



# NPHCDA

National Primary Healthcare Development Agency  
... Making Nigerians Healthy



## The polio eradication programme

### *Bringing better health to northern Nigerian communities*

*“We ensure the polio programme delivers primary health care services to millions of Nigerians.”*

– Dr Ado Mohammad, Executive Director,  
National Primary Healthcare Development Agency

The National and State Governments of Nigeria are leading efforts with polio partners to improve primary health care delivery in 15 northern Nigerian States. As the Polio Emergency Operations Center works to stop polio transmission in 2014, the polio partnership is innovating and pursuing activities that will not only end polio, but also bring wider health benefits to Nigerians – particularly women and children – in some of the poorest and most remote communities.

In 2014–2015, as a result of the government-led polio partnership efforts to improve primary health care services in high-risk northern States:

- ★ 1.29 million additional children can benefit from routine immunization (RI);
- ★ 628,000 additional children will receive oral polio vaccine;
- ★ 1.15 million pregnant women can benefit from tetanus immunization;
- ★ more than 1 million maternal and child primary health care interventions will be delivered to 3,176 remote, hard-to-reach communities;
- ★ more than 414,000 people in Kano will benefit from “health camps” during polio campaigns.

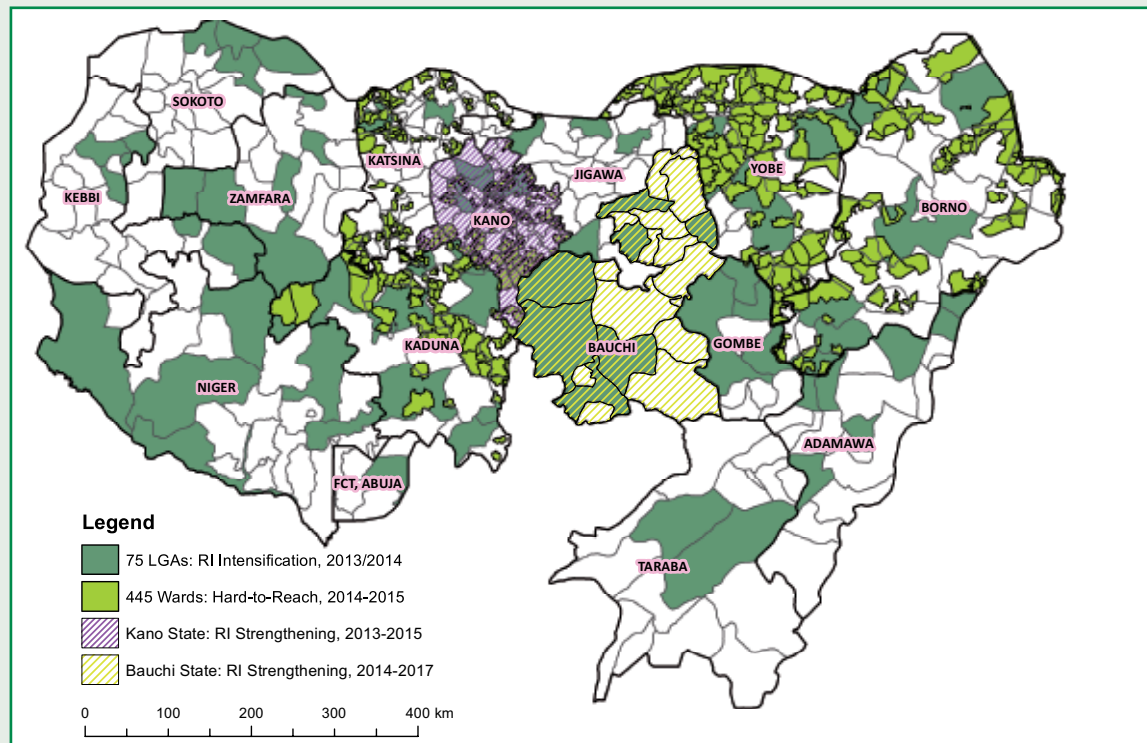


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*In total,*

**using the polio infrastructure, National and State Governments and polio partners will deliver more than 4.5 million additional primary health care interventions to northern Nigerians in 15 States and 328 local government areas (LGAs) in 2014–2015.**

**POLIO PARTNERS' EFFORTS TO STRENGTHEN PRIMARY HEALTH CARE IN NIGERIA**



**The US\$ 300 million annual investment in polio eradication will fund almost 1.5 million health personnel in 2014.**

This includes: 700,000 people in health teams, 330,000 supervisors and 25,000 monitors to reach every household in Nigeria; 855 disease surveillance officers; the most rapid and accurate health data collection and analyses in the country; 13,000 volunteer community mobilizers to provide health education and mobilization for thousands of communities; sophisticated geo-mapping and tracking of even the smallest settlements; cold chain equipment

and human resource development for hundreds of local governments.

The polio partnership has reduced polio to record lows, with just 58 polioviruses identified in 2013. The 2014 goal is to stop all polio transmission, and then maintain a polio-free Nigeria in perpetuity. This will require continued investment in the polio infrastructure until certification in 2018, with multiple high-quality house-to-house campaigns that deliver polio vaccine to all children under five years of age; while strengthening health facility-based primary care for Nigerian communities.

The polio partnership is led by the Nigerian Federal Ministry of Health & National Primary Health Care Development Agency, and includes Nigerian State and LGA governments, Bill and Melinda Gates Foundation, CIDA, Dangote Foundation, DFID, JICA, KfW, Rotary International, UNICEF, USAID, U.S. Centers for Disease Control and Prevention, and World Health Organization.

**As Nigeria approaches its polio eradication goal, the government and its polio partners are making additional significant investments that use the polio structures and experience to deliver much more than polio vaccine.**

## **1. Strengthening routine immunization (RI) in the northern States**

A strong routine immunization programme is required to sustain polio eradication, improve immunization coverage and serve as a platform for improving child and maternal health. The following routine immunization programmes use polio resources at local, state and national levels to help plan, implement, supervise, monitor, and report outcomes.

### **1.1. Delivering routine immunization to 730,000 children in 75 LGAs**

Concerned about the high numbers of circulating vaccine-derived polio viruses in 2011 in 17 LGAs in Bauchi, Borno, Jigawa, Kano, Katsina, Niger, and Zamfara, polio

partners WHO and UNICEF invested in 2012–2013 to rapidly increase routine immunization coverage by supporting regular fixed sessions and doubling outreach services in every ward. The efforts from January to December 2013 resulted in increased DTP3 coverage from 41% to 84%; a rise from 30% to 90% OPV3 coverage and a 58% reduction of unimmunized children when compared to the same period in 2012.

Success in the 17 LGAs resulted in project extension and expansion. As a result of polio eradication efforts of the last twelve months, staff have strengthened skills in micro-planning, training health providers, vaccine and logistics management, supportive supervision, monitoring and community mobilization. They are using these skills to address critical weaknesses in routine immunization in an additional 39 LGAs. A project review in January 2014 showed that 80% more children were immunized with DTP3/Penta in December 2013 versus December 2012. The project has been expanded further to apply the same model to 19 additional high-risk LGAs in ten northern states in 2014.

In 2014–2015, routine immunization intensification has the potential to benefit more than 730,000 children under 12 months of age and 443,000 pregnant women in 75 LGAs in Adamawa, Bauchi, Borno, Gombe, the FCT, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe and Zamfara.



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## 1.2. Strengthening routine immunization planning and monitoring

In addition to supporting states and LGAs with reaching every ward micro-planning and implementation of planned sessions, NPHCDA and WHO have launched Nigeria's Real-time Tracking of Routine Immunization Supervision (NRTRIS) which collects information on areas such as conduct of sessions, availability of vaccines, logistics, data tools and funding. Each month, using SMS technology, information on more than 1,000 supervisory visits from across the country gets reported, compiled and analyzed. The findings are used to make corrections to the routine immunization programme. The WHO polio surge capacity network funded by BMGF is playing a key role in this process.

## 1.3. Strengthening routine immunization in all of Kano State

The national and Kano state governments, together with polio partners have initiated a unique public-private partnership to improve every aspect of routine immunization in Kano State. The partnership between Kano State, Bill and Melinda Gates Foundation and Dangote Foundation enjoys the highest level of oversight by the Kano State Governor, Alhaji Aliko Dangote and Mr. Bill Gates. Over three years, the Kano State government will increase its financial contribution to routine immunization from 30% to 100% by January 2016. The programme includes a full review and strengthening of cold chain capacity, health worker training, full operations

funding, clear performance indicators, and an agreement with the federal government to ensure sufficient routine immunization vaccines and bundled supplies. To date, the programme has helped to accelerate the consolidation of human resources for health under the Kano State Primary Health Care Development Board; provided refresher training of 2500 health workers; and delivered 87 % of all planned fixed sessions since operations began in June 2013.

## 1.4. Strengthening routine immunization in all of Bauchi State

Given the success and future promise of the Kano RI partnership, the Bauchi state government is initiating a similar programme in Bauchi state, together with the Gates and Dangote Foundations. Under the direction of the Bauchi State Primary Health Care Development Board, the three-year programme is set to begin operations by June 2014.

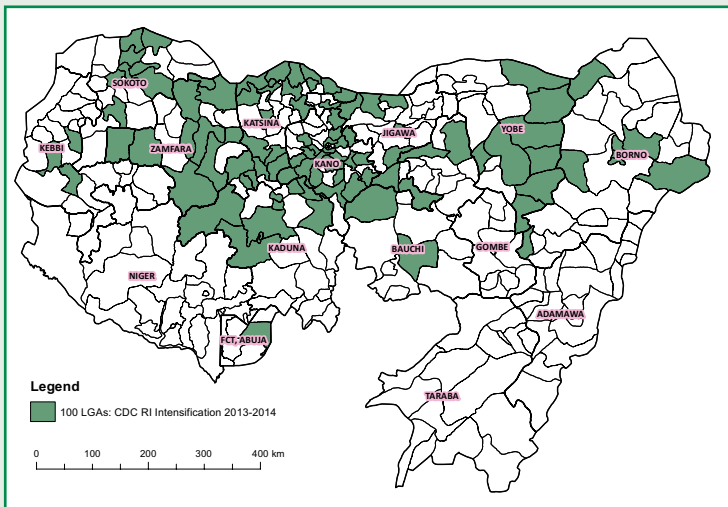
## 1.5. Supporting Local Governments to improve routine immunization

The CDC polio "N-STOP" programme has trained more than 635 Nigerian medical, veterinary and allied health professionals on immunization programming, management and research. The programme has deployed 100 officers to support 100 high-risk LGAs in 11 states to strengthen RI. The officers help to implement an RI applied training programme for district level staff. This has successfully improved RI planning and service delivery, particularly for underserved populations. This programme will be expanded in 2014 and 2015.



*Kano's Polio Emergency Operations Centre*

## THE CDC'S ROUTINE IMMUNIZATION STRENGTHENING THROUGHOUT THE NORTHERN STATES



### 2. Expanding access to primary health care during polio campaigns

Since September 2013, the Emergency Operations Center has guided a strategy of “health camps” during polio Immunization Plus Days (IPDs) in high-risk northern States. In 2014, NPHCDA, UNICEF, WHO, CORE Group and eHealth Africa plan to offer more than 9,200 health camps in Kano’s 44 LGAs and 484 wards, to serve more than 650,000 people. Partners are also supporting hundreds of health camps during every polio campaign in other high-risk states including in security-compromised areas of Borno and Yobe.

These camps, held at accessible locations in the community during each IPD, provide basic primary health care services in addition to oral polio vaccine. They are especially effective at attracting communities that are traditionally “non-compliant” for polio.

### 3. Expanding access to basic child and maternal health services

3.1. The government and polio partners are now supporting **an expansive programme that delivers priority maternal and child health services, including routine immunization, to 3,176 hard-to-reach communities** in Bauchi, Borno, Kaduna, Kano, Katsina and Yobe States. The programme, being executed by the LGA health teams together with WHO and UNICEF, supports mobile health teams to provide quarterly mobile health clinics to these hard-to-reach settlements, including border, nomadic and riverine communities. The programme objective is to ensure >80% of children under five receive four doses of polio vaccine, and that >80% of children under five and pregnant women receive primary health care services. The services prioritize the most prevalent causes of child and maternal morbidity



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*“It is very gratifying to serve so many pregnant women and young children during polio Immunization Plus Days.”*

*– Health camp worker*



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*“Six months ago, he used to look pale and thin and was always sick,” says this boy’s father. “I used to spend most of my time taking my wife and him to doctors. But all this changed after Hauwa, the Volunteer Community Mobilizer, told us to enroll him in the CMAM centre. His mother can now even leave him home with me and go visit family members, like she did today.”*

and mortality, and will include preventive and curative treatment for pneumonia, diarrhea and malaria for children, and basic antenatal care for pregnant women. The 12-month programme, scheduled to begin in April 2014, plans to deliver more than one primary health care interventions to people in the six states. A successful programme can provide a model for sustained hard-to-reach activities well beyond 2015.

**3.2. Women Volunteer Community Mobilisers, working in more than 10,000 settlements**, are educating and mobilizing families to improve their health. These women, known as “VCMs” are trained to explain basic health information – about water, sanitation, immunization and nutrition – to the families in their settlements. They rally families for polio and routine immunization, and enumerate children under five to help ensure they receive polio vaccine. More than 13,000 newborns are given their first dose of polio vaccine by VCMs every month. Now, these women are teaming up with local centres to address malnutrition. Using mid-upper arm circumference measuring tapes, they identify children who are malnourished and refer families to community-based management of acute malnutrition (CMAM) centres for treatment and routine immunization. This work will expand as the government and its partner establish more CMAM centres. VCM’s receive a small stipend of Naira 10,000 per month, together with a royal blue hijab uniform, educational flipchart and a notebook.

This affordable and effective network can be built and sustained across northern Nigeria, providing an important community linkages to health systems.

## 4. Investing in modern technology and infrastructure

The government and polio partners have established health delivery platforms using modern, easy-to-use technical innovations.

### 4.1. Detailed GIS maps of 9 northern states and more than 100,000 settlements

These maps, produced through a consortium of partners including WHO, eHealth, NovelT and State and LGA teams, help vaccinators reach every household during polio campaigns, provide the most extensive public-access mapping ever created in Nigeria. The maps show details from 106,811 settlements, including 78,632 small scattered hamlet area, landmarks such as health centres and geographic features. Copies are made available to every ward and are used by health teams to plan polio campaigns and other health services. Over time, these maps will be used for planning and implementing additional health, education and other social services.

The polio N-STOP programme has also enumerated more than 46,000 settlements in border and remote areas in 19 states. Working with local community leaders including veterinarians, the enumeration has led to the identification of previously unreached communities, and heightened understanding of the needs and movements of the sizeable populations of nomadic herders, migrant farmers and fishermen.



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## 4.2. GIS tracking and mapping

Through a simple android phone application that sends a location signal, the polio partnership is able to track the work of vaccinators in up to 60 LGAs during each polio campaign to ensure they are traveling to their assigned settlements. Analysts can map the location signals, and identify settlements, or even scattered households that have been missed during polio campaigns. They can then rapidly send that information to local teams. Together with the maps, health teams can then plan to revisit the area. Through this technology, the polio programme has identified settlements that are chronically missed during polio campaigns. This technology will be applied to track health teams involved in the “hard-to-reach” programme, and can be applied to other health outreach programmes.

## 4.3. Cutting edge health emergency operations centres

Established and hosted by the National and State Governments, the polio emergency operations centres in Abuja, Bauchi, Borno, Kaduna, Kano, Katsina, Sokoto and Yobe, bring the polio partnership together to work efficiently under one roof. The centres provide a fully equipped, safe and comfortable environment for the polio teams. Here, the government, WHO, UNICEF, the CDC and other partners sit weekly together to analyse and review the latest shared programme data, including large-scale up-to-the minute maps, and outcomes from every polio activity. The videoconferencing facilities bring in partners from around Nigeria and the world. These centres are being used for all health programming supported by the polio partnership, and can and should be used in the near future to administer other health partner programming, including Maternal and Child Health Weeks.

Programme	Scope	Annual potential beneficiaries				Total
		Children RI	Additional children OPV	Pregnant women (TT)	Additional health services	
CVPDV RI intensification total target population	17 LGAs	245,223	475,000	145,768		865,991 <sup>a</sup>
RI intensification total target population	58 LGAs	666,204	0	408,881		1,075,085 <sup>b</sup>
RI Kano total target	State	472,853		591,066		1,063,919 <sup>c</sup>
RI Bauchi total	State	232,887		291,109		523,996 <sup>c</sup>
Hard-to-reach	3176 settlements				1,270,400	1,270,400 <sup>d</sup>
Sub-total		1,617,167	475,000	1,436,824	1,270,400	4,799,391
80% of total target population		1,293,734	380,000	1,149,459	1,016,320	3,839,513
Health camps, Kano	9200		248,400		414,000	662,400 <sup>e</sup>
Total beneficiaries		1,293,734	628,400	1,149,459	1,430,320	4,501,913

### NOTES

a. CVPDV RI for children < 12 months, OPV for < 36 months, TT pregnant women – beneficiaries = 80%

b. RI Intensification = RI and OPV for < 12 months – beneficiaries = 80%

c. Total < 1s – beneficiaries = 80%

d. HTR assumes 100 people treated per session; x 4 sessions for each of 3176 settlements – total < 1s – beneficiaries = 80%

e. Health camps assumes 27 kids for OPV (< 59 months), 44 adults per camp based on e-health report for March

### FOR MORE INFORMATION PLEASE CONTACT

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