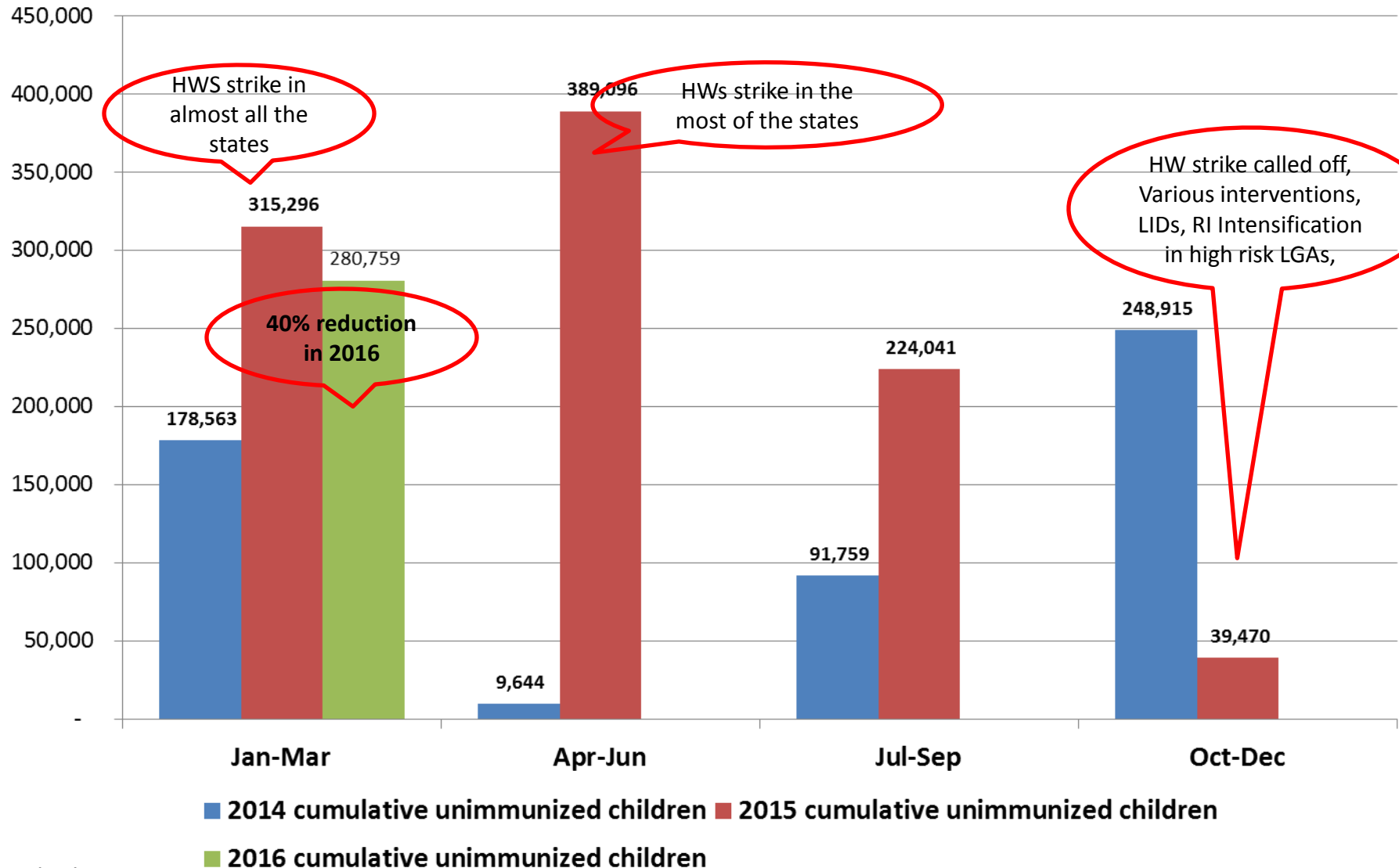
## Northern States



## Southern States

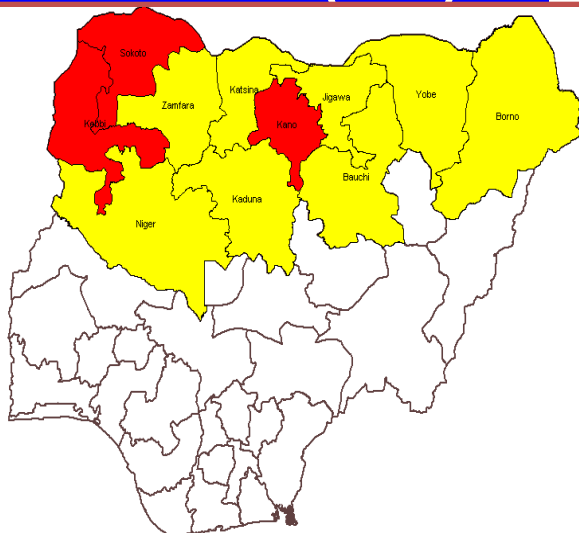


# Reduction in the Number of Un-Immunized children, March 2014, 2015 and Qtr-1 2016

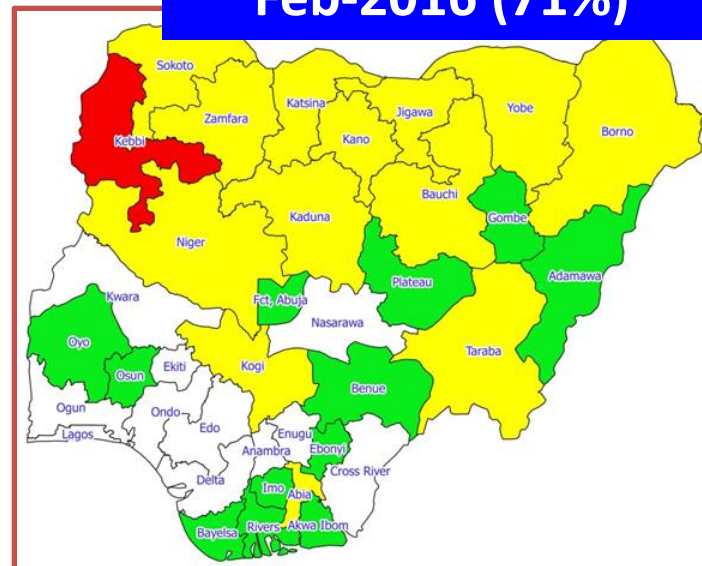


# Monitoring Proportion of children with evidence of RI, Jan – May 2016 IPDs

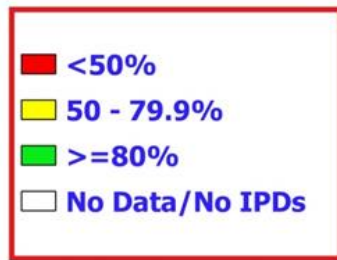
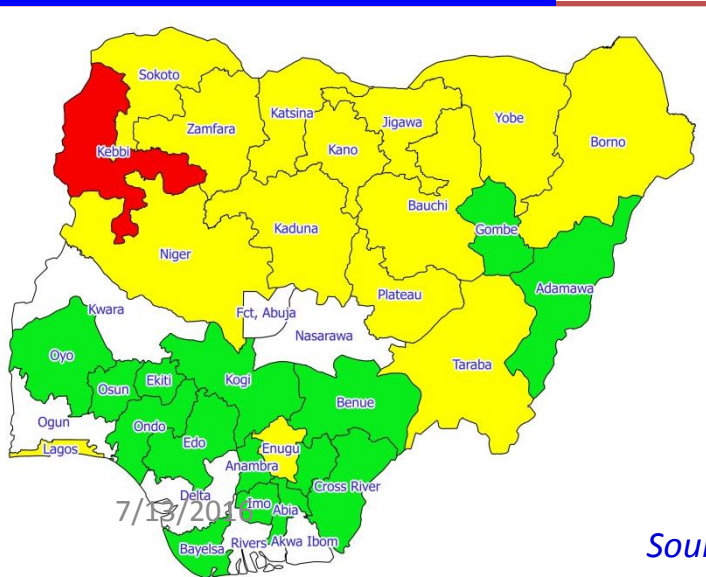
**JAN-2016 (61%)**



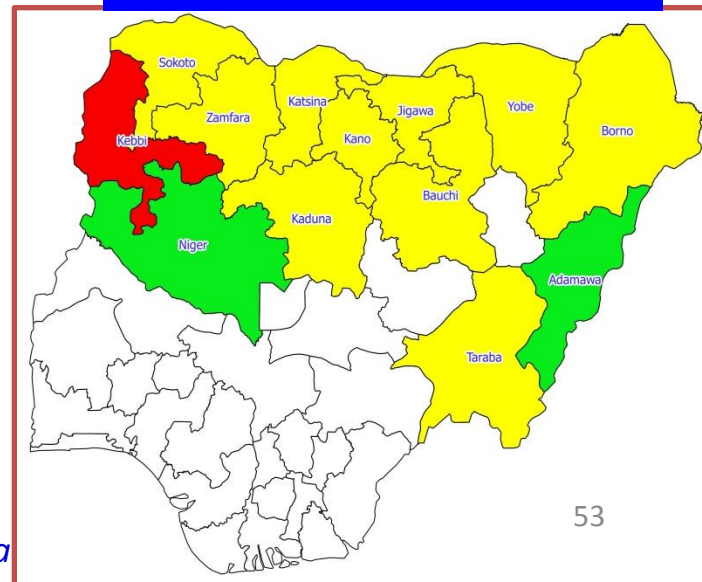
**Feb-2016 (71%)**



**Mar-2016 (70%)**



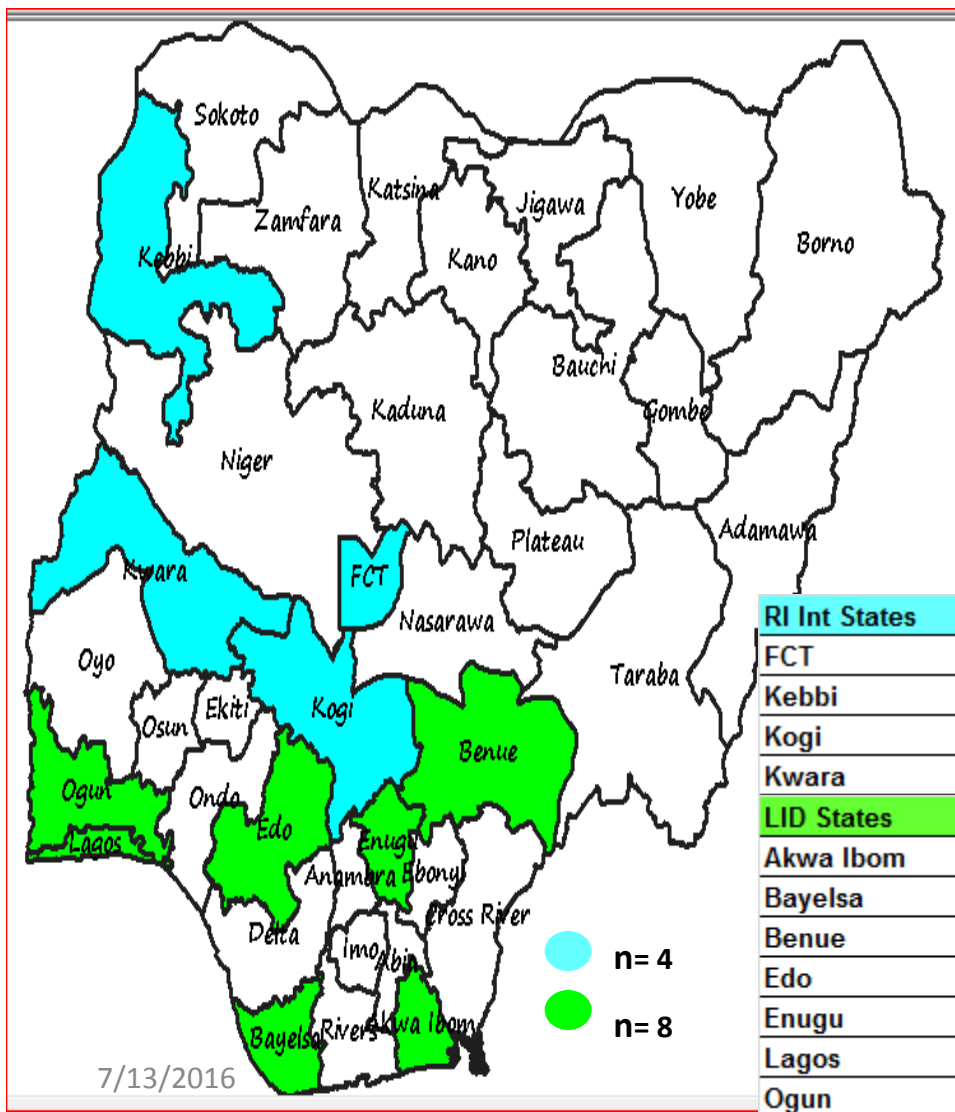
**May-2016 (63%)**



**Kebbi consistently below 50% in 2016**

Source: independent monitoring data

# RI intensification in high risk states, 2016



## Target:

- LGAs in 11 states with high number of unimmunized children for 2016: Kebbi, Kwara, Kogi, FCT, Akwa Ibom, Bayelsa, Benue, Edo, Enugu, Lagos & Ogun.

## Key activities:

- REW micro planning,
- Implementation of outreaches
- Community engagement
- Review meetings

## Schedule:

- July – December 2016

# 'Hard-to-Reach' Project (HTR) in 2014-2016



## Implementing Partners:

WHO: 67 LGAs in 4 States (Bauchi, Borno, Kano & Yobe) and

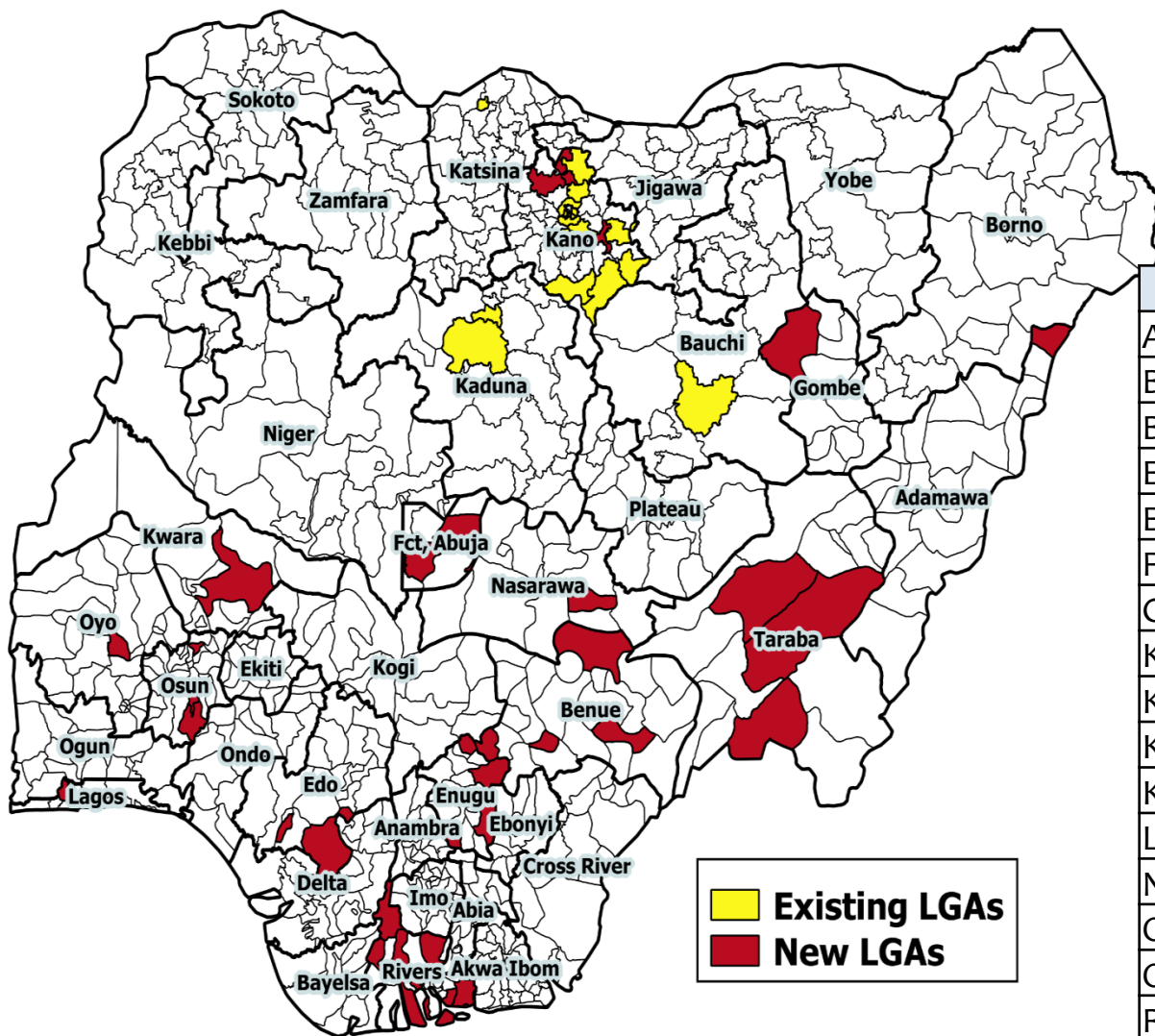
UNICEF: 57 LGAs in 6 States. Kaduna & Katsina since 2015, while Zamfara, Jigawa, Niger & Taraba were added in 2016.

Integrated package of services: OPV and other RI vaccines; MNCH services, treatment of common ailments

7/13/2016

# Categorization of Vulnerable LGAs: 56 **VVHR** and **VHR** LGAs for 2016

- There are a total of 56 VVHR and VHR LGAs in 2016.
  - 36 old LGAs and 20 new LGAs on the list.



States	Number of VVHR/VHR LGAs
Adamawa	1
Bauchi	1
Benue	3
Edo	2
Enugu	4
Fct, Abuja	2
Gombe	1
Kaduna	2
Kano	17
Katsina	1
Kwara	1
Lagos	2
Nasarawa	1
Osun	2
Oyo	1
Rivers	10
Sokoto	2
Taraba	3
<b>Total</b>	<b>56</b>



# Orientation Meeting with 56 Poor Performing LGAs – May 2016



(L-R) ES SPHCDA Dr. Hadiza Balarabe, Deputy Governor of Kaduna state, His Excellency, Architect Barnabas Bala Bantex, IM NEOC Dr. Andrew Etsano



Participants: IM EOC, DPHC, SIO, State Health Educators, ES SPHCDA, PHCC, LIO, Health Educators

## Objectives of the Meeting:

- To discuss how lessons learnt from polio can be used to improve routine EPI
- To share experiences amongst LGA teams on the current status of RI activities and service delivery.
- To update participants on their roles and responsibilities to improve RI intensification

**LGAs submitted work plans which would be monitored and reviewed over the next few months.**

# Outline

1. Current Epidemiology
2. Resilience strategy
3. Sustaining high quality Surveillance
4. Sustaining population immunity
5. Reaching children in security compromised areas
6. Efforts to revamp routine immunization
- 7. Legacy Planning**
8. Current challenges
9. Next Steps

# Coordination Structure

S/N	Coordination Structure	Membership	Key Functions
1	Polio Legacy Secretariat (July 2015 – March 2016)	EOC, WHO, UNICEF Consultant	<ul style="list-style-type: none"> <li>Mapping of polio assets</li> <li>– 3 member secretariat with few extended planning sessions with the broader EOC including donors</li> </ul>
2	Appointment of National Coordinator Polio Legacy Planning – April 2016	NPHCDA	Overall Coordination and execution of Legacy planning
3	Establishment of Polio Legacy Technical Task Team (PLT3) <ul style="list-style-type: none"> <li>chaired by the National Coordinator</li> </ul>	NPHCDA and Partners	<ul style="list-style-type: none"> <li>Finalize mapping of all polio assets in Nigeria</li> <li>Develop a clear costed work and decision-making framework</li> <li>Implementation work plan in line with agreed time frames and provide regular update</li> </ul>
4	National Polio Legacy Planning Committee (NPLPC) <ul style="list-style-type: none"> <li>chaired by the ED</li> <li>inaugurated May 18</li> </ul>	FMOH, Finance, Budget and Planning NPHCDA and Partners	<ul style="list-style-type: none"> <li>Provide overall Policy direction and supervisory oversight</li> <li>Mobilize resources for implementation of legacy work plan</li> <li>Review and approve/endorse all PLT3 submissions.</li> </ul>
5	ICC 7/13/2016 <ul style="list-style-type: none"> <li>chaired by Minister of Health</li> </ul>	MOH & Heads of Agencies	<ul style="list-style-type: none"> <li>General oversight</li> </ul>

# Legacy Planning

## Activities done:

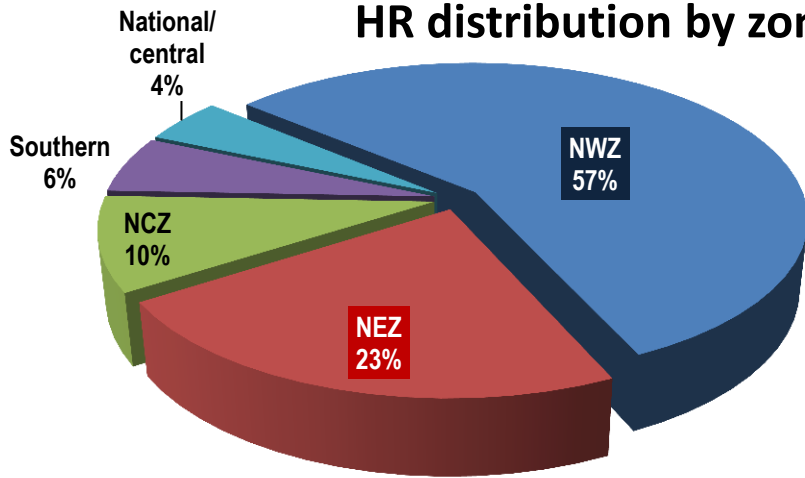
- ✓ Coordination structure in place
- ✓ Costed work plan (including timeline) endorsed by ICC
- ✓ Technical assistance recruited
- ✓ Mapping tool template adapted
- ✓ Partner assets mapped
- ✓ Two Zonal level meetings conducted with government stakeholders (NWZ, NEZ)
- ✓ Communication strategy drafted
- ✓ Documentation of lessons learned and best practices underway

## Next Steps:

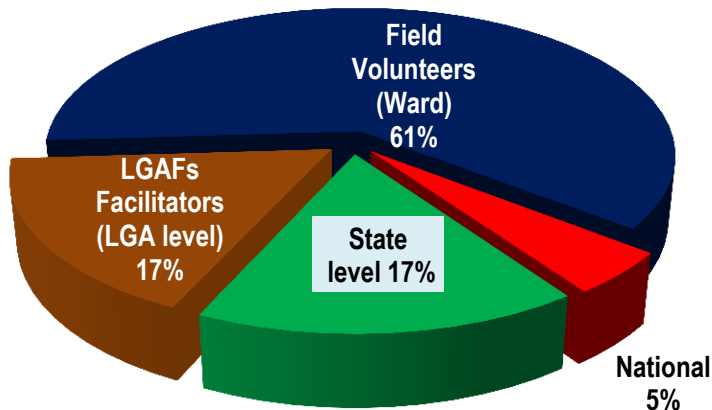
- Finalize government asset mapping (July)
- Conduct consultative workshops with state authorities (4 zones)
- Conduct National legacy planning simulation exercise and kick-off workshop with stakeholders
- Draft business case and legacy plan completed and ICC approved (September)
- Final national legacy plan (October)

# HR and Physical Assets Mapping

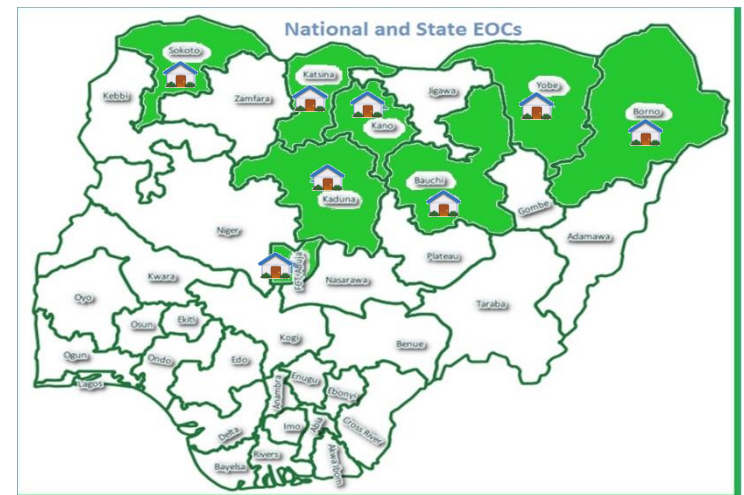
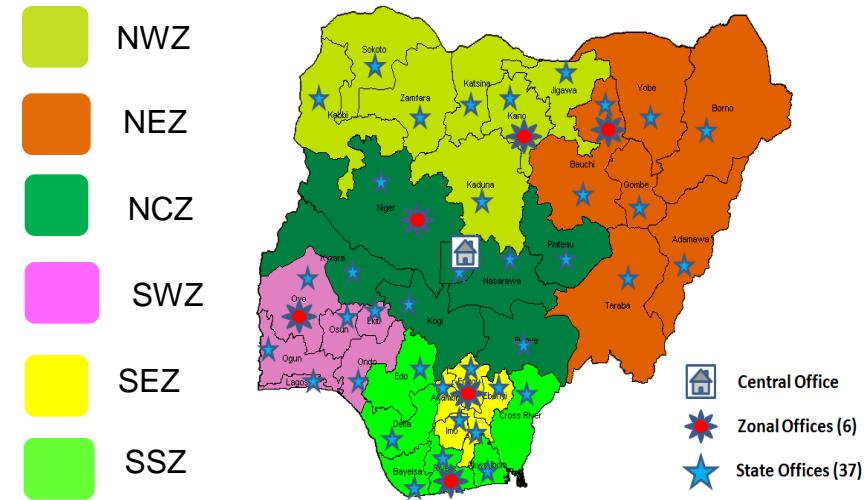
HR distribution by zone



HR distribution by political administrative level



Large physical assets (Office presence in all Zones/States)



# Outline

1. Current Epidemiology
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8. Legacy Planning

7/13/2016 **9. Current challenges and priorities for the next six months**

# Challenges/ Threats to the Programme

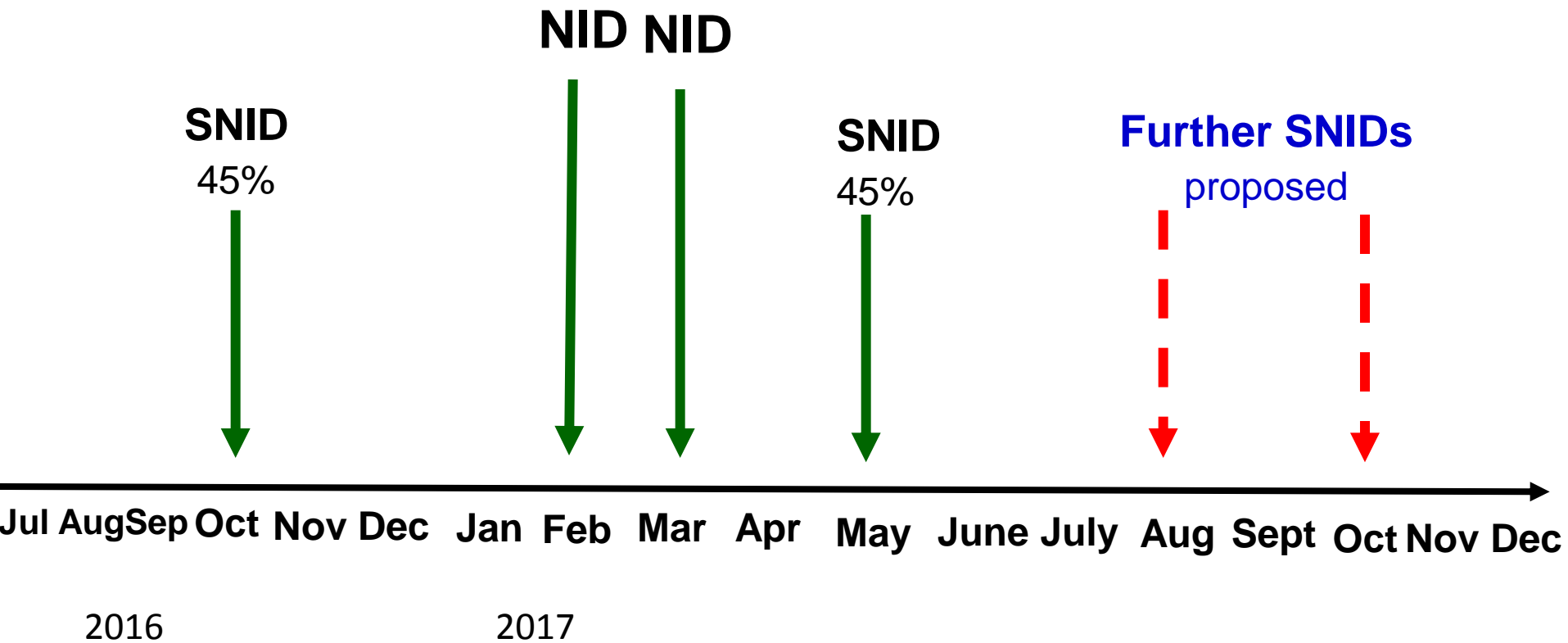
- Non-release of state/LGA counterpart funds for IPDs
- Misinterpretation of polio virus interruption and risk of complacency
- Poor Health Workers' Motivation: Industrial Action.
- Inaccessibility in Security Compromised States and IDPs.
- Operational Gaps: Surveillance, Non-Compliance and Missed Children
- Reduction in donor funding anticipated in 2017 impacting on planned SIA schedule and technical assistance

# Key Priorities for the Next 6 Months (July – Dec 2016)

- Improving population immunity in high risk areas (including Southern LGAs)
  - Continuous use of the polio infrastructure to improve routine immunization.
- Focus on under performing LGAs in surveillance and enhanced surveillance in the north east zone
- Implementation of the Emergency Plan for the North East Zone.
- Implementing the certification process and tracking the dashboard
- Improving the quality of IPDs
- Ensuring outbreak response preparedness to ward off any importation



# bOPV SIA Schedule, July 2016 – December 2017



↓ Endorsed by ERC

↓ Proposed; pending ERC endorsement



Thank You