Zero-Dose LEARNING HUB

Gavi's Zero-Dose Learning Hub IRMMA Aligned Interventions: Semiannual Update — Nigeria

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Gavi The Vaccine Alliance

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THE GENEVA LEARNING FOUNDATION

Gavi Zero-Dose Learning Hub (ZDLH)

Funded by Gavi, the Zero-Dose Learning Hub (ZDLH) serves as the global learning partner and is led by JSI Research & Training Institute, Inc. (JSI) with two consortium partners, The Geneva Learning Foundation (TGLF) and the International Institute of Health Management Research (IIHMR). Together, the consortium enables sharing and learning across four Country Learning Hubs (CLHs) in Bangladesh, Mali, Nigeria, and Uganda to advance the uptake of evidence by synthesizing and disseminating key learnings. The ZDLH also focuses on improving immunization equity and reducing the number of zero-dose (ZD) and under-immunized children globally by facilitating high-quality evidence generation and uptake.

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ACRONYMS

AFENET	African Field Epidemiology Network
AHBN	Africa Health Budget Network
BeSD	behavioral and social drivers
CDC	[U.S.] Centers for Disease Control and Prevention
CLH	Country Learning Hub
CoP	community of practice
CSO	civil society organization
DIM	decentralized immunization monitoring
DTP	diphtheria-tetanus-pertussis
IEV	Identify, Enumerate, and Vaccinate
IR	implementation research
IRMMA	Identify-Reach-Monitor-Measure-Advocate
JSI	JSI Research & Training Institute, Inc.
LGA	Local Government Area
LQAS	Lot Quality Assurance Sampling
NPHCDA	National Primary Health Care Development Agency
PHC	primary health care
RFM	responsive feedback mechanism
RI	routine immunization
UI	under-immunized
ZD	zero-dose
ZDLH	Zero-Dose Learning Hub
Z-DROP	ZD Reduction Operational Plan

NIGERIA COUNTRY LEARNING HUB

The Zero-Dose Learning Hub (ZDLH), established by Gavi, addresses immunization equity by generating data, evidence, new insights, and learning to better understand the factors influencing implementation and performance of approaches to identify and reach zero-dose (ZD) and under-immunized (UI) children and missed communities. The ZDLH consortium is led by JSI Research & Training Institute, Inc. (JSI), in collaboration with The Geneva Learning Foundation and the International Institute of Health Management Research. ZDLH works to address immunization equity through the generation of evidence and learning around effective methods and approaches for identifying and reaching ZD and UI children. Four Country Learning Hubs (CLHs) in Bangladesh, Mali, Nigeria, and Uganda advance the uptake of research and evidence to improve immunization policy and programming, especially at subnational levels. In 2023, Gavi selected the African Field Epidemiology Network (AFENET) and Africa Health Budget Network (AHBN) as the learning partner for Nigeria. The AFENET–AHBN consortium works across four states and two geopolitical zones in Nigeria: Kano and Sokoto (North West), and Borno and Bauchi (North East). These states contain 49 of the 100 Local Government Areas (LGAs) identified as priority areas for interventions targeting ZD and UI children in the ZD Reduction Operational Plan (Z-DROP). They are supporting Nigeria on interventions across Gavi's Identify-Reach-Monitor-Measure-Advocate (IRMMA) framework. The ongoing support from AFENET and AHBN will allow Nigeria to continue to focus on attainable and measurable advances in identifying and advocating for ZD children across the course of its grants.

NIGERIA ZERO-DOSE LEARNING HUB WEBINAR SERIES

During this reporting period, the Nigeria Learning Hub consortium launched a webinar series. The target audience includes frontline health care workers, routine immunization (RI) providers, facility in-charges, program managers, monitoring and evaluation officers, state and LGA health management teams, decision-makers within organizations or programs, and individuals involved in or interested in immunization-related projects in Nigeria. Two webinars were held during this reporting period:

- Identifying and Reaching Zero-Dose Children and Missed Communities in Security-Compromised Areas
- The Influence of Religion on Immunization Practices in Nigeria & Community Engagement Strategies for Reducing Zero-Dose Children in Nigeria

ZDLH TECHNICAL ASSISTANCE

During the period January–June 2024, as the global learning partner, JSI continued to provide technical assistance, collaborate, and co-create with the Nigeria Learning Hub. JSI held discussions with AFENET to refine and review the decentralized immunization monitoring, or DIM (previously referred to as the responsive feedback mechanism, or RFM) and lead a training of trainers workshop in March, ahead of the pilot data collection in Kumbotso LGA in Kano state. These discussions focused on addressing challenges and gathering insights to expand the initiative to the other seven target LGAs. AFENET staff emphasized the need for real-time quality monitoring to promptly address data issues. JSI addressed challenges related to area mapping, community engagement, and spousal consent by updating survey

tools. Recommendations were provided for enhancing the pilot DIM survey report and presentation, including analysis of the Lot Quality Assurance Sampling (LQAS) data. JSI continued its collaboration with AFENET for scaling up the DIM to the remaining seven LGAs. To support this, JSI led an on-site refresher training in Abuja which was attended by 49 AFENET staff members. JSI also developed a detailed implementation plan for scaling up the DIM, prepared sampling frames for 95 wards across the seven LGAs, and offered ongoing remote support during data collection. Additionally, JSI reviewed AFENET's implementation research (IR) protocol and contributed to discussions on sampling techniques and cost evaluation methods.

ADDITIONAL RESOURCES

- Nigeria ZDLH Zero-Dose Landscape
- Nigeria ZDLH Situation Analysis
- Closing The Immunization Gap: Enhancing Routine Immunization in Nigeria by Reaching Zero-Dose and Under-Immunized Children in Marginalized Communities: Report of a Rapid Assessment
- Sub-National Budget Analysis Focusing on Immunization Under the Nigeria Zero-Dose Learning Hub Consortium in Nigeria
- ZDLH Semiannual Update (May 2024) (July–December 2023)
- ZDLH Semiannual Update (October 2023) (January–June 2023)
- Early Learning from Zero-Dose Practitioners in Nigeria and Uganda: Gavi ZDLH Inter-Country Peer Exchange (ZDLH-X2)

IDENTIFY

The Nigeria Learning Hub previously conducted a ZD rapid assessment described in Gavi's Zero-Dose Learning Hub IRMMA Aligned Interventions: Semiannual Update (May 2024).

Access the full assessment report: Closing The Immunization Gap: Enhancing Routine Immunization in Nigeria by Reaching Zero-Dose and Under-Immunized Children in Marginalized Communities: Report of a Rapid Assessment.

DIM PILOT IN KUMBOTSO: METHODS AND CONTEXT

The Nigeria Learning Hub piloted the DIM in April 2024 in Kumbotso LGA of Kano state to estimate average coverage for selected immunization indicators at the LGA level, assess immunization performance at the ward level, and identify wards that did not reach the average coverage point estimate for vaccination. The DIM also aimed to understand local drivers of and barriers to vaccination. Key components of the DIM pilot in Kumbotso involved:

- A household survey using a classic LQAS methodology with a sample of 418 caregivers of children aged 0-11 months and 12-23 months across 209 settlements in 11 wards of Kumbotso. The survey tool included questions to inform vaccination coverage indicators, sociodemographic variables as well as questions on the behavioral and social drivers (BeSD) of vaccination related to thinking and feeling, social processes, practical issues, motivation, and vaccination uptake.
- A service availability assessment in 11 purposefully selected health facilities offering immunization services with a focus on data quality and vaccine management practices.

DIM PILOT IN KUMBOTSO: FINDINGS

Findings from the DIM pilot in Kumbotso LGA revealed several key insights on identification of ZD children:

- **Sociocultural Factors:** The survey results revealed important sociocultural barriers to immunization, including cultural and religious beliefs, non-institutional deliveries, and the influence of community leaders. For example, 83 percent of ZD children were delivered outside of health facilities due to cultural preferences and the involvement of traditional birth attendants.
- **Socioeconomic Factors:** There was a correlation between low socioeconomic status and higher rates of ZD children. Specifically, 90 percent of ZD caregivers in both age cohorts fell within the lower wealth quintiles: 36.4 percent of ZD were in the first quintile, 29.1 percent of ZD in the second quintile, and 23.9 percent of ZD in the third quintile.
- **Logistical and Practical Barriers:** Logistical challenges including the availability of services, accessibility of health facilities, and the quality of care were identified as major barriers to vaccination. Specific facility-based challenges such as long waiting hours, disrespectful treatment by health care workers, and occasional vaccine unavailability were correlated with lower vaccination uptake.

- **Vaccine Perception and Trust:** While most caregivers (86 percent) recognized the importance and safety of vaccines, many of them (33 percent) had ZD children. This paradox of high knowledge but low uptake suggests other underlying barriers to immunization seeking such as mistrust in health care systems and personal beliefs. For instance, 40 percent of ZD caregivers reported having little or no trust in health workers.

EMERGING LESSONS AND LEARNINGS: IDENTIFY

The DIM identified priority wards for rapid intervention in Kumbotso LGA, highlighting the need for targeted, context-specific strategies to improve coverage, particularly for diphtheria-tetanus-pertussis (DTP) and measles vaccines. Specific insights include:

- **Targeted Outreach:** The disparities in ZD observed in Kumbotso LGA compared to national and regional prevalence levels underscore the need for localized and culturally sensitive interventions to address the unique challenges faced by specific wards toward attaining the 15 percent reduction in the number of ZD children by 2024. In Kumbotso, efforts are needed to develop programs specifically targeting less-educated caregivers and to address the logistical barriers to getting vaccinated.
- **Financial Support:** Exploring financial support and/or incentives with options to reduce vaccination costs and cover transportation expenses is critical for improving vaccination uptake.
- **Vaccine Hesitancy Campaigns:** Implementing educational campaigns that focus on the efficacy and safety of vaccines may help address vaccine hesitancy and improve public confidence.
- **Building Trust:** Engaging with communities to build trust in health workers is needed to help overcome resistance and encourage more people to vaccinate their children.
- **Mobilizing Social Support:** Leveraging the support of religious and community leaders to advocate for vaccination is needed to strengthen social support networks and encourage families to vaccinate their children.
- **Improving Service Delivery:** Addressing inefficiencies in health service delivery and improving accessibility is necessary to enhance vaccination coverage.

These findings have been disseminated at local and state levels. The Nigeria CLH has initiated the integration of more tailored interventions based on these insights to address LGA-specific barriers effectively while closely monitoring and engaging the suboptimal wards identified. The CLH will continue to monitor these indicators on a semiannual basis at the state, LGA, and ward levels to inform more focused interventions using administrative data and subsequent DIM implementation.

REACH

LEARNING HUB IMPLEMENTATION RESEARCH

The Nigeria Learning Hub's IR aims to generate evidence-based insights into strategies for identifying ZD children across different settings. During this reporting period, the Nigeria Learning Hub finalized its IR protocol obtaining necessary ethical approvals from the implementing states. The research will evaluate two ongoing national strategies: the Z-DROP and the Identify, Enumerate, and Vaccinate (IEV) approach.

- The Z-DROP plan is a key intervention funded by Gavi under the full portfolio planning, which was approved by the Gavi Independent Review Committee in August 2024. The plan comprised prioritized wards, health facilities, and communities across the 100 prioritized LGAs where RI will be optimized. Specific activities funded include community mobilization, outreach activities, and vaccine logistics.
- IEV is a national strategy targeting the 100 priority LGAs in Nigeria. While the protocol and tools have been developed, the activity has yet to be rolled out. Different partners including AFENET have piloted this strategy in three LGAs (Tsafe, Birnin Magaji, and Bakura) in Zamfara state using funds from the U.S. Centers for Disease Control and Prevention (CDC). The strategy used GIS maps to identify communities and households for enumeration and identification of ZD children. Subsequently, all children under age five were line-listed, while women of reproductive age, pregnant women, and girls 9-14 years were enumerated. Children under age two who were identified as ZD and/or UI were referred and vaccinated by fixed post teams using triplicate coupons: a copy for caregivers, community leaders, and health facility documentation which contributes to routine data systems. Lessons learned and challenges from the AFENET pilot have informed a revision of the strategy as well as strengthened the processes of integrated microplanning and vaccine management, especially in insecure areas. The National Primary Health Care Development Agency (NPHCDA) is expected to adapt the IEV protocol in an effort to reduce costs prior to implementation as funding is not available to implement the strategy widely.

The Nigeria Learning Hub modified its IR protocol from the previous national strategy focused on Optimized Integrated Routine Immunization Sessions, periodic intensification of RI, and optimized outreach sessions, now deprioritized by the government to reflect this change. The baseline survey is scheduled to begin later in 2024. The research aims to assess facilitators and barriers, effectiveness, efficiency, and cost-effectiveness of the two new strategies described above. It is also possible that selected IR coverage assessments may also be useful in understanding the effectiveness of the Big Catch-up that is intended to reach ZD children in 200 LGAs, including potentially the Learning Hub LGAs. However, AFENET currently lacks a design strategy to test pre/post implementation of the Big Catch-up and may need to update the theory of change with stakeholders.

EMERGING LESSONS AND LEARNINGS: REACH

IR is ongoing and findings will be shared in the next semiannual update.

Early lessons include:

- Engaging and involving community leaders is essential for reaching children located in areas affected by security challenges. Their participation helps recruit vaccination teams and identify safe locations for caregivers and vaccination efforts. Additionally, using other data collection methods, such as mobile phones or GPS devices, may risk the safety of vaccination team members.
- The IEV strategy is innovative but capital-intensive, requiring large investments in human resources, training, advocacy, engagement, and vaccine logistics. However, it demonstrated impact by successfully immunizing 95 percent of ZD and UI children, resulting in a high "reach" effect.

MONITOR AND MEASURE

The Nigeria Learning Hub continued to refine and pilot-tested the DIM protocol, supported by JSI. The pilot was conducted in Kano state's Kumbotso LGA in March 2024; the DIM was subsequently scaled up to an additional seven LGAs comprising of 95 wards, including: Sokoto, Wamakko, and Tambuwal LGAs in Sokoto and Maiduguri and Jere LGAs in Borno. Findings from the DIM scale-up will be presented in the next report.

The pilot DIM revealed insights including low vaccination rates among children aged 12-23 months despite high vaccine awareness among caregivers. Social barriers, such as caregiver motivation and female caregivers' need to seek permission from their male and/or older counterparts to vaccinate, were identified as obstacles. The DIM also highlighted priority areas by identifying wards with the highest numbers of ZD children, guiding resource allocation and future interventions. The finalized protocol for DIM incorporated the BeSD and LQAS frameworks and will continue to track progress in ZD reduction, providing near real-time data every six months for local strategies and adaptive learning.

The Nigeria Learning Hub will proceed with ongoing monitoring and analysis of data to inform targeted interventions and advocacy efforts. The findings from the DIM pilot, including insights into vaccine coverage and service delivery, will be shared with stakeholders at national, state, and local levels. A planned workshop with stakeholders, including community leaders, LGAs, state representatives, and health workers, will focus on developing a mitigation plan to address identified barriers. Additionally, the Nigeria Learning Hub will continue to use the DIM to guide future interventions, ensuring that strategies are adapted based on real-time data and lessons learned.

Kumbotso LGA in Kano state was selected for the DIM pilot due to its low RI performance and high prevalence of ZD as prioritized by the Technical Working Group on Routine Immunization. The DIM pilot, which surveyed caregivers of children under 24 months across all 11 wards in the LGA, highlighted key issues such as the high prevalence of uneducated caregivers and a strong correlation between low wealth and ZD status. The Nigeria Learning Hub found that while DTP1 and DTP3 coverage rates at LGA level were 76.3 percent and 62 percent, respectively, measles 2 coverage was critically low at 34 percent. Additionally, analysis of caregiver attitudes revealed that 70 percent of caregivers were unwilling to vaccinate their children due to mistrust of health workers, though 78.5 percent acknowledged the importance of vaccines. Data were also analyzed at the ward level using LQAS principles to identify priority areas for performance improvement. Two wards in particular (Kumbotso and Unguwar Rimi) were low performing (below the 50 percent coverage threshold) for all antigens in the RI schedule.

The DIM approach has since been expanded to the remaining seven LGAs in the Nigeria Learning Hub target states, providing insights into BeSD of vaccination and identifying strategies to improve caregiver behavior at localized levels.

EMERGING LESSONS AND LEARNINGS: MONITOR AND MEASURE

The preliminary DIM findings emphasize the need for digitized settlement lists with geo-coordinates for better understanding of LGA and ward boundaries. DIM has verified some key assumptions on the theory of change and provided useful information on coverage and socioeconomic and behavioral determinants of ZD for project refinement.

- **Vaccine Coverage Insights:** The DIM LQAS data showed varying prevalence of ZD children across surveyed areas, with a significant number of ZD children residing within a five-kilometer radius of health facilities. The DIM pilot revealed that while there is a high level of vaccine awareness, social barriers such as the need for permission and caregiver motivation were associated with lower vaccination rates, as were poor treatment at health facilities and mistrust of providers.
- **Ward-level Performance Data:** LQAS data provide a deeper understanding of ward-level performance across antigens as well as caregiver perspectives on immunization barriers that can help reorient local immunization services and the allocation of resources.
- **Service Quality and Outreach:** Suboptimal outreach services were influenced by inadequate funding and accountability mechanisms. Improving these aspects could enhance service delivery and vaccine uptake.
- **Timely Data Sharing:** Ensuring timely sharing of data is crucial for informed decision-making and effective response to emerging issues.

ADVOCATE

SUBNATIONAL BUDGET ANALYSIS

Nigeria Learning Hub partner AHBN conducted a subnational budget analysis to evaluate the effectiveness and challenges of funding mechanisms and coordination for immunization programs in Bauchi, Borno, Kano, and Sokoto states (Learn more: Sub-National Budget Analysis Focusing on Immunization Under the Nigeria Zero-Dose Learning Hub Consortium in Nigeria). The analysis focused on understanding how state and partner investments support efforts to reach ZD children and missed communities. By examining the allocation, release, and use of funds, along with the coordination between government and partners, the study aimed to identify gaps and inefficiencies with the goal of informing advocacy and policy recommendations to improve immunization coverage and ensure equitable vaccine access. This exercise also aimed to review the co-financing model for immunization, assess state-level coordination and partnerships, and provide recommendations to enhance outreach to ZD children. Although the exercise did not involve costing analysis, the insights gained aim to guide efforts to improve immunization policies and funding, ultimately reducing the number of ZD children in Nigeria.

In Bauchi state, with support from AHBN, a community of practice (CoP) on immunization, budget tracking, accountability, and sustainability was launched, engaging high-level government officials, including the Executive Chairman of the Bauchi State Primary Healthcare Development Board and members of the Ministry of Budget and Planning. As a result of targeted advocacy, 410 million naira earmarked for immunization for 2024 was fully released into the immunization basket fund, compared to only a portion released in previous years. Additionally, the CoP has advocated for a dedicated budget line of 870 million naira for the 2025 immunization budget, facilitating easier tracking and utilization. COP engagement with immunization officers in Bauchi and Ganjuwa LGAs further strengthened these efforts.

In Kano state, a similar CoP was launched. It held advocacy meetings with high-level government officials, including officials from the Ministry of Planning and Budget and the Kano State Primary Health Care Management Board. These meetings resulted in a pledge of continuous support for immunization efforts, particularly for ZD initiatives. A significant achievement was the alignment of the 2024 RI work plan with ZDLH activities during the Kano state 2024 RI work plan review meeting hosted at the AHBN regional office. During a visit to the Ministry of Planning and Budget, CoP members discussed the 2024 RI budget, emphasizing the need for improved budget performance and timely release of funds, leading to the ministry's commitment to ensure transparency and accountability regarding immunization expenditures. The inauguration of the State Task Force on Immunization in August 2024 marked a pivotal moment for Kano state, with 25 members selected for their expertise to advance immunization and health care services. Notably, the inclusion of the ZDLH Kano state CoP co-chair in this committee reflects the CoP's advocacy strength as a vital platform for immunization activities in the state.

Findings and Rationale for Advocacy Efforts at the State Level

- **Inconsistent Fund Release:** There were significant delays in fund releases by state governments, affecting the timeliness and effectiveness of immunization programs. In Sokoto and Kano, delays in government funding release led to disruptions in program execution and hindered efforts to reach ZD children. For example, in Kano, in 2024, 520 million naira was appropriated for immunization; however, by the end of the third quarter, only 88 million naira—approximately 16.6 percent—had been released. Similarly, Bauchi appropriated 410 million naira for immunization in 2024, but full payment was not made until the end of the third quarter. Both states experienced delays in government funding, which negatively affected the planning and implementation of immunization services.
- **Variable Budget Utilization:** States showed varying levels of budget utilization. For instance, Borno state demonstrated effective budget utilization with high expenditure performance, while other states such as Sokoto faced challenges due to delays in fund releases and poor budget performance.
- **Challenges in Coordination:** The analysis highlighted issues with coordination between state governments and partners. Inconsistent fund releases from state governments affected the ability of partners to fulfill their commitments, leading to a domino effect on immunization operations.
- **Impact on ZD Children:** The findings suggest that there could be a correlation between delayed funding and higher prevalence of ZD children. Borno state, which had more timely fund releases, had lower proportions of ZD children, while Sokoto experienced delays and had higher proportions of ZD children.
- **Budget Allocation Issues:** Despite an overall increase in state budget allocations for health, the proportion designated specifically for primary health care (PHC) boards remains insufficient. For instance, in Kano state, the allocation for the PHC board over the past three years (2021–2023) has consistently been below 12 percent, while Sokoto state has allocated less than 5 percent. However, some states, such as Borno and Bauchi, have shown notable improvements; Borno's allocation rose from below 5 percent in 2021 to 15.3 percent in 2023, and Bauchi's allocation increased to 28.3 percent during the same period.
- **Policy and Advocacy Needs:** AHBN has adopted several advocacy strategies through the state CoPs across the four targeted states to prioritize ZD children and missed communities. These strategies involve collaborative efforts that engage a diverse group of stakeholders, including government officials, media representatives, academia, development partners, civil society organizations (CSOs), youth, and community leaders. One notable initiative included advocacy visits by CoP members to key figures, such as the chairmen of Kano state's health and appropriation committees. These meetings aimed to secure a higher budget allocation for immunization in the state's 2025 budget. As a result of these targeted efforts, the chairmen invited CoP members to participate in the 2025 public hearing on budget submissions, providing an opportunity to influence the allocation process directly.

To cultivate political will and commitment to addressing the needs of ZD and missed communities, AHBN and the CoP developed a comprehensive ZDLH Accountability Framework for use at subnational levels. This framework is designed to track and measure activities that enhance RI coverage while reducing the number of ZD children. The framework indicators cover two thematic areas: health financing and vaccine uptake/service utilization. The health financing component focuses on budget

allocations, fund performance, and the timely release of government funds which are critical factors affecting immunization implementation.

AHBN state teams and CoP members are actively generating data for advocacy and accountability, using quarterly assessments of audited state reports, including those from the Basic Health Care Provision Fund. These data are essential for informed decision-making and will contribute to the development of a budget accountability scorecard for easy visualization of commitments by stakeholders.

Additionally, the CoP strengthens existing state-level mechanisms to ensure mutual accountability among government and stakeholders, including international development partners. Various state platforms, such as the State Oversight Committee and the State Emergency Response and Incident Command Center, facilitate interactions among stakeholders, including CSOs, professional associations, traditional leaders, and the private sector, to improve immunization services.

The ZDLH Accountability Framework serves as a vital tool for tracking both financial and non-financial commitments from state governments and partners. Regular engagement with the Nigerian Governors Forum and relevant health committees will further enhance coordination and accountability in immunization efforts. As data collection continues, the scorecard is expected to evolve, presenting progress to stakeholders, keeping commitments visible and fostering collective ownership to address challenges and improve immunization coverage.

STAKEHOLDER ENGAGEMENT METHODS

Advocacy is critical for the success of ZD immunization efforts in Nigeria, as it fosters stakeholder engagement, drives budget accountability, and amplifies community support.

- **Stakeholder Engagement and Coordination:** The establishment of CoPs in Kano, Sokoto, Borno, and Bauchi engaged a total of 167 stakeholders from CSOs, media, and academia during launch events. The Nigeria CLH has also actively participated in technical working group meetings at national, state, and local levels. These meetings focus on addressing challenges such as vaccine stockouts, cold chain issues, and low pay for mobile teams. Information gathered from these meetings is used to inform and refine advocacy efforts. As noted above, regular coordination meetings at different levels continue to address ZD issues and support RI system strengthening.
- **Advocacy and Budget Tracking:** The Nigeria CLH developed and updated a comprehensive budget advocacy plan to enhance the focus on immunization funding. This plan is part of the CLH's broader advocacy strategy that includes the creation of the ZDLH Accountability Framework for Immunization Budget Tracking, which aims to support the CoPs in measuring and tracking activities designed to increase immunization coverage and reduce the number of ZD children. To facilitate these efforts, an existing training manual on budget tracking and advocacy was adapted, providing a structured approach to training CoP members in these critical areas.
- **Engaging Stakeholders through Capacity Building and Training:** The Nigeria CLH finalized and prepared ZD capacity-strengthening materials, with plans for a validation workshop and training scheduled for later in 2024. The initiative also includes a webinar series for frontline health workers, with two webinars conducted.

EMERGING LESSONS AND LEARNINGS: ADVOCATE

The Z-DROP has achieved 100 percent funding and is receiving attention from stakeholders, including alignment with the NPHCDA Blueprint and Strategic Direction 2024–2026. This strategic direction tracks government investments in immunization and PHC services, fostering close coordination between national and state levels to improve health outcomes. The alignment of the Z-DROP with national health strategies and securing full funding highlighted the need for sustained advocacy and political support to improve immunization coverage and address ZD issues. Capitalizing on the national momentum and the NPHCDA Blueprint's focus on immunization and PHC services requires continuous advocacy to ensure sustained political and stakeholder support.

The Nigeria Learning Hub leveraged insights from the subnational funding assessment to enhance budget advocacy through a CoP. By developing a workplan and scorecard with indicators aligned to the accountability framework, the initiative tailored its approach to the state level, ensuring that advocacy efforts are contextually relevant, evidence-based, and meaningful. Notably, Bauchi state established a dedicated budget line for immunization, marking a significant step toward improving immunization coverage in the region.

Results of the subnational budget analysis suggested that increasing and maintaining state health budgets at around 15 percent or above is important for achieving universal health coverage, but this can only be realized with timely fund releases by state governments. While health budget allocations in ZDLH states are promising, the proportion for PHC remains low, particularly in Sokoto and Borno. Borno has shown improvement over three years, with effective budget utilization and high transparency. In contrast, delays in state contributions, such as those experienced in Sokoto, have caused significant disruptions, undermining immunization efforts and likely contributing to an increase in ZD children. Delays in Bauchi and Kano also suggest issues with state government commitment and political bureaucracies, affecting timely fund releases and program implementation. These challenges highlight the need for better financial management and coordination to improve immunization outcomes.

Recommendations from the subnational budget analysis include:

- **Develop the annual operational plan before state budget processes** to align and integrate immunization costs into the budget.
- **Ensure timely release of funds** as agreed in the memorandum of understanding to enhance budget performance and benefit ZD children.
- **Strengthen collaboration with partners** and seek additional health funding sources, especially from health care trust funds, to reduce reliance on partners.
- **Establish a CoP** for budget tracking, accountability, and sustainability, encouraging regular dialogue with government, CSOs, and other stakeholders. The establishment of CoPs can enhance collaboration and advocacy efforts, demonstrating the importance of organized groups in tracking and advocating for immunization budgets.
- **Improve the annual immunization performance report** by including details on funding allocation, releases, and utilization, and involve a broader range of stakeholders, including CSOs and the media.

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