



European Union Support to Immunisation Governance in Nigeria (EU-SIGN)

Background

The European Union Support to Immunisation Governance in Nigeria (EU-SIGN) is a seven-year (2011-2018) health systems strengthening project to increase access to and utilisation of immunisation services within an integrated Primary Health Care delivery system. EU-SIGN also supports the interruption of wild polio virus in Nigeria. The EU-SIGN routine immunisation component has a budget of €35 million implemented by the National Primary Health Care Development Agency (NPHCDA) and is supported by the consortium: Conseil Santé, Health Partners International and SOFRECO. The Polio Eradication component is implemented by WHO. The Minister of Budget and National Planning serves as the National Authorising Officer for the Project.



EU-SIGN is funded by the European Union and the Project is implemented at the Federal level through the NPHCDA and in the twenty-three EU-SIGN target States of Abia, Akwa Ibom, Anambra, Bauchi, Cross River, Edo, Ebonyi, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Ogun, Osun, Plateau, Rivers, Sokoto, Yobe, Zamfara and the Federal Capital Territory (FCT) through the State Primary Health Care Development Agencies (SPHCDA).

In partnership with the NPHCDA, EU-SIGN builds Routine Immunisation (RI) capacity in the States and supports polio eradication activities to improve the health status of Nigerian children. EU-SIGN works with State governments to strengthen Primary Health Care Under One Roof (PHCUOR), build health worker capacity, expand the vaccine cold chain with the purchase of Direct Drive Solar Refrigerators (DDSR) and provides support to health infrastructure by renovating or building health facilities and cold stores at State, LGA and Ward levels.



Objectives

The objectives of EU-SIGN are to:

- 1 Improve State and LGA management systems and stewardship of PHC geared towards Routine Immunisation including policies and practices/guidelines for PHC
- 2 Improve delivery of RI services via the PHC system including infrastructure for RI, transport, and immunisation equipment
- 3 Improve information and knowledge generation for RI including, operational research to drive policies, planning and RI programme implementation
- 4 Reduce the spread of polio infections aimed at the eradication of polio in Nigeria

Summary of EU-SIGN Activities in Twenty-Three States and the Federal Capital Territory (FCT)

All the EU-SIGN States share the same objectives and work plan, with specific activities that address the immunisation situation in the States and that support the SPHCDA. Each State has a State EU-SIGN Team, comprising of a State Technical Assistant (STA), who works with a State Focal Person, State Counterpart Officer and EU-SIGN State Accountant seconded from the government in order to build local capacity and ensure continuity when the Project ends. The State EU-SIGN team works in tandem with State and other RI partners to implement the State annual work plan and Project specific activities in the four result areas. The STA has an office in the SPHCDA. A Technical Advisory Team (TAT) in Abuja provides technical guidance and support to the State teams.

Fact Sheets summarising activities in each State have been produced to help inform field, advocacy and supervision visits. However, there are many cross-cutting issues across States and this Fact Sheet provides a summary of overall structural issues for immunisation and PHC services.

Primary Health Care Under One Roof (PHCUOR)

The Nigerian Government passed the National Health Bill in October 2014. The National Health Bill established PHCUOR as a way of consolidating Primary Health Care (PHC) services into one agency to improve efficiency, coordination and funding for the PHC activities.

There are nine pillars of PHCUOR and each of these pillars must be in place to ensure that PHC can be strengthened in a State. In each State, a SPHCDA must be functioning to implement and manage PHCUOR. To measure a State's progress towards PHCUOR the NPHCDA established a scoring mechanism, which is used by EU-SIGN to identify areas requiring strengthening and to advocate for





support and ownership.

The States are at differing stages in PHCUOR. Many States have been working towards PHCUOR for several years and are advanced in the establishment of SPHCDA, governance and ownership and coordination of activities. Some States have passed legislation, but have had challenges in scaling-up implementation, and some States face political roadblocks that hinder progress. In November 2016, 100% of the EU-SIGN States supervised progress towards PHCUOR.

EU-SIGN Project Launches

EU-SIGN began operations in the majority of the States in October 2014. The STAs and their State counterparts conducted advocacy and engagement visits with key Government and immunisation stakeholders and were integrated into immunisation and PHC working groups. The STAs immediately began to work with the SPHCDA to assess and strengthen PHCUOR in the State. In some States, more advocacy efforts were needed, especially in States where the uptake of PHCUOR had stagnated or needed political support. The TAT, along with the STAs and their colleagues, carefully reviewed the situation in each State and developed a list of States where project launches would help to increase visibility, not only for the Project, but also to highlight the importance of PHCUOR and strengthening the SPHCDA. Out of the 15 selected States for an official Project launching, 9 have been implemented and the others are still pending due to various reasons (e.g. non-availability of political figures, change in leadership of the SPHCDA, cancellation due to clash of timing with the elections).

State and LGA-level Funding for Immunisation Activities

Funding for immunisation activities and related operational costs are often insufficient at State and LGA levels. Costs include transportation and fuel for distribution of vaccines, supervision visits and outreach immunisation services; fuel to run generators to maintain refrigerators temperatures to safely store vaccines; per diem for vaccinators who conduct outreach or supervision visits in remote areas; and salaries for health workers. These costs are often under-budgeted or funds are not available from the Government, which affects the ability to efficiently provide immunisation services. Many States faced health worker strikes in 2016 due to non-payment of salaries.



Included within PHCUOR is the development of basket or pooled funds to cover operational costs and budget strengthening to include line items for RI and PHC activities. Donor funding is often available to State and LGA governments to support some of the financing gaps.

Immunisation Coverage Data and Data Management

The last national census in Nigeria was in 2006. Since then, immunisation managers and health workers have been estimating cohort populations based on demographic trends, making it difficult to truly calculate the number of children to be vaccinated or to report accurate coverage rates. Throughout the EU-SIGN States, coverage based on administrative data is often well over 100%, but without knowing the true denominator (number of children aged 0-11 months) it is difficult to know what percentage of the target population are actually vaccinated. In addition, high coverage figures do not readily correlate with the burden of vaccine preventable diseases or seasonal epidemics in some of these states.



Lack of accurate data also makes it difficult to estimate vaccine needs, leading to stock-outs or vaccine wastage.

Data management and data quality are also serious issues in Nigeria. Health workers lack skills in capturing and reporting data; data tools may not be available; reporting may not be regular or data may be manipulated to improve results. In recent years, Nigeria has increased its focus on data and health information systems and has adopted the District Health Information System (DHIS) 2 to improve data management nationwide. DHIS2 is a computer-based system where data is directly entered at the health facility (HF) level and reported to the State.



EU-SIGN, through their STAs and counterparts, is strengthening the States and LGA to develop a functional M&E system based on the DHIS2 platform. Supportive training on Data Quality Use Supportive Supervision (DQUSS) to help improve data management skills and use of data for programme management has been provided in 22 States and FCT Abuja.

“PUSH” and “PULL” Vaccine Distribution Systems

EU-SIGN supports the vaccine “PUSH” policy of the Federal Government of Nigeria. A “PULL” vaccine distribution system is where LGAs collect their vaccines from State cold stores. Health workers then travel to the LGA cold store to pick up the vaccines (often at their own expense) needed for weekly or monthly immunisation sessions, depending on the vaccine storage capacity at the health facility.



The “PUSH” distribution system happens when the State (either with in-house resources or outsourced to private providers) delivers vaccine from the State cold store directly down to the health facility (last mile delivery). The “PUSH” could also include the State supply to LGA and LGA delivery to the HF. EU-SIGN provides technical support for the “PUSH” policy. The NPHCDA is providing initial funding for States to adopt the “PUSH” system, but many States report unavailable funding for the initiative.

Supplemental Immunisation Activities (SIA)

Supplemental Immunisation Activities (SIAs), or campaigns, are activities that occur outside of the RI schedule. They are done to increase herd immunity and immunisation coverage to reduce disease burden, respond to outbreaks or support disease elimination or eradication activities. Polio campaigns have intensified in Nigeria since late 2015 to increase OPV3 coverage prior to a switch from trivalent OPV to bivalent OPV and the introduction of Inactivated Poliovirus Vaccine. This is part of the Polio Endgame Strategy towards polio eradication. Frequency of SIAs depends on the disease burden in the State, the existence of high-numbers of unvaccinated children and areas that are hard-to-reach or have inadequate health services. Nigeria has SIAs (non-polio SIAs) for measles, maternal neonatal tetanus elimination and Maternal, Newborn and Child Health weeks where immunisation services are also available.

SIA activities are intense and time-consuming and require weeks of preparation, training and implementation, often taking health workers away from other duties. Immunisation coverage is also confounded by campaigns as vaccinations during campaigns are sometimes not registered.



The EU-SIGN team contributes to the planning of campaigns and provides additional technical support to SIAs. The TAT supports the STAs in reviewing/approving monthly work plans and related activities.

Equipment Procurement, Renovations and Constructions

Procurement is an important component for EU-SIGN. Given the size and expanse of the Nigerian vaccine cold chain and the need for new equipment and vehicles, EU-SIGN immediately worked with the National Logistics Working Group (NLWG) to identify gaps in equipment and transportation needs. The NLWG, which is one of the RI Working Groups charged with the responsibility of EPI logistics, used the national cold chain inventory database to identify equipment gaps in the EU-SIGN States. Prior to placement of CCE and renovations, needs assessments were conducted in 18 of the 24 States to review the maintenance and rehabilitation gaps at LGA and Ward levels.



Since electricity is unreliable in many parts of Nigeria, it was important that Nigeria introduce newly available Direct-Drive Solar refrigerators and freezers, that are devoid of batteries and do not require electricity or generators to power them. Renovations and construction of health facilities and cold stores were also crucial in many of the EU-SIGN States and each State did a thorough assessment of infrastructure strengthening. Though the EU procurement process was strictly followed and close participation of government counterparts helped to strengthen local procurement capacities in the various institutions represented. In summary:

- Renovation and construction works of 46 sites (health facilities and cold stores) began in April 2016 and are on-going (6 sites comprising 2 new cold stores - Sabon Gari in Kaduna State and Jos North in Plateau State, and 4 renovated HF - Nkpologwu in Anambra State, Akpoha in Ebonyi State, Gui and Abaji HFs in Abuja FCT have been finalised up-to-date;
- Installation of equipment is on-going:
 - The 757 DDSR have been delivered and 655 installed; the contractor is planning to finalise the installation the second week of November, 2016 within the contractual period;
 - Vehicles: batch 1 has been delivered last week of September, 2016: 14 units for the North West, North East and South East zones; the remaining 15 will be delivered before 7 of January, 2017;
 - Computer equipment will be delivered before 7 January 2017.



Summary of On-going Procurement for the EU-SIGN 24 Benefiting States

S/N	Description	Qty	Total Amount in Euro
1. Supply			
1	Direct Drive Solar Refrigerator (DDSR): units of 737 big size and 20 units of small size	757	6,539,583
2	Vehicles 4 WD	29	905,101
3	Computer Systems for DHIS system	136	170,240.62
Sub-total			7,614,924.62
2. Construction and Renovation of Cold Stores & Health Facilities			
1	Construction and Renovation (21 new constructions and 25 Renovations)	46	3,107,147.91
Sub-total			3,107,147.91
Grand Total			10,722,072.53

Exchange rate use for works contracts - August, 2016

339.9548



For further information, please consult:

<https://eu-sign.org/>

Contact Points for More Information

State	Contact Person	Contact Details
FCT Abuja – Technical Assistance Team	Mrs. Aminata Sidibe Acting Team Leader / Training & Contracting Advisor / Procurement Expert	Tel: +234 (0) 903 3215073 E-mail: amsidibe@outlook.com E-mail: amisidibe@yahoo.fr
FCT Abuja – Technical Assistance Team	Dr. James Attah Immunisation Expert	Tel: +234 (0) 803 3162537 Tel: +234 (0) 962 60614 E-mail: jattah@outlook.com E-mail: onojattah@yahoo.co.uk
Abia State	Dr. Godwin Okezue	Tel: +234 (0) 806 4828805 E-mail: drwinnic@hotmail.com
Akwa Ibom State	Mr. Ephraim Ofonimeh Ezekiel	Tel: +234 (0) 808 7737366 +234 (0) 809 8385884 E-mail: ofoneph2000@yahoo.com
Anambra State	Dr. Romanus Okwu Nriagu	Tel: +234 (0) 803 4428656 +234 (0) 805 3721115 E-mail: nriagurom@gmail.com
Bauchi State	Mr. Adamu Abdullahi	Tel: +234 (0) 808 5014700 +234 (0) 803 8240237 E-mail: adamuabdullahi67@yahoo.com
Cross river State	Dr. Bassey Monday Ikpeme	Tel: +234 (0) 803 3177433 E-mail: bassey_ikpeme@yahoo.com
Ebonyi State	Mrs. Ugo Ndukwe Uduma	Tel: +234 (0) 803 5010168 E-mail: ugo_smlas@yahoo.com
Edo State	Dr. Oizamesi James Adanini	Tel: +234 (0) 806 6270797 +234 (0) 815 9901906 E-mail: joada2001@yahoo.com
Gombe State	Mr. Audu Gambo Kariya	Tel: +234 (0) 803 8635558 E-mail: audukariya2007@gmail.com
Jigawa State	Mr. Alhaji Ado Abdullahi	Tel: +234 (0) 803 4535613 E-mail: adamuabdullahi67@yahoo.com
Kaduna State	Dr. Yakubu Daniel Leo	Tel: +234 (0) 803 3831499 E-mail: dlyakubu@yahoo.com
Kano State	Dr. Daiyabu Haruna Muhammad	Tel: +234 (0) 806 5406659 E-mail: dr.daiyabuh@gmail.com
Katsina State	Dr. Ahmad Said	Tel: +234 (0) 803 5898606 E-mail: said04am@gmail.com
Kebbi State	Dr. Sherifah Ibrahim	Tel: +234 (0) 803 2848719



Office of the Technical Assistance Team to the Routine Immunization Component of the European Union Support to Routine Immunization Governance Project in Nigeria
1st Floor, Left wing, No. 10, Gimbiya Street, Area 11, Garki, Abuja

State	Contact Person	Contact Details
		E-mail: drsherifah07@yahoo.com
Kogi State	Dr. Attahir Abubakar	Tel: +234 (0) 803 5960587 +234 (0) 809 8359605 E-mail: attahirabubakar@live.com
Kwara State	Dr. Yusuf Funsho Issa	Tel: +234 (0) 808 8054479 E-mail: yissa227@yahoo.com
Lagos State	Pharm. Olatunji Kayode Aremu	Tel: +234 (0) 803 3116140 E-mail: genspharma@yahoo.com
Ogun State	Mr. Salihu Adetunji Nasir	Tel: +234 (0) 808 9732056 E-mail: salihu_nasir@yahoo.co.uk
Osun State	Dr. Godwin Abosedo Olawale	Tel: +234 (0) 803 695480 E-mail: gaolawale@yahoo.com
Plateau State	Dr. Solomon Mallum Thliza	Tel: +234 (0) 706 1176666 E-mail: thlizasma@gmail.com
Rivers State	Dr. Bandele Tamuno-Tonye Agborubere	Tel: +234 (0) 803 3422341 E-mail: agborubere@yahoo.co.uk
Sokoto State	Dr. Umar Muhammad Ango	Tel: +234 (0) 7037777169 E-mail: drangoos@yahoo.com
Yobe State	Mr. Abdullahi Muhammad Jawa	Tel: +234 (0) 809 2957790 E-mail: amgasma@yahoo.co.uk
Zamfara State	Dr. Alh Lawali Umar Bungudu	Tel: +234 (0) 806 5694964 E-mail: ulawal@rocketmail.com