



**Aliko Dangote
Foundation**

**BILL & MELINDA
GATES foundation**




Yobe State Immunization Program Review






2018 End of Year Review

November 19, 2018

In close partnership with NPHCDA, Aliko Dangote Foundation, BMGF, WHO, UNICEF, EU-SIGN, AFENET-NSTOP, Solina Health, CHAI, MNCH2, CGPP, Chigari Foundation and eHealth Africa

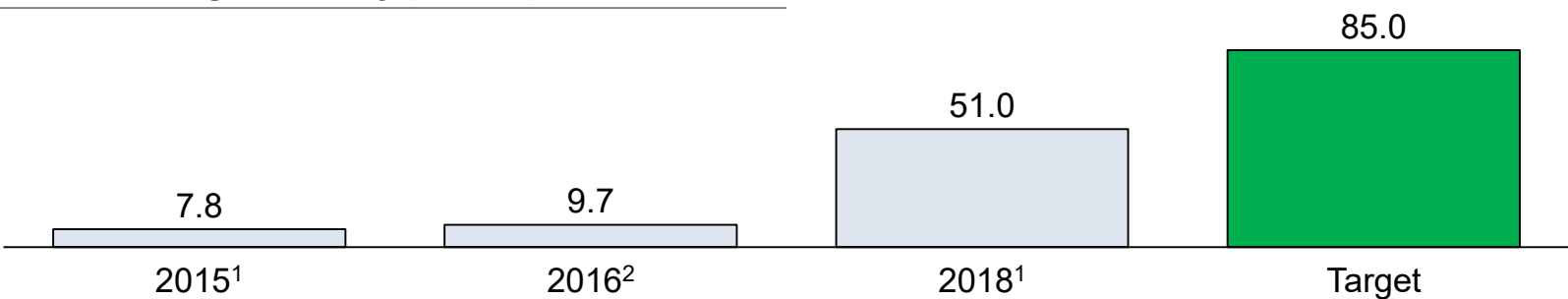
Key Milestones (Jan – Nov 2018)

 Completed  On-going

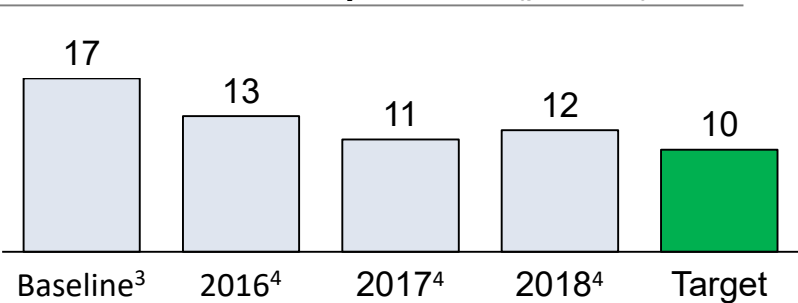
Priorities	Deadline	Status	Comments/next steps
<ul style="list-style-type: none"> Implement activities to address disparity between RI survey data and administrative data 	<ul style="list-style-type: none"> Nov. 2018 		<ul style="list-style-type: none"> Survey-admin data disparity reduced from 59.3% in 2016¹ to 15 % in 2018² State to sustain data quality improvement initiatives
<ul style="list-style-type: none"> Ensure availability of adequate stock of potent vaccines and child health cards at service delivery points 	<ul style="list-style-type: none"> Jun. 2018 		<ul style="list-style-type: none"> Vaccine and child health card stock out rate at Health facilities sustained below 8% and 2% respectively from January 2018 till date
<ul style="list-style-type: none"> All 178 wards have at least 1 functional SDD refrigerators 	<ul style="list-style-type: none"> Nov. 2018 		<ul style="list-style-type: none"> 90% (160 of 178) of wards are currently equipped with functional solar refrigerators Outstanding 18 solar refrigerators will be procured with support from SOML
<ul style="list-style-type: none"> All mai-unguwas line-listing children < 1 year and reconciling list with RI service providers 	<ul style="list-style-type: none"> Aug. 2018 		<ul style="list-style-type: none"> As at September 2018, 64% (3,706 of 6,113) trained mai-unguwas keep updated line-list while 53% (1,976 of 3,706) reconcile line-list with RI providers
<ul style="list-style-type: none"> Expansion of RI services to additional 59 Primary Health Care facilities 	<ul style="list-style-type: none"> May, 2018 		<ul style="list-style-type: none"> 59 non-RI offering health facilities were assessed for RI expansion. Facilities are currently been supported to commence conduct of RI services

Progress against core indicators

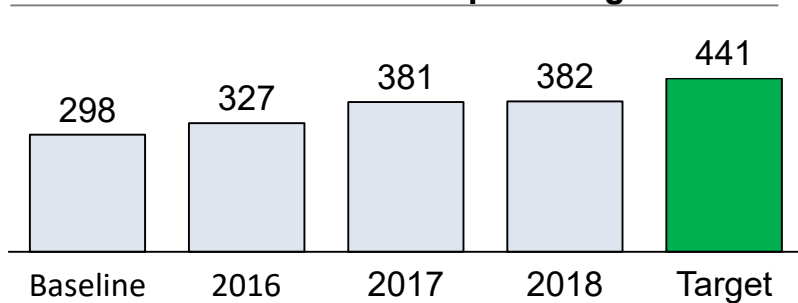
Penta 3 coverage – Survey (Percent)



Penta1 to Penta3 drop-out rate (percent)



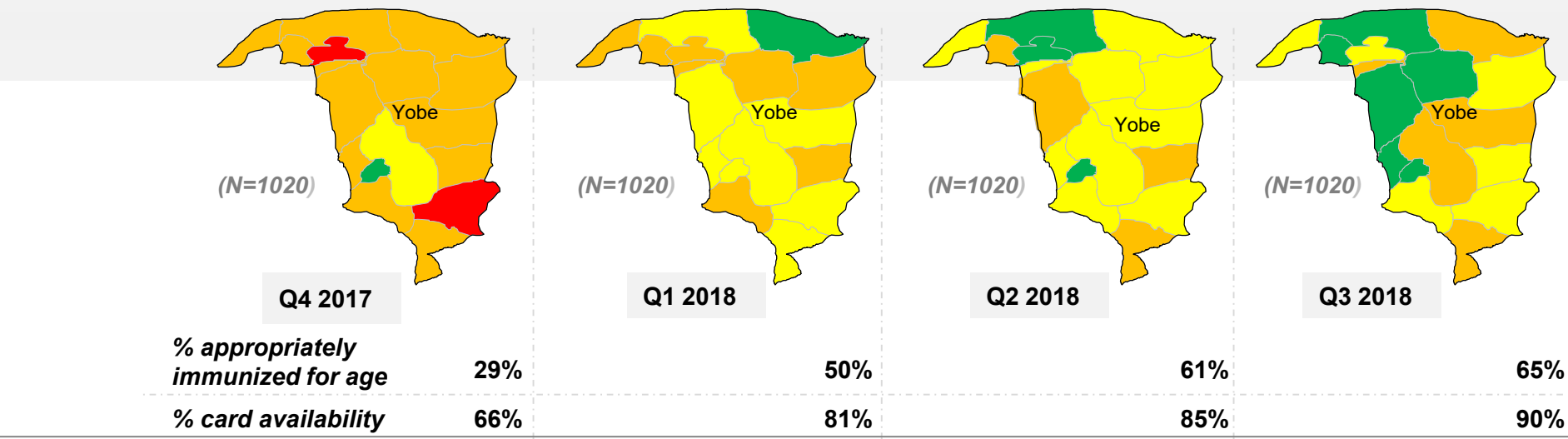
Number of health facilities⁵ providing RI



- Survey reports from 2015 to 2018 revealed a steady increase in immunization coverage in Yobe state
- This largely resulted from improved integration of RI services with other MNCH services as well as other innovative strategies
- Yobe state will continue to sustain the current status and deploy innovative interventions to achieve the National immunization target of 85%
- The state will continue to intensify the implementation of the community engagement strategy to improve demand creation for RI and PHC services

Program highlight: Using RI LQAS to improve the quality of service delivery

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

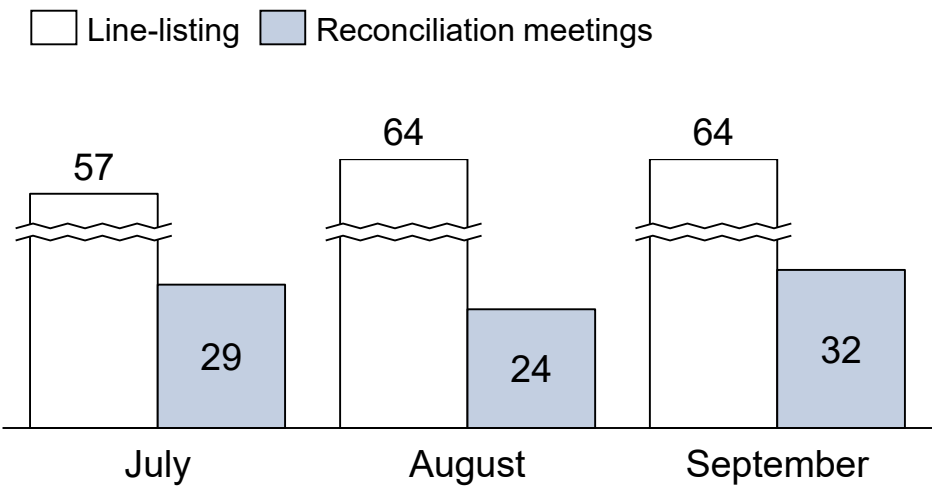


Reasons for non-vaccination						
Demand side	Lack of knowledge on RI	28%	15%	38%	35%	
	No belief in vaccination	22%	5%	5%	1%	
Supply side	Health Worker attitude	13%	1%	8%	0%	
	Vaccine unavailable	13%	10%	54%	5%	

- Quarterly RI LQAS revealed a steady improvement in the quality of RI services from Q4, 2017 to Q3, 2018
- Despite recorded progress, demand related challenges accounts especially lack of knowledge on RI is the biggest reason for incomplete and non-vaccination of eligible children (Q3, RI LQAS)
- The name based community engagement strategy and dissemination of RI education messages is currently being utilized to address demand-related challenges

Progress with community engagement implementation

Proportion of trained mai-unguwas line-listing and attending reconciliation meetings (Percent)



Key community engagement activities conducted:

- High level re-engagement visits to all 14 emirates and 17 local government area councils
- Piloted intensive baseline line-listing exercise using community resource persons in Damaturu LGA
- Re-orientation of all 178 ward and 17 LGA community engagement focal persons on their roles in supporting the implementation of the CE strategy
- Quarterly conduct of intensified defaulter tracking to augment the conventional defaulter tracking component of the CE strategy

Challenges and key measures being taken to address gaps

- Line listing
 - Inability of some mai-unguwas to read and write as well as sub-optimal commitment due to competing personal activities
 - Partner resource persons were mapped to support mai-unguwas with line-listing. Emirates were also re-engaged for increased commitment
- Reconciliation
 - Sub-optimal coordination of reconciliation meeting conduct
 - LGA CE focal persons to support coordination between mai-unguwas and RI service providers to schedule and conduct reconciliation meetings

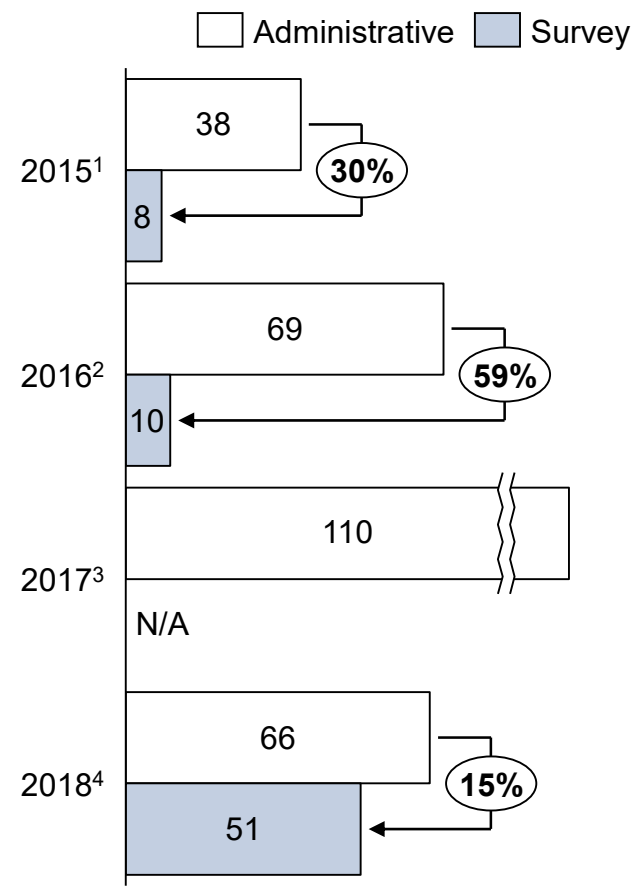
Program highlight: Data quality

xx >80% xx 50% - 80% xx <50%

Proportion of health facilities with matching Penta 3 data on monthly summaries and Imm. Registers from Mar – Sep 2018 (%)

LGA	MAR	APR	MAY	JUN	JUL	AUG	SEP
BADE	28	15	36	55	82	95	86
BURSARI	23	45	77	91	91	73	68
DAMATURU	27	44	39	63	76	65	88
FIKA	34	46	70	75	73	24	57
FUNE	57	71	41	83	79	41	63
GEIDAM	93	100	100	100	100	100	95
GUJBA	17	25	46	77	62	100	100
GULANI	31	29	7	18	18	57	36
JAKUSKO	92	63	63	56	81	97	97
KARASUWA	75	68	95	95	100	95	95
MACHINA	28	44	67	100	83	100	65
NANGERE	73	73	79	72	87	96	92
NGURU	14	14	14	29	14	57	36
POTISKUM	36	43	83	70	83	86	100
TARMUWA	73	88	67	85	85	88	77
YUNUSARI	30	40	58	90	60	100	100
YUSUFARI	75	75	74	71	79	95	95

Disparity between Admin and survey data – Penta 3 coverage (%)

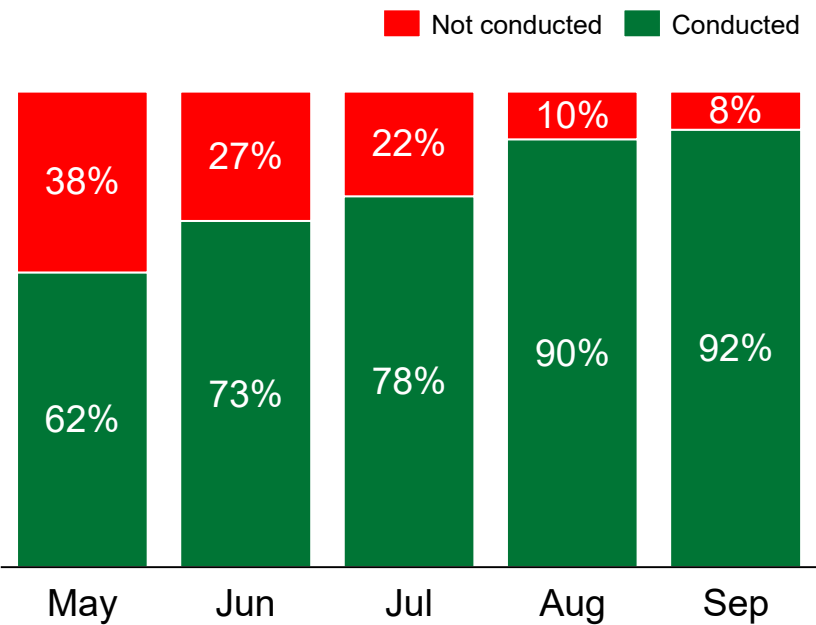


- Reduction in discrepancies are as a result of continuous monitoring of implemented data quality interventions such as validations at review meetings and data-focused supervision visits by the LGAs
- SERICCC will intensify these efforts as well as implement more data quality improvement interventions in the coming year to improve results

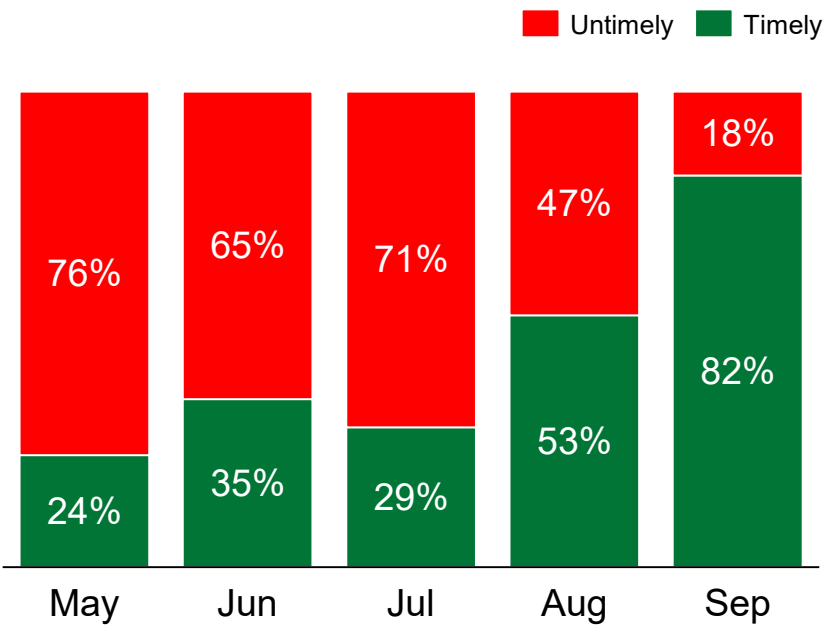
1. DVD-MT vs Nutrition Health Surveys 2015 2. DHIS 2 vs NICS/MICS 2016 3. DHIS 4. DHIS2 vs Nutrition Health Surveys 2018
Source: YSPHCMB

Program highlight: RI Supportive supervision

LGA to HF RISS visits from May to Sep 2018
(Percent)



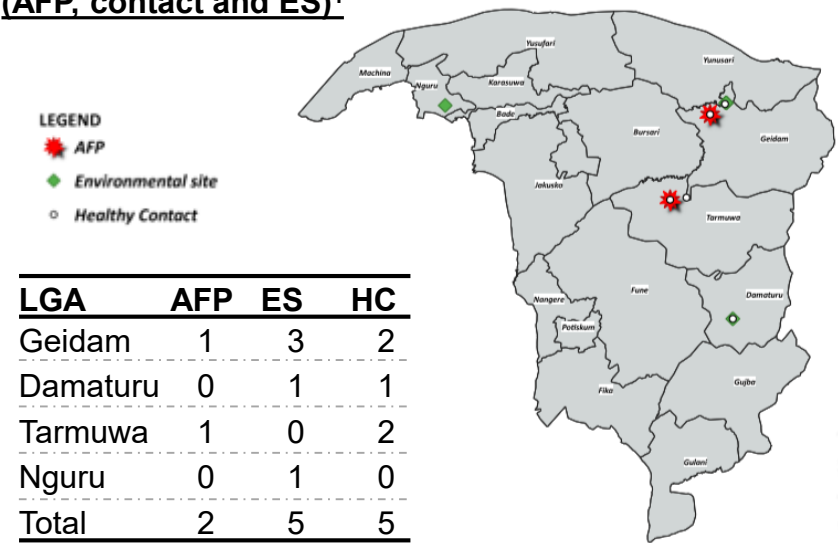
Timeliness of LGA to HF RISS report submission from May to Sep 2018 (Percent)



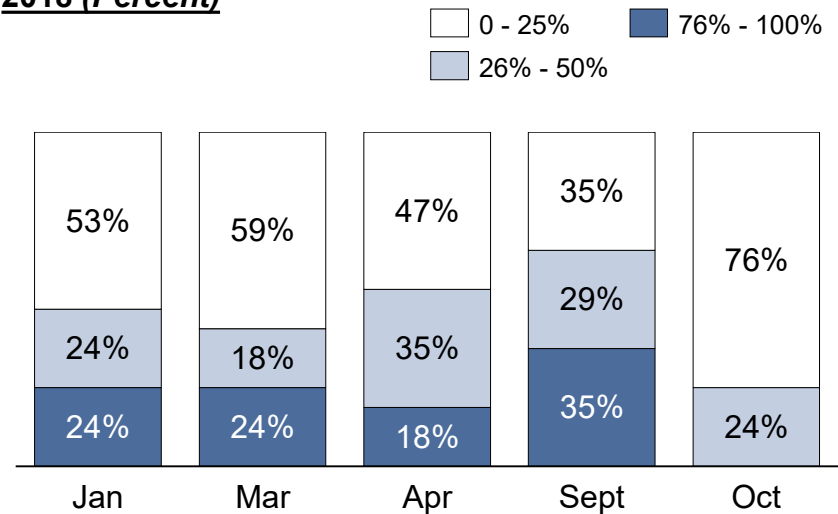
- Conduct of RI supportive supervision at service delivery points as well as timely submission of generated reports have significantly improved over the months
- However, the use of capacity building flowcharts still remains sub-optimal at 16% utilization rate during LGA – HF RISS conduct in September. Intensified state supervision is currently being employed to resolve this
- LGA-domiciled analytic RISS dashboards have been rolled out across all LGAs to improve use of data for action and analytic capacity of the LGA teams

Polio updates

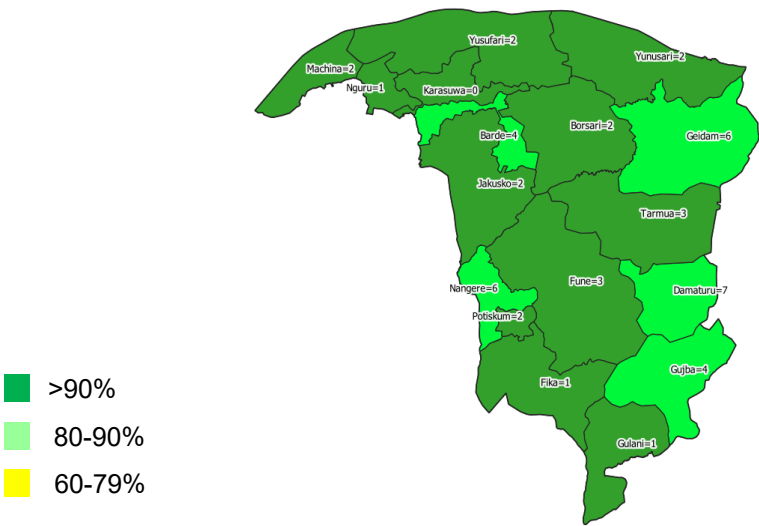
Distribution of cVDPV2 isolates as at Week 44, 2018 (AFP, contact and ES)¹



LGA Chairmen participation in IPDs ERM for Jan – Oct 2018 (Percent)



October 2018 OBR LQAS (Percent)



Surveillance gaps and implementation challenges:

- Decline in AFP case detection due to weak surveillance
- Insecurity limiting active case search in security compromised areas

Action taken:

- Engagement of special community informants in 5 security compromised LGAs from July 2018
- Intensifying active and retroactive AFP case search in LGAs with low detection rate




What the state is doing to address upsurge of cVDPV cases

- Implemented 2 mOPV rounds and fIPV in all LGAs
- Optimization of RI fixed post during IPDs/OBR
- Intensified defaulter tracking

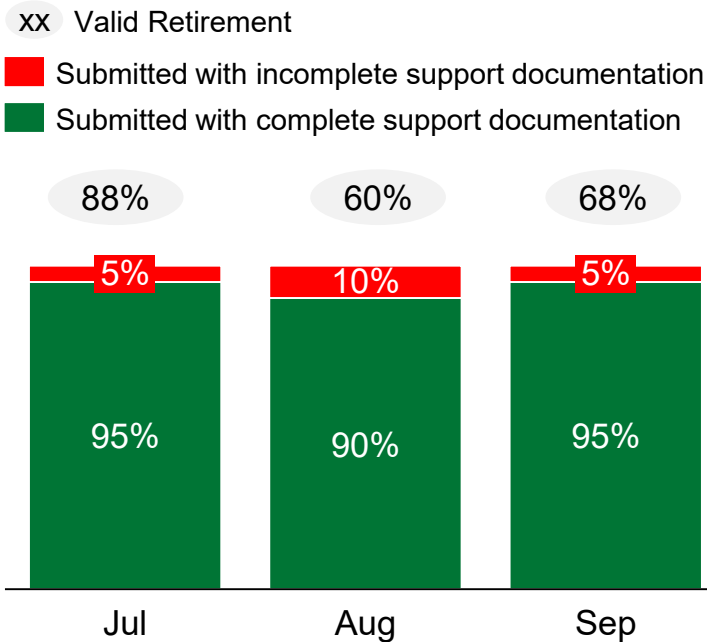
1: AFP – Acute flaccid paralysis. ES – Environmental samples. HC – Human contact
Source: YSPHCMB

Financial update

Timeline for release of funds

Partners	Due date	Status	Release date
Yobe state government	January 1, 2018		April 6, 2018
Aliko Dangote Foundation	January 1, 2018		Nil
Bill and Melinda Gates Foundation	January 1, 2018		May 4, 2018

Health facility RI retirement submission and validation for Jul-Sep 2018 (Percent)



- The delay in release of funds by partners stalled implementation of key activities like conduct of RI mobile sessions in Q1, 2018
- Improvements in retirement rates as observed from July is as a result of health worker re-orientation on use of retirement tools and enforced accountability by the SPHCMB through request for refunds for non-conduct of RI activities
- The SPHCMB finance unit will continue to support health facilities through capacity building, spot checks and accountability mechanisms to optimally utilize funds

Key RI Priorities for January - June 2019

- 1 Intensify line-listing of children under the age of 1 year by all Mai Unguwas and conduct of reconciliation meetings with RI service providers
- 2 Strengthen Integration of RI with other MNCH services
- 3 Strengthen capacity of finance and audit personnel for improved accountability and monitoring of funds utilization
- 4 Continue operationalization of 2018 revised Reaching Every Ward (REW) strategy across all 17 LGAs
- 5 Pilot insourced Direct Vaccine Delivery in 3 LGAs
- 6 Intensify monthly conduct of RI data validation exercise across all RI offering health facilities

Our Prayers

State Government

- I. Sustain the current political commitment
- II. Recruitment of additional Human Resource for Health to drive the PHC system
- III. Construction of health facilities in 2 wards with no health facility

BMGF and Aliko Dangote Foundation

- I. Expand the scope of support of the RI MoU grant to include integrated PHC services

NPHCDA

- I. Ensure the timely supply of adequate quantities of vaccines and data tools to the state

Yobe Emirate Council Committee on Health

- I. Continue providing oversight to ensure adequate demand creation for RI and other PHC services

Development Partners

- I. Continue providing technical support and capacity transfer to RI line managers
- II. Support reconstruction of health facilities destroyed as a result of insurgency