Nigeria's revised National Polio Emergency Plan (rNPEP) 2012 & Progress So Far

SAGE MEETING

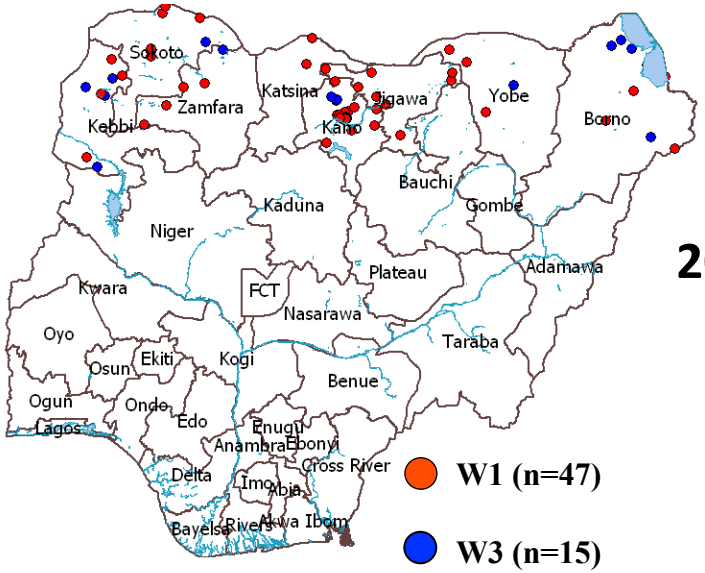
APRIL 10 , 2012

GENEVA

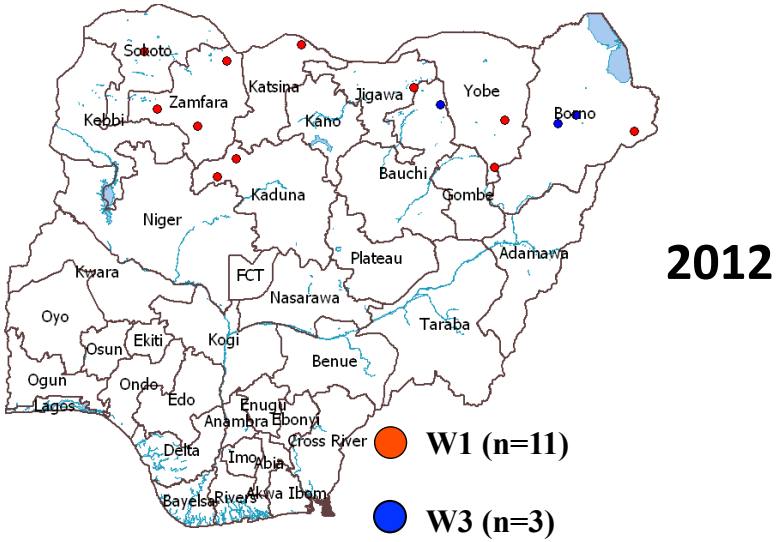
Outline

- Background
  - Polio Epidemic Status
  - Priority issues
- Towards an effective NPEP
- Nigeria's revised National Polio Emergency Plan (rNPEP)
  - Geographic focus
  - Objectives
  - What's New in the plan
  - Key activities in the plan
- Performance indicators
- Progress so far

Nigeria-Polio cases



2011

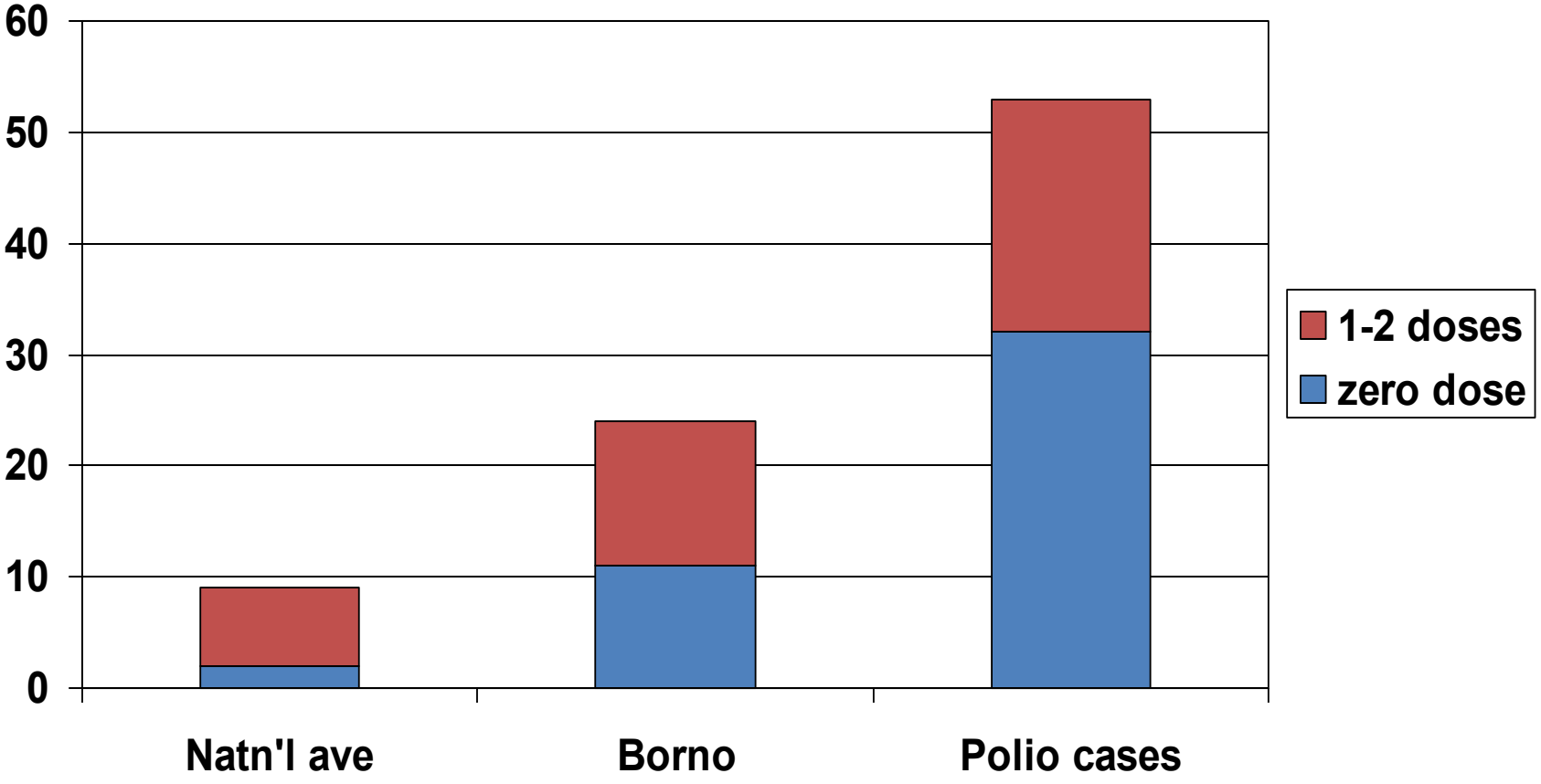


2012

- In 2011, Nigeria had 62 cases of wild poliovirus from 8 states
- In 2012, Nigeria has 14 cases of wild poliovirus in 8 States compared to 8 cases in 4 States for the same period in 2011
- Total number of circulating vaccine derived poliovirus (cVDPV2) was 35 in 10 States in 2011
- This year, Nigeria has zero (0) cVDPV2 compared to 6 cases in 4 States for the same period in 2011.

% of NP AFP cases < 5 years (National average & Borno State) & Polio cases with < 3 doses of OPV, 2011

We are not vaccinating enough children



PRIORITY ISSUES

Challenges

1. Inadequate human resources
2. Poor team performance and management
   - Poor team selection and lack of accountability
   - Absence of uniformity and low quality of trainings due to cascading.
   - Poor quality of "area maps" and "Route maps" and inconsistent verification/validation of micro plans
   - Sub optimal supervision by different categories of supervisors during implementation of IPDs generally

Challenges….cont'd

- Inconsistent and high Work load for teams
- Inadequate payment to hire qualified and committed personnel

3. Persistence of consistently missed children
4. Widening gap between EIM & LQAS
5. Absence of comprehensive strategies for missed children as well as "hard to reach" areas, border areas, migrant and nomadic populations
6. Data quality and accessibility

TOWARDS AN EFFECTIVE NATIONAL POLIO EMERGENCY PLAN

Head of State's Commitment to PEI

As a leader, I don't want to see polio in our children, especially knowing fully well that it is a disease that we can completely eradicate and prevent. We will work with the global community to ensure its eradication."

President
Goodluck Ebele Jonathan
Commonwealth Heads of Government Meeting
Perth, Australia
30 October, 2011

GOALS/OBJECTIVES

- **The overall Goal of the plan is:** To achieve interruption of poliovirus transmission by end 2012

- **Specific objectives are:**

(a) Implementation of highest quality SIAs, with specific focus on high risk States and LGAs with >80% of wards attaining >90% coverage through EIM

(b) Routine OPV3 coverage in the highest risk LGAs is increased to at least 50%

(c) Highest quality AFP surveillance is achieved in all states before end of 2012

What's new in this plan?

- Oversight
  - Direct engagement of His Excellency, The President
  - Presidential Task Force on Polio Eradication
  - National PEI Accountability Framework
- Improving team performance
  - Restructuring, revising work load, and remunerations,
  - Better supervision
- Surge of technical capacity in HRAs

What's new in this plan?

- Scale up of key strategies
  - Intensive Ward Communication Strategy(IWCS) & Volunteer Community Mobilizers (VCM)
  - Systematic introduction of revisit strategy
  - Short Interval Additional Dose strategy in key areas

- Optimization of new technologies
  - Including GIS/GPS
  - Use of SMS and toll free phone lines

Key enabling factors

- IWCS & VCM rolling out
- New microplanning guidelines with GIS project supporting the microplan reform
- New training package for vaccination teams including IPC
- LQAs expanded & EIM being reviewed
- New tool to investigate reasons for missed children

Thematic Areas

A. Enhancing SIA quality to reach all children
B. Intensifying advocacy, behavior change and mobilization
C. Accelerating Routine Immunization delivery
D. Enhancing surveillance
E. Ensuring accountability

Priority strategies

A1. Surge in human resources
A2. Refining and improving basic strategies
A3. Scaling up proven innovations
B. Expanding partnerships and inter-sectoral collaboration
C. Close monitoring of full implementation of 1'2'3' strategy in all high-risk LGAs
D. Continuing rapid surveillance review and encouragement of AFP reporting by vaccination teams
E. Promoting ownership and accountability at all levels

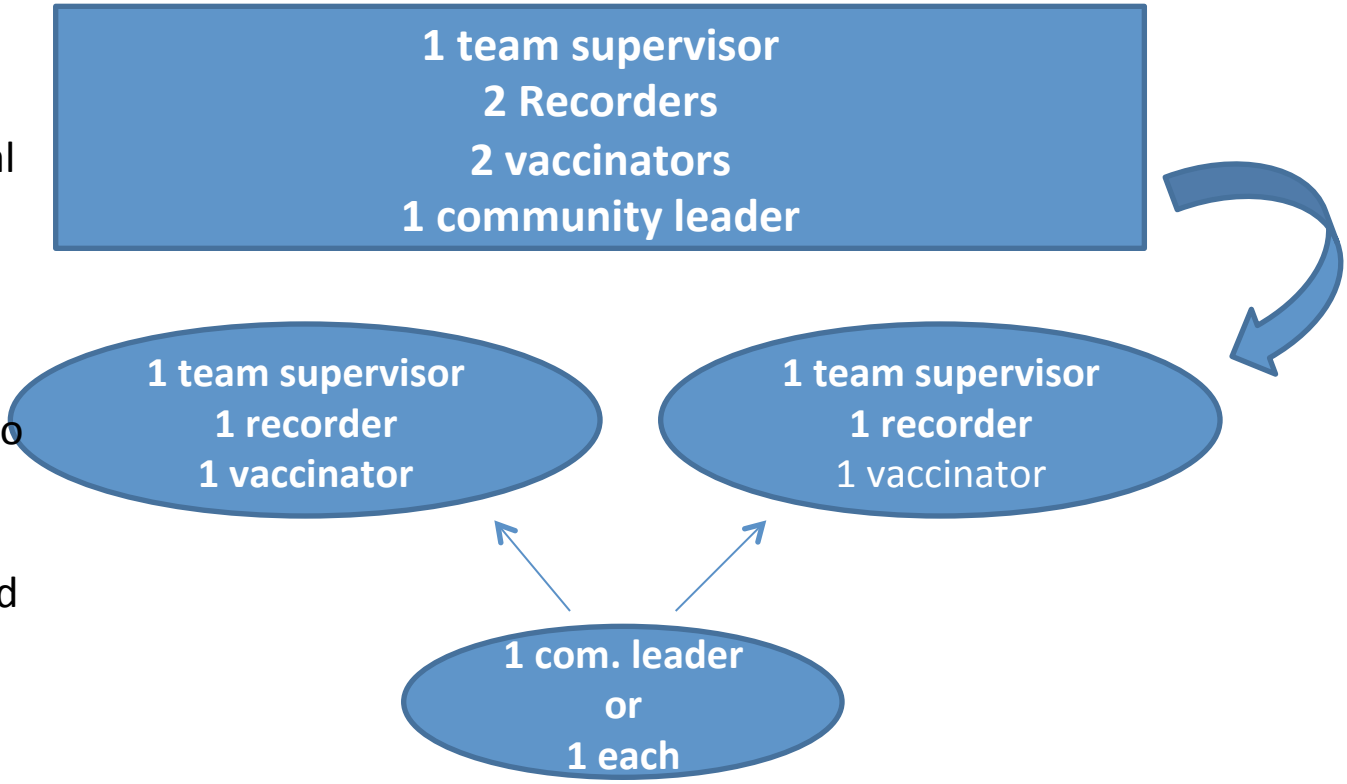
Strategy 1: Improving SIA quality

Improve microplans so that we reach all settlements

- Ensure that we have well-trained and supervised vaccinator teams
- Address problem of irrational team workloads, team shortages and remuneration issues
- Fix supervision to help identify quality gaps more reliably
- PEI project to align with existing Government programs (e.g. SURE-P) to enhance opportunities for immunization of eligible children

New team composition, workload, remuneration and training

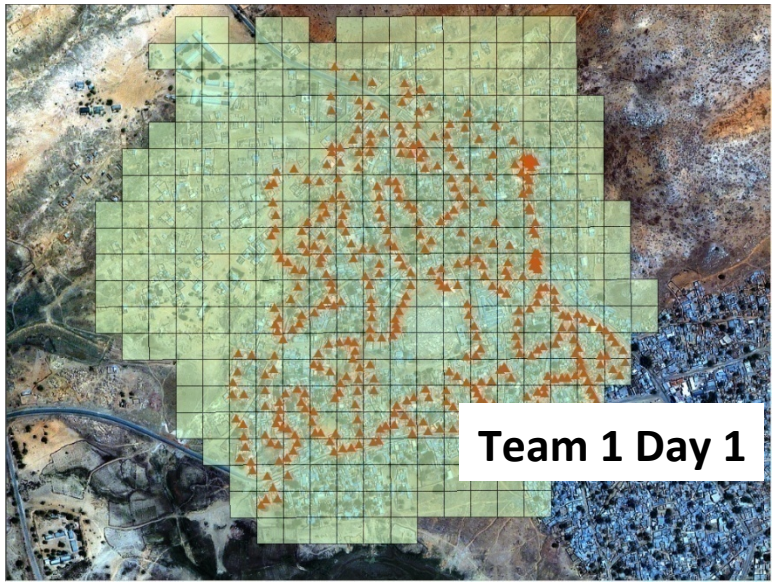
- Test options tailored to different contexts (location, population, distance) in March round to inform new operational guidelines
- More teams
- Revised team selection process
- Increased remuneration to attract quality workers
- New expectations (hours in the field, line list missed children)
- New and standardized vaccinator training
- ‘B Team’ type revisit strategy initiated

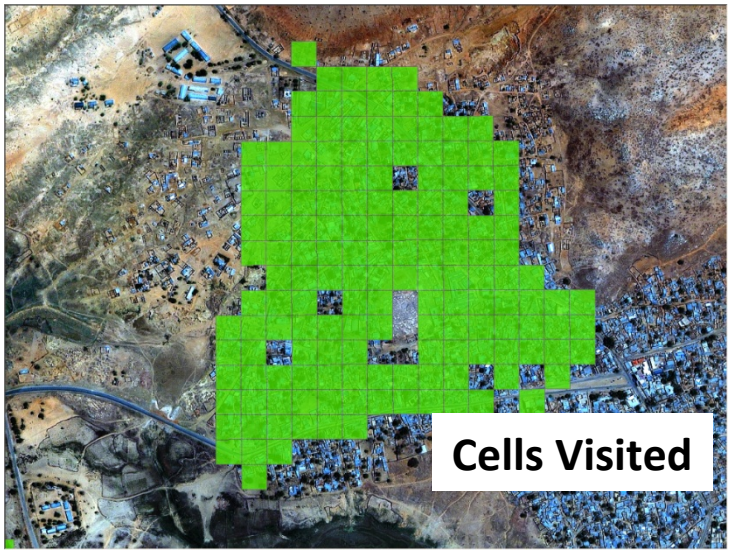


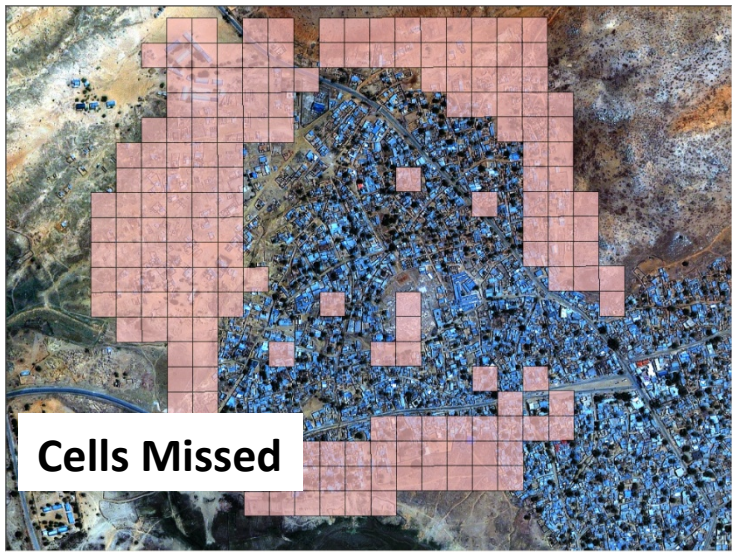
Evaluating Team Performance

Team1 Day1

- Total Area Planned: 374 grid cells
- Area with GPS Tracks: 201 cells
- Area without GPS Tracks: 173 cells
- % Covered: 53%







Strategy 2: Accountability frame work

Objective

- The Accountability Framework is a tool
  - to help **raise population** immunity to >3 OPV doses per child in infected, high-risk and vulnerable LGAs,
  - by identifying the critical **barriers and solutions**; and
  - **holding individuals responsible** for delivering rapid improvement
  - so that **polio transmission** can be **stopped in 2012** in Nigeria.

Reporting mechanism

- The Core Group will deliver a monthly Polio Accountability Report to the Presidential Task Force
  - To integrate LGA, state and national monitoring indicators.
  - The Core Group will also use other evidence (e.g. IPDs LQAs) to verify standard indicators
- The Task Force will use the report to identify underperforming states, LGAs and individuals, and recommend/take appropriate action every month.

Strategy 3: Strengthening community link & Service Delivery

- Counter resistance, which was associated with half of the polio cases in Nigeria last year
- Improve Sweep team communication skills
- Initiate an outreach campaign to map, engage and mobilize religious leaders (Imams, Quranic School headmasters, etc.) in high risk areas
- Increasing program visibility using posters, baners, Radio program & community influencers to stimulate demand
- Continuous tracking and monitoring of Abuja Commitment for States and LGAs
- Build awareness and political support of LGA Chairmen in collaboration with ALGON

Strategies 4, 5 & 6

STRATEGIES	KEY ACTIVITIES
Strategy 4: Scale up and pilot of new Innovations	• Scale up of GIS mapping •Using GPS to track teams •Identification and reaching of consistently missed children •Application of new algorithm for Risk categorization •Refining and scaling Nomadic standing team concept •SIAD strategy in insecurity prone areas and chronically missed settlements
Strategy 5: Accelerating RI	• Initiating outreach efforts to focus LGAs with persistent cVDPV transmission •Tracking and immunizing newborns through MSS facilities to decrease number of OPV zero dose children
Strategy 6: Strengthening Surveillance	•Rapid surveillance reviews in response to any 'orphan' virus •Increase environmental surveillance in Kano State and expand to Maiduguri and Sokoto •Increase community informants in all high risk LGAs •Set up Toll Free line for AFP reporting

Polio Emergency Plan

- Consistently missed children – what we are doing
  - Finalizing a tool to better characterize and identify children that are missed during each polio campaign
  - Scaling up interventions to reach Fulani and nomadic populations
  - Introducing a Short-Interval Additional Dose Strategy – deployed strategically to rapidly boost the immunity of children in communities, geographic locations that have missed consecutive rounds/have never been reached

Nomadic strategy

- Identifying LGAs with large nomadic populations by using stock route maps
- Establishing linkages between LIO and WFPs with the respective Sarkin Fulanis to maintain current location information to facilitate micro-planning
- Liaising with Sarkin Fulanis to identify CONTACT PERSONS in each nomadic group with a temporary or semi-permanent settlement in the LGA

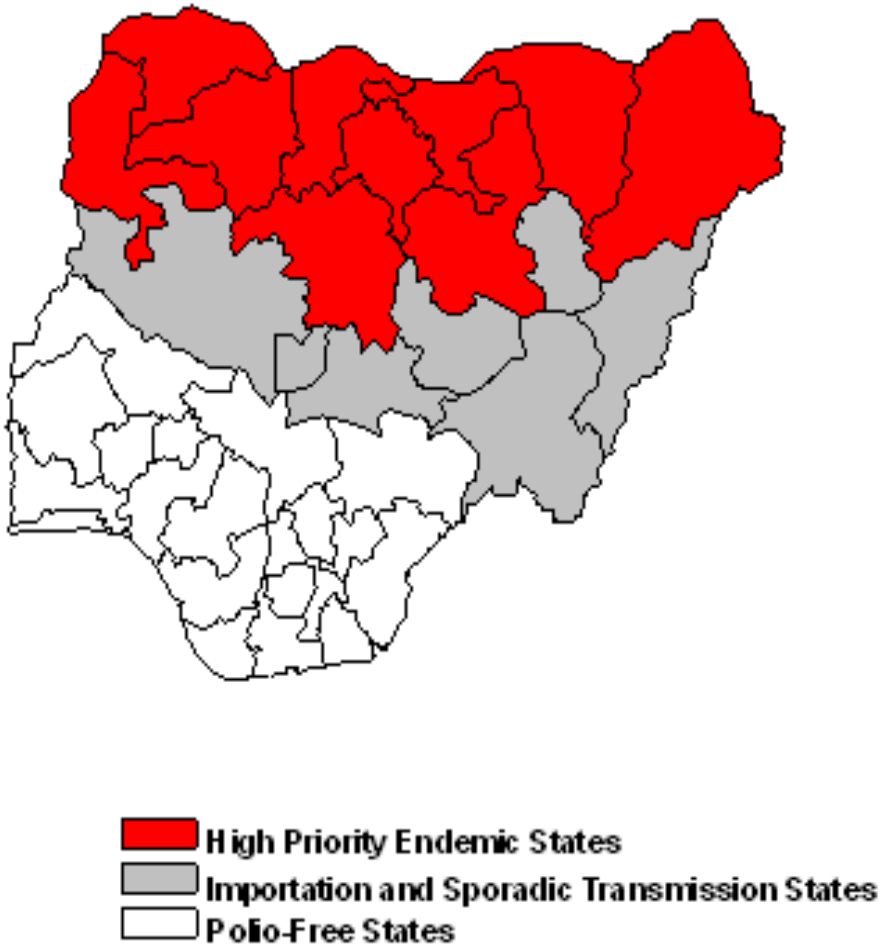
Polio Emergency Plan

- Routine immunization – what we need to do
  - Targeting efforts to improve RI particularly in those LGAs at highest risk for continued WPV circulation.
  - Interventions discussed include:
    - Rapid assessment of RI profile of Kano State
    - Conducting three rounds of LIDs between May & November
    - Initiating outreach effort in 10-15 LGAs, focused primarily in Kano and Jigawa, with persistent cVDPV transmission. Coordinated project between NPHCDA, State immunization and LGA teams, WHO, UNICEF and NGO partners
    - Special human resources support for RI in Kano
    - Tracking and immunizing newborns

Polio Emergency Plan

- Surveillance
  - Increase the number of informants
  - Ensure clinicians in northern states are adequately trained to identify AFP
  - Rapid surveillance review in response to any ‘orphan’ virus

NPHCDA & PARTNERS SURGE IN HR TECHNICAL ASSISTANCE



WHO:

- 1,500 additional workers at ward level in 10 states

UNICEF:

- Recruitment of 7 international polio communication consultants
- 557 volunteer community mobilizers for Kano, Kebbi, Sokoto

CDC

- Epidemiologist and data manager at NPHCDA
- Increasing STOP to 22-25 members and deployed for 5 months

BMGF:

- Sub-national SIA and RI consultant

Progress so Far

Progress so far….

- PTFoPE inaugurated and functional
- NPEP shared with ALL stake holders at all level and operational
- Piloting of team restructuring, work load and a new cadre of supervision being piloted in 36 wards of 12 LGAs in Zamfara, Katsina, Kano & Jigawa in March IPDs
- GIS/GPS piloted in Feb IPDs and scaled up in March NIPDs

Progress so far….cont'd

- Emergency "situation room" to work under DDC&I formed and operational
- Accountability framework is in implementation
- The "Surge" in resources on course and so is "dashboard" for monitoring status of implementation of NPEP
- Recommendations of numerous stakeholders & technical advisory bodies are being incorporated within the context of our current efforts.

Refining the rNPEP & finalizing by mid-April

- ***Ensuring a State-level Operational Focus:***
  - *We are* ensuring that each state immediately understands 'what's different' and how to incorporate new approaches into state & LGA-level operations

- ***Situation Analysis:***
  - A specific section that clearly identifies areas that have *never achieved key IPD performance targets* and prioritizing these for action (e.g. beginning with the worst performing LGAs within the persistent-transmission states that are yet to achieve even 65-70% coverage with ≥4 OPV doses!)

Refining the rNPEP & finalizing by mid-April

- ***Enhancing SIA Operations:***
  - Restructuring into 4 key sections to highlight major activities that will be 'done differently' in each of the following areas:
    a) Improved microplans
    b) Enhanced vaccinator team performance
    c) Special population strategies
    d) Surge support (human resources)
- ***Intensified Communications:***
  - Starting with the worst-performing states and LGAs, We are also identifying targets and strategic approaches for each.
    a) At community level, focus on expanding and intensifying work to identify and resolve non-compliance
    b) Striving to understand and address the other social reasons for missing children (e.g. low awareness).

Enhancing the impact of the rNPEP

- ***Formal Consultation & Finalization with Priority States:*** Senior NPHCDA representatives are consulting with priority northern states and ideally the worst-performing LGAs, to ensure understanding and buy-in
- ***Clear Assignment of Roles & Responsibilities:*** The success of the plan depends on each person, authority and agency at each level understanding assigned roles & responsibilities
- ***Establishing Clear, Common Coordination Mechanisms:*** The problems arising from the current division of labour by area of work are being fixed for the 'emergency approach' to work; as there have to be a single, strong government & partner coordination mechanism at each level to run the programme as a single coordinated activity in specific geographical areas

Giving real time urgency to the Accountability Framework

- **Objectives:**
  (a) no poor-performing LGA does an IPD unless prepared
  (b) all poor-performing LGAs must improve from round to round
  - *Linking Meetings to IPDs:* TF to meet 10 days before each IPD to review preparations, and 2 weeks after to assess improvement.
  - *Focusing on the Worst-Performing LGAs in Worst-Performing States:* start from the May campaign and expand with each subsequent round.
  - *Establishing Standard Performance Indicators for LGA Preparedness & Performance:* a simple set of 5-7 indicators to measure preparations, and another set to measure performance of key campaign processes.
  - *Publicly Delay Campaigns if an LGA is not Prepared:* TF should recommend to States that poorly prepared LGAs be delayed for 7 days while corrective action is taken. H.E. the President should be informed.

We are Maintaining Focus

- Concentrating on the *worst performing LGAs* in the *highest risk states*

- *Rolling out scale up of interventions – priority 1 Kano, Borno, Sokoto, Zamfara – priority 2 other HR states through*
  - *Revision of microplan*
  - *Vaccinator training & team composition*
  - *Intensified Ward Communication Strategy & Volunteer Community Mobilizers*

- *Immediately* scaling up *coordinated* special strategies for high risk areas/groups
  - High Risk Operational Plans in High Risk LGAs & wards
  - Nomad/mobile populations strategy
  - Hard to reach areas (e.g. Lake Chad)

PERFORMANCE INDICATORS FOR THE NPEP

Proposed performance indicators for NPEP 2012

S/No	Thematic area	S/No	Indicator	Baseline	Target
1	Advocacy & SM	1	Proportion of LGAs meeting quarterly Abuja Commitments		
		2	Proportion of 12 high risk states meeting quarterly Abuja		
		3	Availability advocacy kit with PTFoPE in end March		
		4	Proportion of HiLAT visit conducted monthly by the members of PTFoPE		
		5	Availability of quarterly reports with PTFoPE		
		6	Availability of National media engagement plan by end of March with PTFoPE		
2	SIAs & Innovations	7	Monthly update on the status of recruitments made by partner agencies		50% by April, 80% by May, 100% by June
		8	≥80% of wards attain ≥90% coverage through EIM		80% by March, 90% by April
		9	≥80% LGAs not rejected at ≥90% coverage through LQAS		80% by March, 90% by April and 100% by May
		10	Proportion of LGAs with active ward selection committees		
		11	Availability of printed copies of revised IPDs guideline with PTFoPE by end April		
		12	Proportion of LGAs with master list of settlements available at natinal level		
		13	Availability of report on study on characterization of missed children with PTFoPE by end March		
		14	Availability of GIS results in Jigawa after March IPDs and after every IPDs subsequently to PTFoPE		
		15	An operational dashboard at operation roon by mid May		
		16	A functional Tracking/control room at NPHCDA by July		
		17	Availability of a comprehensive Revisit stratagy proposal with PTFoPE by mid April		
		18	Availability of a scale up plan (state/LGA wise) by mid April		
		19	Availability of a "Risk Map" to PTFoPE by mid April		
		20	Submission of Model strategy by Mid April		

3	RI & Surveillance	21	>80% of vulnerable LGAs to achieve 95% OPV birth dose		
		22	Proportion of high-risk LGAs implementing '1'2'3' strategy		
		23	Quarterly report on number of post natal/lying- in rooms with tOPV and data tools		
		24	Availability of a comprehensive plan for mobile outreaches in 15-20 selected LGAs in Kano,Jigawa & Bornoby the end April		
		25	Proportion of rapid surveillance assessment recommendations fully implemented in each state with surveillance review conducted		
		26	90% of LGAs meeting two core AFP surveillance indicators		
		27	Functional toll free line in operation room by Mid May		
		28	Availability of International surveillance review report with PTFoPE by mid June		
		28	Availability of quarterly summary reports to PTFoPE on the status of implementation of RSA recommendatations.		
		30	Availability of reports of environmental survey results from new sites to the PTFoPE by end of May		
		31	Availability of reports on sero-survey findings from new sites to PTFoPE in end of May & Sep		
4	Accountability	32	Proportion of Presidential Task Force meetings held quarterly		
		33	Availability of monthly/quarterly report on national/state accountability to PTFoPE montly/April,July, Oct		
		34	Availability of quarterly report for the President by the PTFoPE in April, July and Oct		
		35	Availability of quarterly reports on the Nigeria Immunization Challenge by the Nigeria Governors' Forum to the PTFoPE		
			Proportion of actions or matters arising addressed from meeting to meeting		50% by Apr, 80% by June, 100% by Sep

Please note that already remaining indicators are mainly process indicators useful for driving the program on a day by day basis rather than on reporting the performance of the EP; and the key issue here is delivering on performance.

Conclusions

- To reach herd immunity & achieve Polio interruption our campaign management MUST improve
- All Stakeholder's MUST be accountable for our respective actions in order to achieve higher quality campaigns
- Scale-up of new strategies holds promise
- Aggressive ''marketing'' & IMPLEMENTATION of the Revised Plan to rebuild TRUST in our national efforts to stop polio as targeted

Thank you