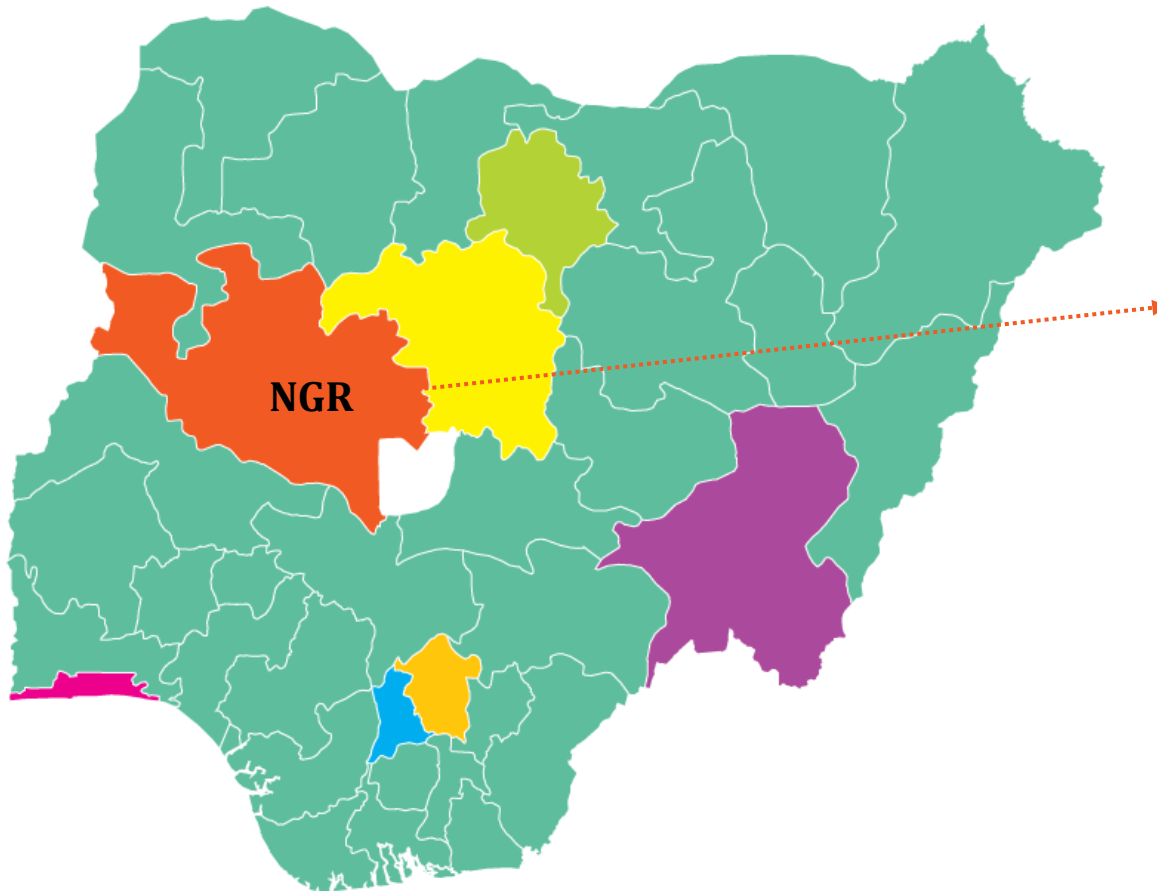




**Niger State's
Routine Immunization(RI)
People's Scorecard Assessment Jan-June 2020**

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PAS NIGER STATE (NGR) PARTNERS

In Niger state the PAS project is being implemented
three partners;

Centre for Communication and Reproductive Health
Services (CCRHS-PAS)
Federation of Muslim Women Associations of Nigeria
(FOMWAN-PAS)
Network of Muslim Leaders in Health

Objectives

- To strengthen official RI state Scorecards by complementing governments' assessments with participation and accountability indicators of relevance to the community
- To increase community participation in health service delivery Scorecard assessments through civil society participation in data gathering, validation and dissemination exercises
- To expand the scope of Scorecard assessments through in-depth local level assessments to complement state level reviews

Background

Niger state is made up of 25 Local Government Areas, 274 political wards spread across the 3 senatorial districts and 6 health zone. There are 1,335 health facilities in the State: 1,322 (99%) are PHC facilities. 1,095 (83%) of the PHC facilities are public health facilities and 227 (17%) are private health facilities. The local government authorities bear responsibility for primary health facilities in conjunction with the Niger State Primary Health Care Development Agency (SPHCDA).



*PAS NIGER STATE COALITION (CCRHS-PAS)
WORKING ON PRE-IMPLEMENTATION PLANS FOR
THE SCORECARD ASSESSMENT (16/12/2019)*

Building the capacity of CSOs to design & conduct People's Scorecard

- The People's Scorecard (PS) is a Community Scorecard
- PS are participatory tools to engage the community for assessment, planning, monitoring and evaluation of health service delivery
- Unlike official Scorecards, community members or CSOs participate in assessments
- Unlike official Scorecards indicators assess accountability, transparency and participation
- The PAS project trained CSOs to design & conduct People's Scorecards

Methodology

- A cross sectional assessment
- Target participants are the administrative staff of the SPHCB, LGHA and HF In-charges
- Scope is to cover the 3 senatorial zones of the state
- Data collection/assessment was carried out in the State, 5 LGHA and 4 PHCs selected evenly distributed across the three zones
- 2 data collectors/assessors trained on the RI checklist went to each zone to a predetermined randomly selected LGAs and Facilities
- Data collection was done using the interviewer administered checklist by the consultant and trained data collectors
- All data collected were double checked with the data source, as in the checklist provided
- Microsoft excel was used for analysis and results presented in a power point format
- Results were presented in pros and bar-charts with aggregated results of above 80% represented in green colour, 51-80% in yellow while 0-50% were in red
- This scorecard utilized a three-pronged approach assessing the State (SPHCDA), LGA and the health facility (PHC).

RI Indicators for People's and Official Scorecards – Similar and Different

- No. of similar indicators between the Peoples' and Official Scorecards -nil
- No. of difference indicators between the Peoples' and Official scorecards – 23
- People's Scorecard indicators to assess accountability, transparency & participation - 4

Score card assessments at state level

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
Existence of a Costed Implementation Plan (CIP) for RI		
No of RI taskforce meeting chaired by deputy governor		
Budget and Financial Management		
RI Vaccination line budget exists in the state's annual health budget		
Adequate Immunization finances appropriated		
Timely release of Routine Immunization finances		
Service Delivery (Access Utilization)		
% of LGA that achieved $\geq 80\%$ scheduled fixed RI sessions conducted		
% of LGA that achieved $\geq 80\%$ scheduled outreach RI sessions conducted		
Supply Chain Management (logistics & Vaccine Security)		
Vaccine stock-out		
Functioning cold chain equipment		
Accountability and Transparency		
State Emergency Routine Immunization Coordination Center meetings (SERICC) with at least 2 CSOs held		
CSOs' Engagement in SERICC		
Community engagement		
Community engagement fully implemented in the state		

LGA (Mokwa) Scorecard Assessment

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
LERICC inaugurated		
LERICC Meetings conducted		
Monthly Meetings conducted with health facility routine immunization focal persons		
Timely release of Routine Immunization finances		
Service Delivery (Access Utilization)		
% of HFs that achieved $\geq 80\%$ scheduled fixed RI sessions conducted		
% of HFs that achieved $\geq 80\%$ scheduled outreach RI sessions conducted		
% of all HFs in LGA receiving at least one supportive supervision visit with written feedback per quarter		
Supply Chain Management (logistics& Vaccine Security)		
Proportion of facilities that have experienced stock out in past month		
Functioning cold chain equipment		
Vaccine coverage		
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month		
Drop-out rate of Penta1-Penta3 less than 10% for previous month		
Community engagement fully implemented in the LGA		

LGA (Rafi) Scorecard Assessment

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
LERICC inaugurated		
LERICC Meetings conducted		
Monthly Meetings conducted with health facility routine immunization focal persons		
Financial Management		
Timely release of Routine Immunization finances		
Service Delivery (Access Utilization)		
% of HFs that achieved $\geq 80\%$ scheduled fixed RI sessions conducted		
% of HFs that achieved $\geq 80\%$ scheduled outreach RI sessions conducted		
% of all HFs in LGA receiving at least one supportive supervision visit with written feedback per quarter		
Supply Chain Management (logistics& Vaccine Security)		
Proportion of facilities that have experienced stock out in past month		
Functioning cold chain equipment		
Vaccine coverage		
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month		
Drop-out rate of Penta1-Penta3 less than 10% for previous month		
Community engagement		
Community engagement fully implemented in the LGA		

LGA (Gbako) Scorecard Assessment

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
LERICC inaugurated		
LERICC Meetings conducted		
Monthly Meetings conducted with health facility routine immunization focal persons		
Financial Management		
Timely release of Routine Immunization finances		
Service Delivery (Access Utilization)		
% of HFs that achieved $\geq 80\%$ scheduled fixed RI sessions conducted		
% of HFs that achieved $\geq 80\%$ scheduled outreach RI sessions conducted		
% of all HFs in LGA receiving at least one supportive supervision visit with written feedback per quarter		
Supply Chain Management (logistics& Vaccine Security)		
Proportion of facilities that have experienced stock out in past month		
Functioning cold chain equipment		
Vaccine coverage		
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month		
Drop-out rate of Penta1-Penta3 less than 10% for previous month		
Community engagement		
Community engagement fully implemented in the LGA		

LGA (Mariga) Scorecard Assessment

TARGET NOT ACHIEVED

ON GOING

TARGET ACHIEVED

Indicator	
Governance and Leadership	
LERICC inaugurated	Target Achieved
LERICC Meetings conducted	Target Not Achieved
Monthly Meetings conducted with health facility routine immunization focal persons	Target Not Achieved
Financial Management	
Timely release of Routine Immunization finances	Target Not Achieved
Service Delivery (Access Utilization)	
% of HFs that achieved $\geq 80\%$ scheduled fixed RI sessions conducted	Target Not Achieved
% of HFs that achieved $\geq 80\%$ scheduled outreach RI sessions conducted	Target Not Achieved
% of all HFs in LGA receiving at least one supportive supervision visit with written feedback per quarter	Target Not Achieved
Supply Chain Management (logistics & Vaccine Security)	
Proportion of facilities that have experienced stock out in past month	Target Not Achieved
Functioning cold chain equipment	Target Not Achieved
Vaccine coverage	
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month	On Going
Drop-out rate of Penta1-Penta3 less than 10% for previous month	Target Not Achieved
Community engagement	
Community engagement fully implemented in the LGA	On Going

LGA (Chanchaga) Scorecard Assessment

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
Financial Management		
Service Delivery (Access Utilization)		
Supply Chain Management (logistics & Vaccine Security)		
Vaccine coverage		
Community engagement		

Health Facility level (BHC Kpaki-Mokwa) Scorecard Assessment

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
Immunization monitoring chart is up-to-date, accurate, and visibly displayed		
EPI micro-plan updated (quarterly)		
Financial Management		
Received operation funds for immunization activities on time		
Service Delivery (Access Utilization)		
% of planned fixed sessions conducted in previous month		
% of planned outreach sessions conducted in previous month		
% of defaulters tracked and immunized		
Supply Chain Management (logistics & Vaccine Security)		
Stock out of vaccines, diluent, or syringes in the past month		
Functional refrigerator with normal temperature ranges recorded in the past month		
Vaccine coverage		
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month		
Drop-out rate of Penta1-Penta3 less than 10% for previous month		
Community engagement		
Documented meeting at the community level held monthly		

Health Facility level (BHC Gbako LGA Cold store) Scorecard Assessment

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
Immunization monitoring chart is up-to-date, accurate, and visibly displayed		
EPI micro-plan updated (quarterly)		
Financial Management		
Received operation funds for immunization activities on time		
Service Delivery (Access Utilization)		
% of planned fixed sessions conducted in previous month		
% of planned outreach sessions conducted in previous month		
% of defaulters tracked and immunized		
Supply Chain Management (logistics & Vaccine Security)		
Stock out of vaccines, diluent, or syringes in the past month		
Functional refrigerator with normal temperature ranges recorded in the past month		
Vaccine coverage		
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month		
Drop-out rate of Penta1-Penta3 less than 10% for previous month		
Community engagement		
Documented meeting at the community level held monthly		

Health Facility (PHC Kutrko-Chanchaga LGA) Scorecard Assessment

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
Immunization monitoring chart is up-to-date, accurate, and visibly displayed		
EPI micro-plan updated (quarterly)		
Financial Management		
Received operation funds for immunization activities on time		
Service Delivery (Access Utilization)		
% of planned fixed sessions conducted in previous month		
% of planned outreach sessions conducted in previous month		
% of defaulters tracked and immunized		
Supply Chain Management (logistics & Vaccine Security)		
Stock out of vaccines, diluent, or syringes in the past month		
Functional refrigerator with normal temperature ranges recorded in the past month		
Vaccine coverage		
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month		
Drop-out rate of Penta1-Penta3 less than 10% for previous month		
Community engagement		
Documented meeting at the community level held monthly		

Health Facility level (PHC Kampani-bobi Mariga LGA) Scorecard

TARGET NOT ACHIEVED	ON GOING	TARGET ACHIEVED
Indicator		
Governance and Leadership		
Immunization monitoring chart is up-to-date, accurate, and visibly displayed		
EPI micro-plan updated (quarterly)		
Financial Management		
Received operation funds for immunization activities on time		
Service Delivery (Access Utilization)		
% of planned fixed sessions conducted in previous month		
% of planned outreach sessions conducted in previous month		
% of defaulters tracked and immunized		
Supply Chain Management (logistics & Vaccine Security)		
Stock out of vaccines, diluent, or syringes in the past month		
Functional refrigerator with normal temperature ranges recorded in the past month		
Vaccine coverage		
Coverage of Penta1, Penta3, and MCV reached at least 90% for each antigen in the previous month		
Drop-out rate of Penta1-Penta3 less than 10% for previous month		
Community engagement		
Documented meeting at the community level held monthly		

Summary of Key Findings

RI Program Implementation At the state SERICC & SPHCDA Level

The preliminary findings of the assessment showed that at the Governance and Leadership level an Annual Costed Implementation Plan (CIP) for RI existed, while no RI task force meeting was held during the reporting period under review. However, for Budget and Financial Management while RI budget line exists in the state's annual health budget and the funds appropriated take into cognizance the annual funding needs of the state/aligns with CIP, the major challenge is the Irregular releases of finances without proper guideline.

The service and Delivery/Access Utilization theme showed a dismal result for conducted RI fixed and outreach sessions with the former indicating 68.8% of LGAs that achieved 80% or more of conducted planned sessions and the latter showing 51.1%.

48% of the LGAs in the state reported vaccine stock out for at least one month during the month under review. Furthermore, while the state has a functional walk in cold room, it has the challenge of insufficient functional cold-chain capacity and/or contingency plans for vaccine storage.

It is also noteworthy that due to the Covid-19 pandemic lockdown the SERICC has not been able to hold its planned daily meetings, however three virtual meetings have been held within the period under review with at least one member of the CSO in attendance.

The community engagement strategy has not been fully implemented in Niger state but Social mobilization and communication activities are carried out by a formal subcommittee of SERICC with representation by faith and community leaders.

Summary of Key Findings

RI Program Implementation At the LGHA level (LERICC) Level IN MOKWA, GBAKO, MARIGA, RAFI AND CHANCHAGA LOCAL GOVERNMENT AREAS (LGAs) of Niger State

- In all the five LGAs visited LERICC has been inaugurated and all the two RIOs per LGA have been appointed and on boarded by SERICC. However, there is no evidence of any meeting conducted in the period under review. Further probe revealed minutes of meetings for meetings conducted prior to the Covid-19 lockdown measures in Mokwa, Gbako, Chanchaga and Rafi LGAs. The LGAs visited also suffer complete lack of timely release of very scarce routine immunization funds from the LGA administration
- In the area of service delivery none of the LGAs visited met the satisfactory ($\geq 80\%$) requirement for the percentage of fixed session conducted with Mokwa recording 48.3%, Rafi 23.5%, Gbako 18.5%, Mariga 23.3% and Chanchaga 55% respectively. The same also goes for the conducted outreach session with Mokwa recording 43%, Rafi 4.3%, Gbako 25.8%, Mariga 10.5% and Chanchaga 3% respectively. Only Mokwa LGA achieved a 64.8% score in the area of supportive supervision visits to the HF during fixed sessions, with the remaining LGAs having a maximum of 37% and minimum of 15.8%.
- In the thematic area of supply chain and vaccine security all the LGAs had experienced more than 20% of HFs reporting vaccines stock out during conducted session of at least one antigen except Gbako that had 13 %. Furthermore, all the LGAs have less than 60% of HFs with functional refrigerators and normal temperature ranges recorded in the past month.
- Penta 1, Penta 3 and MCV coverages for all the LGAs were below the minimal range of 50%, with the exception of Gbako and Chanchaga. The former showed a range of 61%, 62% and 81 for Penta 1, Penta 2 and MCV coverage while the latter showed a range of 80%, 73%, and 67% for Penta 1, Penta 2 and MCV coverage respectively.

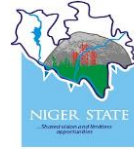
Summary of Key Findings

RI Program Implementation At the LGHA level (LERICC) Level IN MOKWA, GBAKO, MARIGA, RAFI AND CHANCHAGA LOCAL GOVERNMENT AREAS (LGAs) of Niger State (CONTD)

- Gbako, Mokwa and Chanchaga LGAs had a commendable Penta 1- Penta 3 drop-out rate 6%, 4.5% and 3% respectively while Rafi and Mariga had 18.5% and 12% which is above the maximum score range of 10%.
- For community engagement monthly meetings were held with at least 4 community leaders'/ village heads in the catchment in attendance in all the five LGAs
- All the facilities visited had an updated immunization chart visibly displayed and an updated REW micro-plan. Furthermore, all the planned sessions were conducted in all the five facilities and none of the facilities had any incidence of vaccine stock out within the period. BHC Kpaki (Mokwa LGA), and BHC Kundu (Rafi LGA) have no functional refrigerator. While cold store office (Gbako LGA), PHC Kutirko (Chanchaga LGA PHC Kampani) and Bobi (Mariga LGA) have functional refrigerators but only cold store office (Gbako LGA) had an updated temperature ranges recorded.
- No evidence of community engagement meetings was sighted in all the HFs and defaulter was also 0%.
- BHC Kpaki and BHC kundu had the best Penta 1, Penta 2 and WCV coverage of 53% and above while PHC Kampani Bobi had the least of 14%. Furthermore, BHC Kpaki had the best Penta 1- Penta 3 drop-out rate of 0% while PHC kutirko had the last of 70% which very well falls below the acceptable score of 10%.

Discussion & Implications

- The irregular releases of government budget for immunization activities still remains an issue as timely releases of RI finances was a challenge across all LGAs and should be addressed for sustained coverage.
- Niger State experienced stock-out of vaccines at LGA and health facility levels due to distribution issues or inadequate and poor access to operational funding. The lack of functional cold-chain capacity across all LGAs should be addressed for improved vaccine security.
- SERICC and LERICC were established to improve coordination and management of RI activities. The engagement of CSOs in SERICC should be actively promoted for improved accountability. Although LERICC was inaugurated in all LGHAs assessed, meetings were not held.
- Poor immunization coverage is the product of poor service delivery. Hence, efforts to improve service delivery should be prioritized.
- Community engagement activities should be actively promoted to improve coverage, and reduce drop-outs.



Thank you

