

Abstract #: 509719

Abstract Title: Improving access to oral polio vaccine amongst internally displaced persons in conflict affected areas of north east Nigeria

PS1106.0: International Health Section: Poster Session on Communicable Diseases

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# MAIN FINDINGS: Trend of children immunized with OPV0 and OPV3 from 2016 to 2020

- CGPP continues to take giant strides to ensure children are immunized with their first dose of Oral Polio Vaccine (OPV0) within 14 days of birth and receive subsequent doses of OPV up to the third dose (OPV3).

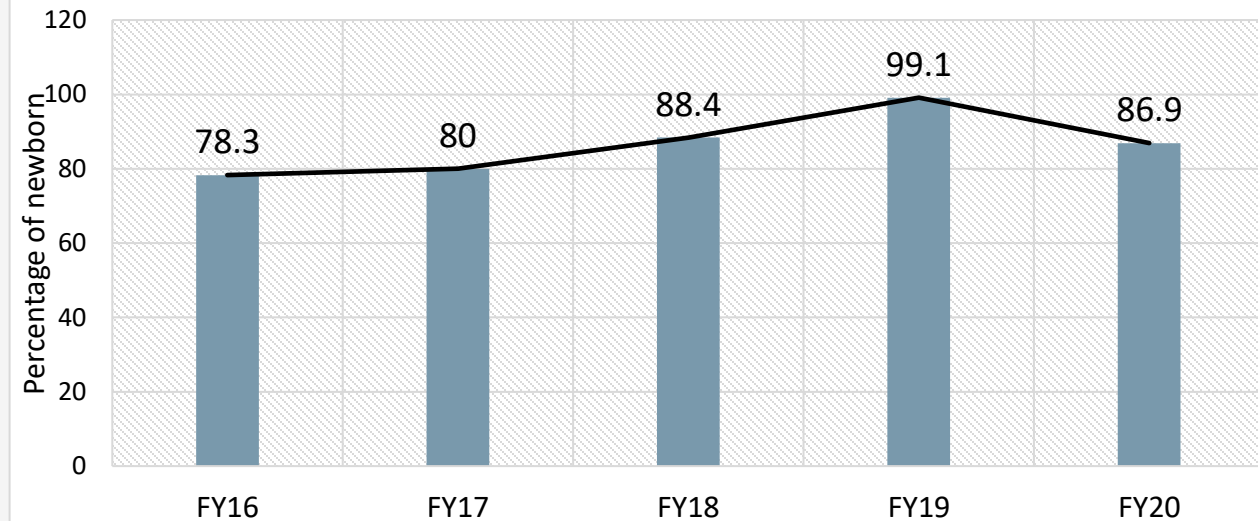
- The graph (top right) shows a steady increase across the years for OPV0: From 78.3% in FY16 through FY17 with 80% and FY18 with 88.4% coverage to 99.1% in FY19 at the country level.

- The chart (bottom right) shows a steady increase in the number of children immunized with OPV3 at the National level. That is, 76% in FY16, 80% in FY17, 88.4% in FY18 and 89.7% in FY19.

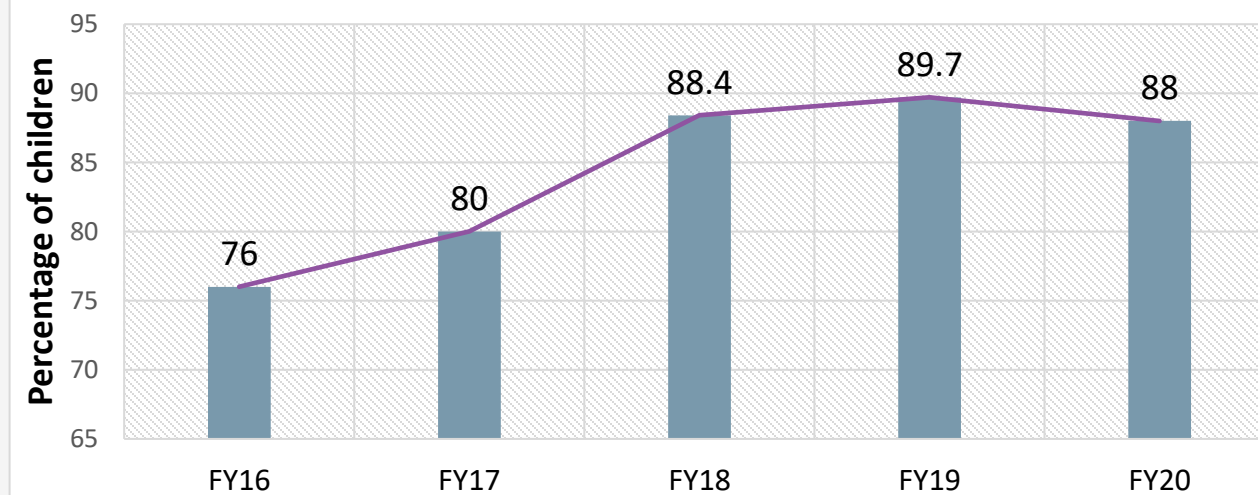
- Although, there was decrease in FY20 for both OPV0 and OPV3 due to the advent of COVID-19, insecurity and defaulters.

- The increased coverage from FY16 to FY19 for both antigens is attributed to the tracking and vaccination of newborn children with OPV0, sensitization and mobilization of caregivers for routine immunization, and tracking of defaulters for uptake of missed antigens.

CGPP National coverage for OPV birth dose (OPV0) from 2016 to 2020



CGPP National coverage for OPV3 from 2016 to 2020



Source: VCM register/Annual reports

# 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 continues to ensure that children under 5 years are vaccinated with Oral Polio Vaccine, New-Born children are tracked and immunized with the first dose of Oral Polio Vaccine (OPV birth dose) within 14 days of birth and caregivers are provided with convergent messaging on the benefits of immunization, nutrition, hygiene, ante natal care, and health care access.

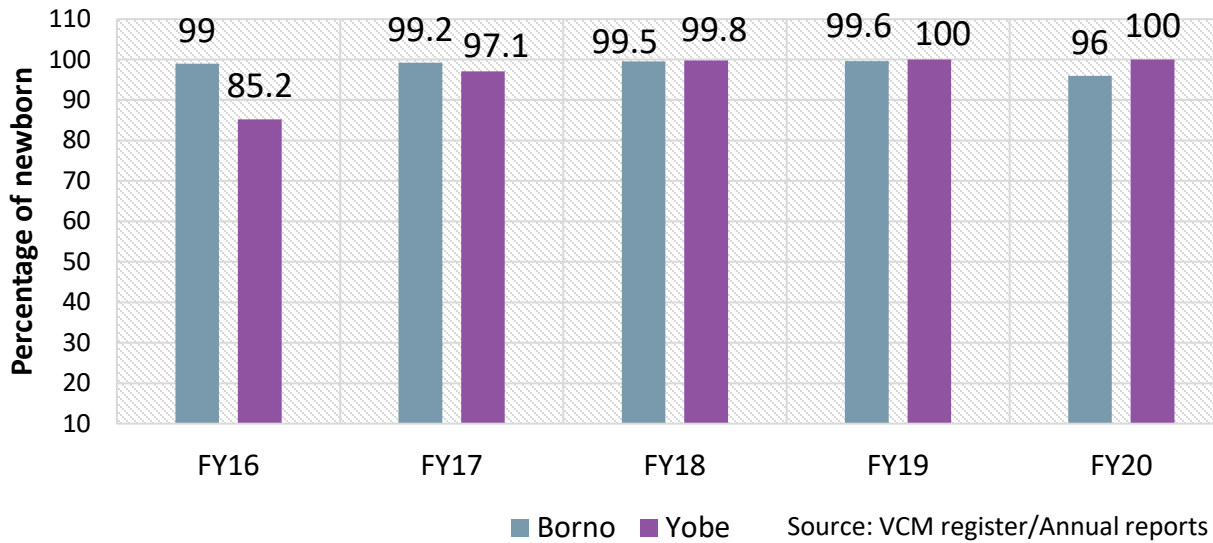
The VCMs are women recruited from the local community, trained and empowered by CGPP to conduct routine house-to-house visits to raise awareness of mothers and caregivers on the importance and benefits of OPV. These VCMs engage in other community communication activities like compound meetings, community 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 line-list of households and children under 5 years. The vaccination history and status of each child and other households' data are documented in the register. The register is regularly updated by the VCM and reviewed by the Ward supervisor and other technical staff. The data from the VCM register are collated monthly by the Ward supervisor and vetted before submission.

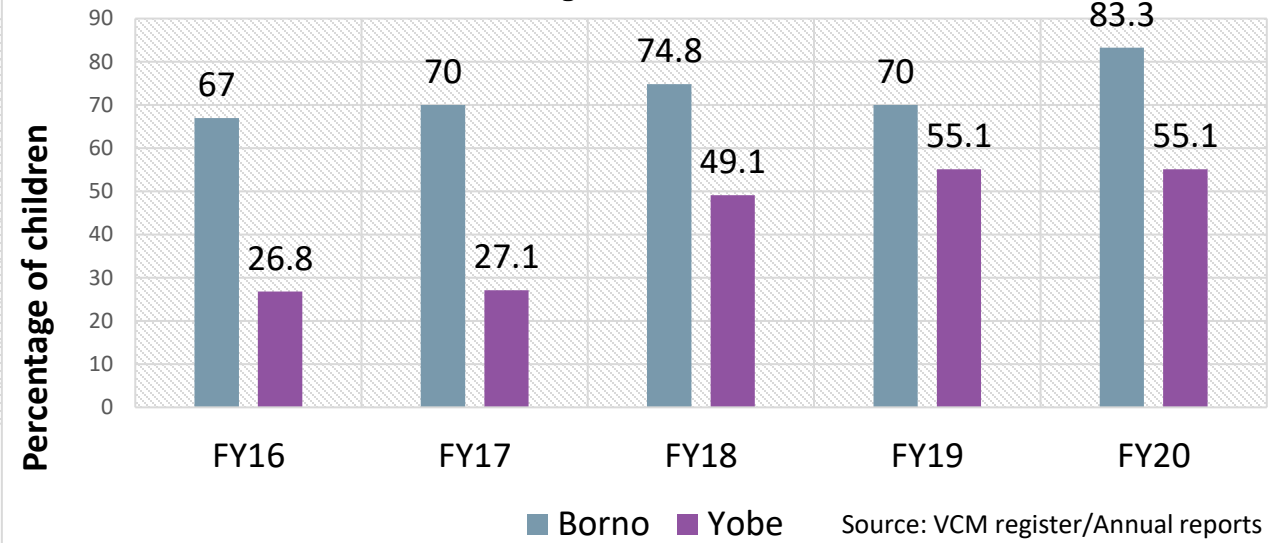
Using the results from the register, we were able to calculate the coverages for OPV birth dose and OPV3 amongst children vaccinated during Routine campaigns and in targeted noncompliance households within CGPP focal areas.

# RESULTS: National and northeast coverages for OPV0, OPV3 and IFTAR intervention

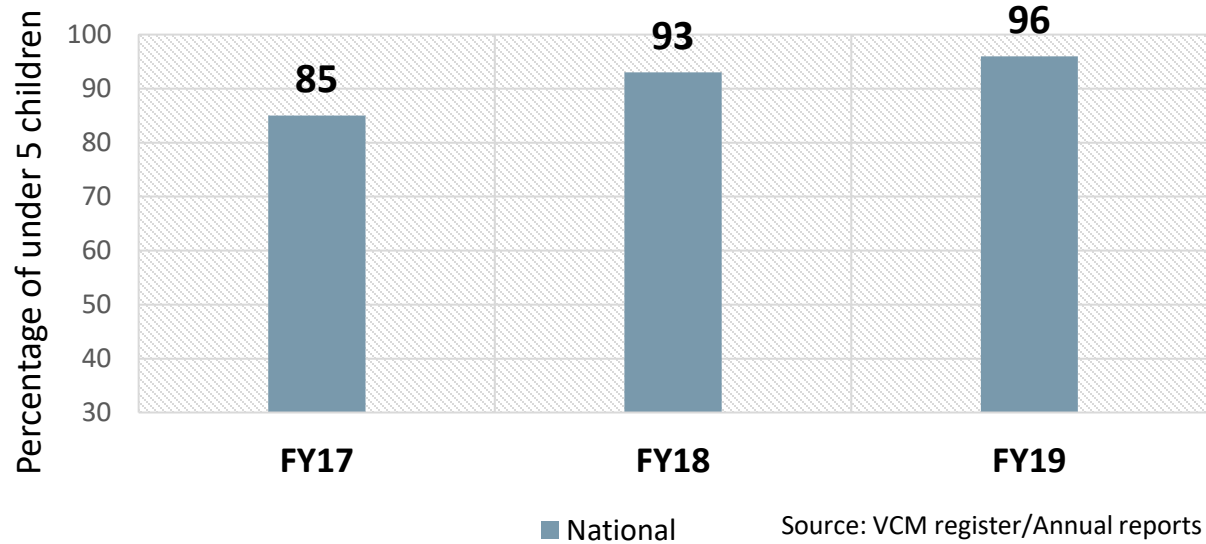
CGPP Northeast coverage for OPV birth dose from 2016 to 2020



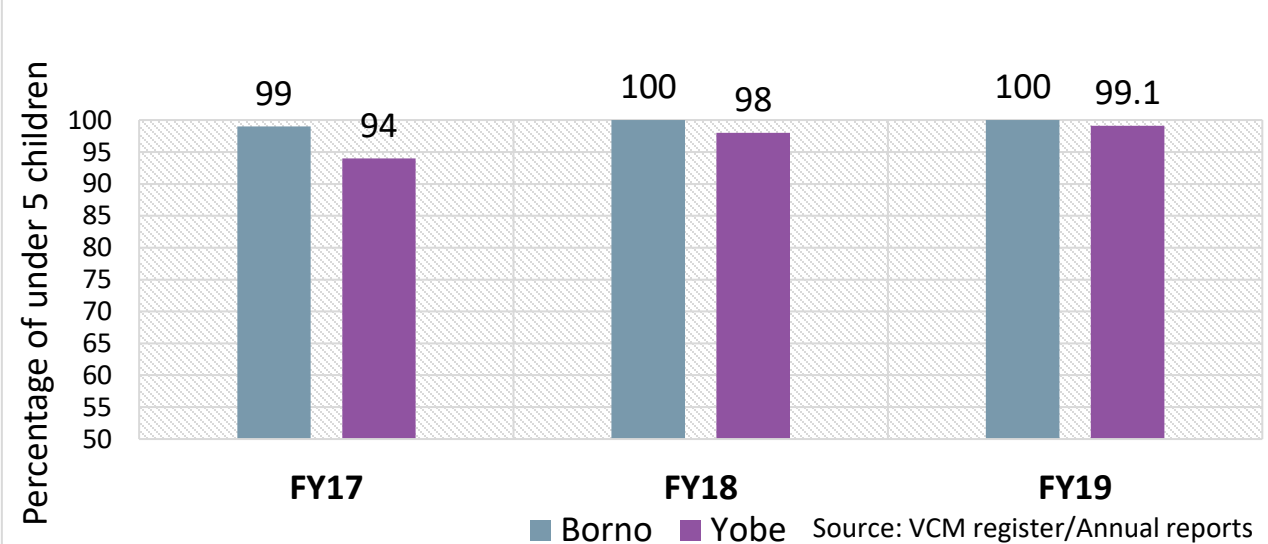
CGPP Northeast coverage for OPV3 from 2016 to 2020



CGPP National coverage for IFTAR from 2017 to 2019



CGPP Northeast coverage for IFTAR from 2017 to 2019



# RESULTS AND FUTURE DIRECTION

The Polio Eradication Initiative in Nigeria, which started >21 years ago, faced many bottlenecks, including initial denial, vaccine hesitancy from communities, misinformation and disinformation as well as rising insecurity. 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, Oral Polio Vaccine access can be enhanced and coverage be improved by using local community volunteers who are from the local community and through sensitization of caregivers on the benefits of immunization, and constant engagement with religious and community leaders. The ripple effect of this approach is shown in the significant achievements recorded over the years where the OPV coverages for first and third doses (OPV0 and OPV3) have been on a steady increase over the years both at the national level and in the Northeast. Similarly, CGPP's continuous engagement with the religious leaders before and during IFTAR (Breaking of fasting) to sensitize worshippers and immunize children under 5 years from non-compliant households with OPV has contributed to addressing the barriers of immunization, thereby increasing the OPV coverages for OPV0 and OPV3 from 78.3% and 89.7% in 2016 respectively to 99.1% and 89.7% in 2019 for the country program. The CGPP northeast (Borno and Yobe) coverages for both OPV0 and OPV3 increased with a steady trend from 2016 to 2019, and slightly dropped course in 2020 due to the COVID-19 pandemic, and rising insecurity across the country.

Now that Nigeria and the rest of Africa has been certified free from the indigenous Wild Polio Virus Type 1 (WPV1), CGPP will continue to strengthen the capacity of its VCMs to intensify defaulter tracking and community sensitization/mobilization for improved access to Routine Immunization at the facility level, in order to improve the vaccine coverage of children who have completed their immunization schedule across the CGPP focal states.

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