

***Nigeria Governors' Immunization Leadership
Challenge 2013-2014***
Report of the Independent Judging Panel
September 2014



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Abbreviations & Acronyms

AFP	Acute Flaccid Paralysis
BMGF	Bill & Melinda Gates Foundation
cVDPV	Circulating Vaccine-derived Poliovirus
GAVI	Gavi, the Vaccine Alliance (Global Alliance for Vaccines & Immunization)
HR	High Risk
IM	Independent Monitoring
IPDs	Immunization Plus Days
LGA	Local Government Area
LQAS	Lot Quality Assurance Sampling
MDG	Millennium Development Goal
NGF	Nigeria Governors' Forum
NPAFP	Non-Polio Acute Flaccid Paralysis
NPEEP	National Polio Eradication Emergency Plan
NPHCDA	National Primary Health Care Development Agency
ORIREWA	Ondo Routine Immunization Reaching Every Ward Always
PSHAN	Private Sector Health Alliance of Nigeria
RI	Routine Immunization
SIA	Supplemental Immunization Activity
WHO	World Health Organization

I. Foreword

This is the report of the second edition of the Nigeria Immunization Leadership Challenge initiative sponsored by the Bill & Melinda Gates Foundation, supported by the NPHCDA, Federal Ministry of Health, and the WHO, and managed by the Secretariat of the Nigerian Governors' Forum (NGF). The report is the outcome of a comprehensive and methodical analysis by the staff of the NGF Secretariat and WHO, and of a vast amount of information collected from all 36 States and the FCT over the duration of twelve months. Further review and scrutiny carried out by the Independent Judging Panel has resulted in a report that has highlighted the successes of the Leadership Challenge Initiative, while at the same time identifying the areas requiring immediate and urgent intervention by each and every level of government and community, if Nigeria must be free of polio and high quality routine immunization is to be firmly entrenched in Nigeria's healthcare delivery system.

The report is focused on performance by the Governors and the States on four key areas: enhanced Abuja Commitments, routine immunization (RI), disease surveillance and immunization plus days (IPD) activities. Using 12 indicators, the performance of each State was assessed in relation to leadership and commitment by the Governors, ownership of the polio eradication initiative (PEI), and RI at State and LGA levels, and the outcome and impact of the year-long activities on polio eradication and improving RI.

The conclusions and recommendations strongly affirm that the achievement of polio eradication and improved RI in Nigeria will require the unabated and unwavering leadership and commitment of the Governors, the tenacious ownership of the PEI and RI by the LGAs and the community.

This report identified best practices among states, which if put to practice, will strengthen accountability and enhance efforts that will positively impact on reducing maternal and child mortality, and the rapid and full achievement of relevant MDG goals.

Dr. Oyewale Tomori

**Chair, Independent Judging Panel, 2013-2014 Nigeria Immunization Leadership Challenge
President, Nigerian Academy of Science & Professor of Virology, Redeemer's University**

September 18, 2014

II. Executive Summary

The 2013-2014 Nigeria Governors' Immunization Leadership Challenge is the second edition of a national initiative started in 2012 to improve political commitment amongst Nigeria's State Governors to eradicating polio and improving immunization services. The Challenge is sponsored by the Bill & Melinda Gates Foundation and managed by the Nigeria Governors' Forum in close partnership with the National Primary Health Care Development Agency and WHO Nigeria, with support from the Federal Ministry of Health.

An independent judging panel made up of Nigerian and international experts convened twice, in March and September 2014, to review the Challenge performance data and select winning states within two award categories: National Polio Achievement and Polio Free Achievement. The first meeting was held in Abuja on March 26-27, 2014 with the goal of reviewing the National Polio Achievement Award performance data collected during the 2013 calendar year. The panel then connected by phone on September 3, 2014 to review the Polio Free Achievement Award performance data, which spanned July 2013 through June 2014. Based on the judging panel's review of the available performance data, Ondo state has been identified as the highest performing state in the nation under the National Polio Achievement Award category.

National Achievement Award, 2013	Challenge Performance Total score (%)
Ondo	90

The following states have demonstrated the highest performance against the 12 Challenge indicators in their respective geopolitical zones.

Geopolitical Zone	Best Performing State by Zone, 2013	Challenge Performance Total score (%)
South West	Ondo	90
North Central	Kogi	84
South East	Anambra	84
South South	Delta	81
North West	Jigawa	77
North East	Borno	59

In the Polio Free Achievement Award category, the panel confirmed that of the seven eligible states – Borno, Kaduna, Kano, Katsina, Sokoto, Yobe and Zamfara – four states (shown in Table below) succeeded in fulfilling the single criteria for this award, that is, reporting no wild poliovirus (WPV) cases between July 1, 2013 and June 30, 2014.

Polio Free Achievement Award States, 2013-2014	Polio Free Since Date of last wild poliovirus case
Kaduna	November 17, 2012
Katsina	November 27, 2012
Sokoto	September 10, 2012
Zamfara	July 1, 2012

In the National Achievement Award category, while some states demonstrated an increase in overall performance between 2012 and 2013, the majority (57%) were not able to achieve at least 50% of the total possible performance score in 2013, with 16 states performing poorly (below 50%) in both years. The judging panel was concerned to note that performance against key indicators showed that State Governors were less engaged with polio and immunization than they were in 2012.

These results highlight several areas for improvement: First, the judging panel noted that accurate reporting and verification of state performance is critical for the integrity of the Challenge mechanism. The number of states submitting evidence to document their performance fell in 2013, with 9 states submitting no evidence for 2013. Second, the panel noted that states must improve the governance and transparency of public funds for health services, including the implementation of PHC Under One Roof Policy. Finally, Executive and Deputy Governors must work closely as a team with their Health Commissioners, Executive Secretaries and State Immunization Officers to ensure accountability for effective management and program outcomes is not only maintained at the state level, but translated all the way down to effective program delivery down to the LGA and community level.

High performing states share a set of best practices, including active involvement of the Executive and Deputy Governors in program oversight, strong commitment amongst the entire state health leadership team and LGA staff, and complete ownership of the RI program through regular monthly review meetings and release of allocated funding. On the other hand, poor performing states face challenges in documentation and information sharing, motivation of key personnel, accountability mechanisms and coordination between State Ministries and State Primary Health Care Boards.

In the Polio Free Achievement Award category, the panel confirmed that process data used to demonstrate the accuracy of Acute Flaccid Paralysis (AFP) surveillance in the seven eligible states was indeed strong enough to confirm the presence of WPV in these states during the award period. The panel also noted although the four states receiving awards – Kaduna, Katsina, Sokoto and Zamfara – fulfilled the criteria for receiving the award, further effort is needed to improve their support of polio eradication and routine immunization in these states, including the Governor's high level leadership and timely release of state funding to support these efforts.

Finally, the judging panel presents four recommendations, including:

1. The Federal Government, with input from Governors and collaboration with development partners and the private sector, must establish a road map for continuing the Challenge as a valuable mechanism for ensuring local commitment and ownership of health and development outcomes.
2. The role of women's leadership and decision-making must be strengthened as a critical element in the success of polio eradication and routine immunization strengthening in Nigeria.
3. With the 2015 elections around the corner, national, state and local leaders must urgently re-commit to the goals of eradicating polio and improving routine immunization in order to continue progress this year and achieve the national goal of interrupting WPV transmission in 2014.
4. Ensuring adequate financial support for polio eradication and routine immunization in Nigeria is the responsibility of the Federal, State and Local Governments. The panel urges leaders at each of these levels to increase regular budget allocations and ensure the timely release of these funds going forward. This is especially crucial in the aftermath of Nigeria rebasing her GDP and attaining the status of a country that is no longer eligible for GAVI support and funding for vaccine supply/procurement beginning in 2015. This means that Nigeria will need to provide significantly greater funding to support her own polio eradication and vaccine needs.

III. Background

The 2013 Nigeria Governors' Immunization Leadership Challenge is the second edition of a national initiative started in 2012 to improve political commitment amongst Nigeria's State Governors to eradicating polio and improving immunization services. The Immunization Leadership Challenge concept was conceived in 2011 through a partnership between the National Primary Health Care Development Agency (NPHCDA), the Nigeria Governors' Forum (NGF) and the Bill & Melinda Gates Foundation, in close collaboration with WHO Nigeria and the Federal Ministry of Health. The first edition, launched in 2012, recognized seven states for their performance against 12 performance indicators in two award categories, including one "Best Performing" state in each of the six geopolitical zones (Ondo, Kogi, Anambra, Cross River, Zamfara and Borno) as well as a single "Most Improved" state nationally (Niger). Each winning state received a grant award from the Bill & Melinda Gates Foundation to support projects targeting the achievement of the health-related Millennium Development Goals in their state. While all seven states contributed at least Naira 40 million in matching funds to these projects, Anambra state deserves special recognition for contributing Naira 180 million to extend the impact of this vital project to improve maternal and child health care access in underserved areas of the state. Other states used these award funds to support a range of critical primary health care interventions, including health worker training, infrastructural and equipment improvements, and strengthening of data and referral systems to improve maternal and child health, immunization, and community demand.

Based on positive feedback received from key national and state stakeholders on the role of the 2012 Leadership Challenge in boosting state leadership for polio and immunization, the partnership decided to implement a second round of the Challenge in 2013. The design of this second edition was carefully considered to support a shared goal to interrupt transmission of WPV in Nigeria by the end of 2014, a milestone recognized by the Global Polio Eradication Initiative's (GPEI's) Polio Eradication & Endgame Strategic Plan 2013-2018¹ as well as by Nigeria's National Polio Eradication Emergency Plan (NPEEP) and a joint decision of the Nigerian Governors in late 2013. With this goal in mind, the 2013 Challenge includes two updated award categories, as described below. An overview of the adjustments made to the Immunization Challenge design between the 2012 and 2013 editions are included in relevant sections of this report and summarized below in Table 1.

The "**National Polio Achievement Award**" category aims to motivate all 36 Nigerian states and the Federal Capital Territory (FCT) to prioritize polio and immunization performance. This award category will distinguish the single best performing state in the country for its achievement against the original 12 performance indicators as measured between January and December 2013. This best performing state nationally will receive a grant award of \$500,000 and public recognition. The best performing states in each geopolitical zone will not receive a grant award but will also be acknowledged in this category.

The "**Polio Free Achievement Award**" category was introduced to specifically motivate those states that, first, had never interrupted WPV transmission for more than 12 months within the three-year period between January 1, 2010 and December 31, 2012, and, second, contributed more than 10% to the total WPV cases reported in Nigeria during 2012 or Q1 2013. These States represent Nigeria's best hope for achieving the Governors' shared goal of interrupting WPV transmission by the end of 2014. According to these criteria, seven states—Borno, Kaduna, Kano, Katsina, Sokoto, Yobe and Zamfara—were identified as having contributed significantly to Nigeria's WPV burden between in the last three years. Any of these states that can maintain polio-free status between July 1, 2013 and June 30, 2014, will be eligible to receive a grant award of \$500,000. Any state that reports a confirmed case of WPV within this period will be ineligible for an award.

¹ Accessible at <http://www.polioeradication.org/resourcelibrary/strategyandwork.aspx>.

This report contains the results of both the National Polio Achievement Award and Polio Free Achievement Award categories. A summary of the timeline and key milestones for each award category throughout the Challenge period in 2013 and 2014 is shown in Table 2, below.

To ensure a fair and robust process, the Challenge depends on rigorous verification of state performance data as well as external review of these data by an independent judging panel to objectively determine outcomes in each award category. Throughout the 2013 award period, data were compiled and verified by the National Primary Healthcare Development Agency (NPHCDA), World Health Organization (WHO), and Nigeria Governors' Forum (NGF). States were requested to submit evidence, where required, to verify their performance against these indicators. In addition, an independent judging panel selected by the Challenge partner agencies reviewed the available performance data for the National Achievement Award category and conducted closed-door deliberations in Abuja on March 26-27, 2014. The results in this report were arrived upon independently and represent the objective interpretation by the judging panel of the available data and verifying evidence provided for review.

TABLE 1. Summary of Differences between the 2012 and 2013 Leadership Challenge Designs

S/N	Areas of Change	2012 Leadership Challenge	2013 Leadership Challenge
1	Award Categories (eligibility)	Best Performing in each of 6 geopolitical zones Most Improved	National Polio Achievement Polio Free Achievement
2	# of Awards	7 States (6 Best Performing & 1 Most Improved)	Up to 8 States (1 National Polio Achievement & up to 7 Polio Free Achievement)
3	Indicators	For indicators #1-3 only Executive Governor recognized	Indicators 2 & 3 modified to accommodate Deputy Governors. Indicator 1 remains Executive Governor only.
4	Duration	12 months	18 months (two staggered 12-month categories)
5	Grant Award	USD 500,000 grant award with option of USD250,000 matching funds	USD500,000 grant award with no option of matching funds
6	Geopolitical Award	Grant awarded for best performing state in each geopolitical zones	No grants will be awarded at the level of the geopolitical zone, but best performing states in each zone will be recognized for their achievement

TABLE 2. Award Category Timelines, 2013 Leadership Challenge

National Achievement Award (January-December 2013)	Polio Free Achievement Award (July 2013-June 2014)
1 January 2013 – Award period begins	
31 March 2013 – End of Quarter 1	
30 June 2013 – End of Quarter 2	1 July 2013 – Award period begins for the seven states. Any polio cases reported during this period will lead to disqualification
30 September 2013 – End of Quarter 3	30 September 2013 – End of Quarter 3 2013
31 December 2013 – End of Quarter 4; Award period ends	31 December 2013 – End of Quarter 4 2013
January-April 2014 – Performance data collation and judging panel deliberations	30 March 2014 – End of Quarter 1 2014
	30 June 2014 – End of Quarter 2 2014; Award period ends
	July-September 2014 – Data collation and judging panel deliberations; Awardees of the second category announced
September 2014 – Awardees announced for both the National Achievement and Polio Free Award categories; BMGF contacts states to arrange for implementation of grant awards	

IV. Award Review Process

National Achievement Award Category

All 36 states and the FCT are eligible for the National Achievement Award category, which will recognize the single state nationally that demonstrates the highest performance against 12 performance indicators, shown below. Although only the highest performing state nationally will receive a grant award for its achievement, the highest performing states in each geopolitical zone will also be recognized publically.

The indicators shown in Table 3, below, are the same as were used to judge the Best Performing award category in the 2012 Challenge, with one adjustment: Based on feedback from Executive Governors, Indicators 2 and 3 now recognize meetings with LGA Chairmen and traditional leaders that are chaired by the Deputy Governor as well as the Executive Governor.

In order to receive the performance scores listed against each indicator on Table 3, states were required to submit evidence to verify fulfillment of both the state-level Abuja Commitment indicators (#1-4) as well as the routine immunization process indicators (#6-7). Since many states did not submit evidence for the entire 2013 calendar year until the end of the Challenge performance period – which concluded on December 31, 2013 – interim Challenge performance updates disseminated quarterly during 2013 utilized self-reported performance data for Indicators #1-4, as reported by states to the National Primary Healthcare Development Agency. In contrast, the final “evidence-based” set of performance data used by the panel to determine the recipient of the National Polio Achievement Award, relies on evidence – including photographs, videos or other official documentation that fulfills the requirements of the Challenge guidelines – submitted by each state to the Challenge Secretariat to document actions undertaken by the Executive Governor and Deputy Governor to fulfill Indicators #1-4.

The evidence-based scoring data for the two routine immunization process indicators (Indicators #6-#7) was used in both “evidence-based” and “reported” outcome summaries wherever they appear in this report.

The panel verified the quality and content of evidence submitted by a range of states – particularly the highest performing states in each geopolitical zone. Although some states show much higher performance based on the reported data, the judging panel unanimously agreed on the importance of using evidence to verify performance, particularly for the routine immunization process indicators, and confirmed that all award recipients should be determined according to evidence-based data alone.

A nation-wide comparison of performance by all states (Figure 1, below) shows that the majority of states (57%) were not able to achieve at least 50% of the total possible performance score in 2013. Just 16, or 43%, of the 36 states plus the FCT achieved this 50% performance benchmark in 2013, compared with 15 in 2012. Only 8 states (or 22%) achieved at least 75% of the maximum possible performance score, compared with 4 in 2012. A total of 16 states were unable to achieve at least 50% performance benchmark in both 2012 and 2013 (see Persistently Poor Performing State analysis on page 15).

The highest performing states in each geopolitical zone all achieved at least 50% of the maximum possible score (all but Borno achieved at least 75%), which the judging panel agreed was an appropriate minimum standard, below which the merit of the Challenge recognition would not have been justified.

TABLE 3. 2013 Nigeria Governors Immunization Leadership Challenge National Polio Achievement Award Category Indicators, with Data Sources and Scoring

No.	Category	Indicator	Data Source	Scoring (Annual total per indicator)
1	Process: Adherence to State-Level Abuja Commitments	Personal involvement of Executive Governor in public event in support of polio (e.g. meeting with key stakeholders, Immunization Plus Days (IPDs) flag off, Polio Awareness Days) each quarter	. Abuja Commitments Monitoring by NPHCDA . Evidence submitted to Secretariat by states	1 point for fulfilling at least one activity per quarter (4 total)
2		At least one meeting of Executive Governor or Deputy Governor with LGA chairmen to discuss priority actions to improve polio and routine immunization each quarter		1 point for fulfilling at least one activity per quarter (4 total)
3		At least one meeting of Executive Governor or Deputy Governor with traditional leaders to review their involvement in polio and routine immunization each quarter		1 point for fulfilling at least one activity per quarter (4 total)
4		At least one meeting of the State Task Force or similar high-level oversight committee established by the Governor to oversee polio and routine immunization activities each quarter		1 point for fulfilling at least one activity per quarter (4 total)
5	Process: Adherence to LGA-Level Abuja Commitments	Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official, i.e., LGA Chairman or LGA HOD/PHC Dept.	Abuja Commitments Monitoring by NPHCDA	1 point earned per quarter in which $\geq 90\%$ LGAs meet the indicator (4 total: High Risk (HR)* states) (1 total: Non-HR* states)
6	Process: RI Planning & Budgeting	Monthly evidence of state budgeted release of funding for routine immunization	Evidence submitted to Secretariat by states	1 point per month (12 total)
7		Monthly evidence of review and planning on routine immunization in State Task Force or equivalent planning meeting	Evidence submitted to Secretariat by states	1 point per month (12 total)
8	Outcome: Immunization Plus Days (IPDs) Performance	Proportion of Wards reporting $>10\%$ missed children during IPDs	IPDs Independent Monitoring	Northern states/zones: 1 point per SIA conducted each quarter in which $\leq 15\%$ wards report $>10\%$ missed children (8-10 SIAs total) Southern states/zones: 1 point per SIA conducted each quarter in which $\leq 10\%$ wards report $>10\%$ missed children (2-5 SIAs total)
9		Proportion of LGAs accepted at $\geq 90\%$ LQAS coverage during IPDs	LQAs monitoring independently conducted by WHO	1 point for every SIA conducted each quarter in which 100% LGAs accepted at $\geq 90\%$ LQAS coverage
10	Outcome: Polio Surveillance Performance	OPV status of non-polio Acute Flaccid Paralysis (NPAFP) cases: ≥ 3 doses	AFP Surveillance Data: NNAFP OPV doses	1 point if $\geq 90\%$ of NPAFP cases receive ≥ 3 doses during each quarter (4 total)
11		% LGAs meeting both Acute Flaccid Paralysis (AFP) surveillance indicators	AFP Surveillance Data: Non-polio AFP rate and stool adequacy rate	1 point for maintaining $\geq 90\%$ during each quarter (4 total)
12	Outcome: RI Coverage	% routine immunization coverage (DPT3)	Administrative measles coverage data	1 point for $\geq 90\%$ coverage during 12-month review period (1 total)
CUMULATIVE ANNUAL SCORE				<i>Maximum Achievable:</i> <i>High Risk (HR)* States (8-10 IPDs/year) = 69-73</i> <i>Non-High Risk (non-HR)* States (2-5 IPDs/year) = 54-60</i>

*High Risk States include: Bauchi, Borno, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe and Zamfara.

Based on the panel’s assessment, Ondo State was identified as the recipient of the National Achievement award, with the highest performance against the 12 indicators of any state in the country and 90% of the maximum possible score (see Table 4).

TABLE 4. National Achievement Award Category, 2013

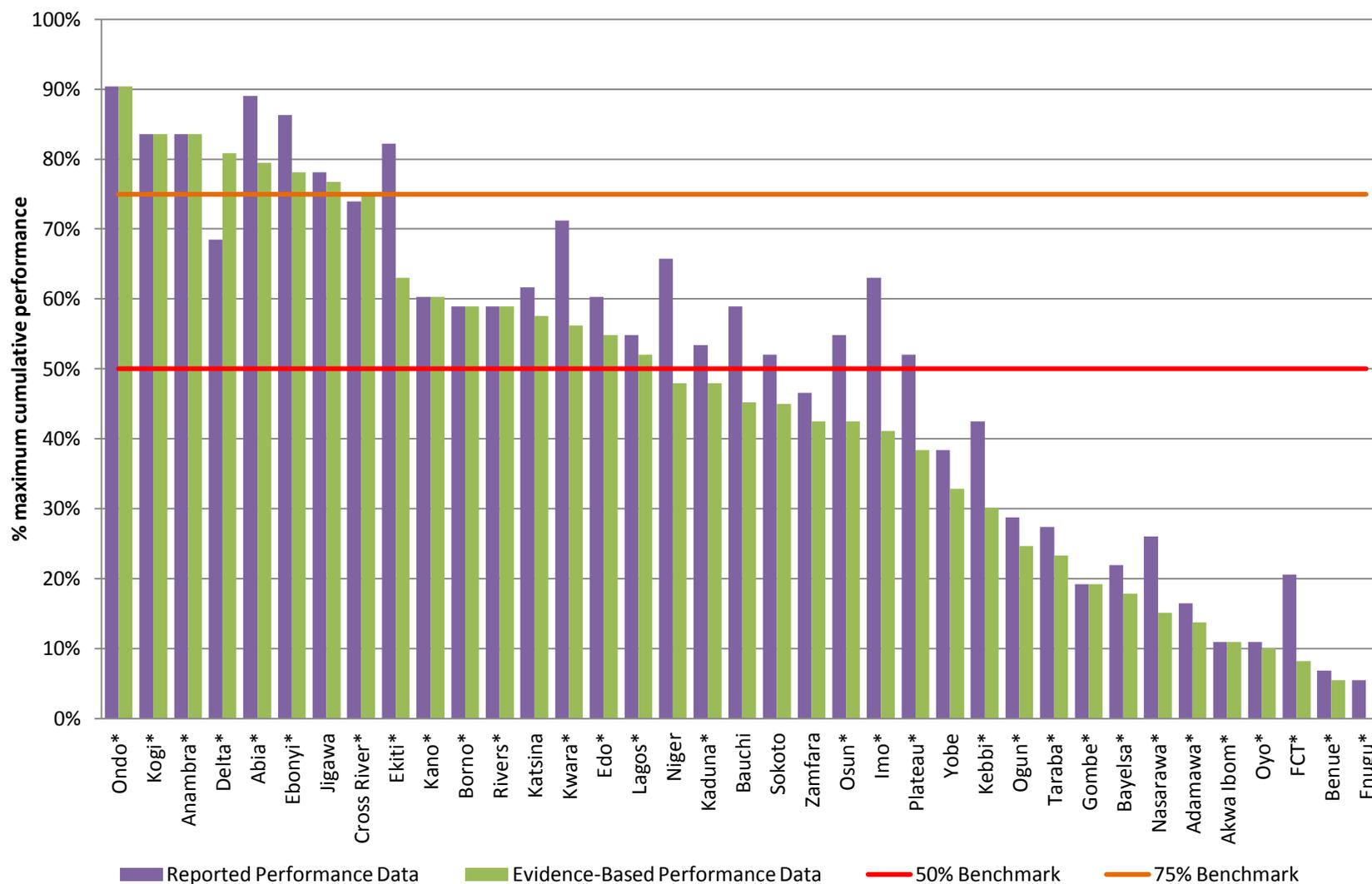
National Achievement Award, 2013	Challenge Performance Total score (%)
Ondo	90

In addition, the following states were identified as the highest performers against the Challenge indicators in their respective geopolitical zones (Table 5):

TABLE 5. Best Performing State by Geopolitical Zone, National Achievement Award Category, 2013

Geopolitical Zone	Best Performing State by Zone, 2013	Challenge Performance Total score (%)
South West	Ondo	90
North Central	Kogi	84
South East	Anambra	84
South South	Delta	81
North West	Jigawa	77
North East	Borno	59

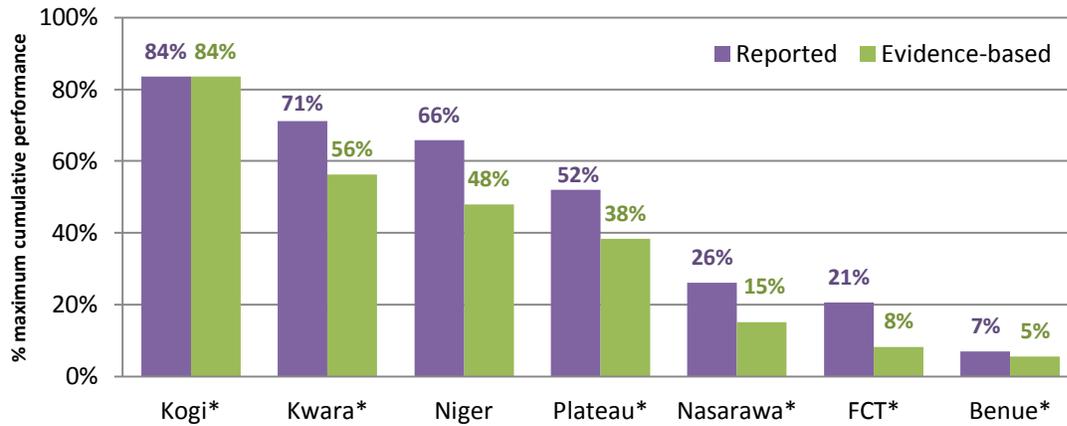
FIGURE 1. Performance against Maximum Total Score by State, with 50% and 75% Performance Benchmarks



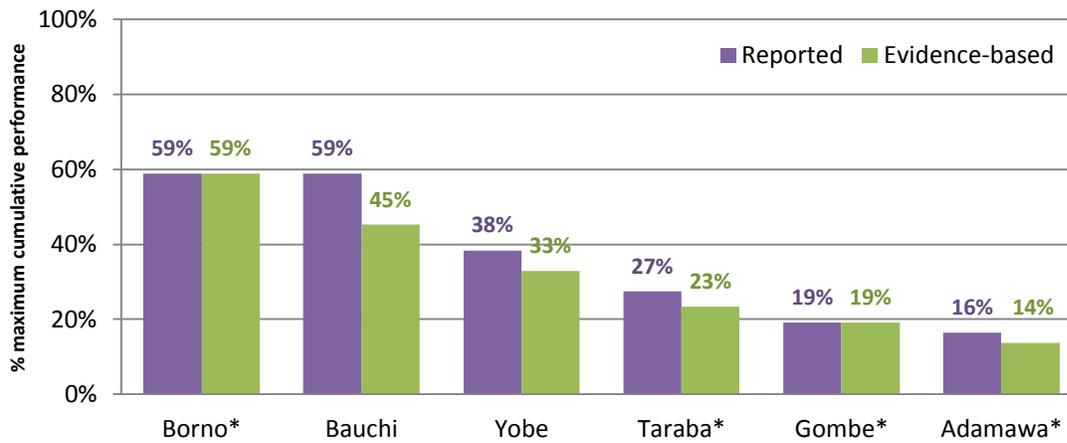
*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States).

FIGURE 2. State-Wise Performance by Zone, Reported versus Evidence-based Performance Data, 2013

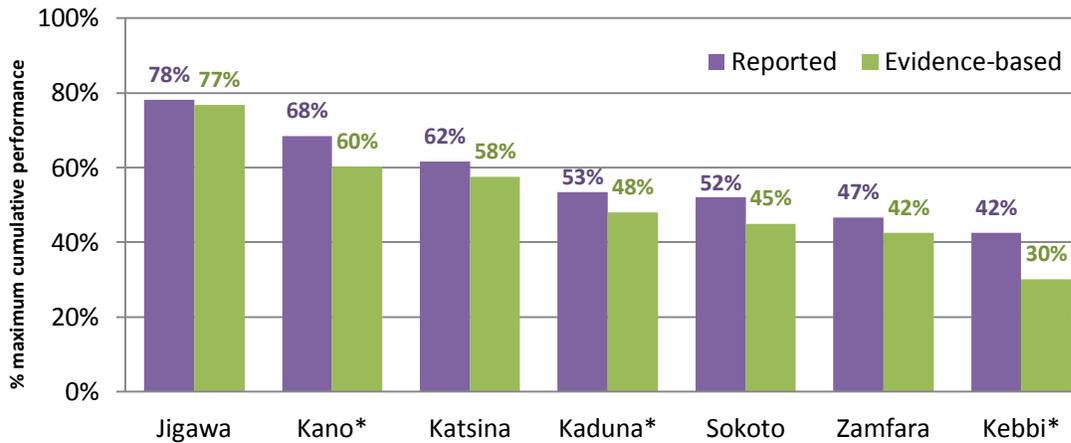
A. North Central Zone*



B. North East Zone*



C. North West Zone

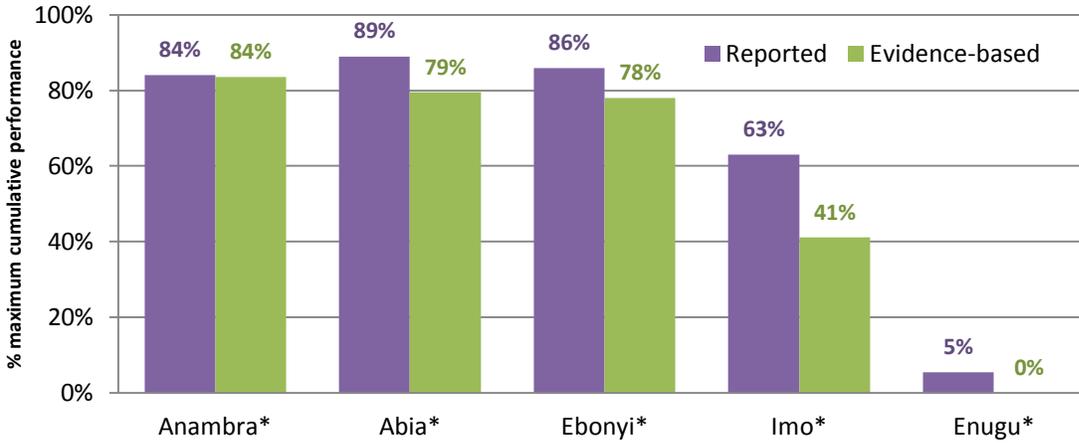


*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States).

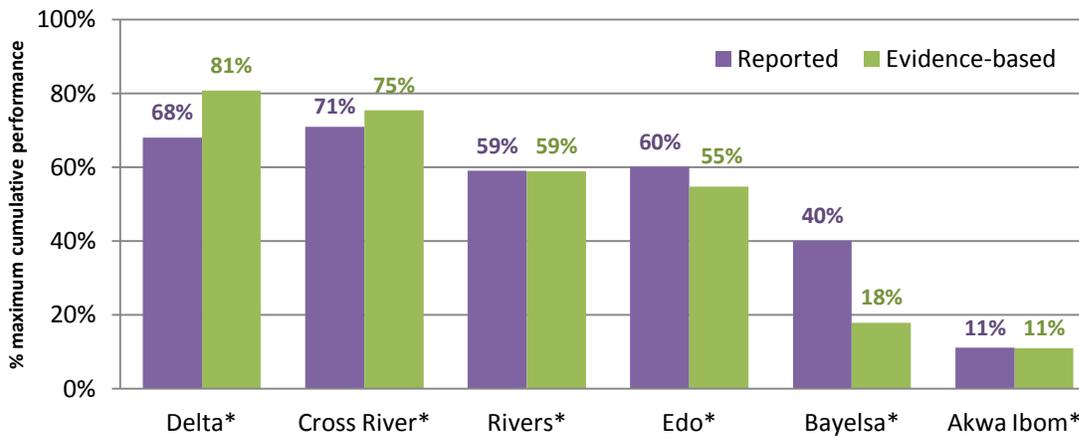
NOTE: All data in Figure 2 is based on the evidence submitted by states, not reported data.

FIGURE 2. State-Wise Performance by Zone, Reported versus Evidence-based Performance Data, 2013 (Continued)

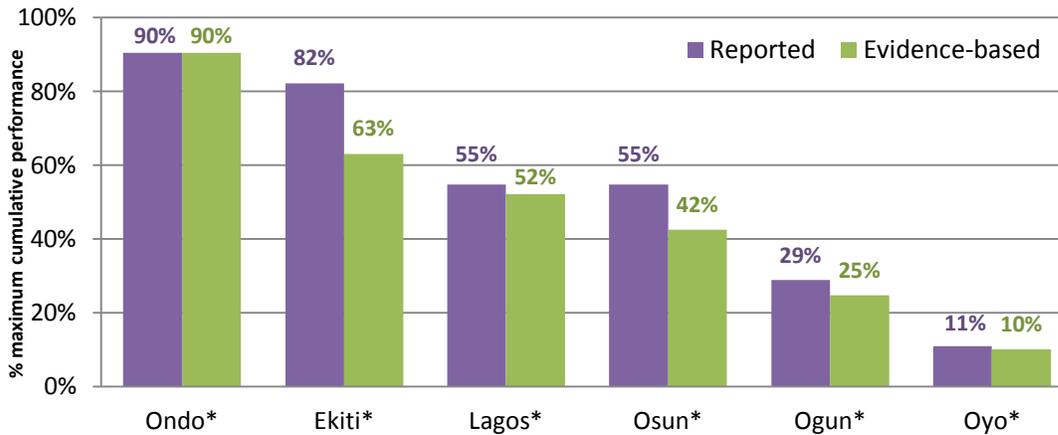
D. South East Zone



E. South South Zone



F. South West Zone



*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States).

NOTE: All data in Figure 2 is based on the evidence submitted by states, not reported data.

Polio Free Achievement Award Category

This new award category was established to motivate key states to stop polio transmission by the national goal of end-2014. As such, state eligibility was assessed using two historical criteria for a state's contribution to Nigeria's total WPV burden over time: First, any state which had never interrupted WPV transmission for more than 12 months within the three-year period between January 1, 2010 and December 31, 2012. Second, any state that contributed more than 10% to the total number of WPV cases reported in Nigeria during 2012 or the first quarter of 2013. An overview of the historical data used to determine this eligibility is shown in Appendix B.

According to these criteria, the seven states originally eligible to receive individual grant awards in the Polio Free Achievement Award category include: Borno, Kaduna, Kano, Katsina, Sokoto, Yobe and Zamfara. States eligible for awards in this category must maintain polio-free status between July 1, 2013 and June 30, 2014, i.e., 12 months in which no WPV cases are detected through AFP surveillance.

The judging panel held a teleconference on September 3, 2014 to review performance data in this award category. The panel determined that the AFP surveillance system was sensitive enough to have detected the presence of WPV during the award period. Specifically, against a target of at least 2 non-polio AFP cases within a population of 100,000 over the age of 15 years, the competing states reported an average of 6 non-polio AFP cases during the award period. The adequacy of AFP stool samples was greater than 90% in all seven competing states, exceeding the target of 80%. Data on the AFP surveillance sensitivity in each state is shown in Appendix B. The panel also reconfirmed that environmental surveillance would not be used to assess the presence of WPV in the states competing in this category because environmental sampling sites are only present in five of the seven competing states, making this detection method inequitable.

According to final epidemiological data for the award period, shown in Table 6, below, three of the seven eligible states – Borno, Yobe and Kano – reported cases of WPV within the award period and are no longer eligible to receive an award. Kaduna, Katsina, Sokoto and Zamfara, however, have remained polio free since July 1, 2013 and will receive a grant award (see Table 7).

TABLE 6. Reported Wild Poliovirus Cases in State Eligible for Polio Free Achievement Award Category, July 2013 through June 2014

State	2013						2014					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Borno	1	2	0	0	0	1	0	0	0	0	0	0
Kano	5	1	2	2	0	0	0	1	1	0	2	0
Yobe	1	0	0	0	0	0	0	0	0	1	0	0
Kaduna	0	0	0	0	0	0	0	0	0	0	0	0
Katsina	0	0	0	0	0	0	0	0	0	0	0	0
Sokoto	0	0	0	0	0	0	0	0	0	0	0	0
Zamfara	0	0	0	0	0	0	0	0	0	0	0	0
National	7	4	3	2	0	1	0	1	1	1	2	0

*Results include all wild poliovirus cases reported as of September 5, 2014.

- Polio Free Achievement Award period. State eligible for award.
- WPV reported during award period. State ineligible for award.

TABLE 7. Polio Free Achievement Award Category Winning States, 2013-2014

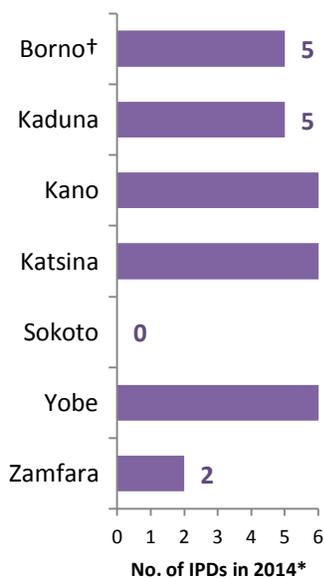
Polio Free Achievement Award States, 2013-2014	Polio Free Since <i>Date of last wild poliovirus case</i>
Kaduna	November 17, 2012
Katsina	November 27, 2012
Sokoto	September 10, 2012
Zamfara	July 1, 2012

The factors driving the achievement of polio-free status in these states vary, but several are clear: First, these states have demonstrated consistent improvement in the quality of IPDs over time. For example, all of the winning states achieved greater than 80% coverage (as measured by LQAS) in 90% of their LGAs during the August IPDs. Second, taskforce meetings are consistently held on time in these states.

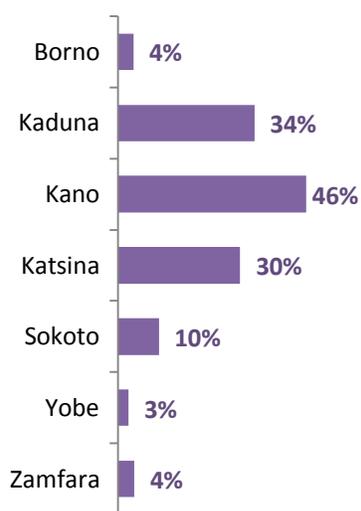
Despite fulfilling the criteria for receiving an award in this category, however, the panel raised its concerns about the current level of commitment demonstrated for polio eradication and routine immunization in these states. For example, several of these states are not consistently releasing state and LGA counterpart funds to support implementation of IPDs (Figure 3A). The attendance of LGA Chairmen at IPDs evening review meetings remains very low in all states (Figure 3B) and fulfillment of state-level Abuja Commitments in 2014 has lagged in some states, particularly Sokoto, Yobe and Zamfara (Figure 3C).

FIGURE 3. Program Performance Indicators, Polio Free Achievement Award Category Eligible States

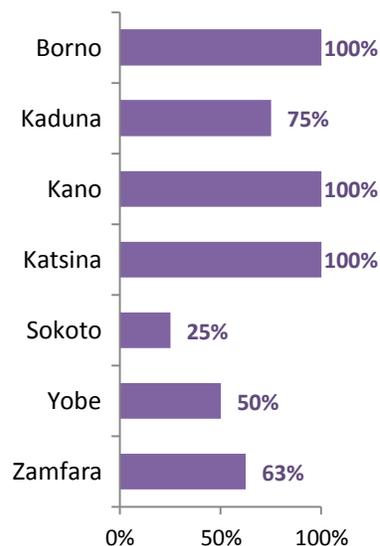
A. No of IPDs for which at least 75% of LGAs received state counterpart funds, January-August 2014



B. Average attendance of LGA Chairmen at IPDs Review Meetings, April-August 2014**



C. Percentage of state level Abuja Commitments fulfilled, Q1-Q2 2014



*Six regularly scheduled IPDs have been implemented during this period, in January March, April, May, June and August.

**Includes attendance at all four intra-campaign evening review meetings in the LGA over the course of the IPD.

†Borno did not submit three-day preparedness data for the March campaign.

In addition, outcome indicators clearly show a need for additional vigilance: First, routine immunization in these states is particularly weak. According to the Nigeria Demographic & Health Survey 2013, none of the seven states in this award category achieved DTP3 coverage of even 50% in 2013. Sokoto and Zamfara are amongst the poorest performing, with DTP3 coverage of just 3% and 6%, respectively.

In addition, environmental surveillance for WPV and cVPDV indicate active risk: WPV was detected in sewage in Zaria, Kaduna state, in March 2014. Transmission of cVPDV has been detected in the environment in Borno, Kaduna, Kano, Katsina and Sokoto multiple times in 2014.

Overall, the states winning awards in this category must still remain vigilant against the importation of WPV from other active transmission zones. Their leadership must recommit to providing high level support for polio eradication and routine immunization to ensure that their children are protected from polio and other childhood diseases.

V. Key Considerations

Comparison of 2012 and 2013 Challenge Performance

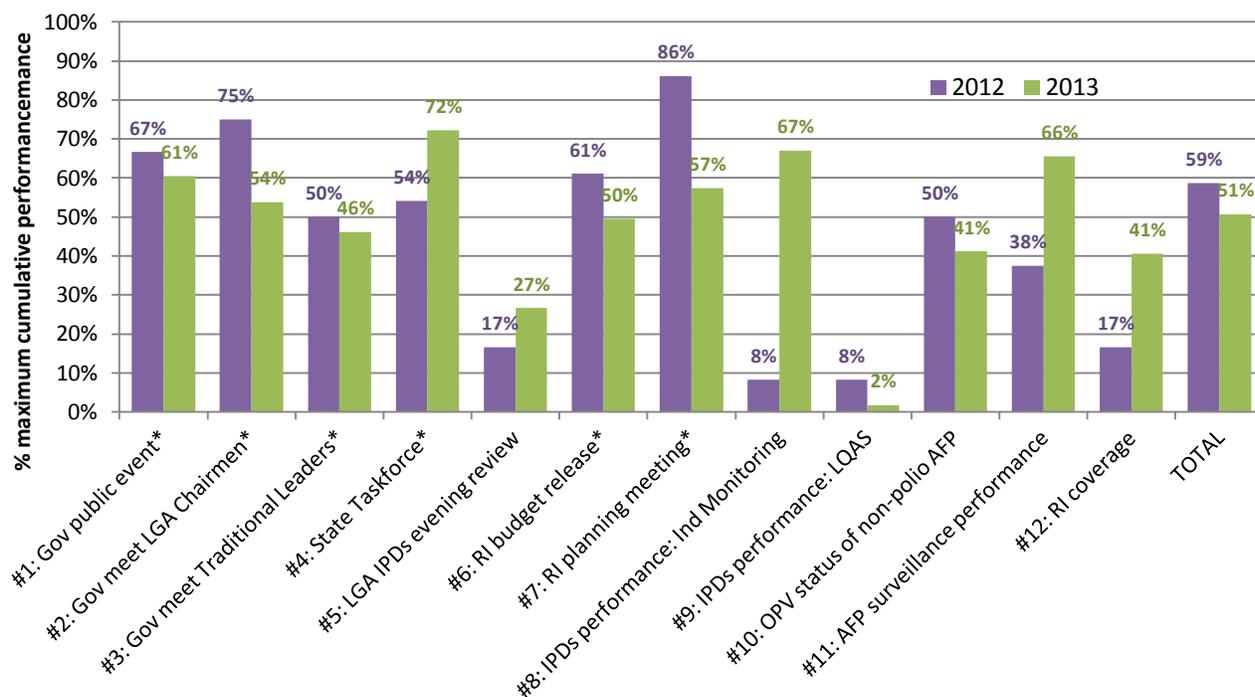
By using the same 12 performance indicators to assess the second round of the Challenge in 2013, the judging panel was able to compare states' performance over the last two years. As shown in Figure 4, the 2013 results for seven indicators show a somewhat lower result than that achieved in 2012. The lower rates of evidence submission to validate performance against the RI process indicators in 2013 versus 2012 have contributed to the low performance against Indicators #6-7.

It is of particular concern that performance against three of the four Abuja Commitment indicators measuring Governors' political commitment (#1-3) actually dropped in 2013, indicating that State Governors are less engaged with polio and immunization than they were in 2012. In contrast, however, three of the five outcome indicators show improvement in 2013. In particular, the improvement in Indicator #8, missed children during IPDs, and Indicator #11 (AFP surveillance performance) is quite significant. It is possible that the improved outcome indicator performance in 2013 is the potential result of the improvement in political commitment demonstrated in 2012. The LQAS result comparison has been excluded from this comparison due to a cut-off point issue.

A comparison of 2012 and 2013 performance for each state by zone is show in Appendix A. The majority of states in most zones demonstrated improved overall performance in 2013 compared with 2012, with the exception of the North Central and North East zones, in which more than half of states showed declining performance. The presence of security challenges in these two zones may have been a factor in this performance decline. Most notably, states demonstrating the most significant declines in performance in 2013 include FCT (-84%), Adamawa (-61%), Gombe (-47%) and Plateau (-45%).

Several states in the North West Zone showed noticeable improvement in performance between 2012 and 2013 (more than 30%), particularly Jigawa, Kaduna and Kano. Others in the North West, however, showed a dramatic decline in performance, with Zamfara (recognized as the highest performing state in the zone in 2012) declining by 30% and Kebbi by 50% in 2013.

FIGURE 4. Challenge Performance by Indicator, Evidence-based Data, 2012 versus 2013



*A lower rate of evidence submission by states in 2013 versus 2012 may have affected overall performance for these indicators.

Nigeria saw a 57% decline in WPV cases during the period of these first two rounds of the Challenge, from 122 in 2012 to just 53 in 2013. Only 6 WPV cases have been reported in 2 states between January and August of this year, compared with 43 cases in 9 states during the same period in 2013. Based on LQAS, the quality of the June and August 2014 IPDs were the highest of any previous national and subnational round in the country’s history. Average national routine immunization coverage (as measured by administrative data) more than doubled. Despite these encouraging signs, however, the data presented in this report indicate that state level commitment to polio and immunization has declined in 2013. Coupled with the prospect of further political distractions ahead of the 2015 elections, this signals a risk that states may begin to see declines in key performance indicators going forward.

Finally, the panel was particularly concerned to see persistent low performance demonstrated amongst a handful of states during both 2012 and 2013. These persistently poor-performing states are defined as those 13 whose performance score was less than 50% in both 2012 and 2013. Of these, the vast majority – all but 2 of the 15 – have shown declining or stagnant performance during the last two years, as shown in Table 7. Niger, awarded the Most Improved state in the 2012 Challenge for its significant improvement in performance between 2011 and 2012, has shown no real progress in 2013. Only two of these states, Niger and Sokoto, are considered High Risk for polio, which underscores the ongoing risk of persistent poor performance in states outside of those where polio has traditionally circulated. With the current risk of importation into Nigeria from WPV transmission recently detected elsewhere in West Africa – specifically, Cameroon and Equatorial Guinea – it is critical that these states rapidly improve their performance under the leadership of the Executive Governor and state health administration. The states directly on the border with Cameroon – Adamawa, Taraba and Benue – should focus on addressing chronic poor performance.

TABLE 7. Persistently Poor Performing States*, by Zone and Performance Trend, 2012-2013

S/N	Persistently Poor Performing States	Performance Trend: Percentage Difference (10% change significant)** Improved, Stagnant, Declined	Challenge Performance Percentage of maximum total score	
			2012	2013
1	Kaduna	47% ↑	1%	48%
2	Taraba	11% ↑	12%	23%
3	Bayelsa	9% →	9%	18%
4	Sokoto	8% →	37%	45%
5	Niger	6% →	42%	48%
6	Yobe	5% →	28%	33%
7	Benue	2% →	3%	5%
8	Osun	-4% →	46%	42%
9	Nasarawa	-4% →	19%	15%
10	Bauchi	-6% →	51%	45%
11	Gombe	-17% ↓	36%	19%
12	Ogun	-21% ↓	46%	25%
13	Akwa Ibom	-22% ↓	33%	11%
14	Adamawa	-22% ↓	36%	14%
15	Oyo	-31% ↓	41%	10%
16	Enugu	-48% ↓	48%	0%

*Defined as any state which has not achieved at least 50% of the total possible performance score in either 2012 or 2013.

**Improved=Increase by ≥10 percentage points; Stagnant=Change of <10 percentage points; Declined=Decrease by ≤10 percentage points.

Core Value Analysis

The judging panel revisited the four “core values” defined in the 2012 outcome report – leadership, commitment, ownership, and outcome/results. These four sets of process and outcome indicators together provide insight into the strengths and remaining gaps in state performance (see Table 8).

TABLE 8. Immunization Leadership Challenge Indicators by Core Value – State Level*

Core Values Category	Indicator
Leadership	At least one meeting between Governor with LGA chairmen to discuss priority actions to improve polio and routine immunization each quarter
	At least one meeting between Governor with traditional leaders to review their involvement in polio and routine immunization each quarter
Commitment	Personal involvement of HE Governor in public event in support of polio (e.g. meeting with key stakeholders, IPDs flag off, Polio Awareness Days) each quarter
	At least one meeting of the State Task Force or similar high-level oversight committee established by the Governor to oversee polio and routine immunization activities each quarter
Ownership	Monthly evidence of state budgeted release of funding for routine immunization
	Monthly evidence of review and planning on routine immunization in State Task Force or equivalent planning meeting
Outcome/Results (Adjusted to reflect national performance targets)**	Proportion of Wards with >10% missed children during IPDs
	Proportion of LGAs accepted at target LQAS thresholds during IPDs
	OPV status of non-polio Acute Flaccid Paralysis (NPAFP) cases: ≥3 doses
	LGAs meeting both Acute Flaccid Paralysis (AFP) surveillance indicators
	% routine immunization coverage over the 1-year award period

*Indicator #5 (LGA Chairmen attending IPDs evening review meetings) is not included in this state-level analysis.

**The judging panel noted that the five Outcome/Results indicators measured in the Challenge are all set at thresholds that are above national performance targets. For example, the national performance target for LQAS is to achieve 80% of LGAs sampled demonstrating LQAS results at or above the 90% threshold. In contrast, the LQAS indicator used in the Challenge (see Table 3) requires a state to achieve 100% of LGAs sampled demonstrating at least 90% LQAS results. The results for this specific analysis have been adjusted to reflect national performance standards. Results elsewhere in the report reflect Challenge performance thresholds as noted in Table 2.

Several factors must be taken into account when interpreting these results: First, nine states did not submit evidence to support their performance against key process indicators (Table 9, below), particularly the “Ownership” category. Second, underlying disparities in external factors – such as levels of existing health infrastructure within a given geographic area or varying levels of care-seeking behavior in communities across different areas of the country – may affect outcomes in ways that are not measured by this analysis. Third, LGA- and community-level commitment has not been directly measured in this analysis. In particular, the indicators used here are not able to measure the community’s demand for or access to health services. These factors, however, play a critical role in ensuring effective program implementations and, thus, high quality outcomes. With these observations in mind, conclusions from this analysis should be drawn with caution.

As shown in Figures 5 and 6, below, the core values analysis indicates that while levels of Leadership, Commitment and Ownership varied significantly between zones and high performing states, Results were less variable. The North East zone demonstrated the lowest Leadership, Commitment and Ownership scores, but still managed to achieve 53% of the total maximum Results score. The South East demonstrated the highest Leadership, Commitment and Ownership scores, yet achieved a similar total Results score (57%). A similar pattern is apparent amongst the highest performing states in these zones. For example, in Borno it is clear that external factors – in this case, insecurity – likely impacted the state’s ability to achieve program Results, despite strong political commitment. In Anambra, however, where such external factors are not at play, low Results performance show that additional efforts are needed to translate strong high level state engagement to performance at the community level.

FIGURE 5. State-Level Core Values Performance, Average Percentage Scores by Zone*

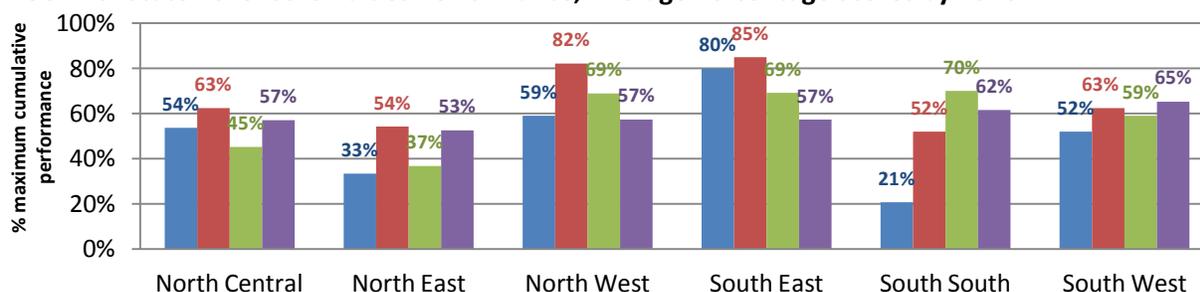
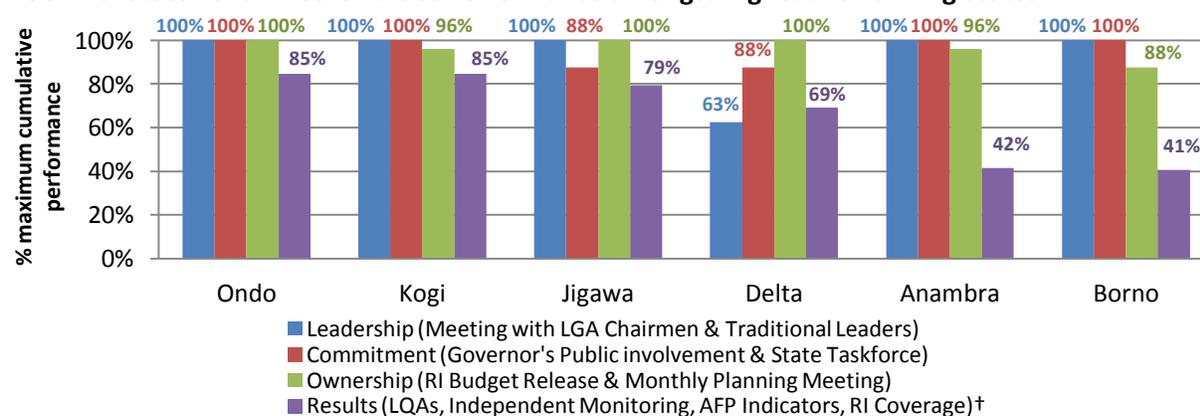


FIGURE 6. State-Level Core Values Performance amongst Highest Performing States***



* This analysis only includes state-level indicators. Indicator #5 (LGA Chairmen attending IPDs evening review meetings) is not included.

**Based on evidence-based results.

†The thresholds for the Results indicators used in this analysis are based on national standards for performance against each indicator (80% for the LQAS indicator, the two AFP surveillance indicators and the RI coverage indicators). The Challenge indicators used to select award recipients require a higher level of performance (90%) than the national standards reflected here.

Overall, the results of this analysis underscore the complex relationship between political commitment and program results. Each of the individual core value areas – Commitment, Leadership, Ownership and Results – are critical to ensuring strong health systems in any state, and neglecting one may lead to poor outcomes, even if others are firmly in place. As such, it is essential that Executive and Deputy Governors not only fulfill their obligation to provide strong oversight and support for health service delivery at the state level (by ensuring availability of funds, supporting effective planning and management, and providing strong public support for immunization) but they must also follow through to make sure that their own engagement is equally translated into commitment amongst state health leaders and technical staff, all the way down to the LGA administration. Community engagement is also critical and efforts must be made to encourage community access to and demand for health care and immunization, particularly in areas where delivery of such services has historically been poor.

Importance of Accurate Data & Documentation

Accurate reporting and verification of state performance is critical for the integrity of the Challenge mechanism and the judging panel’s independent evaluation of performance. As shown in Table 9, the number of states that submitted evidence to document their performance under the 2013 Challenge fell in 2013, with 9 states submitting no evidence for 2013, compared with just 5 in 2012.

The judging panel commends those states that submitted full documentation of their performance, including the highest performing states in each zone. In particular, Ondo, Cross River, Kogi, Delta, and Anambra submitted complete and accurate evidence and should be commended.

In several instances, however, the evidence submitted by states could not be accepted to verify performance against Challenge indicators. Specifically, evidence submitted by Sokoto, Kebbi, Osun and Bauchi was rejected, either because it was incomplete or inaccurate. For instance, Indicator #6 (evidence of monthly RI budget release) requires official evidence of funds approved and released from state coffers to support routine immunization. Documents like executive authorized memos, approval note from the State Ministry of Finance, payment release vouchers, approved bank checks, evidence of e-payment and signed disbursement sheets were accepted as proof to fulfill this indicator. Evidence was declined when no official stamp or signature was present, or when signed disbursement sheets were submitted without supporting documents to verify the source of funds being disbursed (whether from the state or from partners). Other instances in which submitted evidence was not accepted included pictures submitted without adequate labeling or the use of duplicate pictures or forms submitted as evidence in a previous quarter or year. Although states were given the opportunity to provide additional and/or alternate documentation in such instances, most did not do so.

TABLE 9. Submission of Performance Evidence* by Zone, 2012 versus 2013

Zone	States with no evidence, 2012		States with no evidence, 2013	
	#	State Names	#	State Names
North Central	2	Benue, Nasarawa	3	Benue, FCT, Nasarawa
North East	1	Taraba	3	Adamawa, Gombe, Taraba
North West	1	Kaduna	0	
South East	0		1	Enugu
South South	1	Bayelsa	1	Akwa-Ibom
South West			1	Oyo
Total	5		9	

*States are required to submit evidence for Indicators 1-4 and 6-7. Acceptable evidence for meetings and events includes photographs, videos, official minutes, etc. Acceptable evidence for RI budget release includes payment vouchers and other official release documentation.

Evidence to validate state performance against the two routine immunization process indicators – monthly release of RI budget as well as monthly planning meeting on RI – is particularly critical. These two indicators represent a larger proportion of a state’s potential score because they reflect critical actions for supporting improvements in routine immunization delivery to communities, which in the long-term will be necessary for Nigeria to remain polio free once eradication is achieved.

Although the Challenge Secretariat was unable to verify the timeliness of RI budget release, states must acknowledge that it is not sufficient if these funds are not released after they are needed or not utilized as approved. Extra oversight is needed to ensure that funds are released in time to support ongoing activities and do not create periodic funding shortages that ultimately disrupt services and leave children vulnerable to disease.

Governance & Transparency

Government accountability for budgeting adequate funds to support public health care infrastructure, timely release and disbursement of these funds to ensure consistent operations, and monitoring of the effective use of these funds is critical for program performance. The judging panel observed a lack of open and transparent documentation of the timely release of budgeted funds, effective disbursement and monitoring of fund usage, especially at lower levels. Health sector financial reform is a key strategy for improving program performance and, ultimately, health outcomes. State Governors need to champion the implementation of PHC Under One Roof Policy which was agreed on by the National Council on Health at its May 2011 meeting.

Ownership of Program Performance at All Levels

Based on the outcomes of both the 2012 and 2013 Challenge, it is clear that political commitment on the part of the State Governor can go a long way to improving a state’s overall, but is not sufficient on its own to ensure states ultimately stop and sustain polio transmission or achieve concrete improvements in immunization outcomes. All stakeholders, particularly Executive and Deputy Governors, must recognize the critical role they play in translating commitment to polio and immunization activities into ongoing oversight and long-term program improvement. In particular, it is essential that Governors work closely as a team with their Health Commissioners, Executive Secretaries and State Immunization Officers to ensure accountability for effective management and program outcomes.

In implementing the Challenge in both 2012 and 2013, the Challenge Secretariat has noted that high performing states usually demonstrate a high degree of collaboration at the state level between the Governor and the leaders of the health administration, whether in the Ministry of Health or the Ministry of Local Government and the State Primary Health Care Board. Ensuring clear roles and responsibilities and supporting open communication within the highest levels of the state health administration seems to allow more effective management and oversight of the health system, ultimately leading to more positive program outcomes.

Ensuring a similar engagement with LGA administrators is equally important. The LGA level is where program outcomes are realized, so clarifying program expectations with LGA Chairmen and ensuring ongoing engagement on program results is critical to long-term success.

Best Practices & Areas for Improvement

Assessment of the 2013 Challenge performance data as well as anecdotal evidence from the Challenge Secretariat's interactions with states during the Challenge period all indicate that the highest performing states had several factors in common. And the persistently poor performing states and states that saw a decline in performance during 2013 also shared common factors that kept them from achieving success.

First, the judging panel observed that the Executive Governors and Deputy Governors in the best performing states have shown active involvement in leading the PEI/EPI program in their respective states, including chairing the State Task Force. Secondly, as noted in the preceding section, political commitment in high performing states is not only present amongst the Governors, but is translated into an equal degree of commitment amongst the entire state health leadership team, as well as staff at the Local Government Area level. And, finally, most of the highest performing states demonstrated complete ownership of the RI program through regular monthly review meetings as well as allocation of budget.

As in 2012, the Challenge Secretariat has gathered a number of observations and reflections on performance in each state during the 2013 Challenge period. Of these, the best practices shown in Table 10 represent a valuable collection of lessons learned for states across the country to draw from in strengthening their own polio and immunization efforts.

TABLE 10. Best Practices by State Leadership, 2013

GEOPOLITICAL ZONE	STATE	2013 BEST PRACTICES
North West	Katsina	Use of political platforms or events to demonstrate high level leadership commitment and oversight. Of particular interest is the flag-off of a polio campaign in the state in 2013 where 6 visiting governors actively participated. Sustained quarterly release of funds for polio, routine immunization and other health interventions like the MNCH week. Consistent oversight of the polio program by the Deputy Governor.
	Jigawa	Strong funding support from the governor resulting in timely release of funds for polio campaign and routine immunization. Consistent oversight of the polio program by the Deputy Governor.
	Kano	This is the only state where the Deputy Governor has relentlessly and consistently monitored and supervised every polio campaign in Kano state since 2012, not missing any campaign except if outside the country. He moves from house-to-house from morning to night, ensuring every eligible child in Kano is immunized, including resolving issues relating to non-acceptance of the vaccine and addressing any other bottlenecks.
North East	Borno	Despite security challenges experienced in the state, the Governor has continued to use every available opportunity to mobilize and engage with the communities. His efforts have continued to motivate all other stakeholders across the state.
North Central	Kogi	All four state-level Abuja Commitment indicators were achieved with the Executive Governor actively participating in every event.
South East	Anambra	The Executive Governor demonstrated an unrivaled level of leadership, oversight and commitment, participating in all immunization campaign flag-off events.
South West	Ondo	The Executive Governor made himself available and provided active leadership for every task force meeting, flag-off and any other immunization-related event. His leadership and example led to strong motivation of all actors working on immunization at the state and LGA level alike. A special luncheon organized and held at the governor's residence to celebrate efforts of all health workers.

Areas of improvement

Even with a number of best practices recorded across the country, it was also apparent that many states faced barriers and challenges that require immediate attention to improve performance. The full or residual effects of these challenges have continued to pose major threats to the interruption of the polio virus and eventual attainment of the country's eradication goal. The Challenge Secretariat and panel members note the following areas:

1. **Documentation and information sharing:** Refusal by or inability of some state officials to share documents that can serve as credible source for demonstrating state government political commitment and support to health. To address this issue, states are encouraged to institutionalize measures for documentation and information sharing, including establishing clear roles and responsibilities and providing official sanction for such transparency mechanisms.
2. **Personnel motivation:** Absence of a system for motivating state officials, health workers and other key actors in most states. Failure in some of these states to recognize the efforts of some personnel at different levels has resulted in their de-motivation and subsequent poor performance of the state in key performance indicators. In order to improve motivation, states should, at a minimum, ensure that staff have clear roles and responsibilities and receive adequate support and resources to carry out their functions. Ideally, states should consider recognition systems to appropriately acknowledge high performing staff for their contributions on a regular basis.
3. **Accountability mechanisms:** Absent or weak structures within the state health delivery system to ensure that officials responsible for key activities at every level were routinely held accountable for high quality implementation of activities and, ultimately, strong program outcomes. At the highest levels, Governors, Minister, Commissioners and Executive Secretaries can play a critical role in establishing these strong accountability mechanisms and ensuring such mechanisms are cascaded to lower levels. For example, strongly supporting regular review and monitoring opportunities – e.g., State Task Force meetings – and proactively following up on critical issues – e.g., budget release, program performance – is very important, as is actively following up on challenges and barriers to program improvement, and finding ways to address them.
4. **Coordination between State Ministries and State Primary Health Care Boards:** In some states, poor coordination between State Ministries responsible for Health – either the Ministry of Health or the Ministry of Local Government – and State Primary Health Care Boards led to lack of clear direction coming from state leadership to guide effective implementation. This lack of coordination was caused by many factors, including political factors, lack of management capacity at the highest levels of key agencies, etc. Regardless of reason, however, this nearly always led to poor program implementation and outcomes. Governors are encouraged to review the coordination mechanisms that exist between leading agencies in their state and make sure that clear roles and communication mechanisms are established to clarify and improve collaboration.

VI. Looking Forward

Based on its review of the 2013-2014 Challenge results, the independent judging panel has identified four areas for urgent consideration by Governors, state leadership and stakeholders across the country:

- 1. The Federal Government, with input from Governors and collaboration with development partners and the private sector, must establish a road map for continuing the Challenge as a valuable mechanism for ensuring local commitment and ownership of health and development outcomes.** The current 2013-2014 Challenge represents the last round of the Challenge that will be sponsored by the Bill & Melinda Gates Foundation. The panel commends the Foundation for supporting the NPHCDA and NGF to initiate the Challenge and requests the Foundation's active support for an effective transition of the Challenge mechanism to local ownership over the next year. During this transition period, it is critically important that consistent engagement with the Governors is maintained. In particular, the panel calls on the NPHCDA to work in close collaboration with the Bill & Melinda Gates Foundation, the members of the independent judging panel and other stakeholders to establish a clear roadmap for the future of the Challenge. Specifically, the panel recommends that this planning effort include:
 - A process to gather feedback from Governors themselves on the value and structure of this mechanism, to inform how it can be taken forward;
 - Discussions with the Private Sector Health Alliance of Nigeria (PSHAN) to explore the possibility of local, non-government sponsorship for the Challenge as a means to drive objectivity and broad accountability within the Challenge mechanism;
 - A role for the independent judging panel in supporting the transition and maintaining objectivity in the next edition; and
 - Support from the current sponsor, the Bill & Melinda Gates Foundation, to ensure that consistent engagement with the Governors is maintained during the transition phase.

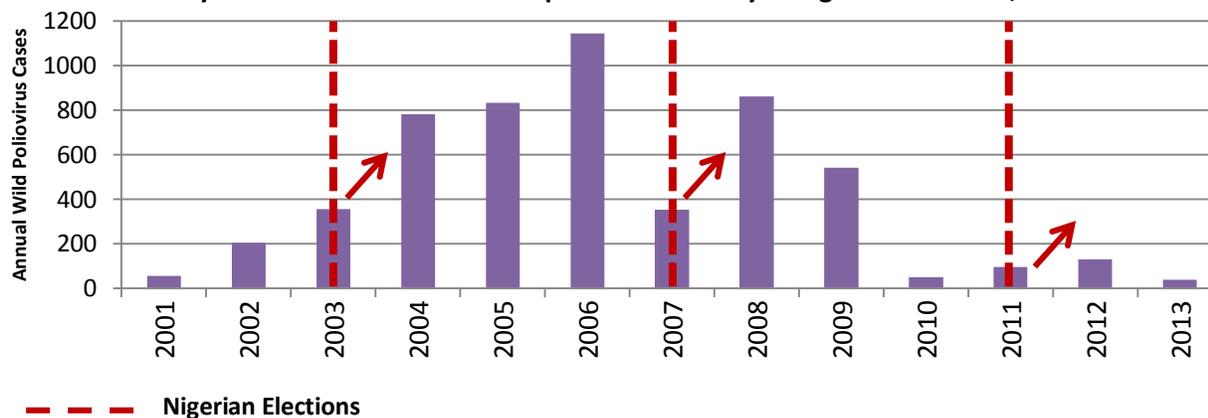
This plan should ensure that engagement and communication with Governors is continuous and that Governors are clearly informed of next steps. *Ultimately, the panel requests that all stakeholders, led by the NPHCDA, develop a long-term (five-year) vision for engaging Nigeria's Governors on the country's most critical health and development priorities, with the Challenge playing a central and ongoing role in that effort.*

- 2. The role of women's leadership and decision-making must be strengthened as a critical to the success of polio eradication and routine immunization strengthening in Nigeria.** Anyone familiar with public health care delivery in Nigeria, particularly the polio and immunization programs, will recognize that women are critical stakeholders in the public health system. From their roles as staff at health centers, to Volunteer Community Mobilizers (VCMs) educating caregivers in high risk communities, to mothers and beneficiaries of services, women are strong contributors to the success of Nigeria's polio eradication and immunization programs. Yet despite their central role, women are rarely involved in oversight and decision-making functions.

Engaging women more systematically at all levels represents a concrete opportunity to strengthen commitment, leadership, and accountability within the immunization and primary health care systems. *The panel encourages states, local governments and partner agencies to actively foster the role of women, particularly in decision-making and oversight roles, going forward.*

3. **With the 2015 elections around the corner, national, state and local leaders must urgently re-commit to the goals of eradicating polio and improving routine immunization outcomes in order to continue progress this year and achieve the national goal of interrupting wild poliovirus transmission in 2014.** Although program performance has improved in key areas in 2013, state-level political commitment to the polio and immunization programs has actually declined during 2013. Political leadership for these programs at the LGA level is already poor and has not improved. Complacency in persistently poor performing states could lead to the spread of poliovirus, either from endemic states within Nigeria or from newly established circulation elsewhere in West Africa. With these factors at play, it is now more important than ever for Nigerian leadership at all levels to remain focused on achieving the goal of stopping polio transmission. Historically, Nigerian elections have been associated with a resurgence of polio cases in subsequent years (see Figure 7). *The panel calls on state and LGA leaders to make a concerted effort to sustain the current momentum towards polio eradication in order to achieve national and global goals.*

FIGURE 7. History of Wild Poliovirus Cases Reported Nationally & Nigerian Elections, 2001-2013



4. **Implementing strong public health programs that achieve results requires adequate resources. The panel notes that financial support for polio eradication and routine immunization programs from Nigeria’s National, State and Local Governments has been inconsistent.** At the state and LGA levels, budget allocations for the polio eradication and immunization programs are often lower than is needed to provide quality services. Even when budget is allocated, leaders often fail to release funds in time to adequately support program activities. During the August 2013 polio campaign in 11 states, for example, just 6 released their counterpart funding on time. Nationally, historic levels of domestic support are being provided for Nigeria’s own polio eradication efforts, with a Federal Government commitment of 8 billion Naira this year. Such commitments must be continued through regular budget line items within the Ministry of Health until polio is eradicated. The Federal Government should also consider stronger domestic support for routine immunization. With just over 2 billion Naira available through the Federal Ministry of Health budget to purchase and deliver all other life-saving vaccines to Nigerian children in 2014, this effort largely relies on international donors (e.g., GAVI contributes more than 50%) and other budget sources (such as SURE-P). But with the recent rebasing of the country’s GDP and new status as Africa’s largest economy, Nigeria will no longer be eligible to receive high levels of international support for its immunization program through GAVI after 2015. *Ensuring adequate financial support for polio eradication and routine immunization in Nigeria is the responsibility of the Federal, State and Local Governments. The panel urges leaders at each of these levels to increase regular budget allocations and ensure the timely release of these funds going forward.*

VII. Judging Panel's Endorsement

We, the independent judging panel of the 2013 Nigeria Immunization Leadership Challenge, hereby endorse the contents of this report. Our selection of the states to be recognized under the National Polio Achievement Award category has not been biased by any personal, professional or financial conflicts of interest. The results included in this report were arrived upon independently, without interference from interests outside of the judging panel, and represent our most objective interpretation of the available data and verifying evidence provided for our review.

Dated: September 18, 2014



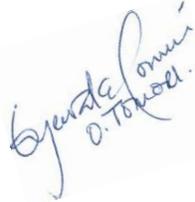
Dr. Shehu Sule

Rtd., Ag. Permanent Secretary
Federal Ministry of Health
Abuja



Dr. Mercy Ahun

Special Representative to GAVI-Eligible
Countries, GAVI
Geneva



Dr. Oyewale Tomori

President , Nigerian Academy of Science &
Professor of Virology
Redeemer's University
Redemption Camp, Lagos-Ibadan Express Road

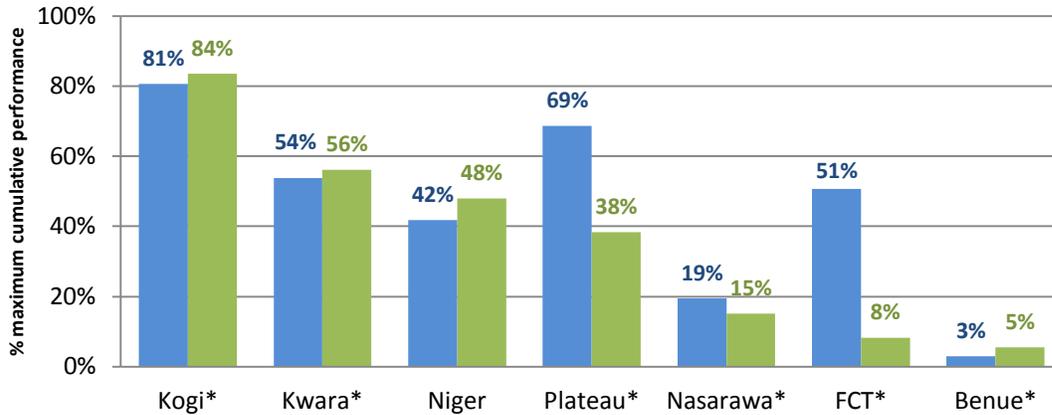


Ms. Amina J. Mohammed

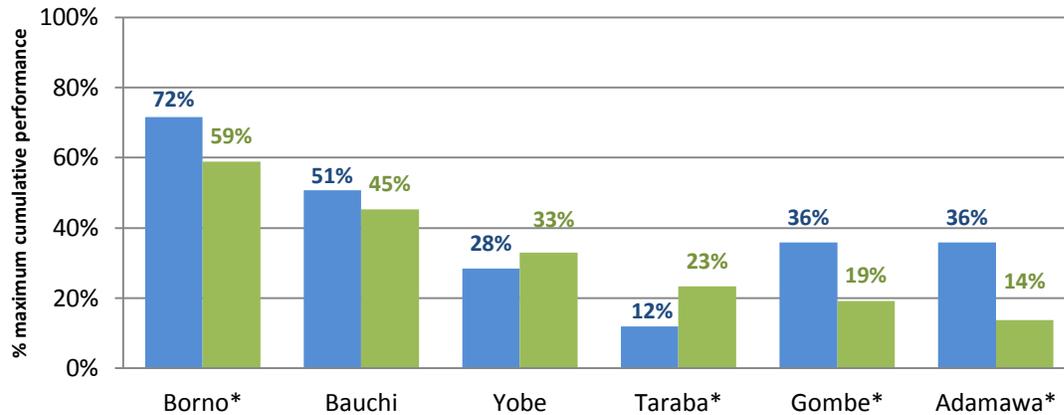
Special Advisor on Post-2015 Development
Planning, United Nations
New York

APPENDIX A. National Achievement Award Category, State-Wise Performance by Zone, Evidence-based Performance Data, 2012 versus 2013

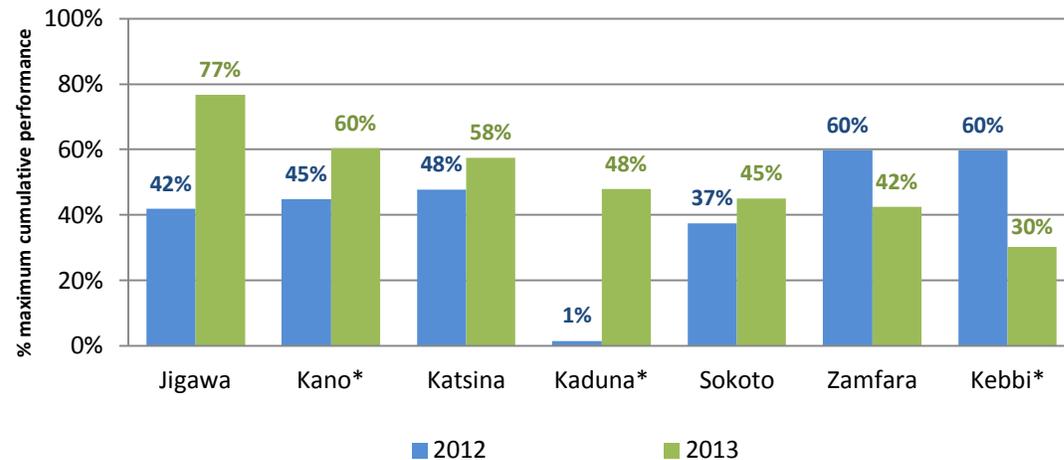
North Central Zone*



North East Zone*



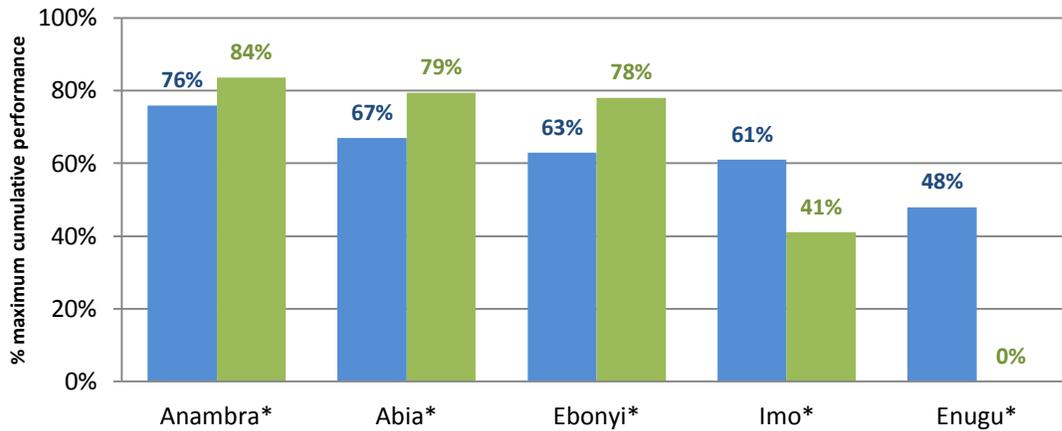
North West Zone



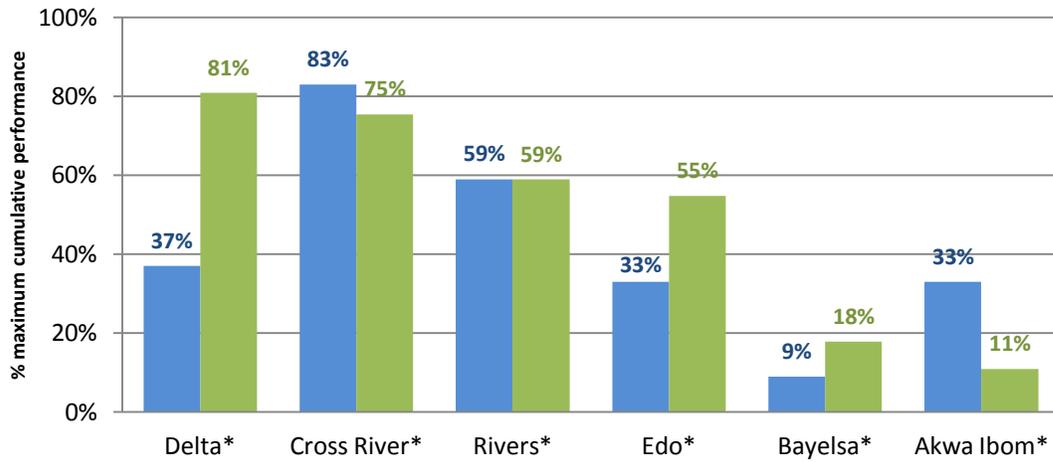
*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States).

NOTE: All data in this appendix is based on the evidence submitted by states, not reported data.

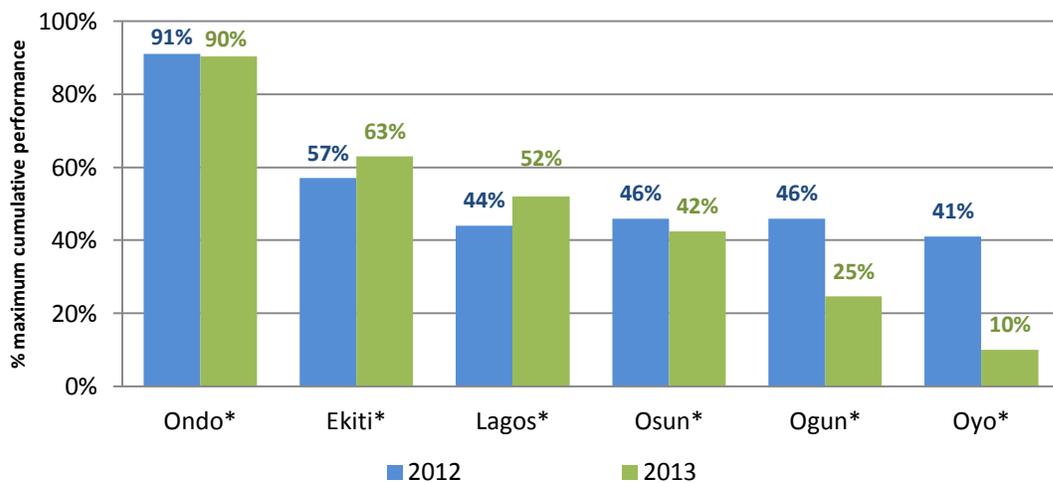
South East Zone



South South Zone



South West Zone



*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States).
 NOTE: All data in this appendix is based on the evidence submitted by states, not reported data.

Appendix C. Performance Data: North Central Zone – BENUE STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			0			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	73%			50%								
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		32.0%	28.0%			6.3%						
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	33%			100%						
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV)	≥90% per quarter	76%			77%			74%			74%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	83%			81%			74%			96%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										73%		
Total Score (Reported)				1			2			0			1		
Total Score (evidence-based)				0			2			0			1		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix C. Performance Data: North Central Zone – FEDERAL CAPITAL TERRITORY

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			x			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	x			x			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x			x			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			x			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	80%			100%								
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		7.0%	23.0%	15.0%	21.3%	8.2%	37.5%		35.7%			
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		25%	0%	0%	20%	20%	0%		0%			
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV)	≥90% per quarter	86%			87%			91%			93%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	83%			83%			83%			83%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										77%		
Total Score (Reported)				5			7			1			1		
Total Score (evidence-based)				1			3			1			1		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix C. Performance Data: North Central Zone – KOGI STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			1			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	100%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month		1	1	1		1	1	1	1	1	1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		14.0%	7.0%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV)	≥90% per quarter	95%			88%			86%			87%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			86%			100%			90%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										90%		
Total Score (Reported)				14			9			11			11		
Total Score (evidence-based)				14			9			11			11		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix C. Performance Data: North Central Zone – KWARA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			0			1			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			0			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			0			0			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	86%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1		1	1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		11.0%	5.0%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	67%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV)	≥90% per quarter	60%			74%			74%			78%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	82%			87%			94%			94%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										104%		
Total Score (Reported)				12			7			9			10		
Total Score (evidence-based)				9			6			6			8		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix C. Performance Data: North Central Zone – NASARAWA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			x			0			x		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			x		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			x			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	100%			100%								
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		14.0%	5.0%	9.7%	10.4%	21.9%						
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	33%	29%	43%	57%						
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV)	≥90% per quarter	76%			80%			85%			86%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	85%			85%			92%			92%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										104%		
Total Score (Reported)				5			5			1			4		
Total Score (evidence-based)				3			3			1			2		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix C. Performance Data: North Central Zone – NIGER STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x	x	x	x	x	x	x	x	x	x	x	x
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	x	x	x	x	x	x	x	x	x	0	x	x
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x	x	x	x	x	x	x	x	x	x	x	x
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1	1	1	1	1	1	1	1	1	x	x	x
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	42%	42%	42%	25%	25%	25%	25%	25%	20%	20%	20%	20%
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	9.0%	5.0%	10.0%	4.6%	4.5%	6.3%	3.8%	4.7%	8.1%	8.1%	8.1%	
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	20%	27%	33%	21%	33%	13%	40%	46%	40%	40%		
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV)	≥90% per quarter	91%	91%	91%	92%	92%	92%	92%	96%	96%	96%	97%	
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	86%	86%	86%	92%	92%	92%	92%	80%	80%	80%	84%	
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	
Total Score (Reported)				14			14			13			6		
Total Score (evidence-based)				11			11			10			3		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix C. Performance Data: North Central Zone – PLATEAU STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			x			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	x			x			x			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x			0			x			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			0			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	100%			100%								
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month		1	1									
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1		1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		13.0%	13.0%	20.8%	20.8%							
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	0%	0%	25%							
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV)	≥90% per quarter	79%			87%			91%			88%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			94%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										63%		
Total Score (Reported)				13			7			7			3		
Total Score (evidence-based)				9			5			5			3		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

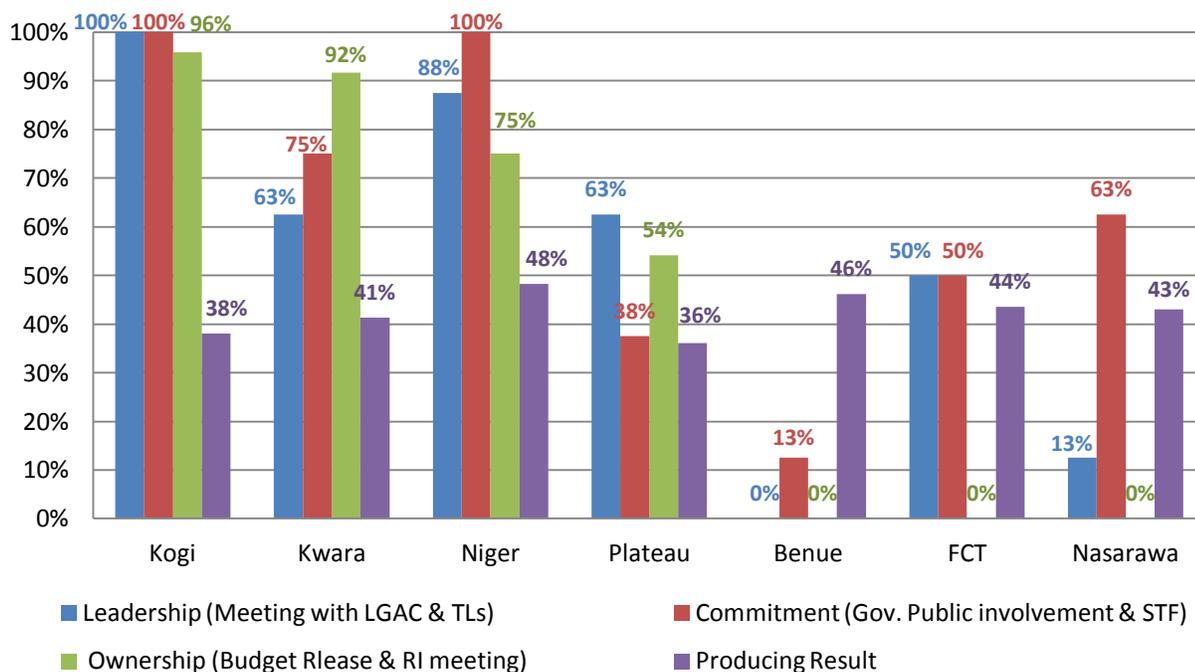
Appendix C. Performance Data: North Central Zone

Summary Scorecard: North Central Zone

State (# IPDs)	Data Type	Quarter I (Max Score = 19)		Quarter II (Max Score = 19)		Quarter III (Max score = 17)		Quarter IV (Max score = 18)		2013 (Max score = 73)	
		Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
BENUE* (3 IPDs)	Reported	1	1	2	3	0	0	1	1	4	5
	Evidence	0	0	2	3	0	0	1	1	3	4
FCT * (7 IPDs)	Reported	5	6	7	7	1	1	1	1	14	15
	Evidence	1	1	3	3	1	1	1	1	6	6
KOGI* (2 IPDs)	Reported	14	16	9	14	11	16	11	15	45	61
	Evidence	14	16	9	14	11	16	11	15	45	61
KWARA* (2 IPDs)	Reported	12	13	7	11	9	14	10	14	38	52
	Evidence	9	10	6	10	6	10	8	11	29	41
NASARAWA* (5 IPDs)	Reported	5	6	5	5	1	2	4	6	15	19
	Evidence	3	3	3	3	1	2	2	3	9	11
NIGER (9 IPDs)	Reported	14	14	14	14	13	13	6	7	47	48
	Evidence	11	11	11	11	10	10	3	3	35	35
PLATEAU* (4 IPDs)	Reported	13	15	7	8	7	11	3	4	30	38
	Evidence	9	10	5	6	5	8	3	4	22	28

*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States). High Risk State in Zone: Niger.

Core Values Performance, Average Percentage Scores by State, North Central Zone



*Based on reported data.

Appendix D. Performance Data: North East Zone – ADAMAWA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			0			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	95%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		6.0%	3.0%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	78%			88%			92%			89%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	95%			95%			95%			95%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										75%		
Total Score (Reported)				5			1			2			1		
Total Score (evidence-based)				4			1			2			1		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix D. Performance Data: North East Zone – BAUCHI STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			1			x			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	x			1			x			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x			1			x			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			x		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	58%			75%			74%			61%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1		1	1		1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	4.0%	6.0%	6.0%	6.3%	0.6%	5.9%	10.6%		6.5%		6.6%	5.3%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	50%	50%	70%	60%	60%	70%	60%		45%		71%	82%
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	97%			93%			91%			92%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	89%			95%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										70%		
Total Score (Reported)				11			11			10			11		
Total Score (evidence-based)				8			10			7			8		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix D. Performance Data: North East Zone – BORNO STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			1			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	11%		0%		17%		2					
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1		1	1	1		1		1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	12.0%	7.0%		15.3%	11.6%	11.5%	15.9%		3.1%		12.4%	8.4%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	36%	0%		9%	21%	0%	30%		36%		17%	8%
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	66%			73%			73%			76%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	89%			88%			92%			89%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										59%		
Total Score (Reported)				11			10			10			11		
Total Score (evidence-based)				11			11			11			9		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix D. Performance Data: North East Zone – GOMBE STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			0			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	91%			32%								
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		2.0%	3.0%	2.3%	1.4%	5.7%						
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	0%	29%	86%	57%						
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	88%			89%			93%			94%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	91%			100%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										86%		
Total Score (Reported)				4			4			2			2		
Adjusted Score (Max = 13 for Q1 & Q2, Max=11 in Q3)				4			4			2			2		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix D. Performance Data: North East Zone – TARABA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			x			x		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	100%			86%								
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		8.0%	4.0%			###						
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		67%	50%			57%						
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	94%			93%			90%			90%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			94%			88%			94%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										72%		
Total Score (Reported)				7			4			2			3		
Total Score (evidence-based)				7			4			1			2		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix D. Performance Data: North East Zone – YOBE STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	10	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			x			x			x		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	0%			4%			0%			0%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	12.0%	17.0%	18.0%	28.9%	36.0%	11.8%	22.2%		33.1%		27.2%	22.1%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	10%	18%	9%	18%	18%	0%	9%		29%		36%	29%
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	63%			71%			72%			74%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	81%			76%			76%			82%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										81%		
Total Score (Reported)				8			8			7			5		
Total Score (evidence-based)				8			7			6			4		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

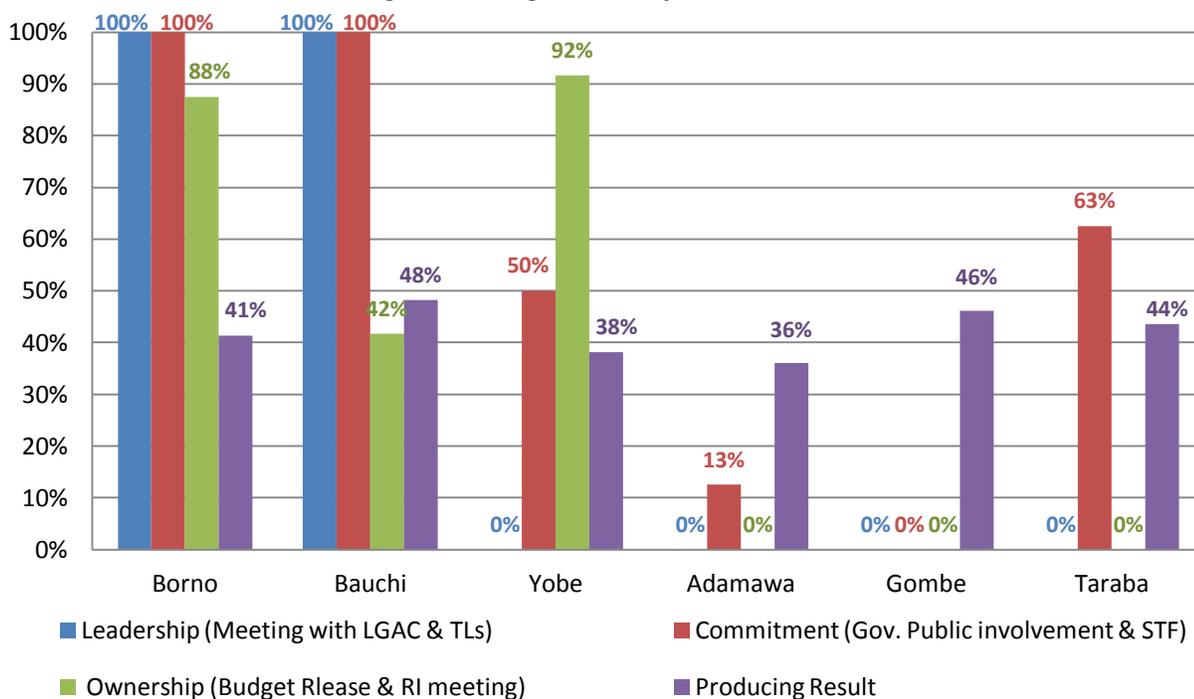
Appendix D. Performance Data: North East Zone

Summary Scorecard: North East Zone

State (# IPDs)	Data Type	Quarter 1 (Max Score = 19)		Quarter II (Max Score = 19)		Quarter III (Max score = 17)		Quarter IV (Max score = 18)		2013 (Max score = 73)	
		Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
ADAMAWA* (2 IPDs)	Reported	5	6	1	2	2	3	1	1	9	12
	Evidence	4	4	1	2	2	3	1	1	8	10
BAUCHI (10 IPDs)	Reported	11	11	11	11	10	10	11	11	43	43
	Evidence	8	8	10	10	7	7	8	8	33	33
BORNO* (9 IPDs)	Reported	11	12	10	10	10	10	11	11	42	43
	Evidence	11	12	11	11	11	11	9	9	42	43
GOMBE* (5 IPDs)	Reported	4	4	4	4	2	3	2	3	12	14
	Evidence	4	4	4	4	2	3	2	3	12	14
TARABA* (3 IPDs)	Reported	7	8	4	5	2	3	3	4	16	20
	Evidence	7	8	4	5	1	1	2	3	14	17
YOBE (10 IPDs)	Reported	8	8	8	8	7	7	5	5	28	28
	Evidence	8	8	7	7	6	6	4	4	25	25

*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States). High Risk State in Zone: Bauchi, Borno, Yobe.

Core Values Performance, Average Percentage Scores by State, North East Zone



*Based on reported data.

*Scores in the North Central Zone have been adjusted statistically to allow equal comparison between states that conducted different numbers of IPDs in 2012 (7 in High Risk States versus 2 in non-High Risk States), leading to variations in annual maximum score. High Risk State in Zone: Bauchi, Borno, Yobe.

Appendix E. Performance Data: North West Zone – JIGAWA STATE

No.	Category	Indicators	Threshold	Month/Quarter												
				Q1			Q2			Q3			Q4			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			x			x			0			
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1			
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			x			1			
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1			
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	85%			50%			56%			40%			
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	0.0%	1.0%	0.0%	3.7%	0.5%	0.7%	0.5%		1.4%		4.4%	5.3%	
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	64%	91%	84%	74%	100%	63%	88%		74%		47%	58%	
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	86%			92%			94%			96%			
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			93%			96%			100%			
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										99%			
Total Score (Reported)				14			16			14			13			
Total Score (evidence-based)				14			15			12			14			

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix E. Performance Data: North West Zone – KADUNA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			1			1			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			1			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	36%			48%			68%			18%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month			1	1	1	1						
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	19.0%	15.0%	15.0%	17.5%	11.5%	19.2%	8.2%		12.8%			19.1%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	0%	46%	7%	13%	33%	27%	20%		13%			27%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	89%			93%			92%			91%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			87%			91%			87%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										77%		
Total Score (Reported)				9			11			11			7		
Total Score (evidence-based)				9			11			9			5		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix E. Performance Data: North West Zone – KANO STATE

No.	Category	Indicators	Threshold	Month/Quarter												
				Q1			Q2			Q3			Q4			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			1			1			
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1			
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1			
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1			
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	50%			56%			61%			79%			
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	23.0%			17.3%	9.7%	4.0%	4.8%		2.0%		9.1%	8.0%	
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	31%			25%	22%	17%	17%		24%		28%	42%	
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	79%			77%			79%			81%			
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	92%			81%			80%			80%			
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										64%			
Total Score (Reported)				11			12			12			12			
Total Score (evidence-based)				11			12			12			12			

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix E. Performance Data: North West Zone – KATSINA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			0			1			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			x			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			x			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	80%			63%			41%			64%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month		1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1		1	1	1	1	1	1			1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	9.0%	16.0%	10.0%	12.3%	6.3%	17.0%	0.0%		11.4%		12.8%	11.8%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	46%	59%	46%	42%	38%	65%	60%		35%		35%	46%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	89%			93%			94%			95%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	63%			74%			71%			71%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										97%		
Total Score (Reported)				9			11			12			13		
Total Score (evidence-based)				8			11			10			13		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix E. Performance Data: North West Zone – KEBBI STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			1			1			x		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			1			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x			0			1			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	57%			42%			36%			42%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1					1				1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	14%	11%	12%	17.9%	22.8%	17.1%	10.1%		11.9%			10.7%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	40%	33%	27%	0%	20%	40%	38%		50%			60%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	98%			99%			99%			99%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			100%			100%			95%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage	x			x			x			78%		
Total Score (Reported)				10			4			9			7		
Total Score (evidence-based)				7			3			6			5		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix E. Performance Data: North West Zone – SOKOTO STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			1			1			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			1			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			1			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	20%			18%			18%			13%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	9%	11%	12%	15.5%	9.3%	7.6%	5.6%		8.2%		4.9%	2.7%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	33%	18%	26%	21%	32%	42%	33%		33%		20%	21%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	92%			90%			90%			92%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	95%			96%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										95%		
Total Score (Reported)				9			9			11			9		
Total Score (evidence-based)				9			9			7			8		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix E. Performance Data: North West Zone – ZAMFARA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			x			0			x		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	5%			0%			5%			2%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1		1			1		1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1		1			
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs	4.0%	1.0%	5.0%	0.0%	0.9%	0.0%	2.7%		1.0%		0.8%	1.7%
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	40%	40%	45%	83%	73%	58%	58%		50%		25%	50%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	85%			85%			88%			91%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	92%			93%			93%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										84%		
Total Score (Reported)				10			9			7			8		
Total Score (evidence-based)				9			8			7			7		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

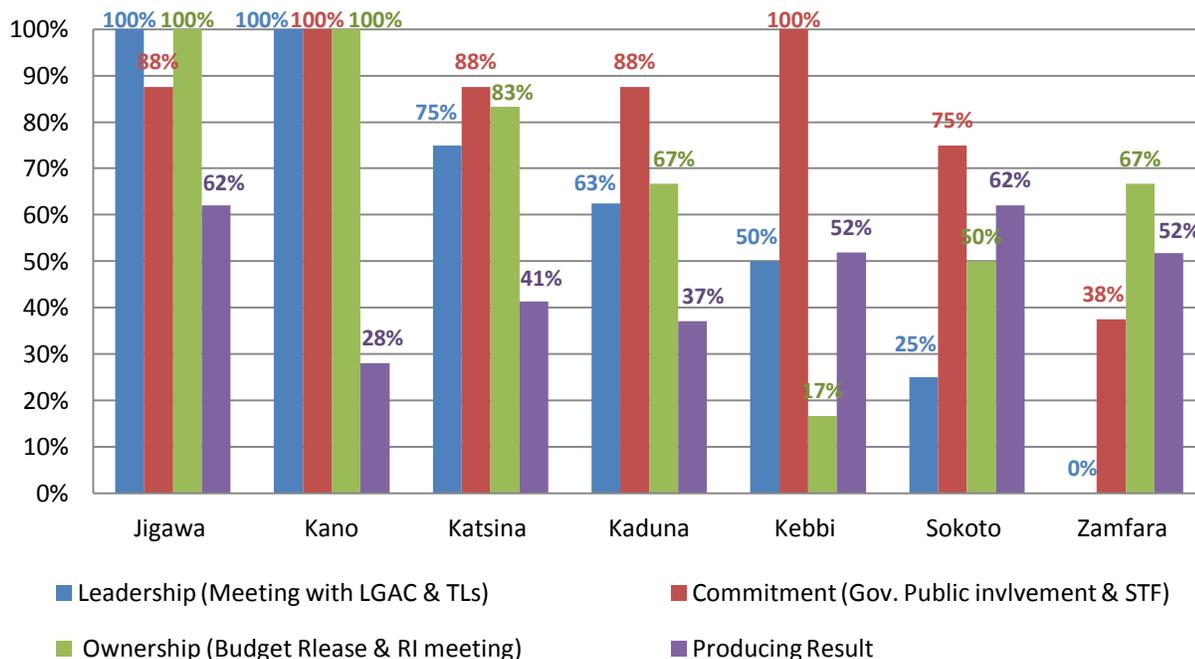
Appendix E. Performance Data: North West Zone

Summary Scorecard: North West Zone

State (# IPDs)	Data Type	Quarter 1 (Max Score = 19)		Quarter II (Max Score = 19)		Quarter III (Max score = 17)		Quarter IV (Max score = 18)		2013 (Max score = 73)	
		Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
JIGAWA (10 IPDs)	Reported	14	14	16	16	14	14	13	13	57	57
	Evidence	14	14	15	15	12	12	14	14	55	55
KADUNA* (9 IPDs)	Reported	9	9	11	11	11	11	7	8	38	39
	Evidence	9	9	11	11	9	9	5	6	34	35
KANO* (8 IPDs)	Reported	11	14	12	12	12	12	12	12	47	50
	Evidence	11	14	12	12	12	12	12	12	47	50
KATSINA (10 IPDs)	Reported	9	9	11	11	12	12	13	13	45	45
	Evidence	8	8	11	11	10	10	13	13	42	42
KEBBI* (9 IPDs)	Reported	10	10	4	4	9	9	7	8	30	31
	Evidence	7	7	3	3	6	6	5	6	21	22
SOKOTO (10 IPDs)	Reported	9	9	9	9	11	11	9	9	38	38
	Evidence	9	9	9	9	7	7	8	8	33	33
ZAMFARA (10 IPDs)	Reported	10	10	9	9	7	7	8	8	34	34
	Evidence	9	9	8	8	7	7	7	7	31	31

*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States).

Core Values Performance, Average Percentage Scores by State, North West Zone



*Based on reported data.

Appendix F. Performance Data: South East Zone – ABIA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			1			1			x		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	93%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		20%	10%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	64%			66%			60%			55%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			94%			100%			94%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										95%		
Total Score (Reported)				13			11			11			12		
Total Score (evidence-based)				12			10			10			11		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix F. Performance Data: South East Zone – ANAMBRA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			1			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	95%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		25%	30%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	0%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	39%			44%			46%			51%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	94%			90%			95%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										96%		
Total Score (Reported)				12			11			11			11		
Total Score (evidence-based)				12			11			11			11		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix F. Performance Data: South East Zone – EBONYI STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			1			1			x		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	92%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		13%										
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs			33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	85%			87%			88%			87%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			100%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										110%		
Total Score (Reported)				12			11			11			12		
Total Score (evidence-based)				11			10			10			11		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix F. Performance Data: South East Zone – ENUGU STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			x			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			x			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	76%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		18%	11%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	78%			80%			77%			77%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	86%			87%			81%			82%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										89%		
Total Score (Reported)				1			2			0			0		
Total Score (evidence-based)				0			0			0			0		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix F. Performance Data: South East Zone – IMO STATE

No.	Category	Indicators	Threshold	Month/Quarter													
				Q1			Q2			Q3			Q4				
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			1	x			x						
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	x			1	x			1						
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x			1	x			0						
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			x			1				
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	96%			x			x			x				
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	x													
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1	1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs	x		15%	6%	x		x		x		x		x	
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs	x		0%	33%	x		x		x		x		x	
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	79%			80%			81%			87%				
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			96%			96%			100%				
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage	x			x			x			96%				
Total Score (Reported)				10			8			8			8				
Total Score (evidence-based)				7			5			4			6				

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

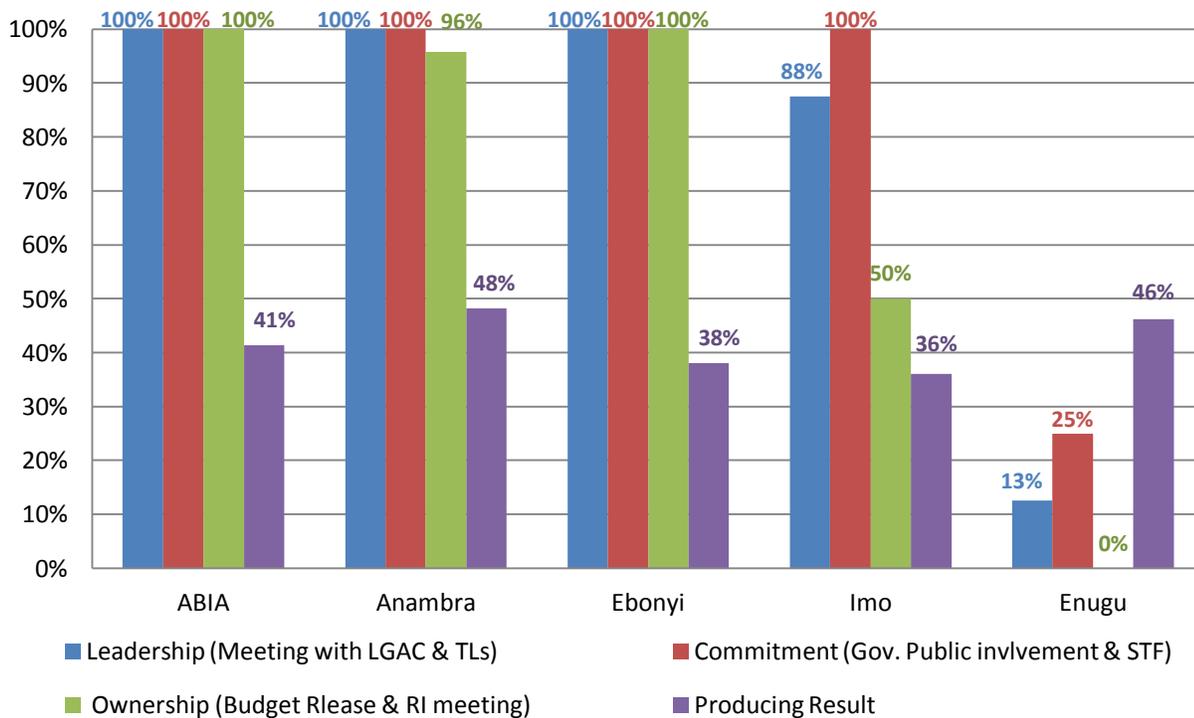
Appendix F. Performance Data: South East Zone

Summary Scorecard: South East Zone

State (# IPDs)	Data Type	Quarter 1 (Max Score = 19)		Quarter II (Max Score = 19)		Quarter III (Max score = 17)		Quarter IV (Max score = 18)		2013 (Max score = 73)	
		Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
ABIA* (2 IPDs)	Reported	13	15	11	17	11	16	12	17	47	65
	Evidence	12	13	10	16	10	14	11	15	43	58
ANAMBRA* (2 IPDs)	Reported	12	13	11	17	11	16	11	15	45	61
	Evidence	12	13	11	17	11	16	11	15	45	61
EBONYI* (2 IPDs)	Reported	12	13	11	17	11	16	12	17	46	63
	Evidence	11	12	10	16	10	14	11	15	42	57
ENUGU* (2 IPDs)	Reported	1	1	2	3	0	0	0	0	3	4
	Evidence	0	0	0	0	0	0	0	0	0	0
IMO* (2 IPDs)	Reported	10	11	8	13	8	11	8	11	34	46
	Evidence	7	8	5	8	4	6	6	8	22	30

*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States). All states in this zone are classified as non-High Risk.

Core Values Performance, Average Percentage Scores by State, South East Zone



*Based on evidence-based results.

Appendix G. Performance Data: South South Zone – AKWA IBOM STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			0			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	100%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		56%	68%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	67%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	79%			73%			75%			69%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			100%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										99%		
Total Score (Reported)				2			1			1			2		
Total Score (evidence-based)				2			1			1			2		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix G. Performance Data: South South Zone – BAYELSA STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			0			0			x		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			0			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	0%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1		1	1	1		1	1		1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		25%	8%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	93%			91%			92%			92%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			100%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										97%		
Total Score (Reported)				6			4			4			7		
Total Score (evidence-based)				5			4			4			6		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix G. Performance Data: South South Zone – CROSS RIVER STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			x			1			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			1			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			1			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	94%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		10%	13%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	100%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	90%			81%			80%			81%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	80%			89%			89%			94%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										98%		
Total Score (Reported)				12			8			8			11		
Total Score (evidence-based)				12			7			10			11		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix G. Performance Data: South South Zone – DELTA STATE

No.	Category	Indicators	Threshold	Month/Quarter												
				Q1			Q2			Q3			Q4			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			0			1			1			
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			0			0			1			
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			0			1			1			
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1			
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	85%												
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		20%	15%										
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	67%										
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	87%			93%			93%			93%			
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	94%			96%			96%			100%			
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										84%			
Total Score (Reported)				10			8			8			11			
Total Score (evidence-based)				11			9			11			12			

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix G. Performance Data: South South Zone – EDO STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			0			0			x		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	88%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month		1	1	1	1	1	1	1	1		1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		18%	19%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	91%			93%			92%			89%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	94%			100%			100%			100%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										79%		
Total Score (Reported)				9			8			8			7		
Total Score (evidence-based)				7			8			8			6		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix G. Performance Data: South South Zone – RIVERS STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	91%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1		1	1	1	1	1	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		36%	12%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	0%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	53%			56%			59%			60%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			86%			83%			87%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										98%		
Total Score (Reported)				10			7			7			8		
Total Score (evidence-based)				10			7			7			8		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

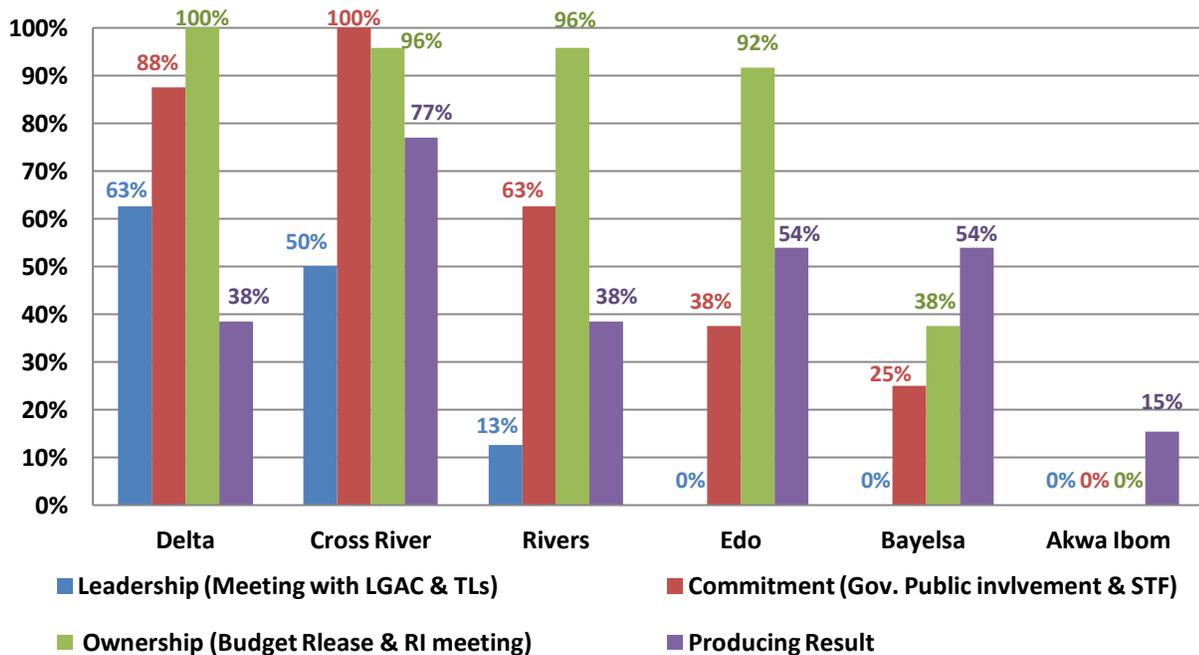
Appendix G. Performance Data: South South Zone

Summary Scorecard: South South Zone

State (# IPDs)	Data Type	Quarter 1 (Max Score = 19)		Quarter II (Max Score = 19)		Quarter III (Max score = 17)		Quarter IV (Max score = 18)		2013 (Max score = 73)	
		Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
Akwa Ibom* (2 IPDs)	Reported	2	2	1	2	1	1	2	3	6	8
	Evidence	2	2	1	2	1	1	2	3	6	8
Bayelsa* (2 IPDs)	Reported	6	7	4	6	4	6	7	10	21	29
	Evidence	5	6	4	6	4	6	6	8	19	26
Cross River* (2 IPDs)	Reported	12	13	8	13	8	11	11	15	39	52
	Evidence	12	13	7	11	10	14	11	15	40	53
Delta* (2 IPDs)	Reported	10	11	8	13	8	11	11	15	37	50
	Evidence	11	12	9	14	11	16	12	17	43	59
Edo* (2 IPDs)	Reported	9	10	8	13	8	11	7	10	32	44
	Evidence	7	8	8	13	8	11	6	8	29	40
Rivers* (2 IPDs)	Reported	10	11	7	11	7	10	8	11	32	43
	Evidence	10	11	7	11	7	10	8	11	32	43

*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States). All states in this zone are classified as non-High Risk.

Core Values Performance, Average Percentage Scores by State, South South Zone



*Based on evidence-based results.

Appendix H. Performance Data: South West Zone – EKITI STATE

No.	Category	Indicators	Threshold	Month/Quarter												
				Q1			Q2			Q3			Q4			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			1			1			
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1			
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1			
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1			
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	94%												
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1			
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month		1	1	1	1	1	1	1	1	1			
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		5%	9%										
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	33%										
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	97%			98%			99%			98%			
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			100%			100%			100%			
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										86%			
Total Score (Reported)				14			12			12			6			
Total Score (evidence-based)				12			10			10			2			

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix H. Performance Data: South West Zone – LAGOS STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			0			0			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			1			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			1			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	83%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1				1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1		1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		42%	37%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	95%			95%			88%			90%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	85%			80%			85%			80%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										84%		
Total Score (Reported)				10			5			7			8		
Total Score (evidence-based)				8			5			7			8		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix H. Performance Data: South West Zone – OGUN STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	x			0			0			x		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	x			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			0			1			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	95%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1									
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1									
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		15%	16%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	89%			77%			68%			77%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			100%			90%			95%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										97%		
Total Score (Reported)				11			1			2			3		
Total Score (evidence-based)				9			1			2			2		

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
 = Unreported, but evidence submitted

Appendix H. Performance Data: South West Zone – ONDO STATE

No.	Category	Indicators	Threshold	Month/Quarter												
				Q1			Q2			Q3			Q4			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			1			1			
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			1			
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			1			
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	1			1			1			1			
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	100%												
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1	1	1	1
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1	1	1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		4%	4%										
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	67%										
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	94%			92%			86%			85%			
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			94%			94%			94%			
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										87%			
Total Score (Reported)				15			12			11			10			
Total Score (evidence-based)				15			12			11			10			

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

Appendix H. Performance Data: South West Zone – OSUN STATE

No.	Category	Indicators	Threshold	Month/Quarter												
				Q1			Q2			Q3			Q4			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			0			1			x			
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	x			1			1			1			
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0			
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	x			1			0			0			
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	87%												
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month	1	1	1	1	1	1	1	1	1	1			
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month	1	1	1	1	1	1	1	1	1	1			
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		20%	12%										
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		33%	0%										
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	69%			56%			62%			65%			
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			96%			87%			90%			
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										80%			
Total Score (Reported)				10			9			8			3			
Total Score (evidence-based)				8			7			7			1			

 = Reported and evidence submitted
  = Unfulfilled/No evidence submitted
  = Not applicable
 = Reported, but no evidence submitted
  = Unreported, but evidence submitted

Appendix H. Performance Data: South West Zone – OYO STATE

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	x			0			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			0			0			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			0			0			0		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	91%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		17%	21%									
9		% LGAs accepted at ≥90% coverage	100% LGAs for each IPDs		0%	33%									
10	AFP Surveillance	% non-polio AFP cases with >3 doses of OPV	≥90% per quarter	96%			96%			96%			97%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			86%			88%			88%		
12	Routine Immunization: Outcome	RI (DPT3) coverage over the 1-year award period	≥90% annual coverage										80%		
Total Score (Reported)				4			1			1			1		
Total Score (evidence-based)				3			1			1			1		

 = Reported and evidence submitted  = Unfulfilled/No evidence submitted  = Not applicable

 = Reported, but no evidence submitted  = Unreported, but evidence submitted

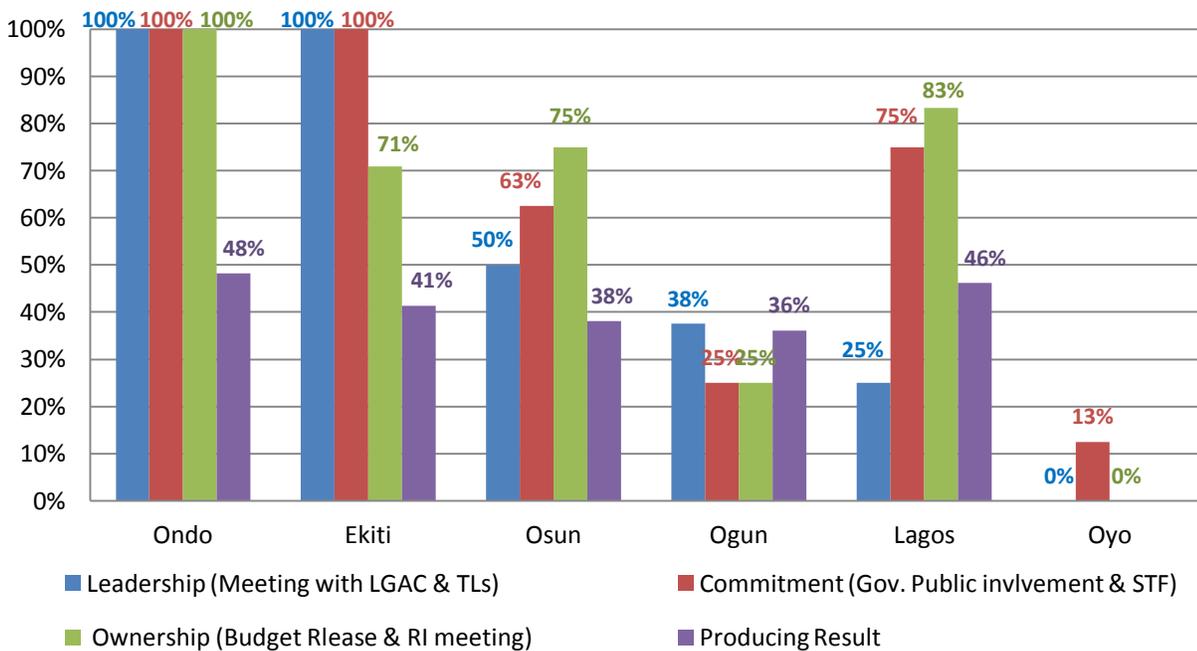
Appendix H. Performance Data: South West Zone

Summary Scorecard: South West Zone

State (# IPDs)	Data Type	Quarter 1 (Max Score = 19)		Quarter II (Max Score = 19)		Quarter III (Max score = 17)		Quarter IV (Max score = 18)		2013 (Max score = 73)	
		Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
EKITI* (2 IPDs)	Reported	14	16	12	19	12	17	6	8	44	60
	Evidence	12	13	10	16	10	14	2	3	34	46
LAGOS* (2 IPDs)	Reported	10	11	5	8	7	10	8	11	30	40
	Evidence	8	9	5	8	7	10	8	11	28	38
OGUN* (2 IPDs)	Reported	11	12	1	2	2	3	3	4	17	21
	Evidence	9	10	1	2	2	3	2	3	14	18
ONDO* (2 IPDs)	Reported	15	17	12	19	11	16	10	14	48	66
	Evidence	15	17	12	19	11	16	10	14	48	66
OSUN* (2 IPDs)	Reported	10	11	9	14	8	11	3	4	30	40
	Evidence	8	9	7	11	7	10	1	1	23	31
OYO* (2 IPDs)	Reported	4	4	1	2	1	1	1	1	7	8
	Evidence	3	3	1	2	1	1	1	1	6	7

*The score for these states has been adjusted statistically against the maximum score for each quarter to allow equal comparison between states that conducted different numbers of IPDs in 2013 (8-10 in High Risk States versus 2-5 in non-High Risk States). All states in this zone are classified as non-High Risk.

Core Values Performance, Average Percentage Scores by State, South West Zone



*Based on reported data.

APPENDIX I. Independent Judging Panel Member Biographies



Dr. Shehu Sule is a medical Doctor with over 35 years' experience in the Nigerian Health sector. He has expertise in the health systems strengthening, governance and policy development. He worked at senior levels within the Nigerian Federal Ministry of Health and also at the state level and one time as Commissioner of Health. He was the coordinator of the National Health Reform Program from 2003-2008, and was also the Secretary/coordinator of Nigerian delegation to the WHO World Health Assembly from 1995-2008. He is a member of Board of Trustees of Health Reform Foundation of Nigeria (HERFON) an indigenous N.G.O in the forefront of supporting Health Reforms in Nigeria.

In 2008, Dr. Sule was Acting Permanent Secretary at the Federal Ministry of Health and is currently the Senior Technical Advisor for Governance for the DFID-funded Partnership for Reviving Routine Immunization in Northern Nigeria (PRRINN) and Maternal Newborn and Child Health (MNCH) programs, and a consultant on the Partnership for Transforming Health System (PATHS II) Program. He is the C.E.O of Sahel Health Trust Ltd., a Health Maintenance Organisation (HMO) involved with Managing Health Care Services.



Dr. Oyewale Tomori is the former Vice-Chancellor (2004-2011), and currently, Professor of Virology at the Redeemer's University, Nigeria. He is a Fellow of the United Kingdom Royal College of Pathologists, a Fellow of the Nigeria Academy of Science and a Fellow of the College of Veterinary Surgeons of Nigeria. In 1981, he received US DHHS Public Health Service Certificate for contribution to Lassa Fever Research. He is a 2002 recipient of the Nigeria National Order of Merit (NNOM), the country's highest award for academic, intellectual attainment and national development.

He became the Head of the Department of Virology at the University of Ibadan in 1984, leading research efforts that investigated viral infections, including Ebola Hemorrhagic Fever, Lassa Fever, Yellow Fever, and Marburg in various African countries. In 1994, he became the Regional Virologist (WHO Africa Region). During the ten year tenure, he set up the African Regional Polio Laboratory Network, comprising of 16 laboratories, providing diagnostic support to the global polio eradication initiative. The Network became the forerunner of other regional diagnostic laboratory networks for measles, yellow fever, and other viral hemorrhagic fevers.

Professor Tomori serves on several national and international advisory bodies including the WHO Africa Regional Polio Certification Committee, WHO Eastern Mediterranean Regional Polio Certification Committee, and WHO Advisory Committees on Variola Virus Research, Polio Research, and Yellow Fever Disease. He is a member of the WHO Strategic Advisory Group of Experts (SAGE). He is a Senior Editor of the African Journal of Laboratory Medicine, and currently President of the Nigerian Academy of Science.



Dr. Mercy Ahun is the Special Representative for GAVI Eligible Countries. Her work spans strategic support to key GAVI countries, especially Nigeria, as well as advocating and communicating programme results to donors and other GAVI Alliance partners. She was formerly responsible for GAVI's Country Support team with oversight responsibility for supporting GAVI eligible countries to implement the introduction of new and under-used vaccines and strengthen health systems. Dr. Ahun was the EPI Manager in Ghana and led the introduction of pentavalent vaccine in Ghana in 2002. She has more than 20 years' experience working in policy development and implementation of integrated health services and immunization programs in developing countries. She is a medical doctor with a postgraduate degree in Tropical Paediatrics.



Ms. Amina J. Mohammed is the Special Adviser to United Nations Secretary-General on Post-2015 Development Planning. She is also the CEO/Founder of the Center for Development Policy Solutions and an Adjunct Professor of the Master's Programme for Development Practice at Columbia University, New York. Prior to that, Ms. Mohammed served as the Senior Special Assistant to the President of Nigeria on the Millennium Development Goals after serving three Presidents over a period of six years. In 2005 she was charged with the coordination of the debt relief funds (\$1 billion per annum) towards the achievement of Millennium Development Goals in Nigeria. Her mandate included designing a Virtual Poverty Fund with innovative approaches to poverty reduction, budget coordination and monitoring, as well as providing advice on pertinent issues regarding poverty, public sector reform and sustainable development. From 2002-2005, Ms. Mohammed served as coordinator of the Task Force on Gender and Education for the United Nations Millennium Project. Prior to this, she served as Founder and Executive Director of Afri-Projects Consortium, a multidisciplinary firm of Engineers and Quantity Surveyors (1991-2001) and worked with the architectural engineering firm of Archcon Nigeria in association with Norman and Dawbarn UK (1981-1991).

Ms. Mohammed currently serves on numerous international advisory panels and boards, the Hewlett Foundation on Education, African Women's Millennium Initiative, the Millennium Promise Initiative, and the Institute of Scientific & Technical Information of China. Ms. Mohammed received the National Honours Award of the Order of the Federal Republic in 2006 and was inducted in the Nigerian Women's Hall of Fame in 2007.