



Key findings from brainstorming on inaccessible and insecurity settlements in Katsina, Kebbi and Sokoto

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Highly volatile security context, **with insurgent groups** carrying out targeted terrorist attacks and **criminal groups** operating kidnappings.

11,678 settlements inaccessible to vaccination activities, **with almost 1.3 million of under five children** in Kebbi, Sokoto and Katsina

Brainstorming with States and LGA facilitators to identify challenges and areas for improvement regarding Polio program strategies implemented in inaccessible and insecurity areas.

KEY CHALLENGES IN INACCESSIBLE AND INSECURITY SETTLEMENTS (1/2)

1. Safety and Security Concerns

- ✓ **Safety of the Road to the Community:** Roads leading to the community are unsafe, posing risks to travelers.
- ✓ **Fear of Attack by the community:** There is a suspicion that outsiders might be part of the challenges faced by the community, leading to fear of attacks.
- ✓ **Fear of Kidnapping:** Concerns about being kidnapped by bandits or abductors.

2. Trust and Communication Issues

- ✓ **Lack of Trust/Suspicion:** Community members are suspicious and lack trust in outsiders
- ✓ **Limited Communication:** Difficulty in finding caregivers at home leading to poor awareness and information on health-related issues
- ✓ **Religious Beliefs:** Religious beliefs lead to misconception impacting health-related decisions.
- ✓ **Non-compliant Caregivers:** Caregivers are non-compliant, leading to RI defaulters

KEY CHALLENGES IN INACCESSIBLE AND INSECURITY SETTLEMENTS (2/2)

3. Logistical and accessibility issues

- ✓ **Natural barrier:** Supervisors must cross a river to reach certain settlements
- ✓ **Lack of vehicle for Transport:** Lack of transportation means requiring travel on foot from one location to another
- ✓ **Difficult Terrain:** Inaccessible Roads and dispersed settlements
- ✓ **Distance to Health Facilities:** Caregivers must travel long distances to access health facilities.

4. Health and Data quality issues

- ✓ **Quality of Vaccination:** Difficulty in ascertaining the quality of vaccination.
- ✓ **Uncertainty about Data:** Data obtained is not verifiable, leading to uncertainty.
- ✓ **Lack of Clear Mapping:** Targeted population is not clearly mapped.
- ✓ **Poor Health Facilities:** Health facilities are inadequate.

STRATEGIES IMPLEMENTED IN INACCESSIBLE AND INSECURITY SETTLEMENTS

1. Community engagement and mobilization.

- Engaging the locals and traditional institutions, such as **Fulani leaders under Traditional Council, Traditional birth attendants** to build trust
- Community mobilization with gatekeepers under coordination of **Ward Development Committees** (local governance structure)
- Using local town announcers with the locals as the vaccinators

3. Hit & Run and cover operations

- Implement quick and efficient vaccination campaigns to reach all settlements, especially hard-to-reach areas
- Conduct covert operations involving non-state actors to safely deliver vaccinations

2. Integrated Health Services.

- Utilize Community-based Management of Acute Malnutrition (CMAM) centers to provide integrated health services, including vaccination
- Conduct medical outreach programs that combine vaccination with other health services

4. Engagement of security and vigilante groups.

- Involve local vigilante groups to ensure safety and support during vaccination campaigns
- Collaborate with local **vigilante groups and hunters** to enhance security and facilitate access to affected communities (through identification of safe roads)

Community and Stakeholder Engagement

- **Collaborate with various stakeholders**, including government officials, political representatives, and community leaders, to enhance outreach efforts
- **Conduct participatory needs assessments** and involve community members in all stages of program initiatives

Security and Non-State Actor involvement

- Deploy security personnel to **ensure safe access to communities and protect health workers**.
- Involve non-state actors, **such as local vigilante groups and hunters**, to provide guidance and support in reaching hard-to-reach areas.

Local Resource Utilization and Training

- Identifying, hire and **train local community members as vaccinators and community health workers** (CHWs) to leverage their understanding of local culture, language, and needs
- Tailor **health messages** to the local language, beliefs, and traditions using storytelling, drama, radio, or local champions.

Integrated Health Services and motivation

- Deploy **mobile health teams and collaborate with Civil Society Organizations** (CSOs) that have a presence in the area to reach remote communities effectively
- Offer small **incentives, such as food packages, hygiene kits, or transport vouchers**, to encourage attendance at health clinics
- Combine vaccination efforts with other health services to provide comprehensive care.