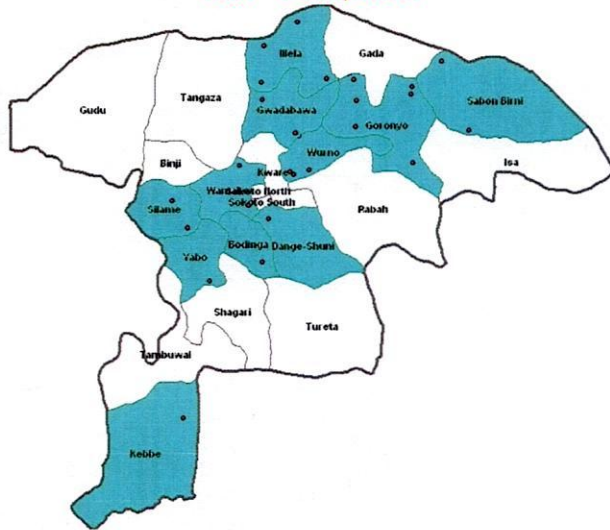


# Sokoto State - Status & Challenges

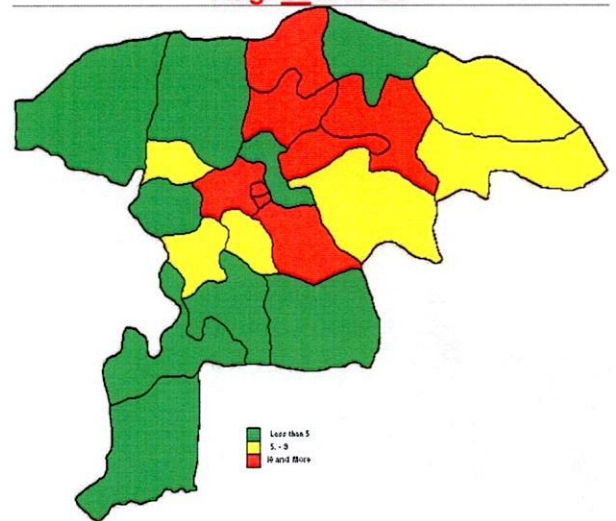
## January – December, 2008

**Crippled children by LGA – Sokoto,  
Jan – Dec., 2008**



**Total Polio cases = 27**

**Percentage Missed Children – Sokoto,  
Aug. 2008 IPDs**



Six (6) rounds of Immunisation Plus Days have taken place in Sokoto State between January and August 2008. In addition, the Integrated Measles Campaign held in November 2008 offered another opportunity to immunize children against poliomyelitis. Children who have never received polio vaccine (zero-dose children) more than doubled in 2008 (22%) compared to 2007 (10%) suggesting a weak routine immunization system, a major concern that needs to be addressed in the State. By 9 January 2009, the number of crippled children in the year 2008 alone had increased slightly over the number for the same period in 2007 (27 children crippled in 2008 compared with 25 in same period in 2007). The majority of the cases of paralyzed children that are being reported are in rural areas. They are largely found in inter-state, inter-LGA, and inter-ward borders. Analysis of the cases recorded indicates that the virus is active in hard-to-reach areas (border and riverine) and among farming populations.

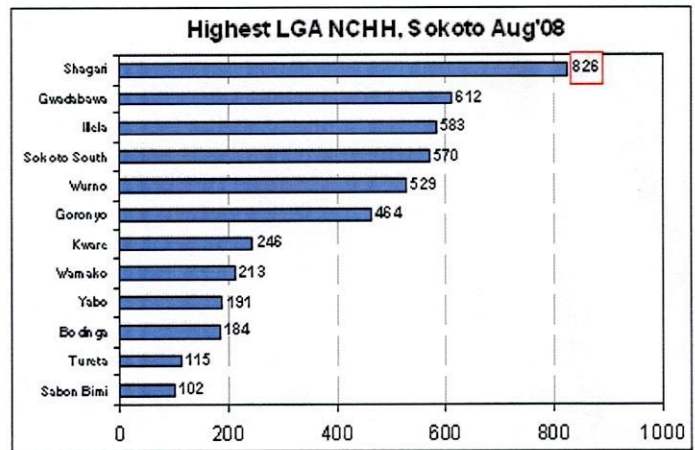
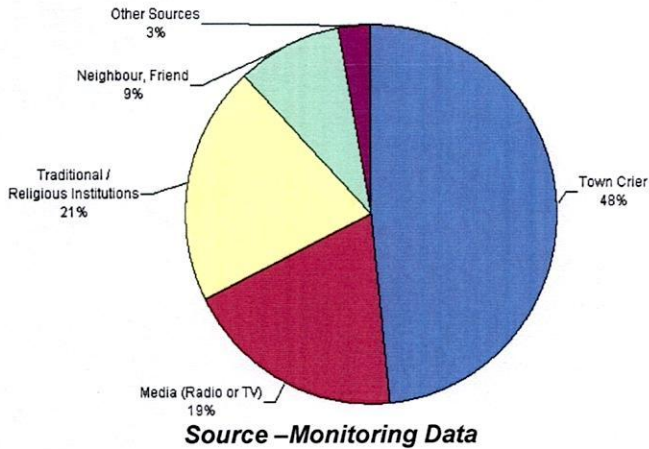
### Key Issues

- **Low population immunity** – Low population immunity with high caseload of paralysis due to large number of un-immunized children with only 3 LGAs having OPV3 coverage above 80%, two LGAs located between 50-79% and 18 lower than 50%. Few outreaches conducted, with no tangible plans for outreaches.
- **Missed children** - Children and entire settlements are missed during immunization activities because of the poor routine services in health centers and the low quality of campaigns. In August, 9% of the state's children did not receive the polio vaccination. Most of the children missed live in hard-to-reach villages and scattered areas, and are children of farmers. It is therefore critical that all children aged under-5 are reached during 'Immunization Plus Days' to ensure polio is eradicated and to boost routine immunization.
- **LGA ownership** – Some LGA Chairmen do not fully support, participate and own the vaccination programmes. The provision of funds for add-ons and logistics support needs to be increased from the State and LGA levels and released in good time before the start of the campaign. Also, funding of the routine immunization needs to be improved to ensure that outreaches and health education talks take place routinely.
- **Non-compliance** – Refusals by parents (termed non-compliance) remains a key reason for the unvaccinated children in the LGAs with the high numbers of children paralyzed by the WPV virus. There are still persistent non-compliant households, especially in Sokoto South, Dange Shuni, Gwadabawa, Tureta and Bondinga LGAs.

**Key Actions**

- Governor and HRH Sultan to make public statements on mass media, at special events and during religious gatherings.
- Health Commissioner to monitor use of immunization funds and the participation by State and LGA council officials during SIAs
- District Heads to monitor closely the frequency of announcements in mosques, churches and during religious and social gatherings.
- Counterpart Ministries e.g. Women’s Affairs, Education and Labour to channel the key polio and routine immunization messages, policy guidelines through their institutional networks and participate as monitors during the Immunization Plus days (IPDs).
- Wife of the State Governor to mobilize all women’s associations to use their resources in rallying all parents with eligible children to bring their children for immunization.
- Experienced staff from polio-free regions/countries (e.g. EMRO) to highest risk states
- Internal redeployment of staff from low-risk to high-risk areas
- Use of independent supervisors to follow vaccination teams in households to ensure children are vaccinated and reliable recording of data

**Sokoto sources of information -Aug '08**



*Only 5 visits to a health centre in a child's first year are required to fully immunize him/her against these 8 childhood diseases: measles, tetanus, tuberculosis, polio, whooping cough, diphtheria, hepatitis B and yellow fever.*

**Sokoto State continues to have cases of vaccine-preventable diseases because the immunity level of the children remains low**