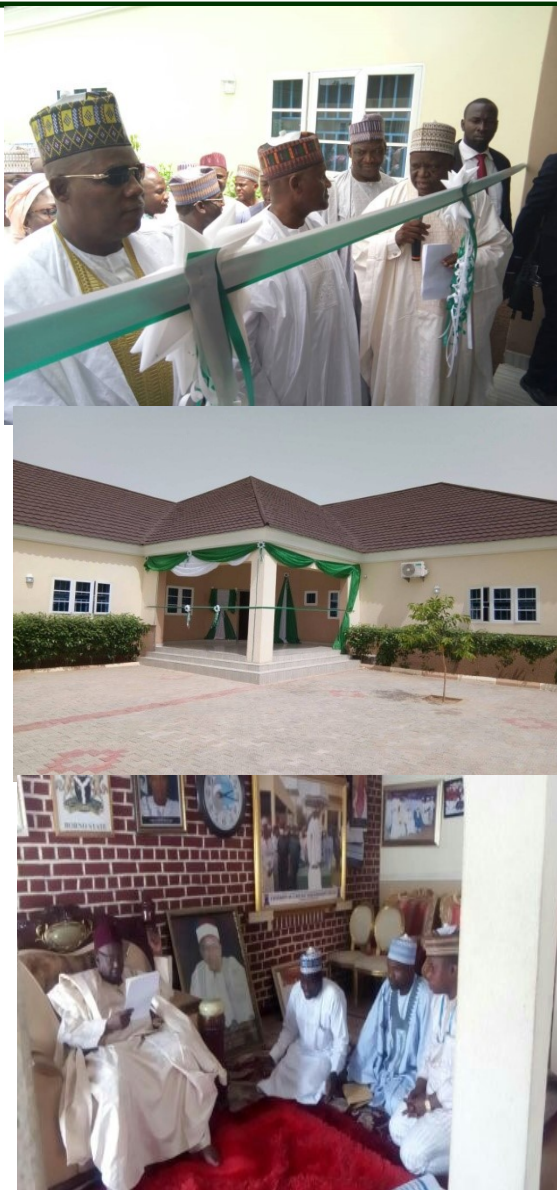




**Aliko Dangote
Foundation**



**BILL & MELINDA
GATES foundation**








Borno State Immunization Program Review

**2018 End Year Immunization
Review Meeting**

November 20, 2018

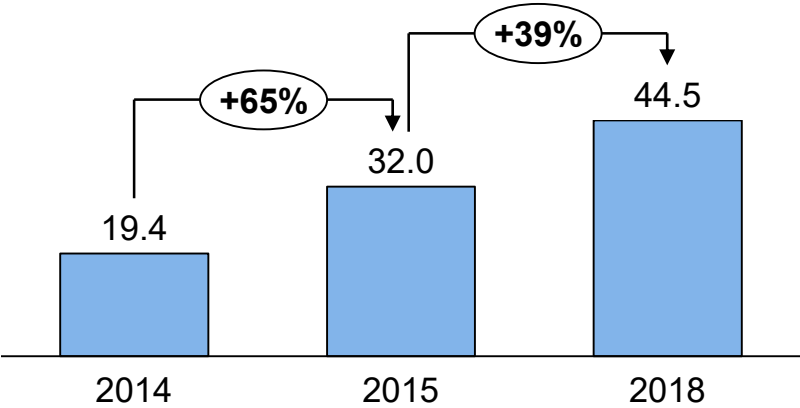
In close partnership with NPHCDA, Borno Emirates Council, WHO, UNICEF, CDC, Rotary, Solina Health, Chigari Foundation, eHealth Africa and Core Group

Milestones

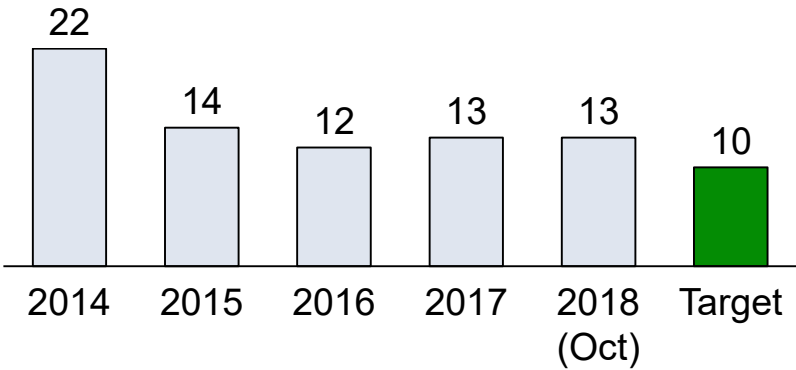
Priorities	Deadline	Status	Comments/next steps
<ul style="list-style-type: none"> Scale up community engagement to improve coverage 	<ul style="list-style-type: none"> Nov 2018 		<ul style="list-style-type: none"> 49% of Bulamas now line-listing; need further advocacy to ensure full participation
<ul style="list-style-type: none"> Expand RI services 	<ul style="list-style-type: none"> Nov 2018 		<ul style="list-style-type: none"> Commenced RI services in 48 additional health facilities Daily RI sessions started in all 24 secondary health facilities RI services expanded to 29 (of 41) wards in 10 partially accessible LGAs
<ul style="list-style-type: none"> Complete human resources assessment to rationalize staff across health facilities 	<ul style="list-style-type: none"> Nov 2018 		<ul style="list-style-type: none"> 87% (2,345 of 2,645) of staff biodata forms have been submitted to the state's staff verification committee
<ul style="list-style-type: none"> Integrate other health services with RI; ensure all humanitarian organizations conduct RI services 	<ul style="list-style-type: none"> Nov 2018 		<ul style="list-style-type: none"> SERICCC has engaged 6 humanitarian agencies through UN OCHA and all 6 have commenced conduct of RI services
<ul style="list-style-type: none"> Use LQAS results to improve the quality of RI service delivery in the state 	<ul style="list-style-type: none"> Nov 2018 		<ul style="list-style-type: none"> 4 rounds of LQAS conducted and LGAs supported to intensify RI activities in wards/settlements with suboptimal performance

Progress against core indicators

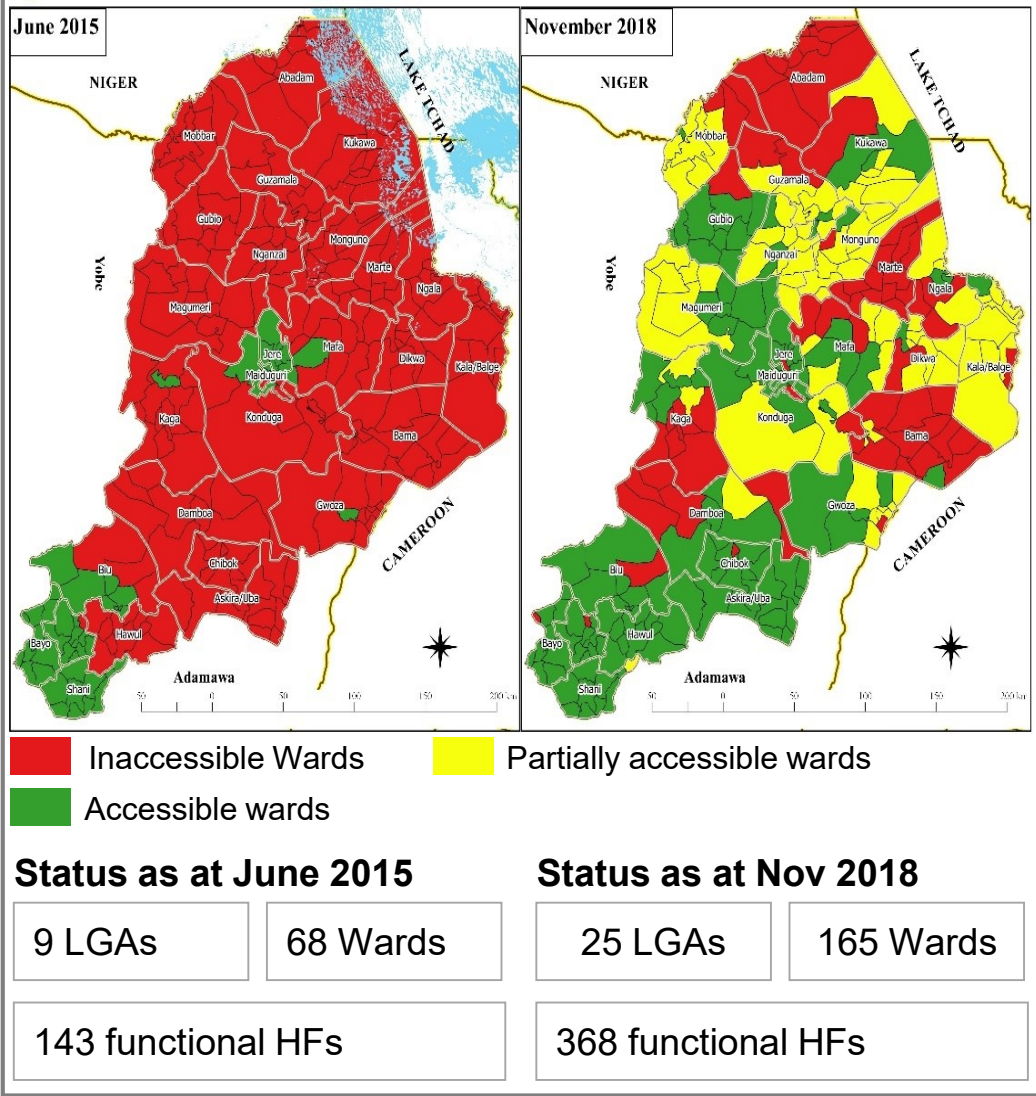
Penta 3 coverage¹ – SMART survey (percent)



Penta1 to Penta3 drop-out rate² (percent)



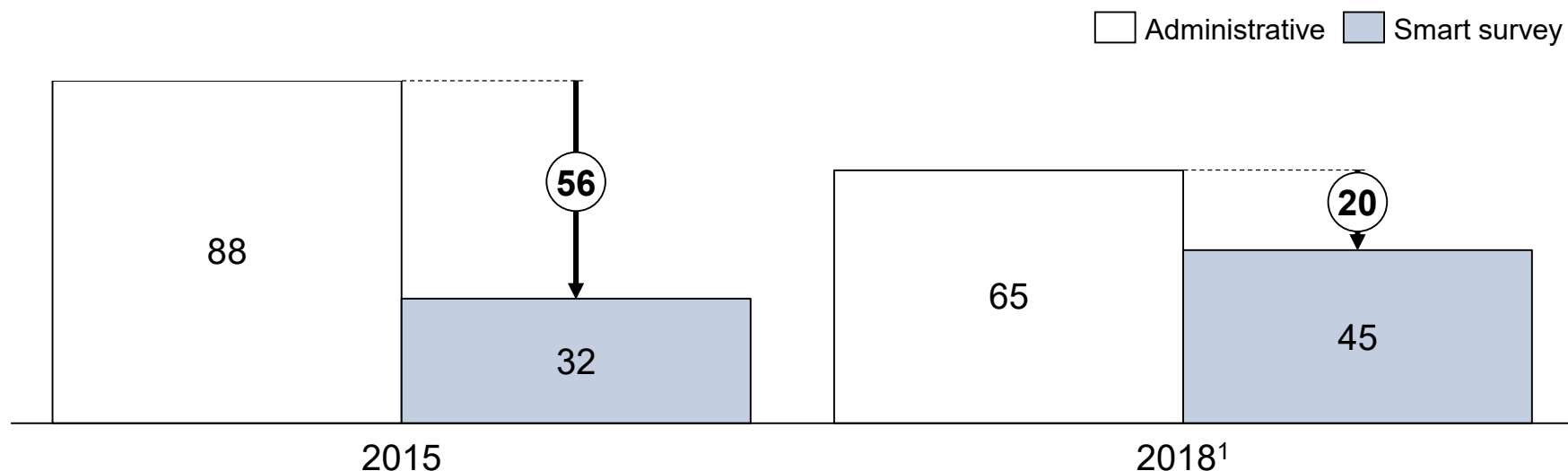
Accessibility by ward in Borno (June 2015 and Nov 2018)



1: Standardized Monitoring and Assessment of Relief and Transitions (SMART survey) 2014, 2015, 2018 2: DVD_MT data for the year 2014-2018, provided by WHO
Source: Borno State health facilities master list (Public and Private)

Program highlights: Data quality

Penta 3 coverage: Comparison of administrative¹ and survey² data (%)



Data quality improvements

- Less inflation of administrative data

Data quality interventions implemented

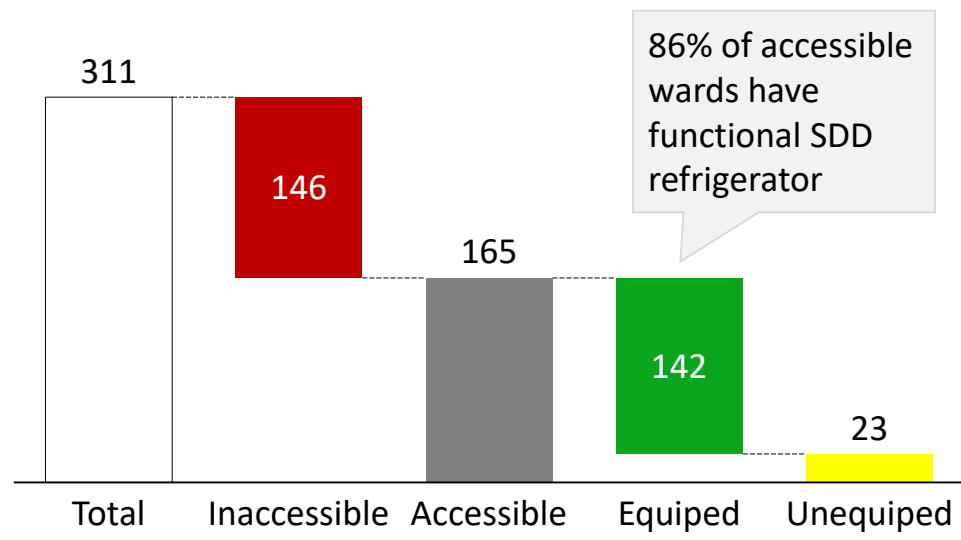
- Conduct of monthly RI data validation and conduct of RISS with focus on improving RI data quality
- Bi annual refresher training on data quality improvement

1. DVD-MT supplied by WHO 2: SMART Survey for year 2014, 2015 and 2018

Source: Borno SPHCDA

Program highlights: Supply chain

SDD saturation (# of wards)



Other key highlights

- The state has transitioned to 100% state led vaccine delivery system
- Implemented vaccine vial retrieval policy for effective vaccine accountability

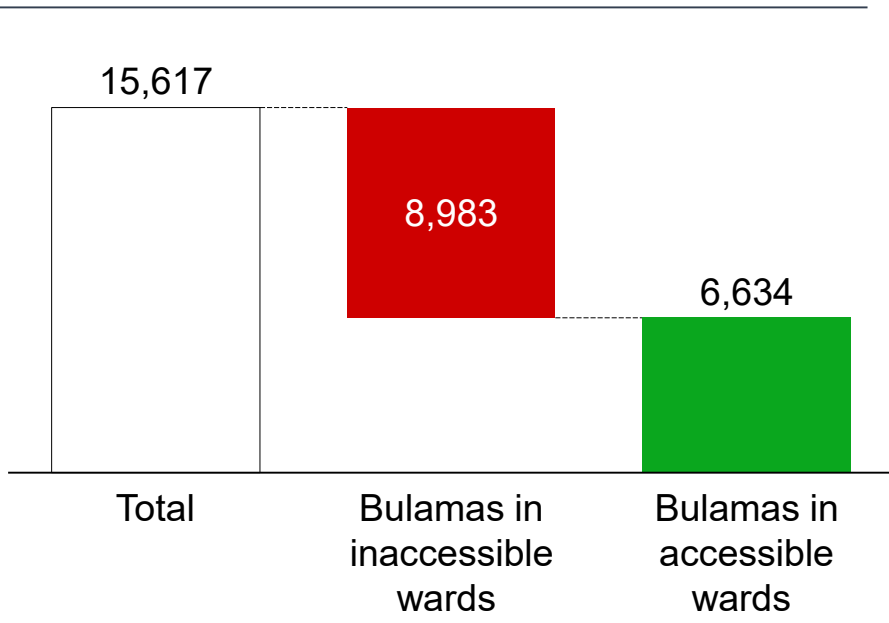
Pictures of the recently burnt down Maternal and Child Hospital in Kukawa LGA



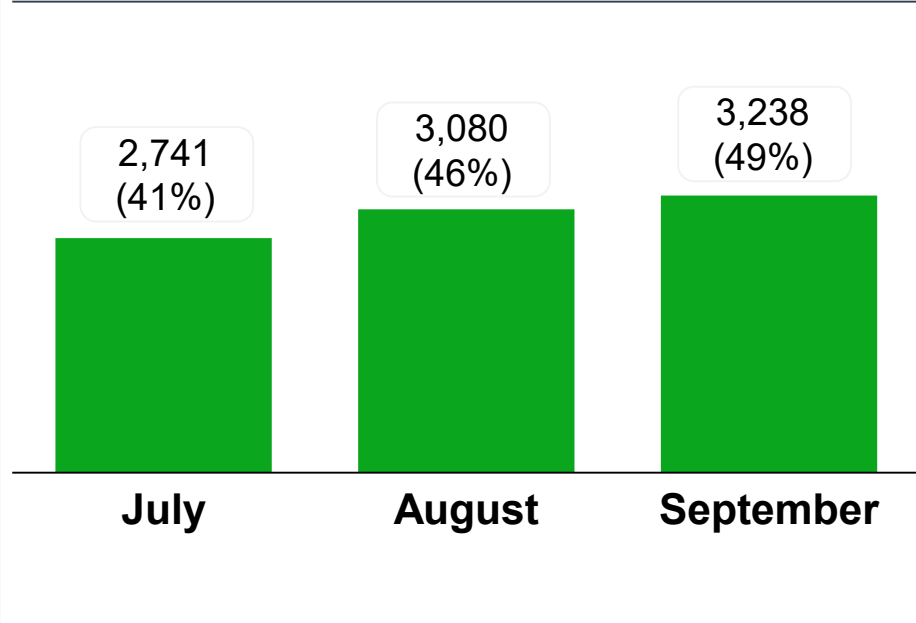
Destruction of health facilities and fluid security condition in parts of the state have limited ability to install SDD refrigerators

Program highlights: Community engagement

Distribution of Bulamas between accessible and inaccessible wards in Borno state



Proportion of Bulamas line-listing eligible children in their communities, July - Sep 2018



Major challenges and what is being done

- Bulamas requesting for stipends
 - Advocacy to BoECCOH to reiterate “no stipends” policy and mandate all Bulamas to do a line list
- Not enough technical support from LGA/partners to Bulamas to line list and reconcile at health facility:
 - Health programs to provide DHs and BoECCOH with score card of ward heads
 - Map LGA/partner staff to Bulamas in the community to support community engagement activity

Program highlights: Using LQAS-RI to improve quality

State	LGA	Q4-2017	Q1-2018	Q2-2018	Q3-2018
Borno	Askira/Uba	36	8	18	40
Borno	Bama		19	21	49
Borno	Bayo	43	45	28	21
Borno	Biu	39	21	29	31
Borno	Chibok	14	6	29	8
Borno	Damboa	57	54	28	42
Borno	Dikwa	60	38	19	24
Borno	Gubio	51	45	59	36
Borno	Guzamala	45	58	28	59
Borno	Gwoza	42		10	11
Borno	Hawul	44	16	11	22
Borno	Jere	45	34	43	33
Borno	Kaga	57	51	57	44
Borno	Kala/Balge		59	33	11
Borno	Konduga	22	42	28	48
Borno	Kukawa	55	32	40	35
Borno	Kwaya kusar	43	21	29	22
Borno	Mafa	45	45	6	12
Borno	Magumeri	59	53	4	27
Borno	Maiduguri	40	32	46	36
Borno	Mobbar	49	42	44	57
Borno	Monguno	53	58	43	33
Borno	Ngala	46	31	20	27
Borno	Nganzai	60	35	60	28
Borno	Shani	20	40	36	24
		Q4-2017	Q1-2018	Q2-2018	Q3-2018
	<i>LGAs surveyed</i>	23	24	25	25
	<i>>=80%</i>	0	2	2	1
	<i>50 - 79.9%</i>	3	7	13	12
	<i>25 - 49.9%</i>	15	12	7	10
	<i>< 25%</i>	5	3	3	2

Major reasons for non-vaccination

Demand side

- Caregiver unable to take child to the health facility for immunization
- Caregiver unaware of immunization schedule

Supply side

- Health workers not present at service points/health facilities
- No stock of vaccines at service points/health facilities

Measures taken to improve quality of RI

- Strengthen community engagement to create awareness and sensitize caregivers
- Training of frontline health workers on RI service delivery and interpersonal communication skills

Program highlights: deliver RI to children in partially accessible areas

Target: 3,907 settlements

RI expansion pilot as at October, 2018 (*Number of settlements*)

Partially accessible settlements (in pilot)

507

Reached settlements

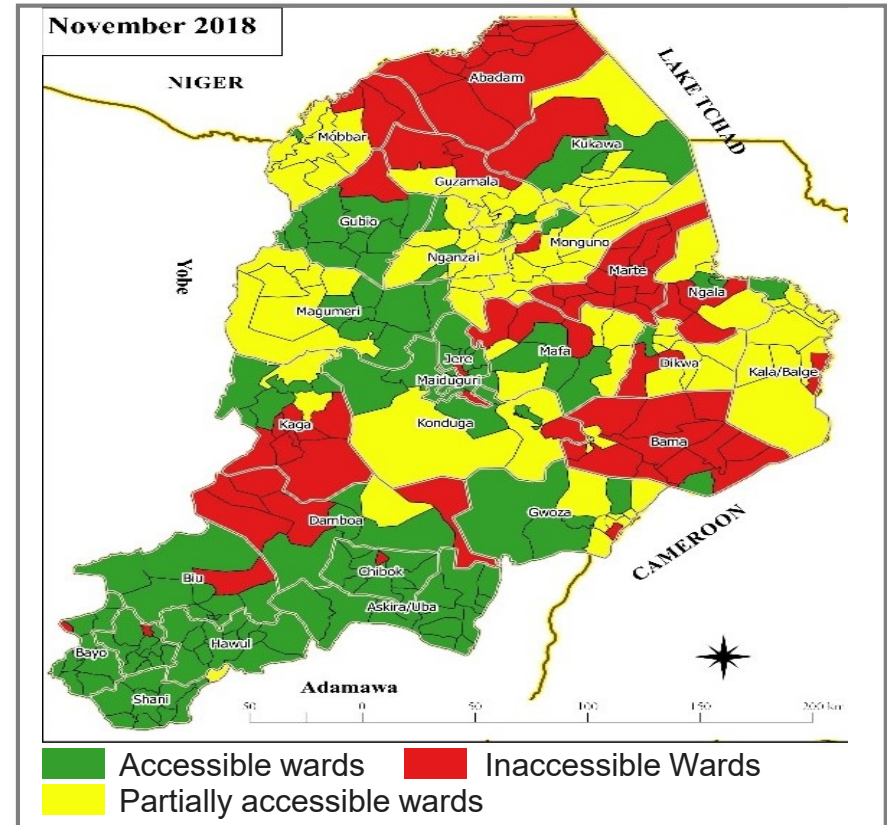
258
(51%)

Unreached settlements

249
(49%)

Borno will scale up the pilot and increase target to 3,907 partially accessible settlements

Accessibility by ward in Borno (Nov 2018)



Details of strategy and children reached

Mobile strategy

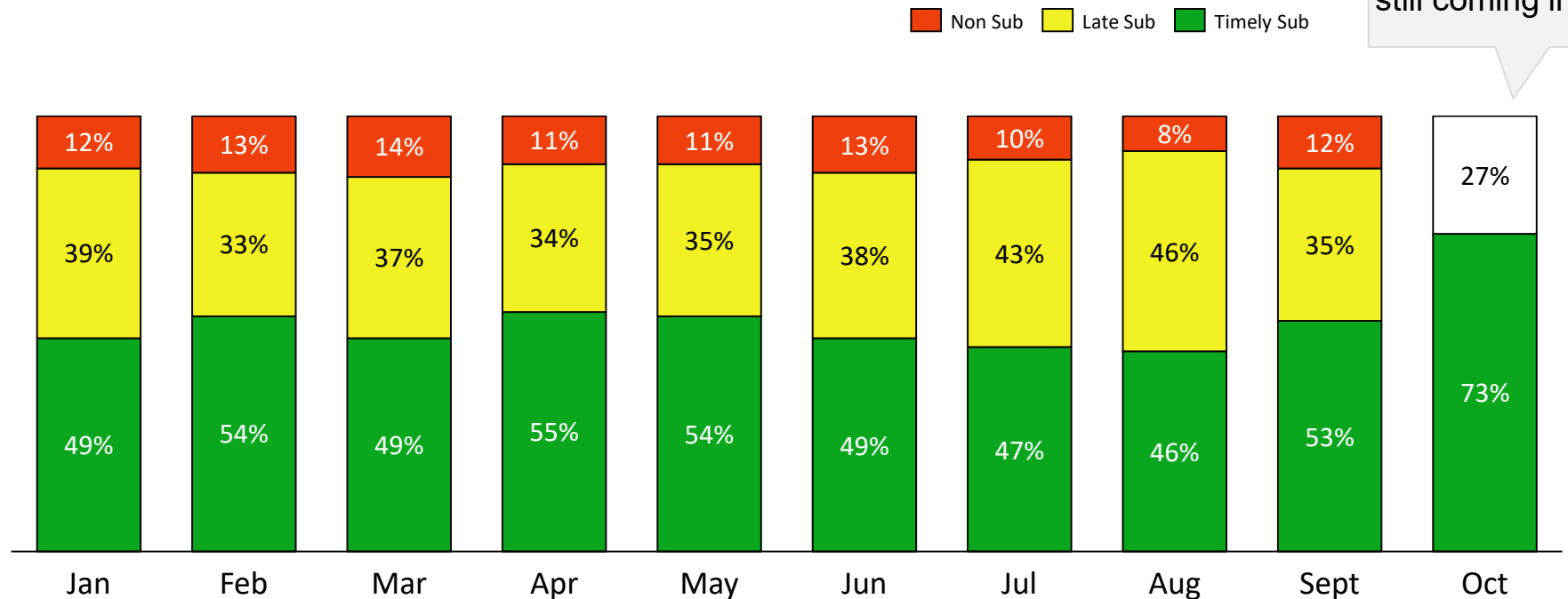
- Teams move from one settlement to another to provide RI services
- 4 rounds conducted in 2018 so far
- Average of 10,566 children vaccinated per round

Integrated fixed post strategy

- Team conducts RI in a cluster of settlements
- 1 round conducted so far
- 8,862 children vaccinated

Financial update

Health facilities retiring RI funds on time from Jan – Oct 2018 (Percent)



Average number of health facilities

240

Average number of outreach sessions conducted

820

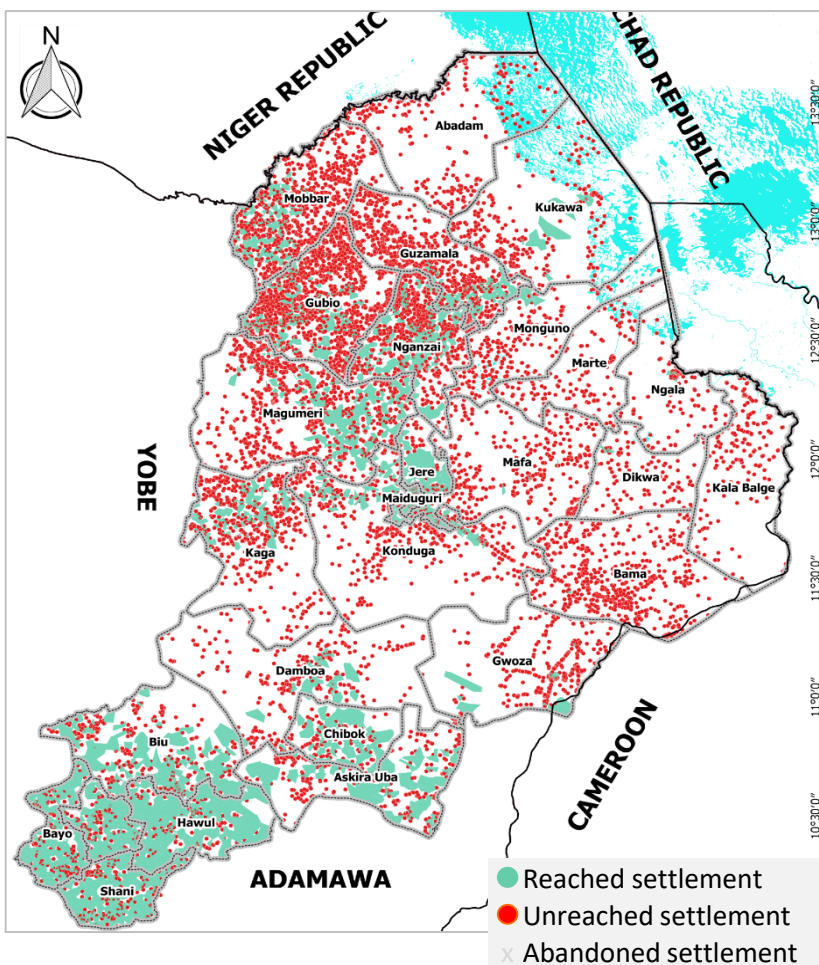
What is currently being done to improve early retirement rate:

- State plans to ensure health workers who do not conduct funded RI services as planned refund disbursed funds
- Intensify spot check visits to validate retirements and monitor submissions at all levels

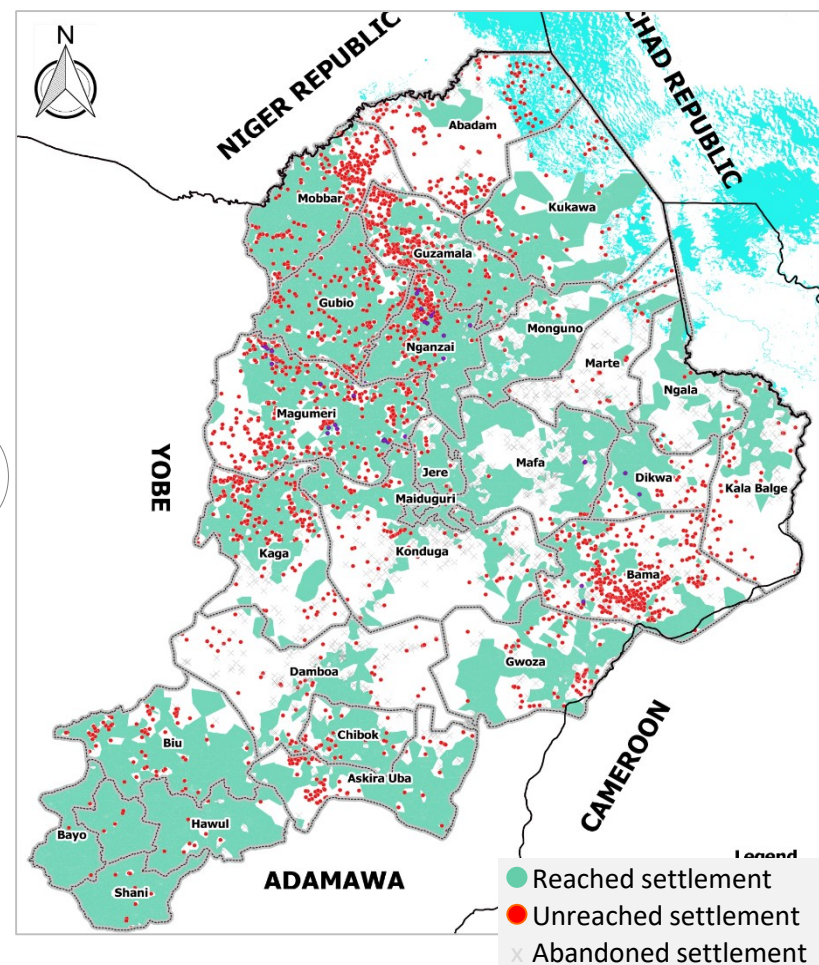
No wild polio virus reported in 25 months

Major success linked to progress in reaching previously unreachable settlements

Vaccination reach - December 2016

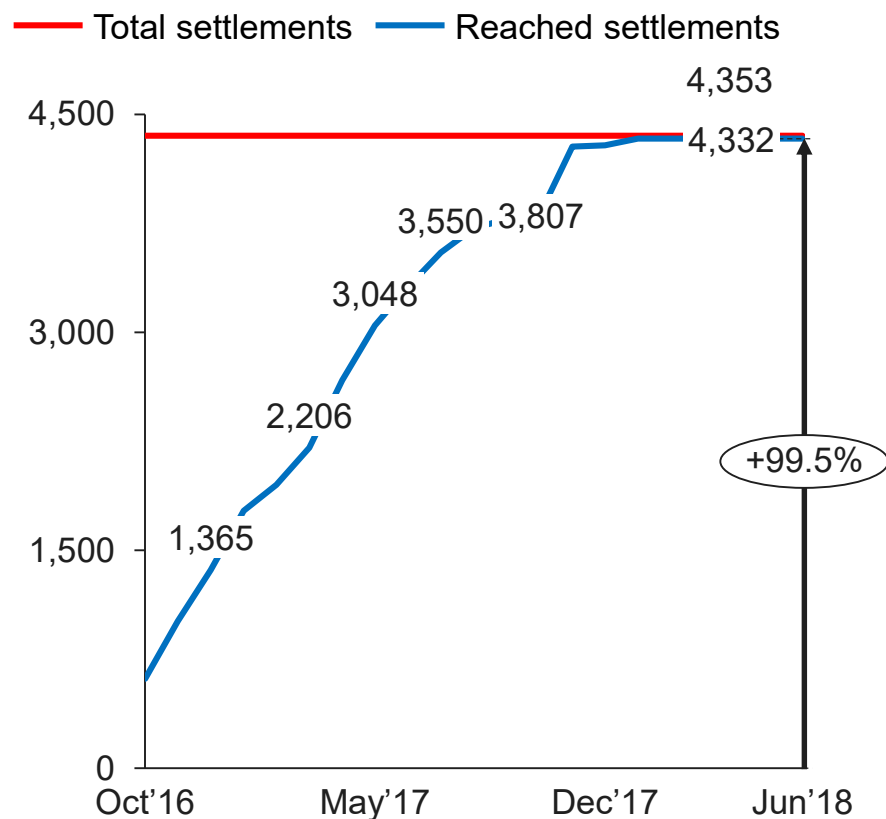


Vaccination reach – September 2018

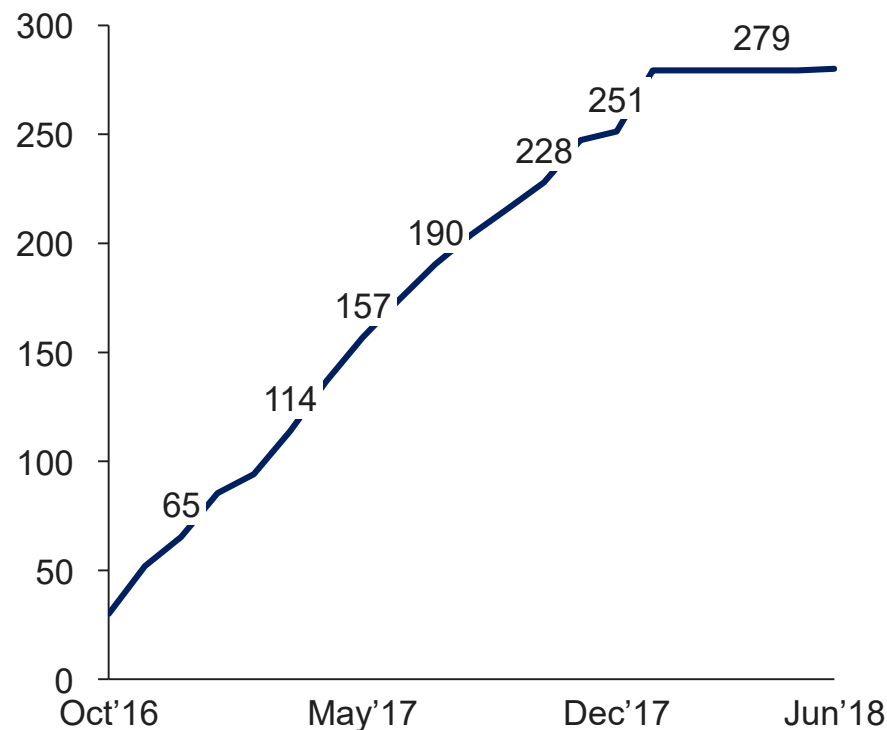


99% of **partially accessible settlements** reached with ~280,000 children vaccinated for Polio

Partially accessible settlements reached through the RES¹ program (Number of settlements)



Unique children vaccinated with OPV on the RES program across Borno state ('000)

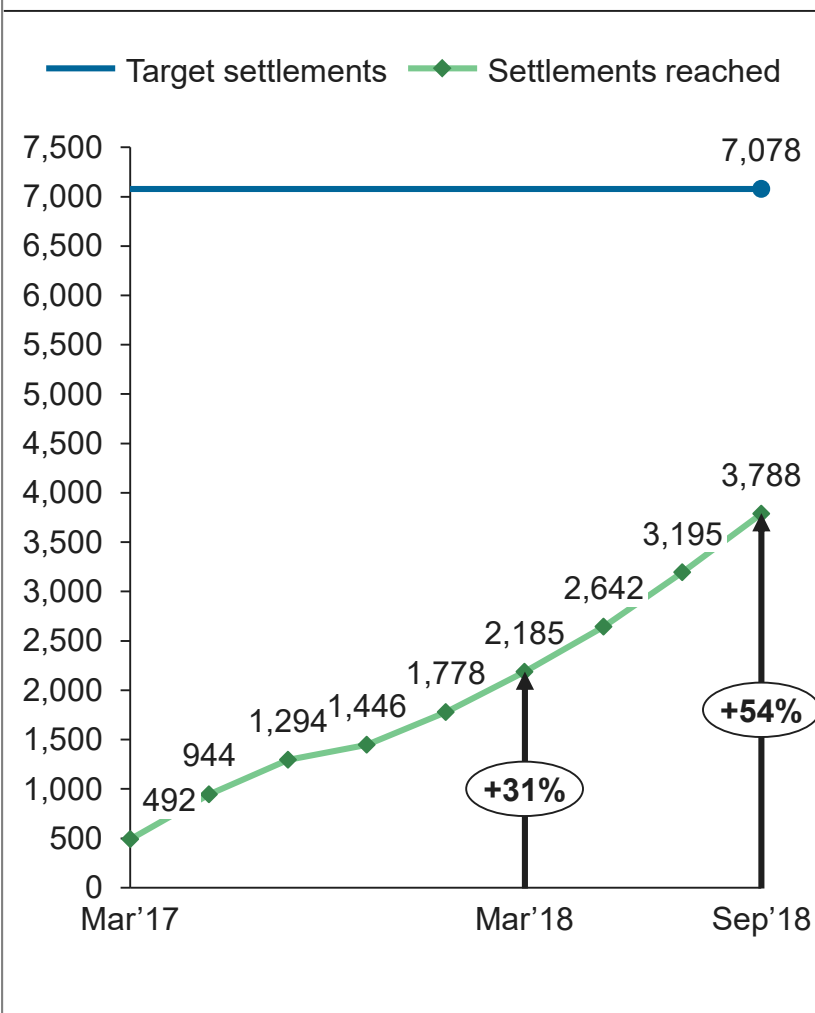


1. Reaching Every Settlement (RES) program initiated by the Borno SPHCDA

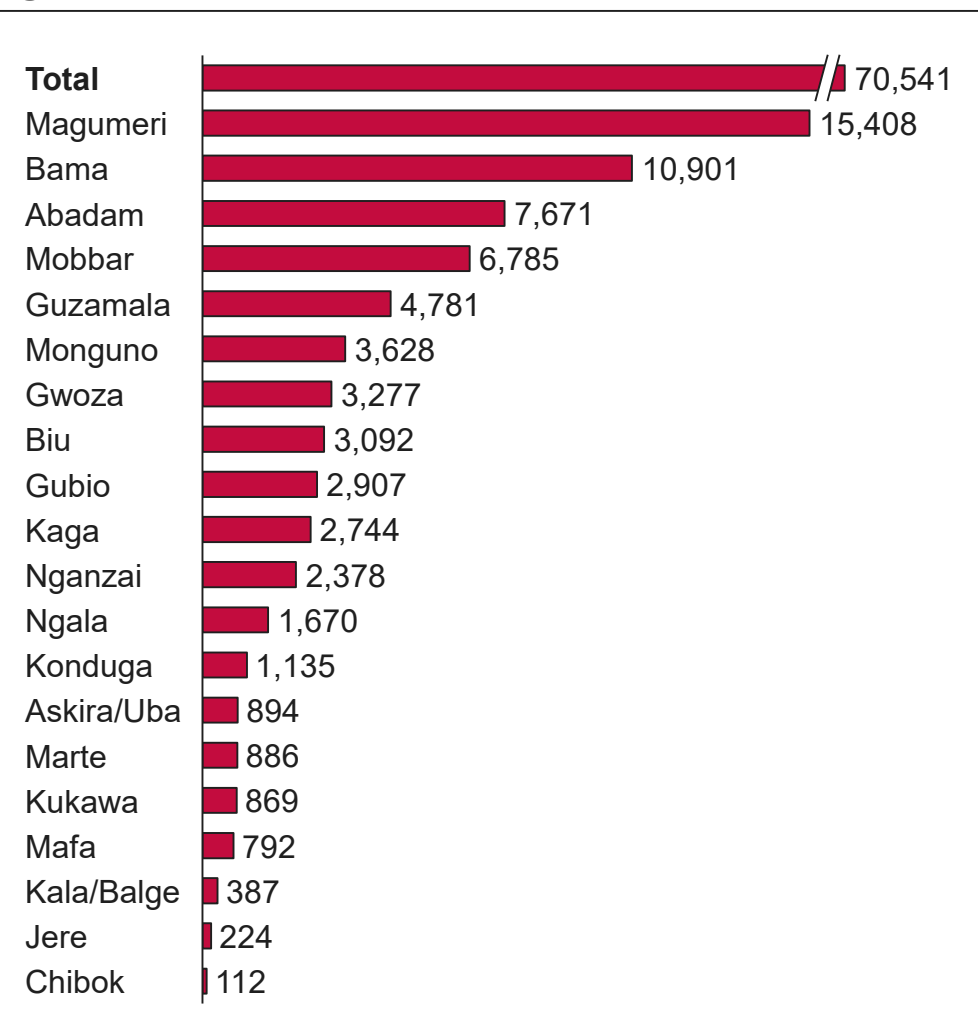
Source: Tally sheet, Borno EOC Data team analysis

54% of inaccessible settlements reached but 70,541 children remain unreachable

Overview of settlements reached through the RIC initiative in Borno as @October 2018

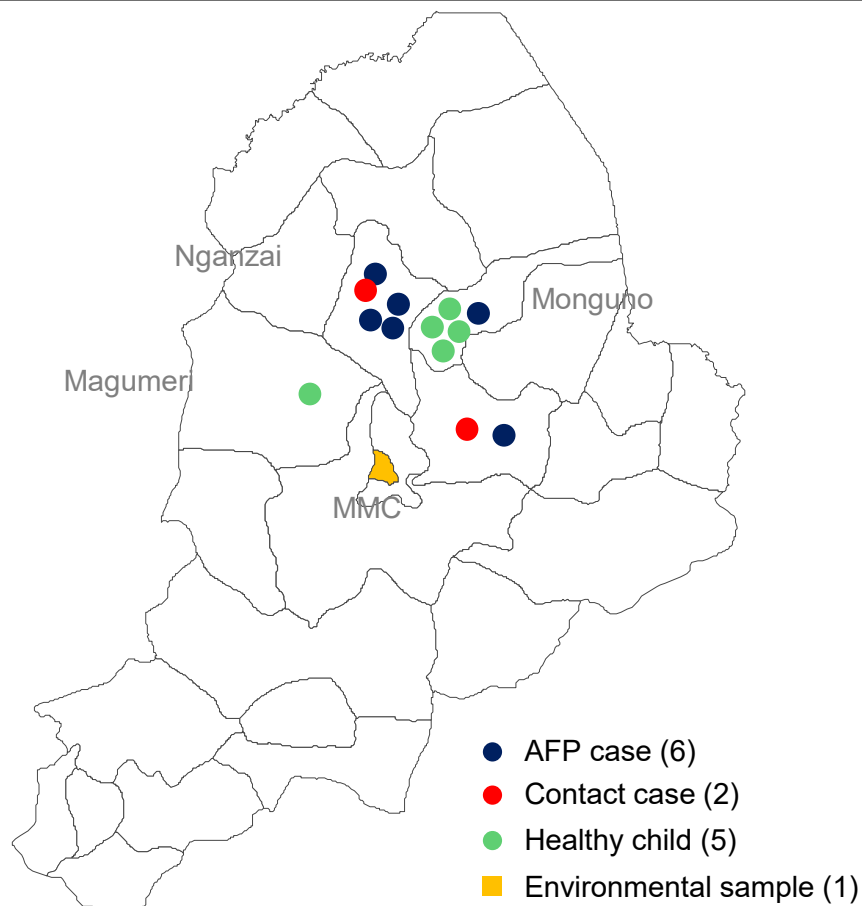


Breakdown of currently unreachable population as @ October, 2018 (Number of children)

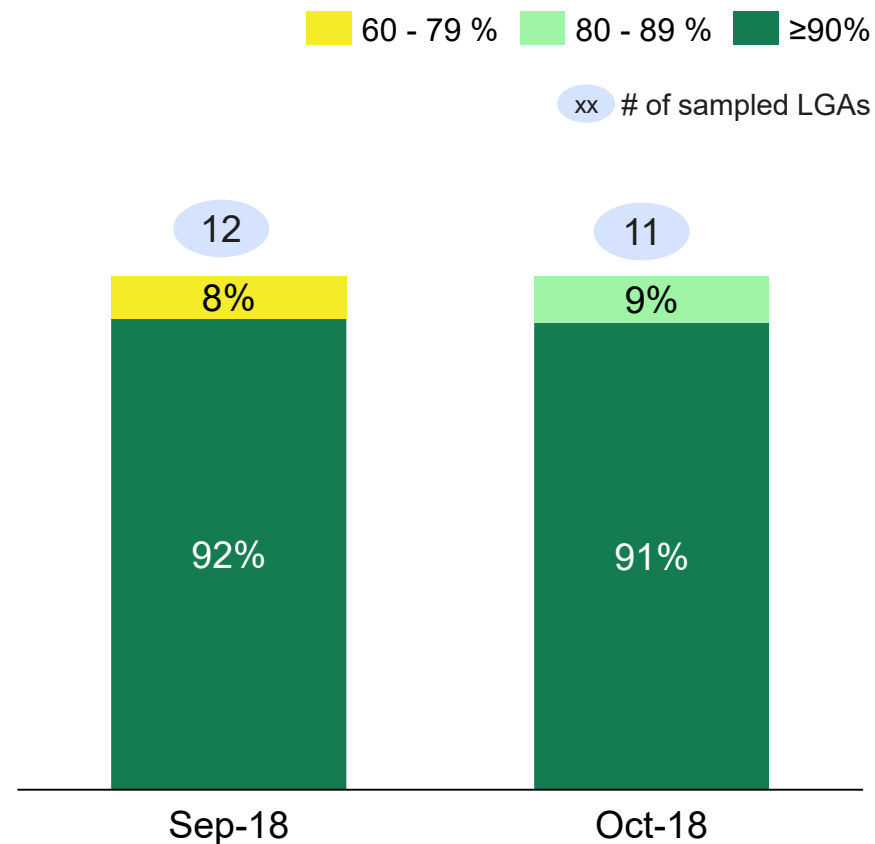


!Urgent Priority is to Stop the current cVDPV2 outbreak

Distribution of all positive cVDPV2 cases in Borno as at November 2018

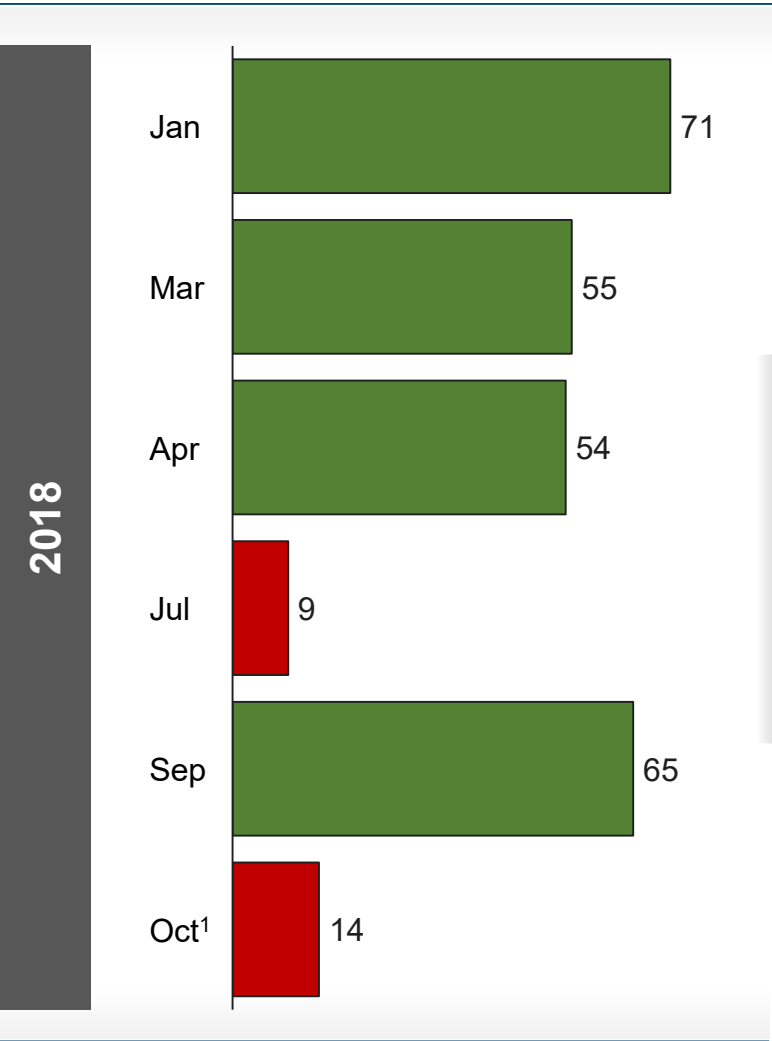


LQAS results for outbreak response campaigns in September and October 2018

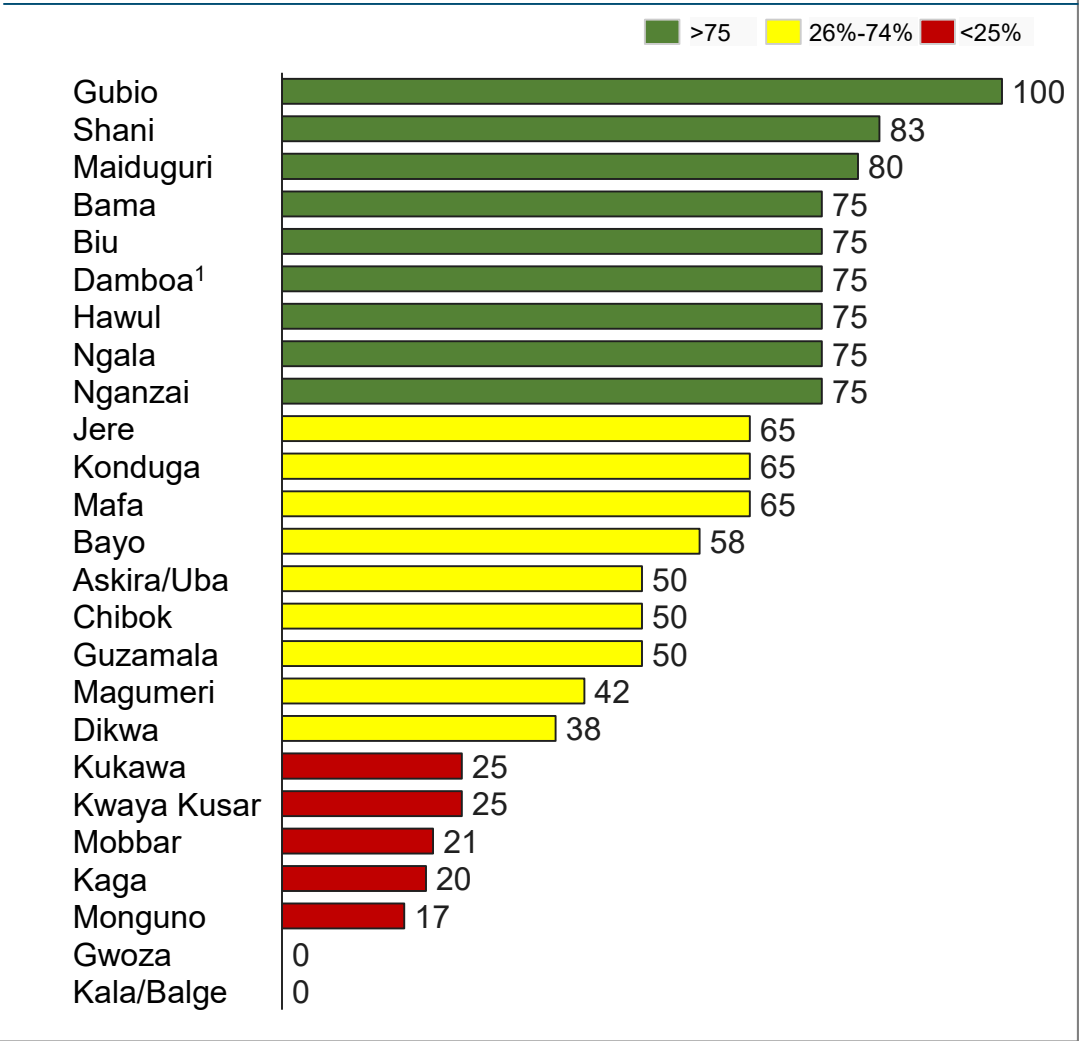


LGA Chairmen participation in polio fight still sub-optimal

% of evening review meetings attended by LGA Chairmen (percent)



Attendance of LGA chairmen for evening review meetings (percent of meetings)



1: Although LGA chairmen were inaugurated in October, only LGA secretaries attended across LGAs as all LGA chairmen were out of state

Source: IPD intra-campaign dashboard

Top Priorities for Dec 2018 – July 2019

MOU milestone	Target
<ul style="list-style-type: none"> ▪ Sustain and improve expansion of RI service delivery in the security compromised settlements 	<ul style="list-style-type: none"> ▪ At least 25% increase in the proportion of settlements in partially accessible areas on mainland and islands reached per quarter
<ul style="list-style-type: none"> ▪ Improve participation and ownership of CE strategy traditional leaders with improves support form the LGA and partner staff 	<ul style="list-style-type: none"> ▪ >90% of bulamas line-listing and attending reconciliation meeting ▪ >90% defaulter tracked and referred to health facilities to recommence RI
<ul style="list-style-type: none"> ▪ Finalize PHC staff rationalization and assessment of HR gap across the LGAs in the state 	<ul style="list-style-type: none"> ▪ Ensure all PHC staff evenly rationalized to all health facilities in the LGAs in the State
<ul style="list-style-type: none"> ▪ Borno is polio-free 	<ul style="list-style-type: none"> ▪ cVDPV transmission interrupted by end of the year ▪ All 70,541 unreachable children reached before rainy season of 2019

Our Prayers

Borno State Government

- Include update on reaching trapped 70,541 children as a standing order of security council meetings
 - Fast track completion of the PHC staff bio-metric capturing and formalize physical transfer of staff to SPHCDA
 - Relax embargo on recruitment of staff to allow Borno SPHCDA recruit technical staff to manage it's programs
-

Borno State Emirates Council

- Emphasize and enforce “no stipend policy” to drive up Bulamas participation in the strategy
 - Mandate and ensure Bulamas line lists every child in the community, attend reconciliation meeting and refer all defaulters to recommence immunization
-

Development Partners

- Consider expansion of the RI-MoU to include key PHC programs such as MNCH, Nutrition and adolescent health care
- Consider a proposal from the Borno SPHCDA on upgrade and renovation of destroyed health facilities by insurgents