

EPIupdate

Nigeria – UNICEF Country Office EPI Update

April-June 2007



A real opportunity: immunising Children in Koranic Schools

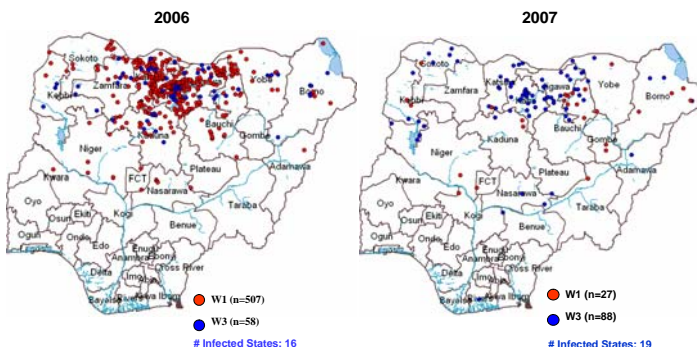
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POLIO EPIDEMIOLOGY

There has been significant progress in 2007:

- As at June 29, Nigeria has 115 cases of wild poliovirus in 19 states in 2007, compared to 565 for the same period in 2006 in 16 states.
- Approximately 80% decline in the total WPV burden
- Approximately 95% reduction in WPV1 cases
- Significant geographical restriction of cases
- In 2007, Nigeria accounts for 51% of the global wild poliovirus cases.
- Nigeria accounts for 81% of the cases in Africa.

2006 – 2007 Wild poliovirus Distribution Onset May 15, 2006/2007



* Onset of most recent case on 15-May-2006

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PEI UPDATE

In June 2007, one round of Immunization Plus Days (IPDs) was conducted in 13 high risk States. In this round, close to 14 million (13,846,840) children were immunized and nearly 10 million (9,756,921) of those children received vitamin A doses. In 2007, so far, four rounds of supplemental immunization activities (one nationwide IPDs and three sub-IPDs) were carried out. In all, about 70 million doses of OPV were given to children during these 4 rounds and most States reported an increase in the number of children reached in subsequent rounds. This is a result of increase in OPV acceptance and a significant decline in non-compliance. This improvement in the quality of polio campaigns is corroborated by the remarkable reduction in wild polio virus type 1 (WPV1) which is the most virulent and epidemic prone serotype.

The use of monovalent oral polio vaccine type 1 was also a major factor contributing to the sharp decline of WPV1. There are also early signs that WPV3 cases are going down as the impact of the January and early March 2007 rounds in which tOPV was used starts to take effect.

But a sharper decline of the WPV3 is anticipated not long after the 28-31 July 2007 IPDs round in which mOPV3 will be utilized. Most states remain polio-free; and the "IPD approach" is continuing to have a positive and significant impact in the reduction of WPV.

The wild poliovirus transmission is now mostly driven from major town centres and restricted to border areas between (States, LGAs and Wards), particularly in hard to reach areas bordering with farms and rivers.

Key Issues/Challenges

- Reaching those children who are still being missed by teams due to team performance, micro-plans and pockets of non-compliance.
- Ensuring further improvement in the quality of rounds to interrupt transmission by end 2007
- Sustaining and funding of in-between rounds activities such as community dialogues and routine immunization activities aimed at reaching newborns and boosting the immunity of children

Way Forward

- **Improve quality of rounds:**
 - Conduct specific micro-planning for border areas, especially rural riverine and farmlands sites and synchronize implementation in settlements in these areas.
 - Improve team selection and increase availability of logistics including remuneration for vaccination teams
 - Improve fixed post immunization and Health facility catchment area micro-planning
- **Increase financial support** for local innovations and pluses.
- **Conduct extra activities in-between rounds**
 - Mop-up activities in areas where new WPV are detected or zero dose AFP cases are reported
 - Targeted community dialogues.
- **Strengthen routine immunization**
 - Intensify supplementary activities e.g. Reach Every Ward (REW), Local Immunisation Days (LIDs), Child Health Weeks (CHWs), to include polio vaccination.

SOCIAL MOBILIZATION

Community Influencers counter non-compliance

The following stories illustrate the important role played by community influencers in mobilizing people for immunization.



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A grand-mother at work

Though wrinkled and bent with age, Kabo Galdi, when asked her age, said she was 30. Prodded a little bit more she could recall the terrible famine that plagued her town, Ilela, Sokoto State in the Northern part of Nigeria, sixty years ago. She also knows that tens of children have been paralysed by polio in her

community and Local Government Area, but cannot say exactly how many. In 2006, forty children were paralyzed by the wild poliovirus in Sokoto State.

Non compliance in Ilela is higher than the State's average but the involvement of community influentials like Kabo, a female community leader, is helping to reduce the incidence.

This is why Kabo Galdi was chosen for the house-to-house exercise. Community Influencers like her can prompt family and individual action in favor of immunizing children. Her age confers a high level of respectability that transcends gender roles. As a grandmother and polio advocate, she opens doors that may be shut against others by a polio vaccination weary populace. Kabo's six grand children are all immunized and she says she loves children. She believes that no child should fall sick or die, "if it is in my power". She clearly likes the job. It gives her an opportunity be more useful to her community.

Parents of Polio victims take a Moral Stand Against Polio



Alhaji Mohammed Inuwa Adamu
Polio Community mobilizer in Goje
district of Bauchi metropolis,

Alhaji Mohammed Inuwa Adamu, from Bauchi State, retired from the Police force a few years ago as Chief Superintendent of Police and was a Division Police Officer for many years hence the nickname DPO. A few days before the start of a new round of immunization, DPO spends hours walking from house to house sensitizing

parents on the need to have their children immunized against polio. On Immunization Plus Days, he first makes sure all the children in his household are immunized before joining the vaccination team to move around. Whenever the team encounters a problem, he steps in to

solve it. *“Eradication of Polio is a passion to me. I am committed to it and would spend my time and effort to ensure that it is totally wiped out from our midst”*, he expressed, grinning. DPO seems to be permanently enthused by a secret. But why such passion?

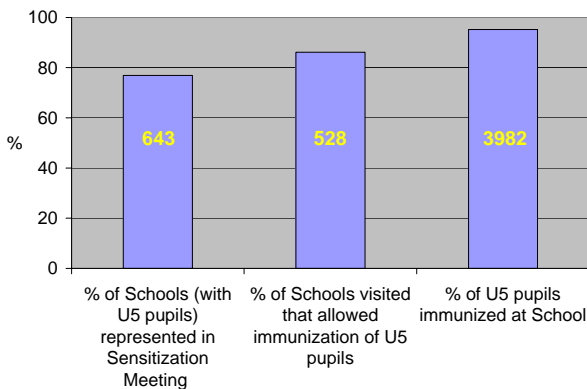
“I have two reasons. One, my first child is a polio victim. He was born in 1979. I spent all my meager salary then taking him from one hospital to another. I heard all kinds of diagnosis: convulsion, sorcery and witchcraft...” He learnt that his son’s problem was caused by the polio virus in 1986. According to DPO, the pain and anguish was too much for him to bear when he realized that his son could have been able-bodied today fending for himself instead of relying on his father in adult life if he had received the oral polio vaccine at birth.

His second reason stems from the first. *“I feel it is a good thing to do. It is my social responsibility. I have been a polio advocate for years now even during the heat of the anti-polio controversy.”* He states that he has been fairly successful as people trust him, listen to him and comply with his advice. He however feels he could have been more successful. *“The real problem is that people are being misinformed; but we are making progress”*, he stated with an expression conveying a determination to climb all mountains in the path to success.

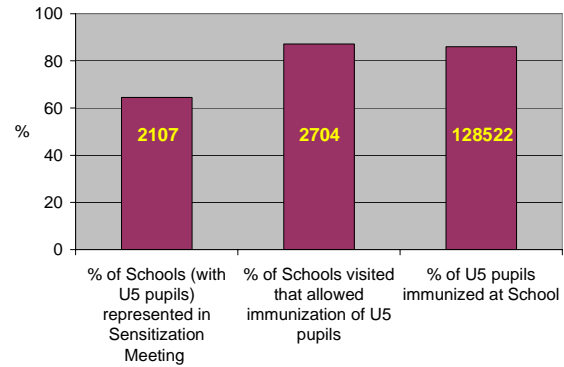
States Strengthen Alliances with Koranic Mallams

Following initial success in reaching more zero-dose children through the partnership with Mallams of Koranic schools in December last year, many States have expanded this initiative. The figures of children being reached are constantly in the tens of thousands. Of particular example are the efforts of the three high risk States of Kano, Katsina and Jigawa during the March 2006 round of Immunisation Plus Days (IPDs)

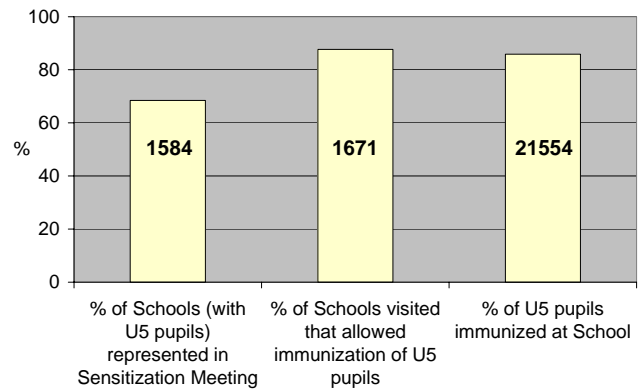
JIGAWA



KANO



KATSINA



Women Embark on Peer Group Education

Female Volunteers and Community Based Organisations are reporting on the success of complimenting community dialogues with peer group dialogues to offer additional opportunities for the voices of women to be heard and their particular concerns to be addressed.



Tafsir being made during a Female Walima Session © UNICEF Nigeria /2007

Groups like the Federation of Muslim Women Associations (FOMWAN) visit households to promote the benefits of polio and routine immunization. A primary outcome of their efforts is that they are able to identify newborns and zero-dose children and to follow up to ensure that they are immunized during the campaign or mop-ups. In addition they conduct advocacy visits to

Islamiya schools, often followed by sensitization of the teachers on the benefits of polio and routine immunization. They also facilitate *Tafsirs* (religious pronouncements) during *Walimas* (community social events) or Islamic gatherings.

Cases of non-compliance are referred to the group Leader (the Amira) who often works with senior Mallams and the traditional leaders to resolve the situation

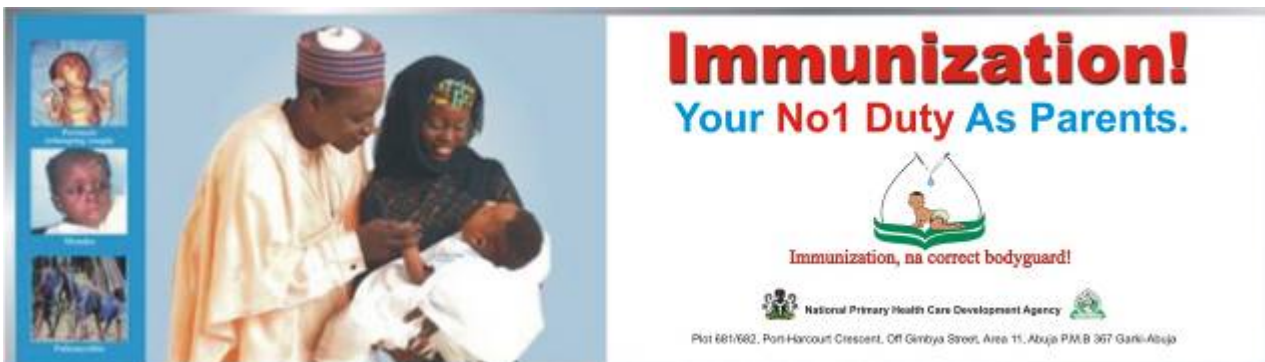
Between Round Activities of FOMWAN – March 2007

	Jigawa	Kano	Katsina
# of Wards	50	29	43
# of HHs visited	11,256	26,643	21,819
# of Zero dose identified	120	512	1242
# of Newborn identified	145	182	1161

TAG Reviews Communication Efforts and Recommends the Way Forward

A Group of Communication Experts led by the Executive Director of the Communication Initiative, Warren Feek reviewed Nigeria's communication efforts for polio eradication during a one week mission starting 25th June 2007. Noting that real opportunities now exist to break the transmission in Nigeria by December 2008, the group however felt that several gap areas need additional attention. The recommendations can be grouped into three main areas:

- more use of data to guide planning especially at the sub-national levels
- capacity building to improve on the facilitation skills of community dialogues for maximum impact
- capacity building to improve the communication skills and effectiveness of front-line health workers and vaccination teams.



UPDATE ON ROUTINE IMMUNIZATION

Service delivery in UNICEF Focus LGAs

- There is continuing progress in the number of health facilities providing fixed post and regular outreach immunization services.

Health facilities are being encouraged to use the Monthly Immunization monitoring Charts to capture their vaccination data.

- Monthly coordination meetings for all heads of fixed post facilities are also continuing. A zonal coordination meeting has also been held for the North-West zone to review progress in immunization. Such meetings provide platforms to review immunization performance, operational constraints and proffer necessary solutions to address identified these constraints.
- State-level training on REW has been held for the South-East zone and plans are on to cascade the training to the operational levels.

Support to National Primary Health Care Development Agency (NPHCDA)

- ✚ Continuation of direct technical assistance to the new and integrated NPHCDA structure in collaboration with FMOH and other major partners involved in routine immunization.
- ✚ Finalization of proposals for Nigeria Middle Level Management training plans, GAVI Health Systems Strengthening and Routine Immunization Data Management training for improving data quality.
- ✚ Two sub-committees were created at the NPHCDA for RI and Introduction of New and Underused Vaccines
- ✚ Plans are on to disseminate the 2006 National Immunization Coverage Survey by the NPHCDA. The survey will provide baseline reference to the continuing efforts of partners to improve and sustain routine immunization that is key to polio eradication.

For more information, please contact:

Ms Nance Webber, Chief, Programme Communication, UNICEF Abuja, United Nations House, Central Area District, P.M.B. 2851, Garki, Abuja, F.C.T., Nigeria.