NERICC War Room

OIRIS | Optimized Integrated Routine Immunization Sessions

Engagement Meeting with Bayelsa SERICC DWG

24 August 2019

Outline

- Background
- Situational Analysis
- OIRIS Strategic Approach
- How do we implement?
- OIRIS M&E Indicators
- Conclusion – What is New?

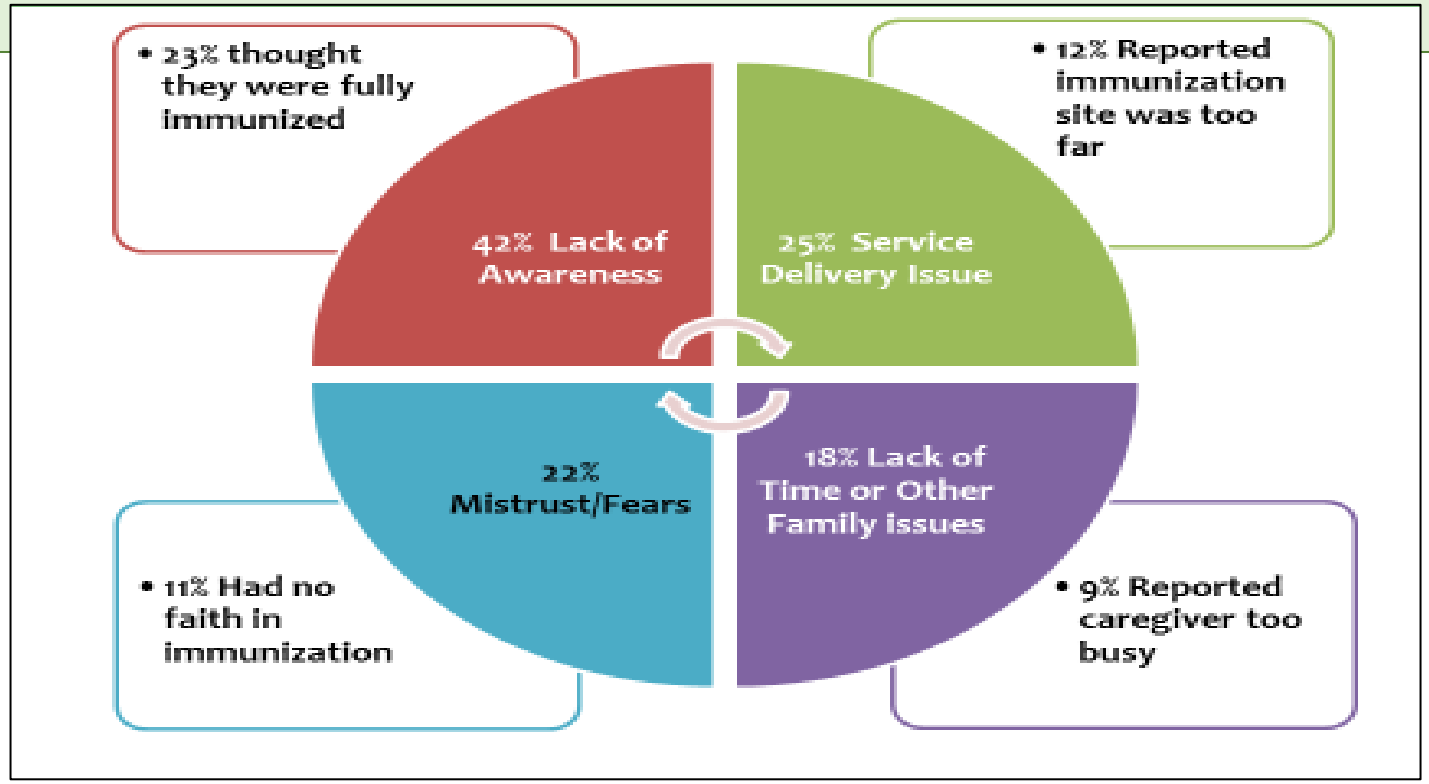


OIRIS is an approach to optimize the operationalization of REW while at the same time integrating RI with other health related interventions

OIRIS

It is a multi – pronged system wide approach to revamping routine immunization in 18 NERICC low performing states through stronger coordination, accountability, improved service delivery and monitoring for performance

Over 4.3million children in Nigeria are unimmunized despite demonstrable evidence of vaccines availability



- 33% immunized with DPT3 | Only 3% of LGAs have ≥ 80% coverage (LQAS Jan 2018)

Source: 2016 NICS/MICS

The challenges affecting the conduct of optimal routine immunization sessions are multi faceted, OIRIS implements NERICC's 5th objective to improve RI performance

Challenges	NERICC Response
Poor Coordination	Strong coordination NERICC|SERICC|LERICC
Weak accountability	Accountability Framework Rewards & Sanctions
Maldistribution/ Inadequate HRH	Staff audit, redistribution, recruitment
Weak Service Delivery for vaccinations	OIRIS Strategy RISS, Capacity Building

Challenges	NERICC Response
Inadequate funding/poor financial management	MOU, SOML, Partner, donor funding Improved financial management through OIRIS
Weak demand creation activities to support optimal sessions	Improved demand creation activities for RI through OIRIS
Poor visibility, monitoring and use of data for action	SMS Pilot, Dashboards, SERICC – LERICC LGA review meetings, Accountability

Summation of issues observed from the NERICC rapid assessments on funding and implications on the RI program implementation

Main issues with financial management systems

1 **Poor funding for outreaches**	▪ No clear visibility on total budget and released funds for outreaches and other RI activities ▪ No direct allocation for RI on state health budget
2 **Difficulties with fund disbursement**	▪ Weak mechanisms existed to ensure funds reached service delivery points ▪ Long lag times between funds requisition, approval and disbursement
3 **Unclear fund retirement systems**	▪ Unclear processes guidelines for RI funds retirement ▪ Absence of standardized tools for retirement of RI funds at all levels
4 **Weak tracking mechanism**	▪ Weak mechanisms for verifying utilization of disbursed funds at all levels ▪ Inadequate audit systems to ensure financial control and compliance

Implication on the RI program

- **Funds not available when needed,** and as such the RI program can not run smoothly
- No mechanisms for **maintaining financial control** of allocated and expended funds

How will this be addressed?

OIRIS is implementing a strengthened financial management guideline using a developed SOP at State, LGA and Health Facility Levels

Source: Phone calls to SERICC Leadership of NERICC Priority States

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To address the challenges, the OIRIS approach is hinged on strong coordination, synergy, optimal resourcing and delivery for immunization, accountability and monitoring

OIRIS Strategic Approach — **What are we doing differently…?**

No of children immunized

- Strong Coordination
- Well resourced and managed funds and disbursements
- Strong accountability mechanisms
- Use of data dashboards to improve last mile visibility | SMS Pilot | M&A systems | Strong monitoring systems
- Responsive and impactful service delivery

- All urban PHCs, secondary and tertiary health facilities are to conduct daily fixed sessions
- All rural health facilities to conduct outreach sessions at least once a week
- Outreaches being implemented should be conducted in an integrated manner
- All fixed and outreach sessions must be supported by strong community engagement
- All health facilities must conduct optimal sessions

- Strong synergy and commitments – government, partners, donors
- Integration – Builds on existing PHC systems. Leveraging on PHC commodities and services , antimalarials, Vit A, Nutrition, Deworming
- Strengthened demand creation – house to house mobilization, health camps, strategic community engagements

Strong Political Engagements : Immunization must become a political and social agenda

OIRIS strengthens implementation of REW, with improved supportive supervision, debottlenecking, monitoring for action and intensified communication and advocacy for RI

S/No.	Activitiy	Description		Monthly April - June 2018				Comments
				Week 1	Week 2	Week 3	Week 4	
1	Immunization Sessions	Fixed Sessions	Urban PHCs, Secondary & Tertiary HFs	Daily	Daily	Daily	Daily	All Urban PHCs/secondary/tertiary/ specialist HFs must be supported to conduct daily fixed sessions
			Rural PHCs	1	1	1	1	All rural PHCs to conduct at least one fixed session every week
		Outreach & Mobile Session(s)	Urban PHCs, Secondary & Tertiary HFs	1	1	1	1	All Health facilities are to be supported to conduct optimal sessions in line with their REW microplans. The 4th week will be utilized to strengthen implementation with supervision and increased intensity of monitoring by national, state and LGA teams
			Rural PHCs	1	1	1	1	
					1		1	
							1	
2	High-level visits from National integrated with **supportive supervision**	National (+ Partners)					1	National would conduct at least one visit to the states in a month; the states twice to the LGAs and the LGAs weekly schedules to the HFs. During the last week monitors at all levels will do the integrated visits together
		States			1		1	
		LGAs		1	1	1	1	
3	Schedule of the Proposed Monthly High level visit to the States	a. National team arrive at State to plan with the state team				Planning		National team to be with the State team for 2 weeks (3rd & 4th) between April - June 2018. There will be one week visit last week of March and also one week rest months in the year.
		b. Supporting the State teams to implement the planned outreaches during the 4th week					OIRIS	

The REW micro-plans are to be updated every quarter by the states/LGAs and scheduled as proposed above

OIRIS integrates RI sessions with other PHC interventions within the operational PHC system in the state…

Supportive Supervision

Not Recommended

- Dispersible Amoxicillin
- LLINs
- Pluses
- Multivitamin
- Water Purifiers
- Cash Incentives

Integration

The conduct of OIRIS

+

Anti-malarial's | RDT Kits

Deworming tablets

Paracetamol

Vitamin A

Zinc ORS

Nutrition – Growth monitoring, nutrient dense nutritional supplements (plumpy nuts)

Integration of other PHC, Interventions (iCCM, CMAM)

Recognition awards - Provision of certificate on completion of immunization

Optimization

REW micro plan is fully implemented

Fixed and outreach sessions are optimized

Weekly outreach sessions are encouraged

All unimmunized children in focal communities are reached and immunized

Communities and health personnel are fully engaged to conduct fixed and outreach sessions

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Pre – Implementation Phase : State Level

Pre – implementation phase: State level

NERICC/SERICC to conduct the under listed:

Operational Reviews

- State level briefing – state and partners
- Review of SERICC OIRIS operational plan
- Utilize pre-visit checklist to improve SERICC outputs
- Review REW and its implementation
  - Review line-lists of health facilities conducting Daily Fixed and Outreach Sessions
  - Review settlements and outreach teams
  - Review fund disbursement plans for outreaches
  - Review vaccine logistics, distribution plan and support mechanisms
- Review community mobilization plans and provide support to strengthen community engagement in implementing communities
- Review supportive supervision plan and availability of teams at respective levels
- Review monitoring plans by SERICC

Pre – implementation phase: State level

NERICC/SERICC to conduct the under listed:

Validate Planning at LGA level

- Validate health facilities REW Micro-plan – **1 week prior to outreach**
- Validate health facilities conducting outreaches – **1 week prior to outreach**
- Confirm fund disbursements to HWs for optimized integrated outreach sessions – **3 days prior**
- Identify all settlements that are due for the outreach – **1 week prior to outreach**
- Ensure that robust community mobilization activities have been carried out in the identified settlements - **at least 2 days to the planned outreach**
- Ensure that adequate plans have been made for availability of data tools, vaccines, devices other integrated commodities - **at least 2 days to the outreach session**

Within communities, the community leader will utilize varied vehicles to mobilize demand for immunization services

Operational strategies

- Jingles
- Town announcements
- Community dialogues
- Church and mosque announcements



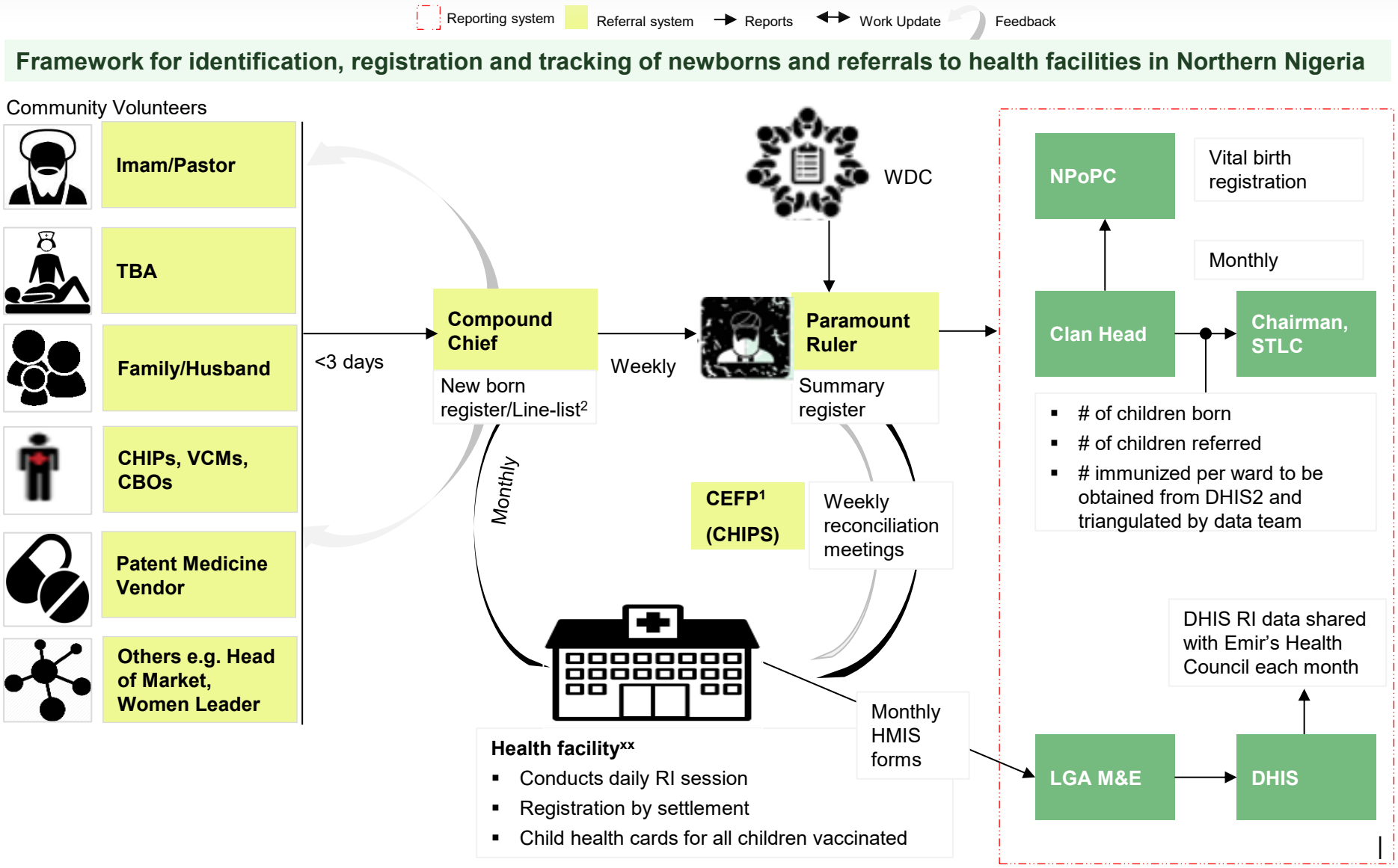
Community Leader responsible for

- Holding dialogues
- Instructs town announcers to make daily announcements
- Instructs church/mosque announcements
- Line listing of eligible children

Health Facility

OIRIS will strengthen the implementation of the NERICC community engagement strategy in the state for referrals and defaulter tracking

H2H Mobilizers/VCMs are a core component of the Community Engagement Strategy



Mass mobilizations, announcements to be conducted in religious houses

Community Engagement

Church and Mosque Announcement: Community leaders to inform religious leaders (Muslim and Christian) reminding caregivers **5-days before** the outreach sessions and deliver RI messages including card retention in their sermons on Fridays and Sundays

Town Announcements: Town announcements to be conducted every day (prior, during and after outreach and fixed sessions) by town announcers

Mass mobilizations through messages and media

Production and broadcast of radio spots: 10 radio spots comprising of 10 different messages for different audiences to be produced in 51 languages in Nigeria and broadcasted daily on 2 radio stations per state.

Production and broadcast of video messages: although radio remains the highest source of information within the mass media for caregivers, video messages will also be developed in 5 languages of English, Yoruba, Hausa, Igbo and Pidgin and disseminated widely

Strategic engagements with key influencers at the lowest level would ensure prioritization for immunization activities and support

IEC Materials

Development and dissemination of IEC materials: key messages and fact sheets will be produced and disseminated to targeted audience to enable the delivery of accurate messages.

Strategic engagements Key Influencers

Sensitization of LGA chairman - quarterly
Sensitization of traditional leaders – quarterly
Sensitization of religious leaders – quarterly
Meetings with Da'awah and town hall meetings - quarterly

Coordination

Meetings with Health Education officers

Quarterly two-day meetings to be held with State Health Education Officers at national level. The first meeting prior to the roll out of the OIRIS will hold in Abuja on march 28-29, 2018 with SHEOs of the 19 states of the north, the FCT and Bayelsa state

Implementation Phase

Implementation phase: Health Facility and Community level

Teams to supervise at least two outreach/fixed sessions per day

During this phase, the NERICC/SERICC/LERICC teams will do the following

- Work with the LERICC teams to supervise implementation of the outreach and daily fixed sessions.
- Provide support to LERICC in the review of health facilities daily implementation plan
- Report to NERICC/SERICC/LERICC operations team daily on progress, challenges observed and feedback

Implementation phase: Health Facility and Community level

Teams to supervise at least two outreach/fixed sessions per day:

During this phase, the NERICC/SERICC/LERICC team will do the following

- Work with the LERICC to ensure that health facilities in the rural areas conduct a minimum of 1 integrated mobile session per month in hard to reach and underserved communities
- Work with LERICC to conduct daily operational reviews (settlements covered, vaccine utilization triangulated with number of children immunized)
- NERICC/SERICC/LERICC teams to harmonize reports ensuring that debriefing sessions are held with LGA/ State/National teams

Post – Implementation Phase : LERICC/SERICC/NERICC

Post Implementation phase: LERICC, SERICC and NERICC reviews

Teams to conduct debriefing and appraisal sessions at LERICC, SERICC and NERICC to learn lessons and strengthen programming

Post Implementation

- Presentation of reports, follow up actions and review of data on daily fixed sessions and outreaches at NERICC/SERICC/LERICC
- Use of field visit reports to strengthen program performance and feedback to lower levels

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NERICC has developed specific OIRIS indicators to be tracked at respective levels to monitor progress and support decision making

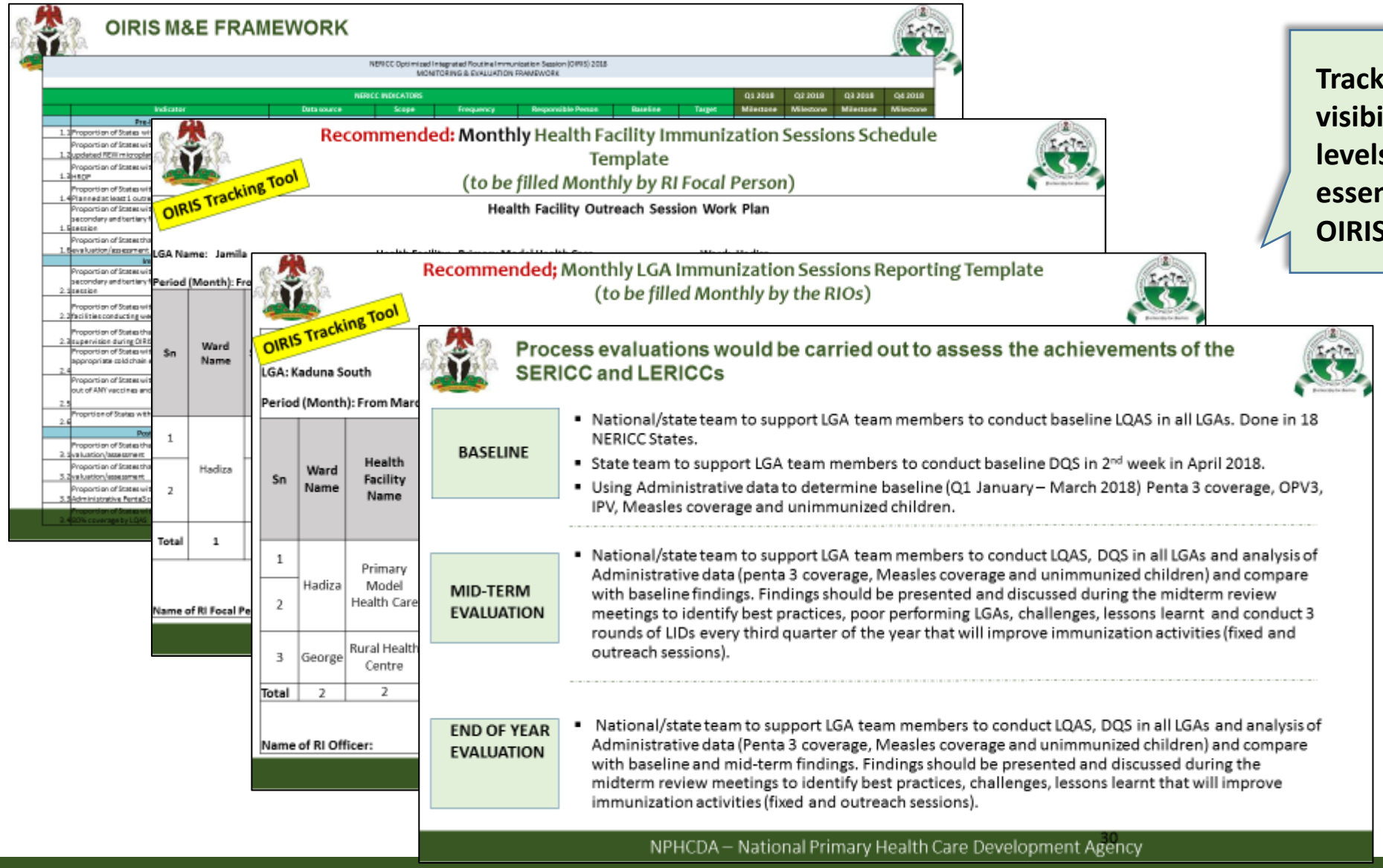
MONITORING

On a monthly basis, NERICC, SERICC and LERICC would monitor routine immunization performance using the following indicators;

i. Proportion of HFs with updated HROP.
ii. Proportion of planned fixed sessions that were conducted
iii. Proportion of planned outreach sessions that were conducted
iv. Proportion of tertiary HFs that conduct daily fixed sessions
v. Proportion of secondary HFs that conduct daily fixed sessions
vi. Proportion of urban PHCs that conduct daily fixed sessions
vii. Proportion of rural HFs that conduct at least one outreach session in a week.
viii. Proportion of LGA/HFs with stock-out of any vaccines or devices.
ix. Proportion of LGA/HFs with functional cold chain equipment.
x. Proportion of LGA/HFs with functional WDC/VDCs
xi. Proportion of LGAs/HFs that conduct monthly review meeting

The data will be synchronized with the existing data management systems such as DHIS2 and quarterly LQAS

The OIRIS approach would be measured using an M&E framework, tools, templates and process evaluations



Tracking and visibility to lower levels are key essentials in the OIRIS approach

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Conclusion – OIRIS strengthens the implementation of REW with renewed approaches that includes PHC strengthening

What is New?

- Optimization and integration with accountability
- Robust fixed and outreach plan developed and implemented with the community
- Resource mobilization for the actual conduct of the sessions(fixed/outreaches)
- Improved financial management - Tracking of resources mobilized for accountability
- Deployment of SMS Project to improve visibility at lower levels
- Enhanced joint supportive supervision with real time reporting using the ODK(National/State/LGA)
- Integration with other health programs e.g. Malaria, Nutrition(CMAM), growth monitoring.

Conclusion – OIRIS strengthens the implementation of REW with renewed approaches that includes PHC strengthening

What is New?

- Regular quarterly update of REW micro plan with the involvement of the traditional leaders and ward development committees.
- Monthly data review from outreach sessions for review of outreach plans
- Regular feedback to the community and traditional leaders
- Regular review and update of outreach plan.
- Continuous engagement of the community and religious leaders
- Continuous house to house mobilization using the VCMs and Corps for RI

Back up slides…



Financial management guideline for OIRIS strategy

March 20, 2018

Content

Core processes

Audit and compliance

Expected challenges

The financial management systems across the states should involve 3 core processes

01	Budgeting
02	Funds disbursement
03	Funds retirement

SOURCE: Solina analysis

SERICCs and NERICC will need to explore a few options to increase the funding pool for outreaches and other critical RI activities

SERICCs

- Advocate for RI to be included as a **specific budget line item** within the SPHCDA budget
- Develop **individual thematic area budgets including the OIRIS** which is then **collated into a harmonized State RI budget annually**
- **Funds according to the budget are transferred into SPHCDA acount**

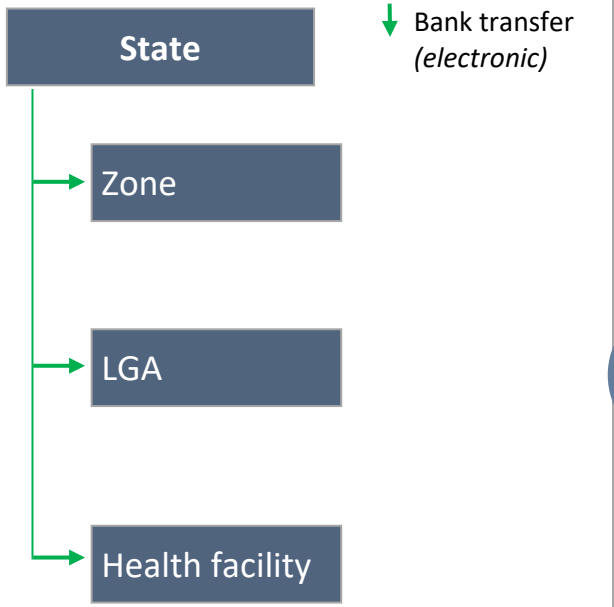
NERICC

- Advocate to donors to channel resources to states without funds

There will be need for a change in the way funds flow through the RI system to an approach that ensures direct transfer to all levels

RI MOU STATES EXAMPLE

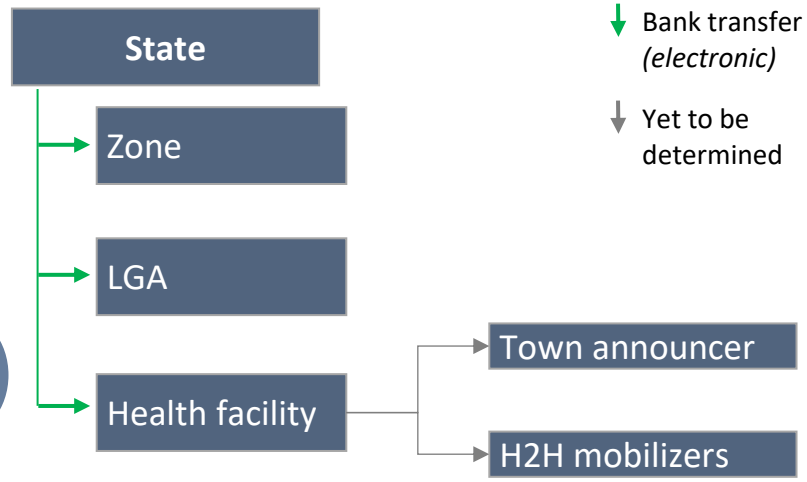
Revised system of RI fund disbursement



- State directly disburses funds to the level where the actual RI activity will be done
- All retirements are sent to the state to ensure accountability for all disbursed funds

Proposed fund flow mechanism

Proposed system for OIRIS fund disbursement



How do funds for RI demand creation activities get to non facility staff?

- 2 options exist;
  - Funds are transferred directly from State to already existing accounts of these personnel
  - Funds are transferred directly from State to HF accounts, and HF in Charges pay cash to these personnel at the facility

Current bank accounts will need to be opened to facilitate the quarterly direct disbursement of RI funds to all levels

Type of Account



- Open current account in the Zone's, LGA's or Health facility's name at a commercial bank

Bank location



- Choose the most convenient bank for your Zone, LGA or HF *(Staff may seek guidance from the SPHCDA if necessary)*

Signatories



"A" signatory

- LGA level: Director PHC
- HF level: Village head

"B" signatory[1]

- LGA level: LGA PHC Account clerks
- HF level: OIC or RI service provider

"C" signatory

- LGA level: RIOs/LIOs
- HF level: RIFPs or CEFPs (Chips)

1. B signatories along with either A or C signatories are required to initiate every financial transactions after account opening

SOURCE: Team analysis

LGA account clerks collate and submit LGA and health facility financial retirements to the state monthly

	A Health facilities	B LGA	C State
Description	▪ Compile retirement forms for every funded RI activities *(transport for outreaches, mobilizers, town announcers)* ▪ Submitted all reports to the LGA account clerk	▪ Collate health facility retirement summary and support documents ▪ Compile LGA level retirements in addition to the health facility retirements ▪ Submit all retirement forms to the State RI accountant	▪ Collate all Health facilities and LGA retirements
Responsible	▪ Health facility In charge	▪ LGA PHC account clerk	▪ State accountant ▪ SPHCDA internal auditor
Timeline	▪ On or before the last day of the month	▪ On or before the first week of the following month	▪ 14th of the following month

The PM SERICC and SPHCDA Director Finance coordinates the entire retirement processes and sanction defaulters

Content

Core processes

Audit and compliance

Expected challenges

Routine internal and external audits should be established to regularize the financial management systems

Audit conducted	Key audit strengthening activities	Frequency
A **Internal auditing**	▪ Set up of internal audit unit at the SPHCDA ▪ Monitoring RI fund disbursement and expenditure at the state level	▪ One-time ▪ Quarterly
B **NPHCDA internal auditing**	▪ NPHCDA audit division to carry out audit exercises at the state ▪ Review of internal audit reports and resolution of audit exceptions	▪ Quarterly
C **External auditing**	▪ Deployment of an SOP to guide selection of Audit Firms to carry out external audit exercises ▪ Review of external audit reports and resolution of audit exceptions	▪ One-time ▪ Annually
D **Retirement validation**	▪ Validation of financial retirements submitted by HF workers by LGA Account clerks to confirm that RI activities were conducted as claimed ▪ Validation of financial retirements submitted by Zonal, LGA by the State to confirm activities held	▪ Monthly

Content

Core processes

Audit and compliance

Expected challenges

Possible challenges health workers could face while operating PHC accounts – learnings from the MoU states (1/2)

Theme	Issues identified	Details	Recommendations
Account opening	**BVN issues**	Some HWs may not have BVN	▪ Instruct HWs to register emphasizing that the name on staff ID card is used for BVN
		BVN details do not tally with staff ID card	▪ Re register BVN details
		Some accounts are opened without BVN details leading to inability to withdraw funds	▪ Negotiate with banks that all required information be collected during the account opening process
	No standard means of identification	HWs do not possess statutory recognised identity mandated by CBN for operation of chequing accounts	▪ ED, NPHCDA to advocate to CBN Governor to waive ID requirements for selected HWs ▪ Support HWs to obtain National ID cards issued by NIMC
Access to funds	**Distance barrier**	Health workers have to travel long distances to access funds	▪ HWs to pick up funds while collecting monthly salary from the same bank ▪ States select 2 to 3 banks that are convenient to HFs within their geographic locations ▪ Disburse funds quarterly
	No Cheque book	Unavailability of cheque books at facilities making fund withdrawal cumbersome	▪ States follow up with banks to ensure all HF cheque booklets are printed as soon as **1st disbursement** is made even without request from signatories

Possible challenges health workers could face while operating PHC accounts – learnings from the MoU states (2/2)

Theme	Issues identified	Details	Recommendations
Access to funds	**Unavailability of signatories**	Signatory A are sometimes unavailable to countersign cheques issued to health workers	▪ Identify alternative permanent staff at facility to serve as signatory C
	Staff transfer	HWs are transferred to other facilities and the current facility in charges do not have access to funds in account	▪ LGA PHC Director to ensure HWs fill out change of account signatory form as requirement to complete staff transfer
	No credit notification alert	Health worker was unaware of the disbursement as credit alert was not received	▪ Negotiate automatic credit alert with banks on account opening ▪ SPHCDA to send SMS notification and disbursement schedules to HWs and LGAs respectively

Two options exist in the funding of OIRIS

xx Preferred approach / Details ahead

	Pooling of funds to a single account	Mapping funders to activities
Description	▪ All funding sources are pulled into one account (SPHCDA basket account) ▪ Funds are disbursed directly to lower levels (Zones, LGAs and HFs when required	▪ Funds from the various sources (partner and Government) are mapped to different activities contained in the OIRIS strategy
Pros	▪ Funds are easy to control and monitor ▪ Eliminates bureaucratic processes with funds disbursement ▪ Saves transactional cost of multiple disbursements to the lower levels	▪ Organizations can take ownership of the specific activities they fund ▪ Ease of conduct of organizational audit ▪ Takes into consideration the different organizational financial policies
Cons	▪ Differences in financial policies, guidelines and budgeting processes of the various organizations will hamper the process	▪ Delays in funds disbursement from any donor may lead to failure to conduct all other activities

SOURCE: Team analysis

OIRIS activities will be mapped to the available resources from partners and Government in the different states

PROPOSED

RI MoU states example

Funding sources	Thematic areas
State RI Account	Vaccine security and Logistics
UNICEF	
WHO	
UNICEF	Demand creation
CDC	
MCSP	Data collection
WHO	
State RI Account	Service delivery
State RI account	Monitoring for action – LGA RI review meetings
CHAI	Supportive supervision
SOML	

Non - RI MoU states example

Funding sources	Thematic areas
SOML	Vaccine security and Logistics
WHO	
UNICEF	Demand creation
CORE group	
MCSP	
IVAC	Data collection
CHAI	
CDC	Improving access
World bank	
State Government	Monitoring for action – LGA RI review meetings
NPHCDA???	
BMGF	Supportive supervision
Dangote	

SOP to guide service providers in planning and conducting outreach sessions

SOP to guide service providers in planning and conducting outreach sessions

What to do before outreach session day?

#1

What to do at outreach site?

#2

What to do when you return to the health facility after outreach?

#3

Have you answered the following questions today?

- Do you have an updated microplan?
- Do you have a session plan?
- Do you have VCMs working in the outreach settlement?

If no, call your LIO now on
080 xxxx xxxx

Things to do before outreach session day

1

3 days before session

Identify the clusters and settlements you plan to visit from catchment area map

2

2 days before session

Inform Village Head (VH) 48 hours prior to scheduled date of outreach and agree on venue and time

3

2 days before session

Remind VH to inform town announcer to mobilize caregivers before and on session day

4

2 days before session

Inform VCMs to conduct baby tracking and defaulter tracing and informs caregivers of session

5

A day before session

Organize vaccines, data tools, AEFI kits and any other relevant tools required for immunization

6

A day before session

Secure transportation to site

Derived from Immunization in practice, WHO (2015) and Basic Guide for Routine Immunization Service Provides Trainers' Manuals

Have you answered following questions today?



- Did you pack your Child Immunization Register, Tally sheet, and child health cards?
- Did you pick an outreach retirement form?
- Do you have fliers and other IEC materials?

If no, please pick up the required tools or call your LIO on 080 xxxx xxxx

Things to remember on outreach session day

1	2	3	4	5	6
					
▪ Remind Village Head(s) at settlement you are on your way and setup outreach location	▪ Call town announcers and VCMs to mobilize caregivers	▪ Conduct health talk to caregivers on the 6 key immunizatio n messages	▪ Vaccinate children, record data, and inform caregivers of next vaccination date	▪ Clean up venue and return used items	▪ Fill outreach retirement form and get community leader and caregivers to sign

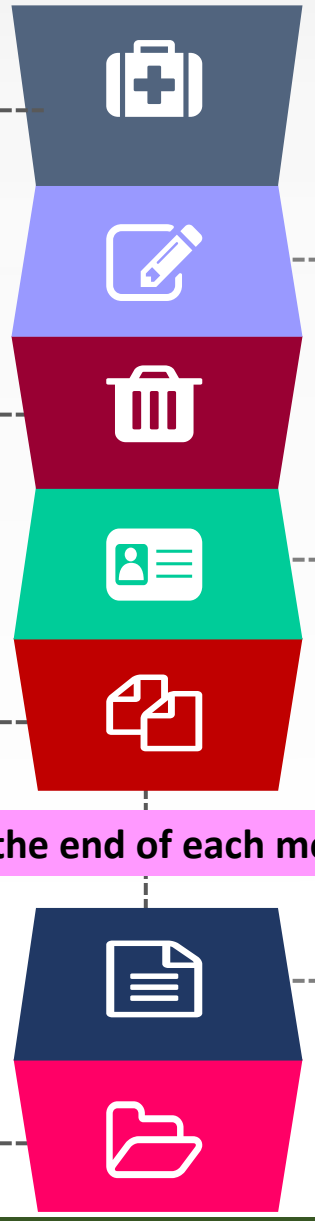
Derived from Immunization in practice, WHO (2015) and Basic Guide for Routine Immunization Service Provides Trainers' Manuals

Things to do when you return to the health facility from the outreach

1. Return all unused vaccine including opened non-lyophilized vials for storage
2. Update VM1 ledger with required vaccine management data for that session
3. Dispose used vials into safety boxes and store appropriately
4. Identify defaulters and inform VCMs and village heads for necessary actions
5. Make a note of challenges faced during outreach sessions and share at monthly review meetings

At the end of each month

6. Collate and summarize outreach retirement forms into monthly summary sheet and submit to LGA accountant
7. Summarize all immunization data into monthly summary sheet



Derived from Immunization in practice, WHO (2015) and Basic guide for Routine Immunization Service Provides Trainers' Manuals

Thank you for listening…