

11 - 13 April 2005

NIDs against poliomyelitis

Final Report



The father of late Ms Manahil receiving the CDC Hero certificate during the NIDs launch in Kassala, 11/4/2005.

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Introduction:

Since the detection of wild poliovirus in May 2004, Sudan conducted 2 mopping up rounds and 5 NIDs round in order to halt the poliovirus transmission. The first round of the mopping up targeted the three Darfur states and in the second round West Kordofan state was covered in addition to Darfur region due to detection of one polio case. The OPV coverage rates were as follows:

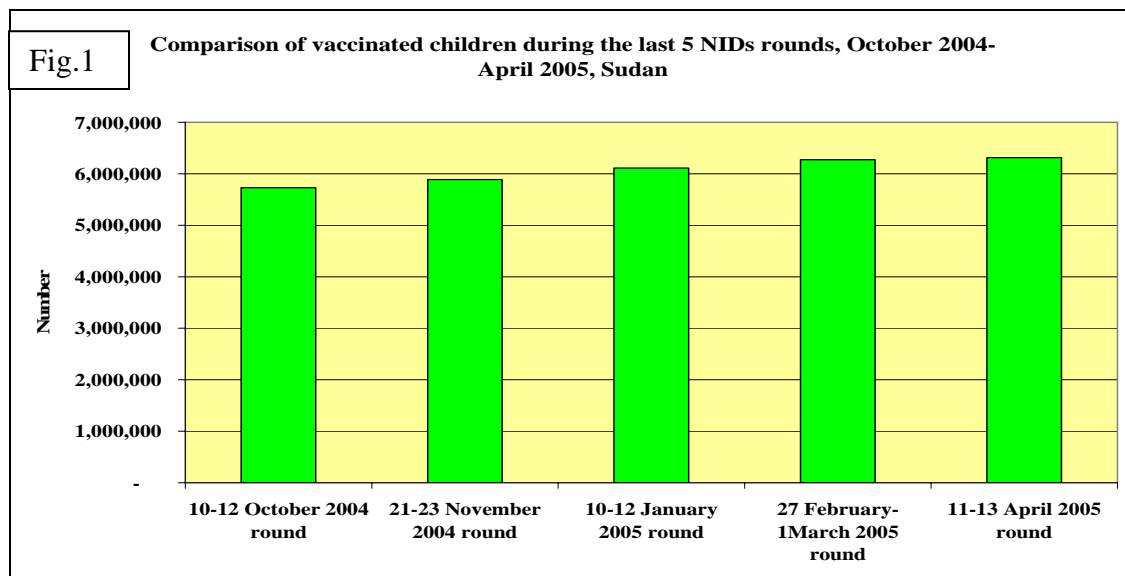
Table 1. July 2004 mopping up result:

STATE	vaccinated	%coverage rate based on pre-conflict target
WEST DARFUR	178,464	54
SOUTH DARFUR	570,423	90
NORTH DARFUR	260,741	73

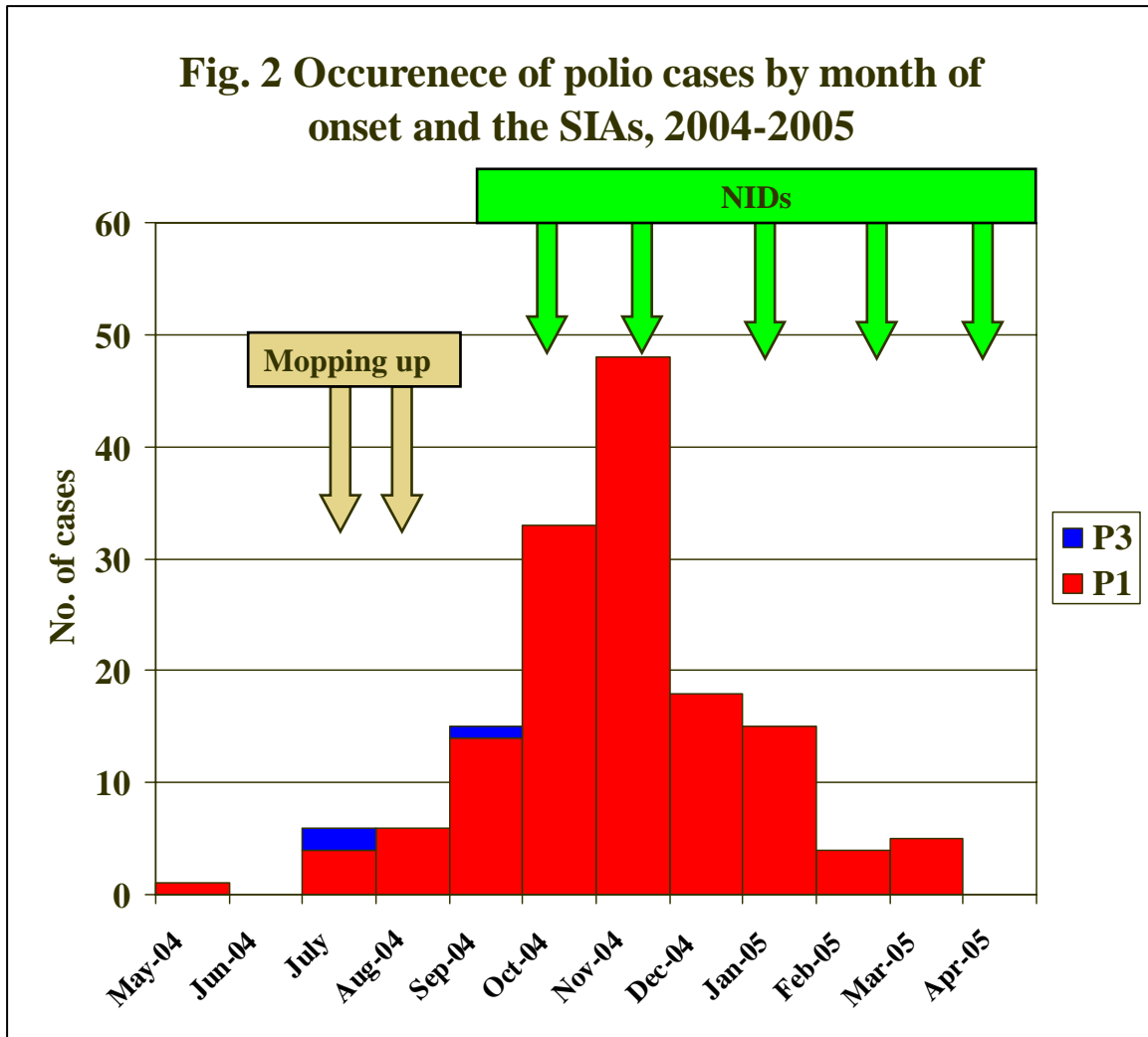
Table 2. August 2004 mopping up result:

State	Vaccinated	%coverage rate based on pre-conflict target
WEST DARFUR	218,243	65.5
SOUTH DARFUR	615,952	97.0
NORTH DARFUR	287,305	80.6
WEST KORDOFAN	264,869	101.5

It is obvious that the coverage in West and North Darfur states was inadequate. However, the access has improved. In September 2004, additional polio cases were detected in other states including Khartoum and Red Sea. Therefore, it was decided to conduct full NIDs rounds of high quality. The first two rounds were conducted in October-November 2004. Another three rounds followed in the first 4 months of 2005. The comparison of number of vaccinated children between these rounds is shown in the graph 1.



As access and quality of work have improved, more children were reached. The areas of improvement were revising the micro-planning, training, defaulter tracing, supervision and monitoring. International technical assistance has also contributed to the quality attained during these rounds. The impact of these campaigns could be seen in graph 2.



Risk factors:

The risk factors remained the same, as they were during the previous SIAs. Special arrangements were made to increase access in Darfur. These arrangements included local agreement with community leaders on both sides (Government and rebels) in order to facilitate the vaccination and the appeal called by the UN and international NGOs on all armed parties to provide safe corridor. However, a few incidents, such as hijacking two rented cars happened during April round. Cancellation of WFP flights to some areas in the south delayed the start of the campaign by 2-5 days. Uncontrolled militia such LRA in Eastern Equatoria and bandits in Darfur constitute a problem that is beyond our capacity.

Preparation for the campaign:

Post-NIDs review meeting:

This meeting was held from 7 to 8 May 2005. State EPI and Nutrition officers have participated in addition to federal EPI staff, WHO STCs, national medical officers, zonal coordinators and UNICEF staff. During the meeting all aspects of the NIDs were critically reviewed. The meeting started by reviewing the recommendations of the previous evaluation meeting and it is found that most of recommendations were implemented either fully or partially. Recommendations not implemented were few and their status were analysed. The relevant recommendations were kept valid to be followed during the coming NIDs. The main strengths and limitations are mentioned below.

Implementation:

On 11 April 2005, the vaccination campaign was formally launched in Kasala state. Vaccine administration was through house-to-house strategy. Using maps and vaccine management were improved. Yet, there is still a room for better implementation. Registering missing children over leaf of the tally sheets was a tool to trace the defaulter either on the same day or on the fourth day. The finger marker was used in several states. Its use was very useful to trace children in houses, camps and streets. The implementation of tracing the missing children plan still needs more attention and improvement in several areas especially in high-risk areas. The reason for not registering the defaulters remain the same (vaccinators claimed that they know the families and the area in which they are living or due to negligence).

Launching ceremony:

The ceremony was organised by Khartoum state Ministry of health. The Wali of the state opened the ceremony. The Federal Minister of health, WHO, UNICEF Rotary representatives attended the launch. A camp of IDPs in Khartoum state was selected to be the place of the ceremony in order to draw the attention of politicians and public to the importance of such places.

The ceremony included speeches from States Minister of health in the Federal MOH, state Wali, state minister of health, WHO and local government officials. It included dancing and singing. The subject of the songs was about importance of vaccination and fight against polio disease. The certificates of CDC Heroes were presented to the families of the affected staff by car accident during February NIDs round (see pictures below). At the end of the ceremony, the Wali and his guests gave the OPV drops to several children in the nearby houses.



Cousin of the late Sheikh Abdul-



The father of the late Manahil

Reported coverage and coverage reported by independent monitors:

During the April 2005 NIDs, 6,314,857 children were vaccinated against poliomyelitis, which represent 102.7%. Table 3 and figures 3/4 show the absolute numbers of children vaccinated during the NIDs since October 2004 in order to have a better idea about the achievement of this round compared to the previous rounds.

Table 2. Number of vaccinated children under 5 by OPV

Month of the NIDs	10-12 October 2004 round: vaccinated children	21-23 November 2004 round: vaccinated children	10-12 January 2005 round: vaccinated children	27 February -1 March 2005 round: vaccinated children	11-13 April 2005 round: vaccinated children
Sudan Total	5,727,403	5,888,442	6,112,703	6,275,939	6,314,857

Figure 3. Vaccinated children by OPV during the the last five NIDs rounds Northern states, Sudan, 2004-2005

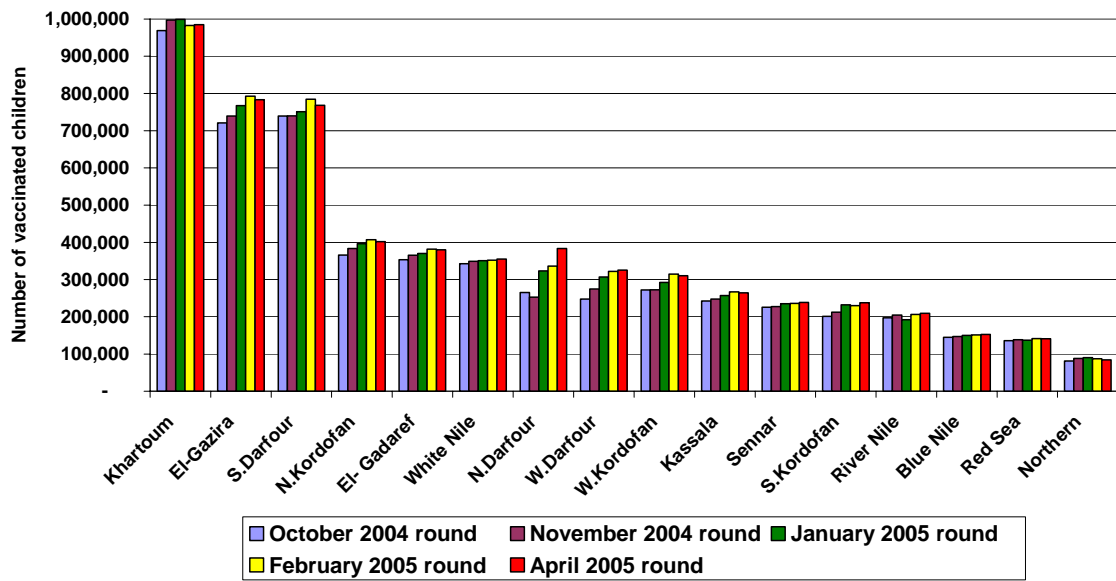
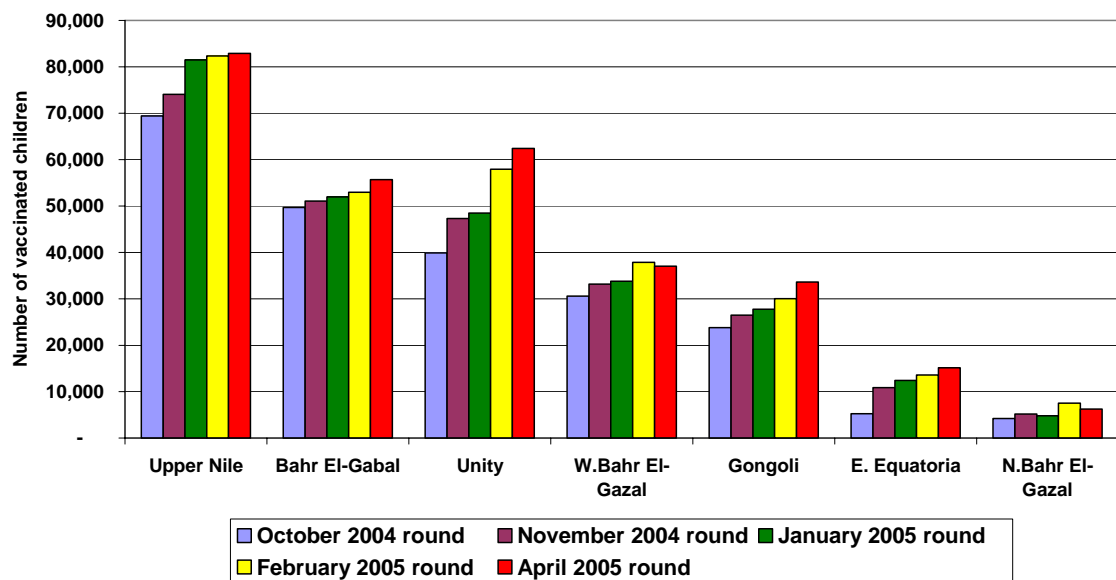


Figure 4. Vaccinated children by OPV during the the last five NIDs rounds Southern states, Sudan, 2004-2005



The increase in vaccinated children was achieved mainly in Darfur and southern states because of the increased accessibility due to the observed period of tranquillity and increased number of returnees. In the other states the increase was due to improvement in tracing the defaulters. The supervision and monitoring the implementation of the NIDs is done by several types of personnel. It ranges from the team leader who is supervising 4-5 teams to international observers from HQ and EMRO. In between, there are locality

supervisors, state supervisors, federal supervisors, NGOs supervisors, WHO/UNICEF supervisors and independent monitors. The last category is working after the campaign is concluded in order to have independent assessment of coverage in high-risk areas. Therefore, it does not represent the coverage in all areas. The comparison between the reported coverage rates and the result of independent monitors is seen in table 4.

Table 4. Reported coverage by vaccination teams and assessed coverage rates by independent monitors, April NIDs

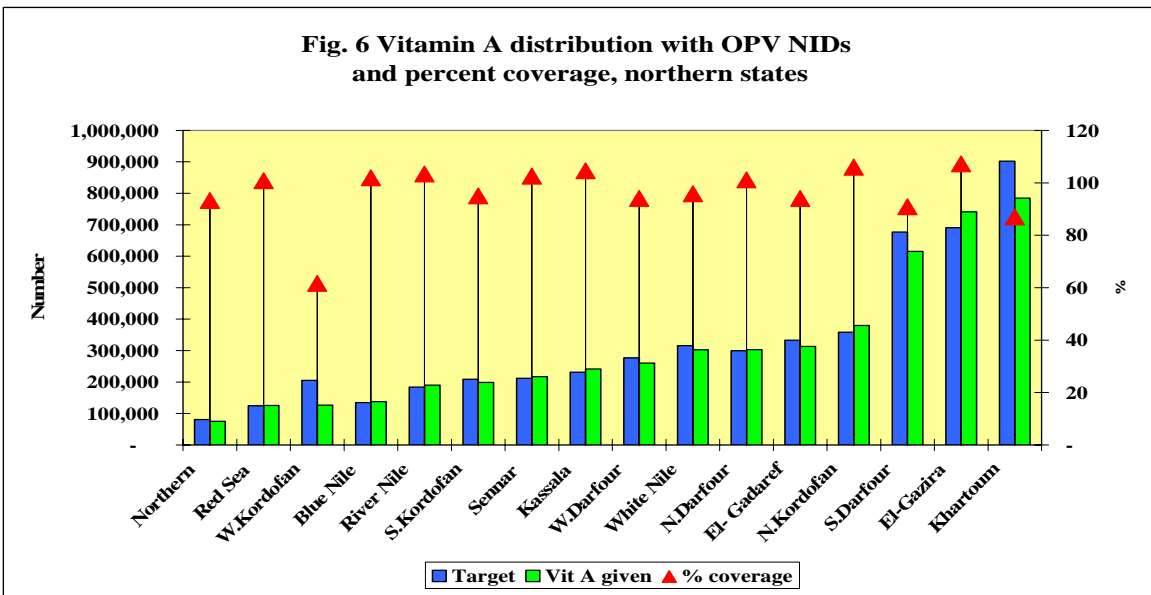
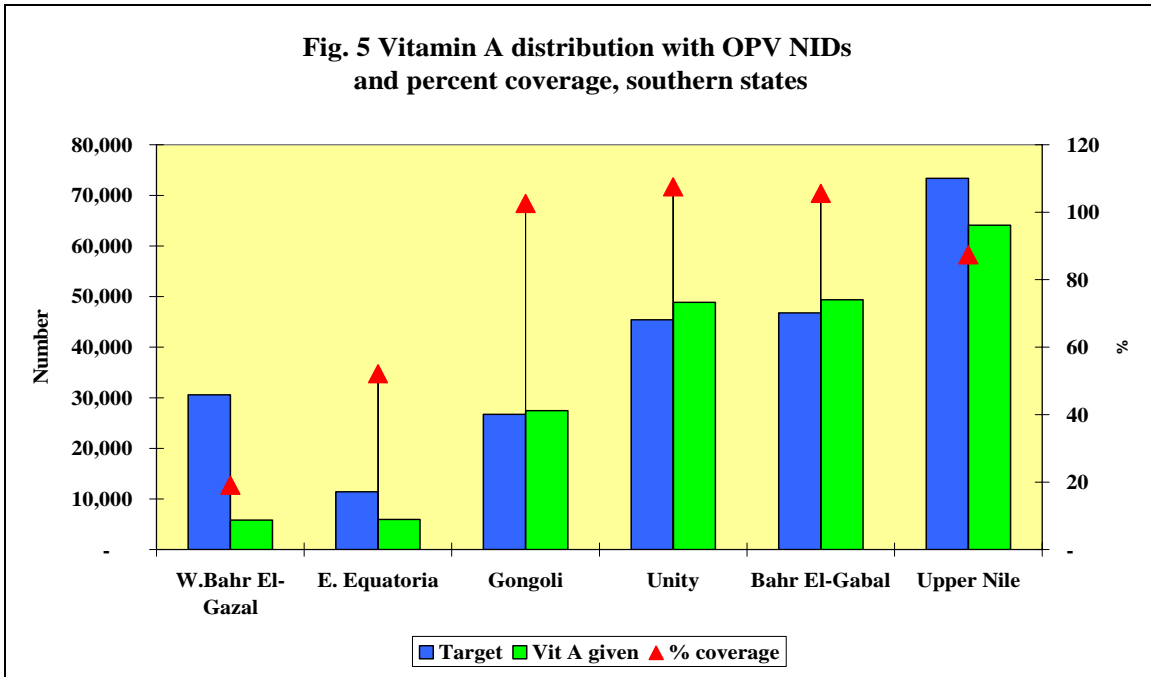
State	Reported % coverage by vaccination teams	Reported % coverage by independent monitors
Blue Nile	102	100
El- Gadaref	103	92
El-Gazira	102	99
Kassala	103	98
Khartoum	98	93
N.Darfour	115	93
N.Kordofan	101	99
Northern	93	99
Red Sea	102	97
River Nile	101	99
S.Darfour	102	94
Sennar	101	98
W.Darfour	106	95
W.Kordofan	106	96
White Nile	101	92
Bahr El-Gabal	107	93
Gongoli	113	94
Unity	124	96
Upper Nile	102	98
Total	103	96

These data were made available at the state level immediately after collection and corrective measures are taken. All missed children in these areas were vaccinated. Poorly covered area became a subject for revaccination again.

Annex 1 contains detailed coverage data by age and annex 2 shows result of independent monitors by state.

Vitamin A

Vitamin A was distributed in addition to OPV to children from 6 months to 5 years. The coverage result is seen in figures 5 and 6. During the campaign, shortage of vitamin A capsules was a problem in several states. In some other areas mal-distribution of vitamin A capsules, especially the blue capsules (100,000 units), was the main problem. All the problems were discussed in the post-NIDs review meeting and solutions were proposed to be undertaken in the next round at the end of 2005. Data table of vitamin A distribution is attached in annex 3.



Vaccination in the rebels-controlled areas:

Like what happened in February NIDs, WHO and UNICEF arranged special plans to cover the SLA-controlled areas. UN agencies and NGOs helped very much in reaching the children in remote and insecure areas. IRC and Samaritan's Purse NGOs conducted an additional NIDs rounds in the NDA-controlled areas of Hamashkoreeb (waiting for the report). Efforts were made to cover the uncovered areas during February round. Table 5 shows the result of vaccination in inaccessible areas during February NIDs round.

Table 5. Vaccination in SLA areas.

Locality	Administrative unit	Estimated target not Vaccinated during February round	Number of children covered during April round
EL Fasher	Tawila & Korma	7990	7990
Mellit	Sayeh	557	557
Um Kadada	El Leite	4078	3525
Kutum	Kutum rural Muzbat	4343	4343
Total		16968	16415

OPV vaccination in NDA-controlled areas of Hamashkoraib took place from 26 to 29 March 2005. The number of children vaccinated is slightly higher than the previous two rounds. The children vaccinated during the three rounds are shown in table 6.

Table 6. Number of children vaccinated in NDA-controlled area of Hamashkoraib, Kassala

Date of NIDs	30th Jan.- 2nd Feb	26th Feb.- 1st March	26th- 29th March
No. of children vaccinated	2146	2346	2545

Strong points:

1. Wide use of finger marker in spite of errors associated with the use due to the late arrival to the states.
2. Strong political commitment from the local authority was maintained in most of states;
3. Strong partnership with the humanitarian agencies was maintained, especially in Darfur;

4. Involvement of community leaders in SLA areas led to increased accessibility to vaccinate more children in Darfur states;
5. Participation of technical staff from WHO/EMRO and HQ in supervision was very supportive; and
6. Allocation of resources for the defaulter tracing in the fourth day brought good results; and
7. Mapping system has improved in many places.

Challenges:

1. Weak state financial contribution in some states;
2. Insecurity in Darfur, Upper Nile, Kassala, south Blue Nile and Nuba mountains remains a main reason behind inaccessibility. One rented cars was hijacked by armed group (most probably SLA forces);
3. Missed Children recording and coverage:
 - Problems of recording and tracing in moving population and IDP camps particularly in Darfur states;
4. Development and use of good maps at the level of vaccinators, though improved, requires great effort to achieve;
5. Delayed arrival and vaccine to Torit and Jongli because of WFP flight cancellation; and
6. Shortage and/or mal-distribution of vitamin A capsule.

Recommendations:

- ❖ Ensure external technical assistance before the coming NIDs round;
- ❖ Emphasis should be put on quality training of team leaders and volunteers;
- ❖ Early distribution of finger markers to the state;
- ❖ Improving the recording of missed children; and
- ❖ Ensure provision the sufficient quantity of vitamin A and better distribution plan.

Annex 1. Number and percent coverage of vaccinated children during April 2005 NIDs by age and state, Sudan

State	Target	Vaccinated 0-5 yrs	%	0-1 year	%	1-5 yrs	%
Bahr El-Gabal	51,961	55,688	107	9,968	18	45720	82
Blue Nile	150,123	152,582	102	30,174	20	122408	80
E. Equatoria	12,683	15,161	120	2,198	14	12963	86
El- Gadaref	370,187	380,275	103	55,756	15	324519	85
El-Gazira	767,322	783,193	102	109,737	14	673456	86
Gongoli	29,708	33,610	113	8,652	26	24958	74
Kassala	256,725	264,556	103	47,911	18	216645	82
Khartoum	1,002,467	985,048	98	140,568	14	844480	86
N.Bahr El-Gazal	5,422	6,273	116	1,131	18	5142	82
N.Darfour	333,120	383,648	115	47,861	12	335787	88
N.Kordofan	398,658	402,133	101	53,990	13	348143	87
Northern	90,069	84,212	93	13,502	16	70710	84
Red Sea	138,182	141,073	102	24,077	17	116996	83
River Nile	204,612	206,269	101				
S.Darfour	752,274	768,184	102	125,818	16	642366	84
S.Kordofan	232,264	237,688	102	35,113	15	202575	85
Sennar	235,354	236,869	101	35,303	15	201566	85
Unity	50,476	62,409	124	14,472	23	47937	77
Upper Nile	81,484	82,861	102	13,524	16	69337	84
W.Bahr El-Gazal	33,980	37,035	109	7,377	20	29658	80
W.Darfour	307,385	325,267	106	47,163	14	278104	86
W.Kordofan	292,521	310,287	106	45,500	15	264787	85
White Nile	350,901	355,371	101	64,411	18	290960	82
Sudan Total	6,147,878	6,309,692	103	934,206	15	5,169,217	82

Annex 2. Result of independent monitors.

State	Target	vaccinated	% coverage rate
Bahr El-Gabal	1298	1211	93.3
Blue Nile	2887	2880	99.8
El- Gadaref	1008	927	92.0
El-Gazira	1569	1545	98.5
Gongoli	430	405	94.2
Kassala	2916	2859	98.0
Khartoum	6931	6423	92.7
N.Darfour	10274	9601	93.4
N.Kordofan	2119	2105	99.3
Northern	462	457	98.9
Red Sea	8346	8058	96.5
River Nile	4026	3982	98.9
S.Darfour	4147	3882	93.6
S.Kordofan	2526	2438	96.5
Sennar	961	946	98.4
Unity	812	779	95.9
Upper Nile	461	452	98.0
W.Bahr El-Gazal	1007	936	92.9
W.Darfour	2046	1944	95.0
W.Kordofan	472	453	96.0
White Nile	744	688	92.5
Sudan Total	55,442	52,971	95.5

Annex 3. 11-13 April 2005 vitamin A distribution.

State	Target	Vit A given	% coverage
W.Bahr El-Gazal	30,582	5,839	19
E. Equatoria	11,415	5,954	52
Gongoli	26,737	27,435	103
Unity	45,428	48853	108
Bahr El-Gabal	46,765	49,375	106
Upper Nile	73,336	64,071	87
Northern	81,063	75,624	93
Red Sea	124,363	125,372	101
W.Kordofan	205,251	126,450	62
Blue Nile	135,111	137,669	102
River Nile	184,151	190,360	103
S.Kordofan	209,037	198,585	95
Sennar	211,819	217,215	103
Kassala	231,053	241,652	105
W.Darfour	276,647	260,142	94
White Nile	315,811	302,680	96
N.Darfour	299,808	303,249	101
El- Gadaref	333,168	313,364	94
N.Kordofan	358,792	380,319	106
S.Darfour	677,047	615,358	91
El-Gazira	690,590	740,645	107
Khartoum	902,223	784,614	87
Total	5,470,197	5,214,825	95