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BASICS **TRIP REPORT**

PolioPlus Program/Nigeria

Mid-term Evaluation

***BASICS is a USAID-Financed Project Administered by
The Partnership for Child Health Care, Inc.***

Academy for Educational Development (AED)

John Snow, Inc. (JSI)

Management Sciences for Health (MSH)

1600 Wilson Boulevard, Suite 300; Arlington, VA, 22209; USA



**POLIOPLUS PROGRAM/NIGERIA
MID-TERM EVALUATION**

March 6-17, 1995

Rose Macauley
Marcia Rock

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ACRONYMS

AFP	Acute Flaccid Paralysis
BASICS	Basic Support for Institutionalizing Child Survival
CBV	Community-Based Volunteers
CPHA	Canadian Public Health Association
CPPC	Club PolioPlus Committee
EPI	Expanded Programme on Immunization
DPT	Diphtheria Pertussis (Whooping Cough) Tetanus
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
FMOH/SS	Federal Ministry of Health and Social Services
LGA	Local Government Area
NANGO	National Association of Non-Governmental Organizations on Health
NCCCD	Nigeria Combating Childhood Communicable Disease Project
NGO	Non-governmental Organization
NPHCDA	National Primary Health Care Development Agency
OPV	Oral Polio Vaccine
PHC	Primary Health Care
RI	Rotary International
Rtn	Rotarian
TRF	The Rotary Foundation
UNICEF	United Nation's Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization

I. EXECUTIVE SUMMARY

During March 6-17, 1995, BASICS Technical Officer Rose Macauley, and Operations Coordinator Marcia Rock were in Nigeria to participate in the midterm evaluation of the PolioPlus Project. The participation of two BASICS staff members was a technical contribution to the Rotary International PolioPlus Project. The BASICS staff joined 19 other team members from Rotary International and other agencies. The 21 member evaluation team was composed of seven Nigerian Rotarians, seven non-Rotarian Nigerians, and seven international consultants (see Appendix A).

The primary goal of the midterm evaluation was to stimulate significant improvement in the overall implementation of the project. The evaluation report is under a separate cover.

Through its PolioPlus project, Rotary International has provided 100 percent of oral polio vaccine to Nigeria over the last six years. In addition, PolioPlus provides assistance to the health care delivery system at both the state and LGA levels. The PolioPlus assistance has been primarily in the areas of planning, implementation, evaluation of EPI related activities and community mobilization for support to EPI. The project has also been involved in advocacy for political support and commitment to EPI.

Although the PolioPlus assistance is nationwide, the midterm evaluation team could not visit the entire country within the given time frame. Instead, the midterm evaluation team visited 16 (randomly selected) of the 30 states and the Federal Territorial Capital of Abuja.

The global objective of the PolioPlus Program is to eradicate poliomyelitis by the year 2000. For Nigeria, that goal is currently threatened by the low immunization coverage, including OPV3. Oral polio vaccine was available in stock in every state and LGA visited, despite the general shortage of other antigens.

Clearly, the chronic lack of availability of other EPI vaccines is a drawback that has a negative impact on OPV coverage. Health workers informed the team that OPV is not administered to eligible children when other antigens are out of stock, particularly the DPT.

II. PURPOSE OF THE TRIP

The primary purpose of the trip was to serve as external evaluation consultants to the Rotary PolioPlus Project in Nigeria.

Upon completion of PolioPlus assignment, Rose Macauley spent a week in Nigeria working with BASICS staff Patricia Taylor and Carolyn Kruger to finalize the BASICS/Nigeria country activity plan. The report of this activity is under separate cover and available at BASICS headquarters.

III. BACKGROUND

The population of Nigeria is estimated at 97 million. Nigeria covers a land mass of about one million square kilometers. The country is divided into 30 states and one Federal Capital Territory. The states are subdivided in 593 Local Government Areas (LGAs).

The number of Rotarians is estimated at 3,605, distributed among 210 clubs nationwide. Under these clubs, 124 Club PolioPlus Committees have adopted 363 of the 593 LGAs in the Federation.

In the mid-1980s, Rotary International undertook an initiative that would see the organization raise funds for the procurement of oral polio vaccine (OPV) to be used in its pursuit of the goal to eradicate poliomyelitis by the year 2005. The program was initially called "Polio 2005," when Rotarians began raising funds for the eradication of poliomyelitis by its centennial year. The goal was to raise US\$120 million through Rotary clubs in countries around the world.

Ultimately, Rotarians raised US\$230 million and the program was renamed "PolioPlus," the "Plus" representing efforts to protect against the other vaccine-preventable diseases. The program undertook additional initiatives that would collaborate with governmental and other non-governmental organizations (NGOs) in the fields of communications, education and social mobilization. The program proceeded to forge a partnership with UNICEF, WHO, USAID, and others in support of the Expanded Programme on Immunization (EPI), and to operate in support of the global goal established at the World Health Assembly in 1988 to eradicate polio by the year 2000.

PolioPlus/Nigeria then developed and submitted a five-year proposal to Rotary International which addressed EPI/Polio Eradication for the period 1989 to 1994. It was during this period that the Nigeria Association of Non-governmental Organizations on Health (NANGO) was established.

Rotary's polio eradication initiative was generously supported by various government and non-government agencies, some of whom have provided valuable financial assistance. One such organization is the United State Agency for International Development (USAID). USAID has provided financial support to PolioPlus/Nigeria on two occasions, the latest being a US\$2.2 million grant for the second phase of the child survival project (1992-95).

The goal of the project is to assist in the achievement of the eradication of polio in Nigeria by the year 2000, and to decrease EPI-associated morbidity and mortality in the children of Nigeria through support of the national immunization program.

The specific objectives of the project are to:

1. **attain and sustain a minimum of 80 percent coverage levels of infants less than 12 months of age with four doses of Oral Polio Vaccine in every LGA;**
2. **develop and implement polio eradication specific strategies in the areas of outbreak control, mop-up activities and surveillance in targeted high coverage areas;**
3. **integrate PolioPlus as a regular Rotary club community service activity;**
4. **collaborate with other NGOs in the promotion of Primary Health Care in Nigeria; and,**
5. **mobilize and sustain the participation of Rotarians, their family members and community-based volunteers in the EPI and the Polio Eradication Initiative.**

In sponsoring the project, USAID has emphasized the need to conduct a midterm evaluation of the project. The purpose of the evaluation is to determine areas which require further attention, and make appropriate recommendations that would assist the staff in steering the project to a successful completion.

The midterm evaluation was originally scheduled for May 24 to 31, 1994; however, it had to be postponed for reasons not related to the target project. After several postponements, the evaluation was finally fixed for March 4 to 18, 1995.

As a result of these postponements, combined with decertification by the United States government, funding was temporarily frozen which led to a no-cost extension of the project.

IV. ACTIVITIES

A. Team Briefing

The management of PolioPlus/Nigeria organized a briefing session for the midterm evaluation team on the March 6, 1995. The team was briefed by management of the following organizations: PolioPlus/Nigeria Project on the activities of the project; a representative of the Federal Ministry of Health and Social Services (FMOH/SS), the World Health Organization (WHO), the National Primary Health Care Development Agency (NPHCDA), the United Nations Children's Fund (UNICEF), USAID, and the National Association of Non-governmental Organizations on Health (NANGO), on the activities of the various NGOs in Nigeria for the national immunization program.

Central-level interviews were also conducted with the Federal Ministry of Health and Social Services, and the National Primary Health Care Development Association. The evaluation teams spent a minimum of four days visiting the states to which they had been assigned.

During the course of their interviews, the teams were asked to assess the following focus areas:

- 1) Technical Components, including immunization, vaccine supply, cold chain, and surveillance;
- 2) Program Management;
- 3) Social Mobilization; and
- 4) Volunteer Training and Participation.

B. Team Building Meeting

The team had a one-day team building meeting which was essential, considering the size of the team and the diverse background of the members.

V. METHODOLOGY

A qualitative rapid survey method of assessment was adapted for the study. Interview questionnaires were prepared which addressed the following individuals or groups:

1. Rotarian PolioPlus State Chairman
2. State EPI Manager
3. Government Health Facility
4. LGA Health Authority
5. Rotary Club President and PolioPlus Committee Chairman
6. Rotarian Medical Doctor operating a PolioPlus Free Immunization Clinic
7. Rotarian LGA Coordinator
8. A member of the community.

VI. FINDING AND DISCUSSIONS

As stated earlier, a full report of the evaluation is under a separate cover. This report is intended to briefly highlight issues that may have implications for the BASICS Project.

During the briefing, PolioPlus/Nigeria informed the team that Rotary International no longer provides 100 percent OPV to any country after the current supply. Rotary International will provide OPV only for supplemental activities aimed at polio eradication, e.g. campaigns.

The PolioPlus project has been decentralized to include four areas which correlate with the four Primary Health Care health zones of the country, and made the Rotary club its primary focus, rather than the national committee based at the central level. This was done to ensure greater ownership of the program at the Rotary club and community level. This transition is being implemented and effective progress has been made. The project is now considered a Rotary Club Program and that gives the clubs the responsibility of implementing the project and sustaining the activities beyond the external funding period.

In the last couple of years, the various clubs have adopted 363 of the 593 LGAs in the Federation. The clubs support their adopted LGA immunization activities in the following of ways:

1. The clubs mobilize and train community volunteers who encourage caretakers to have their children fully immunized at the appropriate time. In many LGAs, volunteers assist at the public health facilities and free immunization centers during immunization services;
2. A number of Rotarian Doctors are participating in the free immunization program all over the country except Lagos State. The Lagos State chairman is making efforts to encourage Rotarian Doctors to participate in the program; and,
3. In addition to the Rotarian Doctors, Rotary clubs adopt and support private health facilities that are willing to provide free immunization services.

VII. VACCINE SUPPLY AND COLD CHAIN

The FMOH/SS representative presented a graph demonstrating a rise in national immunization coverage which began during the fourth quarter of 1994. The official also showed a graph indicating the quantity of vaccine requested by LGAs, quantity supplied and reported used.

It was striking for the evaluation team to see how many doses of vaccines were unaccounted for.

According to FMOH, Nigeria has sufficient vaccines for 1995, and the Government has appropriated funds for subsequent vaccine purchases.

All EPI antigens except Oral were in short-stock in the majority of states and LGAs, visited by the evaluation team. The team was informed that vaccine shortages (particularly DPT) have been acute since July 1994. This has slowed down multiple antigen immunization, giving rise to missed opportunities.

The cold chain at the state and LGA levels was found to be generally satisfactory. Available vaccines were being stored at correct temperatures, and records of temperature of freezers and other cold chain equipment were well kept.

It was absolutely clear that the existing national cold storage capacity is inadequate to meet the needs of all the states, particularly the northern states. The Kano cold store, one of the two the cold stores for the entire country, is inaccessible by telephone, so state EPI managers have to travel several hours to Kano to find out whether the store has vaccine or to obtain permission to collect vaccine from the Oshodi/Lagos store.

Some states were conducting local immunization days without the measles vaccine.

At the time of the evaluation team's visit, only one of the three cold rooms in the Kano store was functioning. The other two rooms were faulty. The team was also told that there is one Logistic Officer who is sometime away when program managers travel to Kano.

VIII. DISEASE SURVEILLANCE

The general unavailability of immunization registers, cards, forms, and other means of documentation has resulted to incomplete records at all levels.

Polio surveillance is maintained passively through the routine reporting of polio cases only. Further, the level of completeness and timeliness of the existing system does not allow for quick intervention at all levels.

There is no adequate system of reporting and investigating of Acute Flaccid Paralysis (AFP) cases. No one knows actually what happens to polio cases through the regular health facilities.

IX. FOLLOW-ON ACTIVITIES FOR BASICS

There is no follow-on activity of the midterm evaluation for BASICS. However, there are a number of opportunities that BASICS would take advantage of during the implementation of the BASICS/Nigeria Project. Among these are the following:

1. With Rotary Clubs adopting LGAs to support EPI, BASICS could collaborate with PolioPlus to encourage Rotary Clubs in Lagos to adopt LGAs or communities. This might be a useful vehicle for improving service utilization; and,
2. Rotarian Doctors could be encouraged to provide immunization services in their facilities at least once a week.

**APPENDIX
MID-TERM EVALUATION TEAM**

APPENDIX

MID-TERM EVALUATION TEAM

Twenty-one persons participated in the evaluation process. They were divided into seven teams; each team had a Rotarian, a non-Rotarian and an external evaluator. The representation was as follows:

A. ROTARIANS

Rotary members with a working knowledge of the PolioPlus/Nigeria organization:

1. PDG Francis Z. Gana
2. Rtn Joshua Hassan
3. Rtn Donald Fasanya
4. Rtn Albert O. B. Ajewole
5. Rtn Henry Ejumudo
6. Rtn Eddie Obianwu
7. Rtn Mustapha Dungus

B. NON-ROTARIANS

Representatives from the following Nigerian organizations and agencies:

1. Dr. F.C. Oyewole, FMOH/SS
2. Mrs. V.O. Akinrolabu, NPHCDA
3. Dr. D. Olubaniyi, NPHCDA
4. Dr. O.A. Babaniyi, USAID/NCCCD
5. Dr. P.Y. Odunsi, UNICEF
6. Mrs. Fayo Williams, NANGO
7. Dr. O.G. Olupona, NANGO

C. EXTERNAL EVALUATORS

1. Dr. Fernando Laender, Team Leader, Department of Health, Brazil
2. Mr. Fernando Verani, PolioPlus Regional Advisor, Brazil
3. Mr. Ofori Akyea, External Consultant, USA
4. Mr. Tom Ewen, Rotary Volunteer, Canada
5. Dr. Gaston Kaba, USAID, Niger
6. Dr. Rose Macauley, USAID/BASICS
7. Ms. Marcia Rock, USAID/BASICS