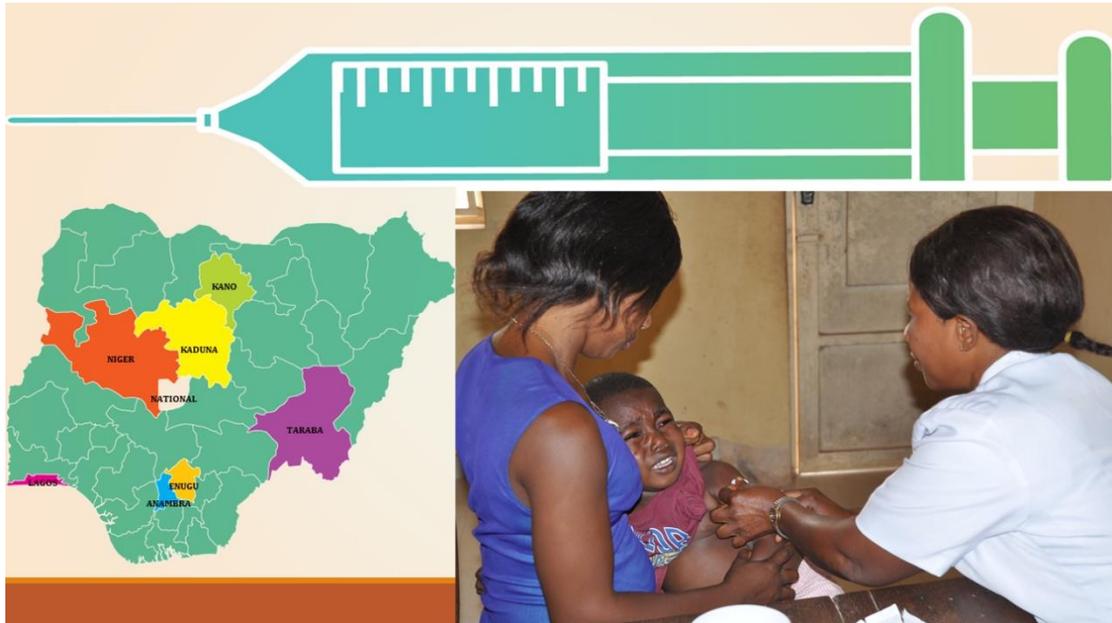


## PAS FAMILY PLANNING AND ROUTINE IMMUNIZATION PLATFORM REPRESENTATION (MARCH-MAY 2020)



Increased representation of PAS-CSOs across platforms is an important outcome measure for the PAS project. Below are a highlight of PAS platform representation in FP and RI platforms during the covid-19 period of March-May 2020 on virtual platforms.

### PAS FAMILY PLANNING PLATFORM REPRESENTATION

LOCATION	MARCH		APRIL		MAY	
	Total	Attended	Total	Attended	Total	Attended
Kaduna	0	0	0	0	1	1
Kano	0	0	0	0	1	1
Lagos	0	0	0	0	1	1
Niger	0	0	0	0	0	0

The FP platforms in Kaduna, Lagos, Kano and Niger states usually hold meetings quarterly. Due to the covid-19 pandemic which became more apparent in March, meetings were shifted from March to May 2020. PAS partners actively participated in all the meetings via virtual platforms.

#### KADUNA STATE

One meeting held in May 2020 and PAS partner PPFN-PAS attended. The meeting was on the instance of the secretary and invitation was sent to all members to join the meeting.

Highlights of the meeting included:

1. Second phase of the distribution of FP commodities and the need for members to follow up on phone calls and WhatsApp to ensure equitable distribution to all LGAs, As was earlier done by the chairman of FHANI who was on ground in his domain to ensure all the PHCs in Kaduna North were covered.

PPFN reported to the meeting that it has been supporting the government's effort by providing services to the general public in its two clinics in Kaduna and supported the government associate clinics with commodities and consumables especially in this season, the participants commended the effort of PPFN and encouraged them to continue their support to women in the state.

The meeting resolved that FP commodities has become one of the essential items in the fight against Covid-19, therefore its availability is of paramount importance.

2. IEC materials donated by Pathfinder International on how to access FP services during the lockdown caused by the Covid-19 was virtually shared for participants and were encouraged to share with their contacts.

3. Participants at the online meeting were encouraged to participate in the zoom meeting on the review of 2020 budget. On the 19<sup>th</sup> of May 2020. A link was shared on how to join.

The meeting was at the instance of economic planning commission, to review the 2020 budget with the drop in oil prices and recession affecting the economy.

During the meeting, sectors of the budget were reviewed and priority was given to Education and Health which are critical to the development of the state and country as a whole.

To this end, overhead expenditure cost of the Health sector has been retained at 100% while MDAs were reduced to 60%

1. Embargo was placed on recruitment

2. The initial health budget approved was N30,296,014,992.69 but reviewed to N24,452,109,288.63

There was contention from the MDAs who urged for the retention of their budget lines and in some instances, requested for more funds

However, Kaduna state government needed to take a definite stand against non-critical budget lines considering the present state of the country which necessitated the review.

At the end of the meeting, participants were informed that a form will be shared for their inputs on the budget if any.

Participants from the civil society resolved to meet to discuss on the draft pending the outcome of the commissioner's feedback.

## LAGOS STATE

Only one meeting held in May 2020 and AANI-PAS was on hand to attend. AANI-PAS actively participated in FPTWG virtual meetings using Zoom The discussion at the meeting was centered around 2020 1<sup>st</sup> quarter Family planning report.

- Update on RI/FP integration
- Review of 1<sup>st</sup> quarter 2020 workplan
- Current challenges with Family planning service delivery.
- It was highlighted that there were challenges of stock out particularly at private facilities, because of distribution/logistics issues of commodities arising due to COVID -19, even though the state medical store had supplies from the federal level

- It was also mentioned that there was shortage of human resource during the COVID-19 due to the lock down. It was agreed that the Health Facilities use their ambulance to pick up supplies from the medical store
- There was report of decreased health seeking behavior, increase abortions, decreased quality of care, Poor access to funds and inadequate information on service delivery
- Adoption, printing and Distribution of 5000 copies of National Logo (green dot) to all Primary and Secondary Health facility and registered private HF as a state FP service symbol/logo

Data discrepancies between FP register and DHIS

### KANO STATE

One meeting held in May 2020 and WIM-PAS was in attendance. The virtual meeting was suggested by WIM PAS and instantly it was accepted.

- During the remarks, the DPH informed members of the arrival of FP commodities alongside with consumables.
- Because it was a virtual meeting, there was quick adoption of agenda. Reading/adopting of minutes, 4. Review of action points of sub committees. Agenda 5. How best to distribute (technically quantification) FP commodities alongside consumables.
- The FP coordinator, suggested the use of the DRF format, she says it's sustainable in distribution of FP. It's easier and cheaper, as it costs less. The only challenge using the DRF format is for facilities not doing DRF.
- Agenda 6. Challenges on commodities supply chain in the COVID-19 Pandemic era: Way forward. It was agreed that DPH will get approval from the Commissioner to meet and distribute FP commodities and consumables.
- Agenda 7. Review of templates of partners supporting FP in the state.
- **Action Point:** Partners to review both JSI and the DRF format of distribution, share give inputs by 18<sup>th</sup> May, 2020.

### PAS ROUTINE IMMUNIZATION PLATFORM REPRESENTATION

LOCATION	MARCH		APRIL		MAY	
	Total	Attended	Total	Attended	Total	Attended
National	-	-	-	-	-	-
Kaduna SERICC	13	13	6	6	5	5
LERICC	0	0	0	0	2	2
Kano	12	11	0	0	10	9
Lagos	2	2	2	2	2	2
Niger	0	0	8	8	0	0

## ROUTINE IMMUNIZATION (RI) PLATFORM REPORT

### REPORTING PERIOD OF MARCH - MAY 2020

Increased representation of PAS-CSOs across RI platforms such as SERICC (State Emergency Routine Immunisation Coordination Centre), is an important outcome measure for the PAS project. The involvement of PAS-CSOs is important because CSOs bring the view and experience of the grassroots to inform program planning, implementation and evaluation. SERICC was instituted to strengthen states and LGAs' coordination of routine immunisation services, share data with NERICC at federal level and provide oversight to LERICCs at LGA levels with the aim of improving the immunisation coverage.

During this reporting period of March to May 2020, PAS-CSOs at the National and State levels played significant roles across the RI platforms; held government accountable at local, state and federal levels, and provided technical inputs. The key issues discussed and contributions of the PAS sub-grantees were disaggregated by states below.

#### KADUNA STATE

In **March 2020**, two representatives of PAS-CSO – the National Association of Nigeria Nurses and Midwives (NANNM-PAS) attended 13 SERICC meetings. Some of the issues discussed and contributions for the month include;

- Local Working Group (LWG) report: A weekly review of the LWG reports and dashboard showed that four LGAs (Giwa, Zaria, Soba and Makarfi LGAs) experienced stock-out of RI products. A decision was reached for the necessary product to be supplied urgently.
- Non-payment of allowances to LGA routine immunization officers (RIOs) for RI outreaches for about 3 quarters which could affect coverage. The payment was delayed because Desk Officers failed to retire amounts earlier paid. The Finance Technical Working Group requested the State Immunization Officer (SIO) to make a submission for approval.
- Difficulty in getting funds for vaccine pulling from the LGAs
- Proposed engagement of Environmental Health Officers as Ward Focal Persons: The possibility of engaging Environmental Health Technicians to bridge the gap and make up the number required was also discussed.
- Kaduna State Traditional Rulers Health Committee meeting
- Late submission of RISS (RI supportive supervision) report by LGA Desk Officers was also discussed. The time limit for mobilization of communities on newly introduced RISS was considered too short and unrealistic to yield any desired outcome. Reports of some LGAs were presented within the month; Soba LGA, Jema'a LGA, Makarfi LGA. The observations made on the reports include; (i) report seems to catalogue only problems, and (ii) omission of the IMCI (Diarrhoea & Pneumonia) section. Some of the challenges highlighted in the RISS reports include; (1) inadequate human resource for health (HRH), (2) data discrepancies in some HFs, (3) lack of vaccines % diluents in some LGAs (4) poor tracking of defaulters, (5) absence of RI Focal Person in some general hospital, (6) Volunteer Development Committees (VDCs) were not active in many health facilities, (7) transfer of RI trained personnel, (8) non-sharing of information or no stepdown training, and (9) lack of peer group learning as indicated in the RISS plan.
- **Recommendations proposed:** More synergy among stakeholders in RI to ensure adequate monitoring, improved supervision and Community Engagement Working Group (CEWG) to activate non-functional VDCs. Review of day to day operations in HFs and Officer In Charge of HFs should be actively involved in RI services in their facilities.
- The monitoring and evaluation working group (M&EWG) reported a reduction in the number of SMS from facilities. Data from this Daily SMS dashboard review in LGAs is used to follow up with health facilities on non-conduct of planned sessions and children

immunized. The SIO presented the immunization coverage based on SMS reporting. Week 9 showed 90% immunization coverage among an average of 265/295 facilities conducting daily immunization sessions. Week 10 experienced an increase in SMS reporting, with 71% (843/1193) of health facilities reporting. Desk officers were required to investigate why some facilities were unable to carry out the daily immunization and provide feedbacks.

- Data quality issues was observed in 21 out of 23 LGAs on opened doses of vaccines used during fixed sessions & number of children immunized with various antigens.
- According to the CEWG report, lack of data reporting tools was observed in some LGAs (Sabon Gari, Kagarko and Kaduna North). It was recommended that the required tools should be identified and supplied.

Some SERICC meetings did not hold due to:

1. AEFI Training in the Zones and most members of the SERICC team were Trainers
2. Members' engagement in LGAs RI Supportive Supervision
3. IMOP Training

**April 2020:** A total of 6 SERICC meetings was attended by NANNM-PAS. Key issues discussed and contribution include:

- Situation reports from LGA RIOs highlighted difficulty in assessing health facilities because of lack of commercial transportation. This is due to lockdown to stop the spread of COVID-19 set up by the Kaduna State Government. Request to obtain Pass for PHC health workers was submitted to Covid-19 State Taskforce. Also, distribution of new motorcycles parked at the Agency to the RIOs was also proposed.
- Teleconference call was adopted as the channel for the conduct of SERICC Meetings henceforth. However, there was a challenge of callers not getting connected. The meeting now holds thrice in a week. Provision of a budget for airtime to the 23 LGA RIOs to enhance their participation in the Teleconference was approved.
- Lack of personal protective equipment (PPE) for health facilities was highlighted. PHC health workers are at risk of COVID-19 because they are first contacts to patients in communities. A request was submitted to the State Taskforce on COVID-19.
- A training on COVID-19 was conducted because it has become an integral part of RISS Community engagement activity.
- Exclusion of health workers from movement restriction was proposed which was passed on to State Taskforce on COVID-19 so that RI will not suffer much set back.
- A tracker for earmarked activities was developed.
- Supervisory visits to LGAs and health facilities was conducted, and Pass were provided to Supervisors for ease of movement. Also PPE was provided to supervisors.
- SERICC Meeting was adjourned to month end, to ensure Supervisory visits were completed.

**May 2020:** A total of 5 SERICC meetings was attended by NANNM-PAS. Key issues discussed and contribution include:

- The attendance in the conference call was low. Desk Officers carried out the weekly LGAs supervision visits, so were absent.
- With regards to provision of PPE for PHC workers, an order was placed. In the interim, health workers were encouraged to obtain face masks.
- All Desk Officers were reminded to submit their reports on time to the M&EWG for analysis and sharing, as well as submission to the Zonal Desk Officers.
- CEWG produced an IEC Material on wearing of face mask.

- NHMIS Data: Some LGAs (Sanga, Igabi and Kagarko) have no report for April 2020. Desk Officers supervising the affected LGAs were required to follow-up. The report indicated that 9 out of the 23 LGAs that reported scored 100% for RI. All desk officers on integrated supportive supervision (ISS) visits were encouraged to leverage on the ISS and conduct RISS in all health facilities.
- RISS reports showed that community engagement is still very weak as ward development committees (WDC) hardly meet. Recommendation: CEWG should continue to work on strategies that will strengthen community engagement at Ward level. Health workers were encouraged to visit members of WDCs to sensitize them on the importance of community participation and ownership of health facilities.
- Representative of NANNM-PAS missed a meeting due to poor network connection.

## KANO STATE

**March 2020:** During this reporting period, 13 SERICC meetings were planned. Due to COVID-19 pandemic issues, suspension of public gatherings and closure of public offices, only 12 meetings were conducted. PAS-CSOs - Medical Women Association of Nigeria (MWAN-PAS) participated in 3 meetings, while Women in Media Communication Initiative (WIM - PAS) participated in 11 meetings. Both actively contributed with technical inputs. Some of the issues discussed and contributions for the month include;

- IMOP planning meeting: The budget narrative of the state and LGA implementation training of IMOP and source of funding was reviewed
- Presentation of DHIS feedback on RI for January 2020: The State map generated showed that some LGAs were still under performing. DHIS and SMS reporting data for January 2020 were compared to identify if there is any data falsification. A review of DHIS2 data for February 2020 showed that 12 LGAs were reporting above 100%, and Gabasawa LGA had negative dropout on Penta. Cumulative comparison between DHIS2 and SMS Data was carried out, looking at percentage of fully immunised children per LGA and Penta 1 and 3 dropout.
- Quarterly payment for review meetings: WIM-PAS and MWAN-PAS supported the WHO review meetings payment and called for higher level of commitment and transparency in all financial management and institute accountability mechanism for fund retirements.
- Kano State Weekly SMS Reporting:
  - Presentation of Kano State Weekly SMS Reporting for Week 10 was conducted. The comparison of Week 9 and Week 10 reports showed that the reporting rate remains the same. Wastage rate of BCG was 69% and Measles was 50% for both fixed and outreach sessions. LGAs with high Wastage Rate were identified.
  - In Week 11, current stock level of all Vaccines in the LGAs, aggregated stock to plan and allocations needed were reviewed. A review of Immunization Stock showed that some LGAs need to reorder immunization products, while some LGAs are overstocked. No LGA experienced stock out. However, SMS report for week 11 indicated that there was stock out of Vaccines at health facilities in some LGA. For example, health facilities in Rano LGA experienced stock out during outreach sessions in Week 11. Reasons for stock out include fear of wastage and typing error on SMS. Providing feedback on SMS reporting to LGA was suggested, and quality checks carried out at LGA and state level. Vaccine accountability issue at Bagwai LGA was flagged.
  - Week 12 SMS report was compared with Week 11, and a decline in reporting rate was observed in Week 12. Although some LGAs performed averagely, there was a decline in planned and outreach sessions. High Wastage Rates of Measles and BCG vaccines were also observed. 25 LGAs reported stock out. A total of 777 supportive supervision visits were conducted by the LGA team for fixed and outreach sessions. Fagge LGA's outreach sessions were flagged and special

outreach session was conducted. Recommendations include; advocacy, communication, social mobilization (ACSM) during outreach services and adequate preparation to ensure community linkages are involved; data analysis on planned vs conducted outreach sessions should be carried out after implementation; monitoring of outreach sessions, and health facility RI account audit.

- Capacity Building on how to conduct LERICC Meeting was discussed.
- Activities reported by SLWG include; installation of 23 SDD Refrigerators across 18 LGAs, cold chain equipment (CCE), internal maintenance unit (The Floating Assembly), and post installation assessment.
- Presentation of Kano State Routine Immunization Supportive Supervision Strategy: The new strategy was presented, and Pros and Cons was discussed. Adjustments suggested include; RIOs should lead the RISS team, expand guidelines, order of visit (Health Facility to LGA to Zone), payment of RISS team, number of health facilities to be visited adjusted to 3 health facility per week, and dissemination of feedbacks to health facilities.
- Other RI issues discussed: Very low coverage in TTDs, high number of negative unimmunized, high number of unimmunized in some LGAs.
- Capacity Building: Supervisors and Logistics Working Group were requested to generate list of topics, and mentor LGA team
- Presentation of REW micro plan

**Action points identified during the meetings were:**

1. TD vaccine should be discussed during reconciliation meeting
2. Develop a jingle or strategies information for community awareness on TD vaccine
3. Capacity building or sensitization of service providers during monthly RI review meeting on TD vaccine
4. Zonal and LGA teams should check data clearly before sending it to SMS Server, especially Ungogo, Kura, Albasu, Rano, Doguwa, Tarauni, Danbatta and Garun Mallam LGAs
5. Capacity Building during RI monthly review meeting should be provided by State Supervisors
6. PHCC Coordinators should ensure the conduct of weekly LERICC meetings
7. Develop a dashboard for monitoring the conduct of LERICC meeting
8. Provide February RI feedback and share with SERICC
9. LGA should review their SMS data sent on weekly basis so as to address the issue of stock out
10. Provide update on installation of CCE from SLWG.
11. Td Card to be printed and deployed to health facilities and educate health workers on how to use it.
12. Community Engagement Team were required to develop Budgeted Strategic Plans to improve HB0 and TD coverage in the State.
13. Develop RI fund disbursement dashboard to track RI fund
14. Follow up with 5 LGAs (KMC, Albasu, Kiru, Makoda and Tudun Wada LGAs) for February 2020 RI performance data on DHIS2

**April 2020:**

No meeting held in April.

**May 2020:** 10 SERICC Meetings via Zoom platform were conducted. MWAN-PAS participated actively and contributed. Key issues discussed and contributions include;

- Increased poor vaccine utilization and reporting across some LGAs. Comparison between weeks showed that there was an improvement in the data quality.
- High wastage rate for Measles and BCG vaccines especially for measles in the most LGAs. Apart from BCG vaccines wastage, diluents and BCG syringes were also wasted in some LGAs.
- 8 LGAs (TRN, GNM, KUR, DBT, MKD, GWL, KIRU & FAGGE) could not achieve the 80% reporting rate in the month under review
- Vaccine coverage Summary:
  - KMC, NASS, Minjibir immunized lesser number of children with all antigens and did not reach the National target of 85% coverage in either of the 9 antigens.
  - 22 LGAs have no single antigen with coverage of 85%.
  - Tofa, Tsanyawa, Shanono LGAs had the highest dropout of 20%, 12%, 12% respectively in Kano State

### **Proposed Solutions:**

1. Ensure the mentoring of RIS and RIFP of respected LGAs and proper filling of VM1&VM2.
2. Direct health facilities to ensure proper utilization of Measles and BCG vaccines
3. Committee to investigate why 8 LGAs could not achieve the 80% reporting rate and present the reason to SERICC.
4. LERRIC with support from the state supervisors should intensify mobilization of care givers to bring their children for immunization.
5. Community engagement should be intensified in Tofa, Tsanyawa, Shanono LGAs to address high rate of dropout and reduce the number of defaulters.

### **Action points and next steps identified during the meetings were:**

- Make a presentation on a selected topic on vaccine logistic to serve as a capacity building for SERICC members.
- Submit a request to SOLINA to assist in printing the guidelines for conduct of RI during COVID 19 pandemic - PM SERICC
- State and zonal supervisors should follow up with LGAs on the 12th -13th of every month for reporting using the DHS2
- Establish and intensify 2 fixed session per week during this COVID-19 pandemic, as outreach sessions were suspended
- LGAs, M&Es, RIOs and LIOs should validate their LGAs data on DHIS after every month report entry
- Retrain service providers on VM1A and VM1B forms to reduce vaccine/ equipment utilization related errors.
- Probe KMC LGA to identify why 51 fixed sessions were not conducted.
- Intensify supportive supervision in KMC, FGE, GWL, NASS, and TRN LGAs, with focus on data quality and high number of unimmunized children.

## **LAGOS STATE**

Lagos State RITWG meeting holds twice a month. In Lagos it is one meeting 2 monthly. AANI PAS attended 2 meetings which held in March. PAS-CSO - Alumni Association of the National Institute (AANI) participated in all meetings organized for April and May 2020.

**April 2020:** Meetings were held virtually using Zoom online platform. Some of the issues discussed and contributions for the month include;

- RI feedback in Lagos State for March:

- No outreach was held in 2 LGAs (Apapa & L. Island). Turnout for outreaches were very low in Amuwa and Badagry. Other LGAs reported good numbers for their RI session both at the outreach and fixed sessions
- A total of 1098 fixed sessions were planned and 984 were conducted, 4964 outreaches were planned and 4794 were conducted across the state
- According to the LGA summary, over 21,000 children were immunised. However the DHIS platform recorded just over 16,000 children immunised. This is a recurrent challenge of inconsistencies.
- At the end of quarter one of 2020, dropout rate of TP was 4% according to LG summary and 7% according to DHIS.
- At the end of Q1, Lagos State RI performance was at Category 3 which implies poor access and good utilisation. This was a drop from same period last year, when Lagos was in category 1, with average vaccination coverage of 74%
- Total unimmunised stood at 31,719 which was high.
- The State tracked 2215 defaulters of RI and trace 1988 of them. The major reason for defaulting was caregivers were busy and forgot, and financial constrain. There was a report of hostility to trackers by the community because of fear of COVID-19 infection
- ODK Assisted RISS feedback:
  - 9 out of 20 LGAs reported very low conduct of RISS exercise in March.
  - Data discrepancy between LG summary and DHIS remains an issue.
  - Community linkages was at 6% due to poor funding
  - REW micro plan was not up to date in some LGAs
- Review of RI work plan at the end of Q1
  - A total of 50 activities were planned for the quarter; 39 were completed, 1 was ongoing and 10 were not done. The accounted for 78% implementation of the work-plan.
  - A SWOT analysis was proposed to assess why RI work-plan activities were not carried out and prevent such factors from overshadowing other activities.
  - The status of account creation for the LGHA and WHC meetings were discussed which were not available.
- AANI-PAS suggested that Health Education unit should provide a report on the meetings held at the Ward health committee, highlighting important areas.
- Findings from the Urban Development Survey carried out in August and September 2019 by PHCB and CHAI was shared. One of the recommendations was intensification of efforts on outreaches to make up for the short falls in RI. COVID-19 has negatively impacted on RI activities in Lagos state and RI funds were not yet released for 2020

**May 2020:** In this month, AANI attended and actively participated in SERICC /RITWG review meetings using Zoom. AANI also attended and actively participated in RI cluster meeting. Some of the issues discussed and contributions for the month include;

- Topics discussed include; State and LGA vaccination coverage, feedback on April 2020 RISS, Vaccine management & Cold chain supply, Defaulter tracing activities, community linkage activities, and information from Partners
- RISS was conducted but not adequate.
- Reduction in number of RI sessions conducted compared to planned sessions although more sessions were conducted. More planned fixed sessions were conducted, but inadequate outreach sessions were conducted across the state especially at the flagged LGAs. However, there is no significant improvement in immunisation coverage across the LGAs.
- Review of RI data from January till date showed a sharp drop in March and a marked improvement in April 2020.

- A SOP (with Step by step guidelines) for data harmonisation was proposed to address data discrepancies, ensure defaulter tracking by phones, and ensure that outreach sessions are conducted especially in the light of current COVID -19, as well as reinstitute peer- led training. The SOP for Data Harmonisation has been drafted with step by step guidelines

### **NIGER STATE**

In Niger State, there was no meeting in March due to COVID-19 pandemic and lockdown. Transition was made from physical meeting to virtual platform in April but could not be sustained, so no meeting took place in May 2020.

**April 2020:** During this reporting period, 8 SERICC meetings was held virtually using Zoom. Key issues and activities discussed include;

- Test run of the Zoom online platform for SERICC meetings
- Incorporating LRIO into the SERICC online meeting for updates on local governments
- Presentation on level of vaccine stock out in the LGAs in Niger State. There is a stock out of HPV and Penta vaccine in Niger State. The meeting indicated that at the national level, there are less than 10,000 doses of Penta and HPV vaccine. This is due to COVID-19 global lock down.
- Emergency health partners meeting organized by SPHCDA soliciting for support from partners in the fight against COVID-19.
- System RCG online meeting; discussed lack of coordination between SPHCDA and SMoH in the fight against COVID-19
- Niger Health Partners Forum: Discussed areas of support by partners as contained in the COVID-19 response plan budget, and challenges faced by some partners in the State.

#### **Specific Achievements / Next Steps:**

- Adopted Zoom online platform for subsequent meetings
- The PM SERICC should communicate with LRIO to join subsequent meetings
- Submit report to the Agency through the State Routine Immunization Officer, on need for re-order and distribution, particularly the Human Papilloma Virus (HPV) vaccine.
- Shared the budget of COVID-19 pandemic preparedness and response plan to partners for action
- Request for redistribution of Vaccine in stock at National level to State
- Engage traditional/ faith leaders who are to be educated by CHIPS for radio sensitization and awareness.

### **CONCLUSION**

All the various sub-grantees have functional roles to play in the SERICC teams. The inclusion of the sub-grantees across the RI state platforms will help improve the capacities of Nigerian CSOs in building, maintain cordial working relationships with government bodies and other stakeholders, and hold them accountable on their commitments towards child and family health in the states.