

Progress in Polio Eradication Initiative in Nigeria: Challenges and Mitigation Strategies



16th Independent Monitoring Board Meeting
1 November 2017
London

Outline

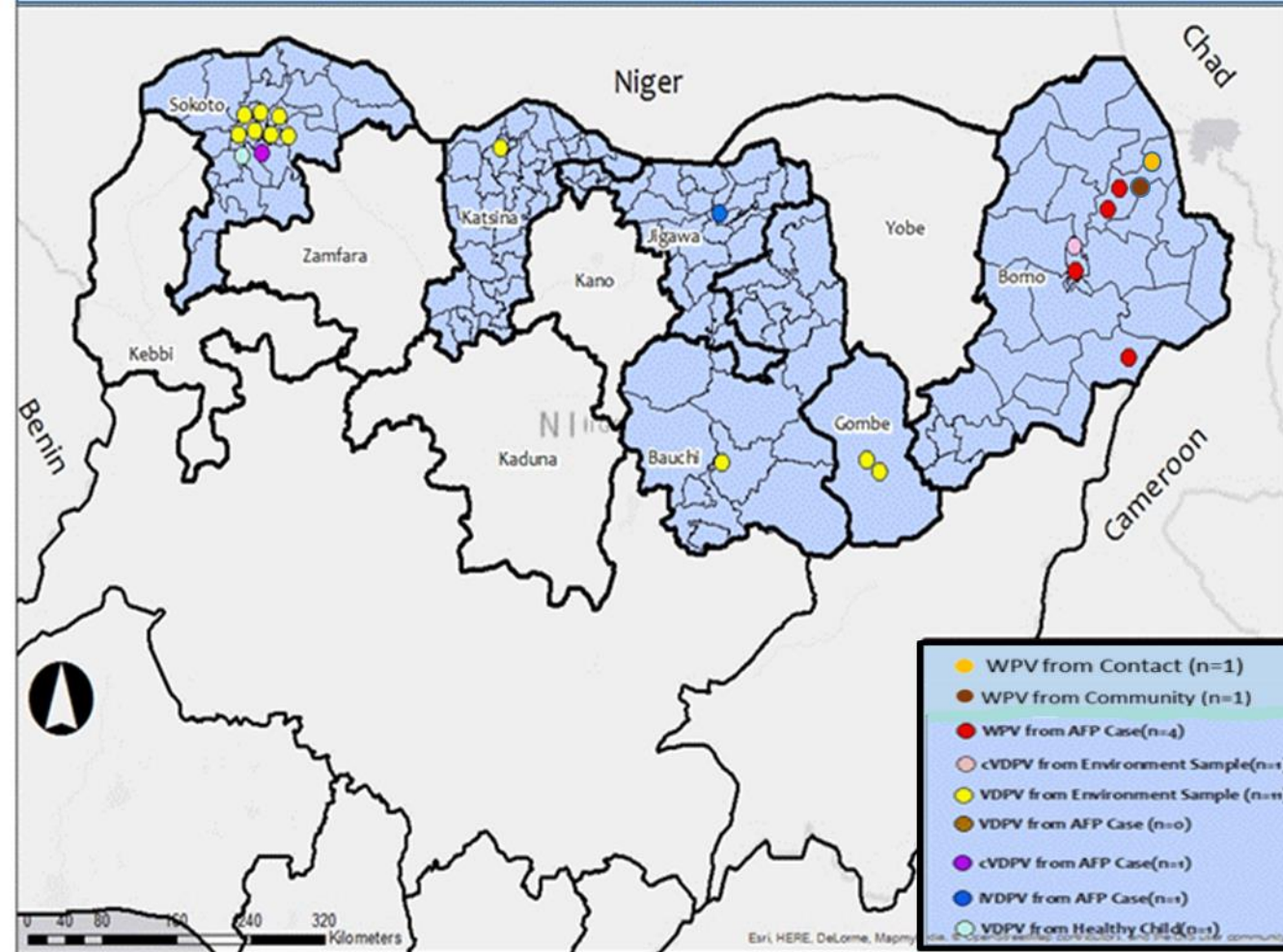
1. Epidemiology
2. Challenges and Mitigation strategies
 - ❖ SIAs
 - ❖ Surveillance
 - ❖ Routine Immunization
3. Summary and way forward

Epidemiology

Polio Viruses in Nigeria, 2015-2017

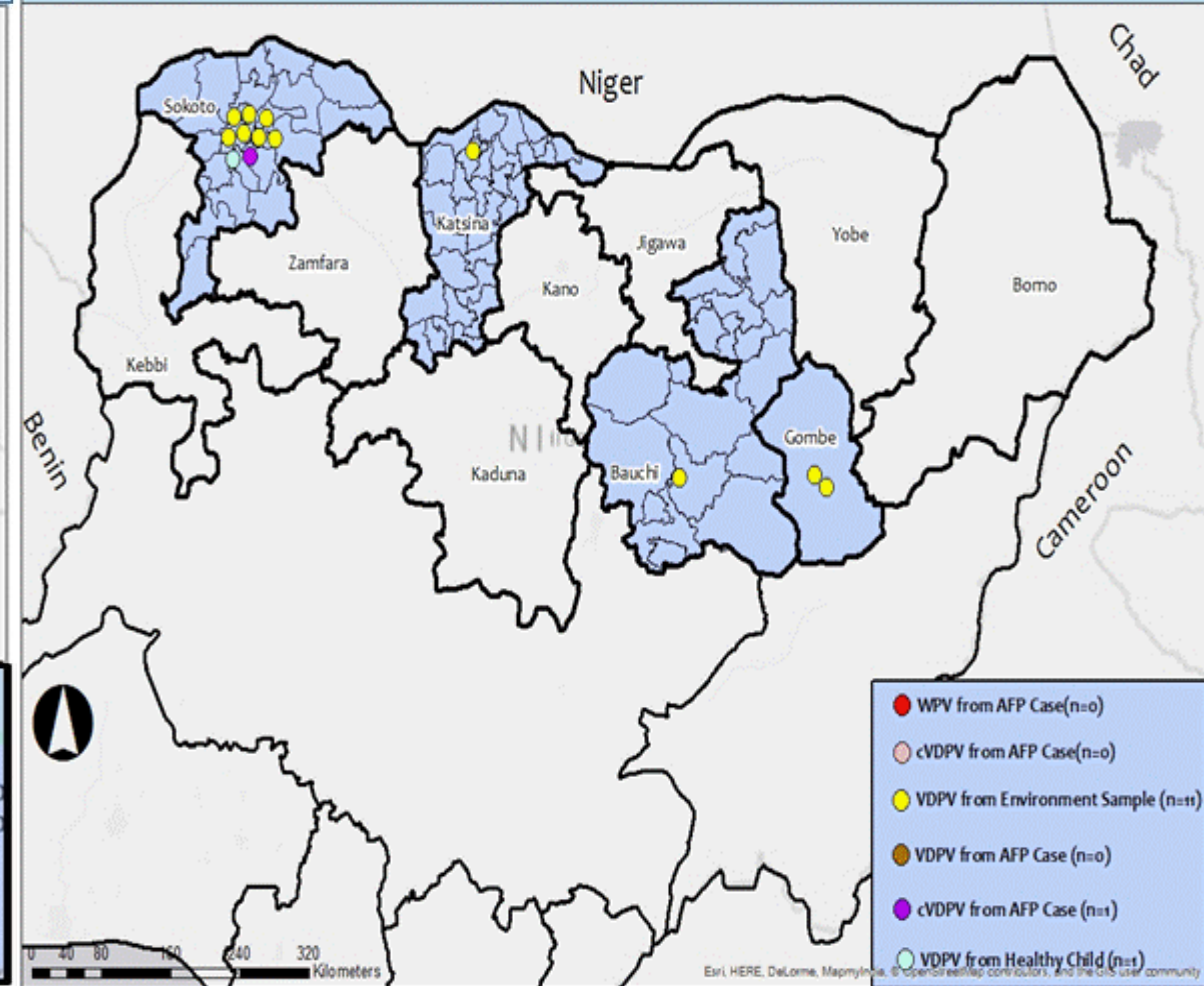
Past 24 months

Distribution of WPV/VDPV in Nigeria: Oct 2015 – Sep 2017

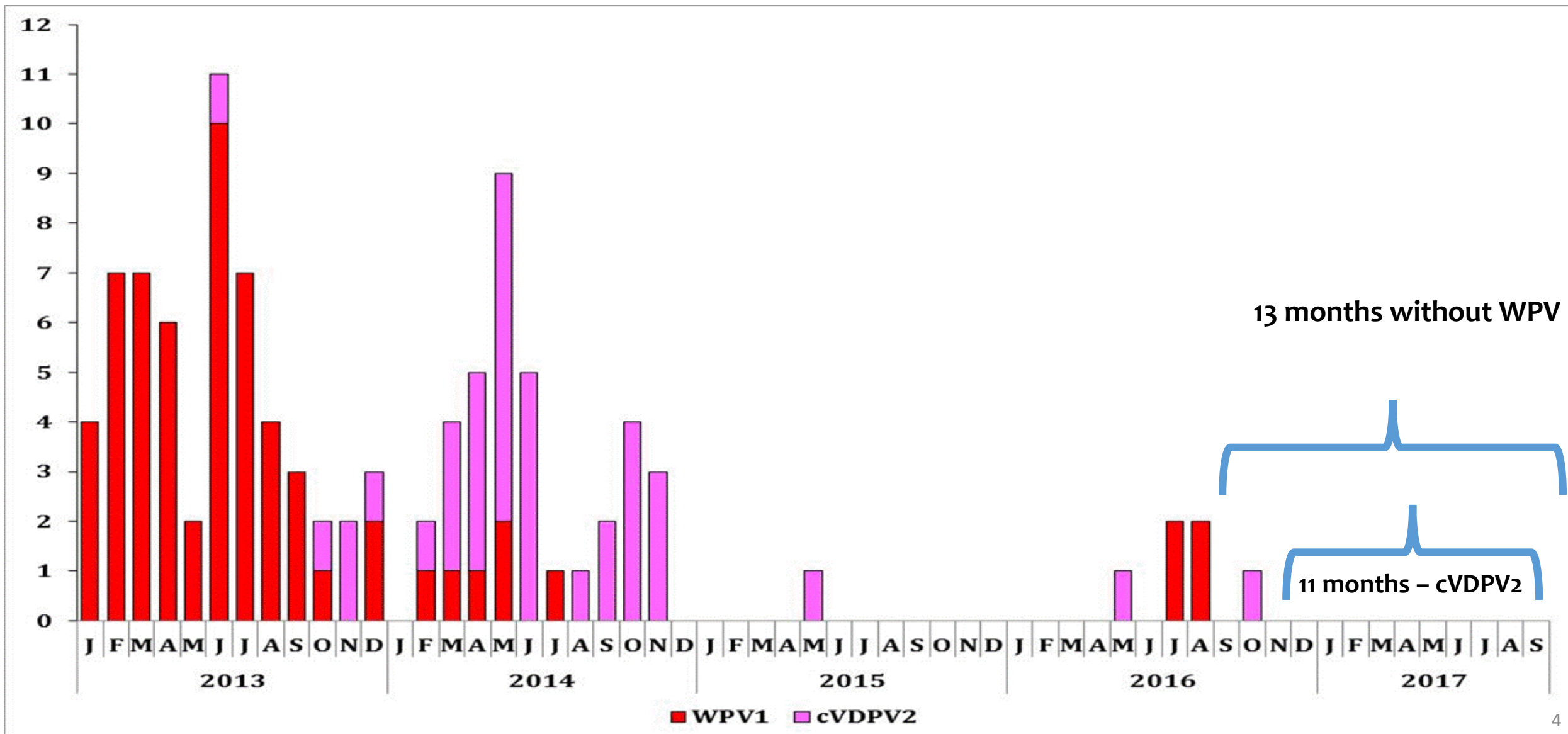


Past 12 months

Distribution of WPV/VDPV Cases in Nigeria: Sept 2016- Aug 2017



Nigeria has gone 13 months without Wild Polio Virus and 11 months without cVDPV2

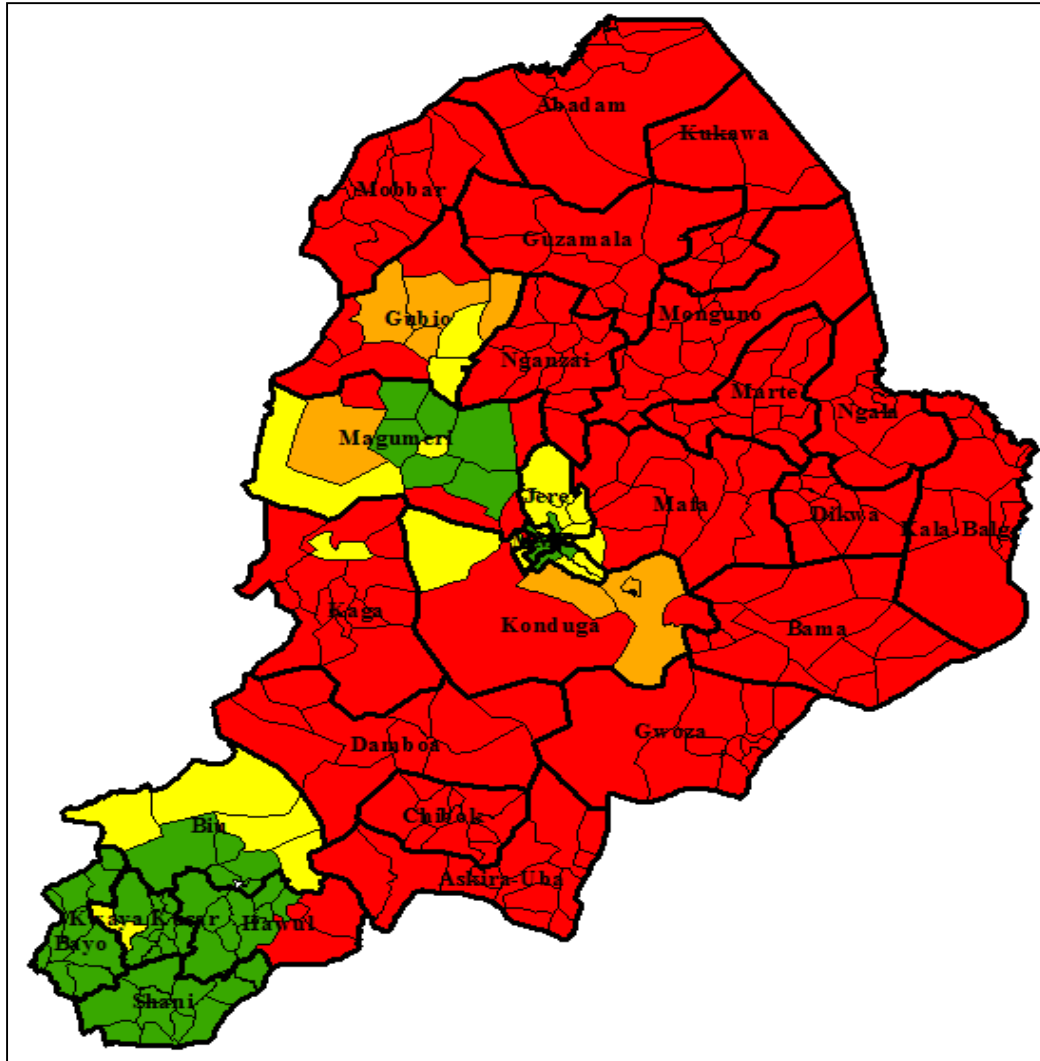


Challenges and Mitigation strategies

*SIA*s

Before the onset of the Wild Polio Virus Outbreak in July 2016, there were several unreached settlements in Borno

Borno Accessibility Status by Ward, March 2016



LGAs	# of Wards in LGA	% Fully Accessible	% Partially Accessible	% Inaccessible
Abadam	10	0%	0%	100%
Askira-Uba	13	100%	0%	0%
Bama	14	14%	0%	86%
Bayo	10	100%	0%	0%
Biu	11	91%	9%	0%
Chibok	11	100%	0%	0%
Dambo	10	20%	0%	80%
Dikwa	10	10%	0%	90%
Gubio	10	50%	10%	40%
Guzamala	10	0%	0%	100%
Gwoza	13	8%	8%	85%
Hawul	12	83%	17%	0%
Jere	12	50%	50%	0%
Kaga	15	0%	7%	93%
Kala-Balge	10	0%	0%	100%
Konduga	11	0%	64%	36%
Kukawa	10	20%	0%	80%
Kwaya Kusar	10	100%	0%	0%
Mafa	12	8%	0%	92%
Magumeri	13	100%	0%	0%
Maiduguri	15	100%	0%	0%
Marte	13	0%	0%	100%
Mobbar	10	0%	0%	100%
Monguno	12	8%	0%	92%
Ngala	11	0%	0%	100%
Nganzai	12	17%	0%	83%
Shani	11	100%	0%	0%
State	311	41%	6%	53%

Four Strategies were deployed to expand polio vaccination reach and increase population immunity in Borno state

	SIAs	RES²	RIC⁴	Special interventions
Description	12 rounds (10 bOPV and 2 mOPV) of DOPV and H2H campaigns following the polio outbreak	Expanded SIADs using security support to partially accessible settlements³	Expanded SIADs with heavy security support to inaccessible settlements⁵	A number of other special interventions were also deployed, particularly improved profiling at transit points and IDP camps , to capture zero doses from inaccessible areas in the state
Category of settlements	Fully accessible settlements ¹	Partially accessible settlements	Inaccessible settlements	
Status	Completed	Ongoing	Ongoing	

1. Accessible settlements are settlements where vaccination teams are able and comfortable to move freely within
2. Reaching Every Settlement
3. Partially accessible settlements are settlements where vaccination teams go with security support
4. Reaching Inaccessible Children
5. Settlements that can only be accessed by special teams, mainly security operatives

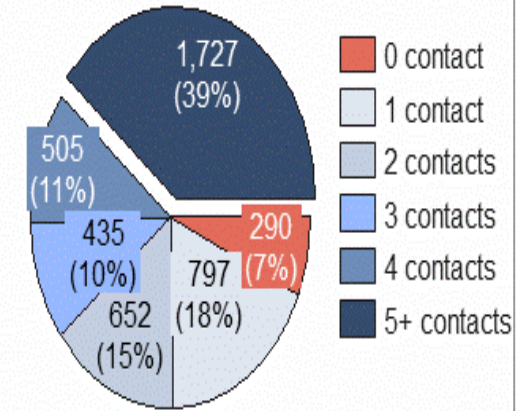
13 rounds of RES have been implemented in Borno with an average of ~57,227 children vaccinated per round

Reaching Every Settlement Initiative (RES)

- Aim to reach partially accessible settlements
- Strategy involves use of civilian Joint Task force (cJTF) +/- military
- cJTF alone or together with vaccination teams
- 17 LGAs in the state are participating
- A total of 13 rounds have been completed
- Movements are tracked and monitored using VTS and geo-coordinates

	~ Number of children vaccinated from RES1 through RES 13	Settlements Planned (#)	Settlements reached (%)	Implementing LGAs (#)
RES 1	30,267	992	64%	8
RES 2	44,796	1,578	53%	14
RES 3	53,514	1,233	74%	14
RES 4	74,483	1,714	74%	15
RES 5	65,680	1,654	66%	15
RES 6	65,418	1,758	73%	16
RES 7	70,190	2,154	65%	16
RES 8	66,823	2,039	70%	15
RES 9	66,016	2,032	78%	15
RES 10	49,145	1,569	84%	13
RES 11	71,240	2,352	85%	13
RES 12	52,204	1,587	91%	11
RES 13	34,169	1,298	81%	12

RES Settlement vs contact analyses (RES 1 to 13), Number (%)

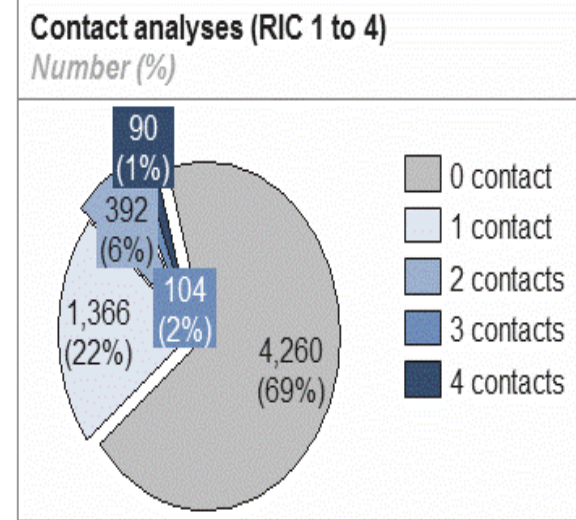
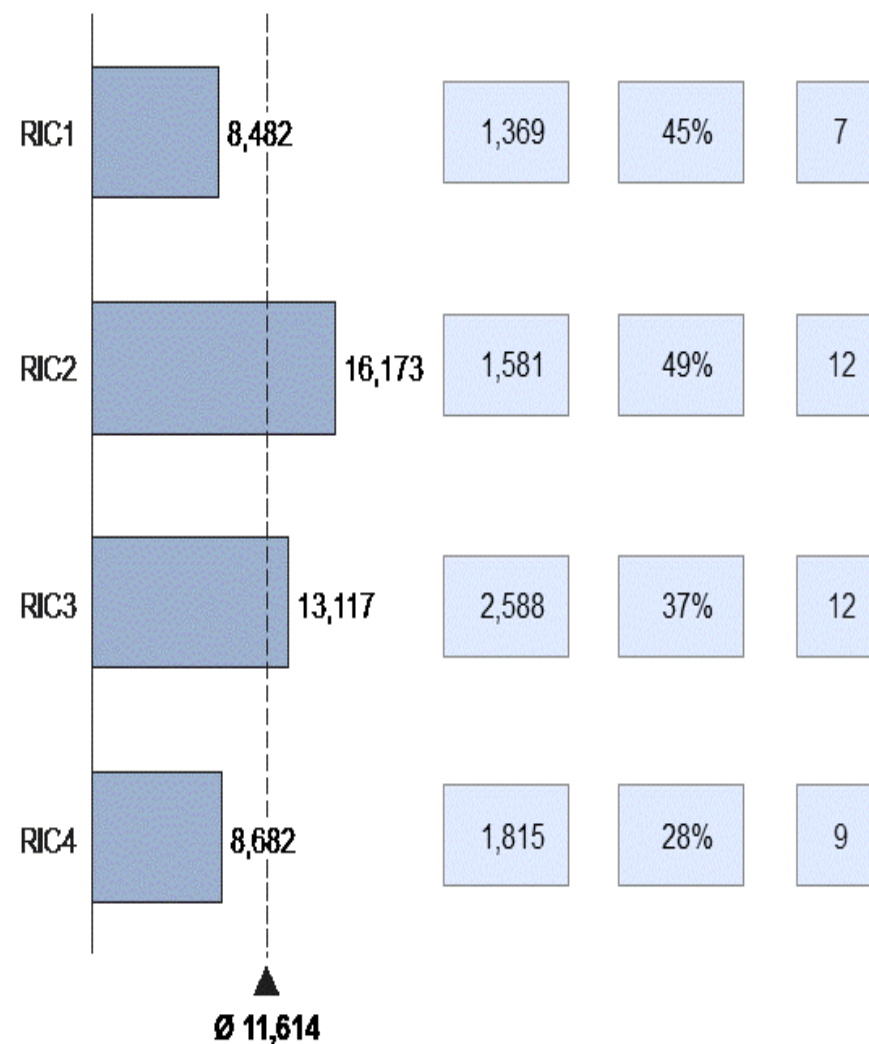


- All **1,727** settlements with 5+ contacts have been transitioned to the regular IPDs and are only visited during the IPDs schedule
- **292** RES settlements have become fully accessible and are reached by the regular H2H teams while **702** settlements have been moved to RIC
- Since the commencement of the RES initiative, a total of **4,116 unique settlements** have been reached with **241,711¹ children** vaccinated in Borno state

Reaching Inaccessible Children (RIC) in Borno

- Aim to reach completely inaccessible settlements
- Strategy involves Military personnel only
- 12 LGAs in the state are participating
- Military personnel trained on how to vaccinate, tally, cold chain management and taking coordinates
- Included surveillance component in the training of the military personnel
- A total of 4 rounds have been completed

~ Number of children vaccinated from RIC1 through RIC 4 Settlements Planned (#) Settlements reached (%) Implementing LGAs (#)



- Only settlements where inhabitants were found are revisited for subsequent RIC contacts.
- Many settlements could not be reached due to very poor terrain and water-logging since the onset of the rains
- Since the commencement of the RIC initiative, a total of **1,952 unique settlements** have been reached with **32,845¹ children** vaccinated in Borno state

Borno Profiling at Special intervention sites

Allowing program to identify origin and movement of children

6, 761

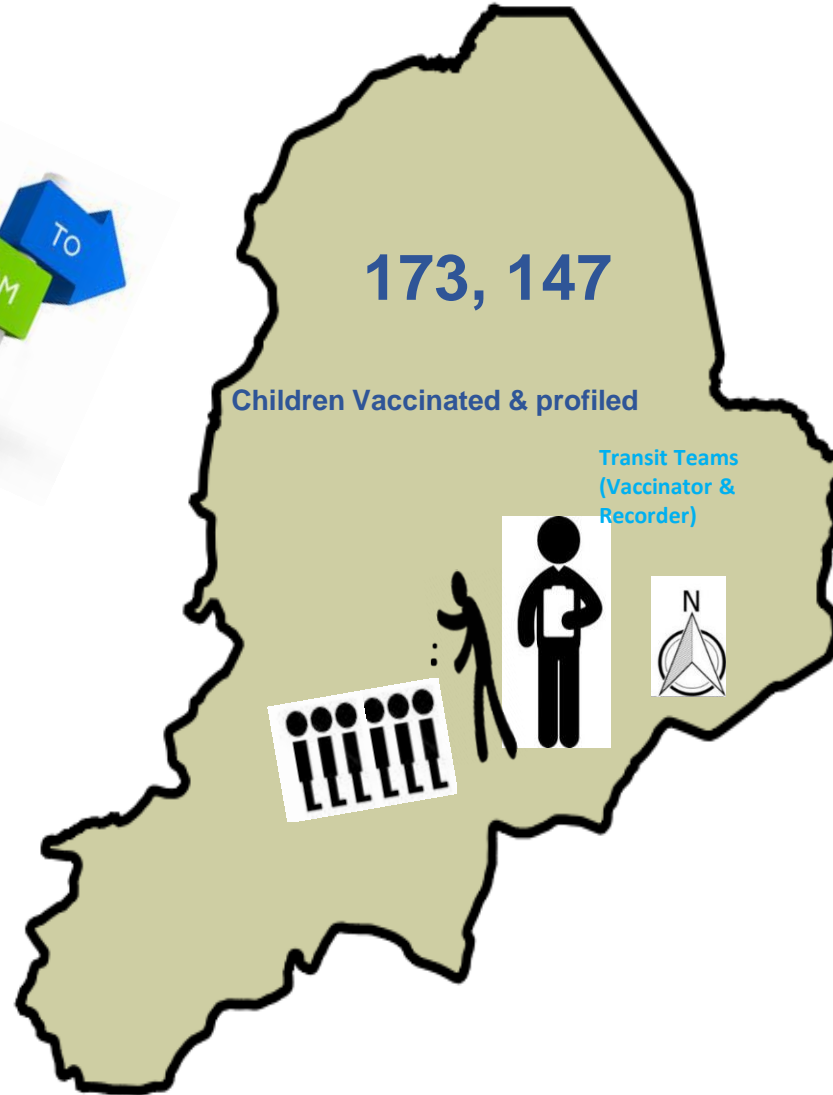
Migrated From Other States within Nigeria and Other Countries



173, 147

Children Vaccinated & profiled

Transit Teams
(Vaccinator & Recorder)



166, 386



Migrated From 27 LGAs within Borno

During January - July 2017, a total of 173,147 Children were vaccinated and Profiled by different types of interventions

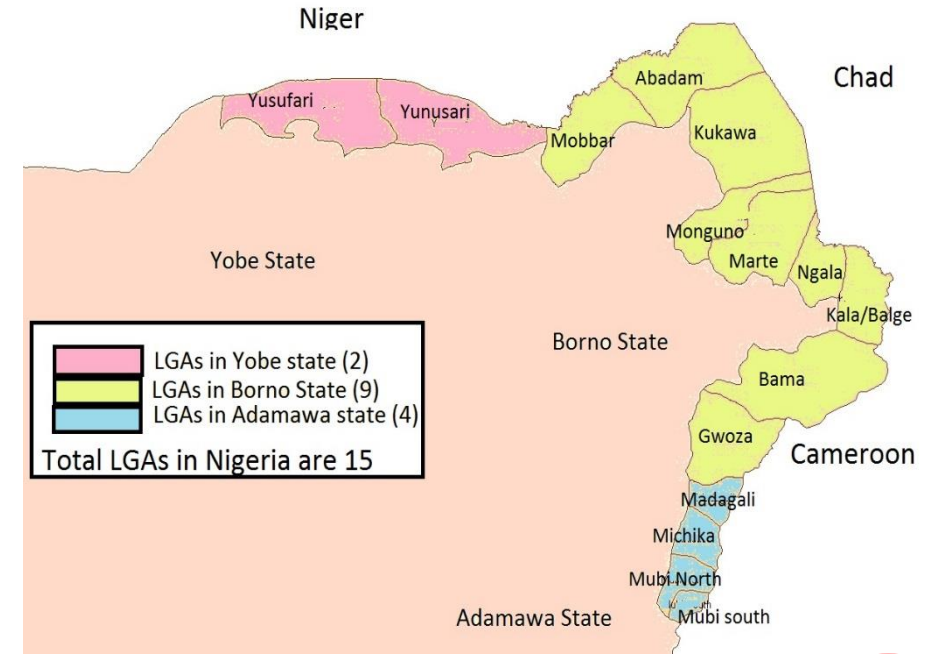
Interventions:

- Transit/ Market/ Motor park
- IDPs Camps/ Community
- CMAM Centers
- Hospital Vaccination

- Migration from other countries into Nigeria are largely citizens of the country residing in Chad, Cameroun and Niger republic
- The high possibility of duplication of vaccinations among the different special interventions led the state to start tracking number of contacts in June 2017

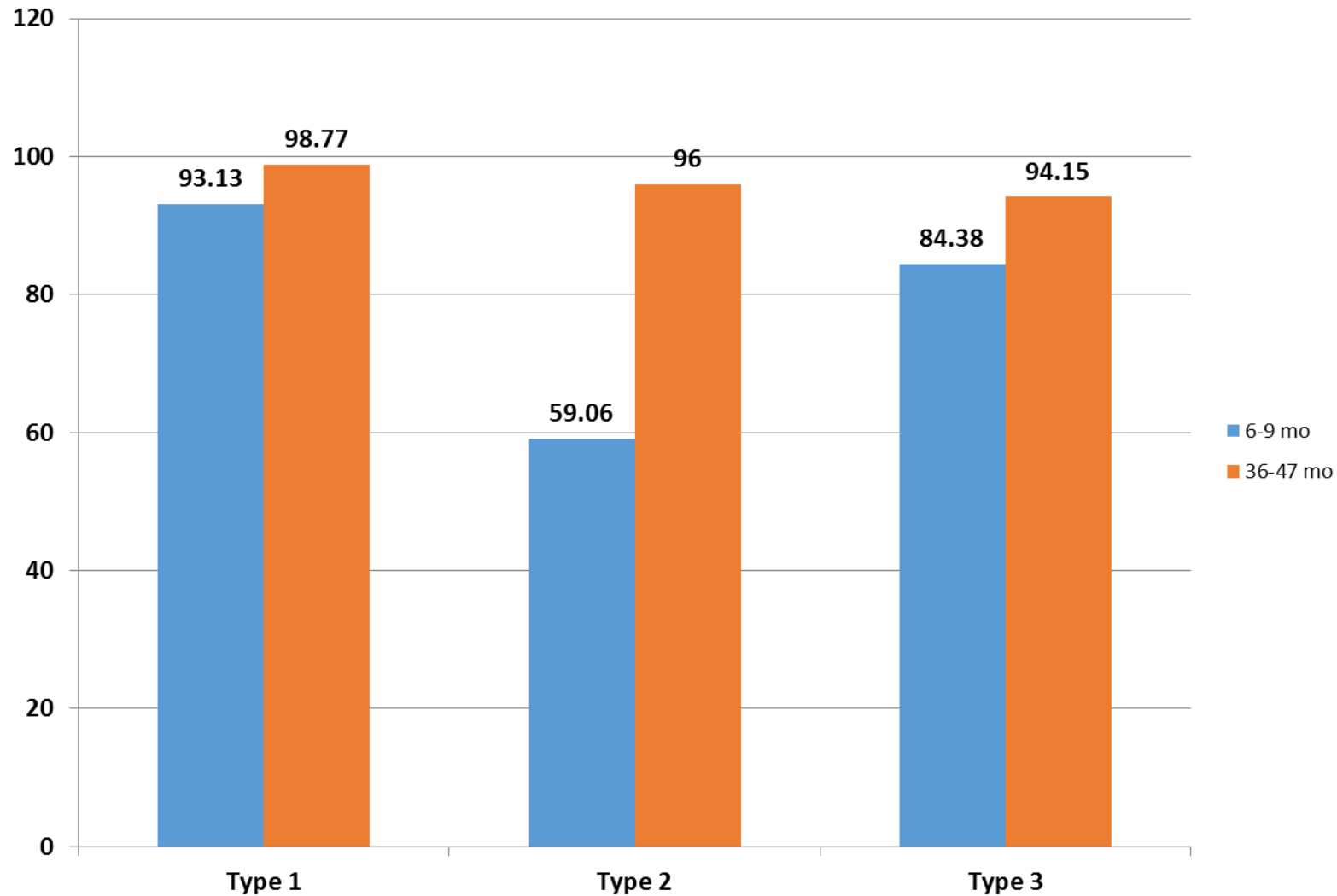
Lake Chad Collaboration Activities

- Lake Chad Working Group designated in-country (NPHCDA Borno EOC and Partners), based in Maiduguri
- Fortnightly teleconferences with the Task Team in Ndjamena
- Work plan developed with focus on 15 priority LGAs mapped along the border with Lake Chad
- Exploratory mission to Nigerian Island settlements through Chad Republic, February 2017
- Participation in planning and cross border meetings (June, July & September 2017)
- Synchronization of SIAs with border countries (October & November 2017)
- Localized synchronization of special interventions by Districts/LGA



Exploratory mission to Nigerian Islands through Chad, Feb 2017

Borno Community-based Sero-prevalence Survey – IDP and non-IDP, 2017

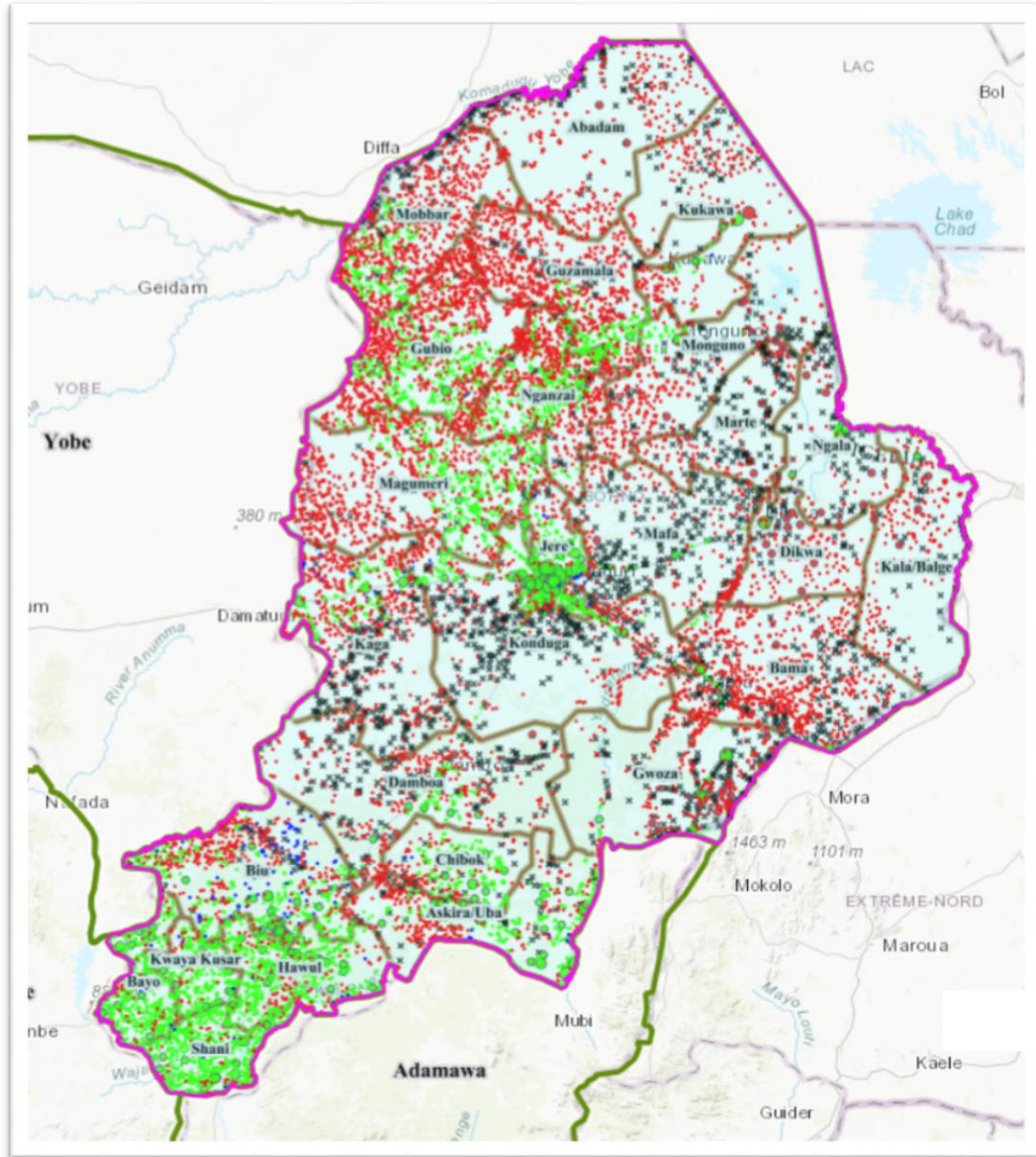


	Type 1	Type 2	Type 3
6-9 mo	93.13	59.06	84.38
36-47 mo	98.77	96	94.15
Overall	95.97	77.67	89.3

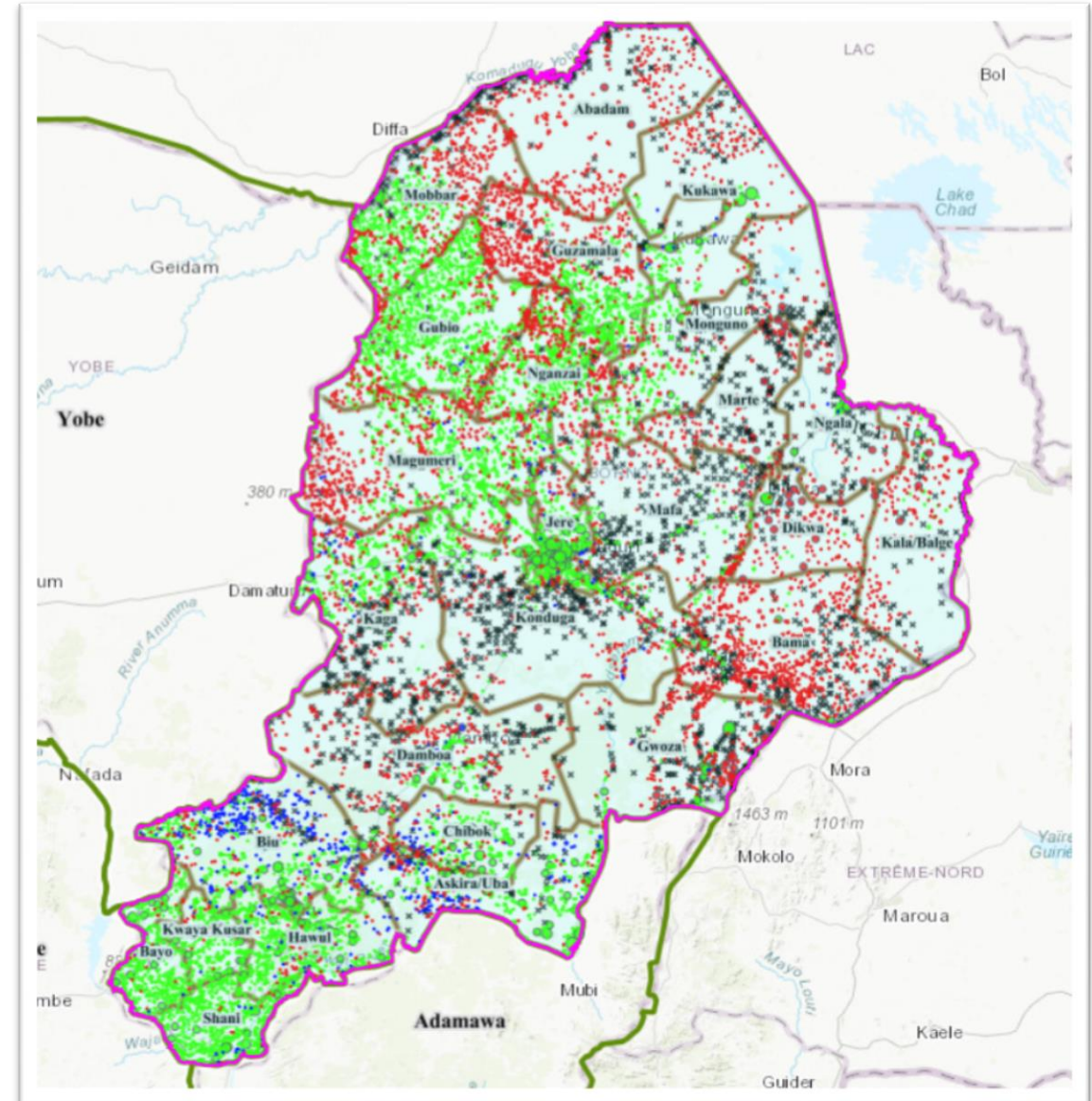
- Overall sero prevalence is high except type 2 in 6-9 months old group
- Significantly higher in 36-47 months than 6-9 months for all three types

A combination of H2H, RES, RIC and other special interventions have significantly improved the vaccination reach across Borno state

December 2016



October 2017

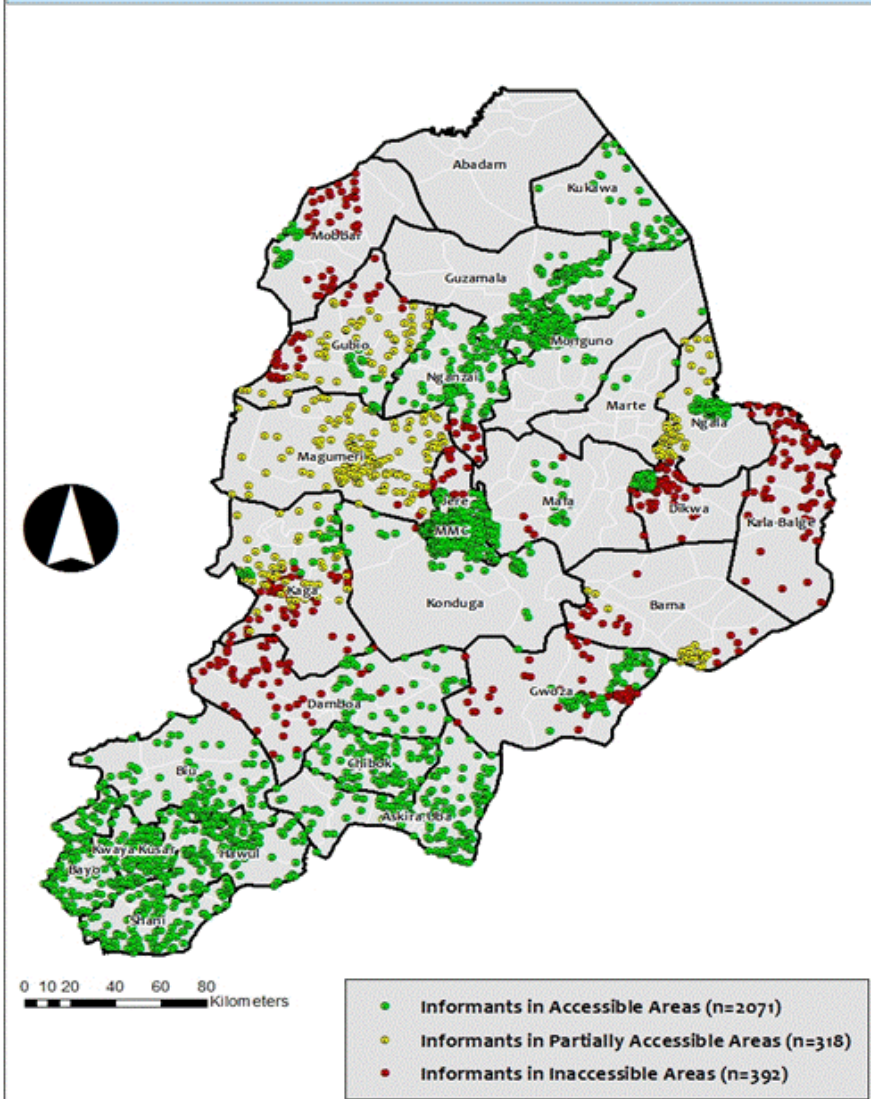


Legend: Visited (green), Visited (<0 min) (yellow), Not Visited and Validated As Not Missed (blue), Not Visited (red), Uninhabited (black X)

Surveillance

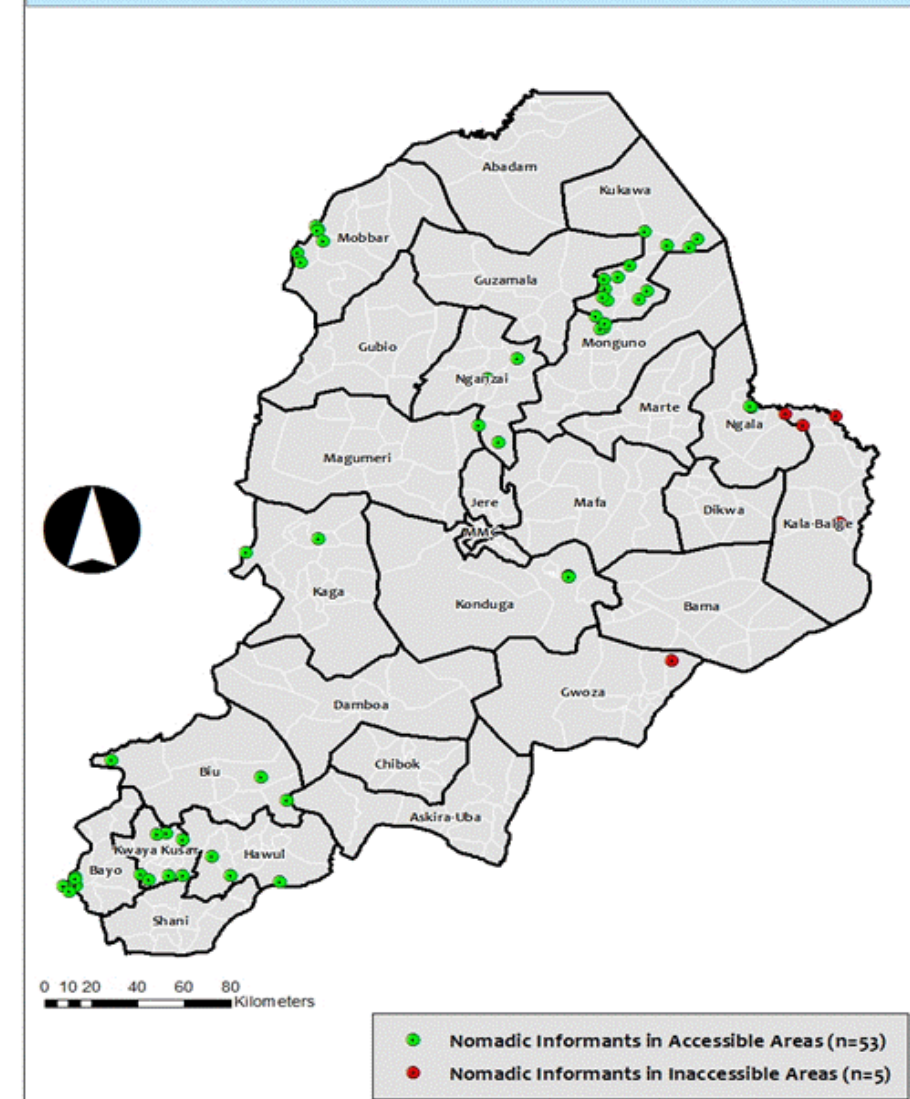
Expansion and Training of Community Informant Network, Borno 2017

Distribution of Informants in Borno State: Aug-2017

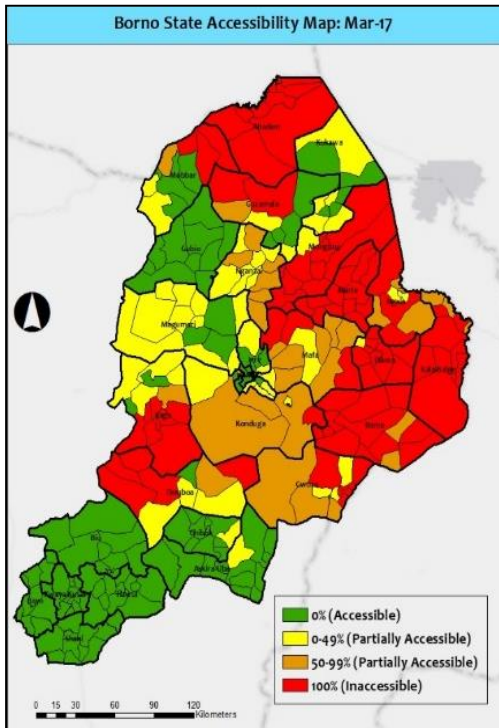


Nature of participants (e.g. informants, clinicians)	No. of participants expected	No trained/s ensitized
WHO CC, LGAF & NSLO	68	60
DSNO AND ADSNO	65	64
SURVEILLANCE FOCAL PERSONS	202	211
FVs	139	135
COMMUNITY INFORMANTS	2280	2688
PHARMACISTS (PSN)	50	62
NURSES (NANNM)	150	189
PHYSIOTHERAPIST/LAB SCIENTIST	150	150
Medical Doctors (NMA)	50	41
Patent Medicine Vendors (PMV)	150	159
Miyatti Allah/Nomads	100	75
Total	3404	3834

Distribution of Nomadic Informants in Borno State: Aug-2017



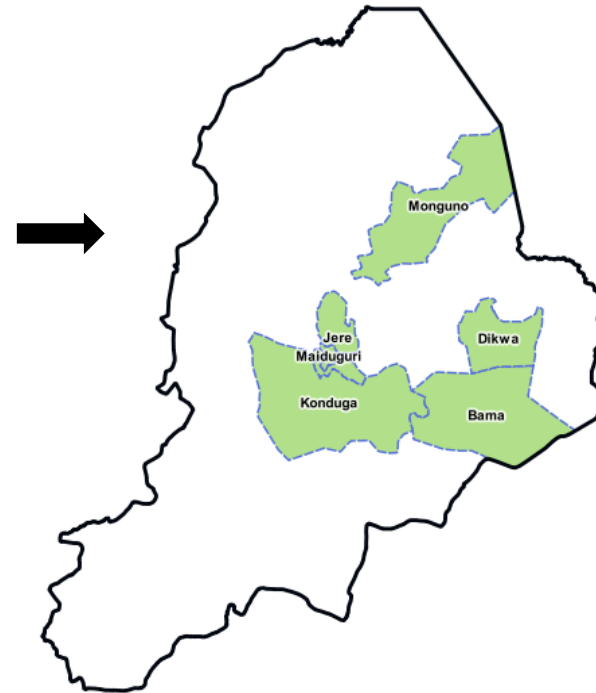
Healthy Children Sampling in Borno: 17/02/2017 to 16/05/2017



Map of LGAs where children are coming from

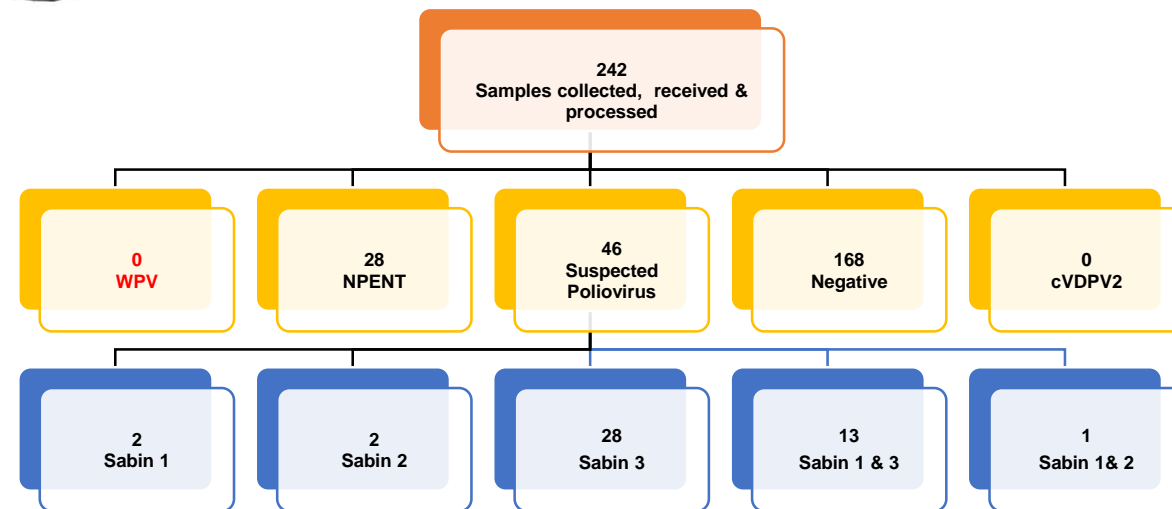


Map of LGAs where sample collected

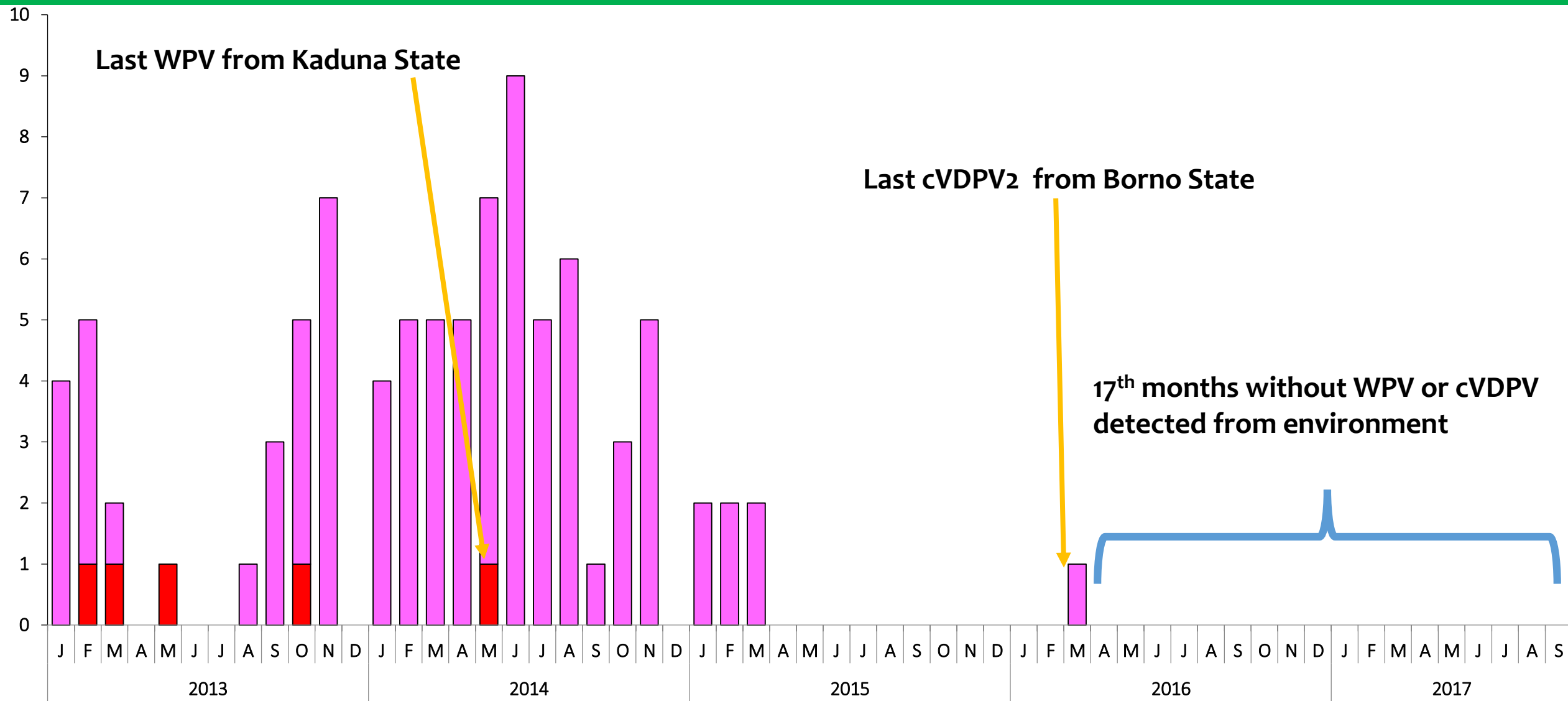


Summary of LGA migrated from

State From	LGAs From	# of Samples Collected
Borno	Bama	41
	Damboa	6
	Dikwa	39
	Guzamala	1
	Gwoza	10
	Kaga	1
	Kala Balge	4
	Konduga	32
	Mafa	9
	Marte	79
	Abadam	0
	Monguno	7
	Ngala	4
	Adamawa	Madagali
Yobe	Gujiba	7
Non-Nigerian	Niger Republic	1
Total		242



Trend of Polioviruses by month of onset, detected through Environmental surveillance 2013 – 2017*



*2017 data as at August 25th

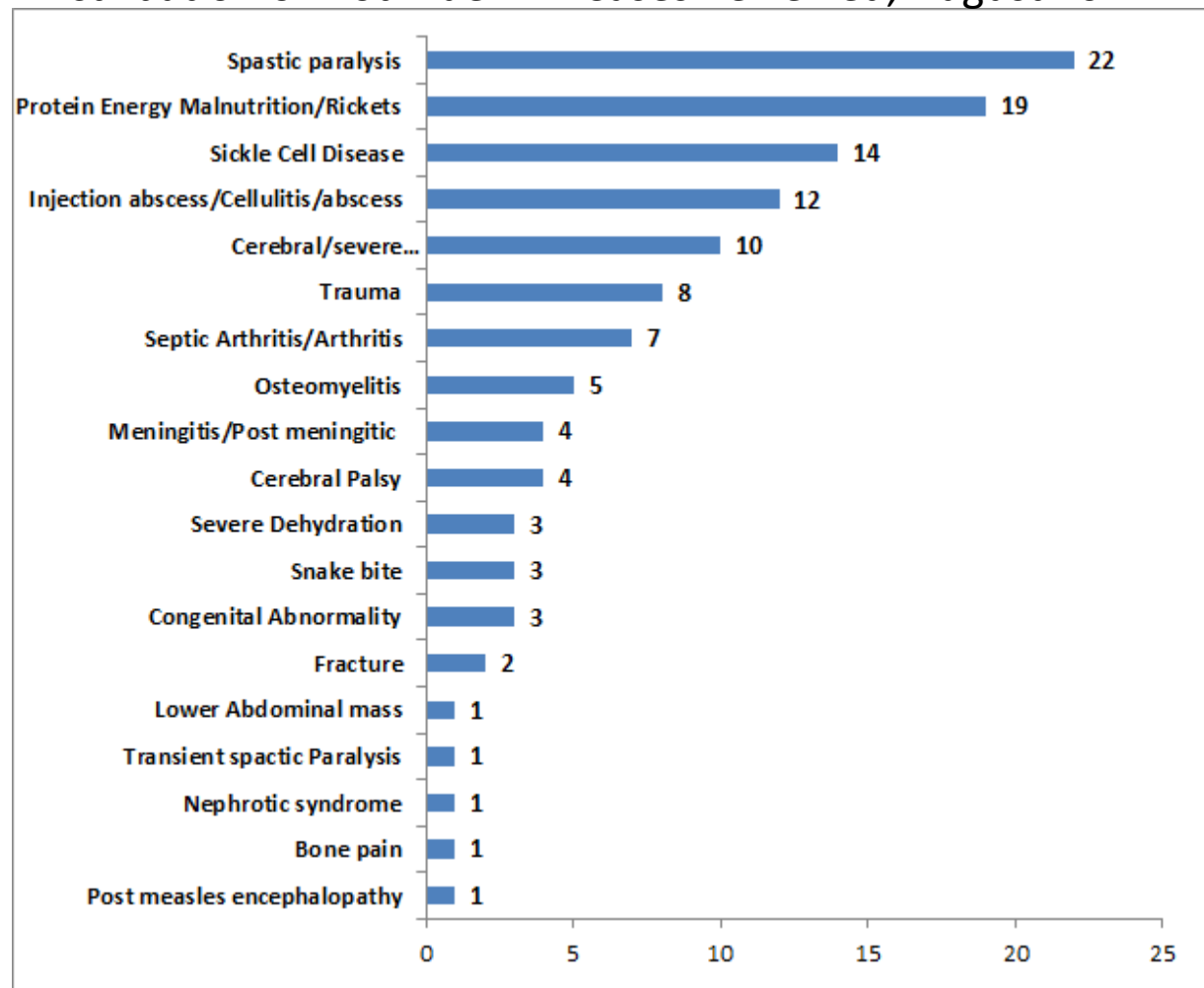
■ WPV1 ■ cVDPV2

NB: 11 VDPV 2 from environment in 2017

Internal Validation of Surveillance Data Ongoing: Surveillance Peer Review findings, August 2017

States	Total number of LGAs in state	Reported Indicators as at week 32			Review findings			
		Number of AFP as at week 32 2017 (1st Jan - 11th Aug 2017)	NPAFP rate as at week 32 2017	Stool Adequacy as at week 32 2018	No. LGAs visited	Number of classifiable AFP cases reviewed	True AFP concordance	Stool Adequacy concordance
Kebbi	21	709	53.4	99%	19	128	70%	74%
Jigawa	22	678	38.9	99%	12	103	69%	79%
Sokoto	23	345	23	99%	23	103	59%	81%
Nasarawa	13	220	29.1	99%	13	101	92%	89%

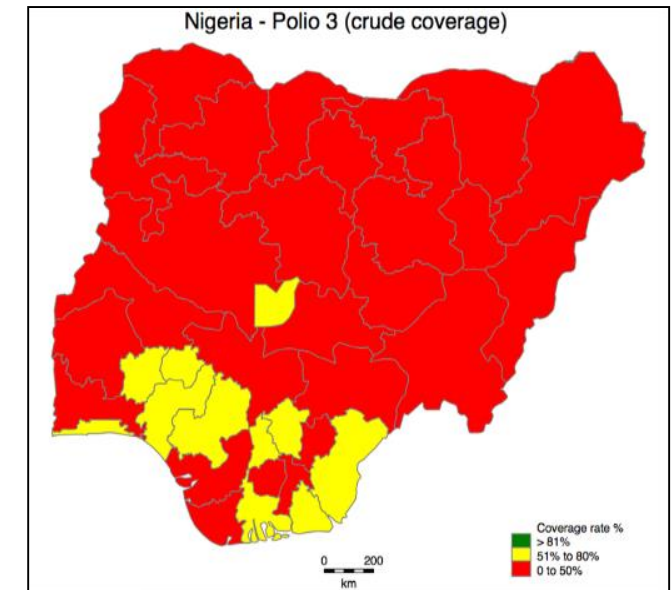
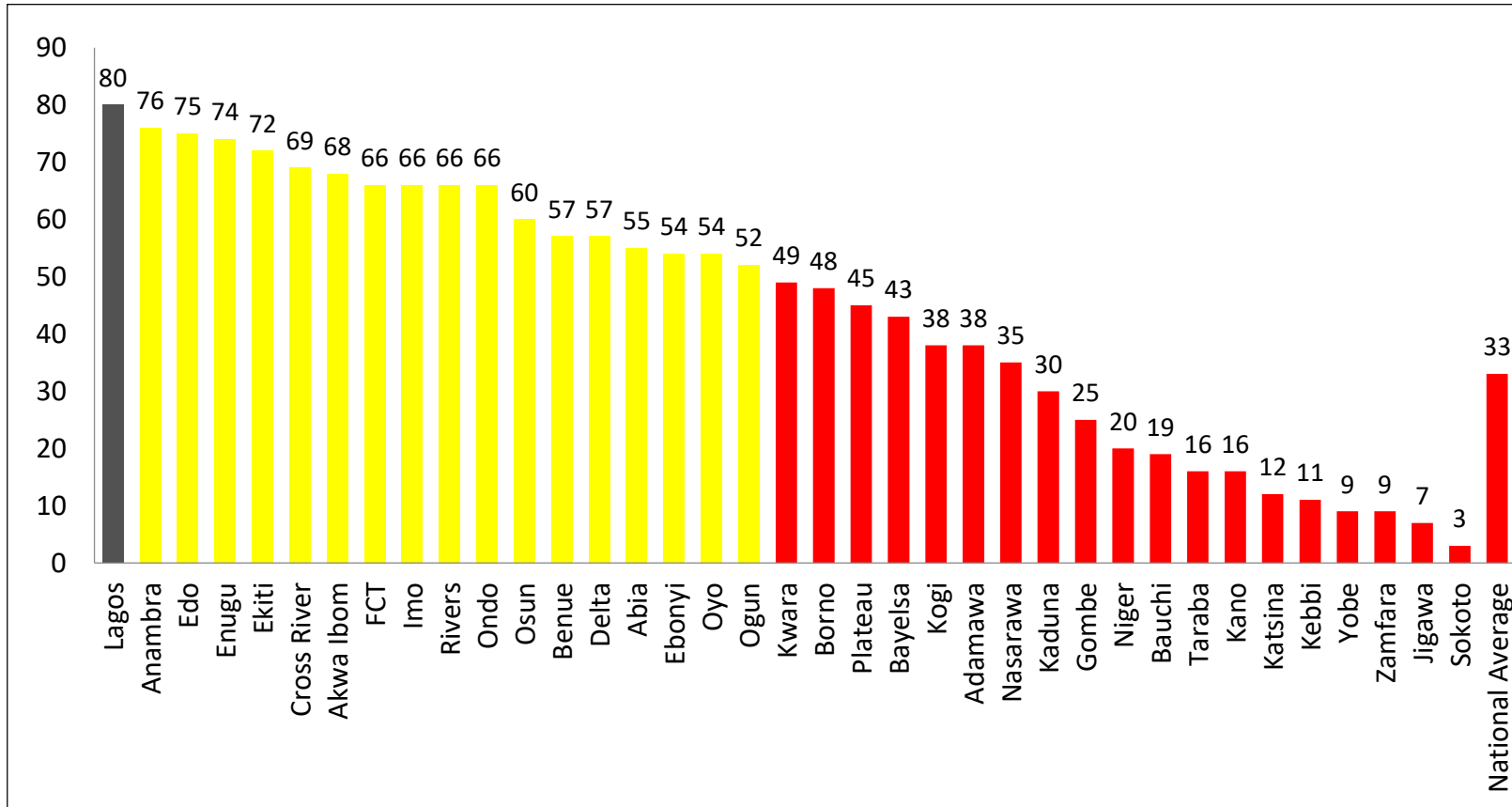
Distribution of Not True AFP Cases Reviewed, August 2017



Four states with high surveillance performance indicators purposely selected for validation of data

Routine Immunization

2016 MICS/NICS places Penta3 Coverage at 33% nationally



OPV3 – 33%

There are clear immunity gaps with low RI which cannot sustain gains made through SIAs

- National Penta3 average was 33%; only Lagos State had 80% coverage
- 16 States + FCT had between 50 – 79.9% Penta3 Coverage
- 19 States had <50% coverage; 4 States had <10% (Yobe, Zamfara, Jigawa & Sokoto); Sokoto had the least (3%)

NPHCDA vision is to build a robust agency that will deliver tangible results to improve primary healthcare in Nigeria

NPHCDA's transformation...

Revamp the financial system

NPHCDA's financial structure revamped and automated to meet international best practices, transparency to all partners in a clear and structured engagement process

Transform the organization

Organisational structures re-examined and staff capabilities to build an Agency that operates with clear, fit-for-purpose roles and responsibilities executed by capable staff with appropriate performance management

... Will drive concrete results

1

Finally declare Nigeria polio free

The program has been successful but needs to double down on proven eradication methods

2

Drive immunisation rates up to 85%

We have made progress on vaccine supply chain, but are not yet seeing the immunisation rates rise. We will implement initiatives for tangible impact

3

Strengthen governance and accountability

We will make NPHCDA a credible, accountable and reliable partner to all our stakeholders

4

Provide strategic direction on primary care

Take the lead on developing a pragmatic PHC delivery model to ensure coverage for the poor and vulnerable

Focus on Routine Immunization Strengthening



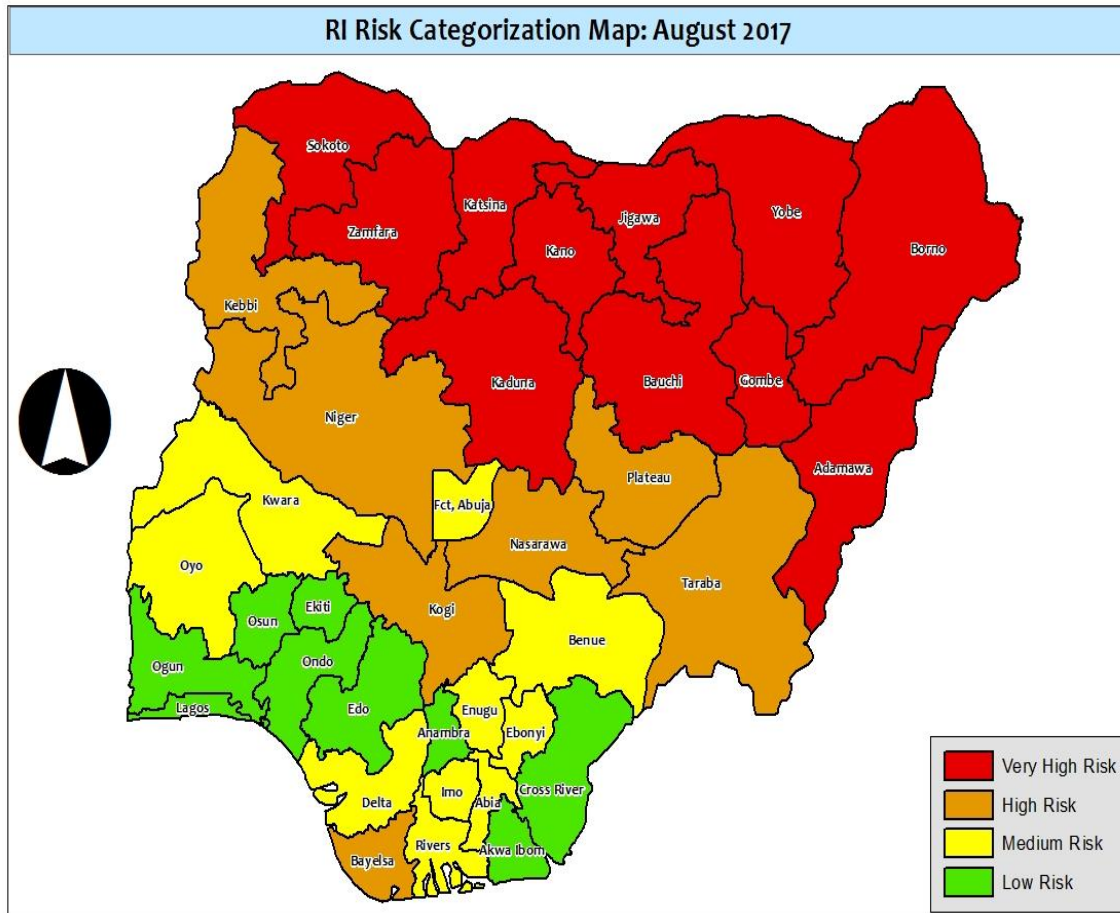
NERICC Inauguration on 4th July 2017



Daily NERICC Meeting session

- A **State of Public Health Concern on Routine Immunization** was declared on 17th June 2017 to rapidly reduce and protect the large number of un-immunized children using urgent/innovative approach
- The **National Emergency Routine Immunization Centre (NERICC)** was inaugurated on 4th July 2017 for renewed innovative efforts to rapidly revamp RI performance in the country
- The “**Emergency**” here means:
 - **Getting people to work with greater sense of urgency**
 - **Making sure that issues/gaps are tracked for immediate actions**
 - **Ensuring needed resources are available within shortest possible time**
 - **Making people accountable**

States and LGAs have been prioritized for implementation of NERICC Interventions



Very Low Perf.
(11)

- Sokoto, Jigawa, Kaduna, Kano and Kastina, Borno, Gombe, Bauchi, Adamawa, Yobe and Zamfara

Low Perf.
(7)

- Kebbi, Kogi, Taraba, Nasarawa, Niger, Bayelsa and Plateau

Medium Perf.
(10)

- Kwara, Benue, Imo, Ebonyi, FCT, Oyo, Abia, Delta, Enugu & Rivers

High Perf.
(9)

- Edo, Akwa Ibom, Cross River, Ogun, Anambra, Osun, Lagos, Ondo and Ekiti

- Categorization of States + FCT was based on a set of six (6) indicators
- **NERICC Interventions are focused mainly on the 18 poor performing States**
- However, there will be targeted support to the remaining high RI performing states

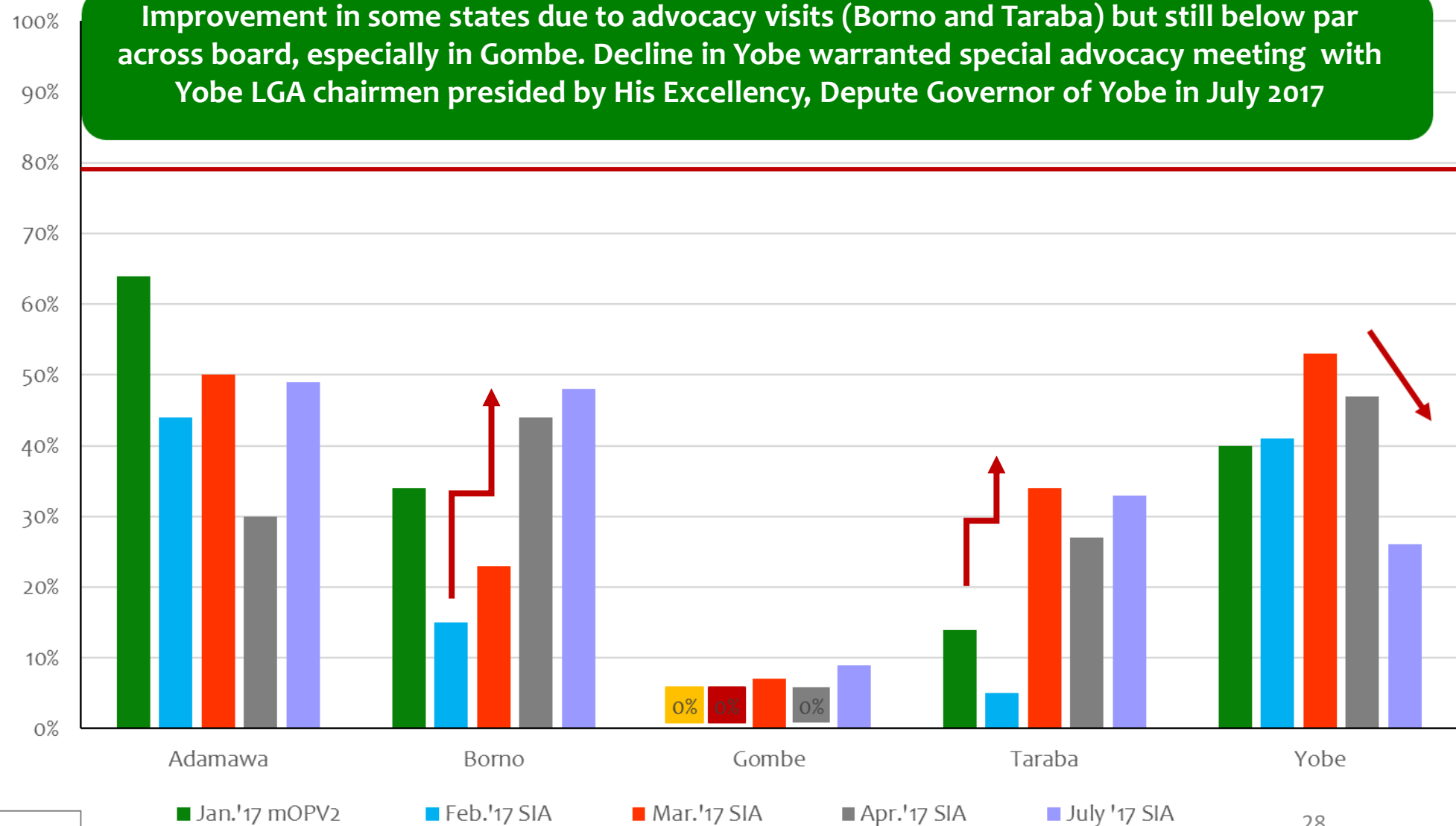
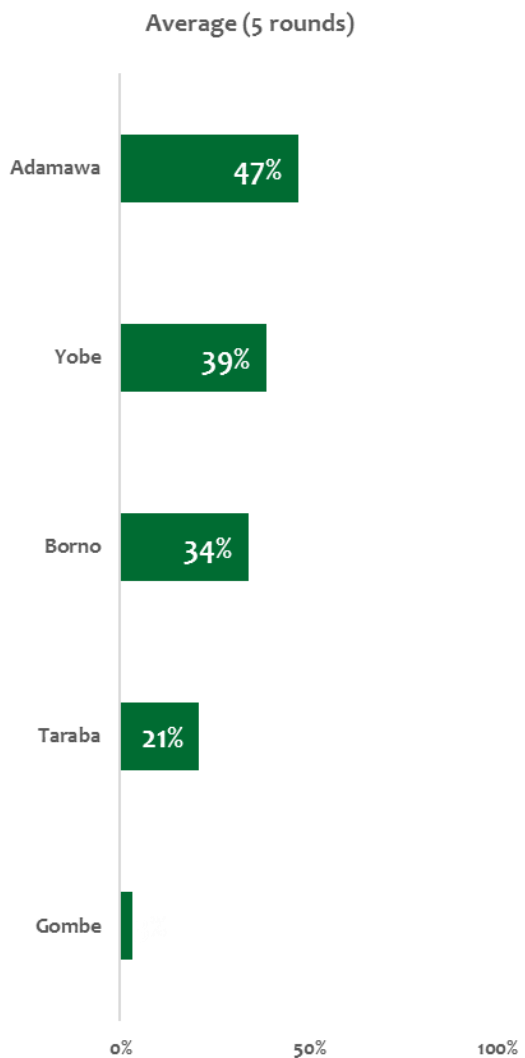
Ongoing Innovative Actions

- Establishment of the State Emergency Routine Immunization Coordination Centre (SERICC) to strengthen RI responsiveness
- Development of EPI action Plans with States/LGAs to address MICS/NICS results & recommendations
- Implementation of MOU on accountability: MOU at the national between NPHCDA and Partners
- Provision of required personnel for proposed current interventions e.g. RI focal persons for LGA
- Implementation of Community Health Influencers, Promoters and Services (CHIPS) program
- Targeted training of HCWs to address knowledge and skill gaps
- Set up of RI Dashboard to track on a daily/weekly basis the following:
- GIS Mapping and use for population estimates/planning of fixed/outreach services
- Introduction of revised child health card which will promote card retention
- Implement a minimum of once weekly outreach sessions by states on a dedicated day: Saturday

Sustaining Resilience

Political Commitment in 2017, Zone 1

LGAs Evening Review Meeting chaired by LGA Chairmen in 2017 (Zone 1)



Source: Intra Campaign Dashboard

High level Advocacy to increase commitment and resource mobilization, 2017

- One-pager state and LGA specific advocacy briefs developed and in use.
- Presidential Task Force on Polio Eradication (PTFoPE) meeting held in October, presided over by His Excellency, Vice President Yemi Osinbajo.
- ED/NPHCDA led High level Advocacy visits to Governors of Borno, Sokoto, Zamfara, Edo, FCT Minister, Niger, Nasarawa, Kebbi & His Eminence, Sultan of Sokoto including new Theatre Commander of the Military Joint Task Force in Borno to improve access.
- National flag-off of July SIPDs by His Eminence Sultan of Sokoto and attended by Sokoto State Governor & Deputy Governor, Kebbi Deputy Governor & Chairmen of national Assembly health committees & ED/NPHCDA.
- Separate Retreats on PEI held with Borno and Yobe LGA chairmen.



Sultan of Sokoto flags-off July SIPD in Sokoto North LGA: July 2017

HMH examining a patient at the sickbay at Dalori IDP camp in Maiduguri, Borno State



HMH 2nd right during advocacy visit to Governor of Borno State (3rd right)



HMH addressing IDPs at an IDP camp in Maiduguri, Borno State



HMH arrowed addressing IDPs at Dalori camp in Maiduguri, Borno State





Participants at October 19th, 2017 PTFoPE Meeting

At the centre in white is His Excellency, Vice President Yemi Osibanjo, flanked on the left by His Eminence Sultan of Sokoto and the Minister of Health Prof. Isaac Adewole & on the left by Shehu of Bama, Borno State and Cross section of Governors and the NPHCDA Executive Director & Partner Agency representatives

Emerging Anti Vaccination Rumors, October 2017

Issues

- Politically motivated rumor
- Started in the South East and spreading
- Rumors linking vaccination with Monkey Pox outbreak and the military medical outreach activities
- Negative impact on overall vaccination activities and other curative health services

Steps Taken

- Crisis Management Team designated at National level
- State & LGA crisis management structures activated
- Aggressive media engagement: HMH, ED NPHCDA, Partners, Military, Professional Associations
- Community dialogues with key stakeholders
- Public public pronouncements by prominent religious leaders to rebuild trust (Sultan, Cardinal, etc)
- Religious and influential/ traditional leaders engagement
- Intensive Town Hall meetings
- Social media influencers engagement

Summary

- The PEI program in Nigeria has made progress in raising population immunity over the last one year resulting in sustained interruption of WPV1 in accessible areas
- However some challenges and gaps remain due to insecurity (hampering access), low RI coverage (inadequate to sustain the gains made through SIAs), surveillance quality, sustaining resilience at all levels and emerging anti vaccination rumors
- The program continues to innovate and scale up strategies to increase access in inaccessible areas, enhance surveillance, improve population immunity and validate performance
- The programme is cognizant that reaching the trapped population in Borno and the Lake Chad islands and achieving high population immunity particularly in high risk states, will be critical for eradication of polio

Way Forward

- Our top priority remains reaching the trapped population in Borno, Yobe and Lake Chad islands
 - Collaboration with the military and Multi-national Joint Task Force
 - Transit vaccination and tracking of newly liberated IDPs to provide 5 contacts
- Continue increasing the sensitivity of Surveillance, scale up of innovations and quality assurance of data
- Improve and track political commitment at all levels
- Implement Routine Immunization improvement plan with focus on 18 priority states and data quality

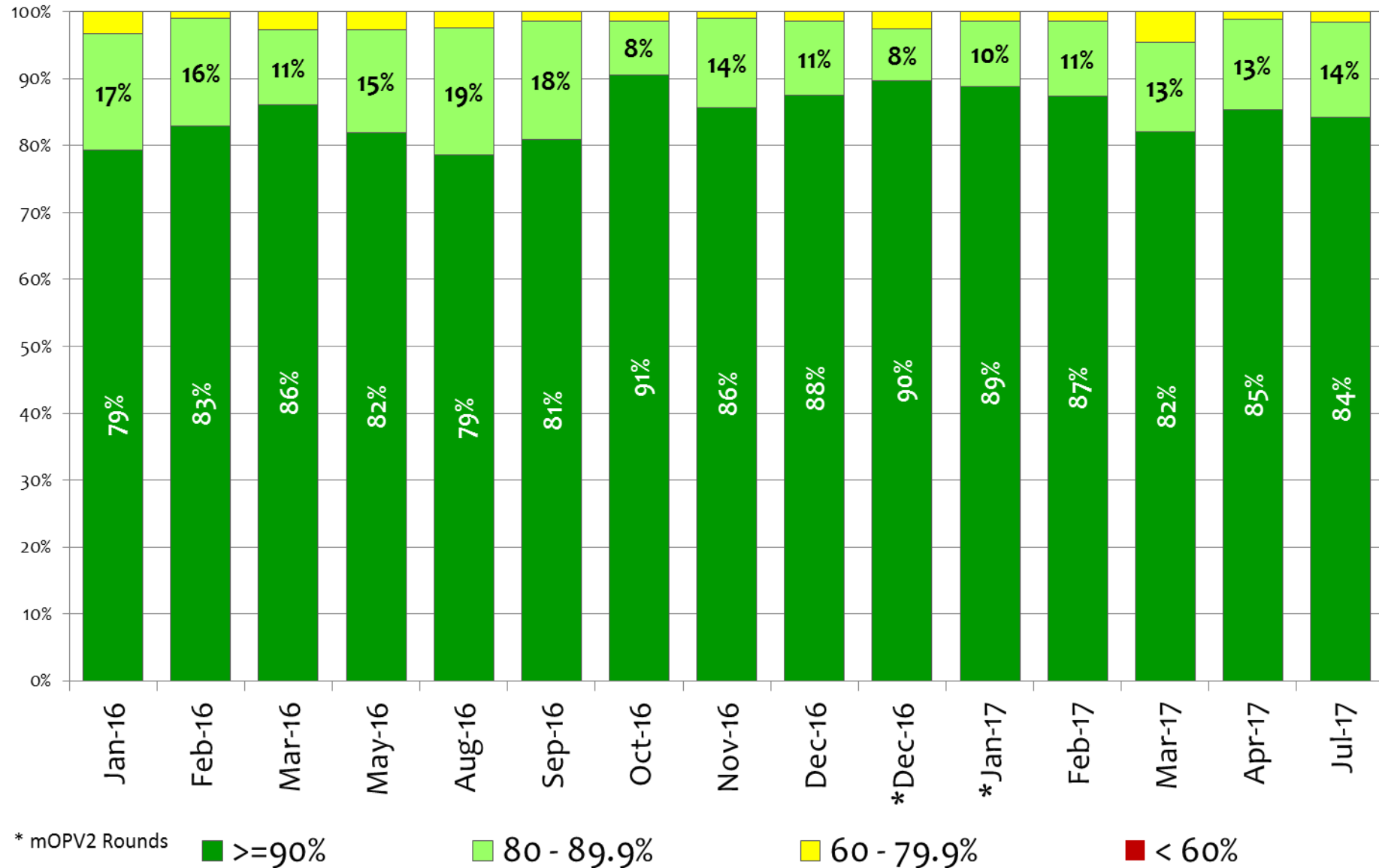
Thank You!

Extra -Slides

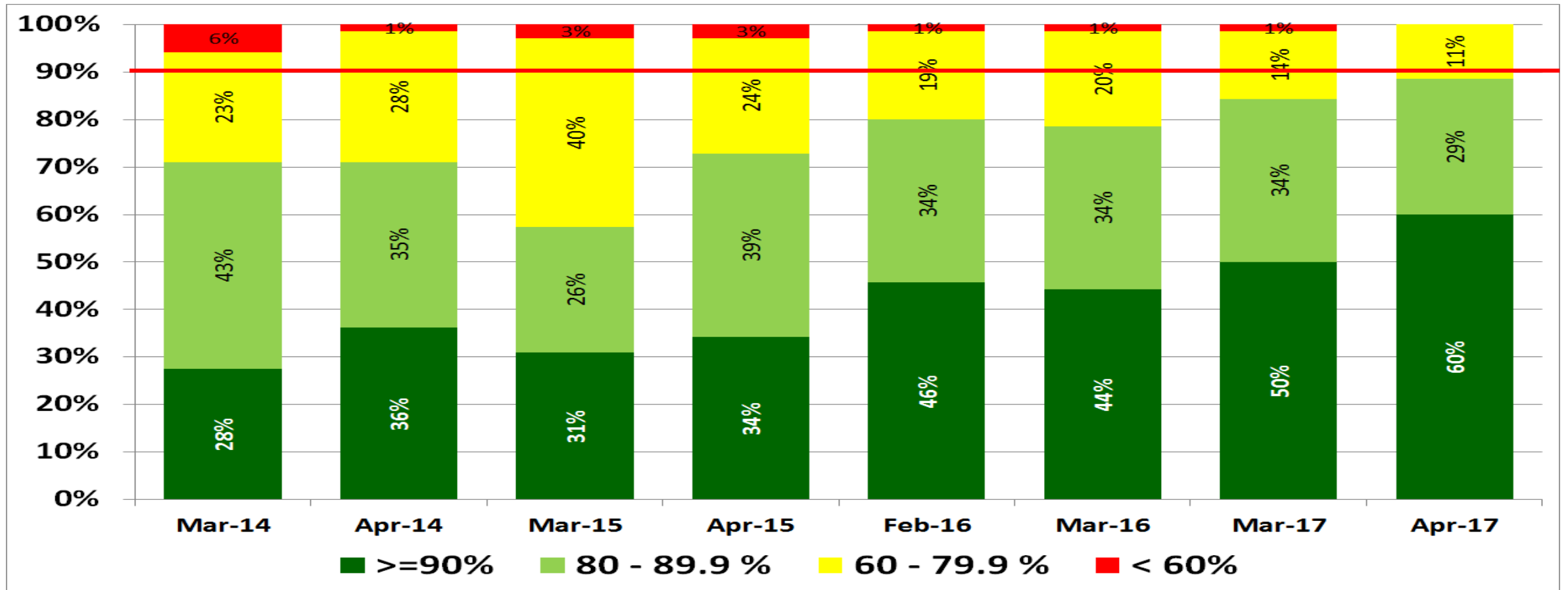
Emerging Results

Trend of LQAS Results in the High Risk States

Borno and other security compromised areas' LQAS results represent accessible areas only

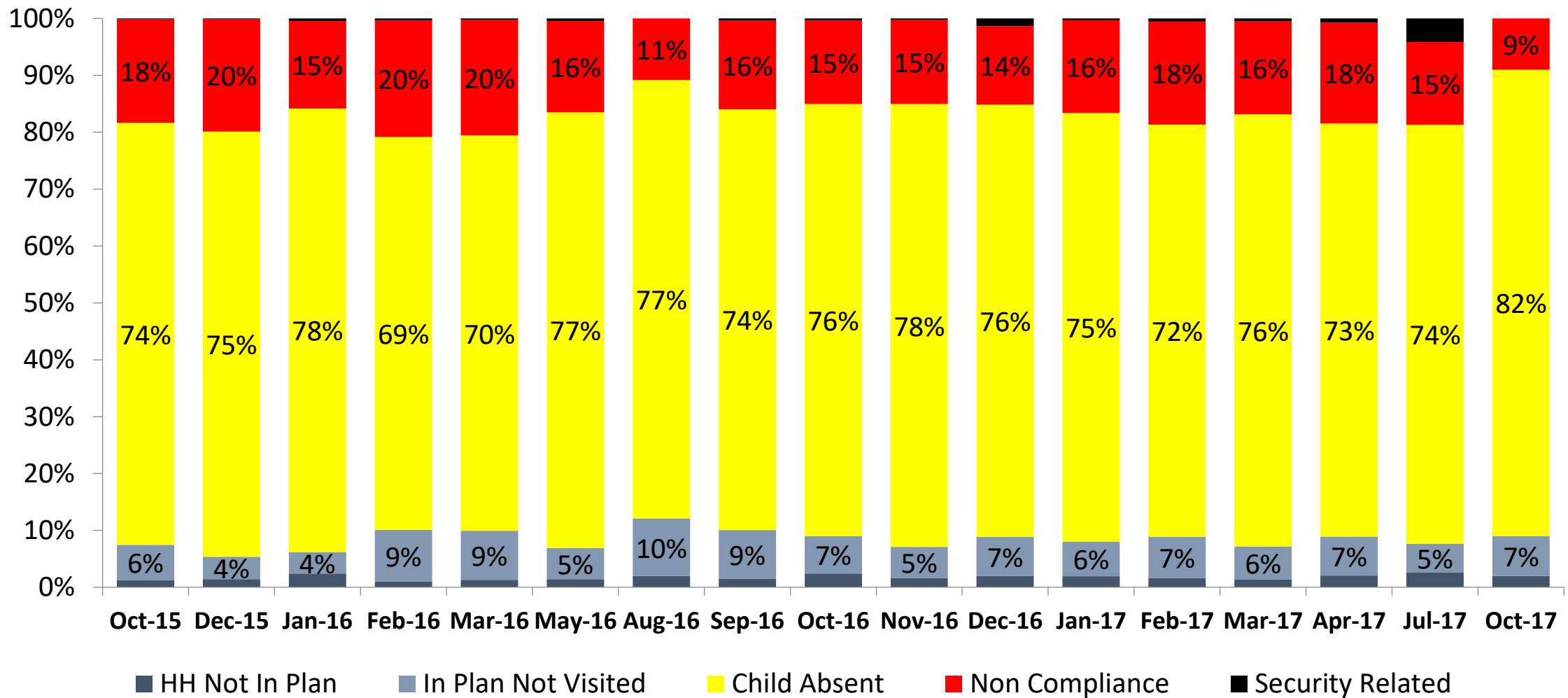


Improving Trend in LQAs from Southern States, 2014-2017



	Mar-14	Apr-14	Mar-15	Apr-15	Feb-16	Mar-16	Mar-17	Apr-17
<i>LGAs surveyed</i>	69	69	68	70	70	70	70	70
$\geq 90\%$	28%	36%	31%	34%	46%	44%	50%	60%
80 - 89.9 %	43%	35%	26%	39%	34%	34%	34%	29%
60 - 79.9 %	23%	28%	40%	24%	19%	20%	14%	11%
$< 60\%$	6%	1%	3%	3%	1%	1%	1%	0%

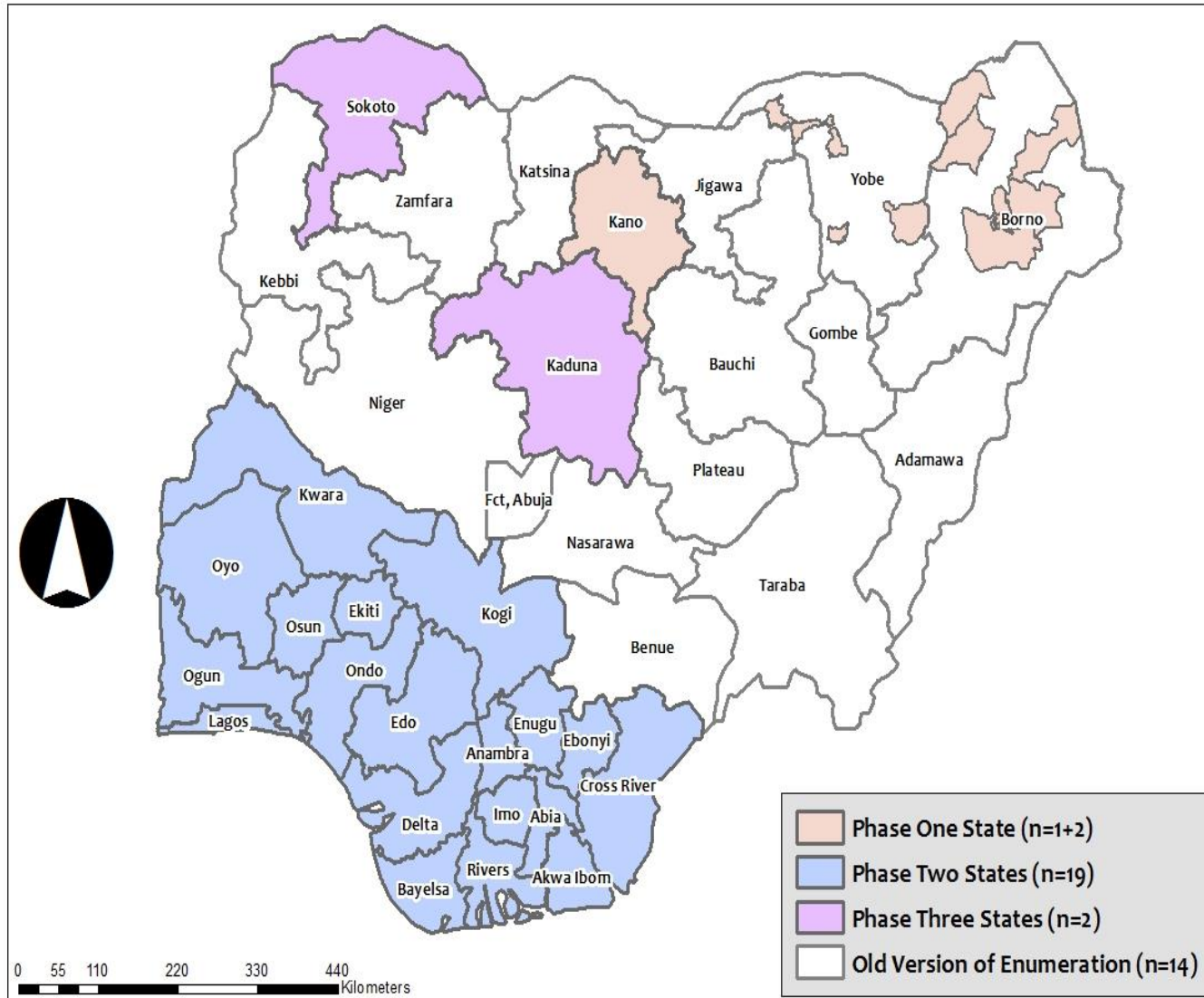
Trends – reasons for missed children (High Risk states)



Selected States: Adamawa, Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Taraba, Yobe, Sokoto & Zamfara

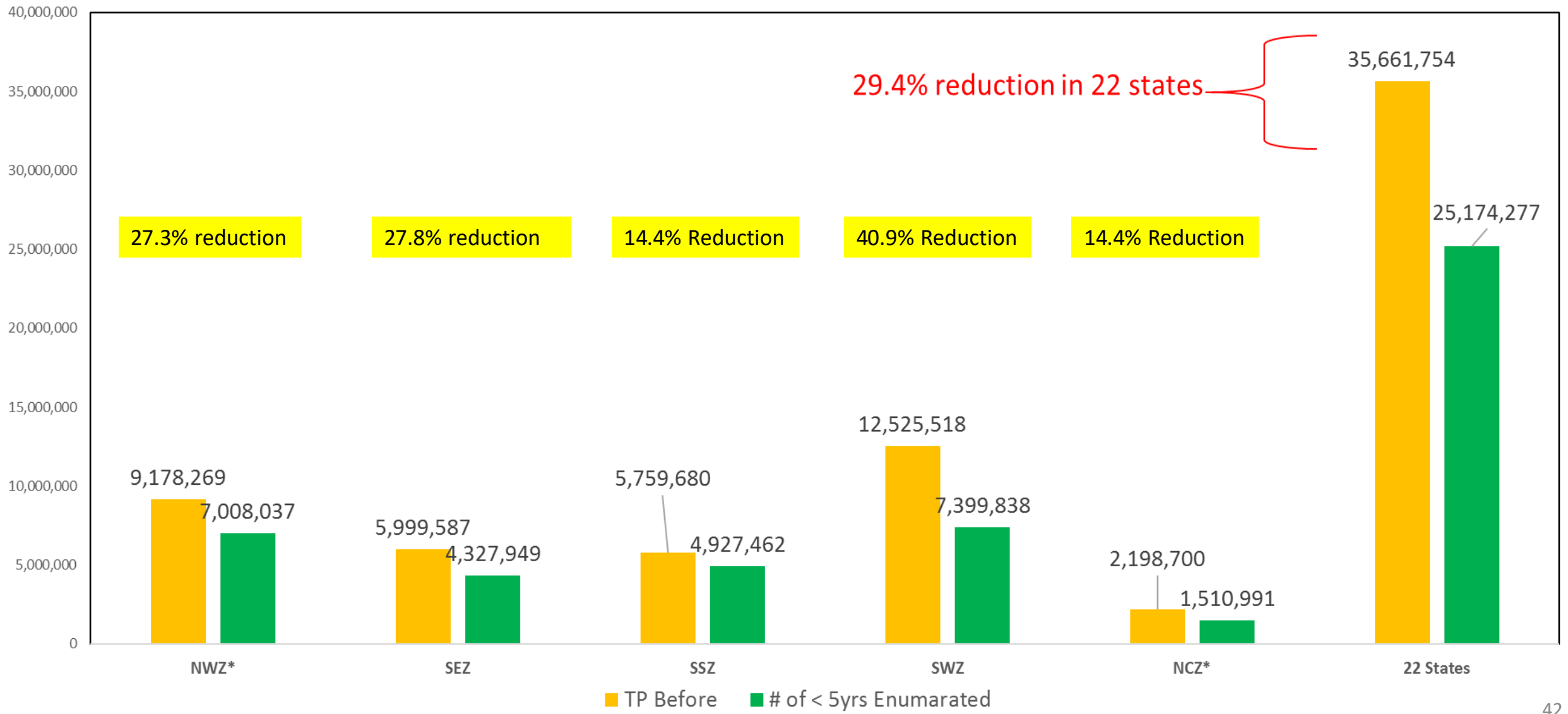
Efforts to improve quality of SIAs in non high risk states

House hold based enumeration, 2017



- Household based enumeration and microplanning in southern states, NCZ (Kogi, Kwara), NWZ (Sokoto, Kaduna, Kano)
- Close monitoring of pre-campaign preparedness
- Increased MST deployment
- Staggering of implementation

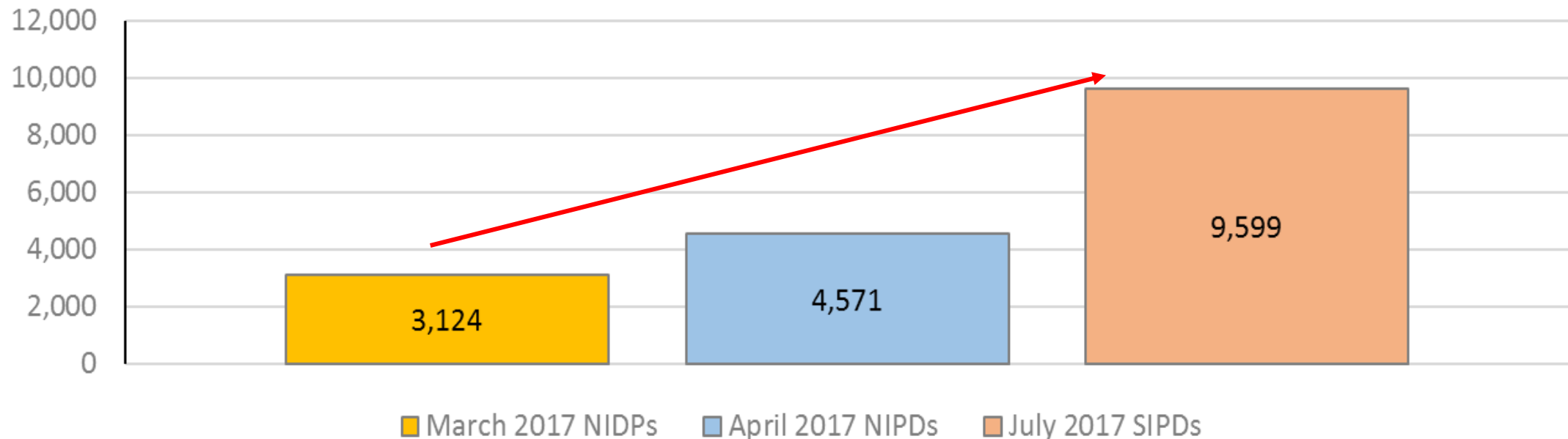
Impact of New HH based Enumeration on the Population Denominators in all 5 Zones & the 22 States where the process has been completed in 2017



MSTs Deployment and Mobile-Based Reporting on ODK

- Senior supervisors/MSTs deployed – by Government from the National level (NPHCDA), at the State level (State Ministries of Health and State EOCs), LGA level officers and Partners
- Monitoring and accountability of MSTs – ODK mobile based reporting with geo-location information became the core supportive supervision reporting platform from March 2017 NIPDs
- Near real-time supervision data analysis and daily feedback summary to states from NEOC to follow-up on findings and address reported gaps

MSTs ODK Submissions per SIA round (from March 2017)



What Social Data Says

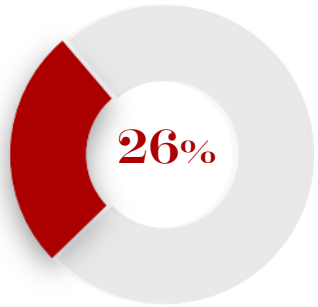
Polio



Proportion of mothers influencing decision to vaccinate children has increased from 36% to 42% between Aug 2016 and July 2017



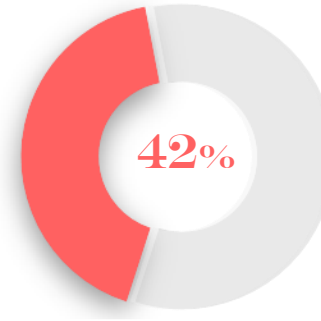
Intent to vaccinate child every time OPV is offered is at 72%.



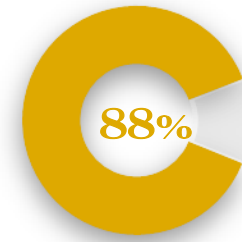
Respondents said it is unnecessary to vaccinate their child against polio every time its offered.

Over-all, awareness of IPDs remains high in all high risk states (July IM data says 94%)

RI



Children were not fully immunized due to lack of awareness.



Respondents said vaccination protects from diseases, but 51% said fear of side effects is a barrier for immunization.

11%

Respondents had no faith in immunization. 22% were not fully vaccinated due to mistrust or fear

Borno completed 5 OBR1 rounds, 2 mOPV2 rounds and 5 rounds of IPDs across 25 LGAs vaccinating an average of ~1.9 million children per round

Number of children immunized during OBR rounds, '000

		# LGAs	# Settlements
Round 1 (OBR)	1,717	23	6,575
Round 2 (OBR)	1,709	23	**
Round 3 (OBR)	1,800	25	7,046
Round 4 (OBR)	1,818	24	7,539
Round 5 (OBR)	1,769	24	7,878
mOPV2 Dec	1,867	24	7,962
mOPV2 Jan	1,894	25	7,992
February IPDs	1,963	25	8,215
March IPDs	1,977	25	8,930
April IPDs	2,060	25	8,903
July IPDs	2,078	25	8,953
October IPDs	2,162	25	9,104

Ø 1.901

- Due to improved security accessibility in the state, more settlements are being reached by the IPDs across different rounds
- 2 LGAs (Abadam and Marte) have not been reached with the IPDs since the outbreak response in Borno state due to insecurity
- **IPV+bOPV SIAs (3,625 fixed posts)

10 rounds of RES have so far been completed in Yobe State with an average of ~19,956 children vaccinated per round

	~ Number of children vaccinated from RES1 through RES 8	Settlements Planned (#)	Settlements reached (#)	Implementing LGAs (#)
RES 1	10,070	-	273	4
RES 2	21,855	659	409	6
RES 3	32,323	563	547	6
RES 4	27,114	741	548	6
RES 5	28,033	839	571	6
RES 6	27,954	834	430	6
RES 7	17,318	438	410	6
RES 8	18,549	529	460	6
RES 9	6,887	202	174	6
RES 10	9,461	291	258	5

67% (585 of 877) Settlements have had 5+ contacts and have been deprioritized. This accounts for the reduced number of children vaccinated in RES 9 and 10 compared to previous rounds

- The goal is to continue monthly RES rounds in settlements with less than 5 contacts

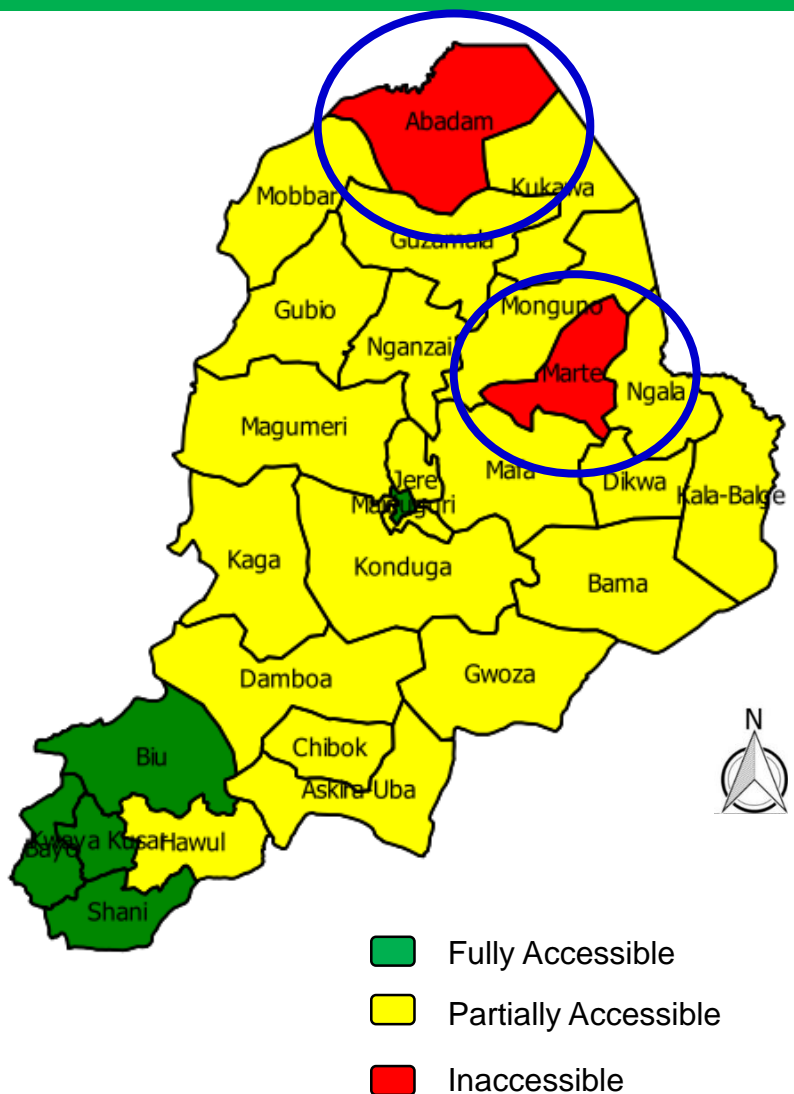
Special Interventions In North East

Data as at Week 39, 2017

Interventions	Borno	Gombe	Yobe	Taraba	Adamawa	NE Total
Firewalling		56,135		750		56,885
PHT			109,981	2,822	23,471	136,274
Market/Transit	519,237	138,955	10,928	127,789	82,732	879,641
IBPT			19,657	30,508	56,030	106,195
Hit&Run						0
IDPs	414,359	8,179		4,355	1,298	428,191
Hospital	56,371		8,732			65,103
Nomadic	21,323		12,237	57,675	2,224	93,459
Cross Border				425		425
NE Total	1,011,290	203,269	161,535	224,324	165,755	1,766,173

- Special teams recruited to carry out vaccinations outside SIAs all year round
- Monitored on a weekly basis
- Strategies typical to Borno: Transit, Market, IDPs, Hospitals and Nomadic
- Profiling of children from inaccessible areas has commenced in specific areas

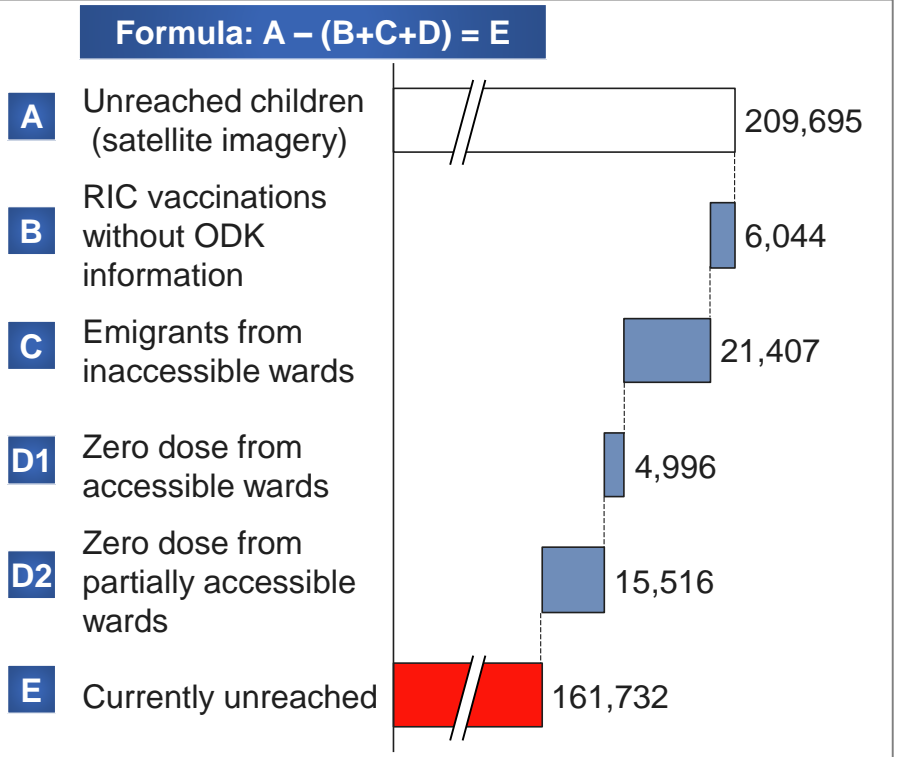
7,343 Children from Abadam & Marte (Borno) were Vaccinated and Profiled, Jan - July, 2017



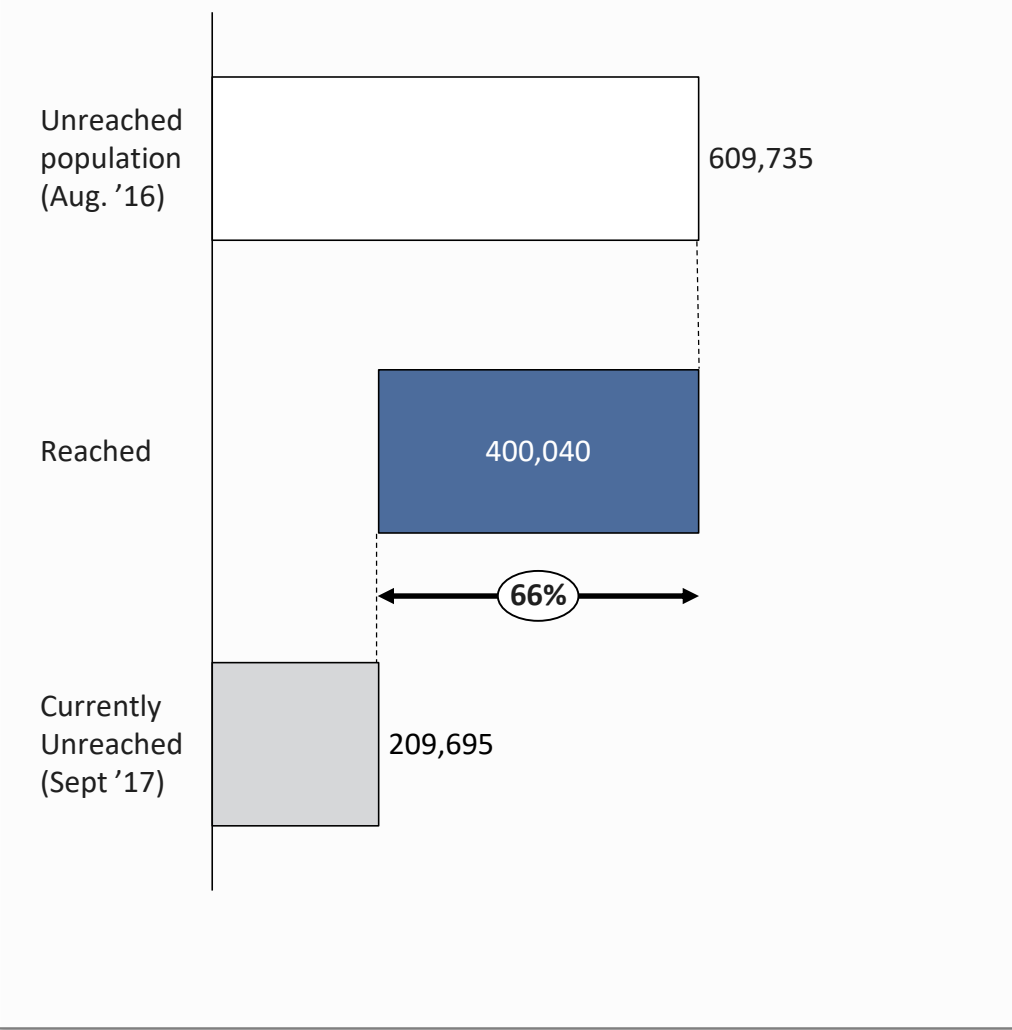
LGA From	Ward From	Accessibility	# Vaccinated & Profiled	
Abadam	Arge	Inaccessible	147	
	Banowa	Inaccessible	32	
	Busuna	Inaccessible	118	
	Foguwa	Inaccessible	89	
	Jabullam	Inaccessible	23	
	Kessaa	Inaccessible	190	
	KudoKurgu	Inaccessible	27	
	Yau	Inaccessible	35	
	Yawa	Inaccessible	17	
	Yituwa	Inaccessible	5	
	Abadam Total		Inaccessible	683
	Marte	Ala	Inaccessible	768
Ala Lawanti		Inaccessible	155	
Badairi		Inaccessible	280	
Borsori		Inaccessible	149	
Gumna		Inaccessible	423	
Kabulawa		Inaccessible	220	
Kirenowa		Inaccessible	1511	
Kulli		Inaccessible	1050	
Marte		Inaccessible	1255	
Musune		Inaccessible	523	
Muwalli		Inaccessible	23	
Njine		Inaccessible	232	
Zaga		Inaccessible	71	
Marte Total			Inaccessible	6,660

After aggregating the outcomes from satellite imagery, RIC and profiling, an estimated 161,732 children are still unreached children in Borno state

Overview of total children profiled from different wards accessibility categories, as at Sept, 2017 (Number)



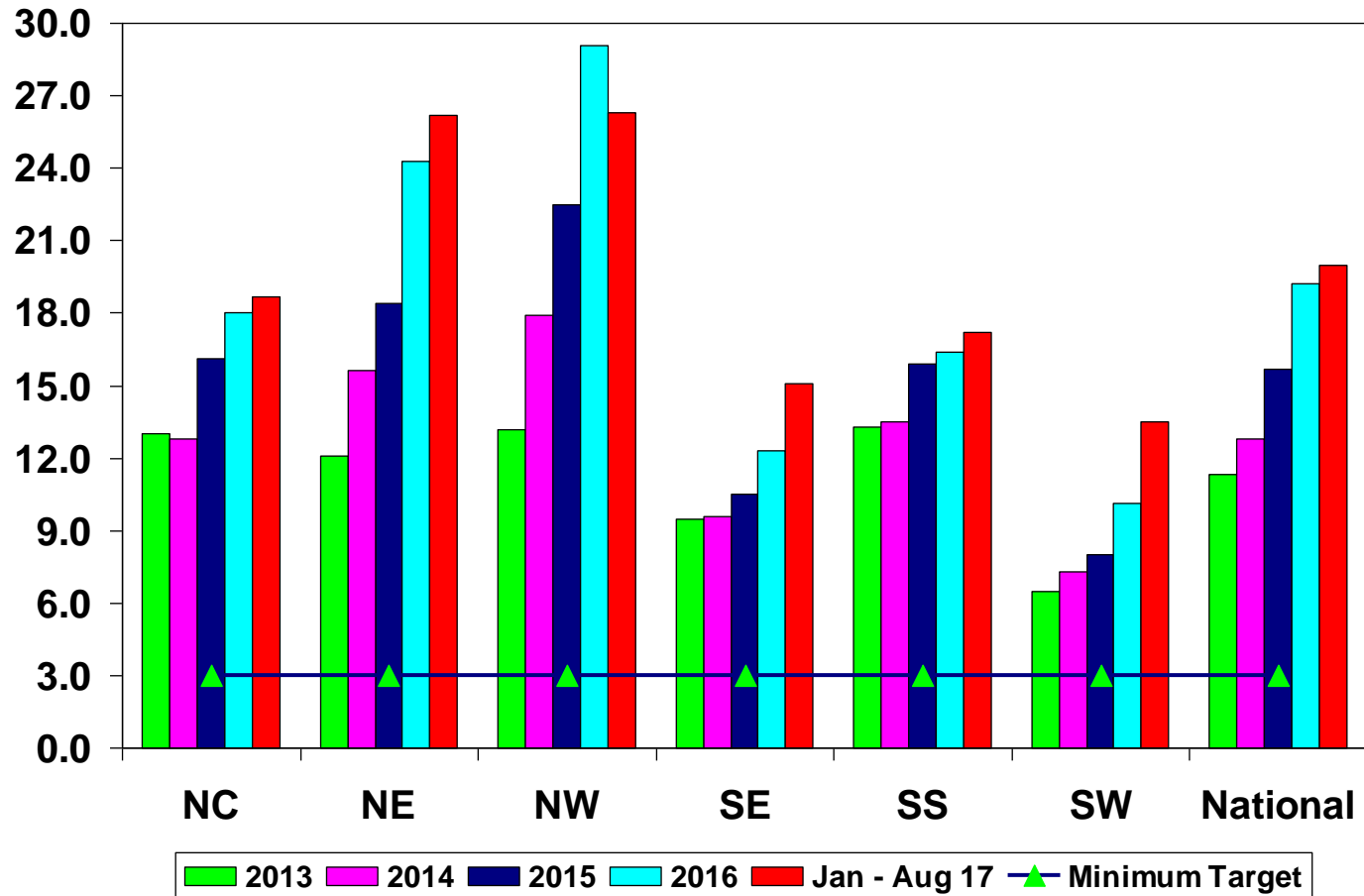
Overview of unreached population from satellite imagery as at Sept, 2017 (Number)



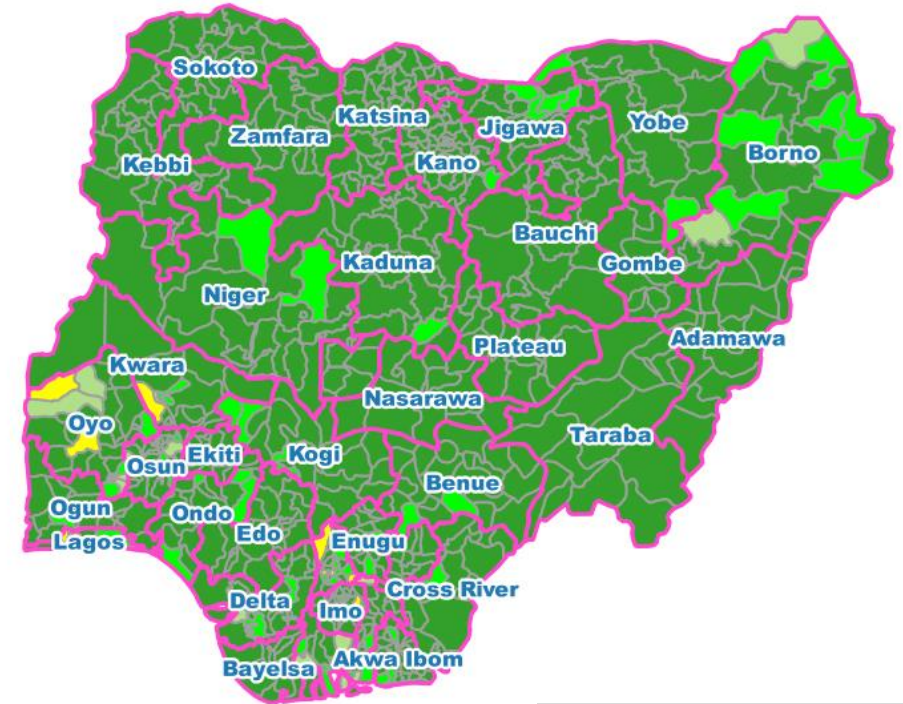
The population information from satellite imagery are only estimates as there is a likelihood that many of the unreached settlements could have a lot less population than what is estimated from satellite imagery. In some cases, these settlements may be completely uninhabited, as found during RIC implementation

1. RIC tally sheet data, profiling data and satellite imagery population estimates
 Source: Tally sheet summary, Borno EOC data team analysis

Progressive improvement in Detection of AFP cases by zone, 2013 –2017*



Number of years LGA met NPAFP rate ≥ 3 from 2013-2017*



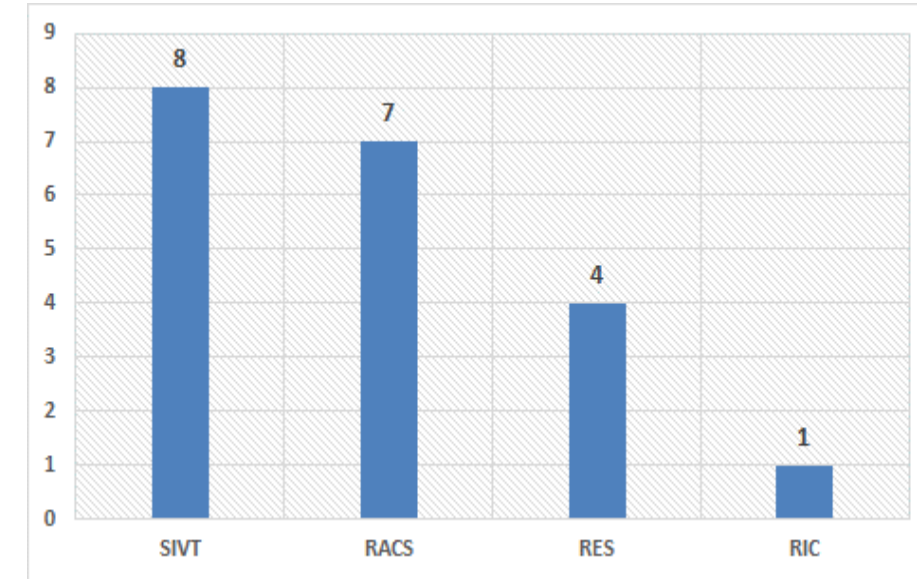
Legend		%
Dark Green	NPAFPR ≥ 3 for 5 years (665)	85.9%
Light Green	NPAFPR ≥ 3 for 4 years (76)	9.8%
Medium Green	NPAFPR ≥ 3 for 3 years (21)	2.7%
Yellow	NPAFPR ≥ 3 for 2 years (12)	1.6%

*2017 data as at August 25th

Number of AFP cases reported from security compromised areas, Borno

SN	EPID Number	LGA	Ward	No of OPV doses	Notified By	Days from onset to investigation	Lab Results
1	NIE-BOS-ASU-17-019	Askira Uba	Uvu Uda	24	RACS	4	Negative
2	NIE-BOS-ASU-17-021	Askira Uba	Uvu Uda	9	RACS	33	Negative
3	NIE-BOS-BAM-17-016	Bama	Shehuri	2	SI Team	7	Negative
4	NIE-BOS-BAM-17-025	Bama	Banki	8	SI Team	10	Negative
5	NIE-BOS-BBU-17-014	Biu	Galdimari	6	SI Team	8	Negative
6	NIE-BOS-GUB-17-003	Gubio	Zowo	0	RES Team	6	Sabin 1+3
7	NIE-BOS-GUB-17-004	Gubio	Dabira	4	RES Team	4	Negative
8	NIE-BOS-GZA-17-009	Gwoza	Hausari Gaddamari	0	RES Team	8	Negative
9	NIE-BOS-JRE-17-028	Jere	Maimusari	11	SI Team	10	Negative
10	NIE-BOS-JRE-17-034	Jere	Galtimari	2	RACS	39	Negative
11	NIE-BOS-JRE-17-036	Jere	Gongulong	20	RACS	13	Negative
12	NIE-BOS-JRE-17-040	Jere	Old Maiduguri	10	RACS	36	Negative
13	NIE-BOS-KBG-17-015	Kala Balge	Daima	3	SI Team	6	Negative
14	NIE-BOS-KBG-17-016	Kala Balge	Daima	3	RACS	6	Negative
15	NIE-BOS-KDG-17-019	Konduga	Konduga	4	RACS	14	Sabin 1
16	NIE-BOS-KDG-17-022	Konduga	Auno	0	SI Team	30	Negative
17	NIE-BOS-KWA-17-015	Kukawa	Kukawa	0	RIC	22	Sabin 3
18	NIE-BOS-KWA-17-018	Kukawa	Baga	3	RES	8	Negative
19	NIE-BOS-NGL-17-005	Ngala	Gamboru A	4	SI Team	5	Negative
20	NIE-BOS-NGL-17-006	Ngala	Gamboru B	15	SI Team	12	Negative

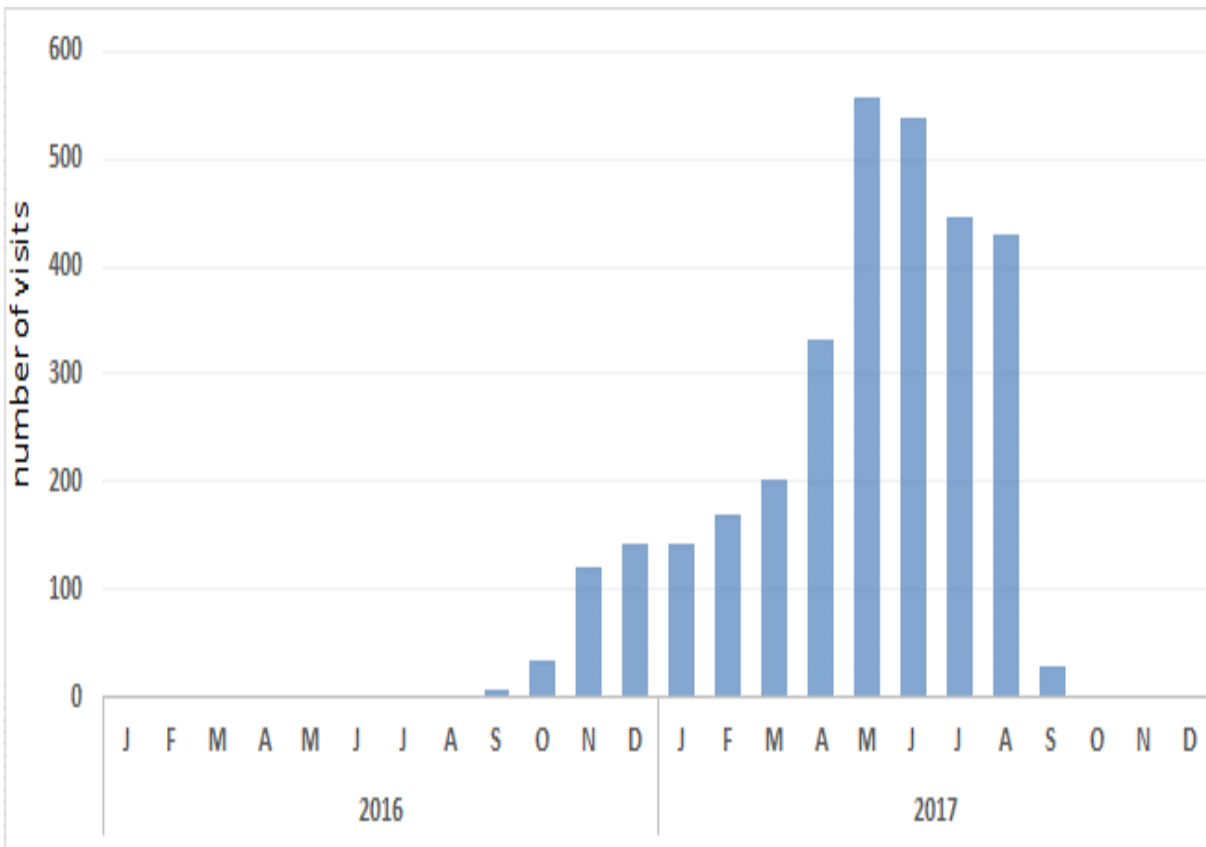
*2017 data as at August 25th



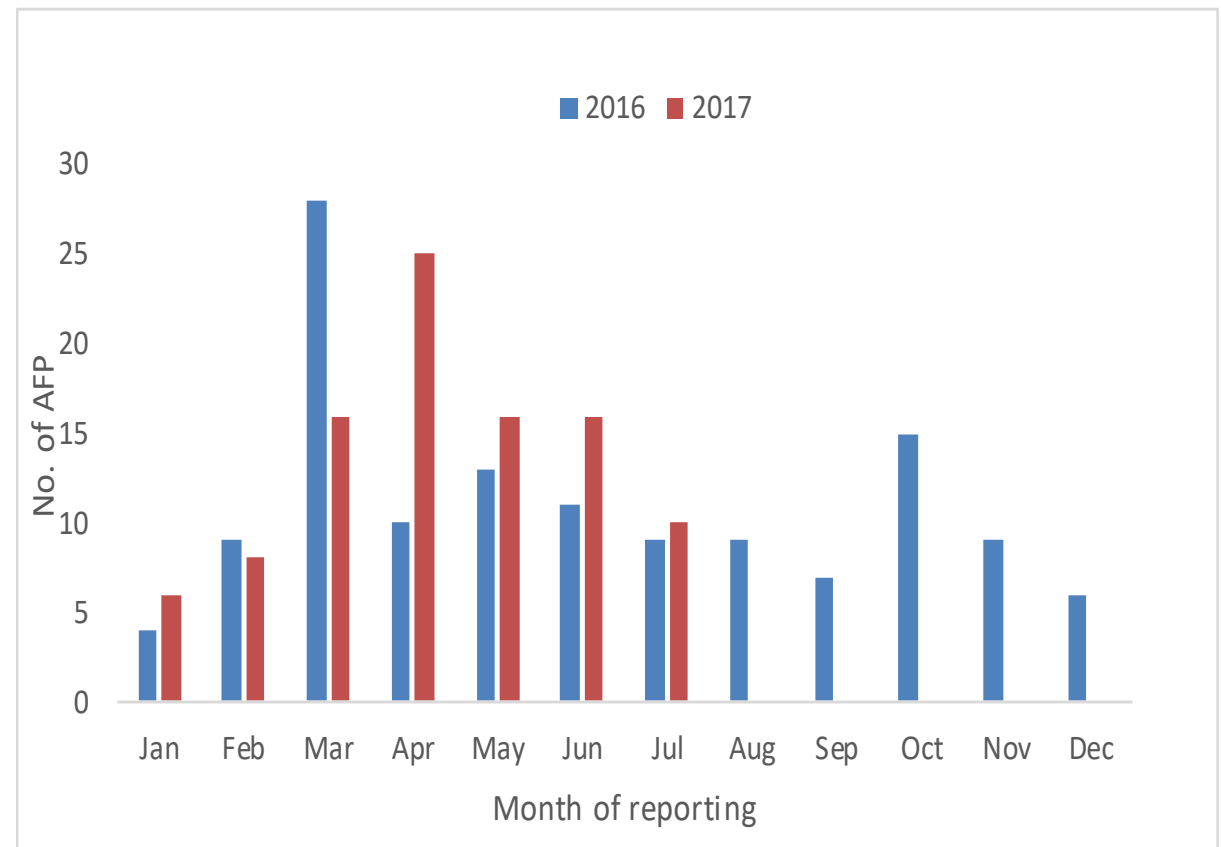
- RACS= Retroactive case search
- RES= Reaching Every settlement team
- RIC= Reaching Inaccessible settlement
- SIVT = Special Intervention vaccination teams

Outcome of Active Surveillance in IDP Camps, Borno 2016-2017

Number of active surveillance visits

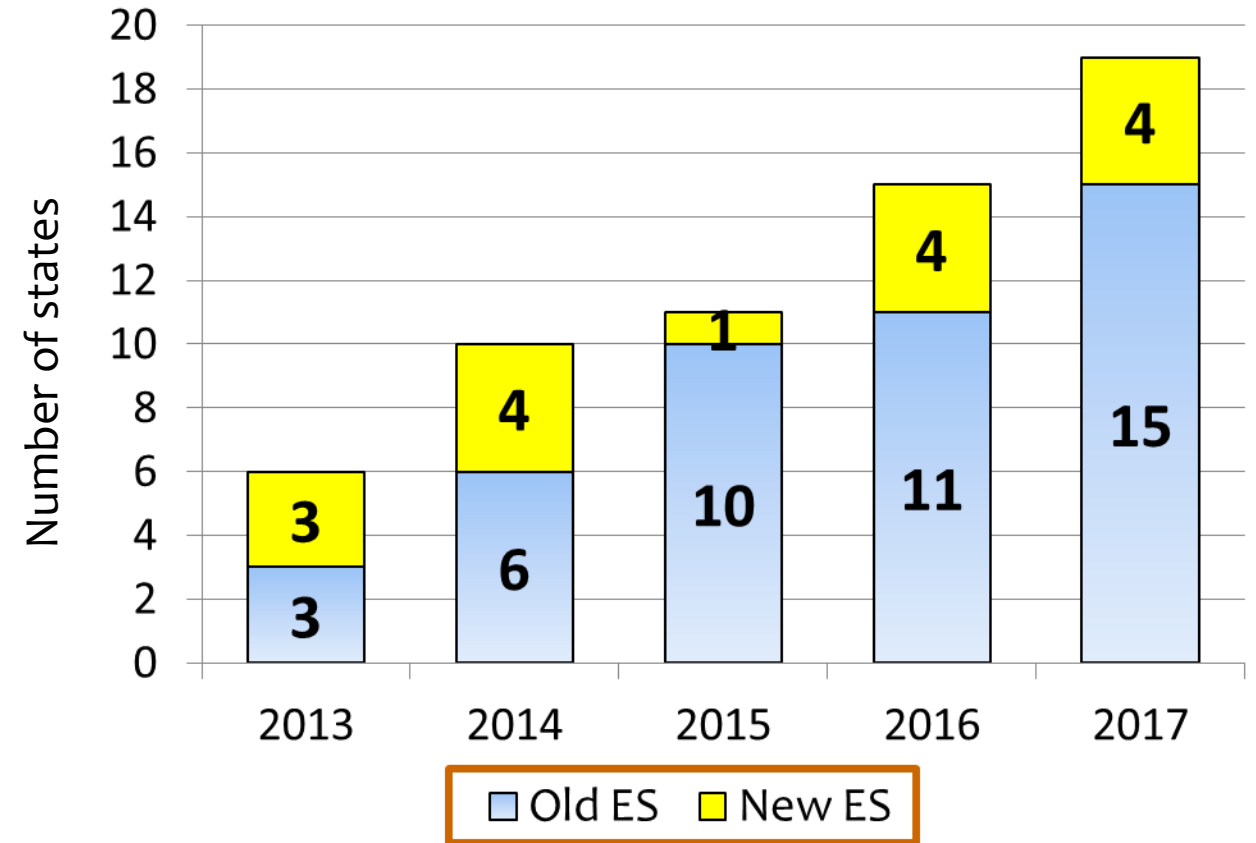
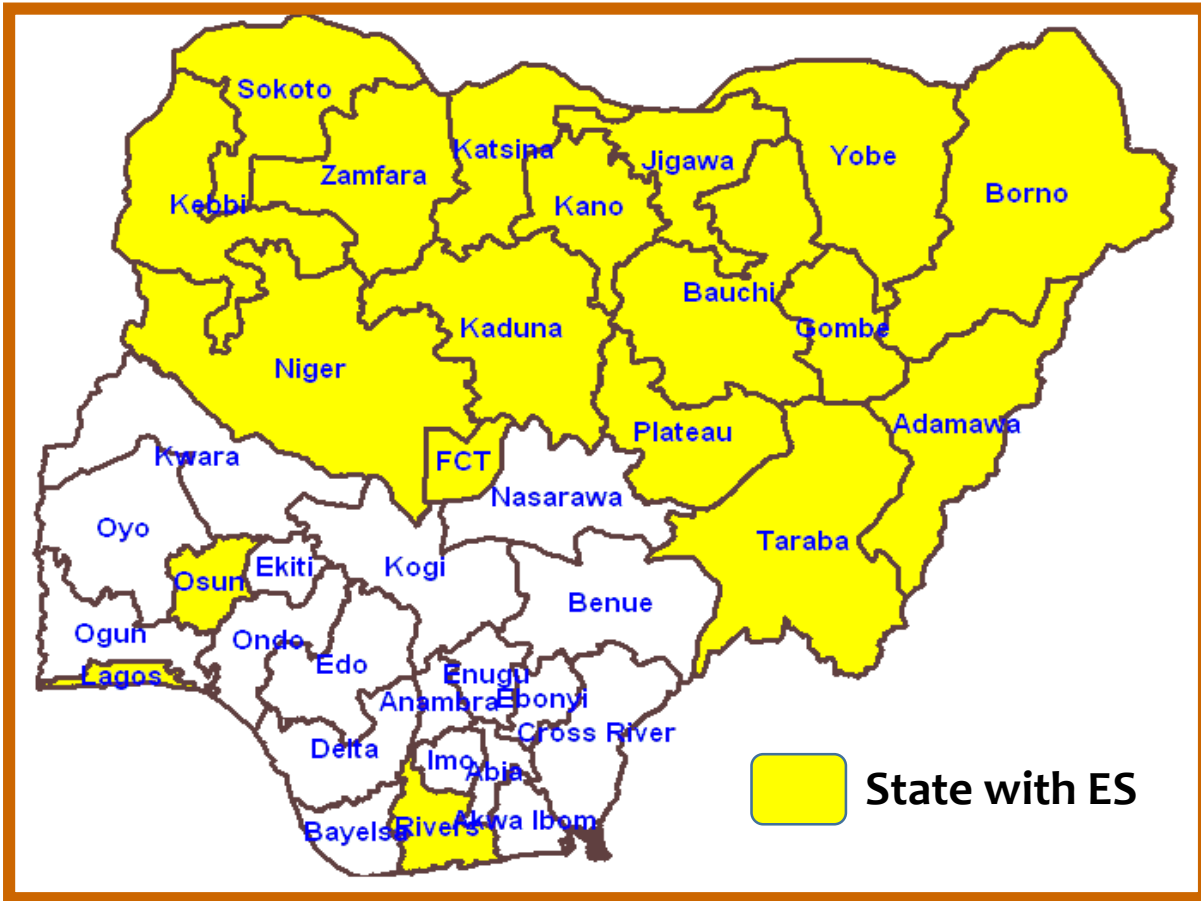


AFP Cases Detected in IDP Camps



*IDP camps are **Very High** priority sites visited twice a week*

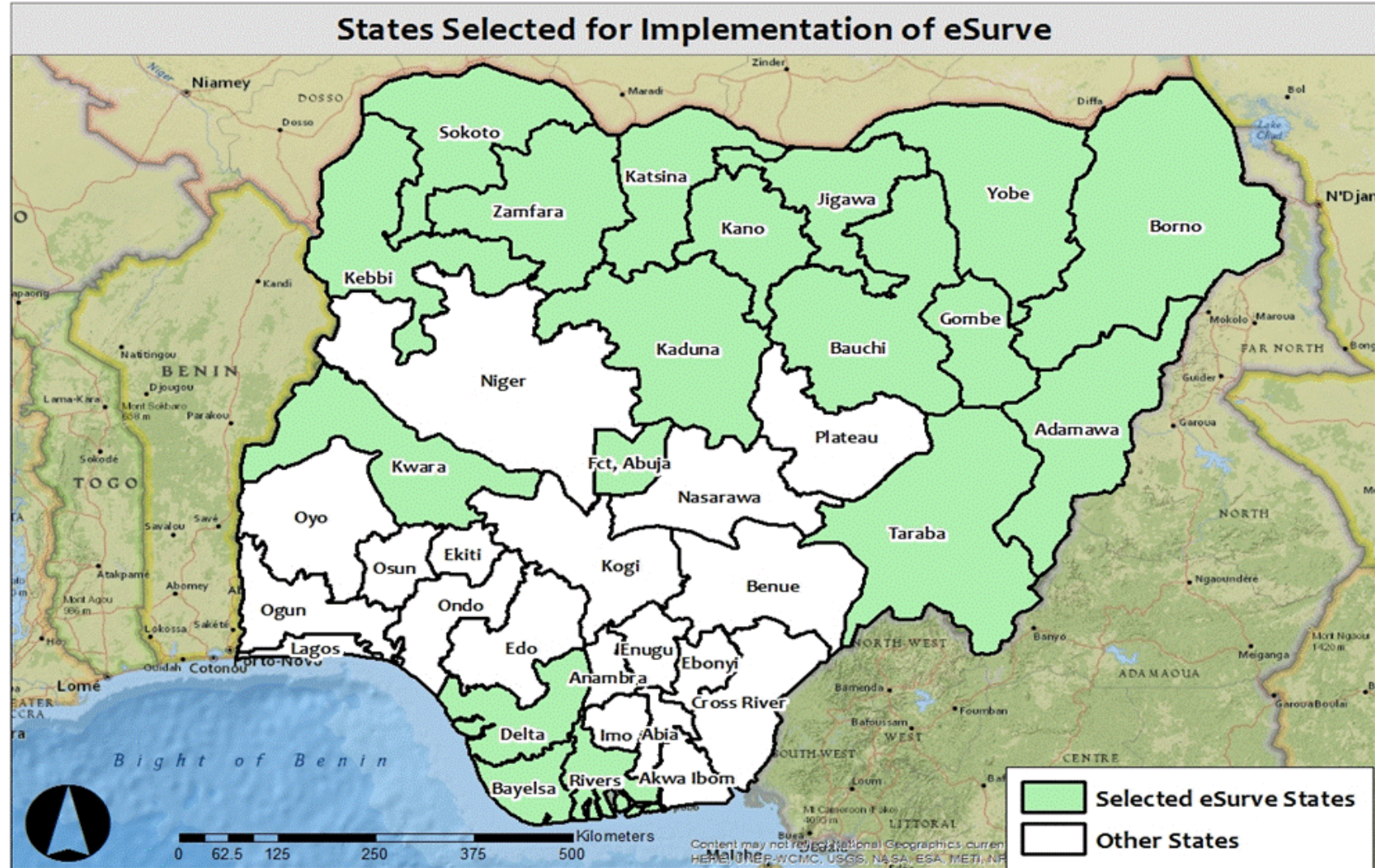
Expansion of Environmental Surveillance, 2013-2017



70 collection sites in 18 states + FCT

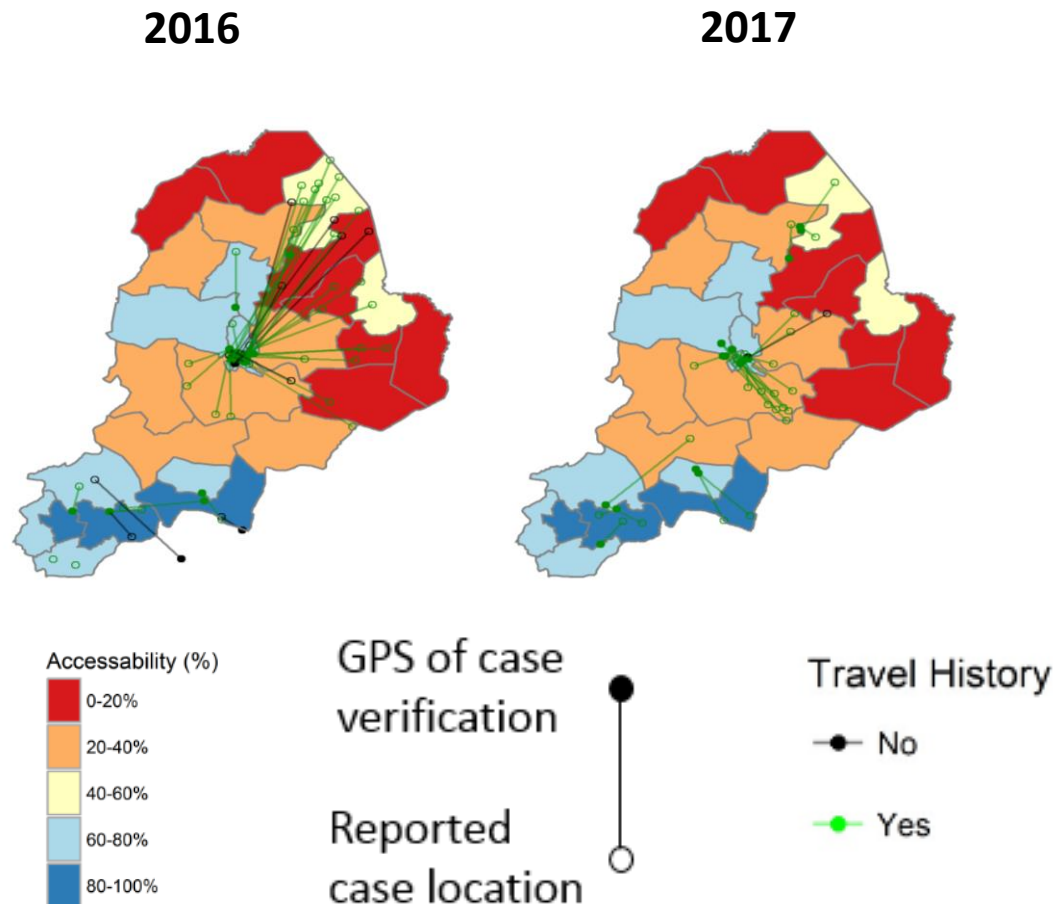
Selected states for e-Surveillance initiation, 2017

- Active surveillance with smartphones by DSNOs
- 376 LGAs in 18 states
- Timely information
- Site mapping ensuring facility was visited



External Validation of Surveillance Data, September 2017

Case verifications in LGA other than LGA where case assigned, 2016 vs. 2017, Borno



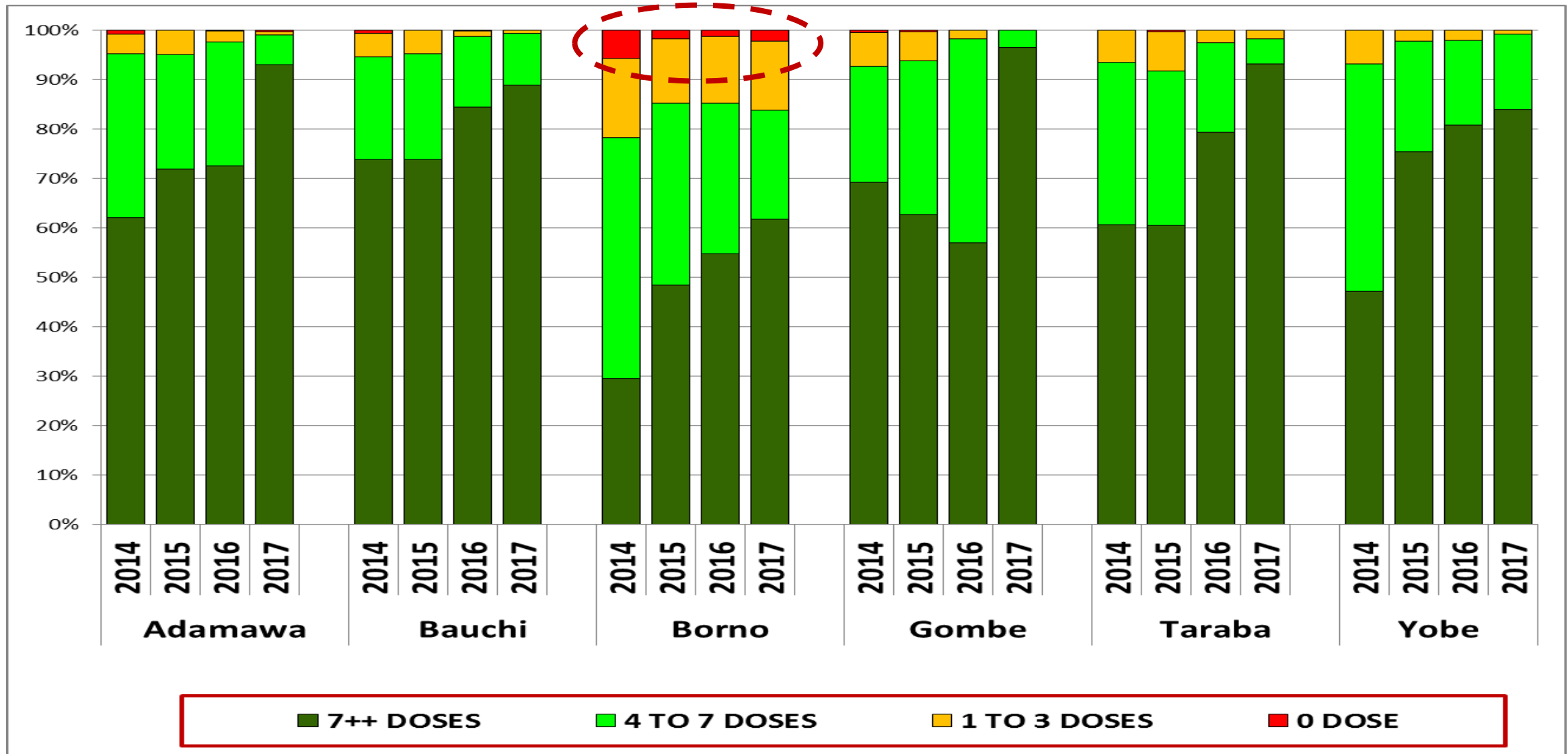
Strengths

1. From 2016 to 2017, data quality is impressive despite minor discrepancies
2. Compared to 2016, fewer AFP cases from inaccessible LGAs were verified in Maiduguri but assigned to inaccessible LGAs in 2017

Key Recommendations

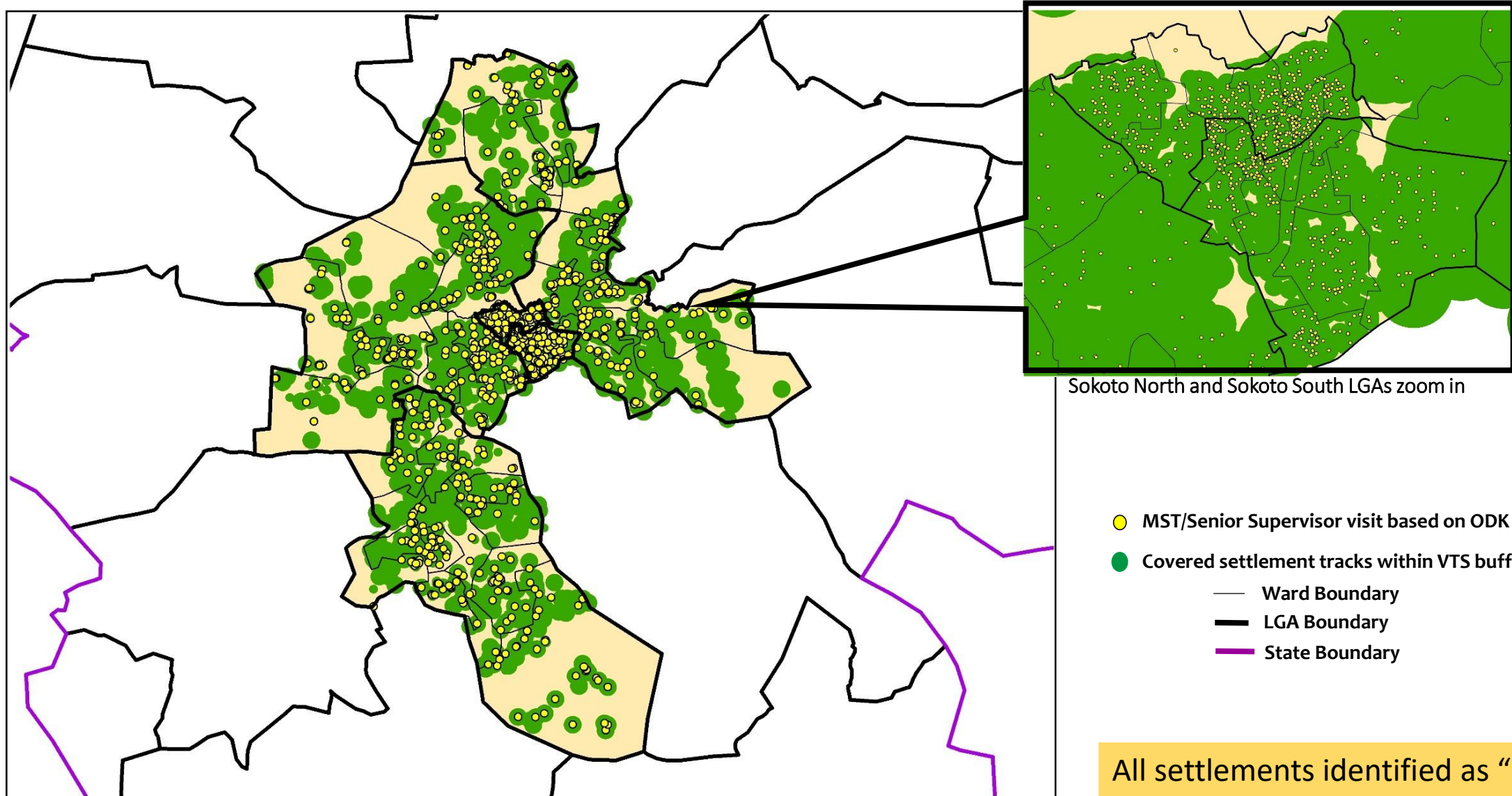
1. Adopt procedures such as surveillance flags for analysis of data that appear unreasonable or unbelievably good for further investigation.
2. Ensure proper investigation of any case discovered after 14 days up to 60 days after onset, and include in the AFP database any case found within six months of onset.
3. Continue the peer review process and use the findings to validate unlikely NPAFP rates and near perfect stool timeliness.

North East Zone: OPV vaccination status of NPAFP cases aged 6 - 59 months, 2014 – 2017



Note: 2017 Data is at 13 October 2017

Data Triangulation: Overlay of ODK and VTS data – 5 IPV implementing LGAs, Sokoto, May 2017



VTS tracking & ODK data triangulation works well Day 1 – 6 + Mop-Up

All settlements identified as “uncovered” from VTS were visited, sampled and children found vaccinated

Piloting of revised SOP to improve Enhanced Independent Monitoring

- **New SOP has been developed and piloted in Sokoto and Borno**
- The main features on the new SOPs include:
 - Recruitment of an independent **EIM State Coordinator** who will participate in screening of Independent Monitors and final evaluation
 - A detailed screening/selection criteria with accountability
 - A detailed performance appraisal for Monitors applied on a daily basis and after the round
 - Those who score 80%=> : to be retained
 - Those who score 60 - 79% : to be recalled for further training and given one chance
 - Those who score less than <60% to be dropped & black listed
 - Any trace of data falsification to be dropped & blacklisted in a comprehensive database

Introduction of booklets used by EIM Monitors during in & end process

SOKOTO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY
IPDS ENHANCED INDEPENDENT MONITORING (EIM)
IN - PROCESS
DATA COLLECTION BOOKLET

NAME OF MONITOR:	BASTRA LUKMAN
PHONE NO:	07060811299
SIGNATURE OF MONITOR:	<i>[Handwritten Signature]</i>
LGA OF ASSIGNMENT:	GOKONYO

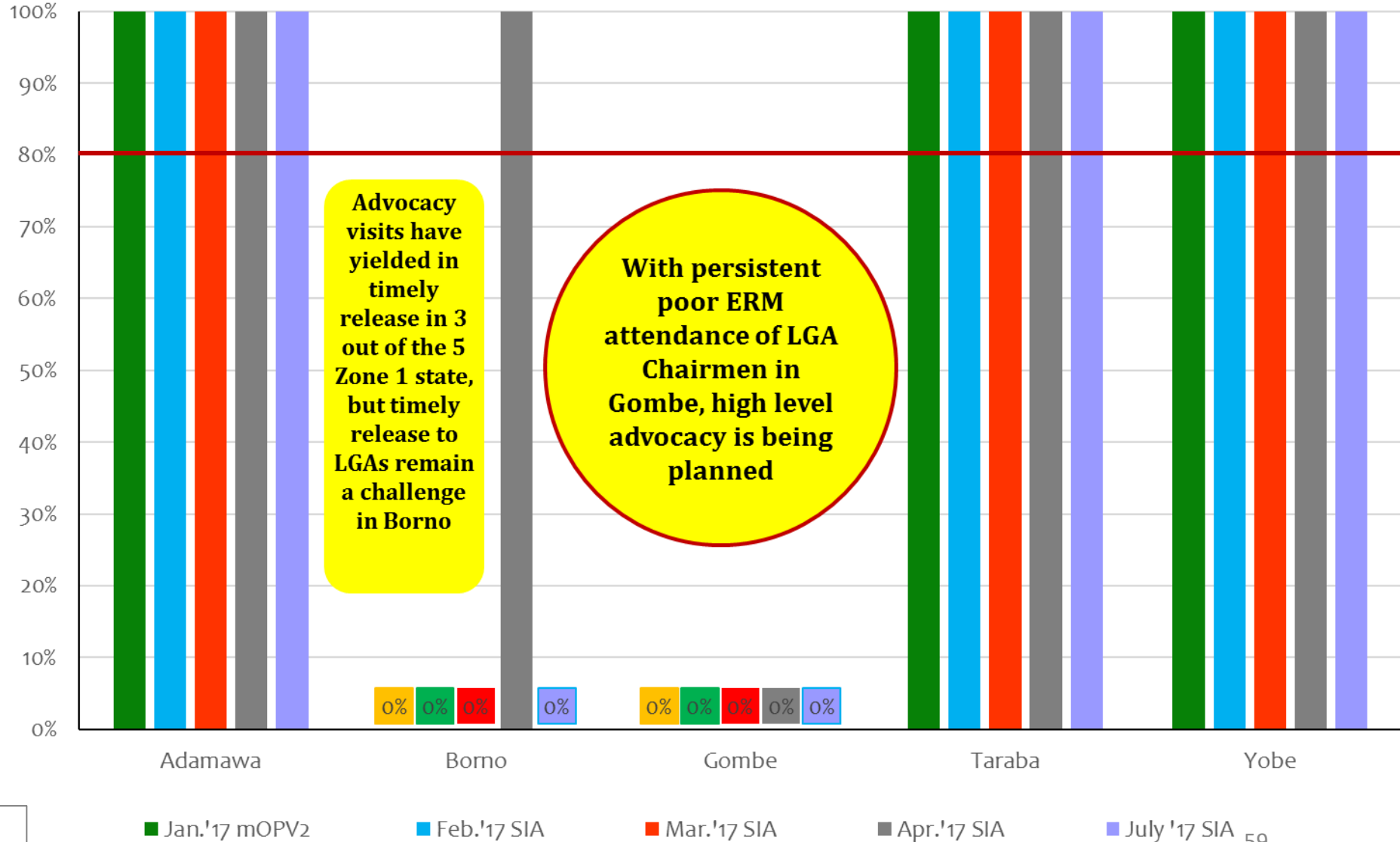
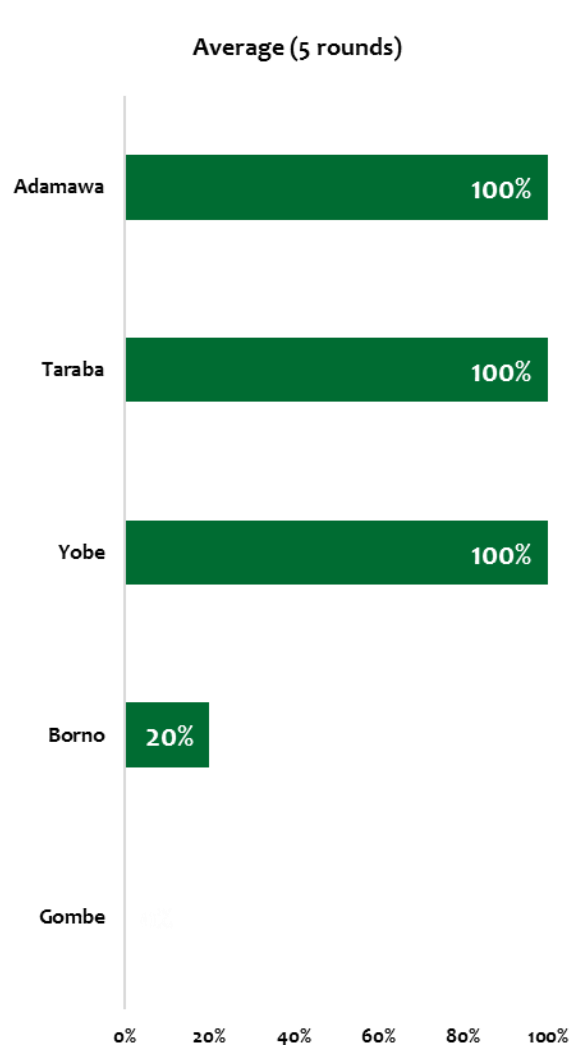
Supported by:
World Health Organization

Developed August 2017

Use of concurrent monitoring forms ensures accountability

Political Commitment in 2017, Zone 1

State/LGA Counterpart funds timely release to LGAs as at 3 days to campaign in 2017 (Zone 1)



Source: Pre Campaign Dashboard

Sustained Traditional leaders engagement

- Traditional leaders are playing active role in the Pre-IPDs and IPDs review meetings.
- Consistently making public statements, prior to IPDs.
- Led by the Sultan, NTLC resolve to sustain advocacy, mobilization, Monitoring, defaulters tracking & establish accountability framework to strengthen RI
- Continued use of traditional structures to strengthen community linkages for PEI and RI
- Traditional structures partnering with relevant agencies in security compromised areas to facilitate access to eligible children.

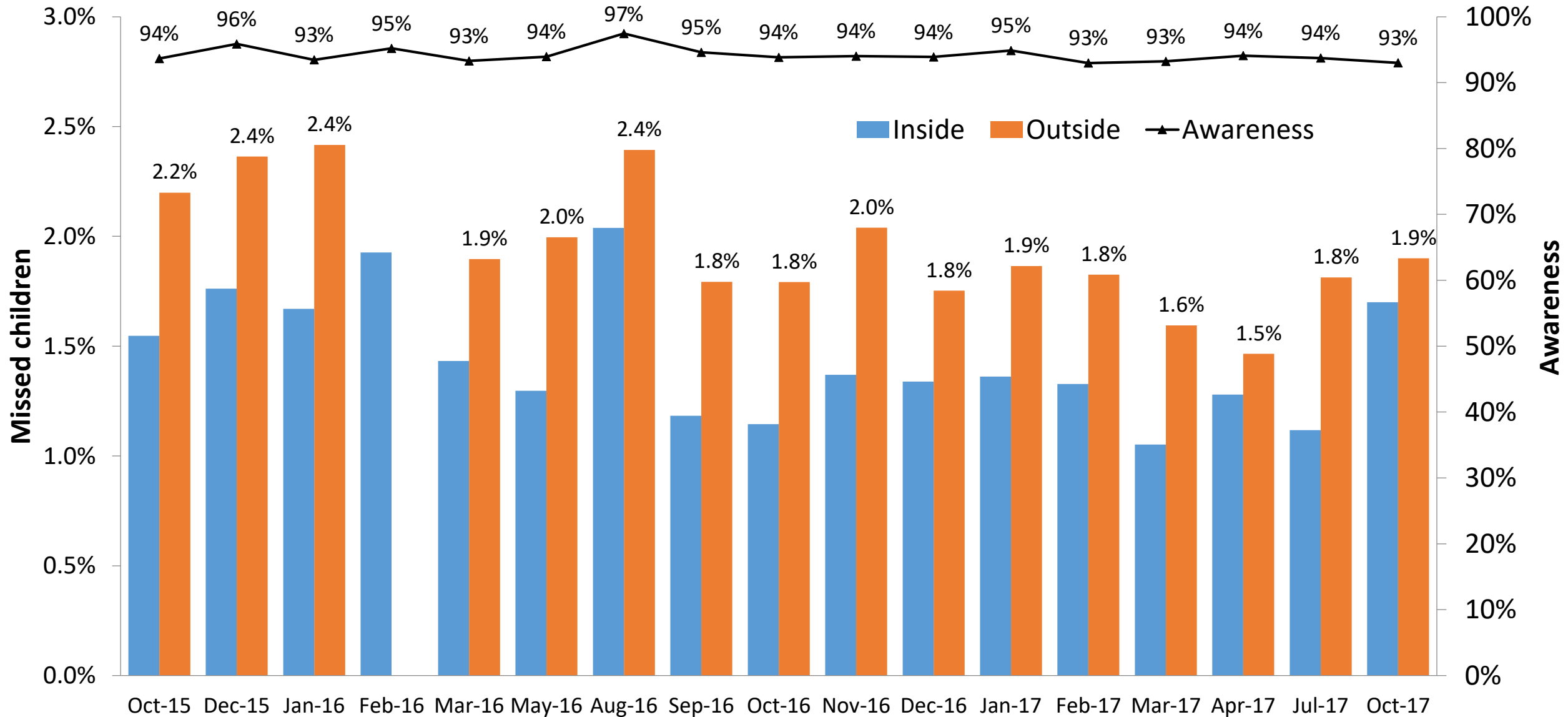


His Eminence Sultan of Sokoto (4th left) led TLs to advocate for political support for EPI to Governor of Nasarawa State 17 Oct.2017

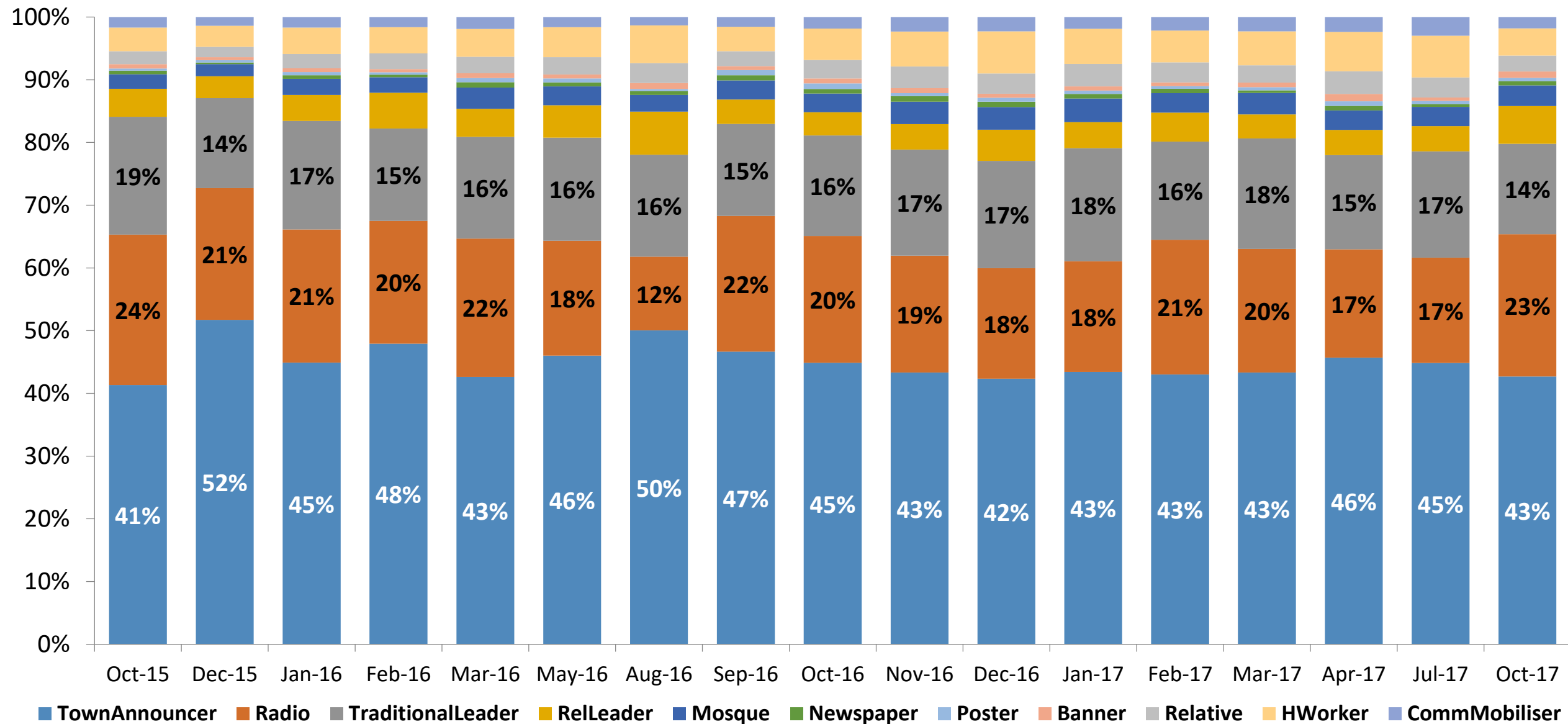


Sultan of Sokoto flags-off July SIPD in Sokoto North LGA: July 2017

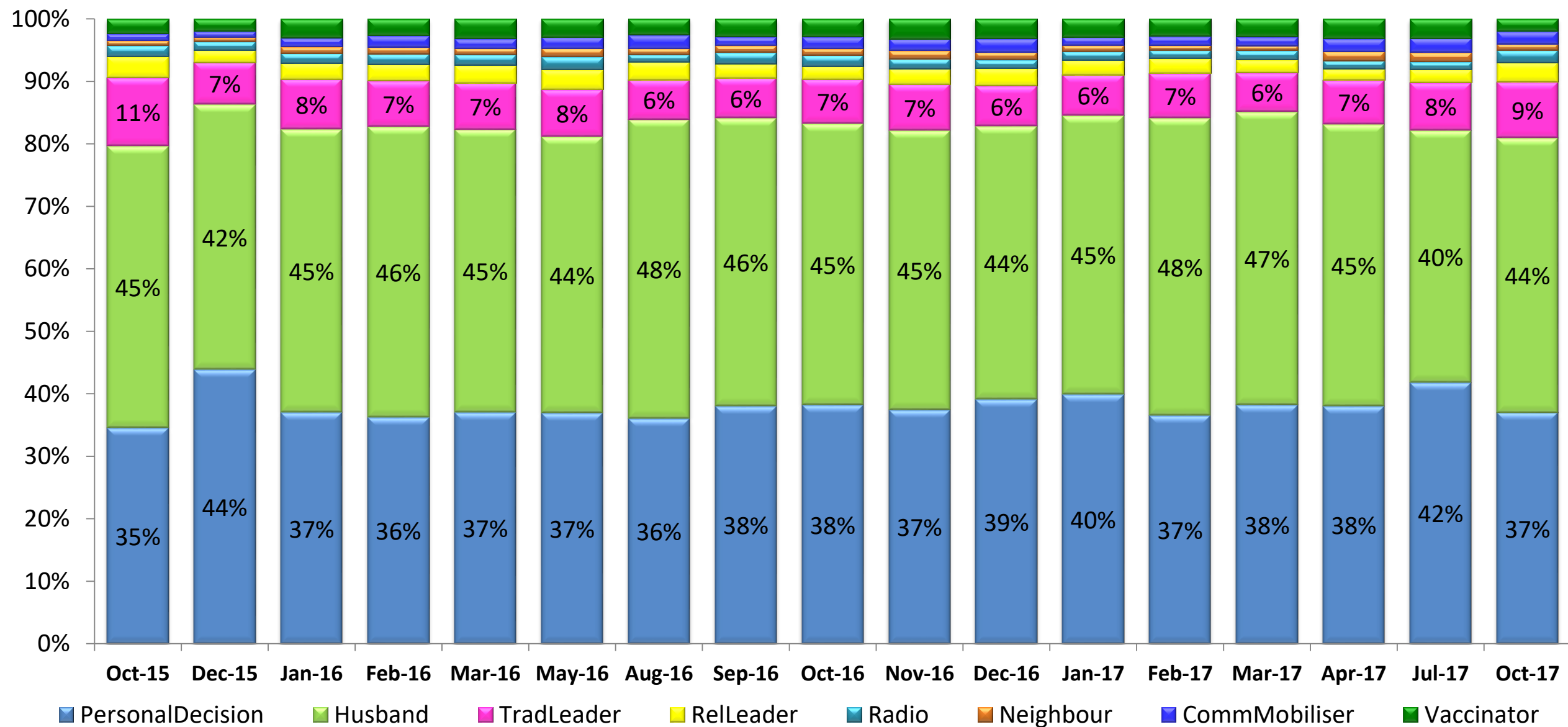
Trends – % missed children & caregivers awareness of IPDs (High Risk states)



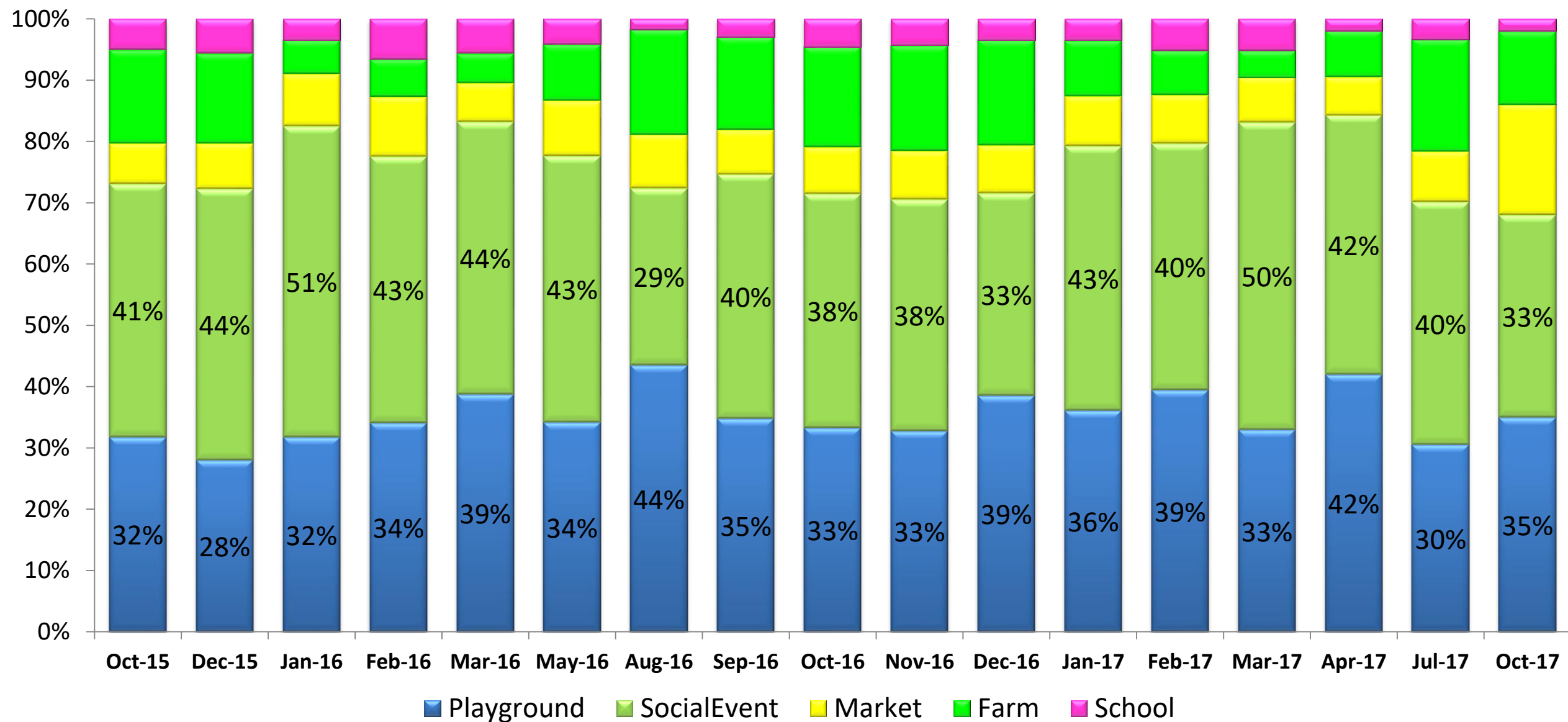
Trends - Sources of information on IPDs (High Risk states)



Trends - Who influenced the decision to vaccinate (High Risk states)?

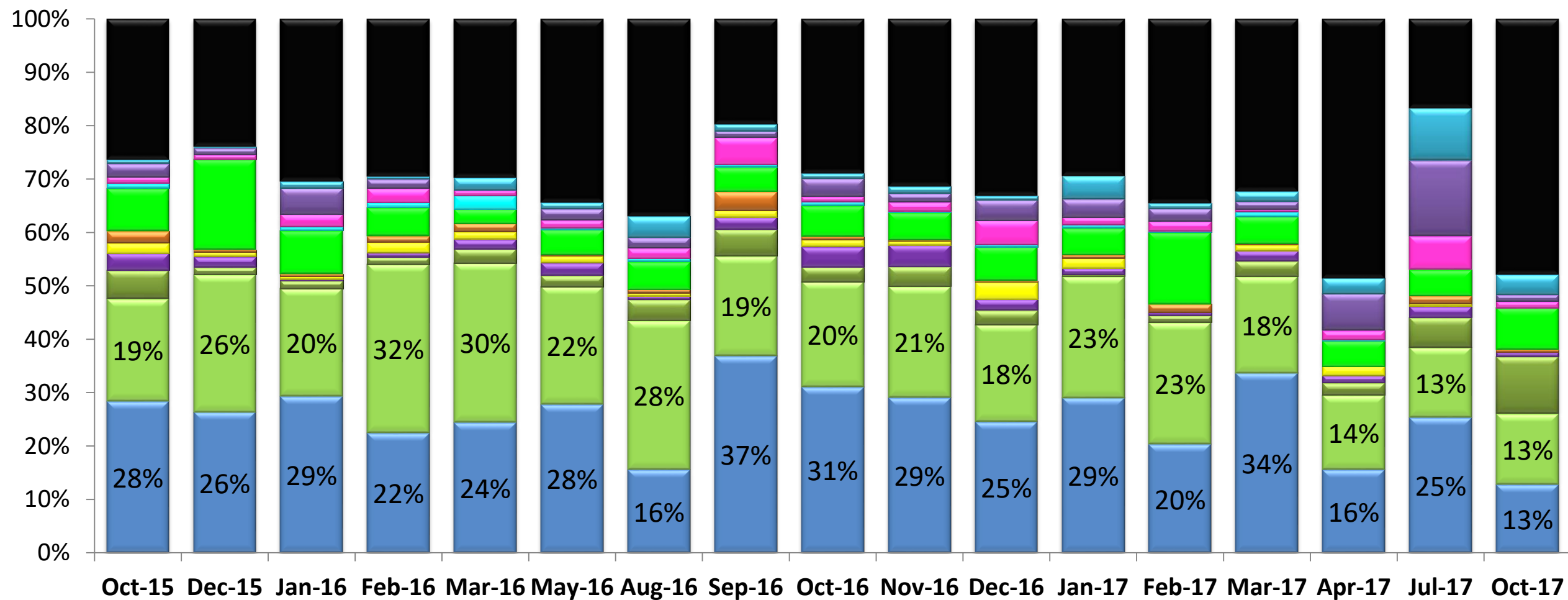


Trends - reasons for child absent (High Risk states)



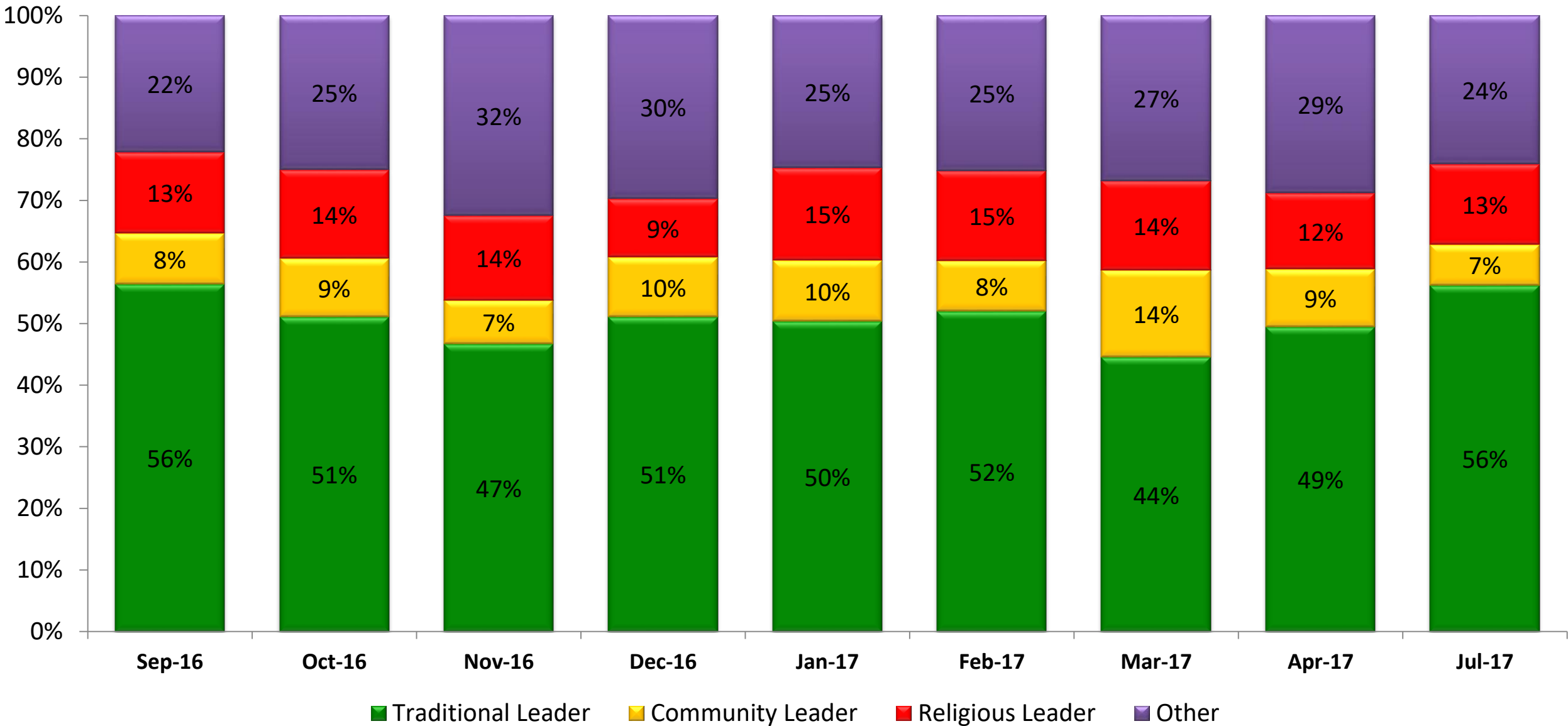
■ Playground
 ■ SocialEvent
 ■ Market
 ■ Farm
 ■ School

Trends - reasons for Non-Compliance (High Risk states)



- ChildSick
- TooManyRounds
- OPVSideEffects
- PoliolsRare
- PolioHasCure
- OtherRemediesAvailable
- ReligiousBelief
- PoliticalDifferences
- UnhappyWithTeam
- NoPlusesGiven
- PoorFacilities
- NoCareGiverConsent

Trends - Non-compliance resolved by different groups during IPDs (High Risk states)



■ Traditional Leader ■ Community Leader ■ Religious Leader ■ Other

Description of Challenges and Mitigation Strategies

SIA

Description of challenges

- Reaching inaccessible children in security compromised areas
- Maintaining high population immunity
- Sustaining resilience
- Anti-vaccination rumors

What we are doing differently

- RES, RIC, special interventions, IDPs vaccinations,
- Profiling of children, Lake Chad priority areas, High Quality SIAs, improving RI services
- PTFoPE & RI, High level advocacy, collaborating with the military
- Continuous engagement with CSOs, Media and TL

Surveillance

- Enhancing surveillance in insecure and secure areas
- Inadequate training and distribution of community informant network

- Healthy children sampling in Borno and other insecure areas,
- Environmental sweep
- Expansion and Training of Community Informant Network

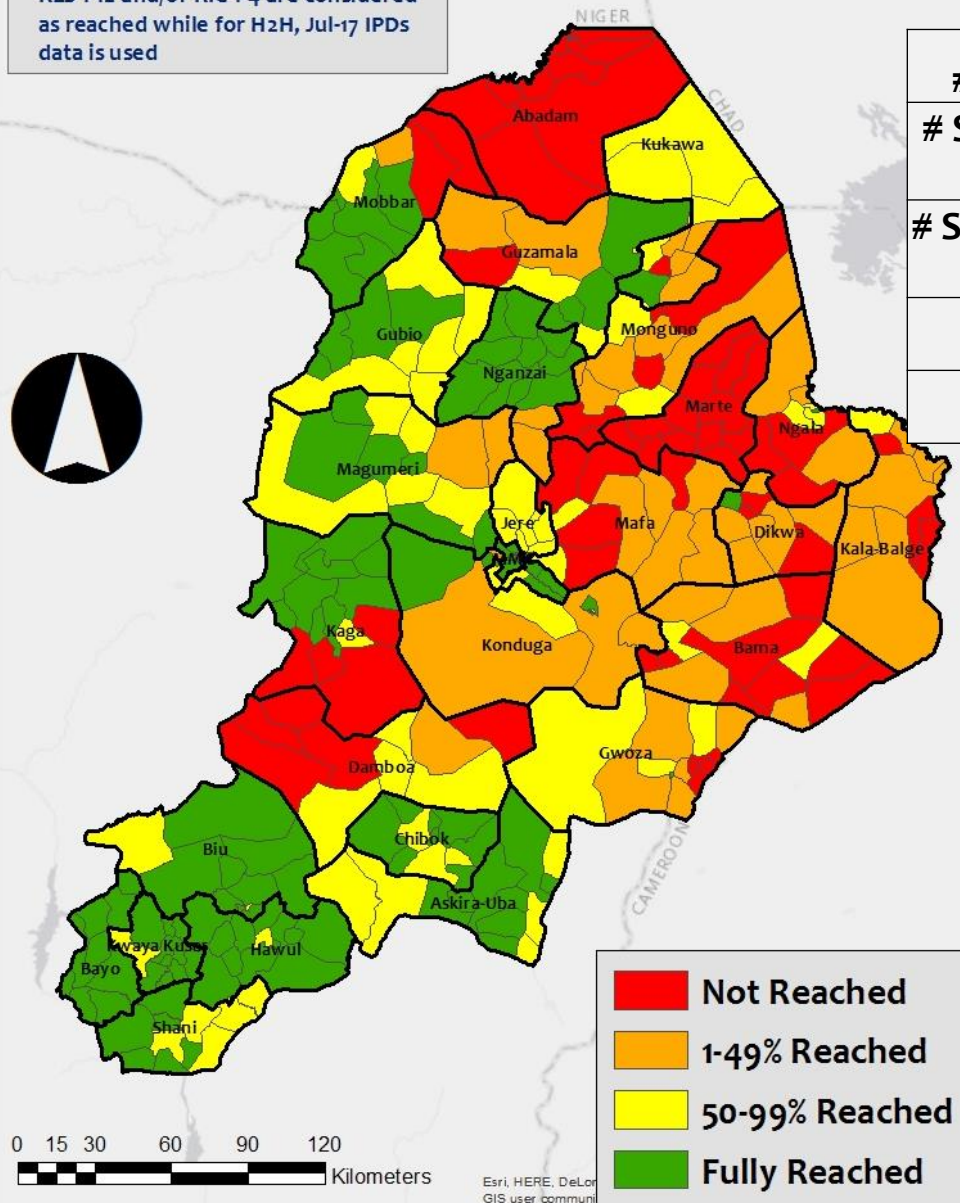
Routine Immunization

- Inadequate coordination and governance
- Sub-optimal demand for services
- Data quality and use for action
- Vaccines and Supplies Accountability

- Establishment of National RI Coordination Centre (NERICC)
- Improved and Increase frequency of RI session
- MOU on data and vaccine accountability
- Institutionalization of real-time data reporting

Proportion of Settlements with one or more contacts by Jul-17 H2H + RES 1-12 & RIC 1-4

Settlements reached at least once by RES 1-12 and/or RIC 1-4 are considered as reached while for H2H, Jul-17 IPDs data is used

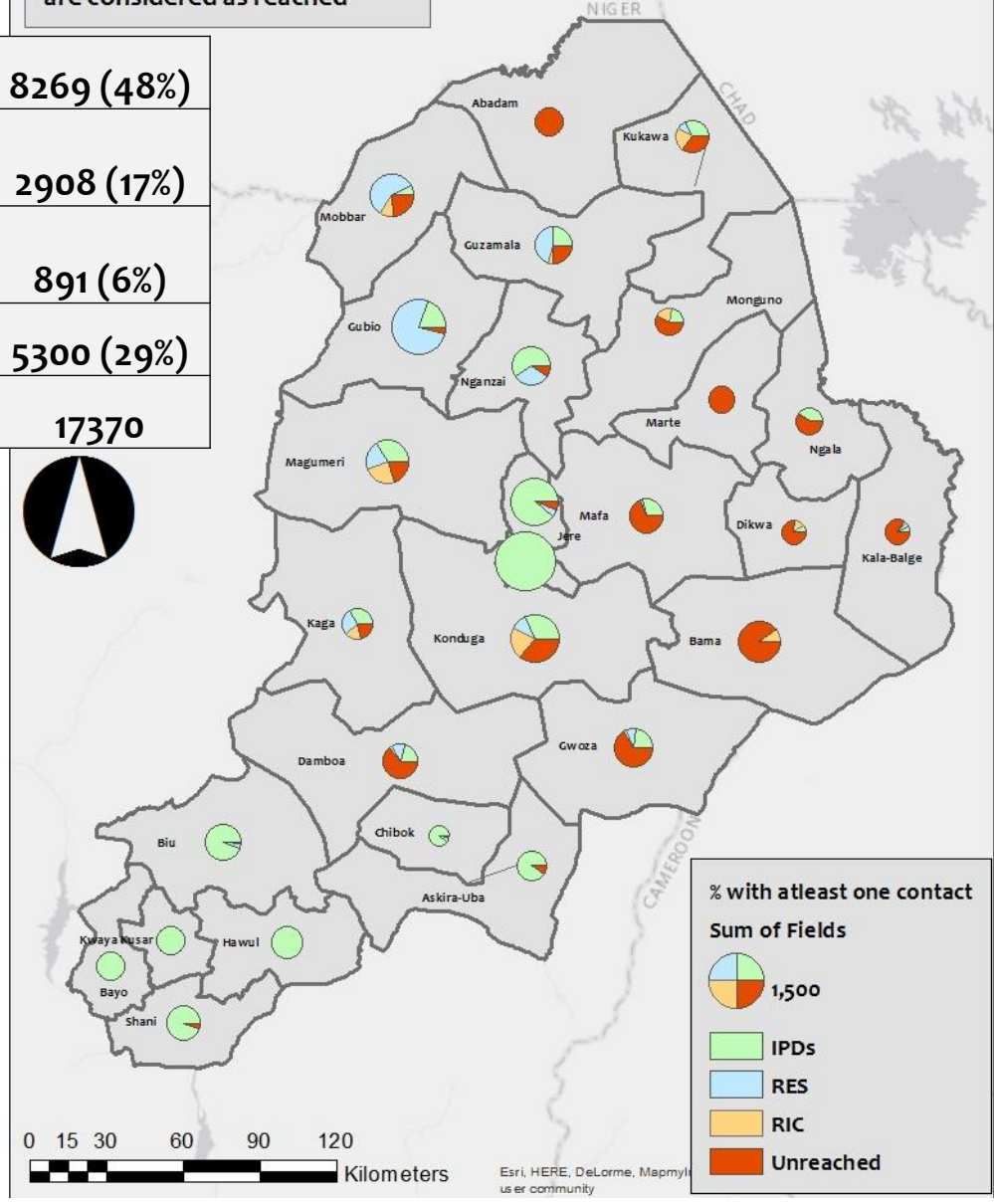


# Settlements reached by H2H	8269 (48%)
# Settlements reached by RES 1-12 at least once	2908 (17%)
# Settlements reached by RIC 1-4 at least once	891 (6%)
# Unreached Settlements	5300 (29%)
Total	17370

- Settlements that are reached at least once by either RES 1-12 or RIC 1-4 are considered as reached settlements
- July H2H data is used to get proportion of settlements reached through the regular strategy
- 71% of settlements reached at least once

Proportion of settlements reached by strategy: July-17 IPDs

Settlements with at least one contact by RES 1-12 or RIC 1-4 are considered as reached



% with atleast one contact
Sum of Fields

1,500

- IPDs
- RES
- RIC
- Unreached