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# Sokoto State Routine Immunization Program Review

**2018 End of Year Review**

November 19, 2018







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*In close partnership with NPHCDA, BMGF, Aliko Dangote foundation, USAID, MCSP, Solina, Chigari Foundation, EU-SIGN, UNICEF, WHO, CDC - NSTOP - AFENET, Rotary International, SOML, eHealth*

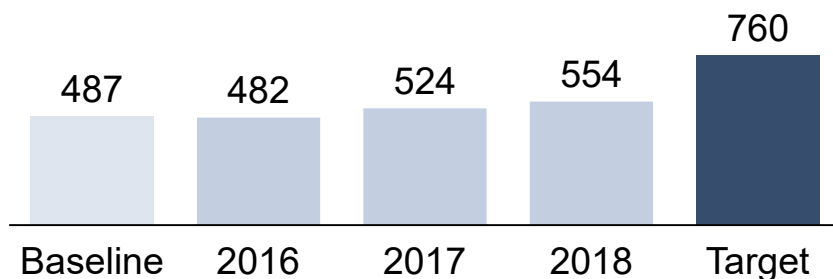
# Milestones

■ Done ■ Ongoing

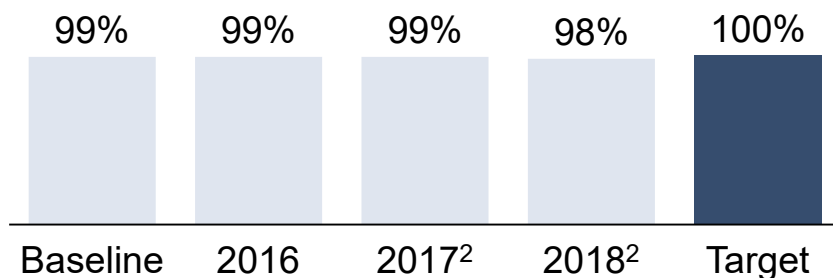
Priorities	Deadline	Status	Comments/next steps
<ul style="list-style-type: none"> <li>State wide implementation of revised community engagement strategy</li> </ul>	<ul style="list-style-type: none"> <li>Jan. 2018</li> </ul>		<ul style="list-style-type: none"> <li>Mai'unguwas in all 86 districts have been engaged to identify, line-list and track under 1s for immunization</li> </ul>
<ul style="list-style-type: none"> <li>2019 RI workplan finalized and approved</li> </ul>	<ul style="list-style-type: none"> <li>Nov. 2018</li> </ul>		<ul style="list-style-type: none"> <li>State 2019 RI workplan is being developed; to be finalized by November 30, 2018</li> </ul>
<ul style="list-style-type: none"> <li>100% ward level CCE saturation with all installed solar refrigerators covered by preventive maintenance plan</li> </ul>	<ul style="list-style-type: none"> <li>Dec. 2018</li> </ul>		<ul style="list-style-type: none"> <li>92% of wards have functional solar refrigerators following installation of 38 units of SoML procured SDD refrigerators</li> </ul>
<ul style="list-style-type: none"> <li>Establishment of at least one PHC to conduct RI services in all 244 wards</li> </ul>	<ul style="list-style-type: none"> <li>Dec. 2018</li> </ul>		<ul style="list-style-type: none"> <li>239 of 244 wards have PHCs. Govt has identified and is renovating structures in outstanding wards</li> </ul>
<ul style="list-style-type: none"> <li>Conduct all state task force on immunization meetings between January and December, 2018</li> </ul>	<ul style="list-style-type: none"> <li>Dec. 2018</li> </ul>		<ul style="list-style-type: none"> <li>All scheduled STFI meetings in 2018 conducted</li> </ul>
<ul style="list-style-type: none"> <li>Conduct of quarterly LQAS-RI survey and use of data to improve RI program</li> </ul>	<ul style="list-style-type: none"> <li>Dec. 2018</li> </ul>		<ul style="list-style-type: none"> <li>3 LQAS-RI survey rounds have been conducted and mitigation plans developed</li> </ul>

# Progress against core indicators

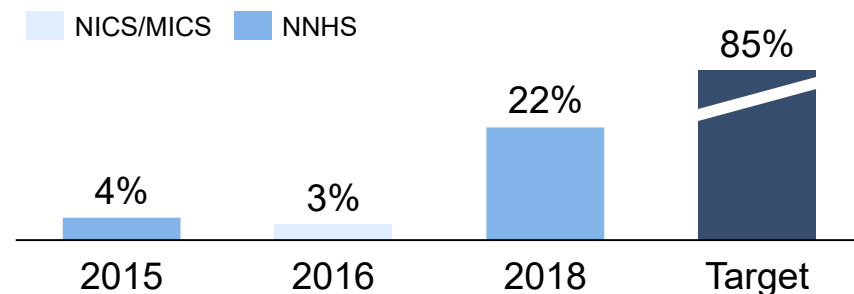
**A** Number of health facilities<sup>1</sup> providing RI (#)



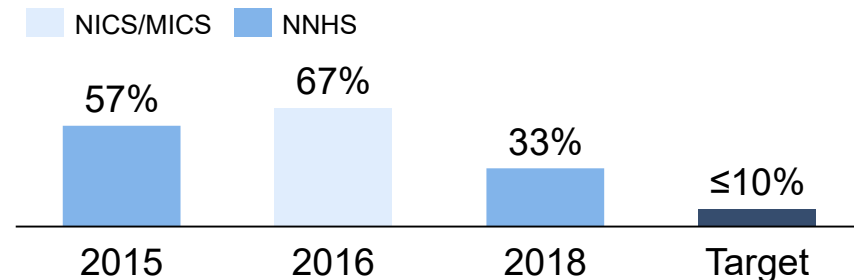
**B** Proportion of wards with at least one facility offering RI<sup>1</sup> (%)



**C** Penta 3 coverage (survey)



**D** Penta drop-out rate (survey)



- Although RI coverage is still sub-optimal, recent National Nutrition and Health Survey showed improvement in Sokoto's RI coverage as well as a reduction in the Penta drop-out rates
- In 2018, the SSPHCDA expanded RI services to 72 additional primary health facilities and worked with the Hospital Services Management Board to commence daily RI sessions in all 23 secondary and tertiary health facilities

# Using LQAS-RI to improve the quality of service delivery

# Not-fully immunized for age

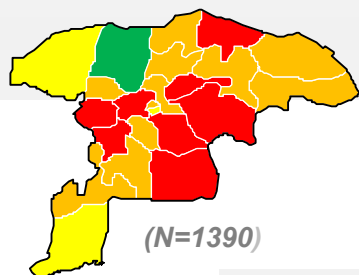
> 56

33 – 56

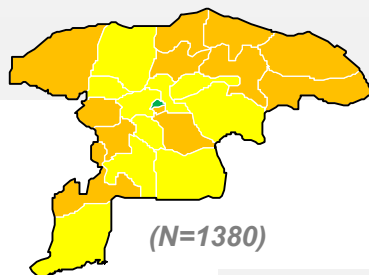
9 – 32

<=8

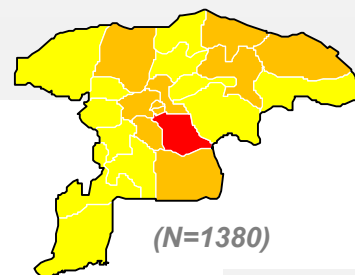
Map showing LGA Lot performance from Q4 2017 to Q3 2018 LQAS-RI survey



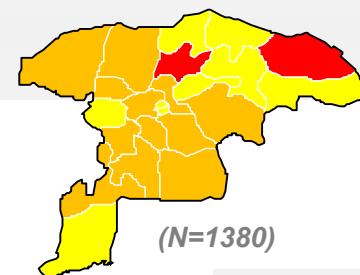
Q4 2017



Q1 2018



Q2 2018



Q3 2018

% appropriately  
immunized for age

25%

43%

43%

38%

% card availability

59%

78%

81%

69%

## Reasons for non-vaccination

Demand  
side

Caregiver unable to  
take child

15%

20%

34%

33%

Caregiver unaware  
of immunization

31%

16%

13%

11%

Supply  
side

Health Worker  
unavailable

1%

7%

8%

7%

Vaccine  
unavailable

5%

3%

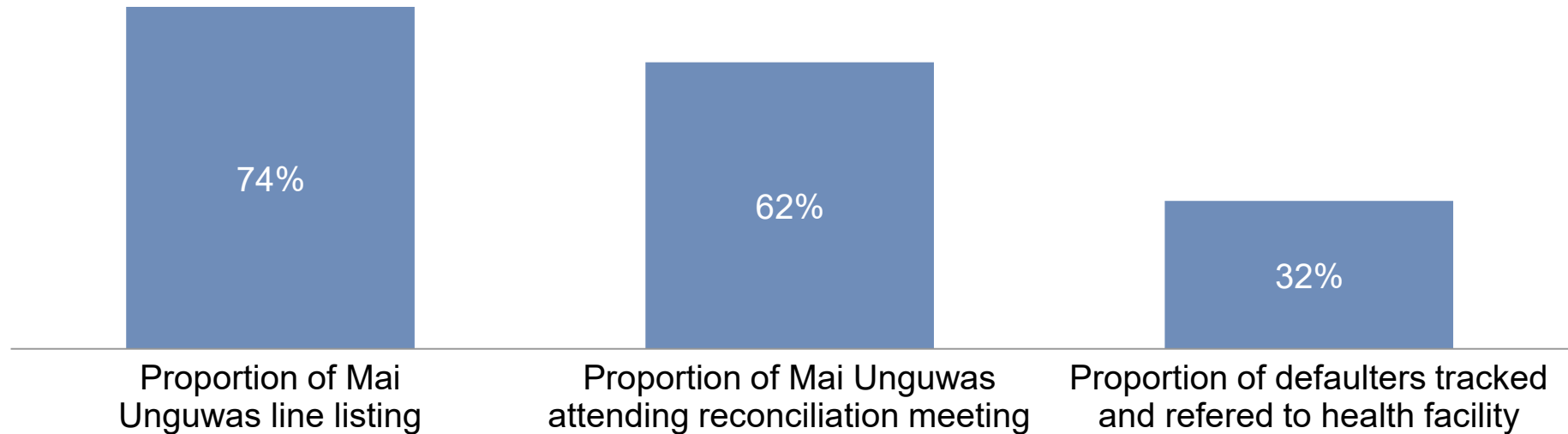
1%

2%

- Although survey results showed early progress in Q1 2018, Sokoto's RI performance stagnated and further declined in Q2 and Q3 2018 rounds of LQAS RI survey
- This is largely due to caregivers' poor health seeking behaviours and non-implementation of action plans by the LGA teams
- To address this, the SSPHCDA engaged LGA and partner representatives to co-develop mitigation plans to address issues from the LQAS RI survey and will follow-up with the LGA teams to track implementation of developed plans

# Updates on community engagement implementation

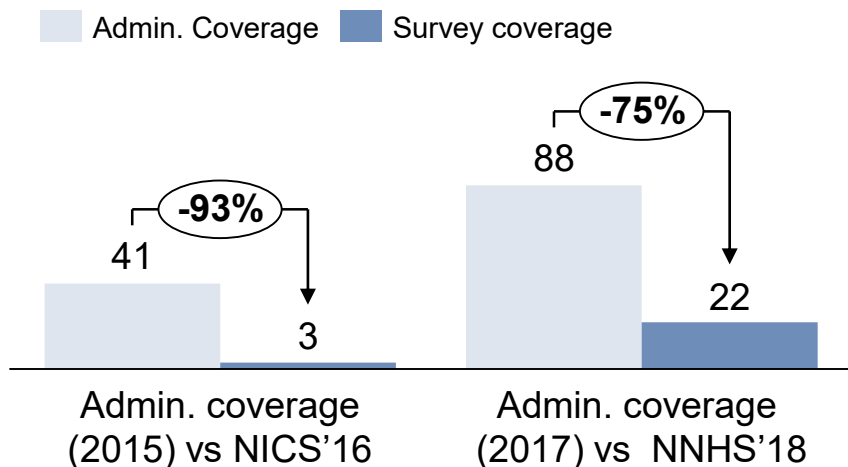
**Status of community engagement implementation in Sokoto as @ September 2018** *(Percent)*



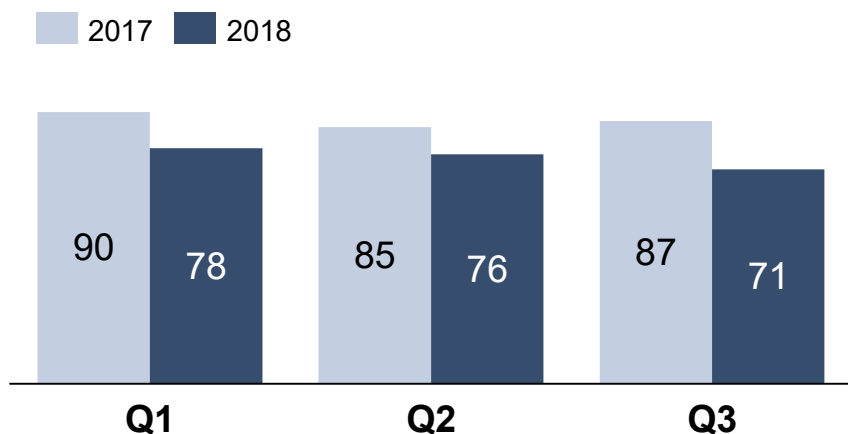
- Although Mai'unguwas have been trained on community engagement implementation, gaps still exist in the line-listing of under 1s and conduct of reconciliation meetings
- The SSPHCDA will procure and distribute tickler bags to help health facilities and community resource personnel track and refer immunization defaulters for RI sessions
- There is a need for Sokoto to engage other community resource personnel (VCMs, TBAs, etc.) to help improve community engagement implementation in the state

# Data quality issues still persists

## A Comparison of Penta 3 coverage from administrative records and survey reports, (%)



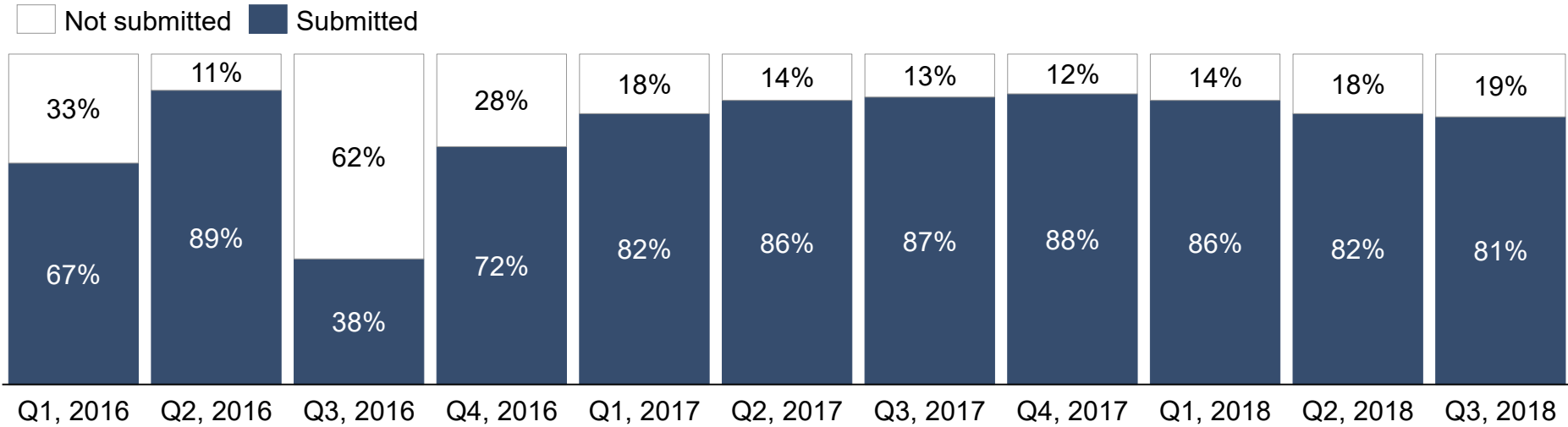
## B Trends of quarterly administrative Penta 3 coverages between 2017 – 2018 (%)



- There are still concerns with the quality of administrative data due to the huge differences between administrative and survey coverages
- There are noticeable improvements in administrative data as observed in the steady decline of reported Penta 3 coverages
  - This is due to interventions implemented to address data quality issues
- **Going forward, Sokoto will intensify the validation of health facility immunization program data and implement interventions to address health worker behavioral attitudes**

# Updates on Finance management

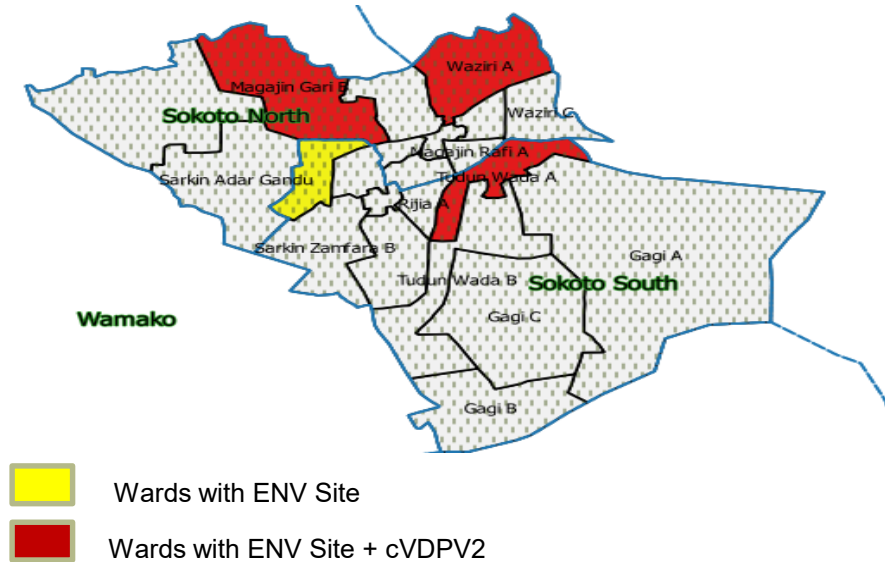
## Comparison of quarterly retirement submission between Q1, 2016 – Q3, 2018 *(percent)*



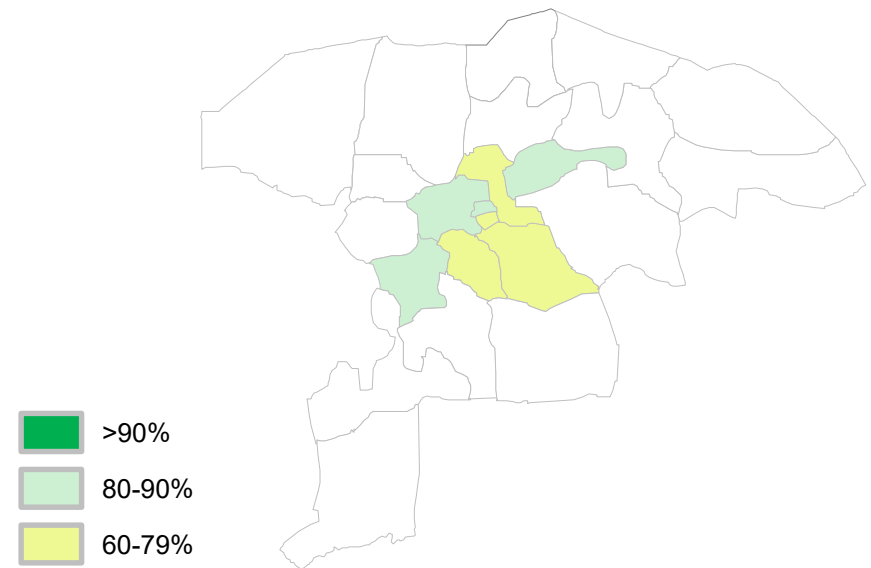
- We are seeing significant proportion of health facilities and LGA teams retiring funds that were disbursed to them; however, there are still gaps
- The finance working group has trained defaulting health facilities on the financial management processes and retirement tools
- The SSPHCDA has also strengthened its internal audit processes by conducting the quarterly internal audit of the RI account
- However, there is still a need for the SSPHCDA to institute a mechanism for health facilities to refund monies for non-conducted activities

# Polio update slide

### A Distribution of all positive isolates



### B LGAs covered by mOPV2 rounds (Oct 2018)



- Sokoto state has not recorded any case of WPV since August 10, 2012
- However, 14 cVDPV cases have been identified from the environment; the last isolated case was at June 26, 2018
- Sokoto has had 6 rounds of Outbreak Response to the 5 high risk and 3 neighbouring LGAs
- Major challenges with IPD implementation and surveillance are low NPENT rate and poor surveillance documentation across LGAs
- Sokoto needs to revitalize the emergency preparedness and response committee to enhance surveillance system for polio and non-polio vaccine preventable disease

# Key RI Priorities for January - June 2019

1. **Community engagement:** Increase the number of Mai'unguwas line listing under-1s, attending reconciliation meetings, and tracking left-outs/defaulters
2. **LQAS-RI:** Continue to identify the root causes of poor RI performances across settlements, develop and implement mitigation plans to address LQAS-RI survey findings
3. **Service Delivery:** Explore opportunities for integrating other PHC services to improve the quality and conduct of RI sessions across health facilities
4. **Expansion of RI services:** Engage additional 30 primary health facilities and 32 private health facilities to offer RI services
5. **RI supportive supervision:** Increase the conduct of LGA – facility RI supportive supervision visits to build capacity of frontline health workers
6. **Governance:** Conduct all state and LGA task force on immunization meetings between January and June, 2019

# Our Prayers

## Sokoto state Government

- Sustain commitment and support to the RI MoU and other health related interventions
- Support SPHCDA with adequate security cover for effective RI and SIA implementation in compromised areas
- Deposit state RI counterpart funds on or before December 31, 2018

## NPHCDA

- Continue to ensure availability and adequacy of bundled vaccines to the state on time
- Strengthen support to Optimized Integrated Routine Immunization Sessions (OIRIS)

## Traditional leaders

- Continue to improve demand for RI services by promoting community participation and ownership of RI and other PHC services and resolving non-compliance

## Development partners

- Ensure harmonization of all planned activities with the state immunization and PHC workplan
- Continue to provide technical support to improve RI and PHC program implementation

**Comments and  
discussion**

**THANK YOU**