

**Gavi EVALUATION MANAGEMENT RESPONSE**

<b>Business Owner</b>	Dr Khin Devi Aung				
<b>Evaluation Title</b>	Evaluation of measles campaigns and their effect on overall routine immunisation				
<b>Evaluation Year</b>	2017-2018				
<b>Evaluation Purpose</b>	To assess Gavi funded measles campaigns (design and planning, implementation and outcomes) and their effect on the overall immunization system in Nigeria.				
<b>Evaluation Objectives</b>	To assess: the quality of the recurrent measles campaigns, the effect of those campaigns on the immunization system, and the extent to which the campaigns of interest integrated lessons learned from previous campaigns into their respective design, planning, implementation and post-campaign stages in Nigeria.				
<b>Overall Response to the Evaluation</b>	The timing and scope of this evaluation limited its ability to meet objectives. A reasonable assessment of the quality of the 2017-2018 SIA was performed, with respect to improvements and use of lessons learned from the 2015-2016 SIA. However, evaluation of the earlier SIA was limited by the time elapsed. The evaluation of the effect of those campaigns on the immunization system was extremely limited by the absence of clearly defined and measurable metrics of the potential impact and the lack of pre and post SIA immunization system data for either SIA. The evaluation clearly identified the immunization of zero dose children as the #1 SIA objective. Highly useful analyses included the percent of zero dose children vaccinated, a measure of SIA effectiveness and the percent of all vaccines who were zero dose, which is a measure of SIA efficiency. There were no analyses of numbers of children who received a second dose during the SIA. This is also important metric to consider, especially in countries with no second dose of MCV in the RI schedule. However, the data for this analysis may not have been available. The 36 states of Nigeria are home to 200 million people, roughly equal to the total populations of the smallest 35 African countries. The subnational approaches recommended by this evaluation make sense for Nigeria, with its huge population and widely diverse geocultural zones. These approaches are in progress, with separate strategies for the Northern and Southern States over the next few years, some tailored down to the state level.				
<b>KEY FINDINGS, RECOMMENDATIONS and ACTIONS</b>					
<b>Key Finding</b>	Although <b>no evidence of any effect of the campaigns on the utilization of routine immunization services were observed</b> , other positive effect such as the availability of materials and data tools, training of health workers and strengthening of cold chain came forward in the qualitative analysis. The design of the evaluation did not allow to perform a full evaluation on improvements of the RI services.				
<b>Relevant Recommendations - 1</b>	To the NPHCDA and its partners, including Gavi: To get a better understanding of the impact of measles vaccination campaigns on RI, Gavi, the NPHCDA and other partners to conduct a before and after campaign assessment. When aiming to assess impact of measles vaccination campaigns on RI a longer period to enable the implementation of a baseline survey before the campaigns followed by an analysis of the functioning after the campaign should be taken into account. The period after the campaign should be extended more to perform also a quantitative assessment to understand if utilization of RI increased after the campaign. In such an evaluation, specific attention should be given to the links between the measles vaccination campaign and the RI in all phases of the campaign (design, training, implementation and evaluation).				
<b>Management Response (Agree, Partially Agree, Reject)</b>	Partially Agree				
<b>If recommendation is rejected/partially accepted, indicate reasons:</b>	Evaluation of the impact of SIAs on RI should begin with identification of key metrics for which methods are available to measure reasonable increments. Process metrics such as HCW knowledge and skill in immunization practices and caregiver understanding of the need for RI are most likely to be measurably impacted by SIAs. Improvements or decrease in immunization coverage come in increments too small to be reliably measured without great expense. Baseline survey and follow-up methods as recommended would be necessary for some metrics. However, others may be assessed with only post-SIA evaluation. In partial agreement as there are ongoing discussions on what the indicators for impact are, as well as funds needed to conduct this type of assessment.				
<b>Actions planned</b>	<b>Gavi Lead Team</b>	<b>Partner Agency (if applicable)</b>	<b>Expected Completion (MM/YY)</b>	<b>Implementation status</b>	<b>Comments</b>
1. Develop indicators for the impact of campaign on RI	Vaccine Implementation	MRI Working Group	Jun.19	Ongoing	This is being worked on as part of MRI-RI working group.
3.Design and complete evaluation set ( e.g. pre and post SIA training test of immunization knowledge and skills, inclusion of RI questions for parents in PCCS).	N/A	MRI Working Group	Dec.18	Completed	A study in Nepal was done to look at this by CDC.
<b>Key Finding</b>	Northern states have a lower overall measles vaccination coverage than southern states, among children between the ages of 12 and 23 months, according to the MICS. This can be explained by other findings that show that <b>children who are at risk of non-vaccination</b> - due to various factors related to ethnicity, low education of mothers, younger mothers, home deliveries and low wealth quintile - are more prevalent in the northern states. As a result these states have a <b>higher risk of measles outbreaks</b> as an increase in vaccination coverage was associated to a decrease in measles incidence.				
<b>Relevant Recommendations - 2</b>	1) conduct a vulnerability analysis to target specific vulnerable groups that have a higher risk to be zero dose, and 2) assess the health seeking behaviour of the various communities for measles vaccination, and use this information to introduce a targeted approach for the measles vaccination campaigns, by tailoring the campaigns more to the different needs of the various communities especially with the objective not to miss zero dose children. Full measles vaccination campaigns can be organized in geographical areas (zones or states) where a high amount of vulnerable children (suspected to be zero dose) are identified, while for areas where few vulnerable children are expected to be found a full campaign could be modified to an intensified period of sensitization for measles vaccination in order to stimulate utilization of the RI and the measles vaccination can be provided at and during the existing RI services. The approach of vulnerability analysis should be used when developing micro plans and SIO should learn and stimulate their staff to use their knowledge of their communities.				
<b>Management Response (Agree, Partially Agree, Reject)</b>	Partially Agree				
<b>If recommendation is rejected/partially accepted, indicate reasons:</b>	The recommendation has merit in suggesting tailoring interventions to the highest risk groups and conducting full measles SIAs in geographical areas where a high amount of vulnerable children are identified ( i.e. coverage is low). It is well known in Nigeria that coverage is low overall but much lower in Northern States. Many of the risk factors for low coverage are known to be more prevalent in the Northern States. This information is being used to target the 2019 SIA to the highest risk children- those in Northern States. Vulnerability factors will be taken into account in the implementation by providing extra attention to reaching high risk groups. In the South the coverage is not so low that SIAs are needed every two years. There are no areas in Nigeria "where few vulnerable children are expected". In almost all areas, the existing RI services need to be substantially improved before "intensified period of sensitization for measles vaccination to stimulate utilization of the RI" will provide a sufficient measles coverage increase. With improved coverage through RI interventions including MCV2 introduction and improvement in RI services through HSS support, approaches such as intensified period of sensitisation for use of RI can be done, and SIA intervals can be increased. The demand creation would need to be accompanied by accompanying services.				
<b>Actions planned</b>	<b>Gavi Lead Team</b>	<b>Partner Agency (if applicable)</b>	<b>Expected Completion (MM/YY)</b>	<b>Implementation status</b>	<b>Comments</b>

1. Tailor 2019 SIA to focus on highest risk areas- Northern States	Vaccine Implementation	Nigeria country working group on measles	Dec.19	Ongoing	Application approved by IRC. Technical partners providing support in planning.
2. Introduce MCV2 in 2019 in the South	Vaccine Implementation	Nigeria country working group on measles	Dec.19	Ongoing	Application approved by IRC. Technical partners providing support in planning
3. Introduce MCV2 in 2020 in the North	Vaccine Implementation	Nigeria country working group on measles	Aug.20	Not started	Application approved by IRC.
4. Complete epi, coverage and modelling analysis to determine optimum next Sia timing and strategy for the South	Vaccine Implementation	Nigeria country working group on measles	Aug.19	Ongoing	CDC has been leading the work with the country, together with modelling done by IDM, has proposed for a subnational SIA in Northern States, while doing more data analysis to consider when and what the Southern States can do. In the meantime, there will be introduction of the measles second dose into routine starting with stronger Southern states and then later into Northern states.
5. Operationalise Gavi Board approved flexibility of measles follow up campaign operational cost for national SIA, subnational SIA and enhanced routine immunisation activities	Vaccine Implementation	Multiple core partners	Continuing	Ongoing	This will be done in several countries to analyse immunity gap and contextualise local/country solutions/approaches to target interventions.
<b>Key Finding</b>	Overall, improvements were made between the 2015/2016 and 2017/2018 measles campaign. Health workers were reportedly more motivated and a higher level of commitment to reach all wards was observed during the 2018 campaign. Furthermore, post campaign vaccination coverage has improved with 5 states having reached their target of 95% coverage in 2018 as compared to none after the 2016 campaign.				
<b>Relevant Recommendations - 3</b>	<p>The microplanning as a tool for estimating the workload and needs for measles vaccination campaigns and RI should be continued to use from now onwards as acquired skills should not be lost. The number of children to be vaccinated during the RI (denominators) should be based on the information obtained during the campaign. State Health Directors and SIAs have to assist their health staff to perform and include a vulnerability analysis at LGA / ward level in the microplanning. This will assist local health workers to identify their at risk population with regard to immunization services. Regular review of micro plans for RI services should be performed during supportive supervision.</p> <p>Furthermore, the evaluation team recommends to discuss and explain carefully at local level any changes made to the micro plan at higher level in order to maintain local ownership and perceived value of the plan among various stakeholders. All these lessons learned should be consequently documented and discussed taken DAC criteria into account with attention for: 1) the relevance to increase the vaccination coverage and the strengthening of the RI, 2) the use of in-country platforms and capacity to increase the effectiveness of the campaign 3) decreasing the equity gap by ensuring that the zero dose children will be addressed, 4) the efficiency of the campaign with regard to use of resources, 5) finally the sustainability to continue the measles vaccination campaigns each two years.</p> <p>Stakeholders at the various levels in the system, should take part in these discussions to adapt the lessons to the context. The lessons should also be discussed with other platforms involved in campaigns (e.g. polio) in the country in order to have a continuous cross fertilization between various initiatives. To answer to the great variety in contexts and realities in the country the lessons learned should be assessed on what they mean for the different geopolitical zone with regard to the design, planning and implementation.</p>				
<b>Management Response (Agree, Partially Agree, Reject)</b>	Agree				
<b>If recommendation is rejected/partially accepted, indicate reasons:</b>					
<b>Actions planned</b>	<b>Gavi Lead Team</b>	<b>Partner Agency (if applicable)</b>	<b>Expected Completion (MM/YY)</b>	<b>Implementation status</b>	<b>Comments</b>
1. Nigeria measles Country Working Group will continue to support country to think of subnational approaches, based in these factors	Vaccine Implementation	Nigeria country working group on measles	Continuing	Ongoing	
<b>Key Findings</b>	<b>Outcomes of the campaign:</b> Although no evidence of any effect of the campaigns on the utilization of routine immunization services were observed, other positive effect such as the availability of materials and data tools, training of health workers and strengthening of cold chain came forward in the qualitative analysis. Children who are at risk of non-vaccination – (ethnicity, low education of mothers, younger mothers, home deliveries and low wealth quintile) were found to be more prevalent in the northern states.				
<b>Relevant Recommendations - 4</b>	4. [To consider] intensified monitoring and supportive supervision of routine immunization in the period after the campaign should be performed to ensure that the lessons learned during the campaign and the information is appropriately used during routine immunization.				
<b>Management Response (Agree, Partially Agree, Reject)</b>	Agree				
<b>If recommendation is rejected/partially accepted, indicate reasons:</b>					
<b>Actions planned</b>	<b>Gavi Lead Team</b>	<b>Partner Agency (if applicable)</b>	<b>Expected Completion (MM/YY)</b>	<b>Implementation status</b>	<b>Comments</b>
1. Detailed look at the admin coverage and post campaign coverage survey results that would yield weak areas to be followed up.	Vaccine Implementation	Nigeria country working group on measles	Jul.20	Not started	Regardless of whether there is funding available from any budget, this needs to be promoted and ensured by Gavi, as well as all partners with all the countries. This will be followed up by Nigeria Measles CWG composed of global, regional and country partners as well as Nigeria Measles and Yellow Fever Technical Coordinating Committee members