



BENUE State

Status of Polio Eradication and Routine Immunization, May 2011

National Polio Summary

Number of wild polioviruses to date in 2010 (19-May-2011)	9 in 4 States 7 Type 1 & 2 Type 3
Number of WPV cases for same period in 2010	3 cases in 3 States 1 Type 1 & 2 Type 3
Total number of wild polioviruses in 2010	21 in 8 States

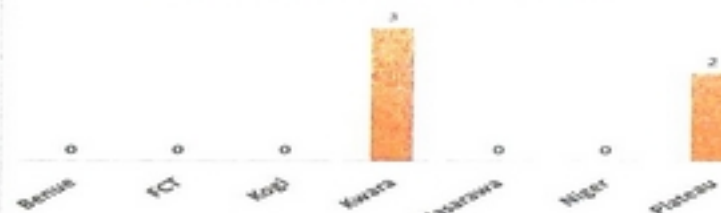
Issues for Governor's Consideration

- ✓ Benue still at risk of re-emergence of polio because of routine immunization less than 80%
- ✓ Governor may consider convening quarterly meetings with LGA chairmen and Traditional leaders as well as encouraging regular State Task Force/ICC meetings to review how to improve routine immunization coverage

State Polio and RI Summary

Date, type and LGA of last polio case	<ul style="list-style-type: none"> ✓ 24-Jul-2009 ✓ WPV 1 ✓ Ijigbam ward of Ado LGA
Number of wild polioviruses in last 12 months	0 WPV
Number of Other confirmed polioviruses in last 12 months	0 cVDPV
*Number of Very High Risk and High-Risk LGAs (LGAs where the risk of polio infection is greater than other LGAs)	0 VHR and 0 HR LGAs
Proportion of Non-polio AFP > 3 doses (The proportion of children investigated for polio-like paralysis who have received > 3 doses of OPV. The target is 80%.)	JAN-MAR 2011 91%
2011 IPDS schedule	January, February, March, May, June, August & October
Proportion of wards with >10 % missed children in 3 previous rounds	Nov-10 3%; Jan-11 12%; Feb-11 13%
Routine Immunization of infants vaccinated with 4 doses of oral polio vaccine (JAN-MAR 2011 target: 95% plus)	42%

Abuja Commitments: No of State Indicators met, Jan-Mar 2011

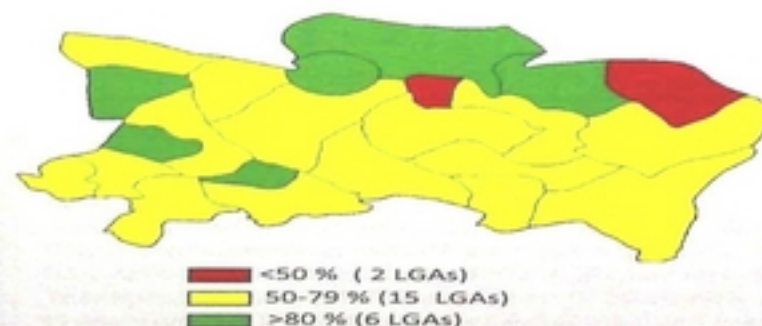


Maximum Score: 4

LGA Commitment and Oversight, March 2011

Personal engagement of LGA chairman in polio and RI	3/23 LGAs = 13%
Presence of functional LGA Task Force that meets at least once/month	0/23 LGAs = 0%
Proportion of LGAs where daily IPDs review mtg chaired by high-level LGA official	13/23 LGAs = 57%

Cumulative OPV3 Coverage, Jan-Mar 2011



Abuja Commitments Indicators: 1. Personal involvement of HE Governor in public event in support of Polio e.g. meeting with key stakeholders, flag off ceremonies. 2. At least one meeting between Governor (or his rep.) with LGA chairmen to discuss priority actions to improve PEI/RI each quarter 3. At least one meeting between Governor (or his rep.) with traditional leaders to review their involvement in PEI/RI each quarter 4. At least one meeting of State Task Force or similar high-level oversight committee established by Governor to oversee PEI/RI activities each quarter.



BENUUE STATE



REDUCING MATERNAL AND CHILD MORTALITY THROUGH MSS & MNCHW – STATE PREFERENCE

THE MIDWIVES SERVICE SCHEME

Number of PHCs: 24
Number of Midwives: 96

MSS-STATUS OF MoU IMPLEMENTATION BY STATE

S/N	State	State Paying Allowance	LGAs Paying Allowance	LGAs Providing Accommodation
1	Benue	No	Yes – N10,000 except Otukpo & Gboko	LGA provided 70%, 30% rented by midwives
2	Kogi	Yes – N20,000	Yes- N10,000 except Dekina & Yagba East	Yes
3	Kwara	No	No, except Ilorin West	Yes except Ilorin South
4	Nasarawa	No	Yes – N10,000 – 30,000	Yes
5	Niger	No	Yes – N10,000	Yes
6	Plateau	No	Yes – N10,000 – 25,000 except Wase LGA	Some LGAs
7	FCT	No	Yes – N15,000 – 30,000	No

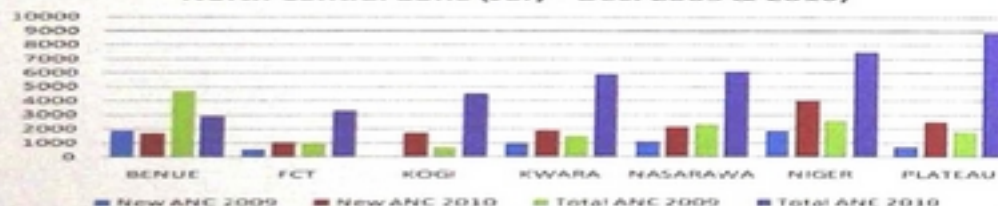
National Summary-MNCH Indicators

- Proportion of deliveries by skilled birth attendants - 40%
- Neonatal Mortality Ratio – 48 per 1000 Live Births
- Under-Five years Mortality Ratio – 157 per 1000 Live Births
- Maternal Mortality Ratio – 545 per 100,000 Live Births

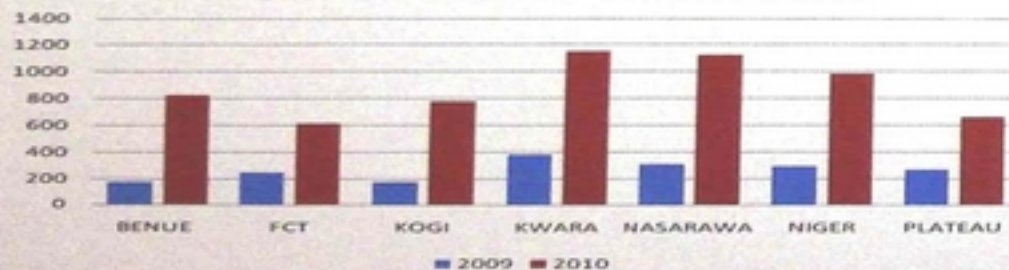
MNCHW & MSS ISSUES FOR THE GOVERNOR'S CONSIDERATION

1. Support MNCHW through procurement of commodities and provision of logistics for distribution, training and service delivery;
2. Publicly endorse MNCH Week by engaging the masses and stakeholders through State level flag offs and stakeholders meetings
3. Mobilize local Government chairmen in the state to support MNCHW & MSS
4. Sustain the Midwives Service Scheme by employing and retaining MSS Midwives
5. Provide adequate PHC infrastructure & logistics
6. Provide a conducive environment (accommodation & security) for staff at PHC Level.

Pattern of ANC Visits at MSS Facilities in States in North Central Zone (July - Dec. 2009 & 2010)

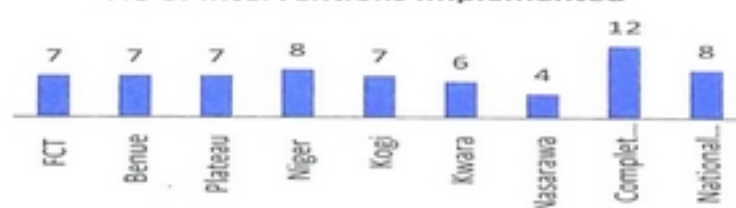


Total Number of Deliveries in MSS Facilities in States in North Central Zone (July- Dec. 2009 & 2010)



MNCHW INTERVENTIONS

No of Interventions Implemented



MNCHW Indicators/Interventions

1. Immunization, 2. Vitamin A supplementation, 3. MUAC [Nutrition Screening], 4. LLIN distribution, 5. ORS/Zinc, 6. Iron/Folate, 7. Deworming, 8. RUTF [Ready to Use Therapeutic Feeds], 9. Tetanus Toxoid, 10. Health Promotion, 11. IPT [Intermittent Presumptive Treatment in pregnancy] 12. Birth Registration.