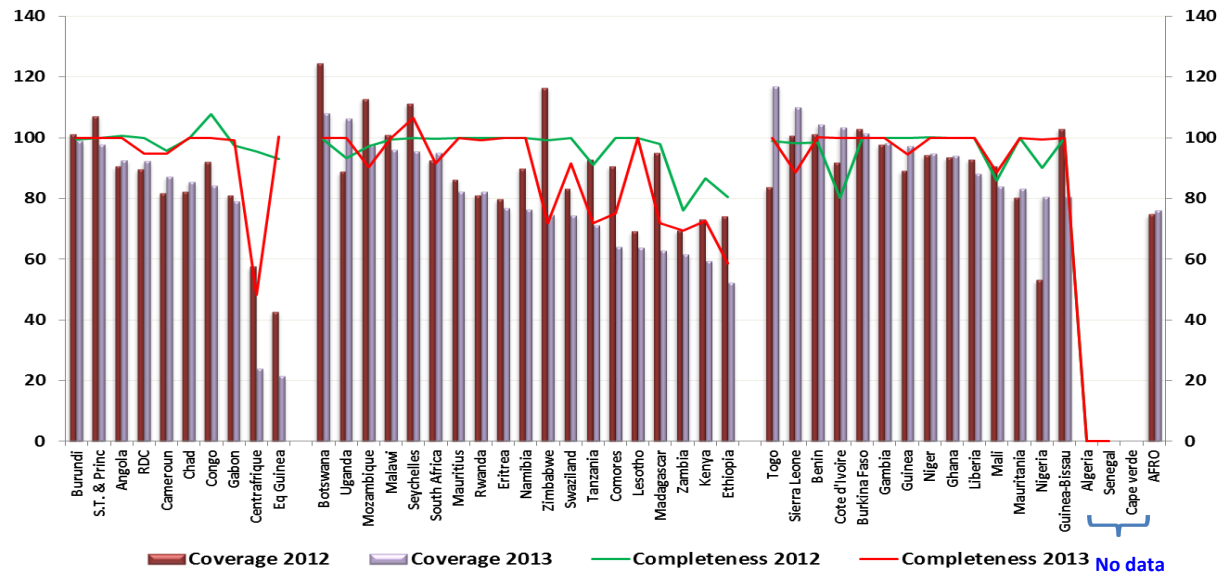
World Health Organization
REGIONAL OFFICE FOR Africa

IMMUNIZATION VACCINES & EMERGENCIES

IMMUNIZATION MONTHLY UPDATE IN THE AFRICAN REGION

February 2014 (Vol 2, issue N° 2)

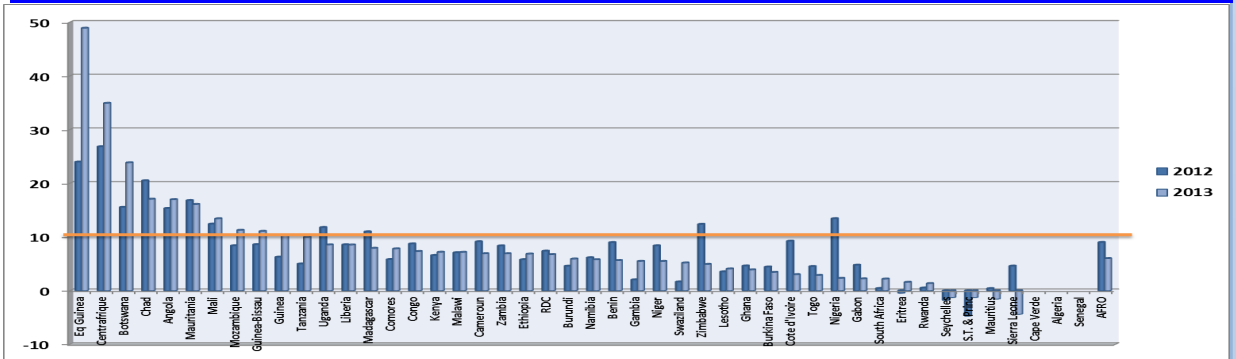
DTP3 coverage and district data completeness in the AFR Jan-Dec 2012/2013



Number of vaccinated children with DTP3 in the AFR Jan-Dec 2012/2013

Countries	2012	2013	Countries	2012	2013	Countries	2012	2013
Algeria	-	-	Gabon	52,264	52,221	Nigeria	3,238,428	5,622,422
Angola	827,190	869,160	Gambia	72,112	72,448	RDC	2,472,311	2,620,357
Benin	378,637	384,374	Ghana	907,112	912,046	Rwanda	319,237	321,001
Botswana	45,443	38,416	Guinea	419,236	413,999	S.T. & Princ	6,035	5,602
Burkina Faso	710,963	715,052	Guinea-Bissau	51,694	50,424	Senegal	-	-
Burundi	331,436	331,573	Kenya	975,629	811,578	Seychelles	1,656	1,584
Cameroun	632,484	692,573	Lesotho	34,925	32,070	Sierra Leone	223,253	241,075
Cape Verde	-	-	Liberia	140,821	136,636	South Africa	899,043	900,285
Centrafrique	82,105	35,007	Madagascar	650,115	481,153	Swaziland	25,673	22,372
Chad	371,022	423,721	Malawi	593,050	575,576	Tanzania	1,500,635	1,136,293
Comores	16,959	12,067	Mali	585,602	564,893	Togo	234,649	238,311
Congo	155,372	148,374	Mauritania	106,181	109,955	Uganda	1,149,656	1,469,684
Cote d'Ivoire	704,668	794,156	Mauritius	12,475	11,959	Zambia	404,306	364,042
Eq Guinea	10,267	5,843	Mozambique	955,272	824,438	Zimbabwe	428,883	300,855
Eritrea	85,239	82,639	Namibia	63,597	55,452			
Ethiopia	2,054,813	1,459,695	Niger	823,857	829,170	Total AFRO	23 754 305	25 170 551

DTP1-DTP3 Drop Out rate in the AFR Jan-December 2012/20123



*Ethiopia data is up to September 2013

Source: Country reported administrative data

Highlights

The reported data in this bulletin covers the period January to December 2013.

The reported regional DTP3 containing vaccine coverage was 77% in 2013 compared to 75% the same period of last year with a completeness of 91 % & 90.6% in 2012.

8/46 countries (CAR, Ethiopia, Comoros, Kenya, Madagascar, Tanzania, Zambia and Zimbabwe) did not reach 80% data completeness. This poor completeness may lead to inaccurate analysis for the region. Data from South Sudan are not included in this analysis.

A total of 19/46 countries have reported DTP3 coverage ≥ 90%. However, 11 & 7 countries respectively in 2012 & 2013 reported coverage >100%. 4 of them have presented this situation for 2 consecutive years (Benin, Burkina Faso, Botswana and Sierra Leone) pointing out numerator & denominator issues and therefore raising data quality questions.

Two countries, located in central Africa, CAR & Equatorial Guinea, reported DTP3 coverage <50%.

Twelve countries have a coverage between 50-79% and most of those countries are located in the South-East sub-region.

Despite the poor data completeness, an additional number of 1,416,240 children were vaccinated in 2013 (5/10 in IST/CE, 10/17 in IST/West and only 3/19 in IST/ESA).

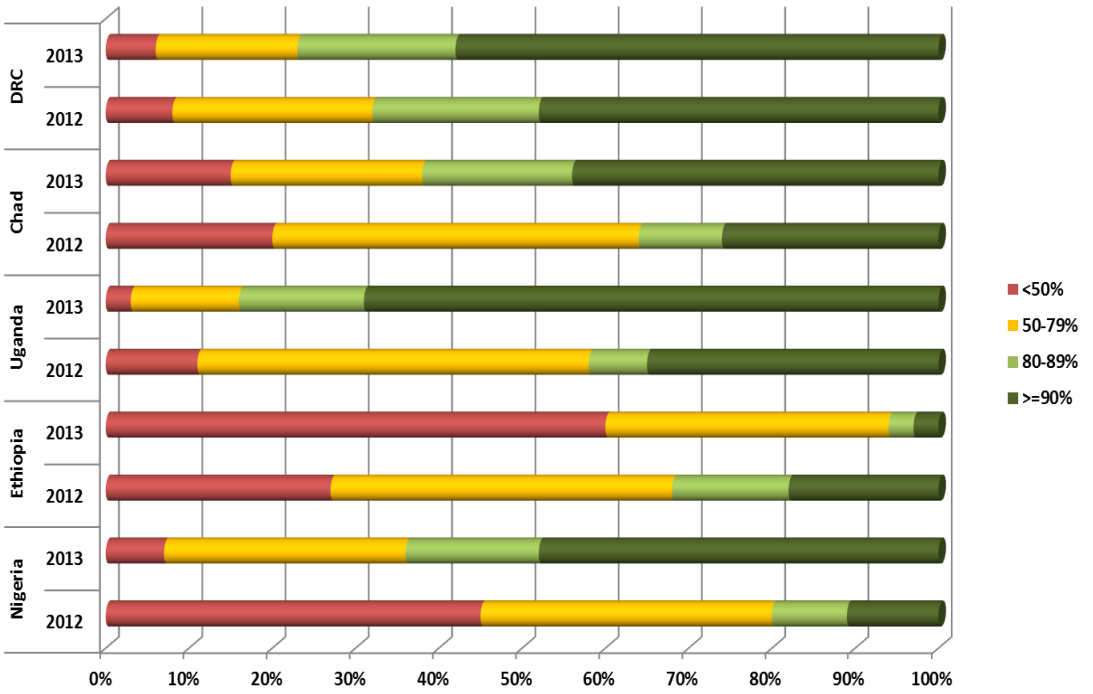
Twenty five countries reported a decreased number of vaccinated children for the period among which 15 are in IST/ESA.

Nigeria alone vaccinated nearly twice the number of children vaccinated last year, while Uganda, DRC, Cote d'Ivoire, Cameroon, Chad, Angola, and Sierra Leone recorded a significant progress in the number of vaccinated children.

The drop out rate remained within the normal range of less than 10% in the majority of countries during the period. The highest rate was recorded in 6 countries (Equatorial Guinea, CAR, Botswana, Chad , Angola & Mauritania). The negative rate in Sierra Leone, Seychelles, Mauritius & Sao Tome needs to be investigated.

Continuous improvement in data quality and completeness as well as the sustainability of the gains remain priorities in the region.

Percentage of districts per vaccination coverage ranges Jan-Dec 2012/2013

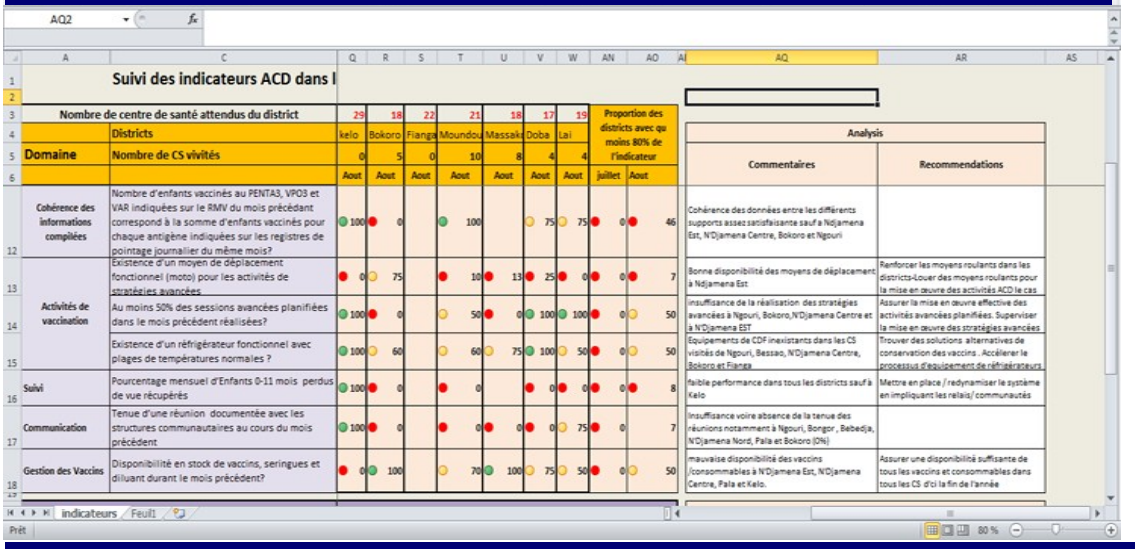


Highlights

One of the GVAP indicators for district performance is for all districts to achieve at least 80% coverage with the 3rd dose of DTP3 containing vaccine. This indicator in the 5 AFR priority countries shows that, the % of districts reporting a vaccination coverage ≥ 90% has tremendously increased in Nigeria and Uganda. The increase is less significant in DRC & Chad. A huge decrease of the districts with coverage <50% is also observed in Nigeria & Uganda. This decrease is not significant in DRC & Chad.

Due to low completeness, no pertinent analysis could be done for Ethiopia.

Chad dashboard for the monitoring of RED indicators


Suivi des indicateurs ACD dans l

Domaine		Districts	kelo	Bokoro	Fianga	Moundou	Massaka	Doba	Lai	Proportion des districts avec qu moins 80% de l'indicateur	Analysis: Commentaires	Analysis: Recommendations
		Nombre de centre de santé attendus du district	29	18	22	21	18	17	19			
		Nombre de CS vivités	0	5	0	10	8	4	4			
			Aout	Aout	Aout	Aout	Aout	Aout	Aout	juillet	Aout	
Cohérence des informations compilées	Nombre d'enfants vaccinés au PENTA3, VPO3 et VAR indiquées sur le RMV du mois précédant correspond à la somme d'enfants vaccinés pour chaque antigène indiquées sur les registres de pointage journalier du même mois?		100	0		100		75	75	0	46	Cohérence des données entre les différents supports assez satisfaisante sauf a Ndjamena Est, N'Djamena Centre, Bokoro et Ngouri	
Activités de vaccination	Existence d'un moyen de déplacement fonctionnel (moto) pour les activités de stratégies avancées		0	75		10	13	25	0	0	7	Bonne disponibilité des moyens de déplacement à Ndjamena Est	Renforcer les moyens roulants dans les districts-Louer des moyens roulants pour la mise en oeuvre des activités ACD le cas
	Au moins 50% des sessions avancées planifiées dans le mois précédent réalisées?		100	0		50	0	100	100	0	50	insuffisance de la réalisation des stratégies avancées à Ngouri, Bokoro,N'Djamena Centre et à N'Djamena EST	Assurer la mise en oeuvre effective des activités avancées planifiées. Superviser la mise en oeuvre des stratégies avancées
	Existence d'un réfrigérateur fonctionnel avec plages de températures normales ?		100	60		60	75	100	50	0	50	Equipements de CDF inexistants dans les CS visités de Ngouri, Bessao, N'Djamena Centre, Bokoro et Fianga	Trouver des solutions alternatives de conservation des vaccins . Accélerer le processus d'equipement de réfrigérateurs
Suivi	Pourcentage mensuel d'Enfants 0-11 mois perdus de vue récupérés		100	0		0		0	0	0	8	faible performance dans tous les districts sauf à Kelo	Mettre en place / redynamiser le système en impliquant les relais/ communautés
Communication	Tenue d'une réunion documentée avec les structures communautaires au cours du mois précédent		100	0		0	0	0	0	75	7	Insuffisance voire absence de la tenue des réunions notamment à Ngouri, Bongor , Bebedja, N'Djamena Nord, Pala et Bokoro (0%)	
Gestion des Vaccins	Disponibilité en stock de vaccins, seringues et diluant durant le mois précédent?		0	100		70	100	75	50	0	50	mauvaise disponibilité des vaccins consommables à N'Djamena Est, N'Djamena Centre, Pala et Kelo.	Assurer une disponibilité suffisante de tous les vaccins et consommables dans tous les CS d'ci la fin de l'année

Highlights

In line with the continuous efforts in the region to improve data quality, Chad has put in place tools to improve the data quality, among which the development of a «data quality tracking tool», called RED monitoring tool which includes questions on availability on immunization tools, data consistency, data completeness & timeliness, etc. This tool is currently been used by the 40 priority districts and is believed to have greatly contributed to the improvement of data quality in the country. The challenge is now to conduct monthly data quality review meetings starting from the most peripheral level before the data are sent to the next level.

2014 African Vaccination Week :

"Vaccination, a shared Responsibility"

Press conference on AVW 2013 in Guinea Bissau

A Father having his child vaccinated during AVW 2013

Highlights

AVW 2014 edition will be celebrated from Tuesday 22 to Sunday 27 April 2014 under the theme : "Vaccination, a shared responsibility". French: "Vaccination, une responsabilité partagée". Portuguese: "Vacinação, uma responsabilidade partilhada".

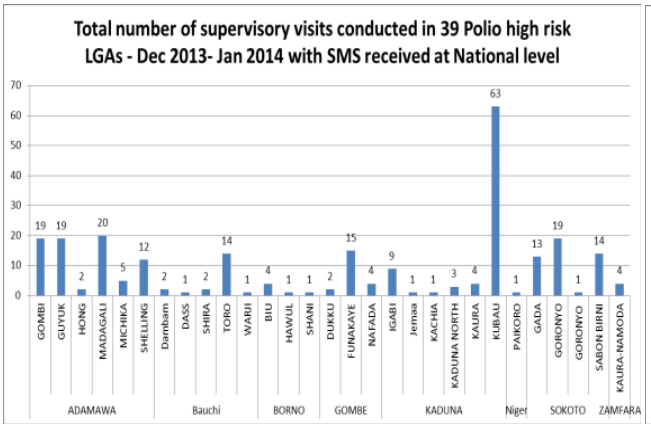
Participation is expected from all 47 countries in the Region offering a wide range of activities to raise awareness on the value and importance of immunization, increasing vaccination coverage and uptake of new and existing vaccines while at the same time prioritizing service provision for hard-to-reach areas with selected high impact packages of interventions based on strong evidence.

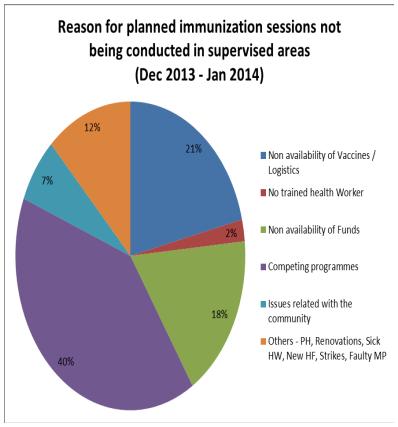
NRTRIS: (Nigeria Real-time Tracking of Routine Immunization Supervision)

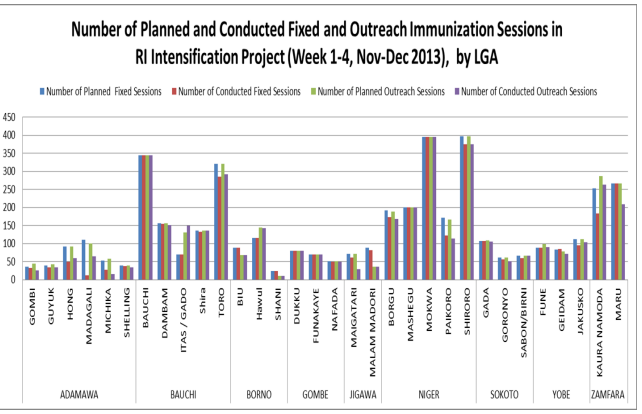
Another experience in the region towards the efforts of improving data consistency & quality is the use of the Nigeria Real-time tracking of routine immunization supervision (NRTRIS) tool.

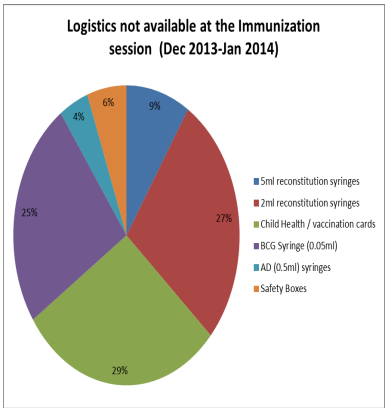
The NTRIS is a mechanism in which, the supervisor after the RI supervision is completed, sends the findings of key information like sessions planned and conducted, vaccine availability, logistics and data tools availability and community survey findings to a fixed phone number at national level (Responses to 16 key questions out of 64 questions in the checklist are submitted by SMS). This process record the information of the health facilities and settlements visited and also flagged the findings of the supervisory visit immediately to higher level.

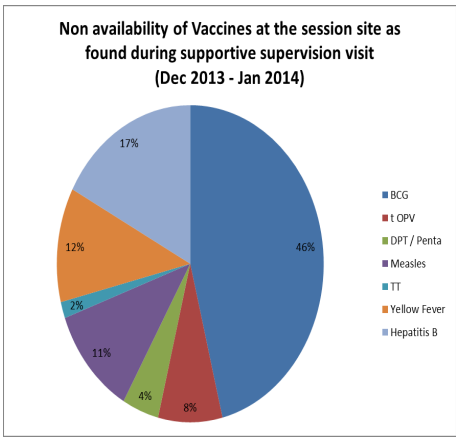
The supervisory visits are supportive in nature and at the end of them, action points are drawn up for key issues / shortcomings identified and responsibility is fixed to address them. The completed checklist is submitted to the LIO /LGAF at the LGA level to compile and enter it into the database which was circulated. Supervisory visits are also conducted by the national team – NPHCDA, UNICEF and WHO counterparts. Issues are discussed with the state and LGA teams and way forward is charted out. The results obtained for the period December 2013 to January 2014 are presented here under:

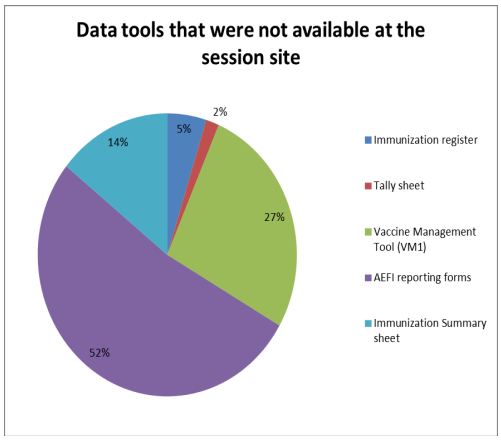












Highlights

The graphs here under shows the number of SMS received at the national level after the supervision is conducted in the health facilities. The information is analyzed and feedback is provided to the states on the findings and also to the RIWG on a regular basis. (see the charts)

The feedback received by SMS gives immediate information on critical components like :

- Planned RI sessions were held or not,
- Availability of all the vaccines, logistics and data tools,
- Immunization status of the 10 children the supervisor is supposed to sample in one of the community in the catchment area of the health facility.

The details of the checklist is analyzed after entering all the data into the database at the end of the month and corrective actions are planned.

The analysis conducted in the 39 polio high risk LGAs for the period Dec 2013 –January 2014 revealed that the intensification partly contributed to the increase in number of fixed immunization sessions implemented from 49% in Dec 2012 to 62% Dec 2013 and outreach sessions remained the same around 52% in Dec 2012 to 51% in Dec 2013.

More over, the main reasons of planned sessions not being conducted was competing programmes followed by non availability of vaccines/logistics and non availability of funds. The BCG vaccine & syringe, hepatitis B vaccines and 2 ml syringes were the most unavailable at the session sites as well as the AEFI reporting form, vaccine management tool and vaccination cards.

The next step in the country is to explore ways of ensuring that the deficit of vaccine, logistics & data tools is addressed at the earliest and to provide the feedback collected using NRTRIS to the national level, partners and states.