

MOMENTUM Routine Immunization Transformation and Equity

Turning Data and Data Systems Into Action: Reaching and Monitoring Zero-Dose Children in Nigeria

September 24, 2024
9:00-10:00 AM ET



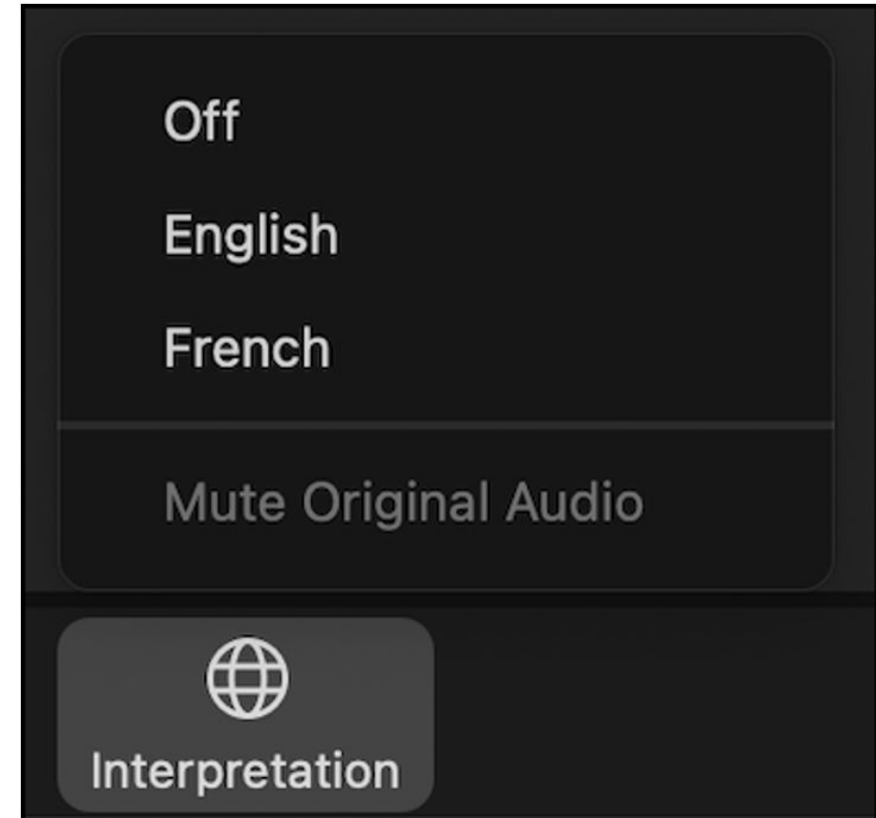
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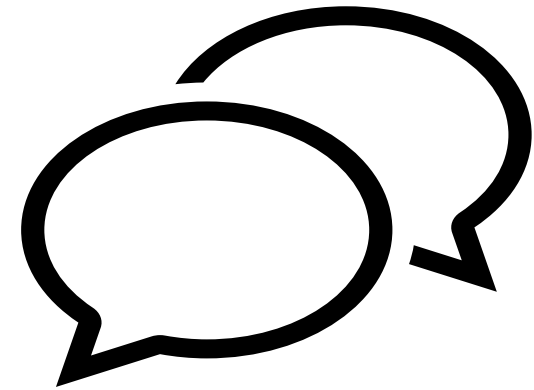
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Speakers

Moderator



Grace Chee
MOMENTUM Routine Immunization
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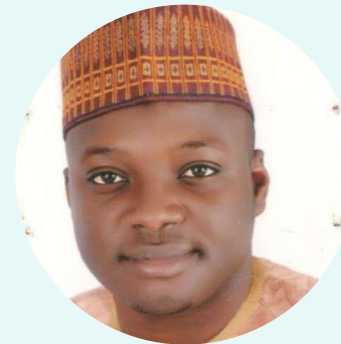
Guest Speakers



Heidi Reynolds
Gavi, The Vaccine Alliance



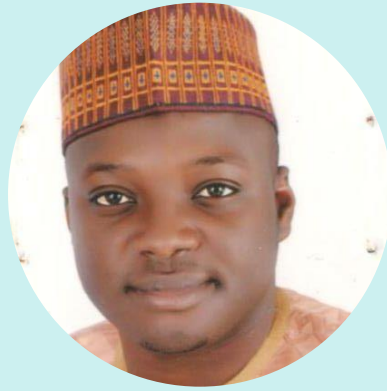
Rebecca Fields
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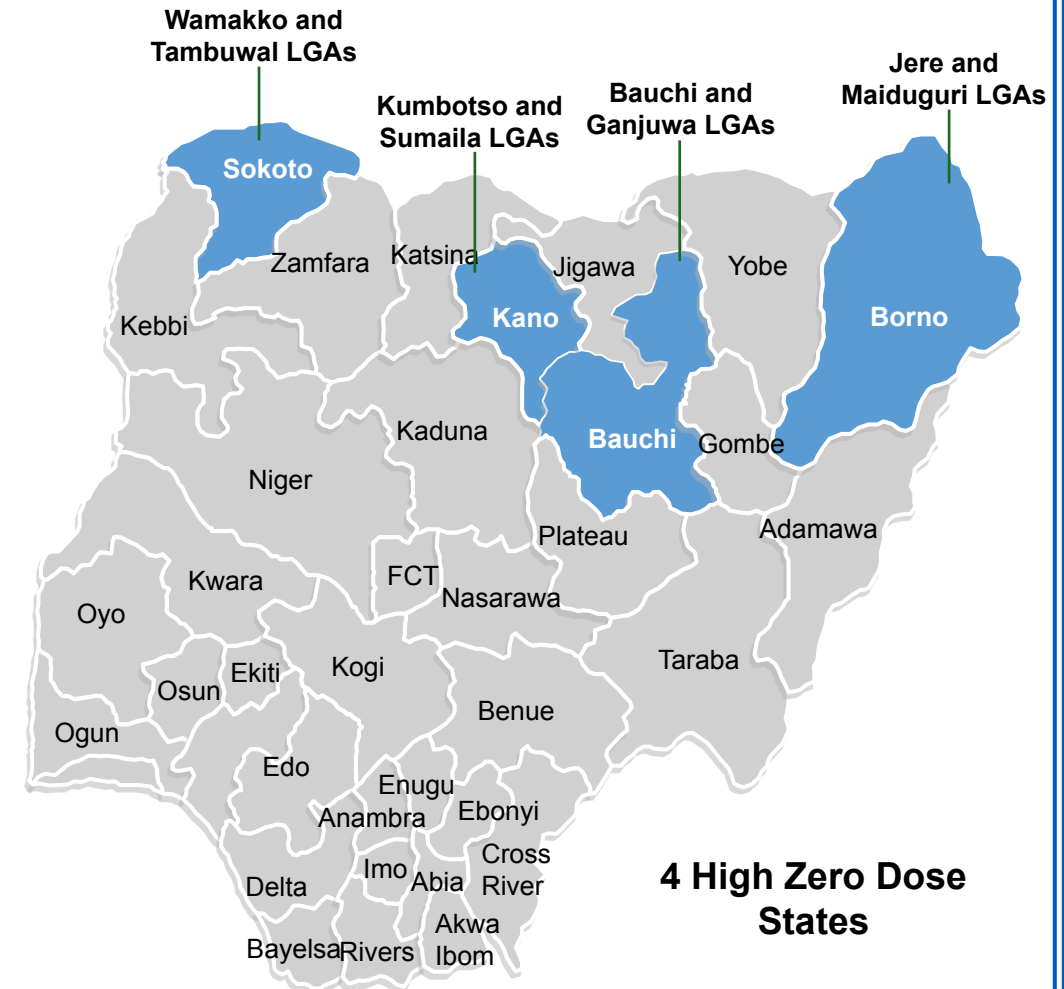


Using LQAS methods to monitor immunization performance to better target efforts in Learning Hub LGAs in Nigeria

DECENTRALIZED IMMUNIZATION MONITORING

BACKGROUND

- RI coverage trend in Nigeria has remained sub-optimal; DPT3 at 33% and 57%* in 2016 and 2021, respectively
- Routine Immunization Working Group (RIWG) developed innovative approaches to improve coverage: Zero Dose Reduction Plan (ZDROP) and Identify, Enumerate and Vaccinate (IEV) in 100 districts across 18 states
- ZDROP, IEV and other innovative approaches largely focused on Identify and Reach components of the IRMMA Framework
- Decentralized Immunization Monitoring (DIM) developed and piloted in Kumbotso LGA - Kano to compliment NPHCDA efforts in performance monitoring and tracking
- DIM adopts the BeSD Framework to provide evidence-based and contextual information mitigating immunization coverage both from the demand and supply side



AIM & OBJECTIVES



AIM: To better assess RI performance at LGA and ward levels and to understand local drivers/barriers of vaccination as well as identify priority indicators at ward level for quick and effective intervention

To estimate average coverage proportions for immunization indicators at LGA level

1

To understand drivers of low vaccination uptake

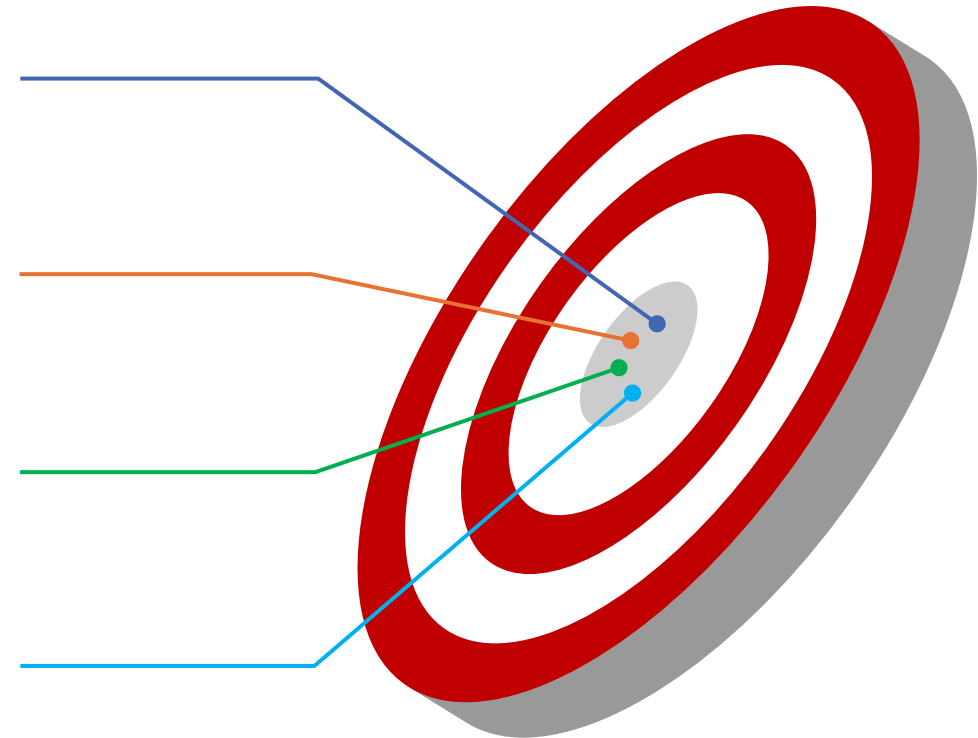
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To identify low performing wards for prioritization

3

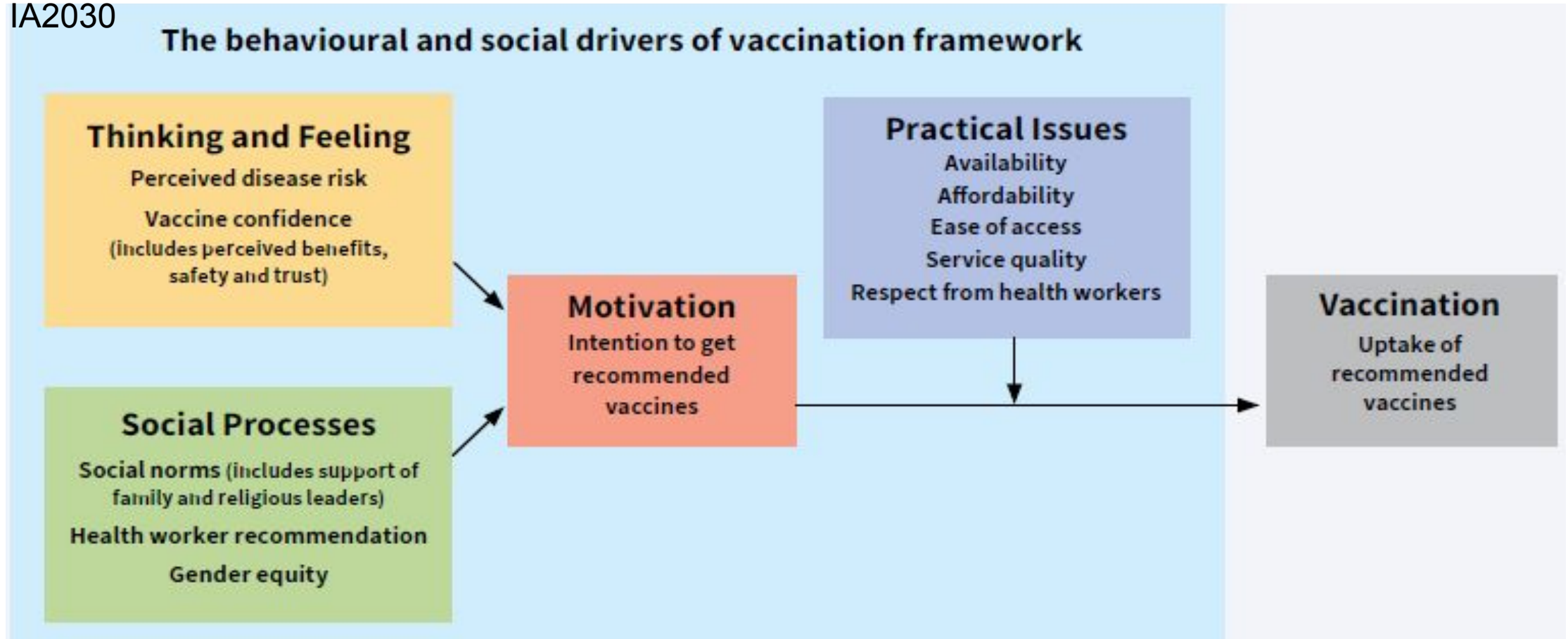
To generate and synthesize evidence to improve RI programming

4



BEHAVIOURAL & SOCIAL DRIVERS OF VACCINATION FRAMEWORK

- BeSD developed by World Health Organization and approved by the Strategic Advisory Group of Expert (on Immunization) to understand barriers and contextual factors affecting vaccination uptake inline with IA2030



Methodology

Study Design: Cross sectional design

Study Site:

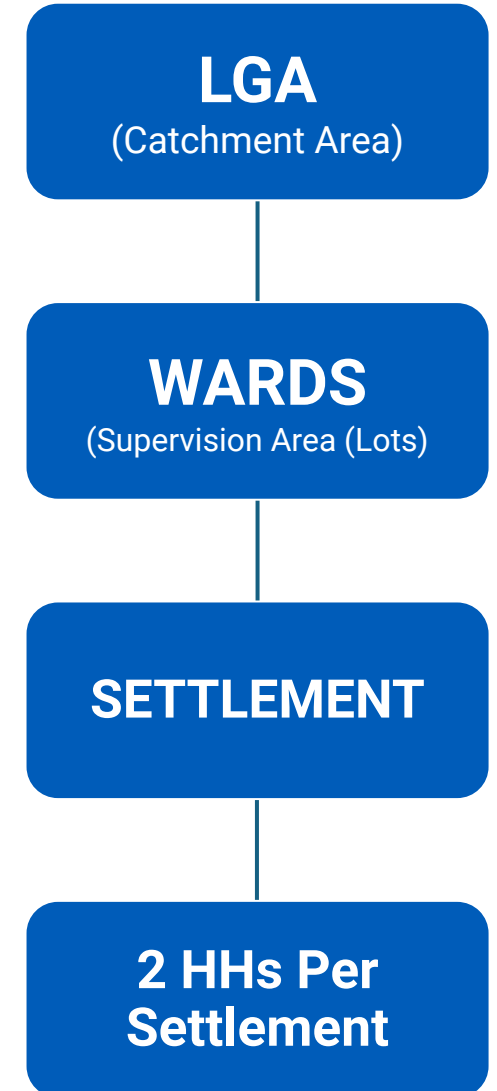
- All wards in 2 selected LGAs in each of the 4 States (Kano, Sokoto, Borno and Bauchi)

Study population:

- Caregivers of eligible children aged 0 – 11 and 12 – 23 months
- New residents, Visitors and secondary caregivers excluded

Sampling Technique: Classic LQAs Approach

- LGA as the Catchment Area (CA) and Wards as Supervision Areas (SA)
- In each of the 106 wards, 19 Interview locations (IL) were selected per ward using PPS sampling (2014 ILs)
 - Masterlist of settlements + estimated number of HH retrieved from LGA Team
- Eligible Households were randomly selected in each interview locations using segmentation sampling
- In each selected household, one caregiver from the target populations (children 0-11 months or 12-23 months) sampled. Next closest house visited to find the caregiver of remaining eligible child (parallel sampling).



Methodology (II)

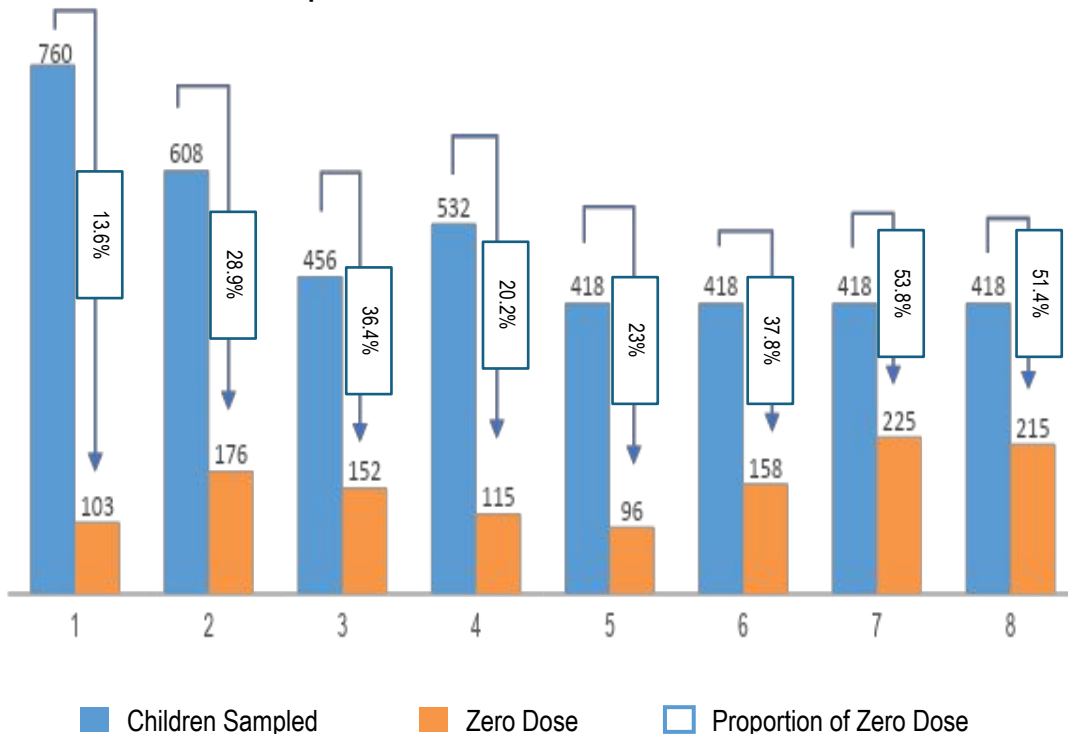
Data Management

- 230 data collectors (2 per ward) were trained by Master trainers for 2 days
- Field work for 6 days per team with average workload of 3 settlement per day (6 eligible children)
- Data was collected electronically using Open Data Kit with supervision from State, LGA and survey team

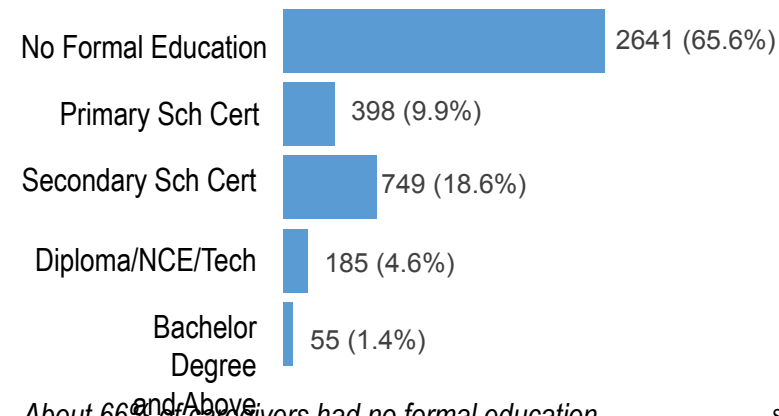
State	LHs	# of Wards - SA	# of Interview Locations Per Ward	# of cohorts	Total sample
Bauchi	Bauchi	20	19	2	760
	Ganjuwa	16	19	2	608
Borno	Maiduguri	14	19	2	532
	Jere	12	19	2	456
Kano	Kumbotso	11	19	2	418
	Sumaila	11	19	2	418
Sokoto	Tambuwal	11	19	2	418
	Wamako	11	19	2	418
		106		Total N	4,028

Findings

- A total of 4,028 sampled across the 106 wards
- The Mean age of caregivers was 28 years (SD± 6 years) – Slightly lower in Bauchi 26 years and higher in Borno 30 years
- Over 97% had Islam as their Religion and Married
- Zero Dose prevalence was 30.7%

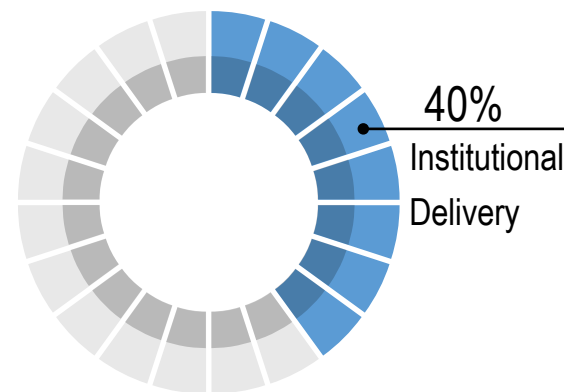


Educational Status of Caregiver



About 66% of caregivers had no formal education with 84% of ZD had no education

Site of Delivery



Home Delivery was 54% with Sokoto and Kano having 72.5 and 66.4% respectively. However, 71% of ZD Caregivers delivered at Home

Employment Status

Employment Status	Count	Percentage
Self Em	2,243	55.7%
Not Emp	1583	39.3%
Formally Em	202	5%

About 51% source of income times hi

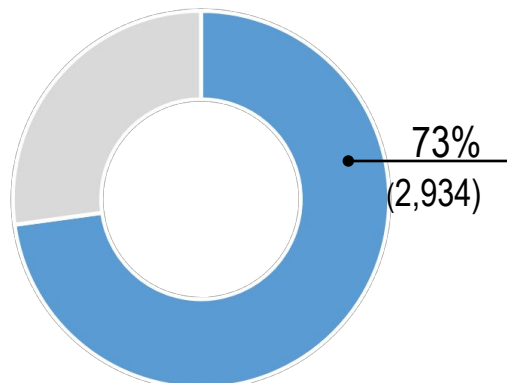
Uptake of Antenatal Service (N = 3610)

Status ANC	NZD (2,466)	ZD (1,144)
Yes	2,232 (91%)	625 (55%)
No	234 (9%)	519 (45%)

Overall, 79% Uptake. ANC uptake was higher amongst NZD Caregivers than ZD caregivers. Sokoto and Kano (Sumaila) had the lowest uptake

Findings

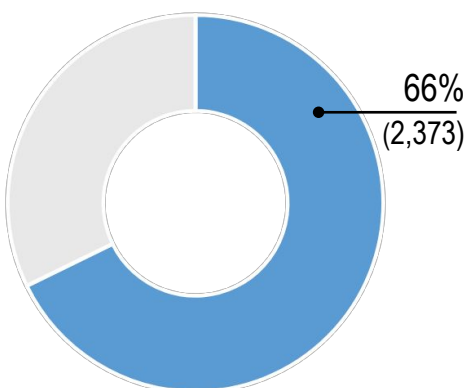
% of Children Ever Vaccinated (N = 4,028)



About 73% of Sample children had received at least one immunization antigen. Sokoto had the least 46%

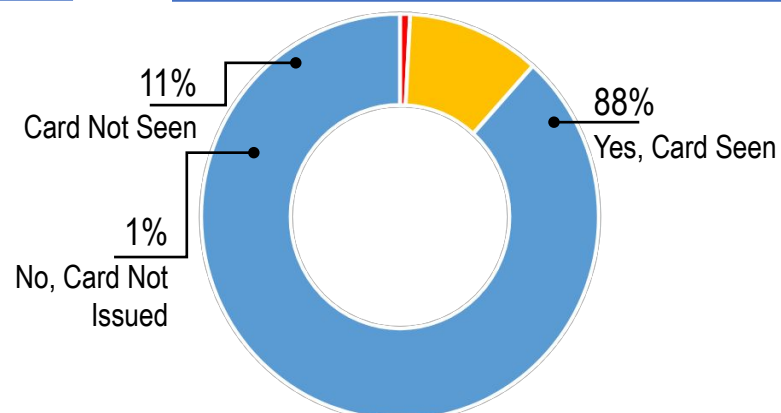
Penta 1 Coverage

(>10 weeks – 23 months) (n = 3,621)



Penta 1 coverage was at 66% with Bauchi having 77%

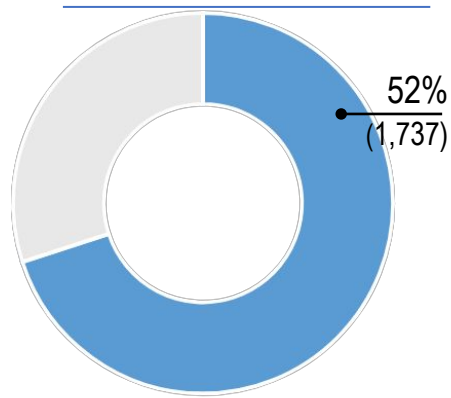
Card Retention (n = 2,934)



Kano had the highest card retention (91%) and Borno had the least 85%. Cards were Misplaced/Lost or damaged

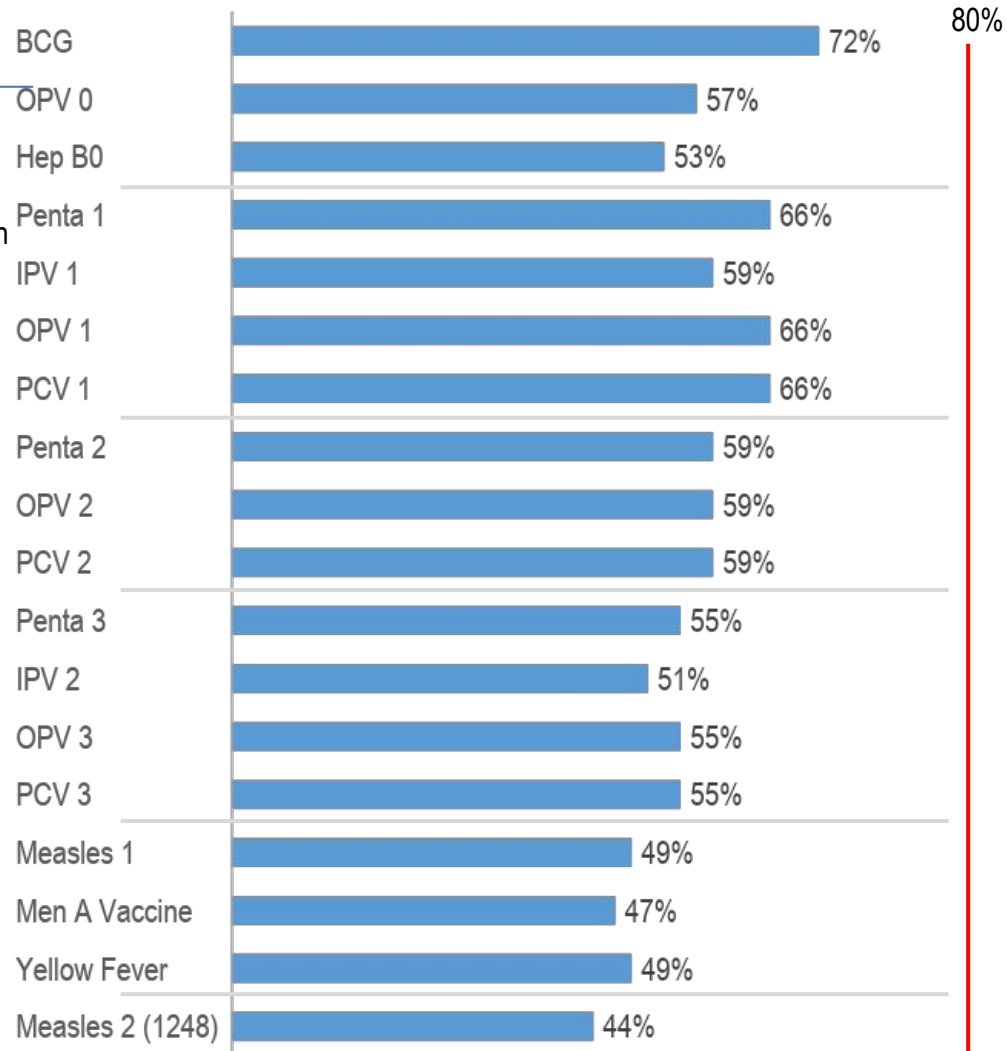
Penta 3 Coverage

(>18 weeks – 23 months) (n = 3,313)



Penta 3 coverage was 52%. Found to be highest in Bauchi (70%) and least in Sokoto (32%)

Coverage by Antigen (12-23 Months) (Card + Recall)

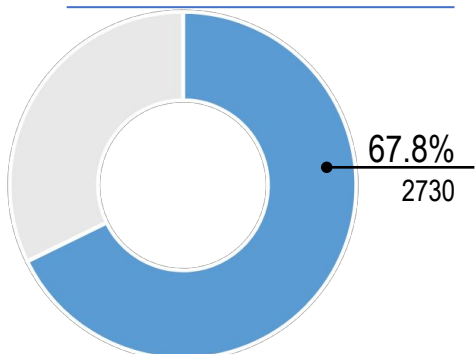


Coverage were lower than the National target of 80%. Penta 1 and Penta 3 Coverages of 66 and 55% were lower than the WUENIC estimate of 70% and 62% respectively

Findings

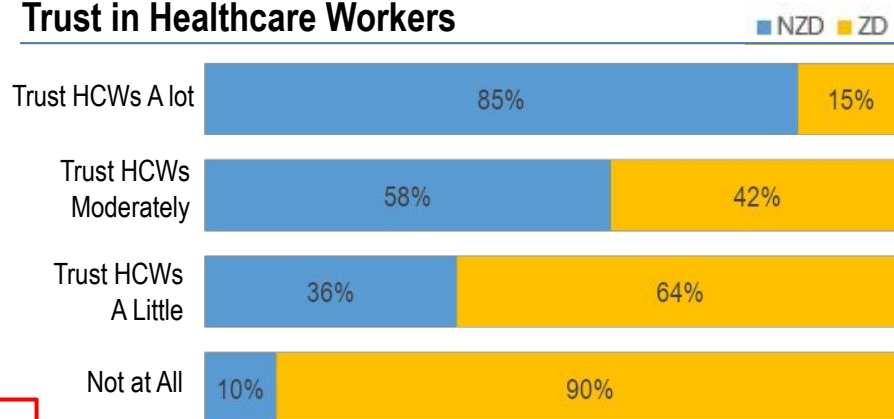
Behavioral & Social Drivers Priority Indicators (N=4,028)

Intention to Vaccinate



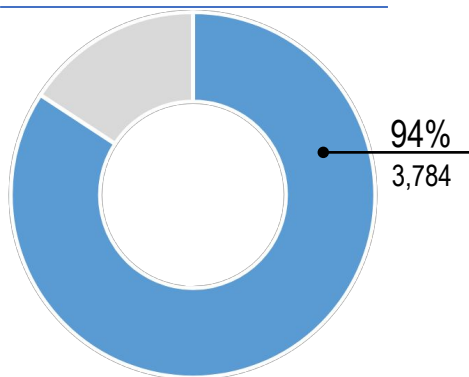
About 68.5% of Zero dose caregivers reported little or no intention to vaccinated with all the childhood vaccines

Trust in Healthcare Workers



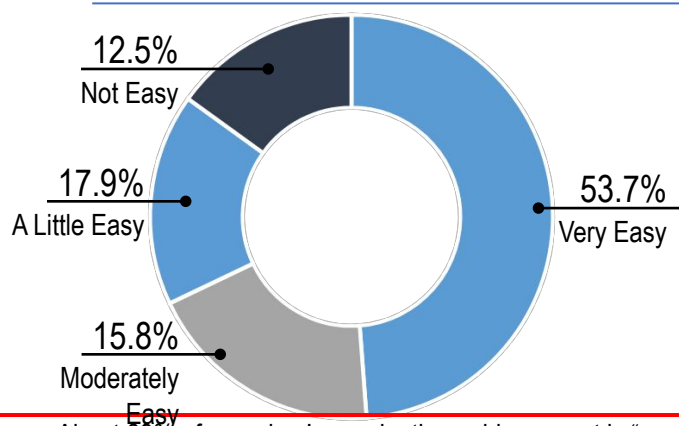
About 69% of caregivers trust healthcare workers who vaccinate the children. 560 (45%) of zero dose caregivers do not

Where to Vaccinate their Child



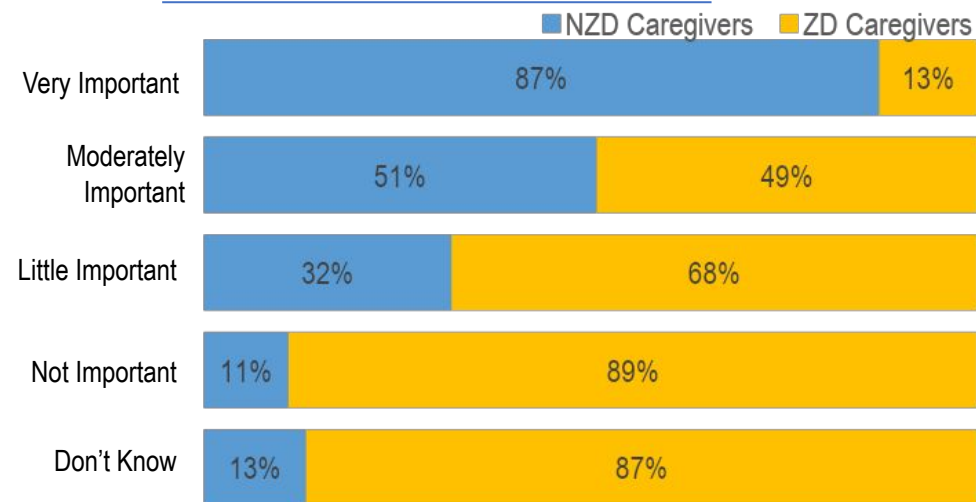
Only 218 (17%) of zero dose caregivers do not know where to get their child vaccinated

Affordability for vaccination

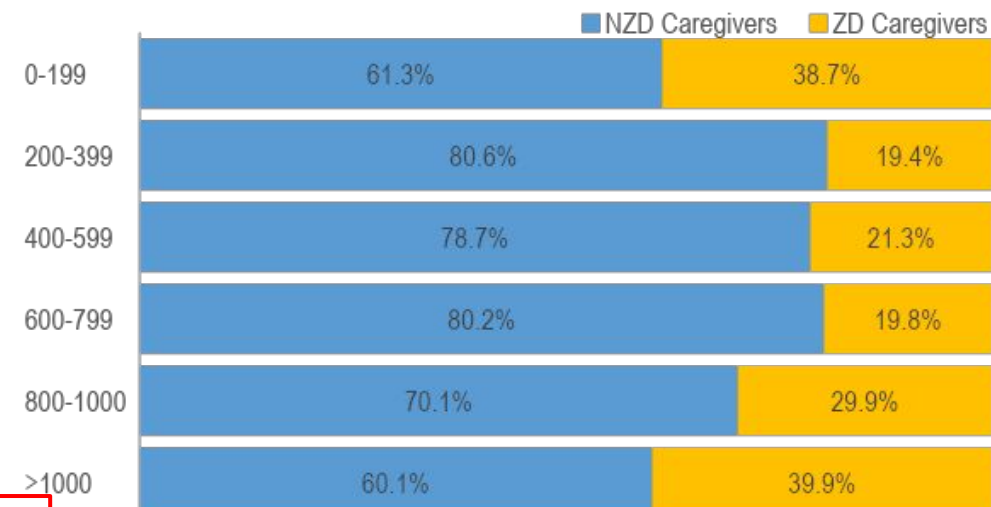


About 69% of caregiver's vaccination said payment is "moderately" or "very" easy for vaccination of their child. 47% of ZD caregivers reported challenges in affording vaccines for their children. Bauchi & Sokoto had the highest number of access challenges

Confidence in Vaccination Benefits

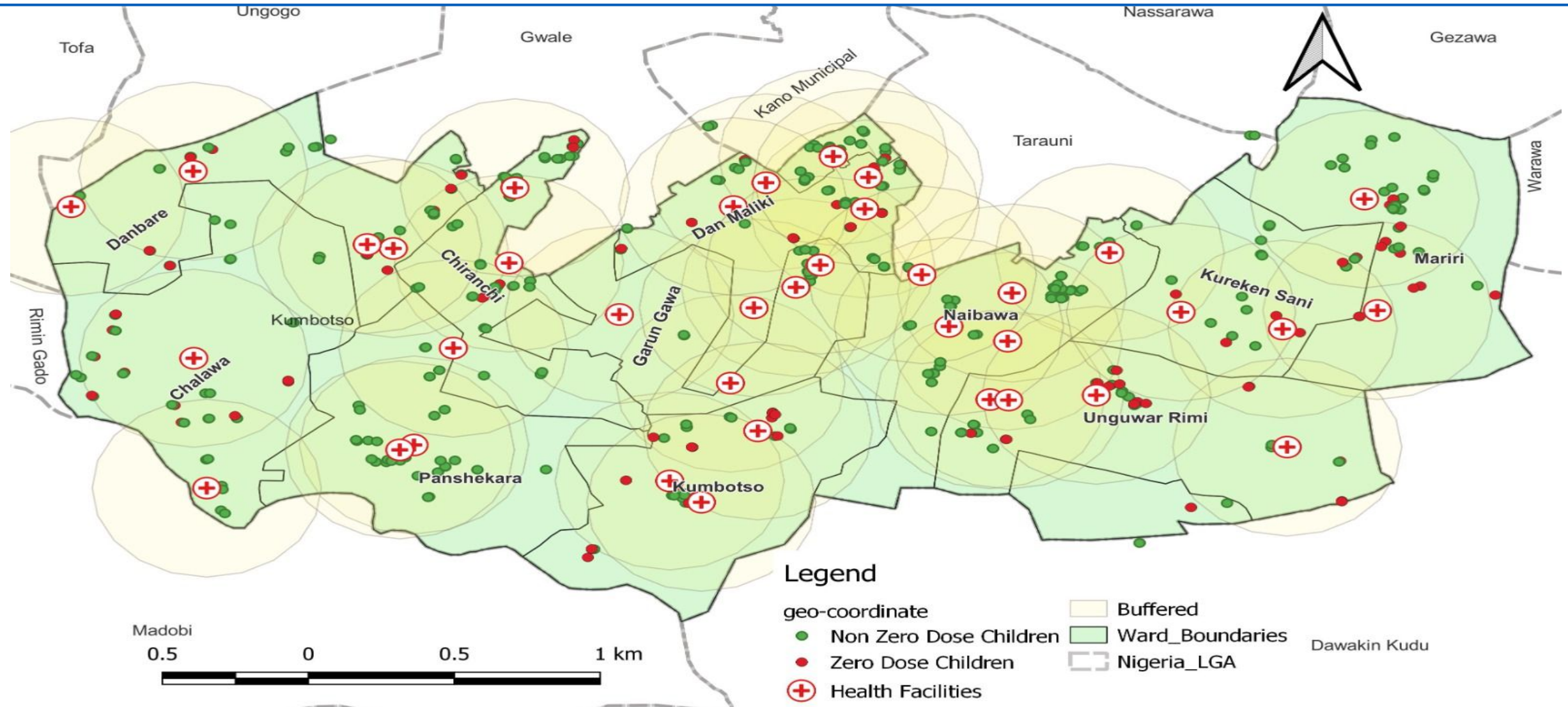


About 78.2% of caregivers believes that vaccines are moderately or very important for their children. 703 (56.7%) of zero dose caregivers do not believe in its benefits



Over 57% zero dose caregivers live within short distance (treckable distance) to a RI service delivery point.

Geospatial Analysis – Kumbotso Case Study



Map of Kumbotso LGA in Kano State showing distribution of 418 children sampled across the 11 wards

Standardized LQAs Table – Adopted National Coverage target of 80% with Decision

LQAS Table: Decision Rules for Sample Sizes of 12-30 and Coverage Targets/Average of 10%-95%

Sample Size*	Average Coverage (Baselines) / Annual Coverage Target (Monitoring and Evaluation)																	
	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11
13	N/A	N/A	1	1	2	3	3	4	5	6	6	7	8	8	9	10	11	11
14	N/A	N/A	1	1	2	3	4	4	5	6	7	8	8	9	10	11	11	12
15	N/A	N/A	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13
16	N/A	N/A	1	2	2	3	4	5	6	7	8	9	9	10	11	12	13	14
17	N/A	N/A	1	2	2	3	4	5	6	7	8	9	10	11	11	13	14	15
18	N/A	N/A	1	2	2	3	5	6	7	8	9	10	11	11	12	13	14	16
19	N/A	N/A	1	2	3	4	5	6	7	8	9	10	11	11	13	14	15	16
20	N/A	N/A	1	2	3	4	5	6	7	8	9	11	12	13	14	15	16	17
21	N/A	N/A	1	2	3	4	5	6	8	9	10	11	12	13	14	16	17	18
22	N/A	N/A	1	2	3	4	5	7	8	9	10	12	13	14	15	16	18	19
23	N/A	N/A	1	2	3	4	6	7	8	10	11	12	13	14	16	17	18	20
24	N/A	N/A	1	2	3	4	6	7	9	10	11	13	14	15	16	18	19	21
25	N/A	1	2	2	4	5	6	8	9	10	12	13	14	16	17	18	20	21
26	N/A	1	2	3	4	5	6	8	9	11	12	14	15	16	18	19	21	22
27	N/A	1	2	3	4	5	7	8	10	11	13	14	15	17	18	20	21	23
28	N/A	1	2	3	4	5	7	8	10	12	13	15	16	18	19	21	22	24
29	N/A	1	2	3	4	5	7	9	10	12	13	15	17	18	20	21	23	25
30	N/A	1	2	3	4	5	7	9	11	12	14	16	17	19	20	22	24	26

N/A: Not Applicable, meaning LQAS can not be used in this assessment because the coverage is either too low or too high to assess an SA. This table assumes the lower threshold is 30 percentage points below the upper threshold.

Light-shaded cells indicate where *alpha* or *beta* errors are greater than or equal to 10%.

Dark-shaded cells indicate where *alpha* or *beta* errors are greater than 15%.

Ward Prioritization – Kumbotso

Prioritization of wards by antigen using National target of 80% coverage – Decision Rule of 13

	Naibawa Ward	Panshekara Ward	Guringawa Ward	Chalawa Ward	Chiranci Ward	Dan maliki Ward	Danbare Ward	Mariri Ward	Kureken sani Ward	Unguar rimi Ward kbt	Kumbotso Ward
BCG	19	19	19	16	16	15	15	13	15	12	8
Hep B0	19	15	14	12	16	13	10	11	14	7	6
OPV 0	19	19	16	15	16	14	15	13	14	10	6
Penta 1	19	19	19	15	15	13	13	13	11	8	8
IPV 1	19	18	14	15	14	13	13	12	10	9	8
Penta 2	17	16	16	14	11	12	12	12	10	9	8
Penta 3	17	14	15	13	10	12	9	12	9	8	9
IPV 2	17	15	14	10	8	12	7	12	9	6	7
Measles 1	14	13	15	11	10	12	7	12	9	9	8
Measles 2	6	6	5	7	3	3	4	3	3	2	1

 Accepted Lots

 Rejected Lots

List Prioritized Wards – 72/106 Prioritized

Bauchi – 4/20	Ganjuwa – 10/16	Jere – 10/11	Maiduguri – 9/15	Kumbotso -7/11	Sumaila – 10/11	Tambuwal – 11/11	Wamakko – 11/11
Galambi Ward	Ganjuwa A Ward	Alau Ward	Bolori I Ward	chalawa Ward	Gala Ward	Bagida Lukingo Ward	Arkilli Gwiwa Ward
Kangere Ward	Gungura A Ward	Dala Ward	Bolori II Ward	chiranci Ward	Gani Ward	Bakaya Ward	Bado Kasarawa Ward
Kundun Durum Ward	Gungura B Ward	Dusuman Ward	Gambaru Ward	danbare Ward	Gediya Ward	Barkeji Ward	Dundaye Gumburawa Ward
Mun Munsal Ward	Kafin Madaki A Ward	Galtimari Ward	Gwange I Ward	kumbotso Ward	Kanawa Ward	Bashire Ward	Gidan Bubu Ward
	Kafin Madaki B Ward	Gongulon Ward	Gwange II Ward	kureken sani Ward	Magami Ward	Dogon Daji Ward	Gidan Hamidu Ward
	Kariya B Ward	Khaddamari Ward	Gwange III Ward	unguwar rimi Ward kbt	Massu Ward	Faga/Alasan Ward	Gumbi Wajake Ward
	Miya A Ward	Mairi Ward (Jere)	Mafoni Ward	Danmaliki	Rimi Ward	Jabbo Ward	Gwamatse Ward
	Miya C Ward	Mashamari Ward	Shehuri South Ward		Rumo Ward	Romon Sarki Ward	Kalambaina Girafshi Ward
	Nassarawa A Ward	Ngomari Ward	Zango (Hausari) Ward (Maiduguri)		Sitti Ward	Saida/Goshi Ward	Kammata Ward
	Yali Ward	Old Maiduguri Ward	Bolori I Ward		Sumaila Ward	Sanyinna Ward	Kaura Gedawa Ward
						Tambuwal Ward	Wamakko Ward

Challenges

- ✓ Inability to track vaccination of referred identified Zero Dose children
- ✓ Inconsistencies in Master List of settlements provided (Non-Existence of settlements, settlements in neighboring ward, wrong spelling)
- ✓ Islam dominated in sampled districts – Unable to explore opinions of other religion

Summary

- ✓ Established baseline for Zero dose monitoring at the LGA level across the 8 LGAs
- ✓ ANC, Institutional Delivery, Educational status and Economic status are key demographic characteristics of ZD caregivers
- ✓ Penta 1 and Penta 3 Coverages are 66% and 55% respectively lower than the WUNIC estimate of 70% and 62%
- ✓ High proportion of ZD caregivers (>65%) with NO intention to vaccinate their children
- ✓ Low Trust in Healthcare workers (45%) and Poor knowledge on the Importance of Vaccine (57%) amongst ZD Caregivers
- ✓ 57% of ZD Caregivers living within short or trekkable distance from RI delivery point
 - ✓ High proportion of ZD Caregivers with access issues in Bauchi and Sokoto LGAs
- ✓ Over 90% of Caregivers require 'Permission to Vaccinate'

Recommendation

- ✓ Need to scale-up to other Zero Dose LGAs for continuous monitoring implementing ZDROP
- ✓ Conduct Optimized Outreach Service (with incentives)/ Walk-through to mop-up Zero dose children in prioritized wards
- ✓ Opportunity to strengthen VPD surveillance system (suspected cases of 4 Unreported Measles cases & 1 Monkey Pox - unreported)
- ✓ Reduction in number of ZD to be initiated at pre-natal care
- ✓ Need for Dialogue and sensitization meetings to improve awareness
 - ✓ Targeted intervention for Heads of Household to give permission to vaccinate children
- ✓ Improve Quality of care to increase Trust in Healthcare workers





THANK YOU





Dr. Sa'adatu Ibrahim Ringim

Jigawa State Immunization Advisor, MOMENTUM Routine
Immunization Transformation and Equity

MOMENTUM Routine Immunization Transformation and Equity

Triangulating Data to Monitor and Reach Zero-dose and
Under-immunized Children in Jigawa

September 24, 2024



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Outline

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Introduction and background

03

Triangulating across data sources

02

Use of routine immunization supportive supervision (RISS) to expand data on zero-dose and under-immunized children

04

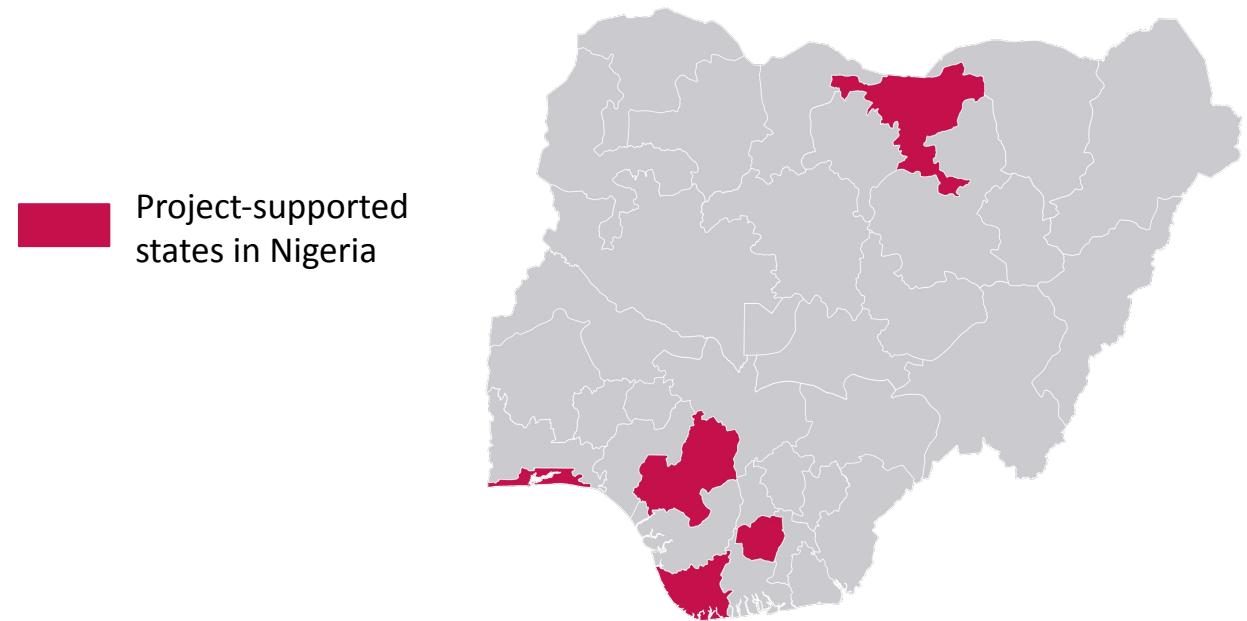
Lessons learned

Project Goal and Objectives

In Nigeria, the project works towards the overall goal of **improving routine immunization (RI) outcomes and zero-dose reduction** through:

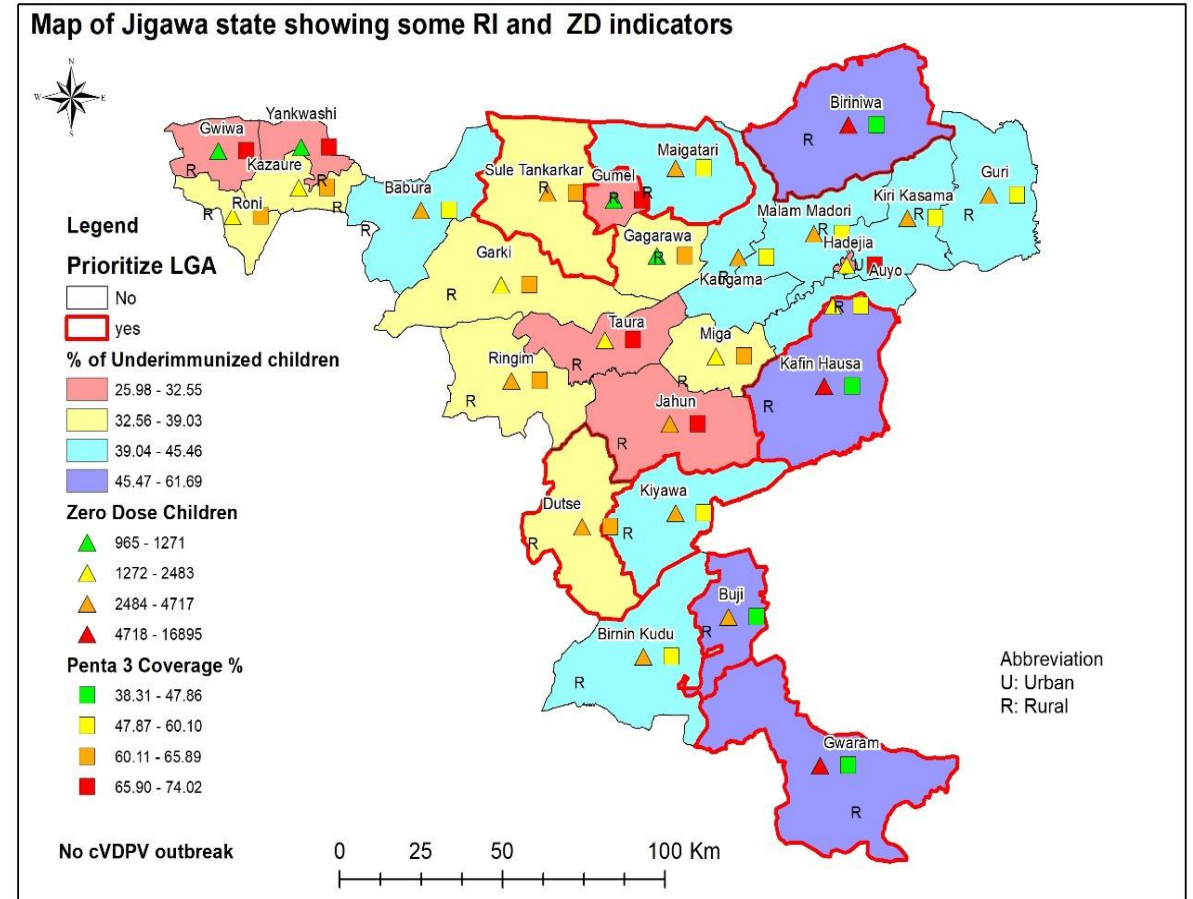
- Strengthening leadership and coordination.
- Improving service delivery.
- Strengthening community engagement and linkage to primary health centers.
- Improving data quality & use.

MOMENTUM Routine Immunization Transformation and Equity (the project) envisions a world in which **all people eligible for immunization**, from infancy throughout the life-course, and particularly underserved, marginalized, and vulnerable populations, are regularly **reached with high-quality vaccination services** and use them to protect their children and themselves against vaccine-preventable diseases.



Jigawa State Profile: Demographic, Zero-Dose, and Related Routine Immunization Indicators

<1yr population	294,798		
Fertility Rate	7.6%		
Penta 1 coverage	61.4%	Settlements	11,791
Penta 3 coverage	48.8%	Set. Below 2 Km (%)	38%
MCV1 coverage	55.9%	Set. 2-5 Km (%)	42%
RI offering HFs	810	Set. Beyond 5 Km (%)	20%
Total PHCs	776		

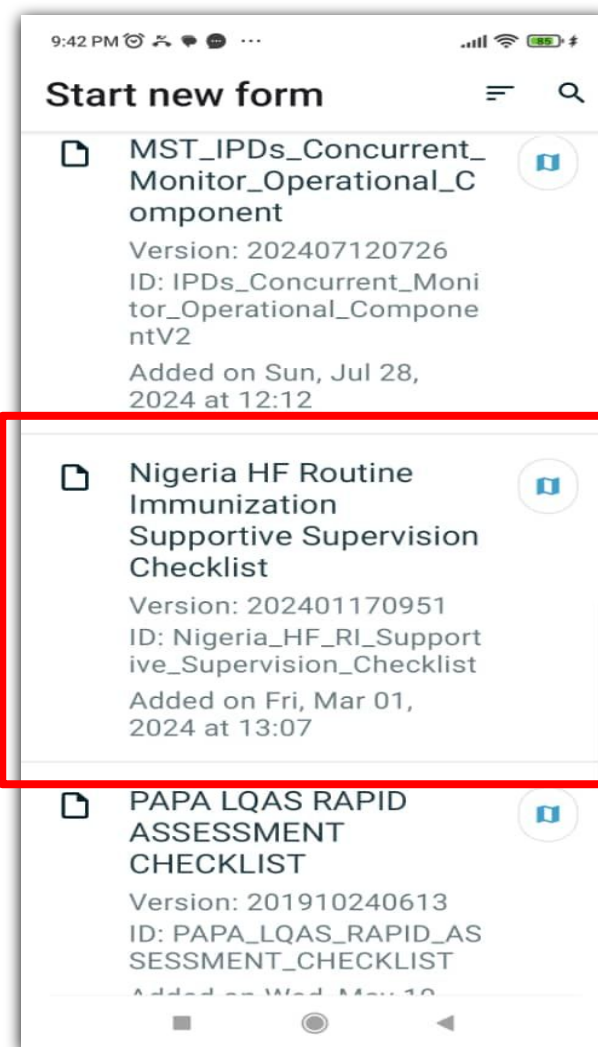


Use of RISS to Expand Data on Zero-dose and Under-immunized Children



RISS

- Statutory responsibility of Government staff.
- An open data kit (ODK) based tool is used for the supervision.
 - The tool (checklist) has prompts that guide the supervisor to check different aspects of the vaccination session.
- A critical approach to capacity building that aims to improve performance of supervisees.
- Routinely conducted by State team to local government areas (LGA) / health facility and LGA team to health facility by trained staff.
- Feedback is directly given to the health worker on site.
- Responses for all the health facilities are collated.
- Analysis of submissions informs the discussions during the LGA monthly review meetings.



Components of RISS

Health Facility

(operational component)

- Examines operations within the health facility.
 - Identifying information.
 - Findings at the health facility.
 - Observation during Routine Immunization Session.
 - Data management.
 - Exit interview with parents / caregivers.

Community Survey

- Simple tool for sampling eligible children within the catchment community of the health facility.
- Categorizes sampled children by vaccination status.
- Identifies missed settlements and geo coordinates enabled features focus areas.
- Frequently neglected component of the RISS.

RISS Submission, Community Survey Component: Status of Children Sampled: Zero-dose and Unvaccinated Reached Q1 and Q2 2024

Achievement

- Identified 1,744 children not immunized.
- Identified 3,721 children partially immunized.



*A major limitation is the reach, as most often resources provided are only enough to reach settlements close to the health facilities.

Total RISS conducted

3,821

Total children sampled

38,210

Partially immunized

3,721

Fully immunized

32,745

Children not immunized

1,744

Expanded Community Survey Component as Stand Alone or with RISS

- The project customized the community survey tool to enhance the reach/additional settlements using the same RISS visit or integrated with other immunization activities such as National Immunization Plus Days (NIPDs) or outbreak response vaccination.
- The checklist also uses ODK.
- The expanded community survey component samples eligible children in two additional settlements so a total of 30 children are checked for their immunization status and linked to services.
- Identified zero-dose and under-immunized children are reached with vaccines and followed up through the health ambassador and records on the tickler box for subsequent doses.

Result: Expanded Community Survey Examples

Use case	Where	Total # children sampled	Fully immunized	Partially immunized	Zero-dose
Diphtheria outbreak	Kazaure, Malam Madori, Jahun, Birnin Kudu	1,350	1,166 (87%)	110 (8%)	74(5%)
National Immunization Plus Days	27 LGAs	2,490	2,048(82%)	237(10%)	205(8%)
Non-zero-dose LGA supported health facilities (Jan 2024)	21 LGAs	1,680	1,441(86%)	161(9%)	78(5%)



Triangulating Across Data Sources

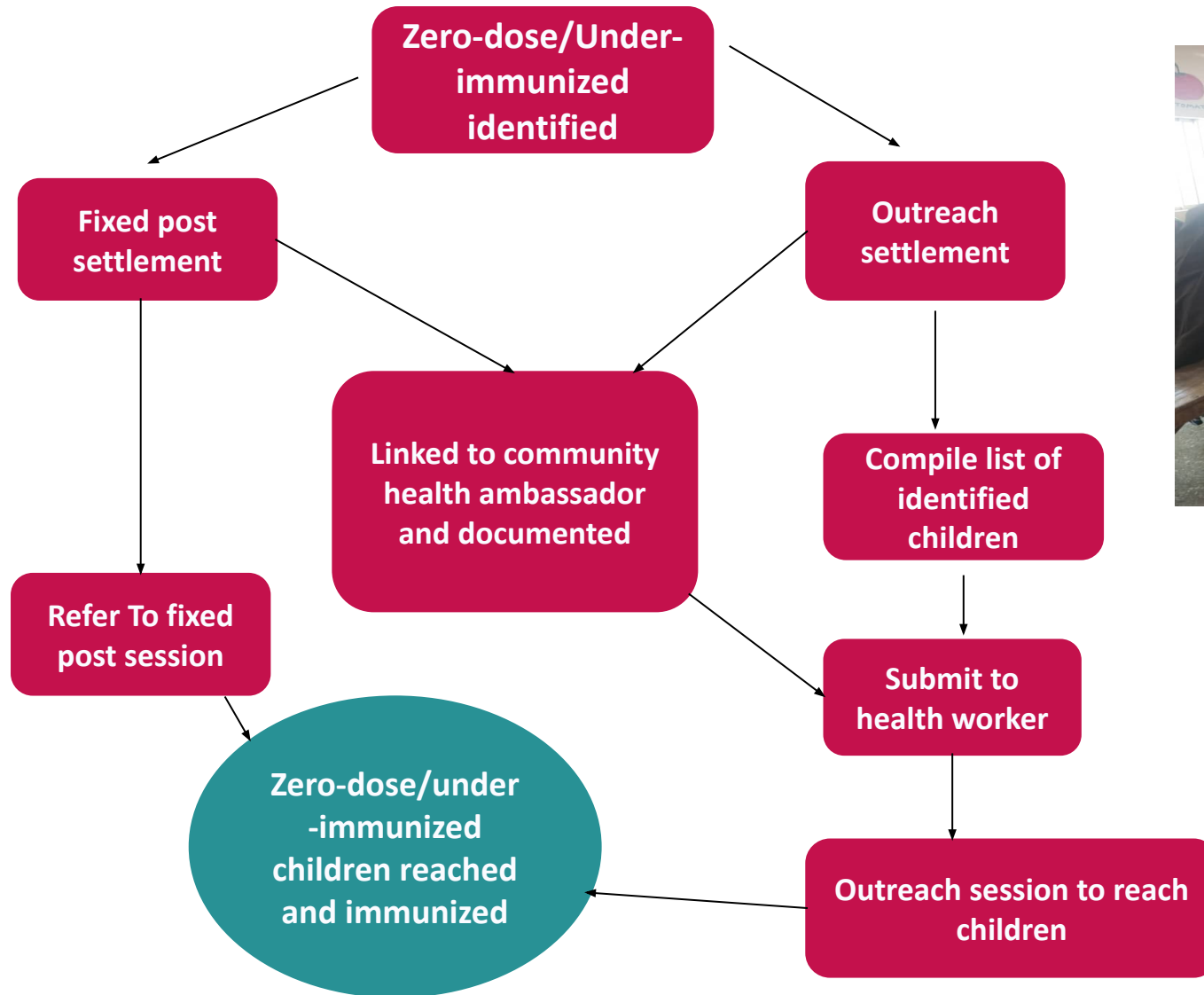
Use of Data from RISS, DHIS2 and RI registers

1. **DHIS2 Health Facility Data:** Projecting coverages based on targets for a period of time reviewed.
2. **RI Settlement Register:** Analyse health facility performance to identify each settlement performance and know those contributing to low performance at the health facility.
3. **RISS ODK Checklist:** Use of an existing tool to identify and reach chronically missed children (CMC).
4. **Integrated disease surveillance and response (IDSR):** Additional data to guide the search and reach for zero-dose and under-immunized children.

The different sources of data and analysis are used for planning and conducting outreaches.



Steps to Identifying and Reaching Zero-dose and Under-immunized Children



Jigawa State: Number of Penta 1 Unimmunized in 27 LGAs January-July 2024

JIGAWA DHIS2 JANUARY - JUL Y 2024 ZERO DOSE ESTIMATES						
No	LGA	Target Population	Monthly Target	Cummulative Target	Penta 1 Immunized	Zero Dose Estimates
1	Auyo	8833	736	5153	4932	221
2	Babura	13926	1160	8123	8052	71
3	Birnin Kudu	20970	1748	12233	11568	665
4	Birniwa	9524	794	5556	5813	-257
5	Buji	6516	543	3801	5178	-1377
6	Dutse	16471	1373	9608	10450	-842
7	Gagarawa	5380	448	3138	3252	-114
8	Garki	10187	849	5942	6624	-682
9	Gumel	7171	598	4183	3939	244
10	Guri	7697	641	4490	4190	300
11	Gwaram	18240	1520	10640	10289	351
12	Gwiwa	8332	694	4861	4919	-58
13	Hadejia	7068	589	4123	4395	-272
14	Jahun	15324	1277	8939	8407	532
15	Kafin Hausa	18138	1512	10581	9526	1055
16	Kaugama	8562	714	4995	4997	-2
17	Kazaure	10807	901	6304	6598	-294
18	Kiri Kasamma	12816	1068	7476	7351	125
19	Kiyawa	11571	964	6750	6964	-214
20	Maigatari	12026	1002	7015	9044	-2029
21	Malam Madori	10801	900	6301	5317	984
22	Miga	8594	716	5013	5521	-508
23	Ringim	12850	1071	7496	8509	-1013
24	Roni	5207	434	3038	4037	-999
25	Sule-Tankarkar	8756	730	5108	5975	-867
26	Taura	8817	735	5143	5827	-684
27	Yankwashi	6408	534	3738	5827	-2089
	Total	290992	24249	169746	177501	-7755

Analysis of DHIS2 Data Flags Health Facilities with High Numbers of Zero-dose Children in Jahun LGA

JAHUN LGA DHIS ZERO DOSE ESTIMATES JAN - JUL 2024

No	Health Facilities	Target Population	Monthly Target	Cummulative Target	Penta 1 Immunized	Zero Dose Estimates
1	Abarakeu HP	432	36	252	265	-13
2	Achau	168	14	98	113	-15
3	Afunfuna HP	24	2	14	23	-9
4	Atawame HP	372	31	217	200	17
5	Atuman HP	324	27	189	171	18
6	Aujara PHC	1116	93	651	570	81
7	Babanca	144	12	84	43	41
8	Burabura HP	300	25	175	181	-6
9	Damutawa HP	408	34	238	179	59
10	Dare/Doro HP	504	42	294	250	44
11	Faranshi HP	276	23	161	155	6
12	Farfada HP	360	30	210	184	26
13	G/Dango HP	276	23	161	150	11
14	G/Gona PHC	372	31	217	192	25
15	Gabari HP	252	21	147	118	29
16	Gangawa HP	216	18	126	151	-25
17	Garado PHC	108	9	63	129	-66
18	Garan HP	276	23	161	130	31
19	Gunka PHC	312	26	182	203	-21
20	H/Sabuwa PHC	612	51	357	327	30
21	Harbo PHC	240	20	140	227	-87
22	Idanduna PHC	600	50	350	293	57

JAHUN LGA DHIS ZERO DOSE ESTIMATES JAN - JUL 2024

No	Health Facilities	Target Population	Monthly Target	Cummulative Target	Penta 1 Immunized	Zero Dose Estimates
23	Jabarna PHC	396	33	231	179	52
24	Jahun GH	720	60	420	684	-264
25	Jahun UMC	660	55	385	246	139
26	K/Baka HP	240	20	140	103	37
27	Kadawawa PHC	180	15	105	102	3
28	Kale PHC	228	19	133	170	-37
29	Kanwa PHC	732	61	427	350	77
30	Kulluru HP	300	25	175	166	9
31	Kwanjamawa HP	204	17	119	126	-7
32	Lautai PHC	276	23	161	157	4
33	M/Makera HP	240	20	140	109	31
34	Magama PHC	300	25	175	150	25
35	Nahuche HP	252	21	147	130	17
36	Rinde HP	348	29	203	232	-29
37	SHTC	228	19	133	71	62
38	Taraya HP	612	51	357	375	-18
39	Tazara HP	372	31	217	179	38
40	Tunubo HP	300	25	175	176	-1
41	Y/Kunama HP	192	16	112	79	33
42	Yalleman HP	96	8	56	59	-3
43	Z/Danbarama PHC	492	41	287	203	84
44	Z/Kura HP	264	22	154	107	47
	JAHUN LGA	15324	1277	8939	8407	532

Health facilities receive feedback on DHIS2 analysis from LGA review meetings on performance and agree on actions to address gaps: reach underserved catchment communities of the health facilities.

Health facilities are supported to review the RI register for settlements contributing to the numbers.

Results of Top Up Outreach

**7,927 zero-dose and under-immunized children were reached
with vaccines during 801 outreach sessions
(June – August 2024)**

Number of missed children identified and vaccinated				
	HepB0	Penta1	Penta3	MCV1
Jigawa	2,229	2,431	1,616	1,651

Improving Data Reviews at the Health Facility and LGA Level

- The **RISS checklist section** on data allows supervisors to conduct data quality checks on the previous months data of different antigens given across different tools with the supervisee during the supervision.
- Monthly **health facility data quality spot checks** to review and triangulate different data tools, tally, RI and summary register, and DHIS2.
- The revised **National Data quality assessment tool** application and development of Data Quality Improvement plan (DQIP) in selected health facilities.
- **Data validation and RI program review meetings held monthly** in each of the LGAs to share updates and feedback from supportive supervision (SS) and for each of the health facilities to review performance and develop mitigation plans.

The performance projected at RI review meeting and from RISS findings informs the decision on which health facilities to be targeted for following month RISS and community survey/engagement.



Lessons Learned

- Actions are taken on-site to close both operational gaps and reach identified zero-dose and under vaccinated children with vaccines.
- Importance of triangulating data and using data (i.e., even good reliable data is not helpful if it is not used).
- Supporting data use at lower levels allows more tailored and timely response.
- Data and data analysis are only as good as the follow up. In the end, results come from improving services, more engagement with communities, and more outreach services.
- Institutionalizing accountability for RISS is a good strategy to addressing zero-dose and under-immunized children.
- Approaches to identify and reach underserved settlements will vary across states, LGAs and contexts.
- It will require flexibility, innovation and the expertise of organizations working in a range of fields to improve RI programs.
- It requires LGA leadership, civil society organizations, and other relevant stakeholders to address underserved communities.

THANK YOU

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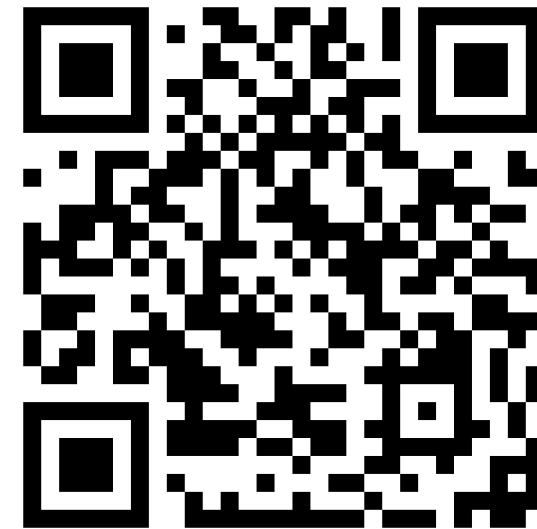
Technical Lead, MOMENTUM Routine Immunization
Transformation and Equity

Q&A

Evaluation



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