



Rapid immunization assessment (Jigawa, Katsina, Yobe and Zamfara)

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PRRINN-MNCH in September-December 2009, conducted a desk review and rapid assessment of immunization systems and services in the four project states of Jigawa, Katsina, Yobe and Zamfara. The objective of the review and assessment was to highlight improvements to the immunization services, identify existing barriers, and provide recommendations for future interventions. This included a review of reports listed on Annex 11 and assessment of State and selected LGA cold stores and health facilities.

To do this, the national consultant worked with the STA, State Supply Officers, Senior Programme Officers, Local Engagement

Officers, state and LGA health staff to conduct the assessment of the cold chain, vaccine distribution systems, and vaccine management at the state level and in 4 LGAs and 8 health facilities in each state. The selection of LGAs was based on one per senatorial zone and one PRRINN-MNCH learning LGA. Two health facilities were selected per LGA – one urban and one rural. Data from the assessment was analyzed using the District Health Information Software (DHIS).

The findings and recommendations specific to each state are found in the individual state reports in the annexes, some of the overall findings follow:

- i. There have been improvements in immunization systems at the State and LGA levels. Most of the problems affecting immunization are at the health facility level. Continuing challenges are lack of funding for vaccine distribution, low demand for services, and infrequent outreach services.
- ii. No damaged or expired vaccines were found at any of the State or LGA cold stores.
- iii. Vaccine supply at the State and LGA level has improved and there are fewer stock outs.
- iv. All State cold stores are sufficiently equipped to store RI and IPD vaccines and are storing vaccines at correct temperatures. In some cases, the cold stores may be over-equipped.
- v. Lack of power is still a major concern at the cold stores. All State cold stores have generators, but many LGA stores do not. It will be important to ensure that there are funds for generator fuel.
- vi. There were very few refrigerators at the facility level. Health workers must collect vaccines which can be difficult, time consuming and risks exposing vaccines to heat. In Yobe State, however, 63% of the facilities visited had a refrigerator.
- vii. Vaccine distribution and transportation results are variable. In some LGAs, facility in-charges were responsible for picking up vaccines and paying for transportation; in others, the LGA paid for it through GAVI support.
- viii. All the State Cold stores combine routine immunization coverage and IPD coverage. This increases immunization coverage rates, but does not give an accurate coverage rate for routine immunization.
- ix. Data management is a challenge at all levels. At the State level, data is missing on antigen coverage rates, fully-immunized



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- child rates; DPT3 drop-out rates and target population. Similar data management needs exist at the LGA level. At the health facility level, in-charges are frequently missing target population data, fully immunized child rates, and coverage data.
- x. Immunization coverage rates are difficult to calculate for a number of reasons (poor skills in data management and reporting; unknown target populations; lack of monitoring). Improvements in data management, community demand activities, and increased availability of vaccines will help improve overall coverage rates.
 - xi. Outreach services are planned but often do not occur. Health facilities interviewed reported that, in September, 50% of planned outreach sessions were conducted in Jigawa; 60% were conducted in Katsina;
- xii. Almost all health workers interviewed at all levels had received some sort of immunization training in the past year.
 - xiii. Injection safety and waste management practices are good but could be improved through supervision or refresher training.
 - xiv. Many of the performance issues (injection safety, vaccine forecasting, data management) could be addressed during supportive supervision visits and on-the-job training by supervisors. It is important to ensure that regular supervision is budgeted and occurs at all levels.

Results of 2009 Rapid Immunization Assessment compared to 2007 Supply Side Assessment¹

	Jigawa		Katsina		Yobe		Zamfara	
	2007	2009	2007	2009	2007	2009	2007	2009
State cold store stock outs (3 mo prior to review)		n/a		None		BCG TT		None
Damaged vaccines in State Cold Store		None		None		None		None
LGA store stock outs of BCG (% LGAs assessed reporting yes)	38%	25%	14%	0%	83%	38%	50%	25%
LGA store stock outs of TT (% LGAs assessed reporting yes)	100%	25%	43%	0%	83%	75%	50%	50%
HF reporting store stock outs of BCG (% HFs assessed reporting yes)	74%	50%	32%	65%	52%	38%	48%	25%
HF reporting stock outs of TT (% LGAs assessed reporting yes)	61%	13%	19%	25%	52%	50%	17%	0%
December 2009 M&E milestone	34%							
% of LGAs with 1 month stock of all antigens for previous 3 months		75%		100%		75%		100%
December 2009 M&E milestone	59%							
% of HF with up-to-date microplan		75%		75%		63%		75%
December 2009 M&E milestone	30%							
% of HF with up-to-date monitoring charts		63%		38%		75%		38%
December 2009 M&E milestone	40%							
DPT3 drop-out rate at selected LGAs (Average June-Sept; selected LGAs)		29%		22.1%		32%		21%
December 2009 M&E milestone	25%		43%		43%		43%	
DPT3 drop-out rate at selected facilities		10%		20%		25%		36%
December 2009 M&E milestone	25%		43%		43%		43%	

¹ Shaded areas show PRRINN-MNCH M&E indicators



Recommendations

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| <p>i. Increase focus on outreach services, increasing community demand and improved service provision by working with ward focal persons and the LECs to improve adherence to and awareness of fixed and outreach sessions and help in-charges plan for vaccine collection and transportation.</p> <p>ii. Improve data collection at all levels; this will help to improve efficiency of services at all levels. Supervisors (with support from the LECs) can provide on-the-job training on recording coverage, using data to forecast vaccine needs, and use that data to improve services at the health facilities. At the LGA and the State level, Immunization Officers and CCOs can create a demand for accurate data and reporting.</p> <p>iii. Establish mechanisms for collecting coverage rates for fully immunized children (e.g. registers to help health workers record FIC; increase use of child health cards to record coverage)</p> <p>iv. Disaggregate routine immunization and campaign data to get a better indication of use of routine immunization data, perhaps using Immunization Basics model.</p> <p>v. Strengthen and standardize vaccine distribution by advocating for allocated transportation costs for all LGAs; establish satellite cold stores at facilities where there are well functioning solar refrigerators and trained staff.</p> | <p>vi. Develop specific advocacy strategies for State and LGA levels; especially for budget line items for cold chain equipment maintenance and operational funds for routine immunization. There is especially need for funding fuel for generators, transportation and supportive supervision.</p> <p>vii. Collect operational costs to help advocacy and budgeting efforts.</p> <p>viii. Coordinate injection safety and waste management training through MNCH activities to expand good waste management practices beyond immunization.</p> <p>ix. Follow-up on supportive supervision to ensure that it is reaching health facilities and that supervisors have updated training on vaccine management, especially forecasting and data management.</p> <p>x. Establish routine visits by the LECs and supervisors to LGA cold stores and health facilities using the same checklist and approach to continually monitor performance, provide on-the-job training and strengthen supervision skills. It will be important to compare the results from this study with those of the coverage surveys PRRINN-MNCH is planning to carry out.</p> |
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For the full report, please email info@prinn-mnch.org.