

Abstract #: 483637

Abstract Title: Improving access to first dose of Oral Polio Vaccine through community volunteers: The CGPP experience

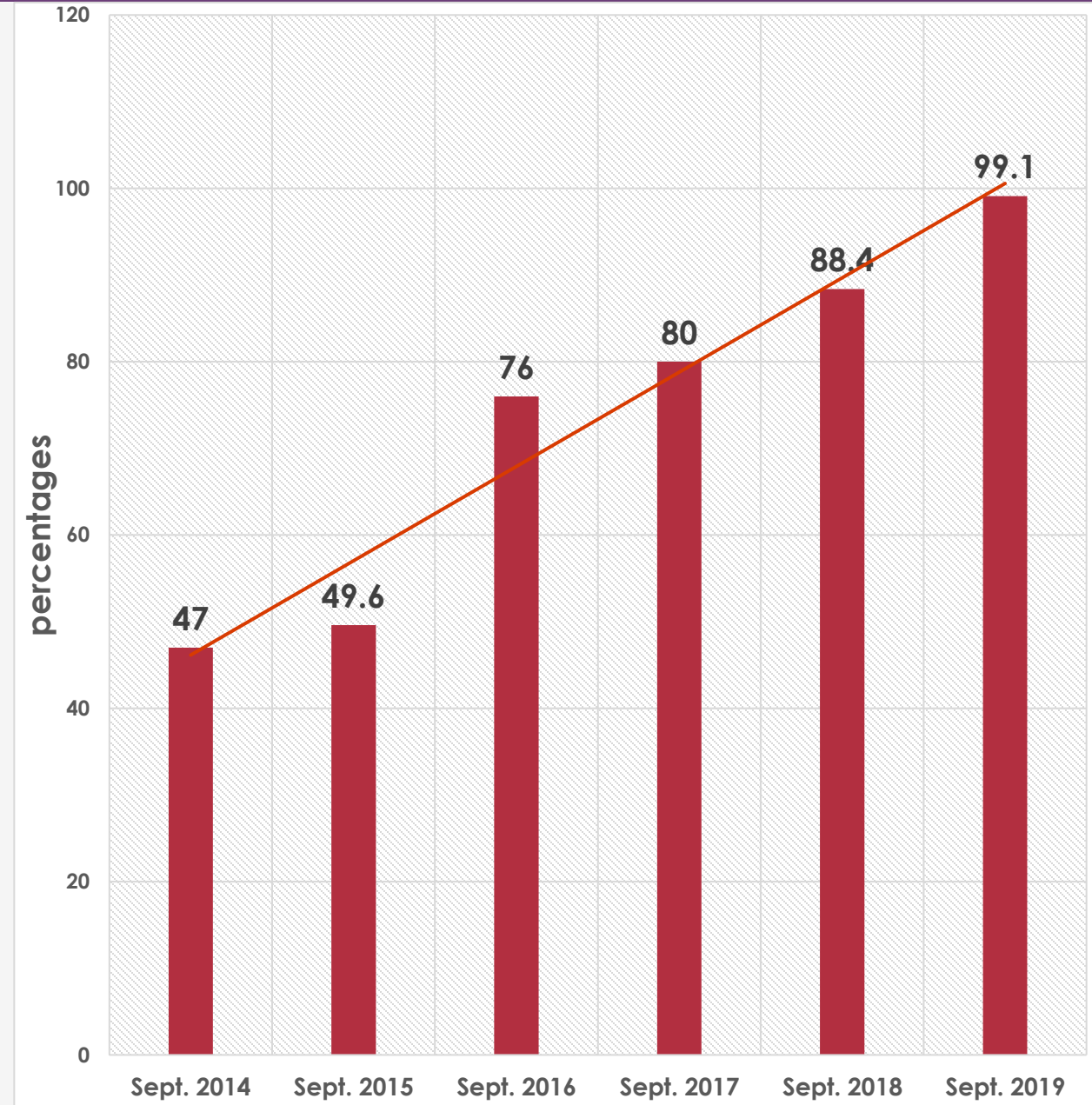
3078.0: Global Health Poster Session: Strengthening Health through Workforce Development and Community-Based Primary Health Care

Program: International Health

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Main Findings: Trend of OPV0 coverage from 2014 to 2019

- Through the work of CGPP, there has been steady increase in coverage of first dose of Oral Polio Vaccine (OPV0) over the years. The graph shows percentage increase as follows: 2.6% between project year end FY14 to FY15, 26.4% from FY15 to FY16; 4.0% increase from FY16 to FY17; 8.4% from FY17 to FY18 and 10.7% between FY18 to FY19.
- The steady increase across the years FY14 to FY19 was achieved through intensified social mobilization and community engagement activities by Volunteer Community Mobilizers (VCMs) through compound meetings, house-to-house mobilization and sensitization, community dialogues, and advocacy, to create awareness on a good health care seeking behavior towards access and utilization of RI services.
- VCMs continue to line list every new-born tracked and ensures that she/he is immunized with OPV0 either at home before two weeks of life or at naming ceremonies where they ensure all under five children are vaccinated during the events.



INTRODUCTION & METHODOLOGY

Since 2014, CORE Group Partners Project (CGPP) with funding from USAID, has been providing immunization services in 5 out of the 11 polio high risk states located in Northern Nigeria. Using its cadre of trained community volunteers known as Volunteer Community Mobilizers (VCMs), CGPP supports 'New-Born tracking and immunization" whereby all new-born children in CGPP supported communities are tracked and vaccinated with the first dose of Oral Polio Vaccine (OPV birth dose) by the VCMs.

The VCMs are recruited from the local community, trained by CGPP to conduct routine house-to-house visits to raise awareness of mothers and caregivers on the importance and benefits of OPV. These VCMs also conduct other community engagement activities like compound meetings, community dialogues, and advocacy to create awareness on good health care seeking behavior towards access and utilization of RI services..

Each VCM has a register with which they document the details of all the households in the settlement and number of children vaccinated in each household. Using the results from the register, the project was able to calculate the coverage for OPV0 in the CGPP focal areas.

RESULTS AND FUTURE DIRECTION

The Polio Eradication Initiative in Nigeria, which started >20 years ago, faced many challenges, including initial denial, resistance from communities, and prolonged regional safety concern. Since the onset of the PEI program in Nigeria, the use of community volunteers at the community level has led to improvement in the acceptance of the oral polio vaccine.

As shown by the CGPP intervention in 5 of the 11 Polio High Risk states in Northern Nigeria, access to OPV0 can be improved by using local community volunteers who are from the local community, are properly trained and can effectively mobilize the community using various community-level mobilization activities. Starting from an OPV coverage of just 47% in CGPP focal areas in the five states where CGPP is working, the CGPP VCMs have been able to improve OPV0 coverage by 52.1% to 99.1%. This is a testament to the success of their work

Now that Nigeria and the rest of Africa has been certified free from the indigenous Wild Polio Virus (WPV), the CGPP VCMs will be focused on mobilizing the communities to access Routine Immunization at the facility level.

With the current emphasis on Routine Immunization (RI), CGPP will be using the VCM register to measuring the coverage of the third dose of the pentavalent vaccine (penta3) which is a very indicator for RI coverage.

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