

EPIupdate

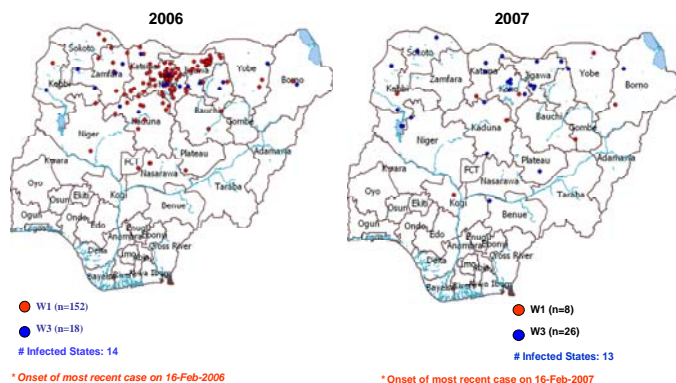
Nigeria – UNICEF Country Office EPI Update

January – March 2007

POLIO EPIDEMIOLOGY

- As of March 30, 2007 Nigeria reported 34 cases of wild poliovirus in 13 states, compared to 170 for the same period in 2006 in 14 states.
- Nigeria accounts for 46% of the global wild poliovirus cases in 2007 and 81% of the cases in Africa.

2006 – 2007 Wild poliovirus Distribution Onset Feb 16, 2006/2007



PEI UPDATE

In 2006, six rounds of supplemental immunization activities (two full NIDs and four IPDs) were conducted. Around 40 million children were reached in each round of the two NIDs. Guided by the Expert review Committee recommendations, after the two rounds of NIDs in February and March 2006, the Government of Nigeria adopted a new strategy called Immunization Plus Days (IPDs), which delivers integrated child survival interventions with routine immunization (OPV, DPT, Measles Vaccine and Vit. A) through fixed posts, outreach services and house-house immunizations. As recommended by the Expert Review Committee, four rounds of IPDs were conducted in 2006. In 2007, three rounds of have been conducted yielding an OPV coverage range of 89-90%. Most states remain polio-free; and the "IPD approach" has shown some positive trends in significant reduction of WPV.

Key Issues/Challenges

- Presence of localized WPV1 & 3 transmission in some LGAs in high risk states, and newly infected LGAs in low risk states
- Improving the quality of rounds to interrupt transmission as early as possible in 2007:

- Weak government commitment and partnership coordination.
- Sustaining the financial requirements for finishing the job of polio eradication.

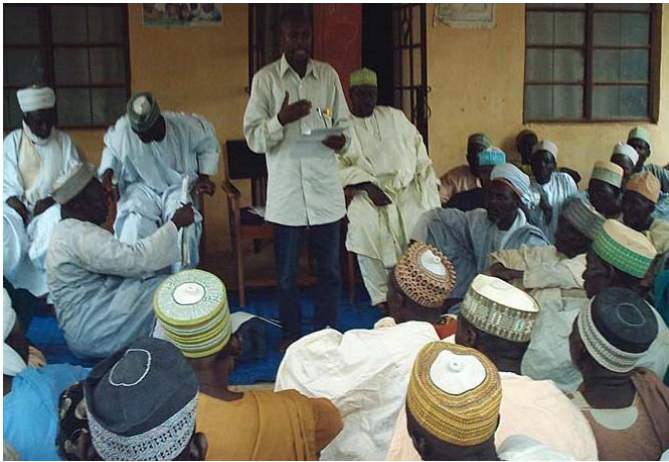
Way Forward

- **Improve quality of rounds**
 - **Operational:** continue review of micro-plans including interstate borders, team's workload redistribution, improve team training, community mobilization and supportive supervision.
 - **Increased financial support** for local innovations, pluses etc.
- **Conduct extra activities in-between rounds**
 - Mop-ups in WPV detected or zero dose AFP cases
 - Targeted community dialogues.
- **Strengthening routine immunization**
 - REW / LIDs, CHWs, etc to include OPV.
 - Fixed post immunization with Health facility catchment area microplanning.

SOCIAL MOBILIZATION

Community Dialogue breaking New Ground

In May 2006, the government introduced the Immunization Plus Strategy which was complemented by implementing a community strategy for 'engaging communities'. The strategy encourages traditional leaders to take responsibility for addressing non-compliance and for mobilizing their people to accept both routine and polio immunization services. The overall goal is to promote community ownership and participation in immunization services, whilst at the same time nurturing a culture in which vaccination is considered parents' responsibility to their children as well as to the wellbeing of their communities. The traditional leaders now facilitate the choice of sites for vaccination posts and support their establishment by providing e.g. benches, tables, access to safe drinking water. They also brief the town announcers who announce the campaign dates and the services to be offered during the upcoming round. During implementation, it is the Mai-Angwar (i.e. Ward Head) who regularly checks on the fixed posts and vaccination teams to monitor the turnout and to help resolve any detected cases of non-compliance. Many traditional leaders also counsel peer groups in support of routine and polio immunizations services and make public pronouncements.



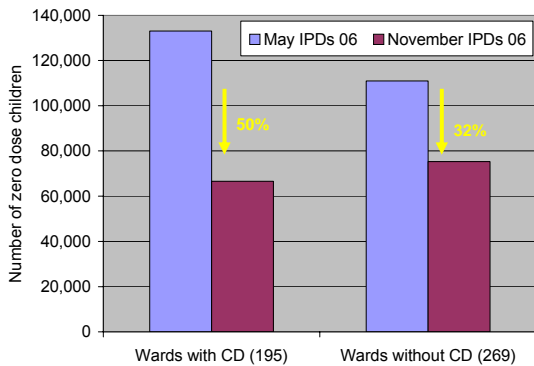
Community dialogue conducted in Mailayi, Birnin Magaji LGA, Zamfara State. © UNICEF Nigeria/2007

immunisation in their own domains. The final Communique was signed by senior traditional leaders including the Emirs of Gombe and Zamfara. Both Emirs are the Chairman and Secretary of the Forum of Religious and Traditional leaders on Child Survival and Immunization of the Jamatu Nasril Islam (JNI) respectively;

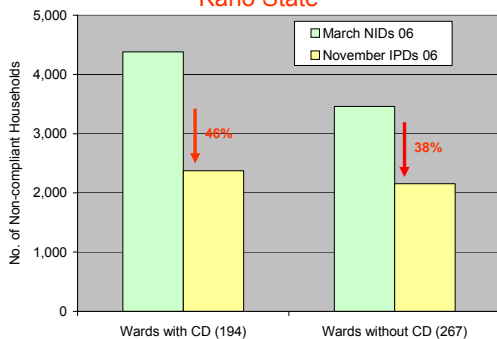
A Child Adoption Approach to Immunization

To address the challenge of missed children during the immunization Plus days (IPDs), states have embarked on a child adoption approach to engage children in the immunization drive.

Community Dialogue and Zero Dose Kano State



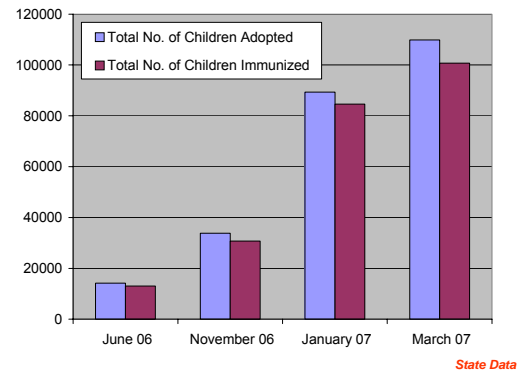
Community Dialogue and Non-compliance Kano State



Religious Leaders commit as Immunization Champions

On Monday 8th February 2007, a team of religious leaders that went on a study tour of Egypt in November 2006 met and reiterated their conviction that immunisation as a preventive mechanism is HALAL (lawful) and necessary in Islam. They agreed to communicate the findings of the tour to the new Sultan of Sokoto who is the President of the Jama'atu Nasril Islam (JNI), to have JNI develop its own messages and disseminate the messages down to the grassroots and to be active champions (change agents) for

Child Adoption Results – Katsina State



The approach starts with an orientation of the representative group of teachers from identified schools on the benefits of repeated doses of immunization with clarification of their roles and responsibilities.



Imrana checks to ensure that the children he is responsible for have been vaccinated, Katsina State. ©UNICEF Nigeria/2007/Nesbitt

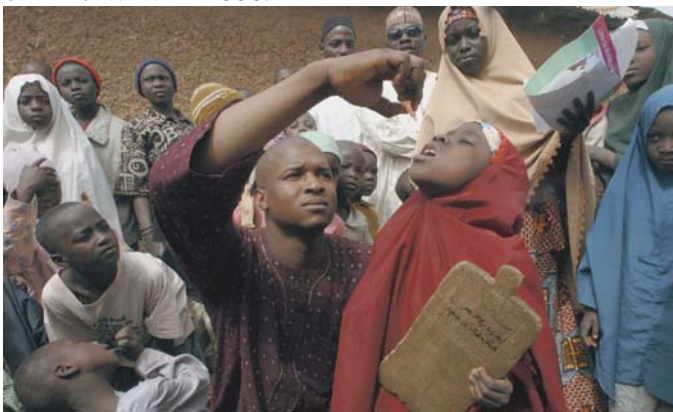
The teachers in turn identify a group of pupils in each school who are given slips of paper to track and record the names of 10-15 under-five year old children in their compound or neighbourhood. The tracking is done on every day of the campaign to see if the children were immunized and their fingers thumb-painted. During the campaign period, the teachers also monitor the work of the pupils and alert the vaccinators of children not immunized. At the end of the campaign they tally all the record sheets

to calculate the percent of children ‘adopted’ that were actually immunized.

With the effort of the pupils, over 90% of adopted children end up being immunized. *“With children there is nothing like non-compliance; they have no agenda,”* reported one of the State Coordinators at the debriefing meeting after the March 2007 IPD round.

Mallams opening doors of Qu’ranic Schools

More deliberate efforts are now being made by State social Mobilisation Committees and entire state teams to mobilize Mallams of Koranic schools so that children in these schools can be immunized. The initiative has quickly taken root in Kano, Katsina, Kebbi and Sokoto that together recorded 682 WPV (ie. 64%) of the national total of 1127 WPV in 2006.



Religious leaders are critical partners in enlisting community support and boosting compliance. Vaccination at a Qu’ranic School, Kaduna State. ©UNICEF Nigeria/2007/Nesbitt

In some states such as Kano and Katsina, the Mallams are supporting the counseling of parents of their pupils and even accompany vaccination teams to the home of identified non-compliant families.

UPDATE ON ROUTINE IMMUNIZATION

Service delivery

Progress in UNICEF Focus LGAs:

- There is increase in the number of health facilities providing regular immunization services in fixed immunization centres as well as increase in outreach and mobile services.

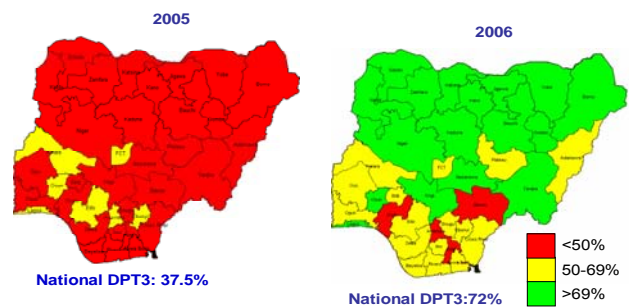
- Monthly coordination meetings by all heads of fixed post facilities have started with improvement in data management, documentation and reporting.

In general, there are signs of progressive improvement in routine immunization activities and increase in immunization coverage with DPT-3 coverage of more than 50% according to administrative records.

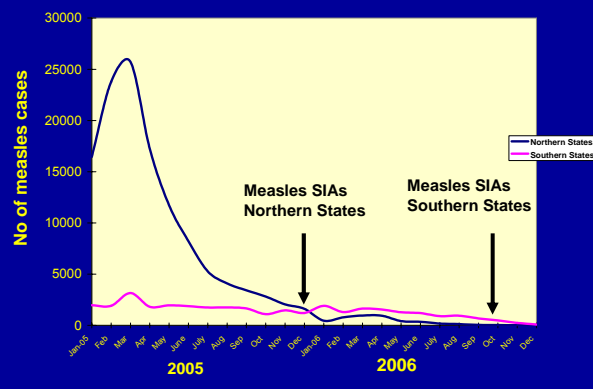
Support to National NPI Office

- Direct technical assistance within the context of Interagency Coordination Committee (ICC) Working Groups, policy reviews, preparation of workplans and support for procurement of vaccines within the existing MoU agreement between the FGN and UNICEF.

Nigeria: DPT3 Coverage by States 2005/2006



Measles monthly trend Jan – Dec 05/06, Northern and Southern states, Nigeria



Sources: Administrative Data, NPI-FMoH

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