

***Nigeria Governors' Immunization Leadership  
Challenge 2012***  
**Report of the Independent Judging Panel**  
March 27, 2013 – Abuja



Supported by

**BILL & MELINDA  
GATES foundation**



## Table of Contents

Abbreviations & Acronyms.....	3
I. Forward.....	4
II. Executive Summary.....	5
III. Background.....	6
IV. Award Review Process.....	6
Best Performance Award Category.....	6
Most Improved Award Category.....	11
V. Key Considerations.....	12
Core Values Analysis.....	12
Best Practices and Areas for Improvement.....	15
VI. Looking Forward.....	17
VII. Judging Panel’s Endorsement.....	18
Appendix A. State-Wise Performance by Zone.....	i
Appendix B. Award Selection Background Analyses.....	iii
Appendix C. Performance Data: North Central Zone.....	iv
Appendix D. Performance Data: North East Zone.....	xii
Appendix E. Performance Data: North West Zone.....	xix
Appendix F. Performance Data: South East Zone.....	xxvii
Appendix G. Performance Data: South South Zone.....	xxxiii
Appendix H. Performance Data: South West Zone.....	xl
Appendix I. Independent Judging Panel Member Biographies....	xlvi

## **Abbreviations & Acronyms**

<b>AFP</b>	Acute Flaccid Paralysis
<b>HR</b>	High Risk
<b>IPDs</b>	Immunization Plus Days
<b>LGA</b>	Local Government Area
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>MDG</b>	Millennium Development Goal
<b>NGF</b>	Nigeria Governors' Forum
<b>NPAFP</b>	Non-Polio Acute Flaccid Paralysis
<b>NPHCDA</b>	National Primary Health Care Development Agency
<b>ORIREWA</b>	Ondo Routine Immunization Reaching Every Ward Always
<b>RI</b>	Routine Immunization
<b>SIA</b>	Supplemental Immunization Activity
<b>WHO</b>	World Health Organization

## **I. Foreword**

The content of this report to my knowledge was derived from an extensive and thorough review of enormous amount of information collected from all 36 States and the FCT over the duration of twelve months. The robust analysis in this report will seek to provide insights to possible impediments for poor outcomes despite presence of high political will and commitment; and also particularly highlight areas of weaknesses across all states and FCT requiring immediate intervention.

Having read the report and also observed the two days review process myself, I am confident of the quality of work done in this report and believe the independent panel members have done justice by objectively, intellectually and professionally reviewing data for each and every state before arriving at a conclusion.

The Nigeria Immunization Leadership Challenge initiative to the best of my knowledge strives to stimulate increased political oversight at the highest level across the states towards ensuring that Nigeria eradicates polio and strengthening routine immunization in the shortest time possible. While at the same time, allow the sharing of best practices amongst states that will in the long term impact on reduced maternal and child mortality.

It is my resolve that lessons learnt from this initiative and reports derived off it, will serve as a framework for strengthening accountability and for acknowledgment of best practices, not just in the health sector but also all other developmental sectors. The choice of executive governors as primary targets for this initiative, I must say was well directed considering the political authority wielded by the office and if constructively channeled can make the desired difference.

A.B. Okauru Esq.  
Director General  
Nigeria Governors' Forum Secretariat  
21<sup>st</sup> March, 2013

## II. Executive Summary

The 2012 Nigeria Governors' Immunization Leadership Challenge is a year-long initiative aimed at fostering leadership to eradicate polio and improve immunization outcomes amongst Nigerian State Governors. The Challenge, sponsored by the Bill & Melinda Gates Foundation, is 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.

On March 2-3, 2013, an independent judging panel made up of Nigerian and international experts met in Abuja to review the Challenge performance data collected throughout 2012 and to select the highest performing states in two categories: Best Performance and Most Improved.

Based on the judging panel's review of the available performance data, the following seven states have been identified as the highest performing of the 2012 Nigeria Immunization Leadership Challenge in each category:

Geopolitical Zone	Best Performing State by Zone	Challenge Performance <i>Percentage of maximum total score</i>
South West	<b>Ondo</b>	91%
South South	<b>Cross River</b>	83%
North Central	<b>Kogi</b>	81%
South East	<b>Anambra</b>	76%
North East	<b>Borno</b>	72%
North West	<b>Zamfara</b>	60%

Most Improved State Nationally	Challenge Performance <i>Percentage improvement in performance scores between 2011 and 2012</i>
<b>Niger</b>	58%

This report presents an overview of how the independent judging panel assessed the 2012 Nigeria Governors' Immunization Leadership Challenge data to arrive at the selection of highest performing states. This report also includes the panel's analysis of 2012 performance data as it relates to critical areas in which all states across the country can focus to improve future performance against polio eradication and routine immunization goals in the future.

## **I. Background**

In 2012, the Bill & Melinda Gates Foundation, in partnership with the Nigeria Governors' Forum and National Primary Health Care Development Agency, initiated the Nigeria Governors' Immunization Leadership Challenge with the goal of improving political commitment to polio and immunization outcomes amongst Nigerian State Governors. Under the Challenge, the Executive Governors of the six best performing states in each geopolitical zone and a single "most improved" state nationally will be recognized for their exemplary leadership in the effort to eradicate polio from Nigeria. These highest performing states will also be awarded individual grants of \$500,000 to implement a project aimed at achieving select Millennium Development Goals. States which provide co-funding for implementation of the award project will receive additional 1:1 matching funds up to a maximum of \$250,000.

All of Nigeria's 36 states and the Federal Capital Territory signed up to participate in the 2012 Nigeria Immunization Leadership Challenge. Throughout the award period, from January 1 through December 31, 2012, rigorously verified state performance data were collected quarterly against the 12 polio and immunization indicators selected for the Challenge. All 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.

As per the Challenge guidelines, an independent judging panel was selected by the Bill & Melinda Gates Foundation to assess the data and determine the highest performing states. The independent judging panel reviewed the available performance data and conducted closed-door deliberations in Abuja, March 2-3. The results included 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.

## **II. Award Review Process**

### **Best Performance Category**

To be awarded in the Best Performance category, the Challenge requires that a state demonstrates the highest performance in its respective geopolitical zone, against the 12 indicators, listed below. Up to six states, one in each geopolitical zone, are thus eligible to receive an award in this category.

Upon review of all indicators, the panel felt that the original scoring methodology for Indicator #12 did not allow for accurate performance comparisons between states. The panel decided to award scores against this indicator only to those states who had achieved 90% routine immunization coverage during 2012, not to those states that had achieved a 5% routine immunization coverage increase during the year (as shown in Table 1A in Appendix A).

**TABLE 1. 2012 Leadership Challenge Indicators, with Data Sources and Scoring**

No.	Category	Indicator	Data Source	Scoring (Annual total per indicator)
1	<b>Process:</b> Adherence to State-Level Abuja Commitments	Personal involvement of HE 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	1. Abuja Commitments Monitoring by NPHCDA 2. Evidence submitted by states	1 point for fulfilling at least one activity per quarter (4 total)
2		At least one meeting between 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 between 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	<b>Process:</b> 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 >90% LGAs meet the indicator (4 total: High Risk (HR)* states) (1 total: Non-HR* states)
6	<b>Process:</b> RI Planning & Budgeting	Monthly evidence of state budgeted release of funding for routine immunization	Evidence submitted 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 by states	1 point per month (12 total)
8	<b>Outcome:</b> 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 ≤15% wards report >10% missed children (2-7 total) Southern states/zones: 1 point per SIA conducted each quarter in which ≤10% wards report >10% missed children (2 total)
9		Proportion of LGAs accepted at >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 >90% LQAS coverage
10	<b>Outcome:</b> Polio Surveillance Performance	OPV status of non-polio Acute Flaccid Paralysis (NPAFP) cases: ≥3 doses	AFP Surveillance Data: NNAFP OPV doses	1 point if ≥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 ≥90% during each quarter (4 total)
12	<b>Outcome:</b> RI Coverage	% improvement in routine immunization coverage over the 1-year award period	Administrative measles coverage data	1 point for ≥90% coverage during 12-month review period (1 total)
<b>CUMULATIVE ANNUAL SCORE</b>				<i>Maximum Achievable:</i> <i>High Risk (HR)* States (7 IPDs/year) = 67</i> <i>Non-High Risk (non-HR)* States (2 IPDs/year) = 54</i>

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

**TABLE 2. Change in scoring for Indicator #12, as determined by the independent judging panel**

Original scoring	Revised scoring	Justification for change
1 point for ≥90% routine immunization coverage or 5% increase during 2012	1 point for ≥90% routine immunization coverage during 2012	An increase in RI coverage from 40% to 45% cannot be compared with 90% coverage in the Best Performance category

The only available data against which to measure routine immunization coverage for Indicator #12, both for the 2011 baseline and 2012 results, is administrative coverage data. Although Data Quality Self-assessment (DQS) adjusted state-level coverage data is available for 2011, adjustments have not yet been completed on 2012 administrative coverage levels. After acknowledging this limitation of the data, the panel considered both DTP3 and measles coverage data. The introduction of pentavalent vaccine and significant DTP3 stock outs affected DTP3 coverage rates in many states in 2012. Therefore, the measles coverage figures were used for evaluation.

The judging panel first assessed the performance of all 36 states and FCT together in this category, to evaluate performance standards nationally. The panel then grouped the 12 indicators into two major groups: Process (Indicators #1-7) and Outcome (Indicators #8-12). Within the Process group, the first seven indicators were classified into three categories:

- (i) Adherence to State-Level Abuja Commitments (Indicators #1-#4);
- (ii) Adherence to LGA-Level Abuja Commitments (Indicator #5); and
- (iii) Routine Immunization Planning & Budgeting (Indicators #6-7).

The Outcome group consisted of three categories:

- (i) IPDs Performance (Indicators #8-9);
- (ii) Polio Surveillance Performance (Indicators #10-11); and
- (iii) Routine Immunization Coverage (Indicator #12).

Within each category, the panel identified performance benchmarks at 50% and 75% of the maximum possible score. Since the routine immunization outcome (RI) indicator (RI coverage) is measured annually, however, the panel opted to keep the benchmark at 100% for this category. (See Table 1B in Appendix B)

The panel then assessed each state's performance against these benchmarks using two sets of data: One set of data was the reported outcomes for the state-level Abuja Commitment indicators (Indicators #1-4) as collected quarterly by the National Primary Healthcare Development Agency, reflecting activities conducted by both the Executive Governor and his representative, i.e., the Deputy Governor. The second set of data was compiled based on evidence submitted by each state against these first four indicators, reflecting activities undertaken by the Executive Governor alone. Both sets of data, that is, reported outcomes and evidence submitted by each state, were used for the remaining indicators.

A nation-wide comparison of performance by all states using both available datasets (Figure 1, below) shows consistent outcomes between both datasets in most cases. Based on this analysis, the panel decided to base its ultimate decision on the evidence-based dataset. The panel felt confident that the highest performers identified in each geopolitical zone had achieved at least 60% of possible cumulative annual performance against both sets of available data.



In the North West Zone, both Zamfara and Kebbi achieved equal cumulative scores according to the evidence-based dataset. The panel agreed that in the case of a tie, more weight should be given the Outcome group of indicators. After reviewing the evidence-based performance data by indicator group for each state (see Table 2B in Appendix B) the panel determined that Zamfara was the highest performing.

The panel reviewed the evidence submitted by both highest performing and other states across the country to verify the quality and content of evidence submitted.

Based on this assessment, the following states were identified as the highest performers in the Best Performance Category in each zone:

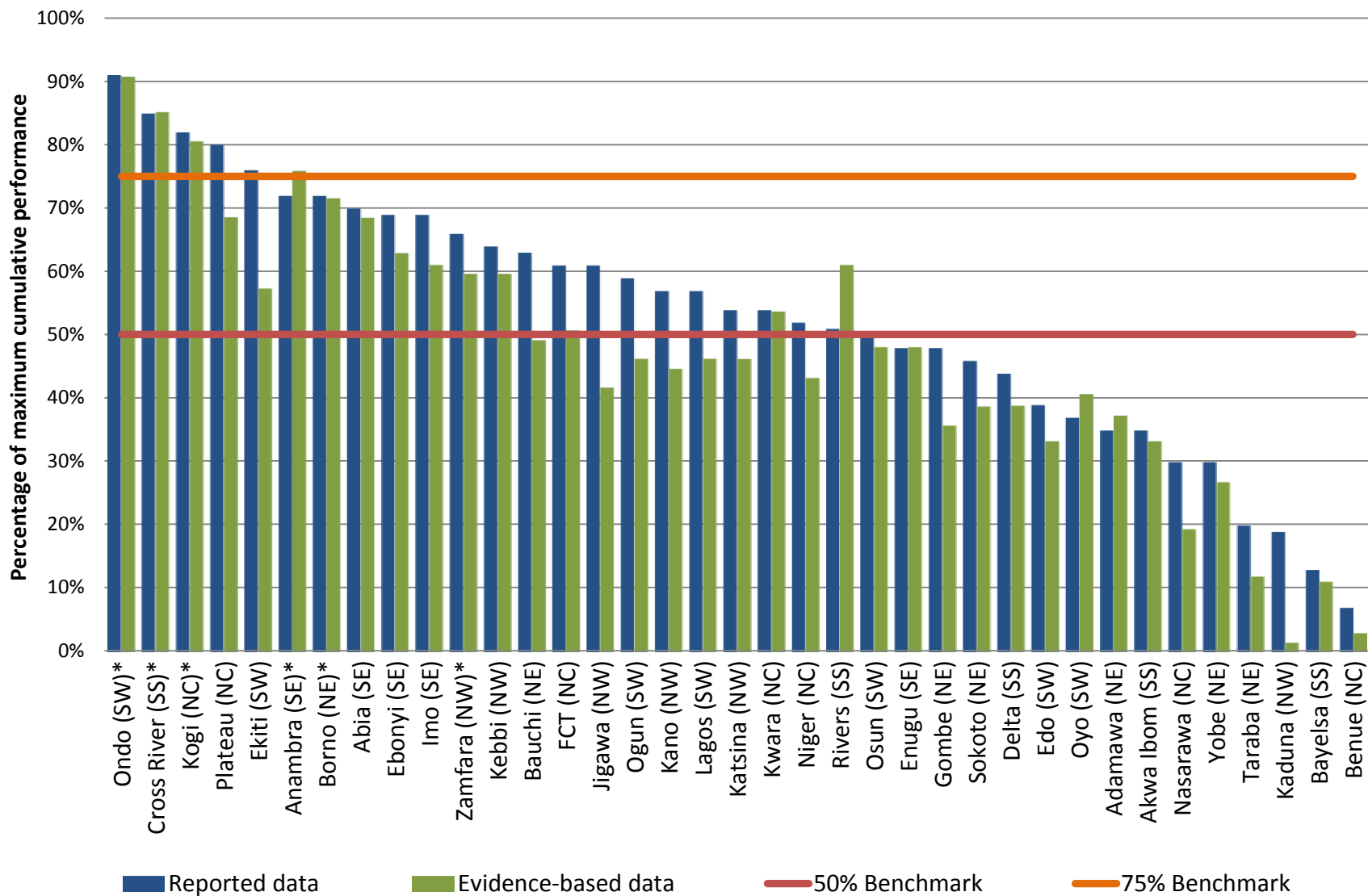
**TABLE 3. Best Performance Category Award States by Zone and Challenge Performance**

<b>Geopolitical Zone</b>	<b>Best Performing State by Zone</b>	<b>Challenge Performance Percentage of maximum total score</b>
South West	<b>Ondo</b>	91%
South South	<b>Cross River</b>	83%
North Central	<b>Kogi</b>	81%
South East	<b>Anambra</b>	76%
North East	<b>Borno</b>	72%
North West	<b>Zamfara</b>	60%

Ondo State demonstrated the highest performance nationally, achieving 91% of the maximum possible score. The panel noted that four of the six top performing states in this category did not report any wild poliovirus cases in 2012. Although Borno reported eight wild poliovirus cases in 2012, the state's high level of performance despite facing significant security challenges in 2012 is particularly commendable.

All of the highest performing states reported over 70% measles coverage in 2012 and many showed significant improvement over 2011 coverage rates. Cross River demonstrated the highest levels of DTP3 coverage, at 77% for 2012.

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



\* Highest performing state in its respective geopolitical zone.

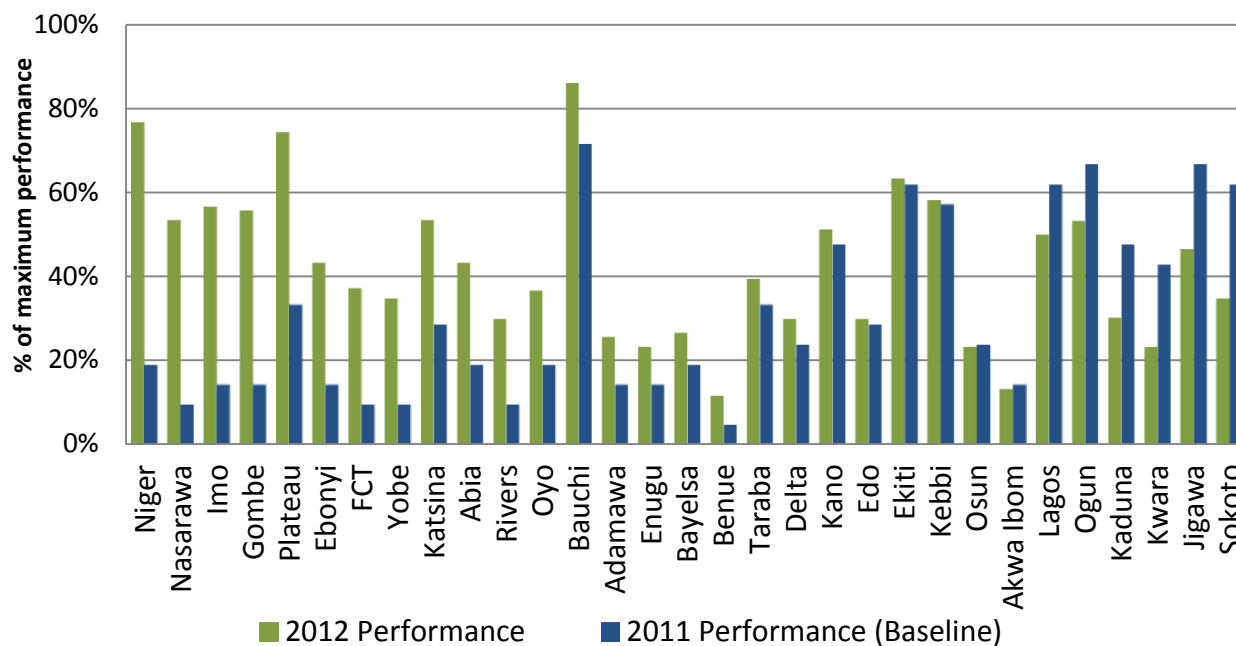
### Most Improved Category

Of the remaining 31 states that did not qualify as the top performing in the Best Performance category, one state was selected as Most Improved. In order to be recognized in this category, a state must demonstrate the most improvement in the scoring of 9 select indicators during 2012 compared to a 2011 baseline. The indicators scored for Most Improved include (as per Table 1, above): Indicators #1-5, 8, and 10-12.

For the Most Improved category, the judging panel considered only those indicators with available data for assessing both 2011 and 2012 performance. As such, the Most Improved category was scored using reported data on the Abuja Commitments for 2011 and 2012 and did not rely on any evidence submitted by states in 2012. In addition, the RI process indicators (Indicators #6-7) and LQAS outcome indicator (Indicator #9) could not be used because there was no consistent data available to verify 2011 performance. The changes to the RI Indicator (Indicator #12) noted above in the Best Performance category section were also applied to the Most Improved category.

The panel first reviewed the percentage improvement of each state nationally, and excluded the six highest performing states already identified in the Best Performance category. Of the remaining states (and taking into account the 75% benchmark for 2012 performance) Niger demonstrated the most improvement in scores between 2011 and 2012, with a 58% increase against the 2011 baseline (see Figure 2, below).

**FIGURE 2. Percentage Improvement between 2011 Baseline Performance and 2012 Performance against 9 Indicators, Most Improve Category (excluding Best Performing states)**



The panel noted Niger’s performance in the context of is more general polio and routine immunization performance in 2012. Niger reported two cases of wild poliovirus in 2012 after reporting no cases in 2011. Despite this, the state managed to improve routine immunization coverage between 2011 and 2012, as measured by an increase in measles coverage from 40% to 61% and an increase in DTP3 coverage of 18%.

### III. Key Considerations

#### Core Value Analysis

Further analyses of the available 2012 Challenge performance data yielded valuable insight into where states are succeeding and where critical performance gaps still exist. The judging panel grouped the 2012 Challenge indicators into four “core values” reflected by each indicator – leadership, commitment, ownership, and outcome/results (see Table 4).

**TABLE 4. Nigeria Governors’ Immunization Leadership Challenge Indicators by Core Value Grouping**

Core Values Category	Indicator
Leadership	<b>State Level:</b> At least one meeting between Governor with LGA chairmen to discuss priority actions to improve polio and routine immunization each quarter
	<b>State Level:</b> At least one meeting between Governor with traditional leaders to review their involvement in polio and routine immunization each quarter
	<b>LGA Level:</b> Proportion of LGAs where daily Immunization Plus Days (IPDs) review meetings are chaired by a high level LGA official, i.e., LGA chairman or LGA HOD/PHC Dept.
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	Proportion of Wards with >10% missed children during IPDs
	Proportion of LGAs accepted at >90% LQAS coverage during IPDs
	OPV status of non-polio Acute Flaccid Paralysis (NPAFP) cases: ≥3 doses
	LGAs meeting both Acute Flaccid Paralysis (AFP) surveillance indicators
	% improvement in routine immunization coverage over the 1-year award period

Assessment of the 2012 Challenge data using these groupings provided valuable insight into specific state strengths and weaknesses (Figure 3), in particular:

- Overall, scores in the outcome/results category were generally lower than for other core values (except in the South South zone; see below), supporting the conclusion that the levels of leadership, commitment, and ownership demonstrated by states in 2012 ultimately failed to translate into programmatic results. It is worth noting, that the core values as measured by the 2012 Challenge indicators are limited mainly to representations of action at the state level.
- The North West Zone, in particular, demonstrated the highest levels of Leadership and Commitment nationally, yet the lowest scores in terms of Outcome/Results. The majority of wild poliovirus cases reported in 2012 originated in this zone and 7 of the 9 polio High Risk states are located in this zone. This outcome indicates that there is some barrier to the translation of high level political commitment to programmatic results in the North West Zone.
- Levels of Leadership and Commitment were lowest in the South South zone. This was the only zone in which scores for outcomes (represented by the Outcome/Results category) were higher than Leadership or Commitment scores.

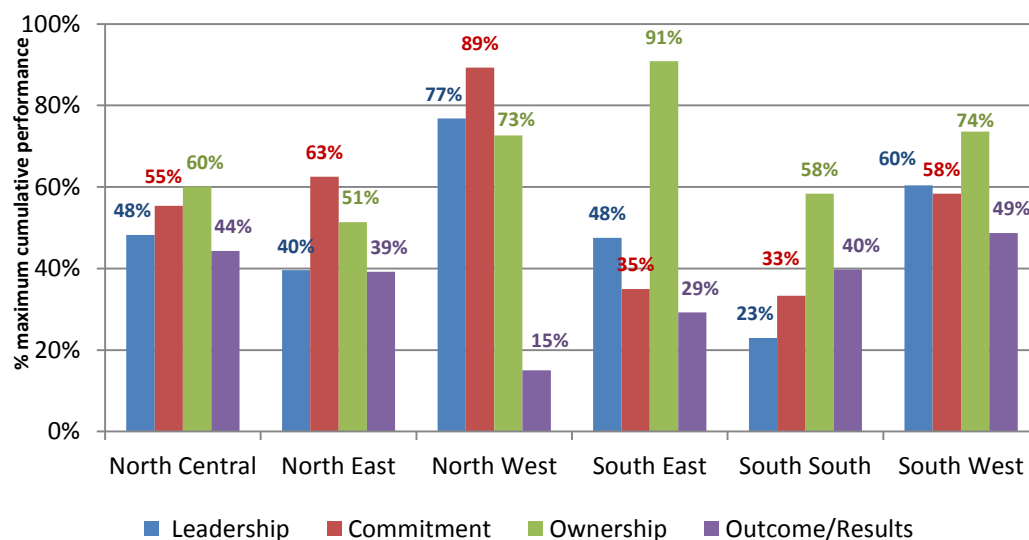
When applied to the award states alone, the core values analysis showed a similar imbalance in the impact of Process inputs versus programmatic Outcomes. (see Figure 4) Still, it was clear that award states demonstrated levels of leadership, commitment and ownership that were far higher than the average in their respective zones.

Disaggregating the leadership category by state- and LGA-level leadership indicators (as listed in Table 4, above), shows a stark difference between high levels of state-level leadership and much lower levels of LGA-level leadership, which were not achieved by even the best-performing states. (see Figure 5)

Overall, the most significant conclusion of the core values analysis is that state level leadership, ownership, and commitment alone were not sufficient to produce targeted outcomes for polio eradication and routine immunization in 2012. The analysis highlights the necessity of replicating this core values at LGA and lower level. Further, the panel suggests that state levels of leadership, commitment, and ownership must be generated at the LGA level. Interpretation of these results provide further evidence that Executive Governors and state health leadership at the highest levels should closely monitor LGA- and Ward-level performance results to ensure that high level directives are being fully implemented towards concrete improvements in program outcomes.

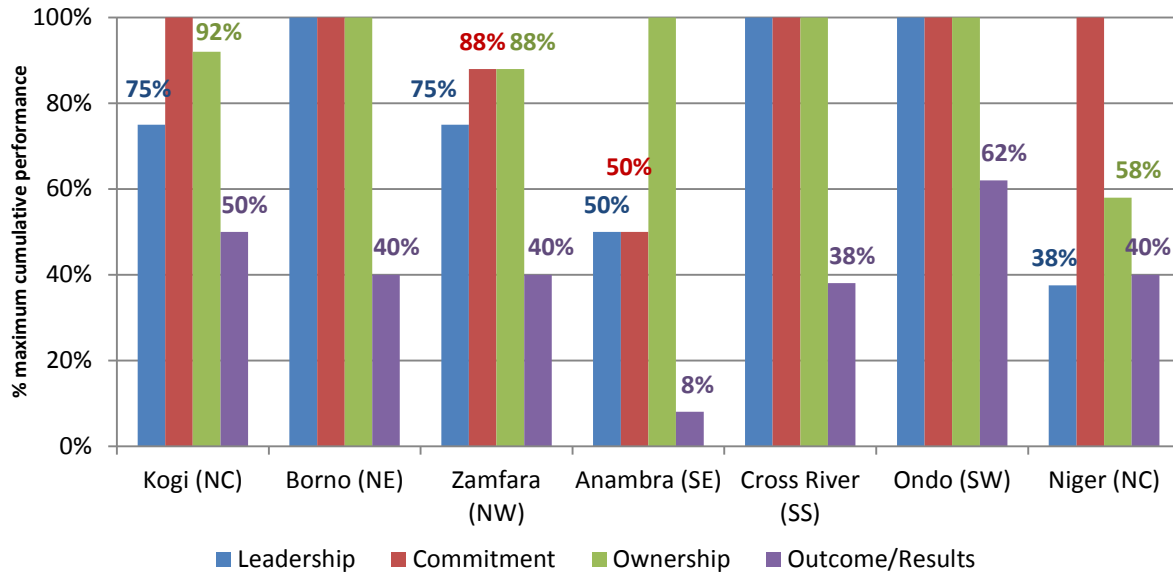
The panel acknowledged that the current core value analysis does not take into account contextual factors that may influence the ability of state leadership to translate resource inputs and leadership actions into results. Such factors may include the prevalence of insecurity, the current status of polio eradication, the frequency of IPDs as well as the degree to which community ownership of polio and immunization programs – including the involvement of traditional leaders – may enable greater local demand for, and support of, immunization services in a given state. Tracking additional indicators or exploring a comparison of process versus outcome indicators at a more local level may yield further insight into programmatic barriers and opportunities. However, the panel supports the use of the core value analysis approach as a way of enabling stakeholders to identify programmatic strengths and weaknesses within the four core values of the Leadership Challenge program, particularly in terms of identifying missing links between Process and the Outcome indicators.

**FIGURE 3. Core Values Performance, Average Percentage Scores by Zone\***



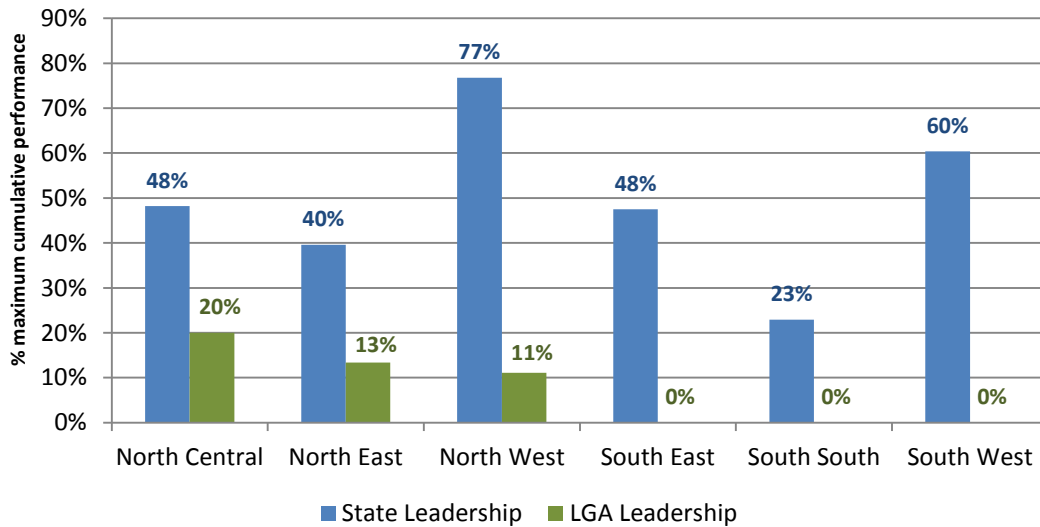
\*Based on evidence-based results.

**FIGURE 4. Core Values Performance amongst Best Performing & Most Improved States\***



\*Based on evidence-based results.

**FIGURE 5. State- and LGA-Level Leadership by Zone\***



\*Based on evidence-based results.

### Best Practices & Areas for Improvement

Based on a thorough review of the 2012 Challenge data, as well as valuable insights gathered by the Secretariat during the Challenge review period, the judging panel observed that the Executive 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.

Most of the highest performing states demonstrated complete ownership of the RI program through regular monthly review meetings as well as allocation of budget. Although the 2012 Challenge did not measure whether budget allocations were made in a timely manner, it would appear that late release of funds, and lack of monitoring the use of allocated funds, may have adversely impacted the outcome in states with commendable leadership, commitment and ownership. Therefore, states should be encouraged to release the necessary funds well ahead of planned activities in order to ensure that such measures translate into programmatic results. In addition, the use of such funds should be scrupulously monitored for accountability.

Under-reporting of the Abuja commitments by several states was observed. For example, Anambra state did not report State Task Force meetings against the Abuja Commitment, but submitted evidence of these meetings to NGF for the Challenge. Thus, states must consistently report all activities related to the Abuja Commitments.

In addition to valuable insights into state program leadership gathered from the 2012 Challenge data and evidence, the Challenge Secretariat also engaged with states during the one-year duration of the Challenge, both through monthly discussion of polio and routine immunization with the Governors as well as through state visits. These engagements aimed to sensitize government officials on the Challenge, collect relevant verifying evidence for Challenge indicators and appreciate ongoing efforts by State leadership. As requested by the panel, the table below reflects a collection of the Secretariat's observations from these visits, as well as practices reflected in verifying evidence submitted under the Challenge, that represent the most extraordinary efforts made by states towards eradicating polio and strengthening of routine immunization.

**TABLE 5. Best Practices by State Leadership towards Eradicating Polio & Strengthening Routine Immunization in 2012**

GEOPOLITICAL ZONE	STATE	2012 BEST PRACTICES
North West	Katsina	<ul style="list-style-type: none"> <li>Lump sum approval and release of funding for support of polio campaigns, routine immunization and Maternal Child Health Week in the State on a 6-monthly basis, eliminating the possibility of funding gaps.</li> </ul>
	Kano	<ul style="list-style-type: none"> <li>The first state to implement a reward scheme to recognize and reward the best-performing LGAs based on polio campaign indicators.</li> <li>The Deputy Governor engaged in monitoring and resolution of non-compliance during each day of polio campaign implementation for all IPDs during which he was available.</li> </ul>
	Kebbi	<ul style="list-style-type: none"> <li>The first state to institute a state-wide matching allowance for polio vaccinators.</li> <li>Presence of strong coordination between traditional institutions in the state and the technical team.</li> </ul>
	Jigawa	<ul style="list-style-type: none"> <li>High-level commitment exhibited by the Governor in the regular approval of funding for Primary Health Care with availability of dedicated funding for routine immunization.</li> </ul>

	<b>Zamfara</b>	<ul style="list-style-type: none"> <li>• Institutionalization of common funding pool 'basket' for immunization. This has provided sustained funding for routine immunization.</li> <li>• Presence of strong coordination between traditional institutions in the state and the technical team.</li> </ul>
	<b>Borno</b>	<ul style="list-style-type: none"> <li>• Despite on-going security challenges, the Governor has personally participated in every public event in support of polio/immunization except for one. Equally, he has personally chaired every meeting with Local Government chairmen and traditional leaders.</li> <li>• The Governor has approved and authorized the release of state-wide matching funds for a vaccinator allowance since the second quarter of 2012.</li> <li>• Availability of logistics and incentive support for key stakeholders has resulted in an all inclusion of all stakeholders in the fight against polio.</li> <li>• Provision of reward incentives to health workers who have demonstrated exemplary commitment to immunization activities in their respective constituencies.</li> </ul>
<b>North Central</b>	<b>Kogi</b>	<ul style="list-style-type: none"> <li>• The Governor personally participated in all public events in support of polio/immunization and facilitated all meetings on immunization with traditional and religious leaders.</li> </ul>
<b>South East</b>	<b>Anambra</b>	<ul style="list-style-type: none"> <li>• The Governor personally participated in all public events in support of polio and routine immunization and facilitated all immunization meetings with traditional and religious leaders.</li> <li>• The Governor, along with his wife and daughter, participated in public events in support of polio and routine immunization.</li> </ul>
	<b>Imo</b>	<ul style="list-style-type: none"> <li>• The Governor provided land space on the Government House premises for the construction of an ultra-modern cold room to provide adequate storage space and facilities for the cold chain system required to maintain vaccine potency.</li> </ul>
<b>South South</b>	<b>Cross River</b>	<ul style="list-style-type: none"> <li>• The Governor showcased high leadership oversight and commitment by participating in all public events in support of immunization and chairing of regular coordination meetings with traditional leaders and Local Government chairmen.</li> <li>• It is worth noting that Cross River State demonstrated the most articulate and systematic documentation of required evidence to verify performance against the Leadership Challenge indicators.</li> </ul>
<b>South West</b>	<b>Lagos</b>	<ul style="list-style-type: none"> <li>• Together with the Governor of Ogun State, the Governor initiated inter-state cross border mobilization activities. So far these are the only two States to demonstrate this high level of coordination on polio and routine immunization activities.</li> </ul>
	<b>Ogun</b>	<ul style="list-style-type: none"> <li>• Together with Lagos State Governor, the Governor initiated inter-state cross border mobilization activities. So far these are the only two States to demonstrate this high level of coordination on polio and routine immunization activities.</li> </ul>
	<b>Ondo</b>	<ul style="list-style-type: none"> <li>• The Governor demonstrated an exceptionally high level of leadership oversight and commitment, including personal participation in a review meeting on the eve of the last gubernatorial election in the state. He also personally chaired and facilitated all meetings with Local Government Chairmen and traditional leaders on immunization.</li> <li>• To strengthen service delivery and optimize uptake of routine vaccination, the State initiated ORIREWA-Ondo Routine Immunization Reaching Every Ward Always. An ultra-modern cold and dry store was built and equipped solely by the state government.</li> </ul>



#### **IV. Looking Forward**

Based on its review of the 2012 Challenge results, the independent judging panel is convinced that tremendous progress has been made to establish greater state leadership to eradicate polio and strengthen routine immunization nationwide. The results of the 2012 Challenge indicate improvements in state leadership, commitment and ownership of these programs, but steady improvement in the outcomes during the last 12 months.

The panel recommends that future rounds of the Challenge should continue to include routine immunization and that states continue to strive to strengthen routine immunization systems even as they pursue the urgent goal of polio eradication.

The panel:

- is convinced that the Challenge is a valuable mechanism for engaging state leaders, particularly Executive Governors, in greater leadership of critical health programs;
- commends the Bill & Melinda Gates Foundation for sponsoring the Challenge for the purposes of polio eradication;
- encourages the government of Nigeria (Federal Ministry of Health and other national bodies) to take over the Challenge mechanism in the future to establish it as a sustainable intervention for supporting national health priorities in the long term, include providing funding for the Award prize;
- urges that such national ownership of the Challenge mechanism maintains the strong data collection and validation systems currently in place;
- counsels that the external independent judging system should remain in place. Ensuring the presence of an external, independent judging panel would continue to be critical to the success of the program under national ownership. The Nigeria Governors' Forum should be maintained as the Challenge Secretariat with the support of the Federal Ministry of Health.

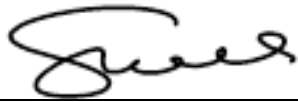
Although not measured by the 2012 Challenge indicators, the panel notes that community ownership of polio eradication and routine immunization improvement efforts is of critical importance and should likewise be encouraged and monitored.

Despite the progress demonstrated in the 2012 Challenge performance data, the judging panel notes that performance gaps continue to persist in all geopolitical zones. In particular, low performance amongst currently polio-free states should be viewed with concern. Complacency in these states could ultimately lead to the spread of polio back to previously polio-free zones, repeating the cycle of re-importation that has dogged the Nigerian polio program for the last decade and placing global polio eradication efforts at risk.

## V. Judging Panel's Endorsement

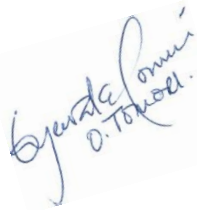
We, the independent judging panel of the 2012 Nigeria Immunization Leadership Challenge, hereby endorse the contents of this report. Our selection of the Best Performing and Most Improved states has not been biased by any personal, professional or financial conflicts of interest. The results included 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: 19<sup>th</sup> March, 2013



---

**Dr. Shehu Sule**  
Rtd., Ag. Permanent Secretary  
Federal Ministry of Health  
Abuja



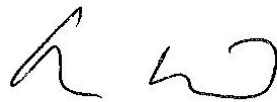
---

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



---

**Dr. Mercy Ahun**  
Special Representative to GAVI-Eligible  
Countries, GAVI  
Geneva

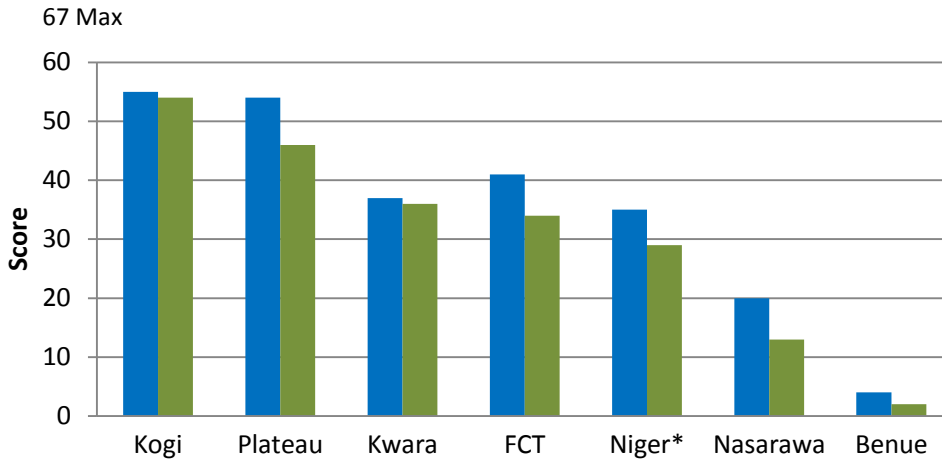


---

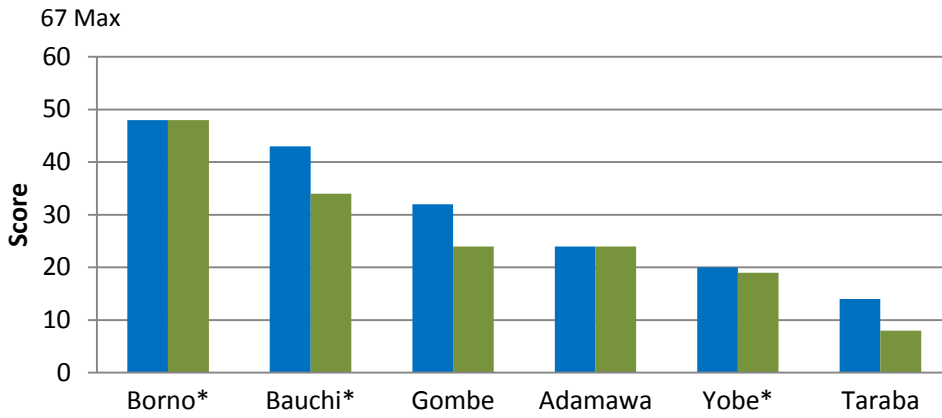
**Ms. Amina J. Mohammed**  
Special Advisor on Post-2015  
Development Planning, United Nations  
New York

**APPENDIX A. State-Wise Performance by Zone**

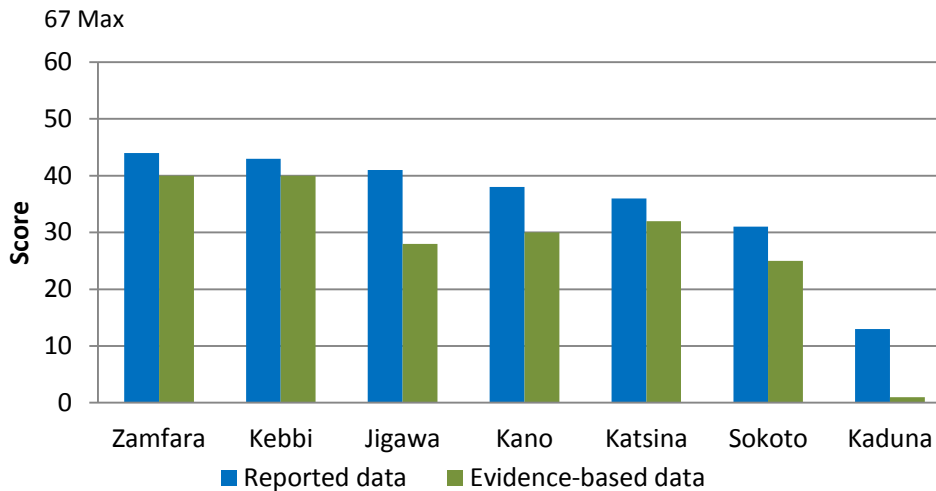
**North Central Zone\***



**North East Zone\***

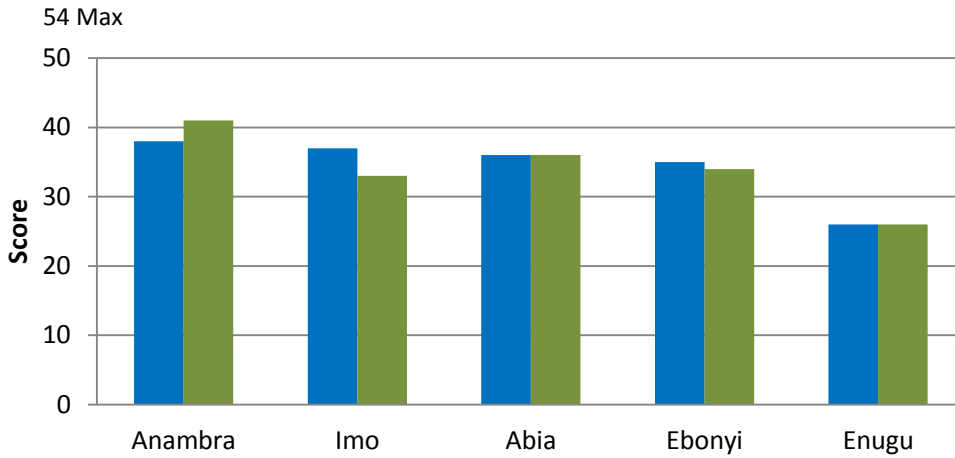


**North West Zone**

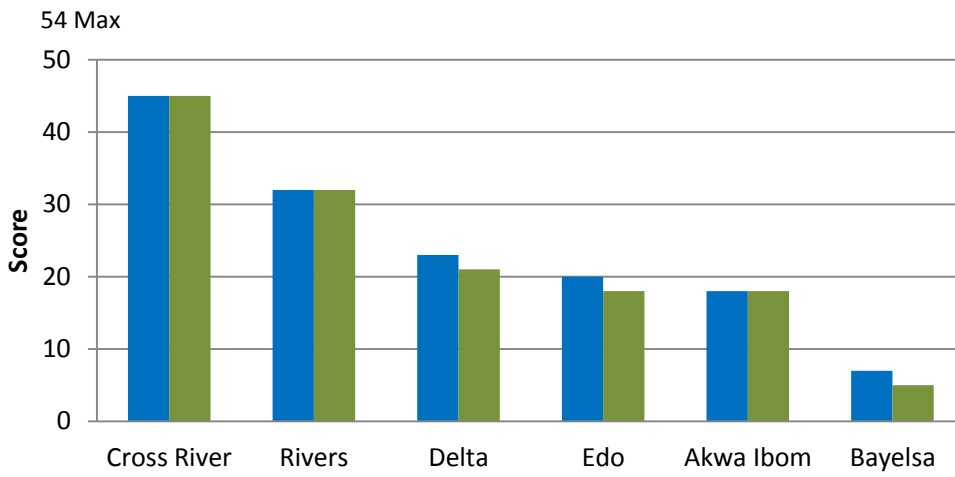


\*Scores in the North Central and North East zones have been adjusted statistically to allow equal comparison between states that conducted different numbers of IPDs in 2012 (7 in High Risk States versus 2 in non-High Risk States), leading to variations in annual maximum score.  
NOTE: All data in this appendix is based on the evidence.

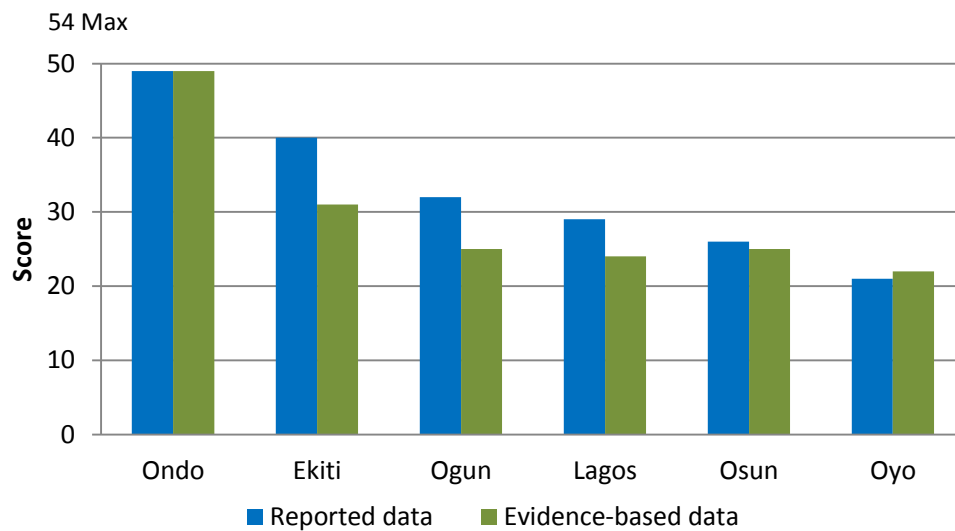
**South East Zone**



**South South Zone**



**South West Zone**



NOTE: All data in this appendix is based on the evidence.

## APPENDIX B. Award Selection Background Analyses

**TABLE 1B. Best Performance Category Scoring Totals, with 50% and 75% Performance Benchmarks**

Indicator Category	Total Annual Score: Non-High Risk versus High Risk states	Performance Benchmark: 50%	Performance Benchmark: 75%
State-Level Abuja Commitments (Process Indicators #1-4)	16	8	12
LGA-Level Abuja Commitments (Process Indicator #5)*	1 or 4	1 or 2	1 or 3
RI Process Indicators (Process Indicators #6-7)	24	12	18
IPDs Indicators* (Outcome Indicators #8-9)	4 or 14	2 or 7	3 or 10
AFP Surveillance Indicators (Outcome Indicators #10-11)	8	4	6
RI Outcome Indicator (Outcome Indicator #12)	1	1	1
<b>Total*</b>	<b>54 or 67</b>	<b>28 or 34</b>	<b>41 or 50</b>

\*Scoring for these categories varies according to the number of IPDs conducted. In 2012, High Risk (HR) states conducted 7 IPDs, while non-High Risk (Non-HR) states conducted 2 IPDs.

**TABLE 2B. Evidence-based data by indicator group for Zamfara and Kebbi**

Indicator	Kebbi	Zamfara	
<b>Process</b>	State-Level Abuja Commitment Indicators (Indicators #1-4)	11	9
	LGA-Level Abuja Commitments (Indicator #5)*	1	0
	RI Process Indicators (Indicators #6-7)	24	21
	<b>Subtotal</b>	<b>36</b>	<b>30</b>
<b>Outcome</b>	IPDs Outcome Indicators* (Indicators #8-9)	0	6
	AFP Surveillance Outcome Indicators (Indicators #10-11)	4	4
	RI Outcome Indicator (Indicator #12)	0	0
	<b>Subtotal</b>	<b>4</b>	<b>10</b>
<b>Total</b>	<b>40</b>	<b>40</b>	
<b>% Performance (of maximum 67)</b>	<b>60%</b>	<b>60%</b>	

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

No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				1	2	3	4	5	6	7	8	9	10	11	12
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	1			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			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	52%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		0%	67%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		12%	22%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	77%			78%			91%			87%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	70%			73%			78%			73%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										55%		
<b>Total Score (Reported)</b>				<b>3</b>			<b>0</b>			<b>1</b>			<b>0</b>		
<b>Total Score (Evidence-based)</b>				<b>1</b>			<b>0</b>			<b>1</b>			<b>0</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			1			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	1			1			1			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			1			0		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			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	0%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	1	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	33%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		19%	19%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	80%			83%			83%			83%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	84%			89%			81%			86%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										54%		
<b>Total Score (Reported)</b>				<b>9</b>			<b>10</b>			<b>9</b>			<b>5</b>		
<b>Total Score (Evidence-based)</b>				<b>7</b>			<b>9</b>			<b>6</b>			<b>5</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter				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	14%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		33%	67%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		15%	6%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	88%			86%			85%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			94%			93%			88%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										100%		
<b>Total Score (Reported)</b>				<b>10</b>			<b>11</b>			<b>10</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>9</b>			<b>11</b>			<b>10</b>			<b>12</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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			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 for 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		33%	33%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		6%	2%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	93%			88%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	75%			83%			78%			82%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										109%		
<b>Total Score (Reported)</b>				9			6			7			7		
<b>Total Score (Evidence-based)</b>				8			6			7			7		

= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	<b>Abuja Commitments</b>	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	1			0			0			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			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			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	<b>Routine Immunization: Process</b>	Monthly evidence of state budget release of funding for routine immunization	Budget released for every month												
7		Monthly evidence of review and planning on RI in State Task Force or equivalent meetings	Meeting held every month												
8	<b>Immunization Plus Days</b>	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	33%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		17%	12%									
10	<b>AFP Surveillance</b>	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	92%			100%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	94%			91%			91%			90%		
12	<b>Routine Immunization: Outcome</b>	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										88%		
<b>Total Score (Reported)</b>				<b>7</b>			<b>2</b>			<b>3</b>			<b>4</b>		
<b>Total Score (Evidence-based)</b>				<b>4</b>			<b>2</b>			<b>2</b>			<b>2</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	<b>Abuja Commitments</b>	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			0			1			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			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	92%			68%			88%			25%		
6	<b>Routine Immunization: Process</b>	Monthly evidence of state budget release of funding for routine immunization	Budget released for every month	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	<b>Immunization Plus Days</b>	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		17%	17%		25%		20%			11%	11%	11%
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		18%	16%		19%		16%			11%	9%	4%
10	<b>AFP Surveillance</b>	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	91%			92%			88%			76%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	92%			93%			92%			93%		
12	<b>Routine Immunization: Outcome</b>	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										61%		
<b>Total Score (Reported)</b>				<b>13</b>			<b>9</b>			<b>5</b>			<b>8</b>		
<b>Total Score (Evidence-based)</b>				<b>10</b>			<b>8</b>			<b>3</b>			<b>7</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			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	0			0			0			1		
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 for 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	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	17%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		2%	7%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	73%			94%			94%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			96%			97%			92%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										37%		
<b>Total Score (Reported)</b>				<b>11</b>			<b>11</b>			<b>9</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>11</b>			<b>8</b>			<b>9</b>			<b>9</b>		

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

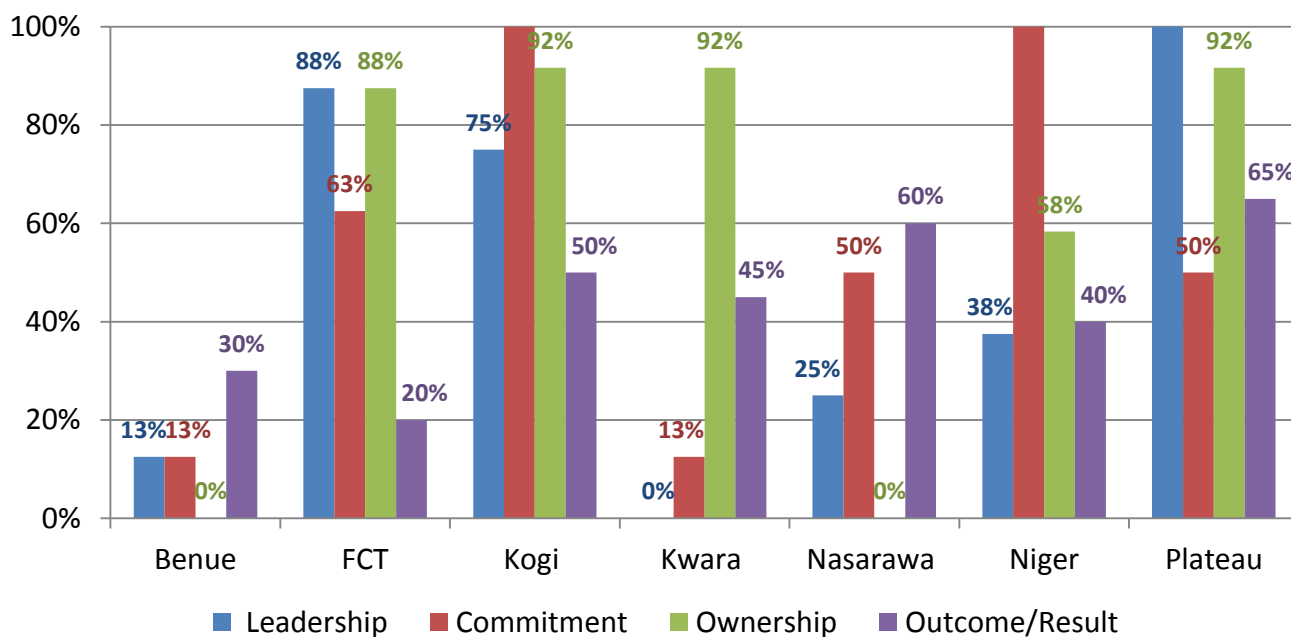
## Appendix C. Performance Data: North Central Zone

### Summary Scorecard: North Central Zone

State	Data Type	Quarter 1	Quarter 2		Quarter 3		Quarter 4		Total Un-adjusted Score	Total Adjusted Score Max=67	%
		All State Max=17	HR State Max=15 Non-HR State Max=12	Adjusted Score	HR State Max=15 Non-HR State Max=12	Adjusted Score	HR State Max=20 Non-HR State Max=13	Adjusted Score			
		Score	Score	Adjusted Score	Score	Adjusted Score	Score	Adjusted Score			
Benue	Reported	3	0	0	1	1	0	0	4	4	6%
	Evidence	1	0	0	1	1	0	0	2	2	3%
FCT	Reported	9	10	13	9	11	5	8	33	41	61%
	Evidence	7	9	11	6	8	5	8	27	34	51%
Kogi	Reported	10	11	14	10	13	12	18	43	55	82%
	Evidence	9	11	14	10	13	12	18	42	54	81%
Kwara	Reported	9	6	8	7	9	7	11	29	37	55%
	Evidence	8	6	8	7	9	7	11	28	36	54%
Nasarawa	Reported	7	2	3	3	4	4	6	16	20	30%
	Evidence	4	2	3	2	3	2	3	10	13	19%
Niger*	Reported	13	9	9	5	5	8	8	35	35	52%
	Evidence	10	8	8	3	3	7	7	28	28	42%
Plateau	Reported	11	11	14	9	11	12	18	43	54	81%
	Evidence	11	8	10	9	11	9	14	37	46	69%

\*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: Niger.

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



\*Based on evidence-based results.

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


No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				1	2	3	4	5	6	7	8	9	10	11	12
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	43%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		0%	0%									
9		Two random LQAS conducted during Award period (as per WHO guidelines).	100% LGAs accepted at ≥90% coverage for each IPDs		6%	4%									
10	AFP Surveillance	Oral Polio vaccine status (% >3 doses of OPV) of non-polio AFP cases	≥90% per quarter	100%			100%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	79%			86%			86%			85%		
12	Routine Immunization: Outcome	% improvement in RI coverage (Measles) over the 1 year award period	≥90% annual measles coverage										95%		
<b>Total Score (Reported)</b>				6			4			4			5		
<b>Total Score (Evidence-based)</b>				6			4			4			5		


= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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			0			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	55%			70%			45%			90%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	0%		20%		42%			89%	22%	55%
9		Two random LQAS conducted during Award period (as per WHO guidelines).	100% LGAs accepted at ≥90% coverage for each IPDs		8%	13%		19%		16%			21%	9%	4%
10	AFP Surveillance	Oral Polio vaccine status (% >3 doses of OPV) of non-polio AFP cases	≥90% per quarter	100%			90%			90%			90%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	93%			76%			81%			82%		
12	Routine Immunization: Outcome	% improvement in RI coverage (Measles) over the 1 year award period	≥90% annual measles coverage										57%		
<b>Total Score (Reported)</b>				<b>12</b>			<b>10</b>			<b>9</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>10</b>			<b>9</b>			<b>6</b>			<b>9</b>		

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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	67%			63%			63%			0%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization.	Budget released for 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		13%	13%		10%		21%			20%	40%	38%
9		Two random LQAS conducted during Award period (as per WHO guidelines).	100% LGAs accepted at ≥90% coverage for each IPDs		10%	9%		11%		7%			35%	8%	42%
10	AFP Surveillance	Oral Polio vaccine status (% >3 doses of OPV) of non-polio AFP cases	≥90% per quarter	86%			96%			96%			93%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	69%			76%			80%			76%		
12	Routine Immunization: Outcome	% improvement in RI coverage (Measles) over the 1 year award period	≥90% annual measles coverage										70%		
<b>Total Score (Reported)</b>				<b>12</b>			<b>12</b>			<b>12</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>12</b>			<b>12</b>			<b>12</b>			<b>12</b>		

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE Governor in public event in support of polio	≥1 event per quarter	1			1			1			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			1			1			0		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			1			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	18%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization.	Budget released for 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	1	1		1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		16%	16%									
9		Two random LQAS conducted during Award period (as per WHO guidelines).	100% LGAs accepted at ≥90% coverage for each IPDs		5%	11%									
10	AFP Surveillance	Oral Polio vaccine status (% >3 doses of OPV) of non-polio AFP cases	≥90% per quarter	82%			100%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			93%			94%			88%		
12	Routine Immunization: Outcome	% improvement in RI coverage (Measles) over the 1 year award period	≥90% annual measles coverage										91%		
<b>Total Score (Reported)</b>				<b>8</b>			<b>5</b>			<b>8</b>			<b>5</b>		
<b>Total Score (Evidence-based)</b>				<b>7</b>			<b>2</b>			<b>5</b>			<b>5</b>		

= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE Governor in public event in support of polio	≥1 event per quarter	0			0			0			1		
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			0			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	63%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		17%	67%									
9		Two random LQAs conducted during Award period (as per WHO guidelines).	100% LGAs accepted at ≥90% coverage for each IPDs		5%	10%									
10	AFP Surveillance	Oral Polio vaccine status (% >3 doses of OPV) of non-polio AFP cases	≥90% per quarter	94%			94%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	65%			71%			74%			78%		
12	Routine Immunization: Outcome	% improvement in RI coverage (Measles) over the 1 year award period	≥90% annual measles coverage										105%		
<b>Total Score (Reported)</b>				<b>4</b>			<b>1</b>			<b>2</b>			<b>4</b>		
<b>Total Score (Evidence-based)</b>				<b>3</b>			<b>1</b>			<b>1</b>			<b>2</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE Governor in public event in support of polio	≥1 event per quarter	1			1			0			1		
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	94%			76%			71%			0%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	≤15% for each IPDs		12%	0%		0%		17%			20%	0%	0%
9		Two random LQAS conducted during Award period (as per WHO guidelines).	100% LGAs accepted at ≥90% coverage for each IPDs		17%	21%		21%		11%			16%	17%	16%
10	AFP Surveillance	Oral Polio vaccine status (% >3 doses of OPV) of non-polio AFP cases	≥90% per quarter	93%			82%			82%			76%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	33%			65%			73%			71%		
12	Routine Immunization: Outcome	% improvement in RI coverage (Measles) over the 1 year award period	≥90% annual measles coverage										74%		
<b>Total Score (Reported)</b>				<b>5</b>			<b>5</b>			<b>5</b>			<b>5</b>		
<b>Total Score (Evidence-based)</b>				<b>4</b>			<b>5</b>			<b>5</b>			<b>5</b>		

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

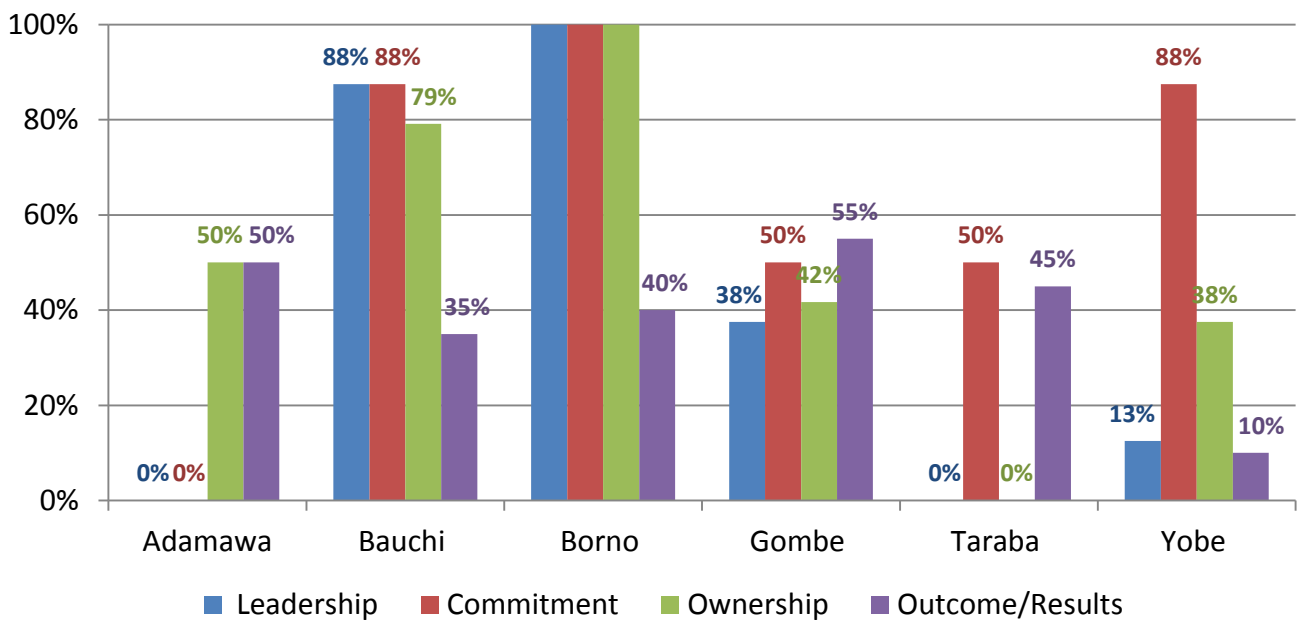
## Appendix D. Performance Data: North East Zone

### Summary Scorecard: North East Zone

State	Data Type	Quarter 1	Quarter 2		Quarter 3		Quarter 4		Total Un-adjusted Score	Total Adjusted Score Max=67	%
		All State Max=17	HR State Max=15 Non-HR State Max=12	Adjusted Score	HR State Max=15 Non-HR State Max=12	Adjusted Score	HR State Max=20 Non-HR State Max=13	Adjusted Score			
Adamawa	Reported	6	4	5	4	5	5	8	19	24	36%
	Evidence	6	4	5	4	5	5	8	19	24	36%
Bauchi	Reported	12	10	10	9	9	12	12	43	43	64%
	Evidence	10	9	9	6	6	9	9	34	34	51%
Borno	Reported	12	12	12	12	12	12	12	48	48	72%
	Evidence	12	12	12	12	12	12	12	48	48	72%
Gombe	Reported	8	5	6	8	10	5	8	26	32	48%
	Evidence	7	2	3	5	6	5	8	19	24	36%
Taraba	Reported	4	1	1	2	3	4	6	11	14	21%
	Evidence	3	1	1	1	1	2	3	7	8	12%
Yobe	Reported	5	5	5	5	5	5	5	20	20	30%
	Evidence	4	4	5	5	5	5	5	18	19	28%

\*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.

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



\*Based on evidence-based results.

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


No.	Category	Indicators	Threshold	Month/Quarter													
				Q1			Q2			Q3			Q4				
				1	2	3	4	5	6	7	8	9	10	11	12		
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			0			1			1				
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	48%			67%			41%			85%				
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	1	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	11%		0%		14%			17%	27%	67%		
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		28%	27%		21%		19%			1%	6%	4%		
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	80%			85%			93%			96%				
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	67%			73%			76%			80%				
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										55%				
<b>Total Score (Reported)</b>				<b>10</b>			<b>9</b>			<b>11</b>			<b>11</b>				
<b>Total Score (Evidence-based)</b>				<b>6</b>			<b>6</b>			<b>8</b>			<b>8</b>				

= Reported and evidence submitted     
 x = 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			
				1	2	3	4	5	6	7	8	9	10	11	12	
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	0			1			1			1			
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			1			0			1			
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			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	96%			78%			61%			66%			
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		0%	0%		10%			17%			36%	12%	0%
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		17%	27%		20%			28%			26%	22%	20%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	56%			52%			78%			78%			
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	79%			76%			77%			78%			
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										71%			
<b>Total Score (Reported)</b>				<b>2</b>			<b>4</b>			<b>3</b>			<b>4</b>			
<b>Total Score (Evidence-based)</b>				<b>1</b>			<b>0</b>			<b>0</b>			<b>0</b>			

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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	66%			39%			48%			50%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	0%		10%		4%			17%	33%	33%
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		22%	30%		25%		19%			13%	8%	9%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	73%			59%			70%			75%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	64%			71%			71%			74%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										52%		
<b>Total Score (Reported)</b>				<b>7</b>			<b>9</b>			<b>10</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>5</b>			<b>7</b>			<b>8</b>			<b>10</b>		


 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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			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	53%			53%			32%			97%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	22%		0%		12%			28%	23%	50%
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		23%	17%		23%		21%			7%	13%	10%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	68%			59%			47%			32%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	57%			63%			71%			76%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										90%		
<b>Total Score (Reported)</b>				<b>9</b>			<b>5</b>			<b>9</b>			<b>13</b>		
<b>Total Score (Evidence-based)</b>				<b>8</b>			<b>6</b>			<b>6</b>			<b>12</b>		

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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			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	95%			67%			48%			52%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		0%	0%		0%		0%			0%	22%	50%
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		24%	23%		23%		21%			19%	16%	19%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	60%			86%			86%			90%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	87%			93%			96%			96%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										45%		
<b>Total Score (Reported)</b>				<b>11</b>			<b>9</b>			<b>11</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>9</b>			<b>10</b>			<b>10</b>			<b>11</b>		


= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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	0			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	61%			74%			78%			13%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤15% for each IPDs		0%	20%		0%		0%			0%	18%	40%
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		14%	14%		21%		21%			23%	20%	26%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	65%			74%			87%			87%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	63%			62%			71%			73%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										75%		
<b>Total Score (Reported)</b>				<b>8</b>			<b>5</b>			<b>10</b>			<b>8</b>		
<b>Total Score (Evidence-based)</b>				<b>7</b>			<b>4</b>			<b>7</b>			<b>7</b>		

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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			1			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	79%			86%			36%			0%		
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		37%	0%		20%		10%			60%	33%	40%
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		20%	14%		10%		12%			9%	14%	4%
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	92%			100%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	43%			53%			59%			66%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										79%		
<b>Total Score (Reported)</b>				<b>12</b>			<b>9</b>			<b>12</b>			<b>11</b>		
<b>Total Score (Evidence-based)</b>				<b>12</b>			<b>9</b>			<b>8</b>			<b>11</b>		

 = Reported and evidence submitted

 = Unfulfilled/No evidence submitted

 = Not applicable

 = Reported, but no evidence submitted

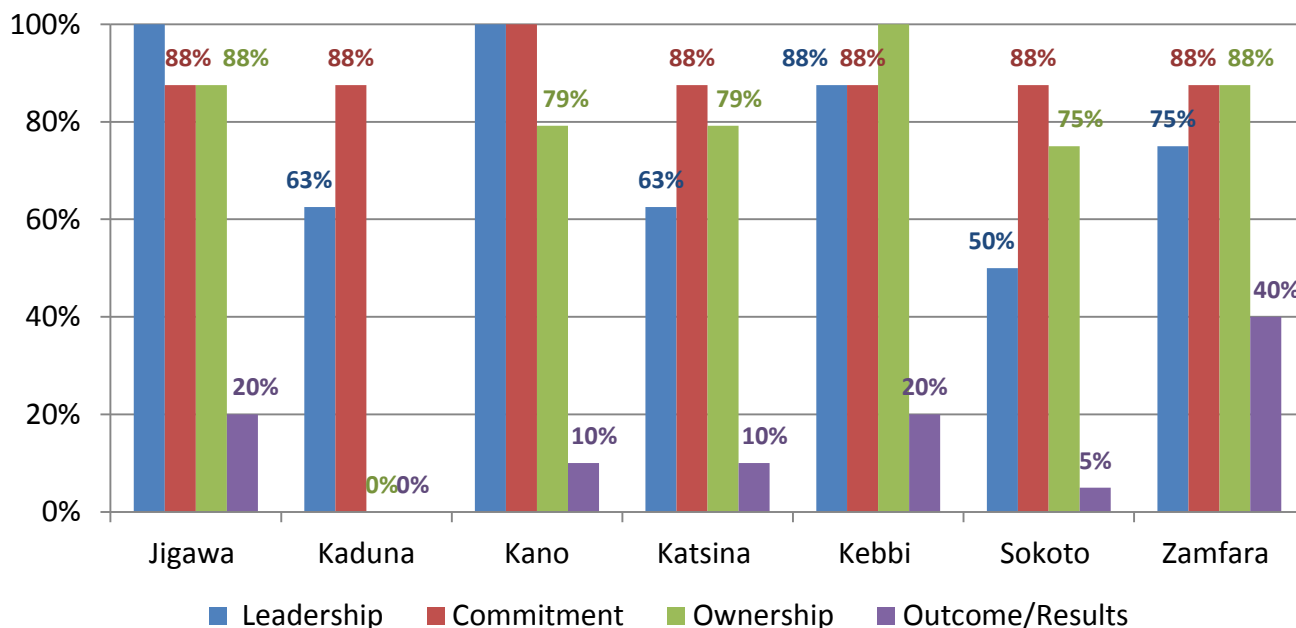
 = Unreported, but evidence submitted

## Appendix E. Performance Data: North West Zone

### Summary Scorecard: North West Zone

State	Data Type	Quarter 1 Max=17	Quarter 2 Max=15	Quarter 3 Max=15	Quarter 4 Max=20	Total Score Max=67	%
Jigawa	Reported	10	9	11	11	41	61%
	Evidence	6	6	8	8	28	42%
Kaduna	Reported	2	4	3	4	13	19%
	Evidence	1	0	0	0	1	1%
Kano	Reported	7	9	10	12	38	57%
	Evidence	5	7	8	10	30	45%
Katsina	Reported	9	5	9	13	36	54%
	Evidence	8	6	6	12	32	48%
Kebbi	Reported	11	9	11	12	43	64%
	Evidence	9	10	10	11	40	60%
Sokoto	Reported	8	5	10	8	31	46%
	Evidence	7	4	7	7	25	37%
Zamfara	Reported	12	9	12	11	44	66%
	Evidence	12	9	8	11	40	60%

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




\*Based on evidence-based results.


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


No.	Category	Indicators	Threshold	Month/Quarter											
				Q1			Q2			Q3			Q4		
				1	2	3	4	5	6	7	8	9	10	11	12
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	0			1			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	12%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		67%	67%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		36%	23%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	64%			94%			88%			94%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	46%			59%			53%			50%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										81%		
<b>Total Score (Reported)</b>				<b>7</b>			<b>9</b>			<b>9</b>			<b>11</b>		
<b>Total Score (Evidence-based)</b>				<b>8</b>			<b>9</b>			<b>8</b>			<b>11</b>		

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	<b>Abuja Commitments</b>	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			0			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	1			1			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	0%											
6	<b>Routine Immunization: Process</b>	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	<b>Immunization Plus Days</b>	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		33%	33%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		57%	48%									
10	<b>AFP Surveillance</b>	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	93%			86%			81%			90%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	60%			57%			58%			53%		
12	<b>Routine Immunization: Outcome</b>	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										102%		
<b>Total Score (Reported)</b>				<b>10</b>			<b>9</b>			<b>7</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>11</b>			<b>10</b>			<b>8</b>			<b>12</b>		

= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	<b>Abuja Commitments</b>	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			1			1			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	0			0			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	8%											
6	<b>Routine Immunization: Process</b>	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	<b>Immunization Plus Days</b>	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		33%	33%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		44%	37%									
10	<b>AFP Surveillance</b>	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	60%			69%			92%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	88%			81%			82%			84%		
12	<b>Routine Immunization: Outcome</b>	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										98%		
<b>Total Score (Reported)</b>				<b>7</b>			<b>8</b>			<b>9</b>			<b>11</b>		
<b>Total Score (Evidence-based)</b>				<b>8</b>			<b>8</b>			<b>9</b>			<b>9</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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	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	0			1			0			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	6%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		67%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		34%	19%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	93%			94%			94%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	92%			88%			82%			83%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										71%		
<b>Total Score (Reported)</b>				<b>7</b>			<b>5</b>			<b>6</b>			<b>8</b>		
<b>Total Score (Evidence-based)</b>				<b>6</b>			<b>6</b>			<b>6</b>			<b>8</b>		

= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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	0			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			0			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	4%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	≤10% for each IPDs		67%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		19%	14%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	90%			96%			96%			96%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	90%			94%			95%			91%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										97%		
<b>Total Score (Reported)</b>				<b>8</b>			<b>7</b>			<b>10</b>			<b>12</b>		
<b>Total Score (Evidence-based)</b>				<b>7</b>			<b>7</b>			<b>9</b>			<b>10</b>		

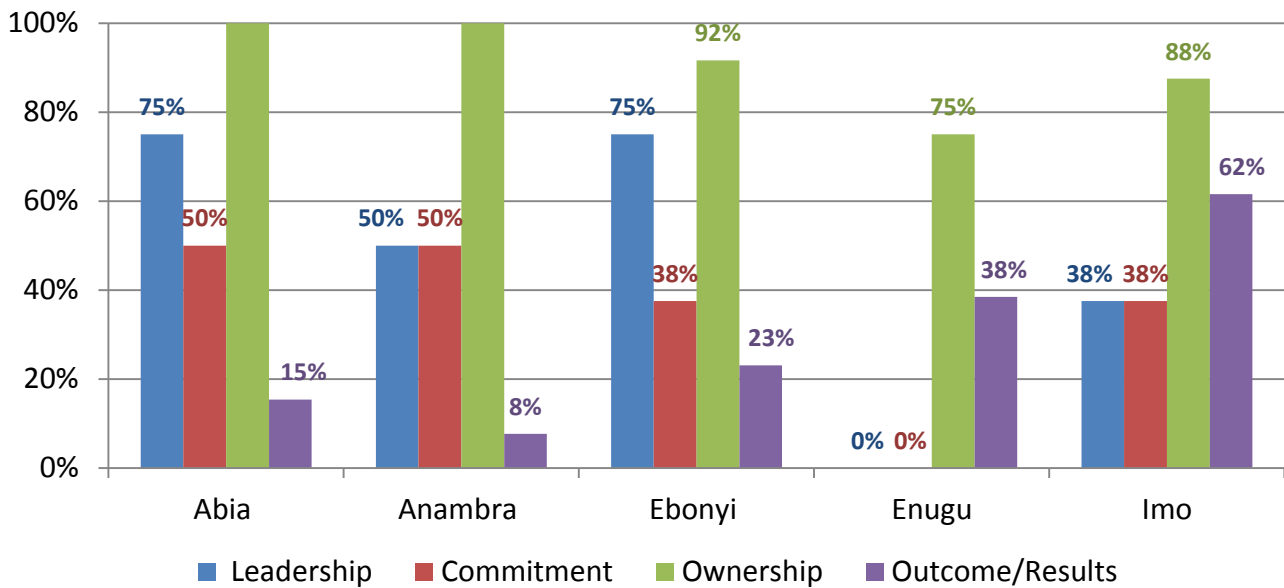
= Reported and evidence submitted     
x = Unfulfilled/No evidence submitted     
 = Not applicable  
 = Reported, but no evidence submitted     
 = Unreported, but evidence submitted

## Appendix F. Performance Data: South East Zone

### Summary Scorecard: South East Zone

State	Data Type	Quarter 1 <i>Max=17</i>	Quarter 2 <i>Max=12</i>	Quarter 3 <i>Max=12</i>	Quarter 4 <i>Max=13</i>	Total Score <i>Max=54</i>	%
Abia	Reported	7	9	9	11	36	67%
	Evidence	8	9	8	11	36	67%
Anambra	Reported	10	9	7	12	38	70%
	Evidence	11	10	8	12	41	76%
Ebonyi	Reported	7	8	9	11	35	65%
	Evidence	8	8	9	9	34	63%
Enugu	Reported	7	5	6	8	26	48%
	Evidence	6	6	6	8	26	48%
Imo	Reported	8	7	10	12	37	69%
	Evidence	7	7	9	10	33	61%

### 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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	39%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		0%	100%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		25%	20%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	64%			94%			97%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	64%			67%			70%			70%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										88%		
<b>Total Score (Reported)</b>				4			5			4			5		
<b>Total Score (Evidence-based)</b>				4			5			4			5		

= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			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	0%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		0%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		38%	20%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	88%			100%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	88%			88%			91%			91%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										87%		
<b>Total Score (Reported)</b>				<b>1</b>			<b>2</b>			<b>2</b>			<b>2</b>		
<b>Total Score (Evidence-based)</b>				<b>0</b>			<b>1</b>			<b>2</b>			<b>2</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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	39%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		0%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		4%	6%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	92%			94%			94%			89%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	75%			68%			67%			71%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										85%		
<b>Total Score (Reported)</b>				<b>13</b>			<b>11</b>			<b>11</b>			<b>10</b>		
<b>Total Score (Evidence-based)</b>				<b>13</b>			<b>11</b>			<b>11</b>			<b>10</b>		

= Reported and evidence submitted    
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			1		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			0			0			1		
3		Meeting between Governor and traditional leaders to review their involvement in RI/polio	≥1 meeting per quarter	0			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	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	60%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		67%	100%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		9%	21%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	77%			92%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	78%			83%			86%			82%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										71%		
<b>Total Score (Reported)</b>				<b>5</b>			<b>5</b>			<b>4</b>			<b>9</b>		
<b>Total Score (Evidence-based)</b>				<b>4</b>			<b>4</b>			<b>4</b>			<b>8</b>		

= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	0			0			1			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			0			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	33%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		67%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		27%	27%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	83%			94%			100%			100%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	89%			90%			91%			90%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										56%		
<b>Total Score (Reported)</b>				<b>3</b>			<b>5</b>			<b>6</b>			<b>6</b>		
<b>Total Score (Evidence-based)</b>				<b>2</b>			<b>5</b>			<b>6</b>			<b>5</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			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			1			0			1		
4		Meeting of the State Task Force or similar high-level oversight committee to oversee Polio and RI	≥1 meeting per quarter	0			1			0			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	52%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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		0%	33%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		33%	36%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	88%			83%			87%			91%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	71%			71%			67%			58%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										76%		
<b>Total Score (Reported)</b>				<b>8</b>			<b>8</b>			<b>6</b>			<b>10</b>		
<b>Total Score (Evidence-based)</b>				<b>7</b>			<b>9</b>			<b>6</b>			<b>10</b>		

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

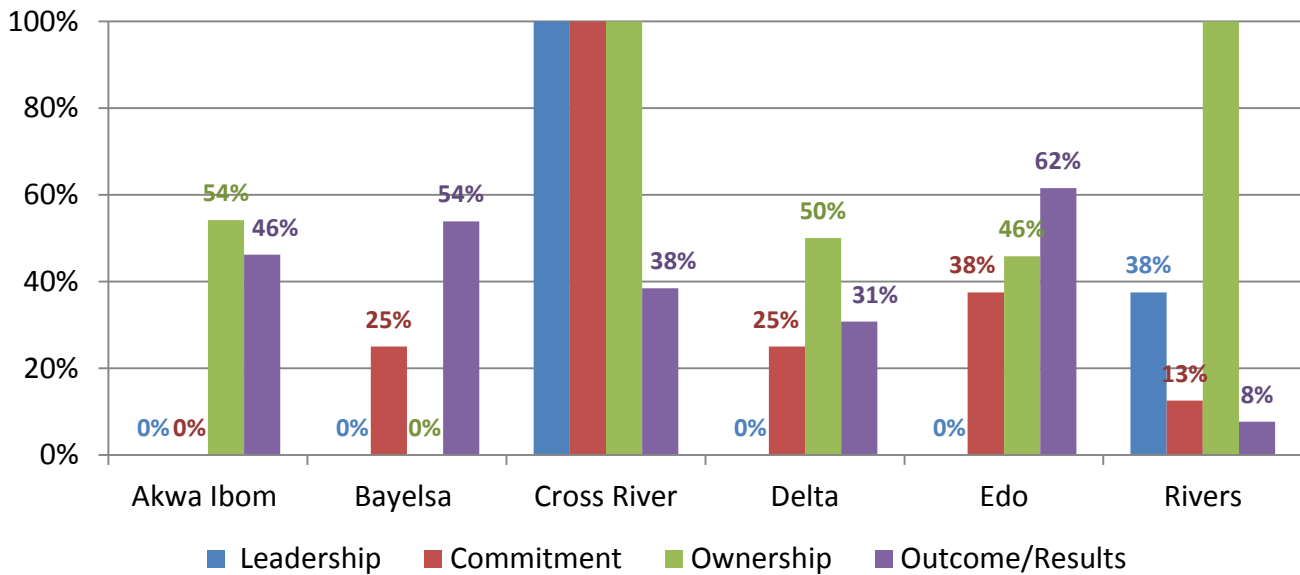


## Appendix G. Performance Data: South South Zone

### Summary Scorecard: South South Zone

State	Data Type	Quarter 1 Max=17	Quarter 2 Max=12	Quarter 3 Max=12	Quarter 4 Score=13	Total Score Max=54	%
Akwa Ibom	Reported	4	5	4	5	18	33%
	Evidence	4	5	4	5	18	33%
Bayelsa	Reported	1	2	2	2	7	13%
	Evidence	0	1	2	2	5	9%
Cross River	Reported	13	11	11	10	45	83%
	Evidence	13	11	11	10	45	83%
Delta	Reported	5	5	4	9	23	43%
	Evidence	4	4	4	8	20	37%
Edo	Reported	3	5	6	6	20	37%
	Evidence	2	5	6	5	18	33%
Rivers	Reported	8	8	6	10	32	59%
	Evidence	7	9	6	10	32	59%

### 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			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			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	13%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for 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	≤10% for each IPDs		33%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		11%	9%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	77%			100%			100%			94%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			79%			83%			85%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										61%		
<b>Total Score (Reported)</b>				<b>11</b>			<b>11</b>			<b>9</b>			<b>9</b>		
<b>Total Score (Evidence-based)</b>				<b>9</b>			<b>8</b>			<b>7</b>			<b>7</b>		

= Reported and evidence submitted     
 x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	<b>Abuja Commitments</b>	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			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			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			0			1			1		
5		Proportion of LGAs where daily IPDs review meetings are chaired by a high level LGA official	90% of LGAs per IPDs	30%											
6	<b>Routine Immunization: Process</b>	Monthly evidence of state budget release of funding for routine immunization	Budget released for every month	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	<b>Immunization Plus Days</b>	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		0%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		57%	68%									
10	<b>AFP Surveillance</b>	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	84%			80%			95%			95%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	63%			81%			81%			80%		
12	<b>Routine Immunization: Outcome</b>	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										72%		
<b>Total Score (Reported)</b>				<b>8</b>			<b>7</b>			<b>6</b>			<b>8</b>		
<b>Total Score (Evidence-based)</b>				<b>7</b>			<b>6</b>			<b>5</b>			<b>6</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			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			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			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	55%											
6	Routine Immunization: Process	Monthly evidence of state budget release of funding for routine immunization	Budget released for every month							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		0%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		30%	31%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	83%			85%			90%			95%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			93%			90%			89%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										87%		
<b>Total Score (Reported)</b>				<b>7</b>			<b>6</b>			<b>10</b>			<b>9</b>		
<b>Total Score (Evidence-based)</b>				<b>5</b>			<b>4</b>			<b>9</b>			<b>7</b>		

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
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 for 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		33%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		6%	6%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	92%			89%			94%			94%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			92%			92%			88%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										78%		
<b>Total Score (Reported)</b>				<b>15</b>			<b>11</b>			<b>12</b>			<b>11</b>		
<b>Total Score (Evidence-based)</b>				<b>15</b>			<b>11</b>			<b>12</b>			<b>11</b>		

 = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			0			0		
2		Meeting between Governor and LGA chairmen to discuss priority actions to improve RI/polio	≥1 meeting per quarter	0			1			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 for 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	1	1	1	1
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		33%	100%									
9		Two random LQAs conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		35%	14%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	58%			83%			90%			83%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	95%			69%			69%			71%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										71%		
<b>Total Score (Reported)</b>				<b>9</b>			<b>8</b>			<b>5</b>			<b>4</b>		
<b>Total Score (Evidence-based)</b>				<b>9</b>			<b>7</b>			<b>5</b>			<b>4</b>		

= Reported and evidence submitted     
x = 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		
				1	2	3	4	5	6	7	8	9	10	11	12
1	Abuja Commitments	Personal involvement of HE, Governor in public event in support of polio	≥1 event per quarter	1			1			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			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 for 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
8	Immunization Plus Days	Proportion of Wards reporting >10% missed children	≤10% for each IPDs		0%	0%									
9		Two random LQAS conducted during award period (as per WHO guidelines)	100% LGAs accepted at ≥90% coverage for each IPDs		25%	17%									
10	AFP Surveillance	Oral Polio vaccine status of non-polio AFP cases (% >3 doses of OPV)	≥90% per quarter	90%			88%			94%			94%		
11		% LGAs that meet the 2 core AFP surveillance indicators	≥90% per quarter	100%			90%			95%			94%		
12	Routine Immunization: Outcome	% improvement in RI coverage (measles) over the 1-year award period	≥90% annual measles coverage										107%		
<b>Total Score (Reported)</b>				<b>6</b>			<b>4</b>			<b>5</b>			<b>6</b>		
<b>Total Score (Evidence-based)</b>				<b>6</b>			<b>5</b>			<b>5</b>			<b>6</b>		

 = Reported and evidence submitted

 = Unfulfilled/No evidence submitted

 = Not applicable

 = Reported, but no evidence submitted

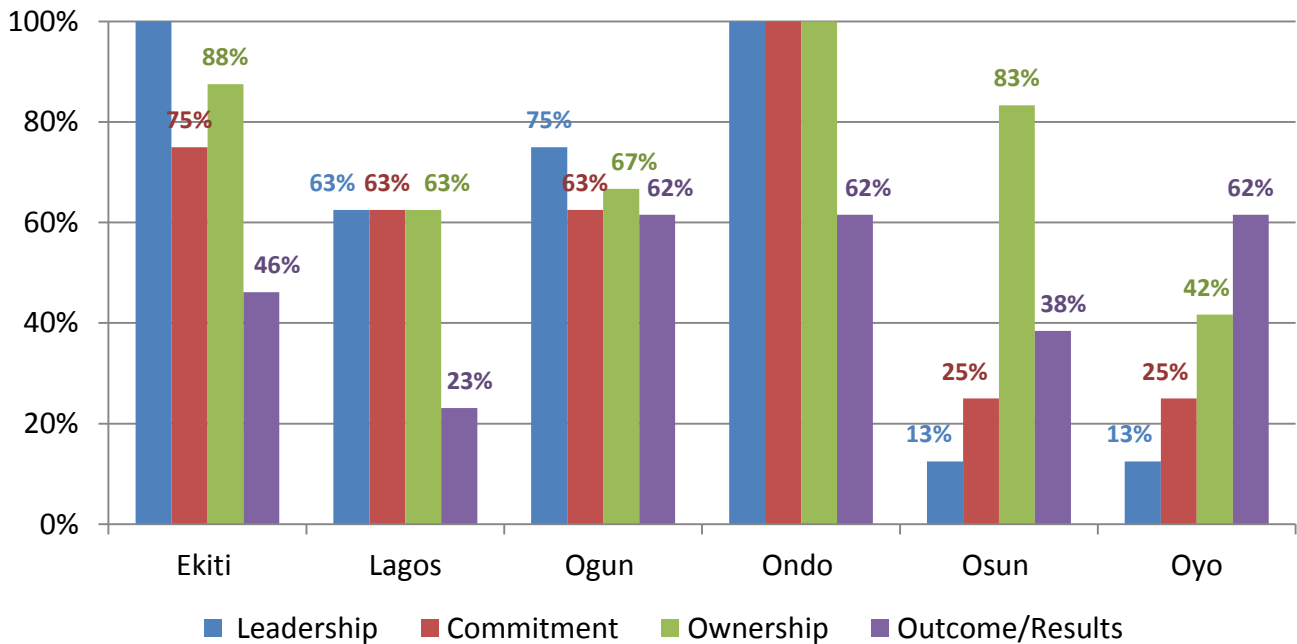
 = Unreported, but evidence submitted

## Appendix H. Performance Data: South West Zone

### Summary Scorecard: South West Zone

State	Data Type	Quarter 1 Max=17	Quarter 2 Max=12	Quarter 3 Max=12	Quarter 4 Max=13	Total Score Max=54	%
Ekiti	Reported	11	11	9	9	40	74%
	Evidence	9	8	7	7	31	57%
Lagos	Reported	8	7	6	8	29	54%
	Evidence	7	6	5	6	24	44%
Ogun	Reported	7	6	10	9	32	59%
	Evidence	5	4	9	7	25	46%
Ondo	Reported	15	11	12	11	49	91%
	Evidence	15	11	12	11	49	91%
Osun	Reported	9	8	5	4	26	48%
	Evidence	9	7	5	4	25	46%
Oyo	Reported	6	4	5	6	21	39%
	Evidence	6	5	5	6	22	41%

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



\*Based on evidence-based results.



## 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.