

24 - 26 May 2005  
NIDs against poliomyelitis

A Report



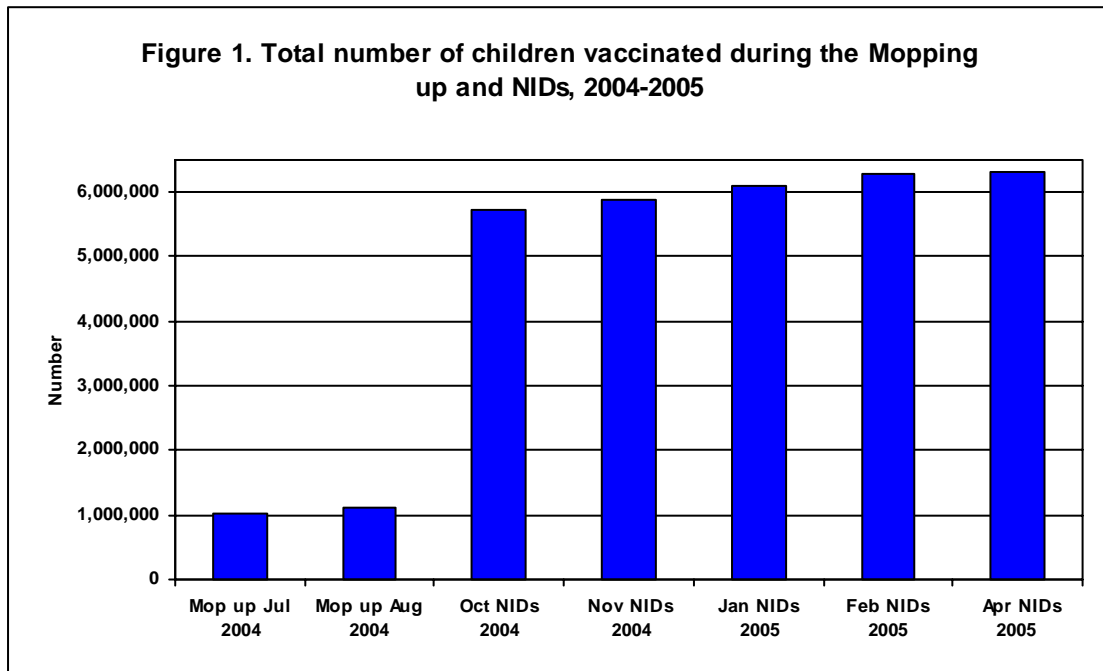
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Khartoum, 19/6/2005

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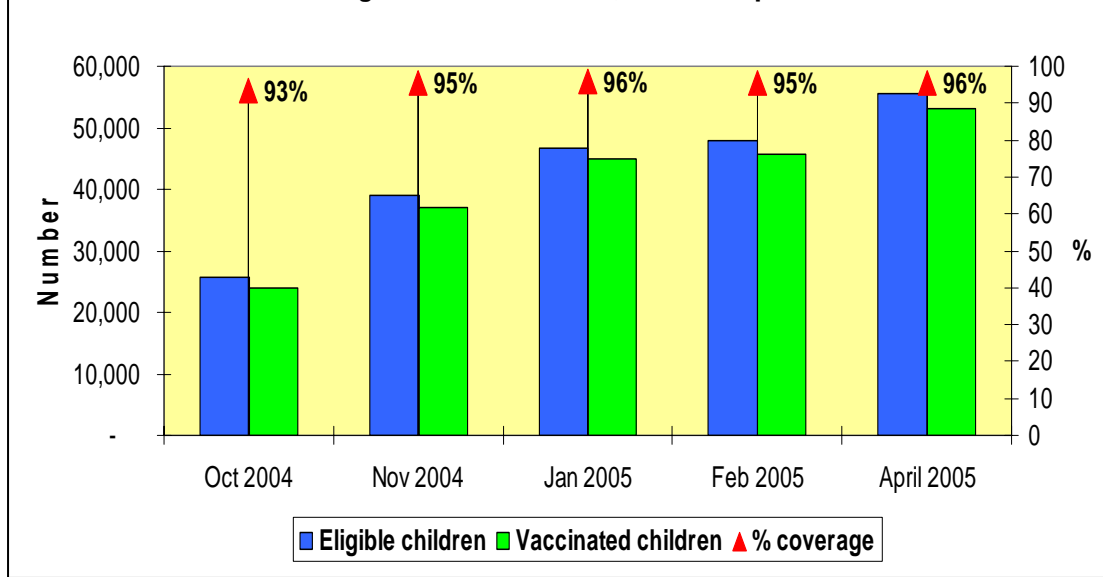
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## Introduction:

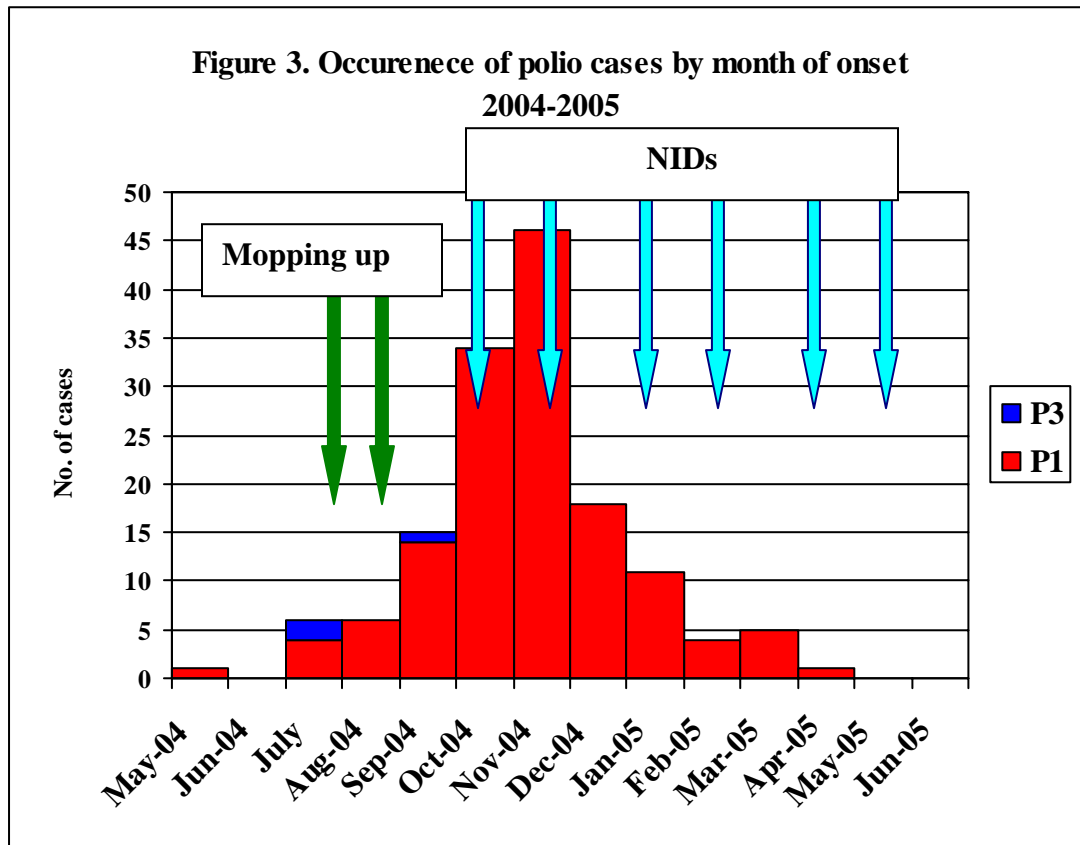
In response to the polio outbreak that started in May 2004, Sudan conducted 2 mopping ups and 5 NIDs round in addition to the recent one in May 2005. Figure one shows the number of reached children during these campaigns and figure two presents the result of independent monitors done after the each campaign. It is obvious that the sample size of the monitoring is steadily increasing from one campaign to the next which indicates the improvement of quality of work.



**Figure 2. % coverage rates of vaccinated children by independent monitors during the 5 NIDs rounds, Oct 04 - April 05**



From one round to another we observe better quality of work. 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 figure 3.



### Risk factors:

Two new factors added another dimension to the difficulties faced during the previous rounds. These were the rainfall and withdrawal of an NGO from one of the SLA-controlled areas (Jabal Sei: target 9000 children). The insecurity 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. Cancellation of WFP flights to some areas in the south delayed the start of the campaign by 2-5 days. Government army helped to transport the vaccine to North Bahr Elgazel and Torit instead of WFP. At present, WHO is negotiating with ICRC to add OPV to food distribution in the coming weeks.

## **Preparation for the campaign:**

The preparation started after the April NIDs have completed. Sudan programme received seven temporary advisors before 10 days of the start of the May campaign. Their terms of reference were to assist the priority states updating their micro-plans, training of supervisors and volunteers, advocating among the community leaders and politicians, monitoring the implementation of the campaign and participating in the post campaign assessment. These advisors were distributed to Khartoum, West Kordofan, White Nile, Gedaref, Red Sea and North Darfur. Twenty federal supervisors were also distributed to various states to support the preparation and implementation of the campaign. Social mobilization preparation was not adequate because the release of fund was too late to produce the required material! Some states used their own little resources to cover the social mobilization activities.

## **Implementation:**

Due the fall of rains in some states, the campaign started on different dates. Most of the northern states launched their NIDs on 24 May while the southern states launched 3-5 days later. In the states that were affected by the rains like Gedaref, Kartoum, Unity, the NIDs extended another 1-3 days because Friday fell in between. Vaccine administration was through house-to-house strategy. The recommendations of the post NIDs evaluation meeting were implemented in the states with various degree of quality. The noticeable improvement was in the use maps, recording the children of one year on the tally sheets and tracing the missing children. The finger marker was used in all states, but the quantity was not enough especially in White Nile. 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).

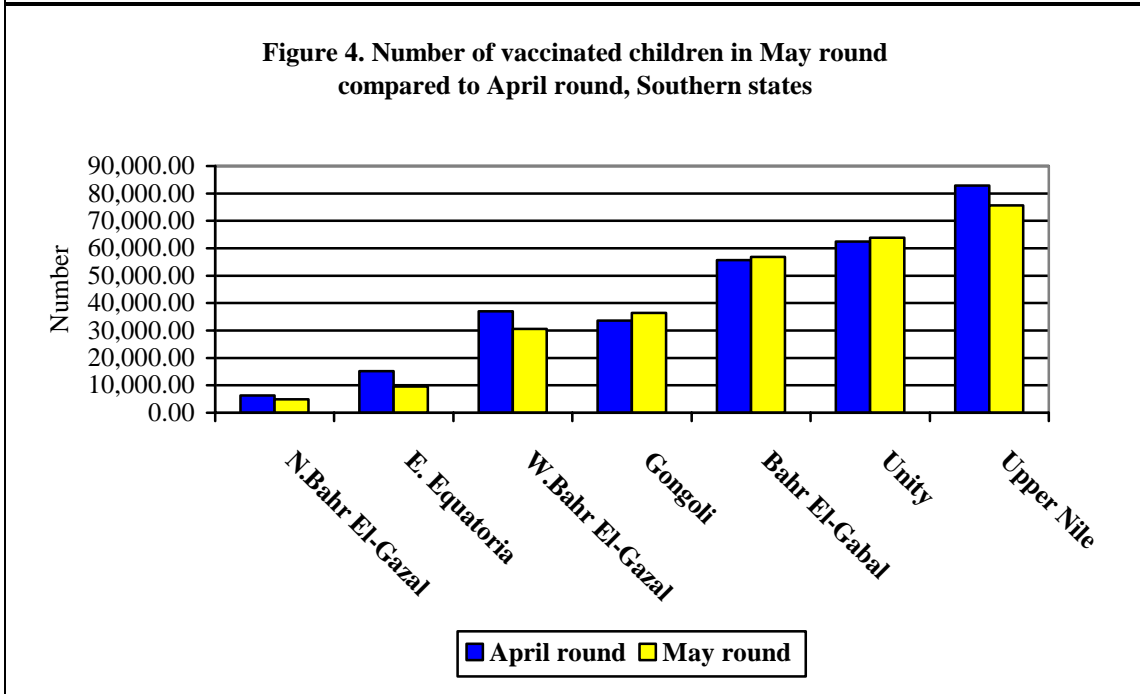
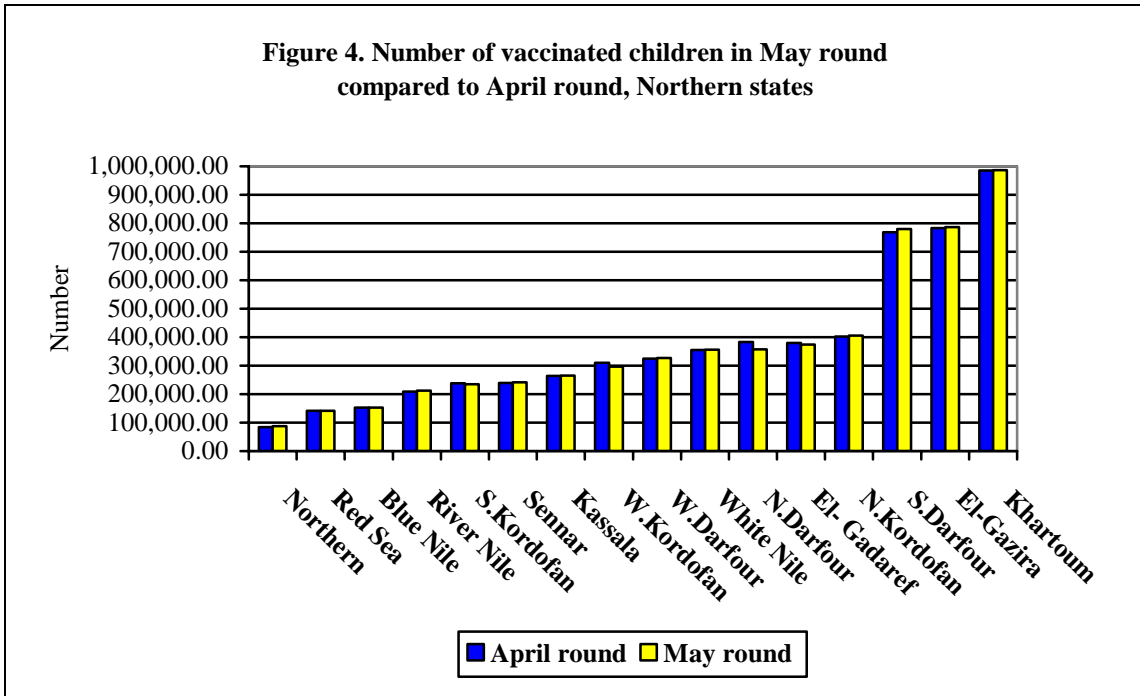
## ***Launching ceremony:***

The ceremony was organised by each state. The high political figures attended these ceremonies. In some states carnivals were organized one day before the campaign. State ministers of health have participated in vaccinating a few children as a symbol to start the NIDs formally.

## **Results:**

A total of 6,283,423 children under five were vaccinated by OPV during this campaign giving 102% coverage rate. Infants constituted 17% (1,017,242 ) of the target. The number of infants and percentage achieved are better than the achievement in the April round. The improvement happened in the recording the age of the children vaccinated.

The review of the tally sheets after the April campaign showed that there were many problems in the recording and summation up the figures. The low percentage of infants does not mean that they were missed. The detailed data are seen in annex 1. The result of independent monitoring supports this conclusion (see next section). Figures 4 & 5 show the number of children reached during the May round compared to April round. Four states from the south and four states from the north reached less children in May round because either of the rainfall or insecurity.



## Validation of the reported coverage by independent monitors:

After each campaign the states conduct monitoring using independent persons. These persons are usually from university, NGOs, schools and other UN agencies working in the states. The result of the campaign, especially the coverage of children one year of age has been compared by the coverage found by the independent monitors. The table one shows this comparison. The findings seen indicate that the low % proportion reported by volunteers most probably due to error in recording the tallies. The OPV coverage of infants found by independent monitors indicates that no large number of young children missed.

Table one: Reported coverage among children under one compared to the result of the independent monitors.

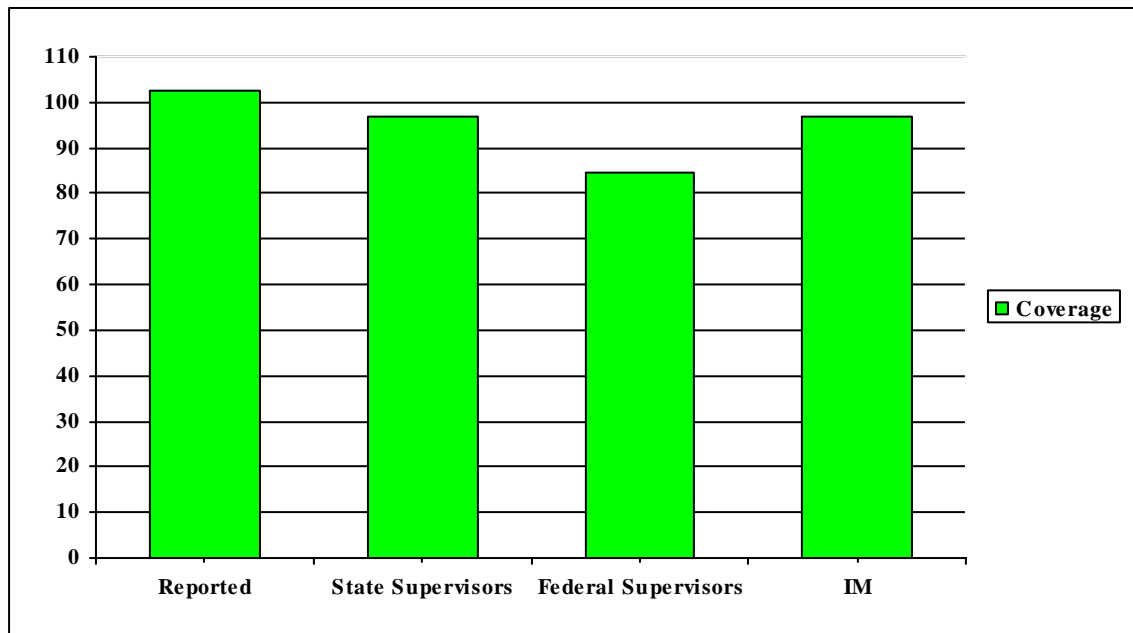
State	Target	Vaccinated 0-5 yrs	0-1 year	% proportion of infants to under 5 children	No. of infants monitored	No. of infants found vaccinated	%
W.Darfour	307,385	327,333	44,393	14	2151	2090	97.2
El-Gazira	767,322	786,450	111,076	14	335	329	98.2
N.Kordofan	398,658	405,711	59,417	15	920	911	99.0
N.Darfour	333,120	357,445	49,698	15	2,197	2,129	97
W.Kordofan	292,521	296,930	45,369	16	329	318	96.7
E. Equatoria	12,683	9,535	1,988	16	51	46	90
Sennar	235,354	241,099	37,246	16	15	15	100
Khartoum	1,002,467	986,037	159,308	16	3032	2711	89.4
Northern	90,069	87,576	14,901	17	920	911	99.0
Red Sea	138,182	141,301	23,077	17	30	30	100
Upper Nile	81,484	75,676	13,828	17	80	78	97.5
S.Kordofan	232,264	235,244	40,011	17	647	626	96.8
White Nile	350,901	356,352	60,900	17	285	278	97.5

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

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

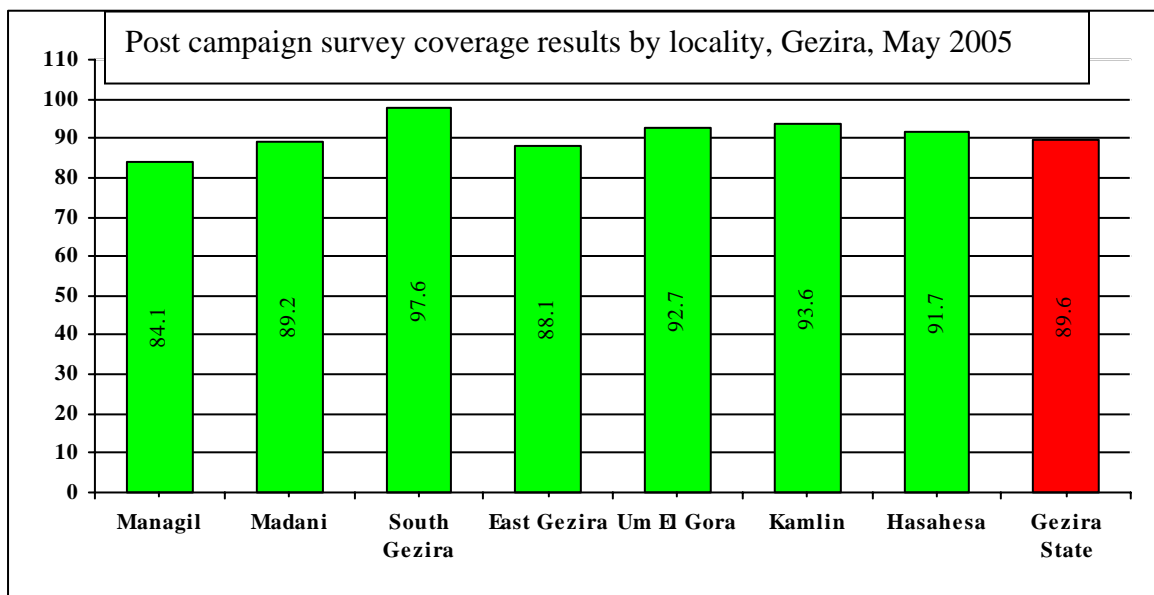
In Gezira state, the WHO STC in collaboration with MOH and University of Gezira conducted a post-NIDs cluster cross sectional survey. The reason for this survey was the

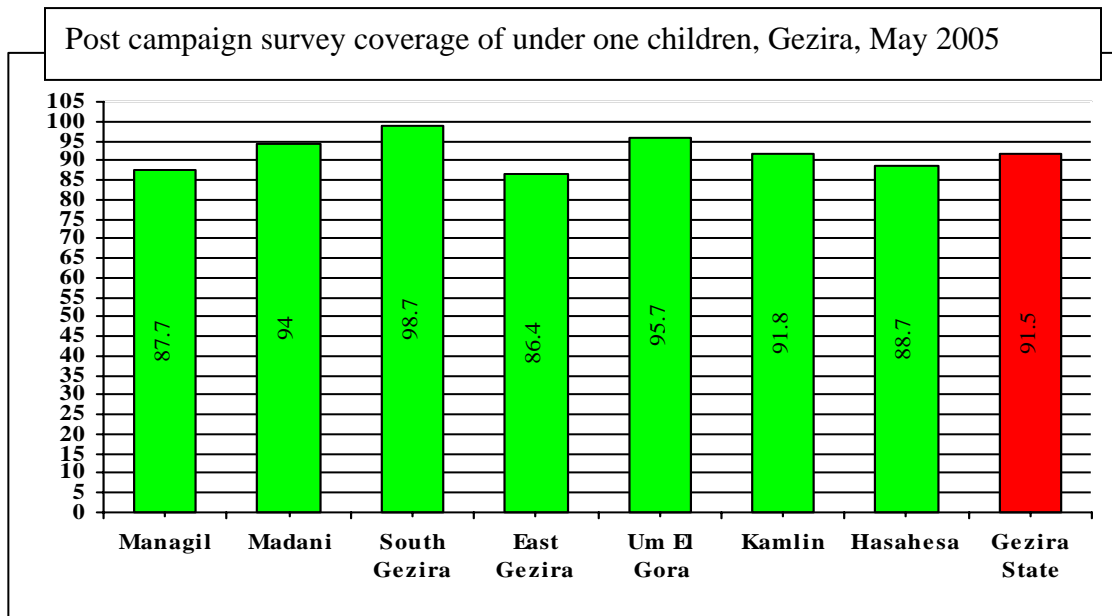
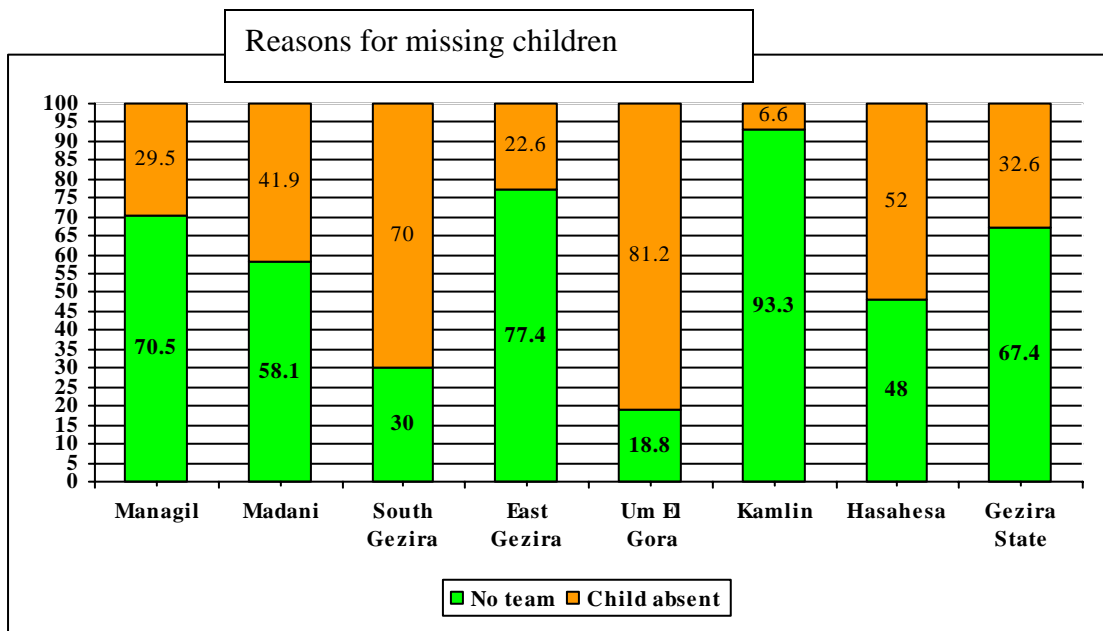
wide variation of the monitoring result found by the independent monitors and federal supervisor. The graph below shows the different results.



The planned number of clusters was 205 but due to logistic problems the number of localities covered was 175. The target areas were the high-risk areas. The easy areas were excluded.

The main findings of the survey are seen in the following graphs.





Immediately after the results obtained corrective actions were taken. These actions included the vaccination of missed children on spot by the monitors, revisiting the areas by locality EPI officers, directors of locality were informed by the DG about the results and asked them to investigate the reasons behind these problems. A seminar was organized by state MOH and attended by the Minister, DG, locality directors and the undersigned. In the seminar the WHO STC presented the methodology and findings to the participants. Although there were some limitations in this survey, but it gives a good idea about some problems that need to be fixed before the coming campaign and during the campaign.

The complete presentation is available separately.

### ***Vaccination in the rebels-controlled areas:***

Vaccination covered not only government-controlled areas but it expanded, as usual, to SLA-controlled areas in Darfur states. The data are included in the states-specific results, see annex one. In North Darfur, one NGO working in Jabal Sei withdraw from the area, so the vaccination did not happen. At present the team in the state is exploring the possibility to vaccinate during the food distribution by ICRC.

### **Strong points:**

The strong aspects of this campaign were maintained as the previous one.

1. Wide use of finger marker.
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. Participation of technical staff from WHO/EMRO and HQ in supervision was very supportive; and
5. Allocation of resources for the defaulter tracing in the fourth day brought good results; and
6. Mapping system has improved in many places;
7. No major incidents happened in Darfur states.

### **Challenges:**

1. Weak state financial contribution in some states, especially the southern states and West Kordofan;
2. Insecurity in Darfur, Kassala (Hamashkoraib), south Blue Nile and Nuba mountains remains a main reason behind inaccessibility
3. Development and use of good maps at the level of vaccinators, though improved, requires great effort to achieve;
4. Rainy season which started earlier blocked the arrival of OPV to three locations in the south and delayed the work in some other states, such Gedaref and Khartoum; and
5. The selection and training of team leader is an important challenges to ensure good supervision on the volunteers.

### **Recommendations:**

- ❖ Ensure external technical assistance before the coming NIDs round;
- ❖ Emphasis should be put on quality training of team leaders and volunteers;
- ❖ Improving the recording of missed children; and
- ❖ Improving the knowledge and skills of volunteers to record in the appropriate column of age group and to use the well-known events in the community to better determine the age of the child.



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

State	Target	Vaccinated 0-5 yrs	%	0-1 year	%	1-5 yrs	%
Bahr El-Gabal	51,961	56,869	109	10,812	21	46,057	89
Blue Nile	150,123	153,029	102	30,254	20	122,775	82
E. Equatoria	12,683	9,535	75	1,988	16	7,547	60
El- Gadaref	370,187	374,346	101	65,832	18	308,514	83
El-Gazira	767,322	786,450	102	111,076	14	675,374	88
Gongoli	29,708	36,460	123	6,186	21	30,274	102
Kassala	256,725	265,279	103	49,891	19	215,388	84
Khartoum	1,002,467	986,037	98	159,308	16	826,729	82
N.Bahr El-Gazal	5,422	4,925	91	1,153	21	3,772	70
N.Darfour	333,120	357,445	107	49,698	15	307,747	92
N.Kordofan	398,658	405,711	102	59,417	15	346,294	87
Northern	90,069	87,576	97	14,901	17	72,675	81
Red Sea	138,182	141,301	102	23,077	17	118,224	86
River Nile	204,612	211,898	104	39,598	19	172,300	84
S.Darfour	752,274	779,522	104	132,458	18	647,064	86
S.Kordofan	232,264	235,244	101	40,011	17	195,233	84
Sennar	235,354	241,099	102	37,246	16	203,853	87
Unity	50,476	63,799	126	13,078	26	50,721	100
Upper Nile	81,484	75,676	93	13,828	17	61,848	76
W.Bahr El-Gazal	33,980	30,607	90	6,768	20	23,839	70
W.Darfour	307,385	327,333	106	44,393	14	282,940	92
W.Kordofan	292,521	296,930	102	45,369	16	251,561	86
White Nile	350,901	356,352	101.6	60,900	17	295,452	84
<b>Sudan Total</b>	<b>6,147,878</b>	<b>6,283,423</b>	<b>102.2</b>	<b>1,017,242</b>	<b>17</b>	<b>5,266,181</b>	<b>86</b>



## Annex 2. Result of independent monitors.

State	Target: 0-1	Vacc: 0-1	%: 0-1	Target: 1-5	Vacc: 1-5	%: 1-5	Target: 0-5	Vacc: 0-5	%: 0-5
Bahr El-Gabal	407	381	94	1,097	1,010	92	1,504	1,391	92
Blue Nile	469	468	100	1,749	1,749	100	2,218	2,217	100
E. Equatoria	51	46	90	151	140	93	202	186	92
El- Gadaref	169	158	93	697	687	99	866	845	98
El-Gazira	335	329	98	1,327	1,288	97	1,662	1,617	97
Gongoli	60	58	97	163	157	96	223	215	96
Kassala	517	502	97	1,636	1,589	97	2,153	2,091	97
Khartoum	3,032	2,711	89	7,156	6,543	91	10,188	9,254	91
N.Bahr El-Gazal	96	85	89	194	188	97	290	273	94
N.Darfour	2,197	2,129	97	8,447	8,226	97	10,644	10,355	97
N.Kordofan	920	911	99	2,653	2,621	99	3,573	3,532	99
Northern	920	911	99	2,653	2,621	99	3,573	3,532	99
Red Sea	497	493	99	1,397	1,373	98	1,894	1,866	99
River Nile	1,464	1,359	93	2,366	2,359	100	3,830	3,718	97
S.Darfour	1,180	1,069	91	4,868	4,501	92	6,048	5,570	92
S.Kordofan	647	626	97	2,597	2,558	98	3,244	3,184	98
Sennar	237	234	99	1,111	1,106	100	1,348	1,340	99
Unity	60	57	95	208	203	98	268	260	97
Upper Nile	80	78	98	150	139	93	230	217	94
W.Bahr El-Gazal	17	17	100	58	57	98	75	74	99
W.Darfour	2,151	2,090	97	6,775	6,573	97	8,926	8,663	97
W.Kordofan	329	318	97	992	984	99	1,321	1,302	99
White Nile	285	278	98	882	851	96	1,167	1,129	97

Sudan Total	16,120	15,308	95	49,327	47,523	96	65,447	62,831	96
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