



Zero-Dose
LEARNING HUB

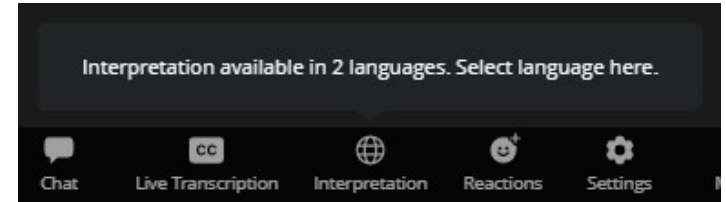
Vaccinating Every Child: Promising Strategies for Reaching Zero- Dose Children



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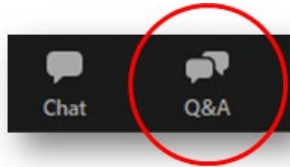
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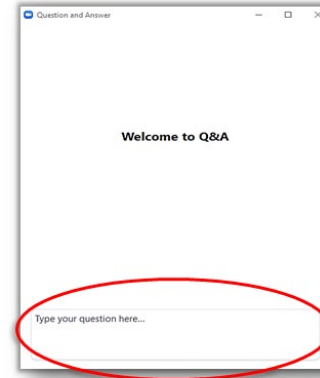


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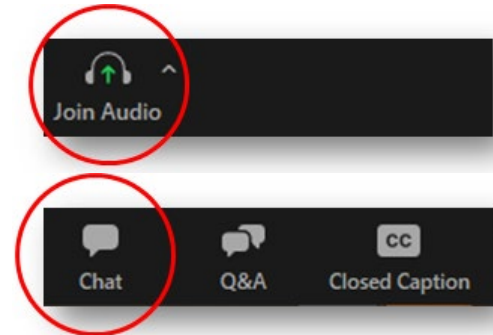


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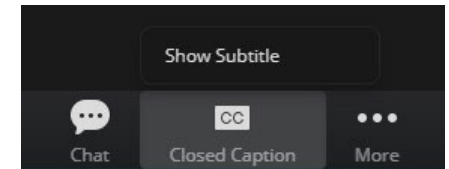


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Welcome

Gustavo Corrêa, MD, MPH

Measurement, Evaluation,
and Learning Department Gavi, the Vaccine Alliance

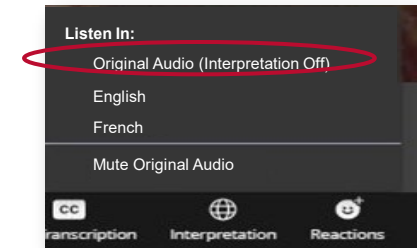
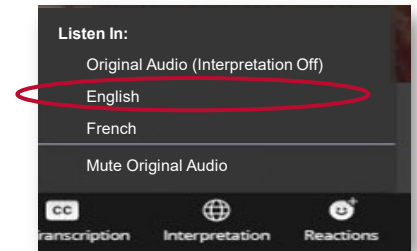
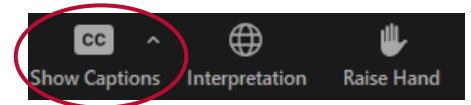
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Évaluer la mise en œuvre de deux innovations pour renforcer l'offre de vaccination dans 4 archétypes de district sanitaire au Mali

Présentateur
Dr. Zakaria KEITA



Plan

- Introduction
- Obstacles courants et spécifiques à la vaccination au Mali
- Description des deux interventions
- Conception de l'étude de la recherche d'implémentation
- Description de la théorie de changement des deux interventions
- Limites des innovations
- Conclusion

Introduction

- **Mali, au 7^e rang en Afrique avec le plus grand nombre d'EZD** (IHME, 2022).
- **Nombre d'EZD estimé à 136 365 (18%) en 2020** (carte d'analyse IRMMA).
- **Couverture vaccinale**
 - Tous les vaccins de base est à 45 % (EDSM VI 2018).
 - Penta1 à 82 % & Penta3 à 77 % (WUENIC, 2022).
- **Carte des zones prioritaires potentielles** (IHME, 2023) :
 - Zones de **faible couverture vaccinale** et à **nombre élevé d'EZD**.
 - Régions du sud et du centre comme Mopti et Koulikoro.
 - Régions du nord telles que Gao.

OBSTACLES COMMUNS



Implémentation insuffisantes de stratégies



Faiblesse de la chaîne d'approvisionnement



Intégration insuffisante avec la santé communautaire



Manque d'intérêt et motivation vis-à-vis de la vaccination



Peur des effets secondaires



Rumeurs sur les vaccins



Pouvoir décisionnel excluant la femme



Manque de moyen de transport



Contraintes financières

OBSTACLES SPÉCIFIQUES

URBAIN/PÉRIURBAIN

- ◆ Activités éducatives insuffisantes
- ◆ Participation limitée des leaders influents
- ◆ Insuffisance des stratégies mobiles
- ◆ Insuffisance dans la gestion des MAPI



- ◆ Manque de motivation
- ◆ Effets secondaires et rumeurs



- ◆ Les gens ont besoin de survivre



RURAUX/ÉLOIGNÉS

- ◆ Insuffisance des stratégies fixes, avancées et mobile
- ◆ Insuffisance dans le suivi du contrôle et du suivi
- ◆ Faible intégration



- ◆ Insuffisante utilisation des canaux de communication pour les femmes



- ◆ Difficultés de financière
- ◆ Les travaux agricoles et domes-tiques
- ◆ Stigmatisation contre les femmes
- ◆ Exclusion des femmes des décisions



CONFLIT

- ◆ Insécurité
- ◆ Indisponibilité des services de vaccination
- ◆ Stratégie et personnel insuffisants
- ◆ Rupture de stock de la chaîne d'approvisionnement
- ◆ Faible coordination entre les partenaires



- ◆ Effets secondaires et MAPI
- ◆ Insuffisance de sensibilisation et de compréhension



- ◆ Pouvoir décisionnel excluant la femme
- ◆ Manque de moyen de transport ou de déplacement
- ◆ Contraintes financières

COMMUNAUTÉS SPÉCIALES

- ◆ Distance des centres de santé
- ◆ Intégration limitée dans d'autres programmes
- ◆ Chaîne d'approvisionnement et du froid inadéquate.
- ◆ Ruptures de stock fréquentes



- ◆ Accès limité par la distance
- ◆ Refusion pour raisons culturelles
- ◆ Faible motivation et manque de connaissances



- ◆ Faible pouvoir de décision des femmes
- ◆ Charge de la femme
- ◆ Manque de moyen de transport



Offre de service

Demande /facteurs sociaux/comportementaux

Genre

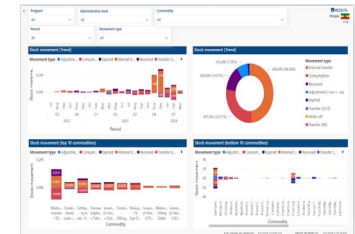
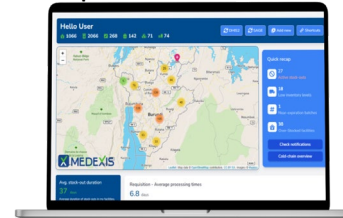
Digitalisation de la Supervision formative et coaching

- **Fonction de Gestion de la performance — Mon Coach (mC) :** Transformez la supervision formative et cibler le coaching de la performance sur l'atteinte des EZD.
- **Fonction d'Enquête — Mon enquête en Ligne (MeL) :** pour développer tous types d'enquêtes afin de mesurer la performance des services et programmes.



Visibilité de bout en bout avec un Système d'Information de gestion logistique électronique

- **Gestion des stocks de vaccins,** stockage, distribution, planification des produits et analyse des données.
- **Digital analytics :** Analyse et intégration de rapports Power BI.
- **Échange de données :** intégration nationale grâce à l'interopérabilité des API.



Conception de l'étude de la recherche d'implémentation (IR)

Objectif

Évaluer les stratégies d'implémentation de Coach2PEV et de Medexis dans les quatre archétypes de districts sanitaires (urbain/périurbain, rurale/éloignée, population spéciale, conflit).

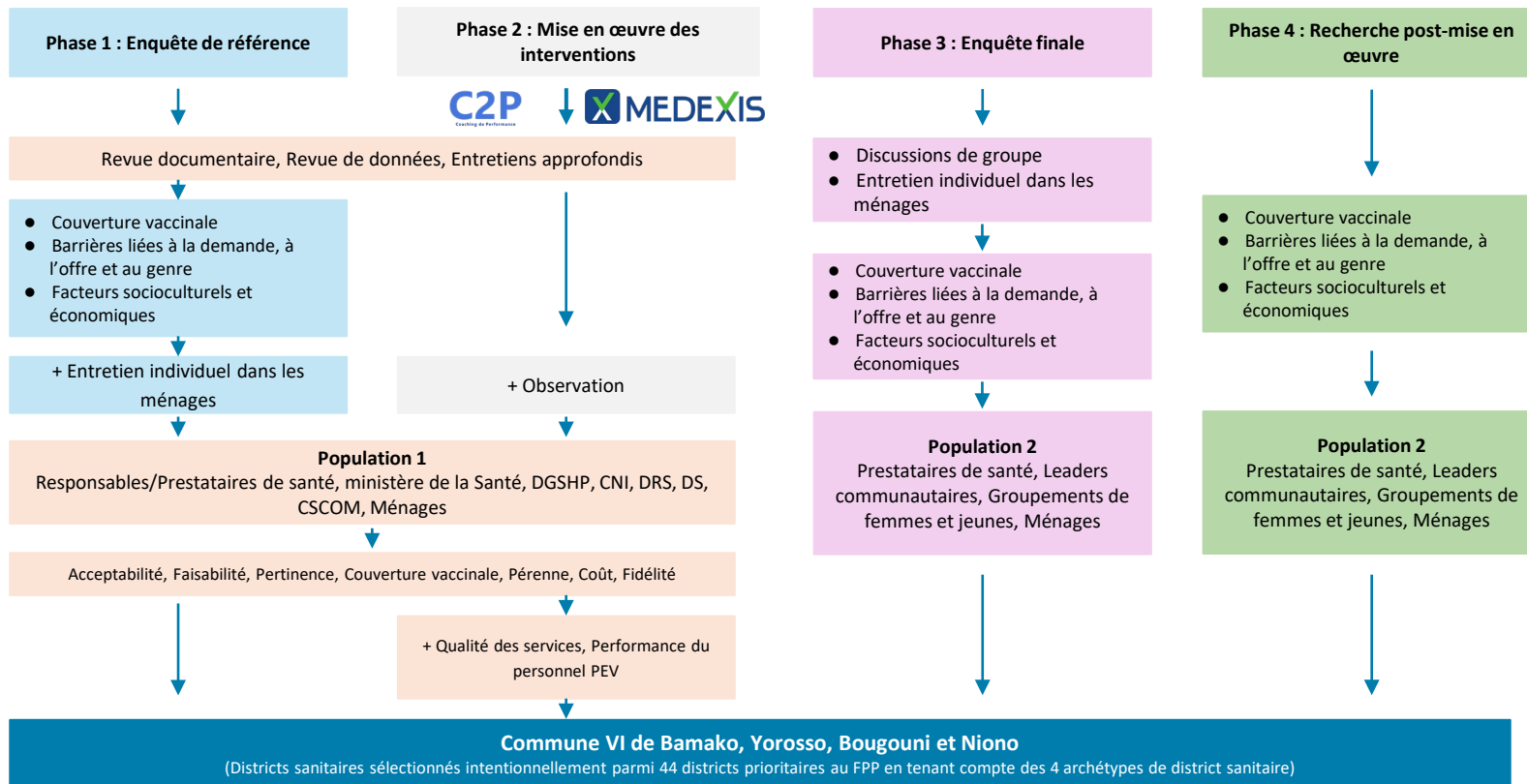
Questions de recherche

- Les innovations mises en œuvres permettront-elles de renforcer l'offre de service de vaccination et les indicateurs du Programme élargi de vaccination (PEV) ?
- L'amélioration de l'offre de service de vaccination permettra-t-elle de réduire les EZD dans les 4 types de district au Mali où existe-t-il d'autres obstacles qui pourraient empêcher cette réduction ?

Étude quasi-expérimentale

- Avant - Après.
- Évaluation du processus et déterminants.
- Évaluation d'innovations afin de réduire les EZD.
- Approche mixte qualitative et quantitative.

Cadre conceptuel de la Recherche d'Implémentation



Théorie des deux interventions

Obstacles majeurs à
l'équité en
vaccination

Interventions
innovations
digitales

Résultats
immédiats

Résultats à terme

Effet/impact

Offre de service de
vaccination
insuffisante et
inappropriée pour
atteindre les EZD,
insuffisamment
vaccinés et
communautés
manquées



Personnel de santé
compétent et
motivé dans
l'atteinte des EZD

Meilleure visibilité
et gestion des
vaccins

Amélioration de la
qualité de l'offre de
service ciblée sûr, avec
et par les communautés

Réduction des ruptures
de stocks de vaccins

Réduction du
nombre d'enfants
zéro dose,
insuffisamment
vaccinés et
communautés
manquées

Limites des innovations



Humaines

- Résistance au changement de la part des professionnels de la santé.
- Insuffisance de formation de base des prestataires.
- Instabilité du personnel.



Financières et matérielles

Insuffisance de ressources financières et matérielles.



Contexte

- Problème d'insécurité.
- Gouvernance : Instabilité politique, pérennisations.

Conclusion

- Ces deux innovations Coach2PEV et Medexis permettront de renforcer :
 - Qualité de l'offre de service de vaccination,
 - Disponibilité des vaccins et
 - Indicateurs du programme élargi de vaccination (PEV).
- Afin de réduire les Enfants Zéro Dose (EZD) dans les quatre types de district au Mali.



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Ensemble pour l'équité vaccinale au Mali !



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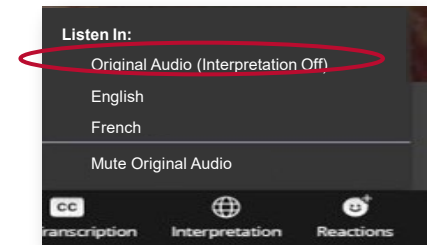
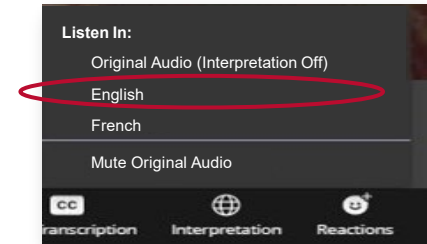
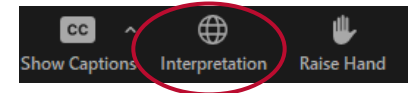
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Evaluation of the Interventions to Reach Zero-Dose Children in Uganda





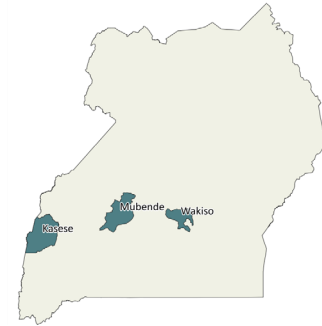
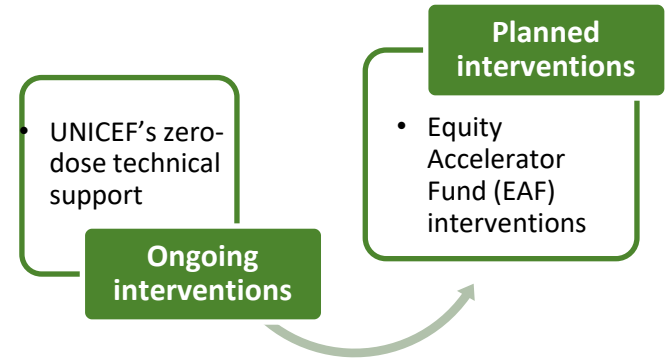
Introduction

2

Objective 2: To examine the **implementation outcomes** (i.e. acceptability, reach, adoption, fidelity, implementation cost, sustainability, and effectiveness) of **ongoing and planned immunization approaches** to reach zero-dose (ZD) and under-immunized (UI) children, and missed communities in Uganda.



Learning Hub high-risk groups in focus districts:
Urban settlements, mountainous areas, island, pastoralists, underserved areas, communities at national border, mining areas.



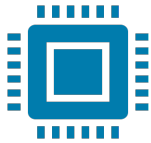
Uganda Learning Hub focus districts:
Wakiso, Mubende, and Kasese

Evaluation of UNICEF's Zero-Dose Support

Evaluation of UNICEF's Zero-Dose Support

General objective: To assess the implementation of the ZD technical support (house-to-house registration and defaulter tracing) by UNICEF in Wakiso and Kamuli Districts from 2022 to 2024.

Specific Objectives



To assess reach, adoption, implementation, and maintenance of the ZD support.



To identify and document the challenges and enablers of implementation.



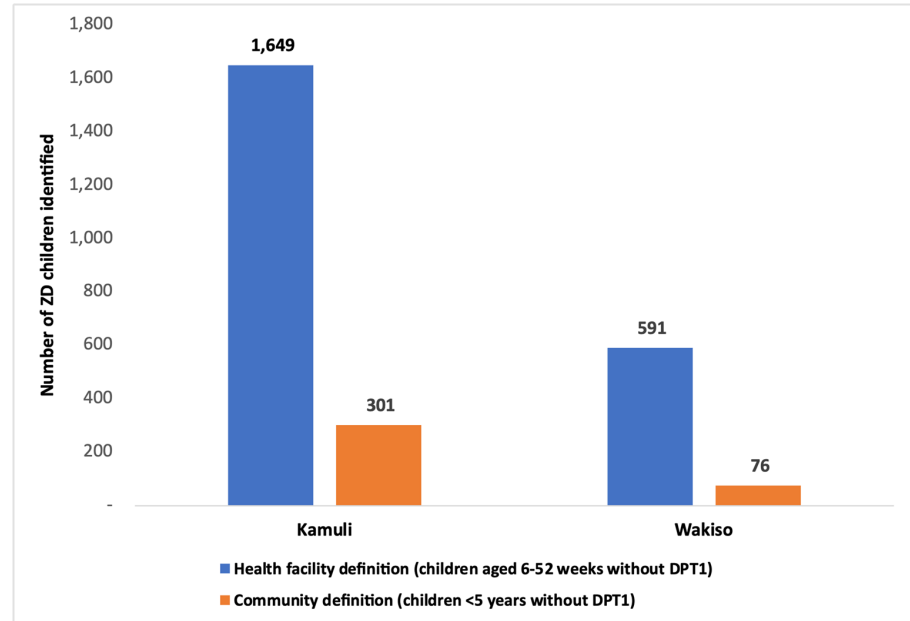
To estimate the number and the proportion of ZD and UI children identified and reached.

Key informant interviews (VHTs, health workers, District Health Teams, UNICEF), and **in-depth interviews** (caregivers).

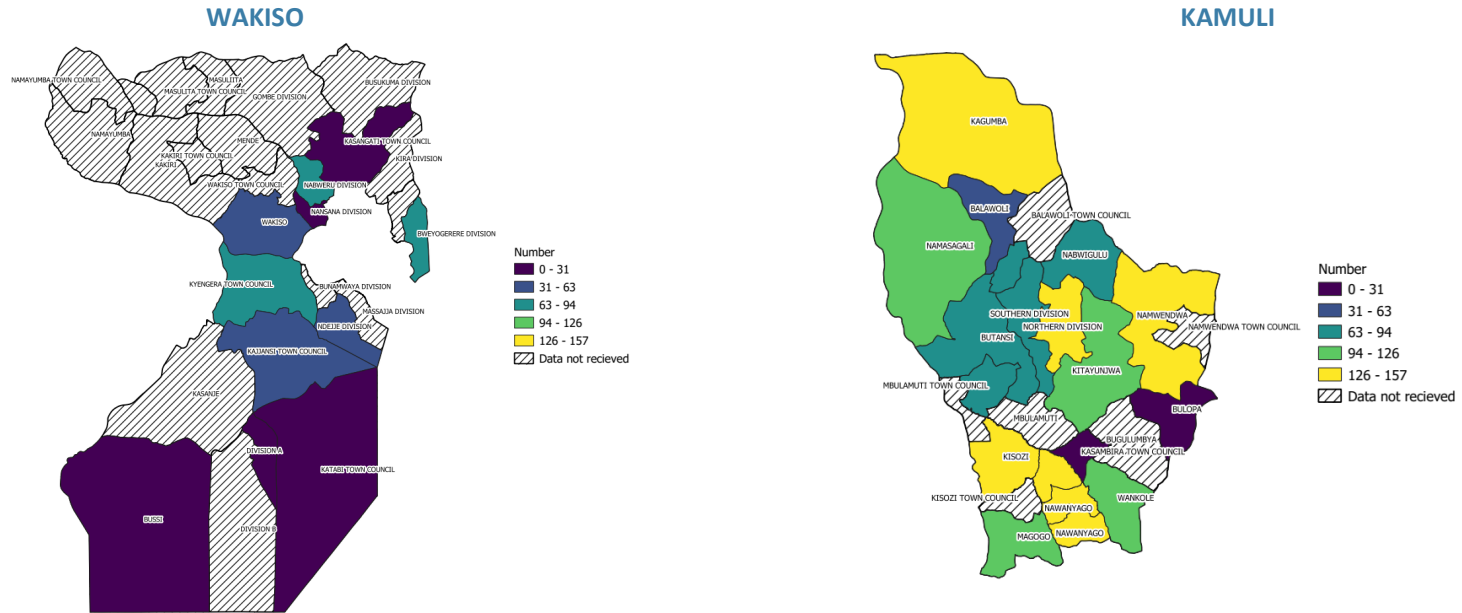
Secondary data analysis of UNICEF's house to house registration.

Number of ZD Children Identified through House-to-House Registration

- Registration was conducted October–November 2023.
- 12,905 children registered across two districts.
- Conducted in 52% of the sub-counties in Wakiso and 86% sub-counties in Kamuli.



Distribution (Numbers) of Zero-Dose Children Identified in Wakiso and Kamuli Districts



The graphs show the distribution of ZD children using the health facility definition (children aged 6–52 weeks who have not received DPT1).



Emerging Findings from Evaluation of UNICEF's ZD Child Support: Implementation Challenges

Sub-optimal reach of the house-to-house registration by Village Health Teams (VHTs): VHTs reported they did not register all eligible children in their catchment areas because they were not provided adequate funds and logistics support, and one VHT per village was engaged.

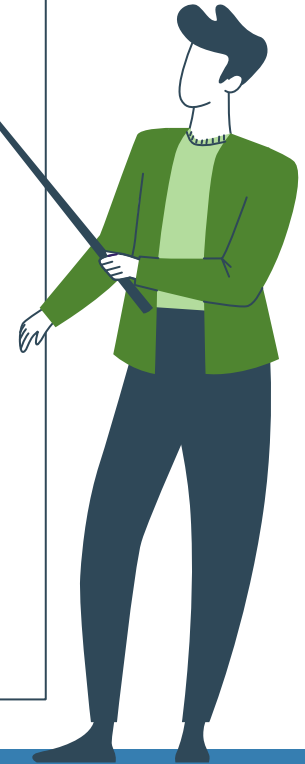
Inadequate training of VHTs: Some VHTs reported that they were not formally trained to conduct house-to-house registration exercises. This was further confirmed by health educators who also reported that they were inadequately facilitated in training the VHTs.

Resistant caregivers: VHTs reported that some caregivers were not cooperative and resisted registration. This was attributed to the inadequate community sensitization before the implementation.

Bulky registers: VHTs reported that the registers were bulky and not user-friendly given long walking distances.

Learnings from the Evaluation of UNICEF's ZD Support

- House-to-house registration identifies ZD children. However, it's unclear whether all children identified were **reached** with immunization. Its **sustainability** is unclear.
- House-to-house registration may identify children who have delayed vaccination, but may not identify those **systemically missed**.
- The presence of high numbers of ZD children in **urban** settings suggests the need for targeted support in these areas.
- Identifying and tracking ZD children requires a data capture system that collects **individual data at the community level** and facilitates **real-time use of data** at all levels.



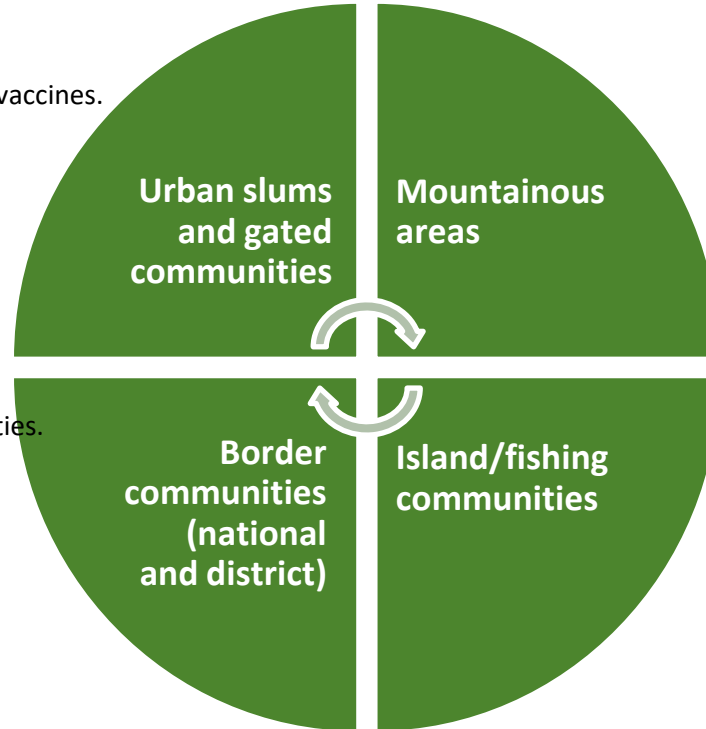
Evaluation of Interventions under the Equity Accelerator Fund (EAF)



Barriers Faced by ZD Caregivers and Families

- Fear of adverse effects from vaccines.
- Hidden immunization costs.
- Vaccine stockouts.
- Limited spousal support.
- Competing priorities.

- Long distances to health facilities.
- Hidden immunisation costs.
- Few and limited outreaches.
- Poor health worker attitudes.
- Myths and misconceptions.

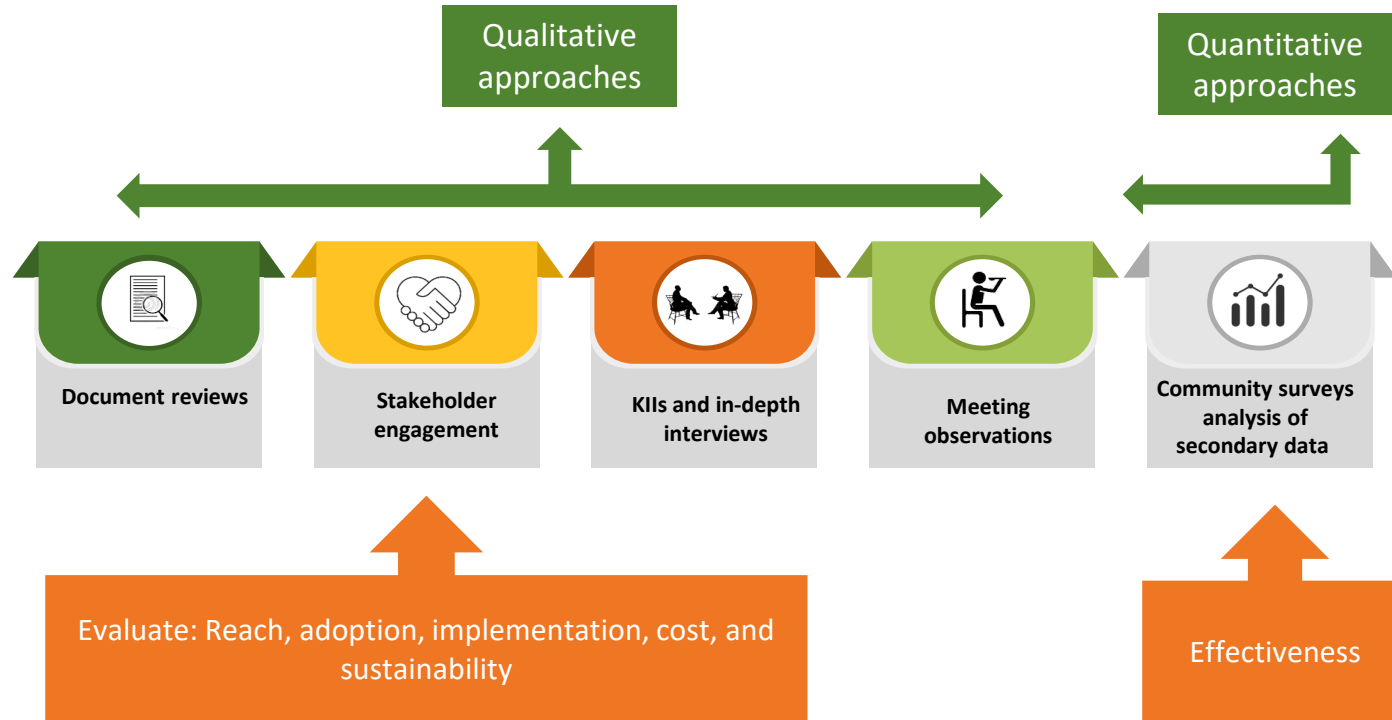


- Long distances to health facilities.
- Long waiting times.
- Vaccine stockouts.
- Few and limited outreach sessions.
- Myths and misconceptions.
- Traditional birth attendants.

- Long distances to health facilities.
- Fear of adverse effects from vaccines.
- Hidden immunization costs.
- Few and irregular outreach sessions.

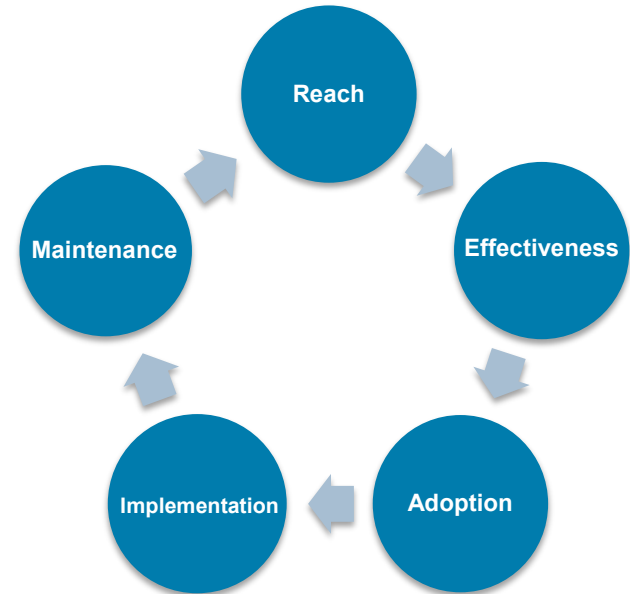


Implementation Research Design



Implementation Research Design

- **Study design:** Pre-post approach using qualitative and quantitative methods.
 - Process evaluation: observation, key informant interviews, in-depth interviews.
 - Impact evaluation: surveys (before and after implementation).
- **Study setting:**
 - IR will be conducted in three Learning Hub focus districts: Mubende, Wakiso, and Kasese.
 - Survey will be conducted in Mubende district.
- **Study population:**
 - National level: UNEPI and key immunization stakeholders.
 - District level: District health team (DHT) members, health workers, village health teams (VHTs).
 - Caregivers of children less than 4.5–23 months.



Reach, Effectiveness, Adoption, Implementation, Maintenance (Framework)

EAF Interventions Selected

Dimension	Activity	Target Populations
Identify	House-to-house registration by village health teams/community health workers.	Cross-cutting
	Facilitate VHTs to track and link ZD children to catchment immunization health facilities.	Cross-cutting
	Identify/conduct geo-mapping of affected communities.	Mountainous and pastoral areas
Reach	Conduct targeted community outreaches outside traditional hours/areas to identify special groups.	Urban / peri-urban / fishing communities
	Partner with private health sector providers to conduct quarterly support supervision and capacity strengthening visits to private facilities.	Urban / peri-urban
	Utilize health and non-health community structures and institutions to mobilize and link ZD households to immunization service delivery points.	Cross-cutting

Theory and Assumptions

Theory

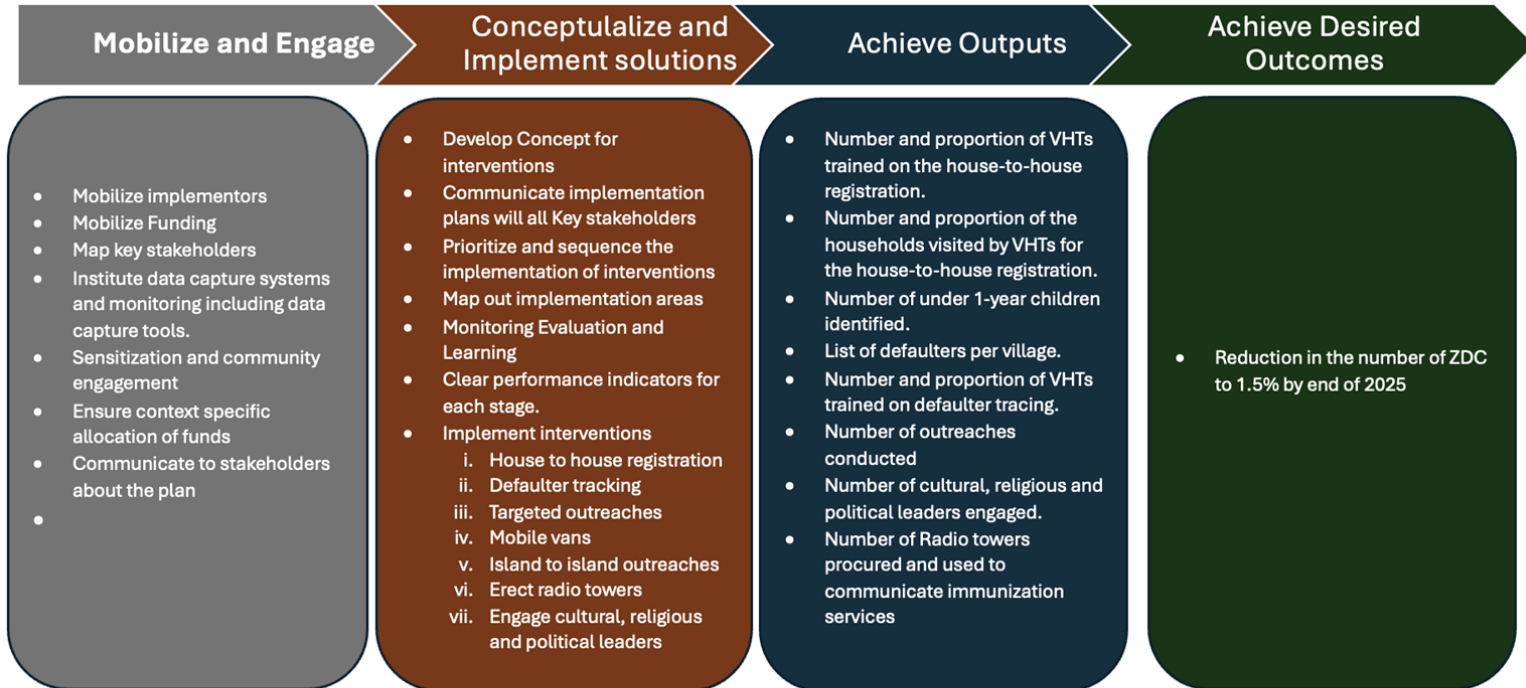
- Use community-based data capture platforms to identify the ZD and UI children.
- Track the immunization status of children to monitor immunization and prevent dropout/missed communities.
- Improve availability of immunization services to reach hard-to-reach and underserved populations.
- Engage health and non-health actors to advocate for immunization services.

Assumptions

- Availability of resources to implement the interventions.
- Adequate and willing human resource at the community and health facility level.
- Willingness of caregivers with ZD children to receive vaccination.
- Interventions are sustainable beyond the funding period.
- Good partnerships at national and sub-national levels.



Implementation Research Design



Key Assumptions: a) Interventions will be accepted by the primary target audience, b). EAF funding will be available, c) country will remain aligned to the ZDC Agenda, d). Public Health situation will remain stable.

Limitations



Delayed EAF implementation

- Limited time to measure effects.



Generalizability

- Limited generalizability of findings due to limited scope.
- IR is limited to 3/146 districts in Uganda.
- Surveys are limited to one district.

Conclusion

- Learning Hub activities have generated relevant learnings to inform EAF implementation (rapid assessment, evaluation of UNICEF's ZD technical support, baseline survey, learning agenda, evaluation of data ecosystem landscape).
- There is no structured theory of change/framework to support planning and implementation of routine activities and EAF activities.
- Learnings from implementation research will inform the design of interventions to identify and reach ZD and UI children.

Our Team



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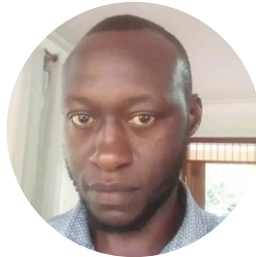
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Discussion



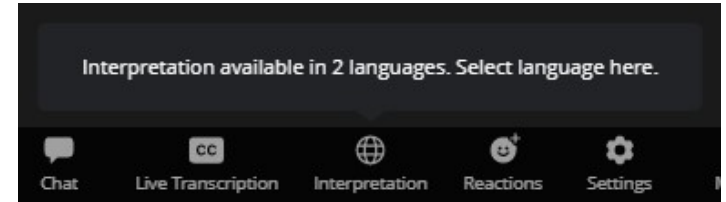
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