

ROUTINE IMMUNISATION TECHNICAL WORKING GROUP MEETING

JICA Conference room, Lagos State Primary Health Care Board, Yaba

20th February 2020

Introduction/Background

The partnership for Advocacy in Child and family health at scale (PACFaH@Scale) project Nigeria is a health accountability project supported by the Gates foundation and is implemented by 21 Nigerian NGOs and 2 apex government think tank NIPSS & NIIDS and anchored by the project. The project timeline is 2018 to 2022. Areas of focus includes Routine Immunisation (RI), family planning (FP), prevention of childhood killer disease with Amoxicillin as first line treatment for pneumonia and ORS-Zinc as treatment for childhood diarrhoeal disease and Primary care under one roof (PHCUOR) policy. Functional and Supportive partnership with government agencies is a key strategy of our project.

AANI-PAS is a key implementing partner of the Partnership For Advocacy In Child And Family Health At Scale (Pacfah@scale) project in Lagos state. AANI-PAS is working to catalyse action from state government to make adequate provision for family planning, routine immunisation through advocacy for domestic financing for child and family health and building champions within the executive and legislature by building capacity.

The Routine Immunisation technical working group is a group comprising of NGO/CSO partners and government officials working in the Routine immunisation unit of Lagos State Primary Healthcare Board (LSPHCB). The aim of the RI TWG is to ensure all children in the state (aged 0-5) are fully immunised to increase their childhood survival. Stakeholders from the LSPHB include the, Permanent Secretary of the LSPHCB, the Director of Medical Services, the State Program officers, State immunisation Officers, Health education officers, Monitoring and evaluation officers and Supply and Cold chain officers. Other partners in the working group are representatives from World Health Organisation (WHO), AANI-PAS, United Nations International children education Fund (UNICEF), Clinton Health Access Initiative (CHAI), Rotary international, Saving one million lives (SOML) as well as representative from the National parent body, National Primary Health Care Development Agency (NPHCDA)

The Routine Immunisation platform has an annual work plan that guides all activities, programs and project in the state. The TWG review RI activities monthly at it monthly review meeting and also during the expanded quarterly review meeting where all stakeholders meet to discuss updates on planned activities and programs as well as other prevailing matters. Usually the monthly review and the expanded quarterly meetings are coordinated by the Immunisation Program officer, chaired by the Permanent Secretary of the board

Objective(s)

The objectives of the meeting include

- Follow up on action points from the last meeting
- Presentation of vaccination coverage, dropout rate and number of unimmunised for each LGA and state for the last month.
- Feedback from routine immunisation supportive supervision
- Information on community linkages activities
- Feedback on defaulter tracing
- Information from partners

Participants profile

Government officials: DMS, DME, IPO, ASIO, AIPO, ADHE. DCHS,

Partners WHO, UNICEF, NPHCDA, AANI-PAS, CHAI, Rotary international and REP SOMI

Methodology

The meeting was a non-residential technical meeting held at the LSPHCB conference room Coordinated by Immunisation Program officer, Dr Akinlade and Supported by AANI-PAS.

Overview

- Minutes of the last meeting was read by an M&E officer LSPHCB. It was adopted by Dr Ijeoma from CHAI and seconded by Dr Tope from AANI-PAS.
- Follow up on action points confirmed all had been done.
- Presentation of vaccination coverage, dropout rate and number of unimmunised for each LGA and State by Mrs Shodi – Assistant State Immunization Officer
- The presentation centre on the 20 LGAs and the 317 wards in the state with a new target population of 14,718,915 Across all LGs, performance was less than 50%, averaging an estimate of 36%. At the end of Jan 2020, the number of unimmunised came to 12,095 accounting for 2%
- In responding to the presentation Dr Tope AANI-PAS stated that there was something wrong with the data as it did not tie together and it needed to be reviewed. It was stated that the data was based on what was entered from the various LGs. It was then stated that this feedback needed to get to all LGA
- Presentation of ODK assisted RISS feedback for Jan 2020 by AIPO - Dr Disu, his presentation center on Data tools used include Tally sheet, Immunisation register, HFMSF and NHMIS. More data came from tally sheet followed by the Immunisation register. The Health Facility Monthly Summary Form gave the poorest data feedback. Overall, there was

disparity in data entry in all the tools, Mushin LGA had no record of RISS, Kosofe LGA had just 1 record, other LGAs were also not impressive.

- Presentation of Feedback on defaulter tracing by ADHE Mr RAsaq LSPHCB He reported that he tried his best but he had to contend with Poor documentation from the LGAs, Poor address tracing due to poor street mapping and inadequate funds for mobilisation and logistics.

Information from partners

WHO: To support the upcoming training on AEFI

UNICEF: To support technically with a stand-alone checklist to help with RISS

AANI-PAS: To support next TWG meeting

Evaluation Findings

- Routine immunisation target population has change to reflect the new expanded age coverage of Under 24mths as against Under 12moths. (New TP is 14, 718,915)
- There is disparity and inconsistency in the presented data for Jan 2020 RI Feedback

Outcome

Conclusions/ Recommendation

At the Local government level there is need to conduct regular RI meeting with all the crucial officers for unification of purpose especially where data collation and entry is concerned because there is disparity in data entry in all tools

Next Steps

- Confirm the actual Total population for data analysis from the State immunisation officer.
- Conduct a Data quality assessment
- Share data from DQC and receive input from everyone within a week
- Conduct training on DHIS to assist in RISS

Number of Persons Reached

M = 8, F=12





