



The Nigeria Learning Hub (April 2023–December 2025) is led by the <u>African Field Epidemiology Network</u> (AFENET) with the <u>Africa</u> <u>Health Budget Network</u> (AHBN).

The Learning Hub focuses on eight local government areas (LGAs) with high zero-dose (ZD) burden that overlap with the 100 priority LGAs and uses data from various assessments to understand barriers and determinants of vaccination behaviors among caregivers of children under two years old. Results from the probability household survey carried out across the eight LGAs as part of the Learning Hub's regular data collection called **Decentralized Immunization Monitoring (DIM)** indicate:

- Wide variations in Penta 1 coverage across LGAs, ranging from a high of 87.0% of children 12-23 months in Bauchi LGA (Bauchi) who have received Penta 1 vaccinations to a low of 41.6% in Wamako LGA (Sokoto).
- Caregivers of ZD children face greater barriers to accessing vaccination services than non-ZD children including lack of trust with health workers, highlighting the need for targeted interventions.



Grants in Nigeria

Health System Strengthening (HSS-3) (2019–2023): In August 2024, Gavi's Independent Review Committee (IRC) approved the full portfolio planning (FPP) for allocation of the remaining funds HSS \$133M, 2025–2028. Disbursement from the government is anticipated to start in Q1 2025.

Equity Accelerator Funding (EAF): None to date.

Learning Hub Research	Geographic Focus	HOUSEHOLD SELECTION			
Rapid Assessment	Bauchi (Bauchi and Ganjuwa LGAs), Borno (Maiduguri and Jere LGAs), Kano (Kumbotso and Sumaila LGAs), and Sokoto (Wamako and Tambuwal LGAs)	EXERCISE			
Decentralized Immunization Monitoring (DIM)	Bauchi (Bauchi and Ganjuwa LGAs), Borno (Maiduguri and Jere LGAs), Kano (Kumbotso and Sumaila LGAs), and Sokoto (Wamako and Tambuwal LGAs)				
Sub-national Budget Analysis	Bauchi, Borno, Kano, and Sokoto states				
Implementation Research	Bauchi (Bauchi and Ganjuwa LGAs) and Sokoto (Wamako and Tambuwal LGAs)				
Data Quality Assessment	23 health facilities in Bauchi (Bauchi and Ganjuwa LGAs), Borno (Maiduguri and Jere LGAs), and Kano (Kumbotso and Sumaila LGAs)				

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Study Sub-Districts in Nigeria: Trends in DTP1 Coverage from Q4 2022 to Q4 2024

(Source: Nigeria DHIS2 reported in Nigeria CLH Quarterly Progress Report)

Data interpretation: This figure displays sub-national data from the Nigeria DHIS2 on Penta 1 coverage from Q4 2022 to Q4 2024. Trends in Penta 1 coverage across the eight LGAs (districts) targeted by the Learning Hub show variability over time except in Sumaila, where coverage remains relatively stable, fluctuating between 69% and 78% over the two years. In contrast, other LGAs show dramatic changes. For example, Wamako's coverage dips to a low of 51% in Q2 2023, rises to 132% by Q4, and then decreases to 50% by Q2 2024 before rising again.

Jere, in particular, shows exceptionally high coverage rates, with a low of 200% in Q2 2023 and peaking at 462% in Q3 2024. These coverage rates are likely a reflection of the ongoing conflict and instability in Borno state, which has resulted in the displacement of populations groups, specifically in Jere. Coverage rates exceeding 300% in the last three quarters of 2024 also coincide with the implementation of the Big Catch-Up in Jere. The campaign ran mobile and outreach sessions in Borno state to vaccinate children 12-59 months who were missed by routine immunization (RI) efforts during the COVID-19 pandemic.

Please note that Wisemart/eJRF data for the period of April through September 2024 are not yet available for this semiannual update and will be incorporated in the next report (October 2025).

LGA (# of wards)				Q4 :	Treno 2022 - Q	d 4 2024				
Bauchi (20 wards)	81%	121%	105%	161%	151%	131%	120%	114%	124%	100%
	Q4 '22	Q1 '23	Q2 '23	Q3 '23	Q4 '23	Q1 '24	Q2 '24	Q3 '24	Q4 '24	— 0%
Ganjuwa (16 wards)	73%	103%	105%	122%	99%	96%	95%	102%	111%	100%
	Q4 ′22	Q1 '23	Q2 ′23	Q3 '23	Q4 ′23	Q1 '24	Q2 '24	Q3 ′24	Q4 ′24	— 0%
Jere (11 wards)	218%	257%	200%	286%	284%	254%	333%	462%	338%	400%
	Q4 ′22	Q1 '23	Q2 '23	Q3 '23	Q4 '23	Q1 '24	Q2 '24	Q3 '24	Q4 '24	- 0%
Maiduguri (14 wards)	85%	85%	77%	106%	110%	102%	105%	104%	108%	100%
	Q4 '22	Q1 '23	Q2 '23	Q3 '23	Q4 '23	Q1 '24	Q2 '24	Q3 '24	Q4 <i>'</i> 24	— 0%
Kumbotso (11 wards)	81%	61%	72%	92%	101%	85%	79%	81%	90%	100%
	Q4 <i>'</i> 22	Q1 '23	Q2 ′23	Q3 ′23	Q4 ′23	Q1 '24	Q2 ′24	Q3 ′24	Q4 '24	- 0%
Sumaila (11 wards)	73%	69%	70%	78%	73%	75%	75%	78%	72%	100%
	Q4 '22	Q1 '23	Q2 ′23	Q3 '23	Q4 '23	Q1 '24	Q2 '24	Q3 '24	Q4 '24	_ 0%
Tambuwal (11 wards)	82%	77%	68%	102%	102%	53%	48%	53%	57%	100%
	Q4 '22	Q1 '23	Q2 '23	Q3 '23	Q4 '23	Q1 '24	Q2 ′24	Q3 '24	Q4 '24	0%
Wamako (11 wards)	66%	53%	51%	100%	132%	76%	50%	86%	97%	100%
										— 0%

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Decentralized Immunization Monitoring

In April 2024, the Learning Hub piloted the DIM approach in Kumbotso LGA in Kano state which was subsequently scaled up to seven additional LGAs across three states from June to August 2024. DIM is a statistically-based approach to probability household surveys using the classic LQAS methodology to evaluate immunization coverage and behavioral and social drivers influencing vaccination for children aged 0–11 and 12–23 months.

DIM findings (see adjacent table) indicate significant disparities in immunization coverage between the eight LGAs and within specific antigens, with varying drop-off rates between Penta doses and notable variations in Penta 1 coverage rates, ranging from a high of 87% in Bauchi LGA to a low of 41.6% in Wamako LGA.

The classification of ward-level data showed wide variations in vaccination coverage and identified low-performing wards that should be prioritized for more intensive efforts. For example, among the 11 wards in Kumbotso LGA, only three achieved the national target of 80% coverage for all antigens administered during the first year of life. Two wards failed to meet this target for any antigen, indicating an important immunization gap. The remaining wards showed strong coverage for early-life antigens, including Penta 1, but experienced a gradual decline in coverage for subsequent doses, highlighting challenges in vaccine retention and follow-up.

In Sokoto and Kano, findings from the DIM were leveraged to enhance the availability of RI services. In Tambuwal LGA, DIM results led to an increase in health facilities offering RI, from 27 facilities to 32, and facilitated the expansion of the Reach Every Ward microplan to include newly identified settlements. In Kano, DIM's geospatial mapping of ZD/underimmunized children and missed communities in relation to health facilities was instrumental in refining integrated microplanning efforts by targeting hard-to-reach areas. In Borno, the DIM health facility assessment provided a key baseline measure for understanding the impact of recent flooding on vaccine stocks and service disruptions.

Vaccination Coverage of Children 12–23 months						
LGAS	BCG n=1,445	Penta 1 n=1,328	Penta 3 n=1,101	Measles 1 n=994		
Bauchi	87.4%	87.0%	83.1%	80.3%		
Ganjuwa	72.1%	67.2%	58.3%	53.0%		
Jere	74.1%	62.3%	40.0%	34.3%		
Maiduguri	88.0%	74.6%	56.9%	42.1%		
Kumbotso	81.5%	75.5%	63.6%	59.7%		
Sumaila	60.0%	51.0%	42.0%	36.0%		
Tambuwal	46.8%	43.0%	35.0%	34.7%		
Wamako	44.0%	41.6%	35.7%	32.0%		

Implementation Research

The Nigeria Learning Hub's implementation research (IR) assesses the effectiveness, efficiency, and cost-effectiveness of two national immunization strategies underway in the four Learning Hub study sites (LGAs) in Bauchi and Sokoto states:

- Zero Dose Reduction Operational Plan (Z-DROP), funded by Gavi, aims to reduce the number of ZD and UI children across 100 prioritized LGAs. The strategy focuses on enhancing coordination by engaging LGA teams in supervision, integrating microplanning, and strengthening accountability mechanisms; bolstering service delivery, with a target of 85% coverage for Penta 1 and reduction of the dropout rate for Penta 3 to below 10%, by conducting 90% of planned fixed and outreach vaccination sessions; and maintaining 90% vaccine availability to ensure consistent supply. The initiative also prioritizes community engagement and mobilization to drive demand for vaccinations. Z-DROP's overarching objective is to achieve a 15% reduction in ZD children by March 2025.
- Identify, Enumerate, Vaccinate (IEV) is a national strategy also aimed at reducing ZD and UI children across the 100 prioritized LGAs using GIS technology to improve the precision and efficiency of locating households and settlements, particularly those overlooked during RI efforts. This strategy involves local leaders in the enumeration process, which not only builds trust and increases community engagement but also ensures more accurate identification of children who have missed vaccinations. Following identification, a coupon system connects ZD/UI children with health care facilities.

The baseline IR study carried out in Q3 2024 focused on a sample of wards in two high-burden LGAs in Bauchi and Sokoto states. Data collection included a household survey of 1,316 caregivers of children 0–23 months coupled with qualitative key informant interviews with health officials, partners, and community leaders and a costing study to evaluate the cost effectiveness of the two interventions.

The findings will inform programmatic improvements to expand immunization coverage and reduce the number of ZD children in Nigeria.

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Sub-national Budget Tracking and Accountability

Through regular quarterly review meetings with the state-level communities of practice, the Learning Hub spearheaded subnational financial tracking initiatives using its newly developed Immunization Accountability Framework and Scorecards. These efforts catalyzed significant advancements in securing and boosting immunization financing nationally and within the four target states— Bauchi, Borno, Kano, and Sokoto—as well as across eight LGAs where Learning Hub activities are implemented.

Key achievements include facilitating the release of immunization budgets, enhancing the transparency of funds, and ensuring that health care facilities receive direct funding. Specific examples include:

 In Sokoto, the ZDLH community of practice (CoP) successfully advocated for the release of the delayed 2023 RI funds, securing #308 million (\$200,000 USD) in Q4 2024 for childhood vaccinations.

- In Bauchi, a review of outreach service funding through the pooled Basket Fund (supported by multiple partners) resulted in an increase in financial allocations per outreach session from ¥1,500 to ¥4,000 (\$0.97 to \$2.60 USD). This increase, pending final approval of the 2025 work plan, is expected to incentivize providers and volunteers to extend immunization services to children in remote settlements with challenging terrain.
- In Kano, advocacy led to the release of #299 million (\$194,200 USD) for immunization in 2024, marking a significant improvement from the previous year, which saw no counterpart funding.

Despite these noteworthy successes, challenges such as delays in fund disbursements and the need for ongoing advocacy for increased budget allocations persist and will be a focus of the Learning Hub's continued work on subnational budget tracking, accountability, and advocacy for immunization.

Key Insights, Decisions, and Use of Learning Hub Results

DIM is an effective monitoring tool for identifying gaps in immunization coverage and understanding barriers at the local level (LGA and ward). DIM highlights the value of localized, data-driven decision-making, which allows for quick and context-appropriate adaptations to programming. For example, after two suspected measles cases were identified during the DIM data collection, two hardto-reach wards in Sumaila LGA, Borno, were prioritized for intensified RI efforts in partnership with WHO.



Regularly engaging stakeholders in **budget review meetings**, including through state-level **communities of practice** in Borno, Bauchi, Kano and Sokoto states, allows the government to monitor immunization spending and facilitate timely discussions on resource allocation, ensuring funds are available and used effectively for intended immunization activities. The use of the Immunization Accountability Framework during these meetings provides a structured platform for stakeholders to collaborate, discuss challenges, and plan interventions. Engaging a wide range of stakeholders, including political leaders, health officials, and community leaders, helped secure commitments for sustainable funding and support for immunization initiatives in the four Learning Hub states.

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Engaging local religious and community leaders in evidence review and planning meetings, in particular at the LGA level, is essential for overcoming cultural barriers to vaccination and fostering community support, particularly among men, to ultimately improve vaccine uptake and acceptance.







