

Global MNT Update as of 1st June 2009

Update on May 2009 activities:

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1- During May 2009, 6 countries conducted TT-SIAs in high risk districts/ areas for Maternal and Neonatal Tetanus:

i- Cote d'Ivoire:

- All TT-SIAs needed in the country were planned in 2 overlapping phases between December 2007 and May 2009. The third and last round of both the phases was conducted from 14-19 May 2009 in 72 high risk districts (HRDs) targeting more than 5 million women of reproductive age (WRA).
- A review of districts' performance and MNT risk status is being planned in Q2/Q3 2009 to assess if the country is ready for validation of if some districts need an additional round of TT-SIAs.

ii- Ethiopia:

- Since 2007 TT-SIAs have been integrated with the biannual Enhanced Outreach Strategy (EOS). First round in a series of two corrective rounds in 6 zones targeting 1.6 million WRA was conducted in May 2009.

iii- Guinea Conakry:

- Third round of TT-SIAs in 2 HRDs targeting 94,000 WRA was implemented from 27th April to 1st May 2009. These are expected to be the last TT-SIAs in the country.
- A review of MNT risk status of all districts is being planned for Q2/Q3 of 2009 to assess if the country can claim elimination. Validation is currently scheduled in early 2010.

iv- Mauritania:

- All districts in country were identified as HRDs in 2007. 1st phase targeting 27 HRDs was completed in November 2008. The first round of second phase targeting the remaining 26 HRDs targeting 232,643 WRA was conducted in April 2009 and the second round was conducted from 26th to 30th May 2009.
- A TT-SIAs coverage evaluation and performance review is being planned in Q2/Q3 2009. The third round will be conducted in next October/November 2009 if funds for operational cost are mobilized.

v- Myanmar:

- A district data review in October 2008 had identified 7 HRDs with 108,000 WRA in need of a corrective round which was conducted in May 2009. These are expected to be the last TT-SIAs in the country. Data collection has begun and preparation for validation will begin in Q3 2009 with validation of MNT elimination scheduled in early 2010.

vi- Pakistan:

- A joint WHO-UNICEF review in June 2008 identified 42 HRDs in need of 3 rounds, 28 Intermediate Risk Districts (IRDs) in need of 2 rounds and 8 IRDs in need of 2 rounds in selected sub-district areas.
- Due to funding constraints, TT-SIAs were begun in 1 province only. First round in 6 HRDs was implemented in February 2009 and the second round from 27 April to 9 May 2009 followed by rapid post campaign assessment 18-21 May. Reportedly 97% of the targeted women were reached during the round with a dose of TT.

2- In addition, during May 2009 performance/progress reviews were conducted in 4 countries:

i- Angola:

A joint *WHO-UNICEF performance review* was conducted following implementation of 2 rounds of TT-SIAs in 81 high risk districts targeting 2.9 million WRA. Coverage data of the two rounds showed mixed results with many districts showing sub-optimal performance. The review provided *technical assistance and* advocacy to improve quality of the next campaign, integrating measles, tetanus toxoid and polio vaccination, vitamin A supplementation and de-worming scheduled in June 2009.

ii- China:

A *joint WHO-UNICEF advocacy mission* reviewed progress towards MNT elimination in China through increasing access to institutional deliveries. In areas at higher risk for MNT the government has increased the incentives to families for delivery at the health facility. There was discussion on implementing the WHO recommended methodology of LQAs at the 3rd administrative level (prefecture) for validation of elimination in 2011. MCH affirmed country's commitment to achieve MNT elimination by 2011/2012.

iii- Indonesia:

A *performance review* was conducted to assess performance in the last 27 HRDs or high risk areas (HRAs) within districts that conducted 2 rounds of TT-SIAs in late 2008 and April 2009. One finding of review was under-reporting of achievements in many areas due to issues in reporting coverages post screening women by previous TT immunization status. Four districts in Papua had not been able to conduct activities as planned and others had not performed well in the SIAs. These districts will attempt to deliver multiple interventions (including TT) in the next rounds to decrease the cost of SIAs while ensuring better community participation. A district in Ache also did not perform well mainly due to inappropriate timing of the SIA which will be addressed before the next round.

iv- Kenya:

A *performance review* was conducted following sub-optimal performance in the first two rounds conducted in last quarter of 2008. The review identified lack on coordinated micro planning, inadequate time for social mobilization and other preparatory activities, lack of appropriate and adequate supervisory and monitoring personnel, inappropriate timing of the TT-SIAs as reasons for poor performance. The review recommended corrective actions to avoid these issues in implementation of the next round. A detailed time line for preparation and implementation was prepared.