

ZDLH Webinar Q&A: Pro-Equity Strategies to Reach Zero-Dose Children

	Question	Presenter Response
All	Are the inductive / deductive strategies applicable in conflict zones? If not, what other strategy can be used?	Yes, they can be. We used inductive methods when results were not necessarily available to explore <i>why</i> and <i>how</i> innovative promising specific interventions have been implemented. We used deductive methods when we already had good results in a given country and we wanted to better understand the key drivers of those results. Those principles and methods are broad and can be applied across many different settings, including conflict-affected. Having said that, the challenges and ethical implications of collecting reliable data in conflict settings should not be overlooked and methods may also differ if conflicts are chronic or actively deflagrated. Conducting studies in conflict settings is challenging and some of strategies to be considered are partnerships with independent civil society organizations (CSOs) and other local based organizations, negotiating access with warring parties, and collecting data remotely among other approaches. There is a broad literature available on the theme.
All	Are there plans to tease out the causal effects of these interventions?	That was not part of the case study methodology. Case studies are a very good method to answer questions related to <i>why</i> and <i>how</i> interventions have been implemented. Other methods are better placed to tease out causal effects and could be explored, but currently there are no follow up studies being suggested as part of this project.
Zambia	Is it possible to use GIS in zones that don't have network coverage?	Yes, it is, but it will depend on the type of data you plan to use and on the model by which the data will be used. Real-time data utilization will generally require network coverage, but that does not need to be necessarily the type of data used for improved microplans in many settings. In the case of Zambia, GIS was used to create detailed maps of population catchment areas, which were then discussed with HF staff and other layers of relevant information were added with their input through the micro planning process. This did not require network coverage. Then community health volunteers (CHVs) used a mobile app to identify and visit every structure in the area and that required network coverage.

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		Finally, models can use the GIS data to alter outreach locations and that may also not require network coverage.
Zambia	Were any efforts made to use mapping data for other child health interventions?	While this is possible and desirable, that was not done as part of this case study, but was suggested as a next step by multiple stakeholders.
Mali	For the women groups approach, what kind of groups did you use?	Women's groups were selected as part of the urban vaccination strategy in Sikasso, specifically within the catchment areas of 11 urban health centers. They were selected to maximize reach to areas with significant numbers of ZD children. Notably, some women's groups existed in Sikasso before this strategy was created, which facilitated its implementation but added steps regarding group member selection. The profiles of each group member were reviewed in these cases to see if more than half the women could support this effort, and then group members were selected. Other groups were created specifically for this purpose, designed using the immunization toolkit. In total, 330 members of women's groups were trained in Sikasso as volunteers to identify under-vaccinated and ZD children, with training specifically in communication (supported by UNICEF), home visits, and tracking cases of under-vaccination and ZD children.
Nepal	Has there been any evidence that the TCV campaign efforts resulted in a change in coverage for other antigens in ZD communities?	According to the respondents of the study, the concurrent monitoring activities helped identify children who had missed vaccine doses (mainly measles-rubella 1 or 2 but also DPT/Penta 3), or were ZD. These children were mainly located in urban slums and remote areas with a higher concentration of underserved communities, including minority groups. They also resided in districts that shared international borders with China and India. The monitoring component of the TCV campaign placed special emphasis on such areas and was designed and conducted in a way that facilitated the identification of not only children who had not received TCV (15 months to 15 years) but also those who were ZD or had not received the second or third doses of the DPT/Pentavalent vaccine or the second dose of the measles-rubella vaccine (given at 15 months).

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Nepal	<p>Were you able to track how much the ZD population decreased by province or district as a result of the typhoid campaign?</p>	<p>We have province-wide figures of TCV vaccination coverage (Source: rapid convenience monitoring data) but not of the missed vaccine doses or zero doses brought under coverage TCV introduction was seen as an opportunity to reach ZD children, a population that respondents estimated had increased from one percent in 2016 to four percent after the COVID-19 pandemic. According to our respondents, the TCV campaign had built-in mechanisms from the planning through implementation and monitoring stages to bring ZD children under service coverage. The unique vaccination card and recording of missed vaccination doses of all children up to five years at the campaign sites, followed by monitoring activities probably helped bring all children under coverage, according to our respondents.</p> <p><i>As one of the respondents shared with us, "While monitoring, it was discovered that approximately 8000 children had missed their vaccinations. Some had not received any doses, while others had dropped out after receiving a few doses, primarily for MR1, MR2, and JE. Some children had also missed doses of Penta and other vaccines. Around 200 children were zero-dose children".</i></p> <p>The case study was not designed to provide any quantitative estimates. We will get a clear picture from the independent evaluation of the TCV campaign currently under way.</p>
Nepal	<p>How did you ensure there was motivation for the children receiving the typhoid vaccine and COVID-19 vaccine so as to ensure there are no any missed doses?</p>	<p>One of the objectives of the TCV campaign was to strengthen routine immunization and bring missed/ZD children under service coverage. The technical, logistical, and operational support from all stakeholders, as well as the collective learnings of the recent COVID-19 vaccine and M-R campaigns, helped to conduct the TCV campaign in one phase (other campaigns had more phases). All the beneficiary (children of age 15 months - 15 years) families received an invitation from the government to participate in the campaign, which may have made them feel valued and motivated. Advancing the age for receiving any missed vaccine from two years to five years also motivated families to get their children immunized for earlier missed doses. At the venue of TCV, caretakers of children up to five years who had missed any vaccination were directed to a health worker who provided counseling as well as guidance for health facility visits to receive missed vaccination after the campaign. The health</p>

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		<p>workers kept the counterfoils of the unique vaccination cards with details of children with missed doses or ZD which were later sorted and referred to the relevant health centers for follow-up of these children. The marginalized communities such as migrant, minority, and floating groups received special focus during the monitoring phase. The intent to capitalize on the TCV campaign to identify missed dose/ZD children came across very strongly in the narratives of all the stakeholders, which also seemed to have a positive impact on the community.</p>