

Annex A: Zero-dose & equity approach to immunisation: best practices

Pakistan: *Precise identification of zero-dose children supported by data integration and triangulation*

- Pakistan has the 4th highest number of zero-dose children (0.8m) in Gavi supported countries after Nigeria, India and Indonesia¹. **Identifying** where the highest number of these missed children are located and knowing why they have been missed is a key step in **reaching** these children through Primary Health Care (PHC) services. Sub-national data analyses including triangulation of data to support identification of areas with higher immunity gap and/or with immunisation services gap. In some specific context like in pivotal countries or during preparation of Full Portfolio Planning, identification steps could be more granular. **Triangulation of population data** from polio line listing has started to bear fruit. Most of the electronic immunization registries (EIR) are not suited to identify zero-dose children as only children who have been at least once in contact with immunisation services are registered. To address this issue, Pakistan used Alliance support during polio campaigns in 2019 to identify children who have never being vaccinated in routine immunisation, to line-list them and integrate them into Zindagi Mehfooz (ZM), the EIR solution used in Sindh province. This was designed to solve two problems: (1) identifying zero-dose children missed by routine immunisation; and (2) understanding which children are missed by polio campaign efforts. For the first use case, analyses showed not only pockets of zero-dose children but also the underlying reasons for non-vaccination (e.g. ZM captures data relating to vaccinator compliance which is critical to **identifying** supply-related issues in the Pakistan context).
- To demonstrate the second use case, in 2019, the line list of children lost to follow-up for polio was compared to the registry of surviving infants captured by ZM. As this analysis is quite complex and requires advanced data integration skills (which are costly), a proof of concept focused on a single Union Council was generated. Results showed that 11% of children lost to the polio programme, had in fact been **reached** through routine immunization activities. While these approaches require significant investment, they demonstrate how innovation can help identify children who are otherwise missed by traditional data systems.

South Sudan: *partnership with International Organisation for Migration (IOM) and Health Pool Fund (HPF) to accelerate vaccination coverage and reach missed communities*

- Gavi entered a partnership with IOM South Sudan in October 2019, with an aim to support RI through, (1) 20 high priority health facilities in and around Protection of Civilian (POC) sites and (2) provision of immunisation services at a few specific nutrition treatment centres where mothers regularly access supplementary nutrition or therapeutic food. A pilot conducted in 5 counties of former Unity state (Rubkhona, Mayom, Leer, Mayendit & Panyijar) between 2016 and 2018 showed that almost **50%** of children vaccinated with Penta3 received their vaccination from Outpatient Therapeutic Programme (OTP)

¹ WUENIC (2020)

centers. Persistent droughts and related community mobilisation strategies have led to a higher demand for nutrition services. Therefore, the identified OTP centers have specific guidelines that ensured all children were screened for basic health parameters and vaccinated before receiving their scheduled nutrition service. In addition, IOM is conducting village level assessments and mapping of population movements through digital tools to ensure that all children, including those who are mobile, hard-to-reach within communities on the borders with neighboring countries, cattle camps, settlements, and military barracks are **identified** and **reached**.

- In October 2019, Gavi joined the Government's Health Pool Fund, partnering with Canada, UK Aid, Sweden and USAID in supporting 8 of the 10 states in South Sudan. Through this arrangement RI is now integrated within PHC services and intensified in almost half of the health facilities in priority counties managed by the HPF. These specific health facilities were selected based on criteria including number of unvaccinated children and the number of visits by mothers accessing reproductive and maternal health services. An Advisory Steering Committee of HPF donors including Gavi, was established to regularly engage with the MOH leadership on a monthly basis to discuss programme priorities, implementation challenges, **monitor** progress and help take corrective measures. The HPF also helps ensure donor alignment on the importance of equity in immunisation, providing a platform for **advocacy** to ensure these remain high priorities for the Ministry of Health and other donor funded programmes.

India: *Increasing male engagement in Safal Shuruaat project through concurrent monitoring and evaluation*

- India has the 2nd highest number of zero-dose children (1.4 million) in Gavi supported countries². While the Government of India has been continuously scaling up service provision and availability to optimise vaccination coverage, demand side challenges remain a significant barrier to reaching every child. In 2017, Gavi, the Vaccine Alliance and Lifebuoy (Unilever's leading health soap brand) came together for an innovative public private partnership called '*Safal Shuruaat*', to co-promote immunisation and handwashing with soap, to **reach** out to zero-dose communities. Translated as '*Successful Beginning*', the programme harnesses parents' aspirations for their child's success to help mobilise parents to wash hands with soap at key occasions, immunise their children and other key parenting behaviors. The project was concurrently **monitored** to track changes in Key Performance Indicators (KPIs) on handwashing and immunization across the first 300 days of intervention, followed by a 100-day test to understand the sustainability of KPIs after the program was completed.
- The 300 days monitoring showed that compliance for three priority vaccines – Rotavirus, Measles-Rubella (MR) and Pentavalent -- relevant for children under the age of 2, grew by 45%, 35% and 20% respectively. The 100-day sustainability test showed that the possession of Mother and Child Health cards with parents increased by 10%. In addition, age relevant compliance of Pentavalent, Rotavirus and MR vaccines saw significant increase, during this

² WUENIC (2020)

period. Also, positive attitudes among parents, towards necessity of immunization and its benefits increased by 25%. The proportion of zero-dose children (no pentavalent vaccine) fell from 25% at baseline to under 1%. This approach and the findings can be used to tailor demand interventions to effectively **reach** zero dose communities.

Afghanistan: broadening of partnerships to enhance services to reach marginalised communities

- Afghanistan has a substantial number of zero-dose children (310,000)³. Some of these children are clustered in conflict affected and insecure areas where access to public health programmes is limited. **Humanitarian actors** often have better access to **reach** these communities. In Afghanistan, the Ministry of Public Health has used Gavi support to partner with the International Federation of Red Cross (IFRC)/Afghan Red Crescent Society (ARCS) to provide routine immunisation in conflict-affected areas. Vaccines are delivered as part of an integrated basic primary health care services to 15,000 children in 30 targeted districts. COVID-19 information and trainings have been added to the package of services during the recent months of the pandemic.
- With support from Gavi and UNICEF, the Afghan government is also co-delivering a Periodic Intensification of Routine Immunisation (PIRI) along with nutritional support through existing health infrastructure targeted in 100 districts (out of 421) that had a less than 80% coverage in the previous Measles SIA campaign. In addition, a partnership with Acasus is building programme management capacity and accountability through digital technology in hard to reach areas. This is to ensure that missed communities and under-immunized children are **monitored** for receiving regular Routine Immunisation (RI) in 17 targeted provinces (out of 34 in Afghanistan) including polio endemic provinces.

Mali: district level micro-plans to reach missed children

- Immunisation in Mali has been facing serious challenges in the last 10 years with high political instability, and insecurity in the north and centre of the country, and weak capacity and increasing fragmentation within the Ministry of Health. As a result immunisation DTP3 coverage slowly decreased from 75% in 2010 to 66% in 2017 as per WUENIC estimates.
- Following a high quality Coverage and Equity (C&E) analysis, a strategy was designed to **reach** the un/under immunised children. District-level micro plans were developed tailored to the local situation and barriers to reach missed children. An urban immunisation strategy was developed to reach the significant numbers of under-immunised and zero-dose children who resided in major cities. Among the different approaches put in place, the setting up of strong local accountability framework involving a wide range of stakeholders (religious and community leaders, CSOs, Provincial and District Health offices, etc.) allowed for a clarity in roles and responsibilities amongst different actors and an agreed process to **monitor** progress collectively. In urban areas 300 female leaders played a crucial role in mobilising communities to demand RI through an active WhatsApp group and home visits. This approach was implemented in phases starting with 11 districts in 2018 to which 12 priority

³ WUENIC (2020)

districts were added in 2019. The Alliance played a critical role in providing financial support through Gavi HSS and a strong Technical Assistance sub/nationally throughout this period.

- The approach has yielded positive results with DTP3 coverage increasing to 77% in 2019 and particularly rapid progress in targeted districts.