IDENTIFYING ZD

Approaches

With Vx hesitant

- Work with communities and CSOs to understand and address root issues behind hesitancy [**MALI, Male, Region, MoH staff**]
- Work with religious leaders in supporting vaccines as halal [**INDONESIA, Province, MoH staff**]
- Use local storytellers and community dramas in ZD communities to give pro-vaccine messages
- Use male peer educators to talk to men
- Use CHVs to build trust

During SIAs

- Use COVID vx campaigns to line list RI ZD [**NIGERIA, Female, National, retired MoH/NPHCDA staff**]
- Use MNCH weeks to line list RI ZD [**MALI, Male, Ségou Region, WHO staff**]
- Check RI vx status in EPI registers during SIAs; if not in register and ZD, line list for follow up [**PHILIPPINES**]

Approaches

Using data

- Frequently revise ZD analysis in **urban** areas due to movement/migration of population [**BANGLADESH, Male, National, NGO staff**]
- Use monthly/quarterly meetings to review DHIS2 data and triangulate with community feedback [**MALI, Male, District in Sikasso Region, WHO staff**]
- Same method, focusing on **urban** HFs with ZD clusters [**MALI, Male, Sikasso Region, UNICEF staff**]
- Use weekly/monthly reviews to compare tally sheets/register with settlements in catchment area to see where session sizes are smaller than they should be, or caretakers aren't coming; this can indicate likely buildup of ZDs [**HF**]
- Put all known newborn names (with and without vaccination) into EPI register and tickler box/file to keep track of ZD, under-immunized, and who is on schedule

Using women leaders

- Use influential women to help search for ZD children [**MALI, Female, Region, MoH staff**]

Community-driven

Conflict-affected

- Work with communities to respond to their requests for vaccination due to frequent outbreaks such as measles in IDP sites [**MALI, Male, Gao Region, UNICEF staff**]

- Community volunteers (VHTs) register all newborns for HF to follow up [**UGANDA, Female, District, MoH staff**]
- Work with coaches to give quick health talks during local sporting events
- Work with traditional leaders, barbers and traditional birth attendants to help line-list all newborns to follow up on – especially around traditional naming ceremonies [**NIGERIA**]
- Form health committees in churches and mosques, with regular discussions around vaccination
- Reinforcing messages about immunization & schedules given by leaders at community events [**UGANDA, Female, HF, MoH staff**]

System

Focus on coverage

- Challenge: A focus just on increasing coverage may not correct neglect of ZD communities [**MALI, Male, HF, MoH staff**]

Agile planning

- Microplanning revisions (at least once a year) that address root causes and are co-developed with communities
  - Form RI committee with catchment area communities to ensure all contribute to identifying root causes [**NIGERIA, Male, Sokoto State, MoH/SPHCDA staff**]
  - Redesign outreach, including a focus on good mobilizers at each site [**UGANDA, Male, HF, MoH staff**]
  - Create microplans with daily implementation plan [**NIGERIA, Male, Kano State, MoH/SPHCDA staff**]
  - Revise plans mid year to adjust outreach for new/emerging settlements in urban or remote areas [**TANZANIA**]