



Responses to 13-Feb-2020 Questions from GiveWell

[Q1: Can you tell us what you know about alternative community vaccination campaigns happening during the RCT period?](#)

[Q2: We have previously discussed that the measles 2 vaccine was slated to be rolled out in Jigawa, Katsina, and Zamfara at the end of 2019. Is it now available, or do you have an update on when it will become available?](#)

[Q3: What are the primary ways that New Incentives has advertised the program in treatment areas during the study period? Do you work with community leaders to encourage vaccination?](#)

[Q4: Do most of the vaccinations that New Incentives incentivizes occur on high-volume child immunization days? Do they occur regularly at low volumes on a daily basis?](#)

Q1: Can you tell us what you know about alternative community vaccination campaigns happening during the RCT period?

We've already discussed the World Bank CCT pilot with you, but IDinsight has told us that VCMs have also delivered OPV, measles 1, and meningitis vaccines door-to-door in various campaigns. It would be helpful to know if (i) you know of any other incentivized vaccines besides measles that have the potential to be affected by other vaccination campaigns and (ii) if you have a rough sense of when and how often these other efforts have occurred.

The following community campaigns occurred at different frequencies during the RCT period:

- Immunizations have been delivered during the RCT period using two primary approaches: Routine Immunization (RI) and Supplementary Immunization Activities (SIAs).
- In the operating context, RI focuses on all of the vaccines given routinely including the vaccines we directly incentivize, whereas SIAs focus on key vaccines for which coverage has been determined to require rapid scaleup like for Polio and Measles.
- Routine Immunization (RI) has been delivered during the RCT period using many strategies namely Fixed Sessions (in the clinic), Outreach Sessions (in the settlements) or Campaigns such as State Immunization Days (SIDs), Local Immunization Days (LIDs), State Outreach Days (SODs), Local Outreach Days (LODs). The Outreach Sessions can be conducted in an outreach post in the community or by going from house-to-house.
- There are several SIAs that have been delivered during the RCT period that go house-to-house. While National Immunization Plus Days (NIPDs) and Sub-national Immunization Plus Days (SIPDs) are SIAs that focus on Polio, there have been SIAs that focus on vaccines that we incentivize such as the joint Measles and Meningitis campaign that was conducted across the three study states in November 2019 and the Preventive Mass Vaccination Campaign (PMVC) against Yellow Fever in the last quarter of 2019. There were NIPDs this week between February 15 to 18, 2020.

- SIPDs is a term loosely used by stakeholders to mean State Immunization Plus Days or Supplementary Immunization Plus Days (also referred to as Sub-national Immunization Plus Days).
- There can also be campaigns in response to outbreaks (outbreak response campaigns).
- House-to-house campaigns can sometimes be used for church-to-church, mosque-to-mosque, market-to-market and school-to-school campaigns.

Below is a quick summary table of the different types of campaigns:

Campaign Type	NIPDs (National Immunization Plus Days)	SIPDs (Sub-national/ State/ Supplementary Immunization Plus Days)	PMVC (Preventive Mass Vaccination Campaign for Yellow Fever)	SIDs (State Immunization Days)	LIDs (Local Immunization Days)	SODs (State Outreach Days)	LODs (Local Outreach Days)
Organized By	NPHCDA (National Primary Health Care Development Agency)	NPHCDA	NPHCDA / NCDC (Nigeria Centre for Disease Control)	SPHCDA (State Primary Health Care Development Agency)	SPHCDA / LGA (Local Government Area)	SPHCDA	SPHCDA/LGA
Conducted At	Statewide in all States in Nigeria	Statewide in some States in Nigeria based on need	States with high burden	Statewide in all LGAs	In some LGAs based on need	Statewide in all LGAs	In some LGAs based on need
Approach	SIAs	SIAs	SIAs	RI	RI	RI	RI
Strategy	House to House	House to House	House to House	Fixed Session or Outreach Post	Fixed Session or Outreach Post	Outreach Post or House to House	Outreach Post or House to House
Frequency	Quarterly or Biannual in the past but less frequent with wild polio eradication	Monthly in the past but now on an as-needed basis	As-needed basis	Supposed to be quarterly	As-needed basis	Supposed to be quarterly	As-needed basis when targets are not met
Vaccine	OPV	Specific vaccines	Yellow Fever	All Routine	All Routine	All Routine	All Routine

Focus		like OPV, Measles, Men A		Vaccines	Vaccines	Vaccines	Vaccines
Related Study State	Katsina, Jigawa, Zamfara	Katsina, Jigawa, Zamfara	Katsina and Zamfara	Katsina, Jigawa, Zamfara	Katsina, Jigawa, Zamfara	Katsina and Jigawa	Katsina and Jigawa

We track the source of vaccination for each CCT disbursement. We refer to this as 'Immunization Day Type'. Below is a table of Immunization Day Type (Clinic, Outreach, Campaign) by Clinic Geographic Setting (Urban, Semi-Urban, Rural):

Disbursement Type / % Distribution of Disbursements				
Geographic Setting	Clinic	Outreach	Campaign	Grand total
In town (urban)	11.08%	1.5%	0.26%	12.84%
In village (rural)	49.07%	12.4%	0.72%	62.18%
Outskirts of town (semi-urban)	21.47%	3.29%	0.22%	24.98%
Grand total	81.62%	17.19%	1.19%	100%

On VCMs delivering OPV, measles 1, and meningitis vaccines door-to-door in various campaigns, this is what we know:

- VCMs usually play the role of mobilization during campaigns and have been used to deliver oral vaccines, but not injectable vaccines.
- There have been previous VCMs who were trained to be Community Health Extension Workers (CHEWs) so an observer could still think they are VCMs when administering injectables. CHEWs can deliver oral or injectable vaccines.
- It is illegal for a non-health worker to give an injection, however, there could be cases where this happens though this is not something we have seen.

Q2: We have previously discussed that the measles 2 vaccine was slated to be rolled out in Jigawa, Katsina, and Zamfara at the end of 2019. Is it now available, or do you have an update on when it will become available?

In 2019, we reported that MCV 2 is being planned for rollout in Jigawa, Katsina, and Zamfara in Q2 of 2020. Latest updates:

- The National Primary Health Care Development Agency (NPHCDA) had a meeting discussing MCV 2 rollout in Northern Nigeria on February 3, 2020
- We are following up on the latest status to assess the Q2 2020 timeframe
- Nigeria introduced the second dose of MCV to be given at 15 months in November 2019 in a 2-phase manner starting with States in Southern Nigeria
- Reference:

- In 2019, New Incentives reported the following in the Shared Timeline: “There is near zero probability that Rotavirus vaccine will be introduced in 2019. Nigeria has decided to focus instead on the introduction of the Meningitis A vaccine nationwide (scheduled for August 2019) and MCV2 in southern states (scheduled for October 2019). MCV2 will be rolled out in northern states in 2020. Nationwide rollout of the Rotavirus vaccine is being planned for 2020. We will continue to monitor these developments as well as changes in rollout plans and inform the group once we have confirmation that Meningitis A vaccine has been introduced and is available in the three states.”

Q3: What are the primary ways that New Incentives has advertised the program in treatment areas during the study period? Do you work with community leaders to encourage vaccination?

Below are the primary ways New Incentives advertises the program in treatment areas:

- ‘Awareness Activities’ in communities, including meetings with community members, husbands, local women groups, traditional leaders, and LGA officials
- ‘Awareness Cards’ given to caregivers and community members during some Awareness Activities; [35% of caregivers report receiving Awareness Cards](#)
- Community members like village leaders and announcers are sensitized and engaged (including small paid engagements) to promote immunizations
- Program Posters outside the entrance of treatment clinics and blue (distinctive) plastic bags handed to caregivers to increase visibility
- Targeted Outreaches conducted by visiting settlements with participating clinic staff based on issues of non-compliance or distance, with stipends provided to clinic staff to cover transportation (most often fueling of their bike)

The program works with community leaders in various ways with the objective for community members taking ownership of the program and assisting in mobilization of caregivers. Community leaders sometimes visit program clinics on Immunization Days to encourage caregivers to visit. New Incentives engages with Community Leaders in the following ways:

- Community member mobilization: Engage influential community leaders to explain program objectives and discuss concerns. Some community Leaders encourage community members to visit the clinics for routine immunization and enroll in the program. Several outreach posts are located near the house of the community leader and this helps to mobilize potential caregivers.
- Line Listing: We work with some community leaders to utilize ‘line list books’ of newborns to track unimmunized infants. Traditional Birth Attendants (TBAs), local barbers (who carry out a religious hair cutting ceremony for infants), and VCMs call the attention of the ward head to fill the details of a newborn in the line list book which is kept with the community leader.
 - Note: New Incentives does not have an adequate understanding of the accuracy of line listing books by settlement.
- Security information sourcing: Where possible, traditional leaders are called by program staff before departing to a settlement for community mobilization or outreach. Community leaders sometimes also provide proactive security information, including advice for when to leave a community based on a security incident and/or potential danger.
- Support in dealing with vaccine rejections and rumors: Community leaders are engaged to follow-up on households that refuse vaccination or husbands that prevent their wives from bringing their infant(s) for routine immunization.

- Defense of program at higher levels and support to obtain buy-in of other stakeholders: Community Leaders have signed communiques endorsing the program and accompany New Incentives staff at meetings at the national level to advocate for the program’s acceptance and support.

Most caregivers claim to have heard about the program through word of mouth (Neighbor - 44%, Friends - 36%, and Family - 29%), with a large percent claiming to have heard about the program through other community members and leaders (Village leader - 12%, Town crier/announcer - 11%, Traditional Birth Attendant or TBA - 9%, UNICEF Voluntary Community Mobilizer or VCM - 6%). This is a select multiple type question that we ask only during the enrollment visit, and Neighbor, Friends, and Family options are at the top of the list. [Disbursement Volume & Program Reach - Page 3](#) has a table and graphs with additional information.

Q4: Do most of the vaccinations that New Incentives incentivizes occur on high-volume child immunization days? Do they occur regularly at low volumes on a daily basis?

On average based on program data:

- 9% of Immunization Days are High Volume (above 75th Percentile), accounting for 24% of disbursements and 23% of enrollments.
- 54% of Immunization Days are Low Volume (within 25th Percentile), accounting for 24% of disbursements and 27% of enrollments. Around 17% of all Immunization Days are Outreaches and around 1% are Campaign Days, both of which are usually Low Volume. We refer to Clinic vs Outreach vs Campaigns as ‘Immunization Day Type’. We have improved accurate recording of these classifications over time, there could be cases where we have Immunization Days categorized as outreaches that were in fact campaigns.
- 36% of Immunization Days are Medium Volume, accounting for 52% of disbursements and 50% of enrollments.

Note: the above metrics are in relation to Immunization Days served by the program where we implement CCT disbursements. We try to keep informed about all immunization activities in an area, but we do not know the complete ‘universe’ of all outreaches and campaigns held everywhere by all stakeholders. Dashboards are updated in real-time as new program data comes in; the figures above reflect program data as of 19-Feb-2020.

Below is an overview of this information ([Disbursement Volume & Program Reach - Page 1](#)):

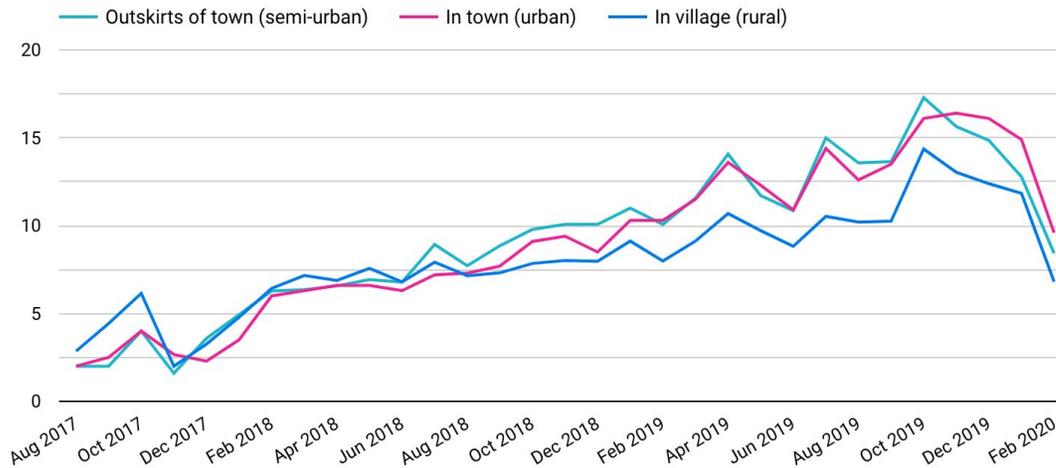
Classification by Percentile of Number of Disbursements per Immunization Day

Classification	Percentile	Avg. Volume	Immunization Days	Enrollments	Disbursements
1. Low Volume	0 - 25	14.28	54.47%	27.08%	23.88%
2. Medium Volume	26 - 75	46.84	36.18%	50.17%	52.03%
3. High Volume	76 - 100	83.85	9.36%	22.75%	24.09%

Immunization days usually occur two times per week for most clinics, and sometimes with a greater frequency at some clinics. On average, there were 1.6 immunization days per week per clinic in 2018, which steadily increased to an average of 2.5 immunization days per week per clinic in 2019. This increase can be attributed to increased number of outreaches, increased number of immunization days at some clinics as a response to higher volume, and encouragement to increase the number of immunization days as part of an initiative by the Federal Government called OIRIS or Optimized Integrated Routine Immunization Session. On average, the number of immunization days per clinic has increased from 6.8 per month in 2018 to 10.5 per month in 2019.

Below is a graph that shows the steady increase ([Disbursement Volume & Program Reach - Page 2](#)):

Average Number of Disbursement Days per Clinic



Note: The drop off at the end is due to data pending for February 2020.

At scale, we expect the following:

1. Monitoring outreaches closely to ensure these are conducted optimally (e.g. once a month at/near small settlements), while continually encouraging beneficiaries to come to the clinic.
2. Hiring disbursement team members (Field Officers) who are located near the clinics to increase safety and community ownership, and to reduce transportation costs which is the largest cost we incur per Immunization Day outside of the cash transfers.
3. Coordinated immunization days within similar areas based on LGA and caregiver preferences (non-market days).

We can share cost data associated with the different types of awareness activities or for average costs incurred to attend different types of immunization days if helpful at any point.