

# MOMENTUM Routine Immunization Transformation and Equity

Sustainable Solutions to Root Causes  
of Zero-Dose and Under-immunized  
Children

Gavi Zero-Dose Learning Week  
Grace Chee, Project Director  
September 11, 2024



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# Our Vision

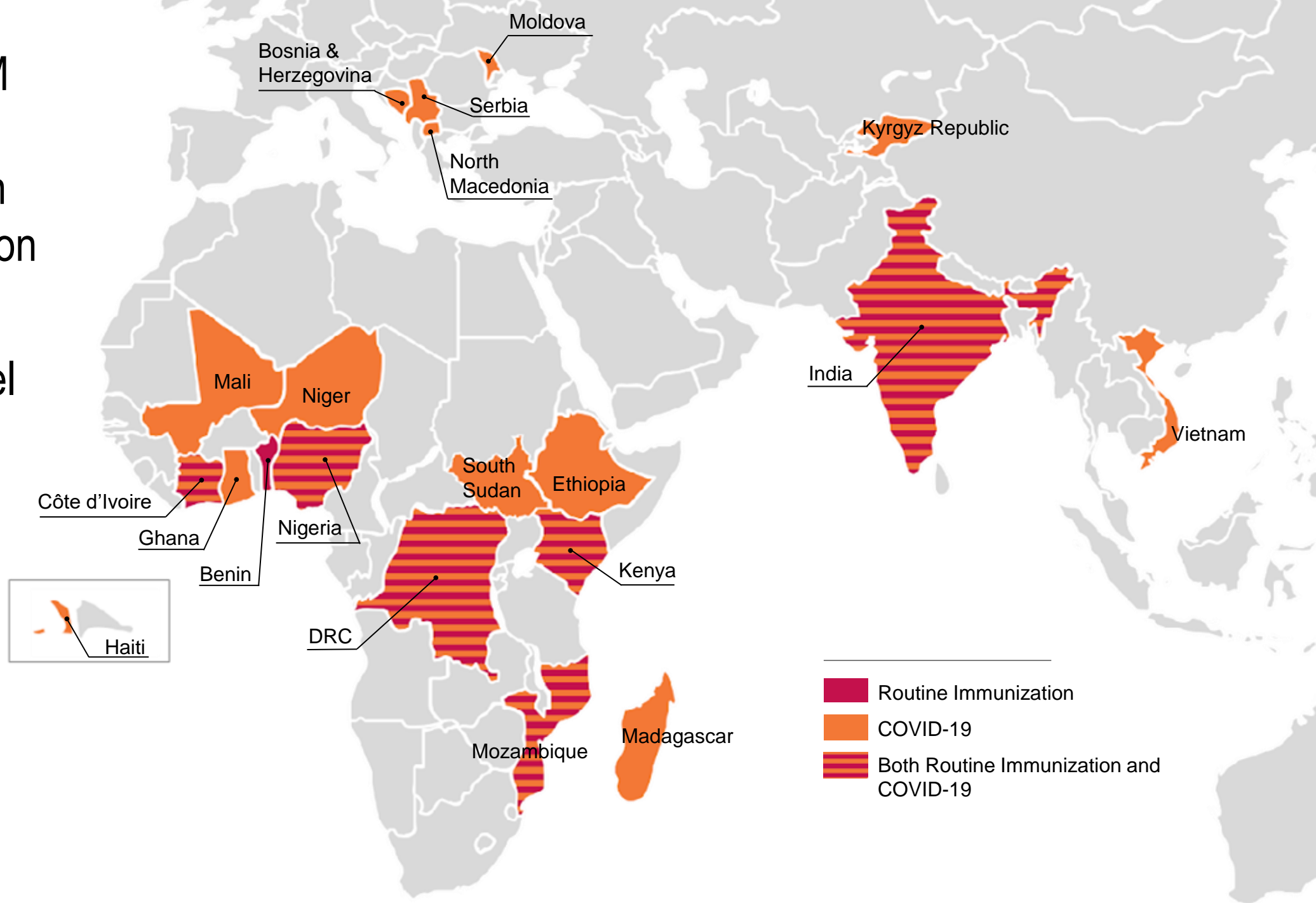
Award Date: July 27, 2020  
Period of Performance: 6 years  
Funding to date: \$130 million

## **MOMENTUM Routine Immunization**

**Transformation and Equity** envisions a world in which all people eligible for immunization, from infancy throughout the life-course, and particularly underserved, marginalized, and vulnerable populations, are regularly reached with high-quality vaccination services and use them to protect their children and themselves against vaccine-preventable diseases.



**MOMENTUM**  
Routine  
Immunization  
Transformation  
and Equity  
Country Level  
Activities





**Global technical assistance to tailor to country contexts**

**MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION & EQUITY DESIRED OUTCOMES**

Reduced mortality from VPDs among underserved populations

Reduced rates of under-vaccination

Reduced rates of zero-dose

Strengthen country capacity to address entrenched obstacles



**Amplify country-country learning and country-global learning**

**MAINTAIN, ADAPT, REINSTATE AND IMPROVE RI SERVICES**

**NATIONAL OUTCOMES**

- Policies that support equity
- Sufficient resources for program needs
- Improved data use for policies, planning, budgeting

**REGIONAL/DISTRICT OUTCOMES**

- Strengthened management capability
- Improved use of data for problem-solving
- Integrated planning and budgeting with other services

**FACILITY/PROVIDER OUTCOMES**

- Improved health worker capacity
- Sufficient resources for equitable services
- Integration of services and data management
- Stronger last mile supply chain

**HEALTH SYSTEM PATHWAY**  
(public and private)



Caregiver Trust, Access & Use of Reliable, Quality Services



**INDIVIDUAL, COMMUNITY & SOCIETAL PATHWAY**

**CIVIL SOCIETY OUTCOMES**

- Expanded service delivery to underserved groups
- Increased accountability of health system to community
- Caregiver and community practices supported

**COMMUNITY OUTCOMES**

- Increased understanding of value of immunization
- Participatory planning and decision making to improve service reach and quality
- Strengthened ties between health system, CSOs, civic leaders, communities
- Equitable community and gender norms

**FAMILY & CAREGIVERS OUTCOMES**

- Improved quality of and utilization of services
- Increased family understanding of value of immunization
- Increased knowledge of vaccination schedule and where/when to seek services

**PROGRAM STRATEGY**

Catalyze Country Leadership and Commitment to Equity

Foster Resilient Systems and Communities

Partner for Impact

Use Data Better

Reinstate and Improve RI services

Apply root cause analysis and HCD methods to identify underlying reasons for entrenched obstacles and co-create solutions with communities and health systems.

**ECO-SYSTEM CHALLENGES THAT IMPACT HEALTH OUTCOMES**

COVID-19

Lack of local civil leadership

Low priority of underserved groups

Deficiencies in financial flows

Other health issues, e.g., nutrition

Limited education

# Approaches to Reach Zero-Dose and Under-Immunized Children



Planning & coordination

Supply chain

Health worker capacity

Demand generation

Data systems and review



# MOMENTUM Routine Immunization Transformation and Equity in Mozambique

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# Strategies for Identifying, Reaching and Monitoring ZD and UI Children in Mozambique

- Support for development and implementation of microplans to identify ZD and UI children.
- Improve community engagement in planning to increase access to, reliability of, and support for RI services.
- Foster partnerships to broaden and expand support for RI and COVID-19 vaccination.
- Improve data quality and promote data use for decision-making at all levels.
- Strengthen RI service delivery.

Penta1 and Penta3 Coverage Rates in Ile and Muecate



# Engaging New Actors to Overcome Critical Challenges

## COMMUNITY ENGAGEMENT AND ADDRESSING GENDER BARRIERS

- **Challenges:** Gender related barriers such as money for transport to facilities, household responsibilities limit time to bring child to facility, services are not in convenient locations and times; Low awareness of the importance of immunization.
- **Solutions:** Engage communities (health committees, RED/RED focal points, religious leaders) in planning immunization services.
- Community members involved in microplanning, and mobilized funding and motorbike driver to bring vaccinators to the community.
- Identify influential people at community level (religious leaders, RED/REC focal points, health committees etc) to raise awareness about the importance of vaccination and the completion of the vaccination calendar.
- Build capacity of community actors to:
  - Identify ZD and UI children.
  - Generate demand for vaccination and completion of the full schedule through improved IPC (InterPersonal Communication) skills for sensitization.

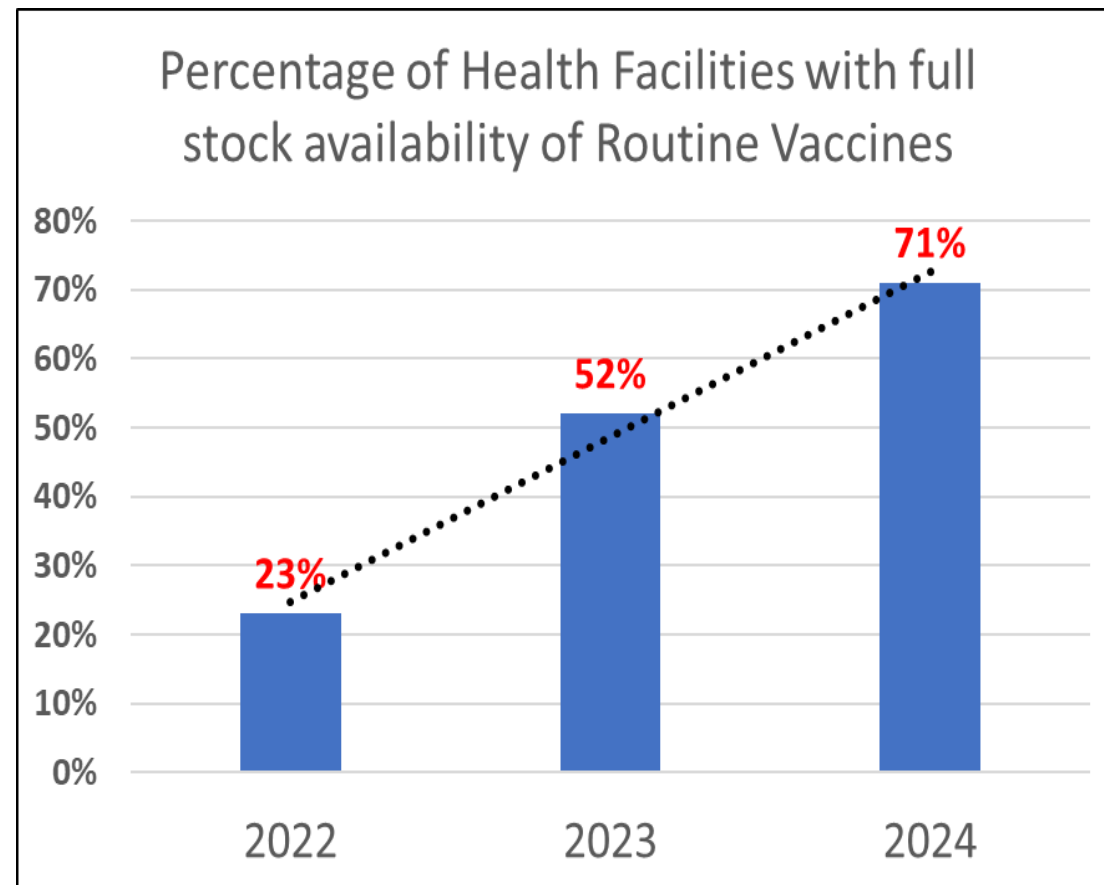
## FOSTERING INNOVATIVE PARTNERSHIPS



- **Challenge:** Consistent under-funding of mobile brigades (outreach services).
- **Solution:** Find private companies at district level that could support transport for mobile brigades in the surrounding communities.
- Secured commitment from three companies – signed formal agreements between the companies and provincial authorities in Zambezia province.
- The companies agreed to provide fuel, motorbikes and where needed vehicles for the deployment of mobile brigades, in Gurue district.



# Improving Supply Chain Management and Vaccine Forecasting

- Supported national and subnational quantification and forecasting of vaccines needs to be accurate (*new stock adjusted mid 2023*).
- Improved supply chain data quality, completeness, reporting and use of supply chain data from LMIS (SELV database).
- Improved vaccine stock availability, especially at service delivery points to reduce ZD.





# MOMENTUM Routine Immunization Transformation and Equity in DRC

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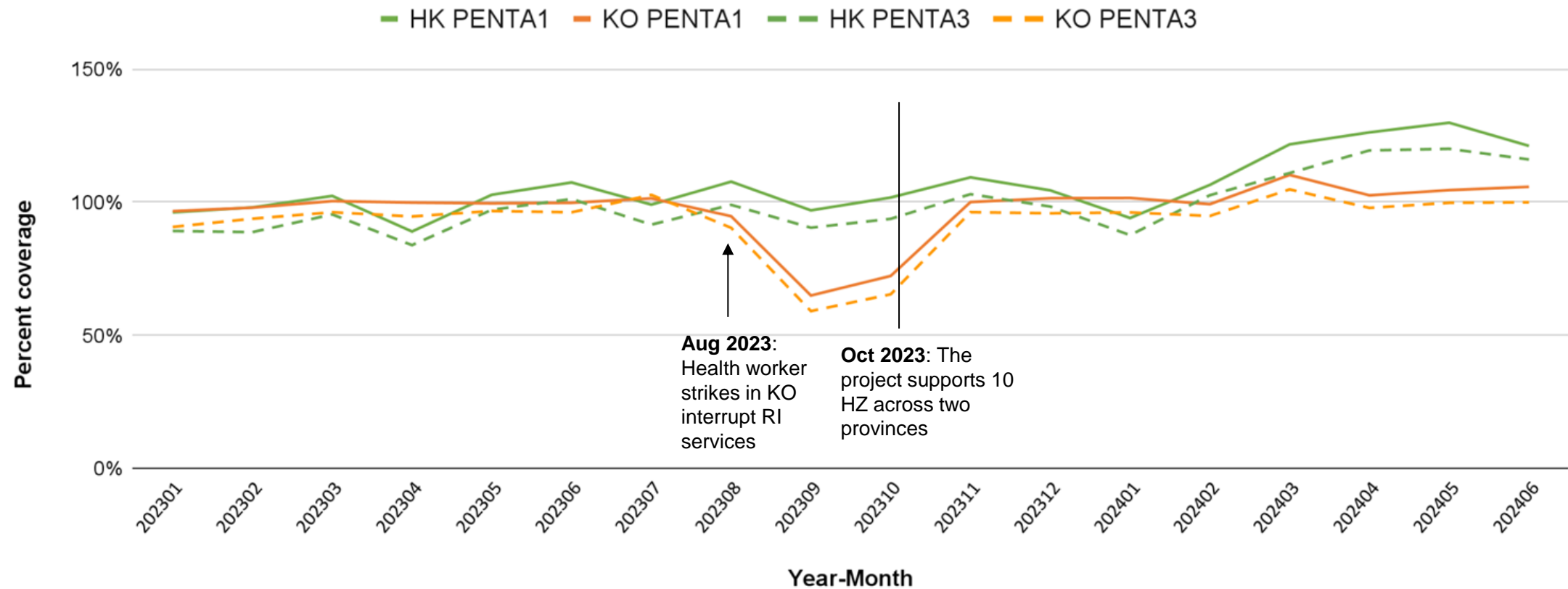
# Multipronged Approach to Reaching and Preventing ZD and UI Children in DRC

- Providing TA to to improve caregiver access by situating outreach in convenient, high-traffic places (e.g. markets).
- Leveraging strong relationships with new partners to promote vaccination among diverse populations.
- Supporting private for-profit health facilities to add immunization to their list of available services - 71 private health structures have integrated immunization and the project monitors their efforts reaching zero-dose and under-immunized children.
- Supported a pilot effort by HZ management central offices, health facilities, and community health workers to implement a tracking system of a cohort of 32 children overdue for Penta1.
  - CHWs played a critical role in creating awareness with home visits and reminders.
  - 31 of the children now fully vaccinated, last one moved away.
  - Discussions underway to scale-up this effort.



# Coverage in 10 Supported Health Zones in DRC

Immunization Coverage in 10 Supported Health Zones of Haut-Katanga and Kasai-Oriental, January 2023 to June 2024



# Fostering Local Innovative Partnerships to Broaden Support for Vaccination

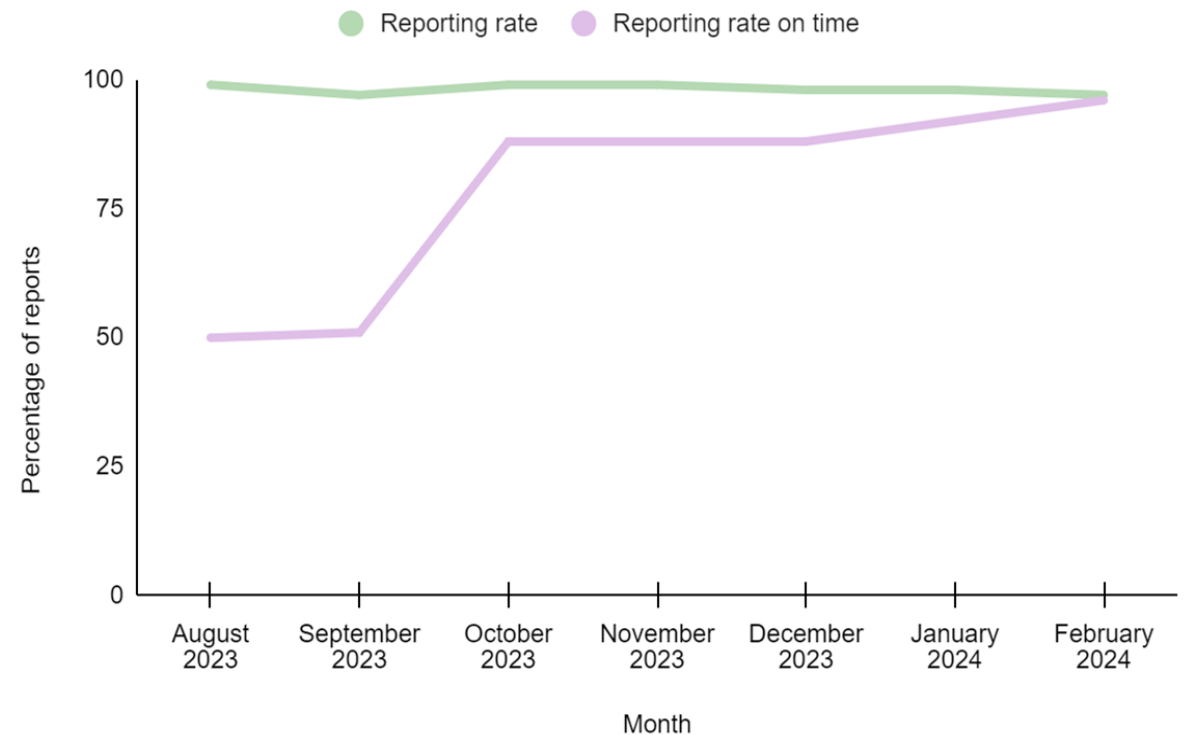
- The project fosters partnerships between local partners and central HZ offices to harness local support for immunization.
- Partners were initially mobilized to support COVID-19 vaccination.
- The same partnership model is now used to support RI resulting in a total of 80 partners across four provinces signing formal agreements with HZs to provide services/inputs towards promoting immunization efforts.

Project-facilitated partnerships established between NTPs and HZ central offices, Jun 2022 - Sep 2023		
Province	Number of partnerships	Examples of NTP contributions to immunization efforts
Haut-Katanga	24	<ul style="list-style-type: none"> <li>• Supported a community animation cell (CAC).</li> <li>• Monthly cash donations.</li> <li>• Space for meetings.</li> <li>• Donation of supplies (chalk, batteries, megaphones, water bladders, printing paper).</li> </ul>
Kasaï-Oriental	15	<ul style="list-style-type: none"> <li>• Sensitization activities.</li> <li>• Contribution to a maternity block renovation.</li> <li>• Donation of supplies (fuel, printing paper, batteries).</li> <li>• Transport of vaccines and supplies.</li> </ul>
Kasaï-Central	24	<ul style="list-style-type: none"> <li>• Sensitization activities.</li> <li>• Space for meetings.</li> <li>• Fundraising and monthly cash donations.</li> <li>• Transport of vaccines and supplies.</li> </ul>
Lualaba	17	<ul style="list-style-type: none"> <li>• Sensitization activities including airing radio messages and discussions with mothers.</li> <li>• Briefed community scouts on community-based disease surveillance.</li> </ul>

# Vaccination Data Completeness and Quality

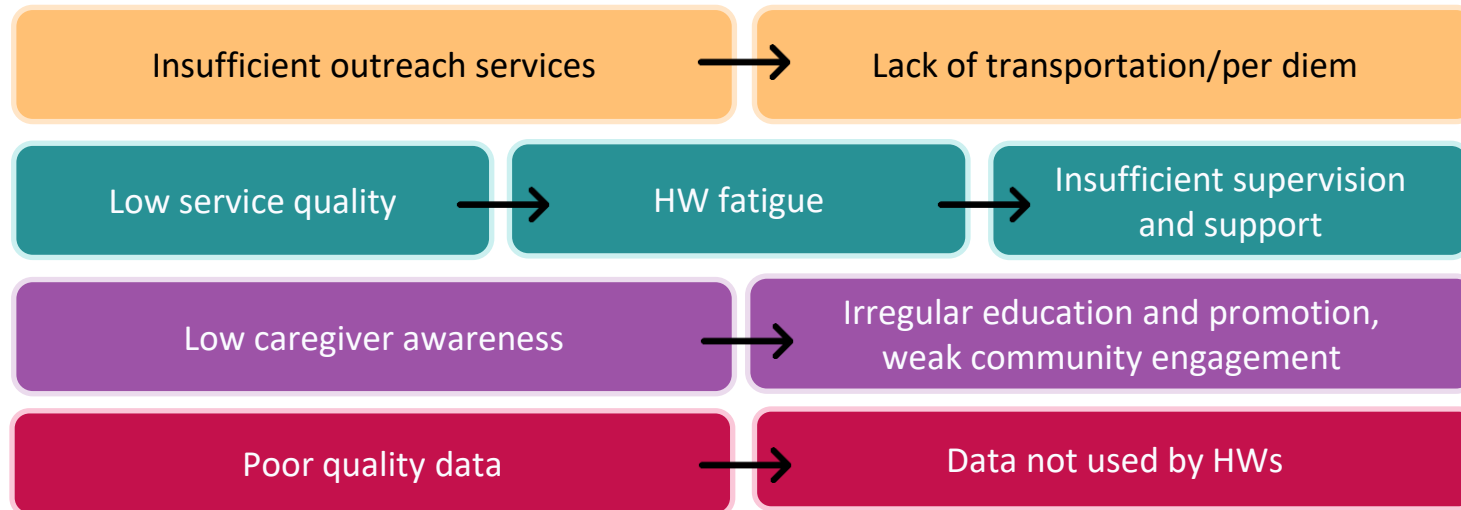
- Starting in October 2023, supported 10 HZs within Haut-Katanga and Kasai-Oriental provinces to strengthen capacity of HZ providers to complete monitoring tools, analyze and interpret RI data, and provide regular feedback to the health areas.
- Improved completeness and timeliness of data through coaching data managers, building capacity during 28 HZ data review meetings, and training 317 HZ managers and facility providers on data management topics – data entry, reporting tools completion, data interpretation, and data triangulation.

Completeness and timeliness of DHIS2 reports for 10 project supported HZs

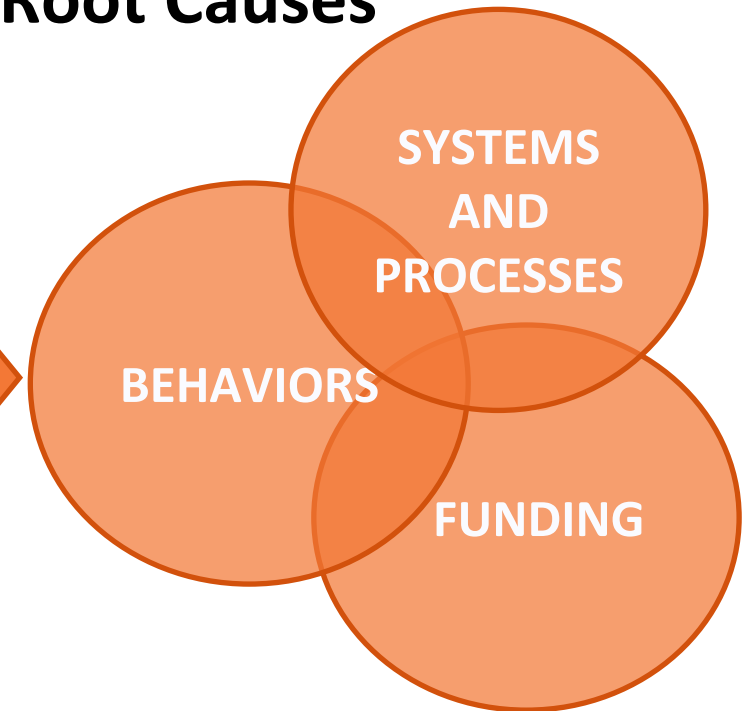


# Addressing Root Causes of Obstacles to Equitable Coverage

## Common Obstacles



## Root Causes



# Mobilizing Support and Domestic Resources in Jigawa State, Nigeria

## Challenge

LGA health staff **lack essential skills, awareness of the budget cycle and process, and confidence** to effectively communicate financial needs for RI to local actors involved in resource allocation.

- Resource needs and gaps identified in microplans are not incorporated into annual LGA budgets and funded.

## Approach

- Conducted health financing landscape and stakeholder mapping.
- Co-created and co-implemented a capacity-building plan** with SMOH and SPHCDA for LGA PHC managers, offering technical assistance, training, and mentorship **aligned with the state budget cycle**.
- Focused on two LGAs – **Dutse and Kiyawa**



### Workshop 1:

Data analysis and reporting + situational analysis



### Workshop 2:

Budget preparation and fund request memo development



### Workshop 3:

Effective advocacy + meetings with LGA Chairmen and SMLGA

## Preliminary Results

- LGAs PHC Managers:
  - Prepared robust budgets for RI together with the SMOH and SPHCDA.
  - Requested the creation of a budget line for RI for the 2025 FY.
  - Negotiated with LGA chairmen a budget of 20,000,000 Naira (US\$12,460, 9/6/2024) for RI in the 2025 LGA health budgets.
- Both LGAs committed to supporting RI and will actively follow up during the budget approval and disbursement phases.
- LGA chairmen instructed their team to collaborate with the State Ministry of Local Government Affairs (SMLGA) to prioritize RI in government directives and during the budget approval process.
- SMLGA agreed to include a 20m Naira RI budget for all other LGAs in Jigawa!**



# Institutionalizing Expanded RI Clinic Days/Hours in Lagos and Edo State

Apply **co-creation methods** with **stakeholders and caregivers** to identify barriers and opportunities for expanding service hours in urban PHC settings in Lagos and Edo States, Nigeria.

Benefits and value add to adjusting RI service days/hours:

- **Health System:** *Adjustments will help us reach more children with life-saving vaccines. Increasing vaccination coverage for the health system.*
- **Healthcare Workers (vaccinators):** *Adjustments can help reduce rush times, lightening workload, improving productivity, reduce human errors.*
- **Caregivers / Families (zero-dose and under-immunized children):** *Adjustments can improve accessibility and convenience of accessing services, ultimately increasing trust in the health system.*

## Barriers

**Caregiver challenges to vaccinating their children included: not knowing** they can bring their child any day for vaccination (in theory, at least); **fear of getting reprimanded** for missing an appt; prefer to go to HFs offering a **wider range of services** instead of closest PHC; **lack of funds** for transportation; **long wait times**.

**HF challenges to offering RI services daily: Lack of human resources** to cover RI on additional days; Nurses live far away so **transportation may be a challenge for adding weekend RI**; **cold chain challenges** forcing staff to store and pick up vaccines at another PHC; fear of increasing **vaccine wastage** (multi-dose vials); Lack of funds for logistics and other needs.

## Co-Creation Outcomes

**4 PHCs decided to extend RI hours and days:** Oredo, New Benin, Aruogba PHC, and Usokwili, based on need and potential feasibility.

- **Oredo PHC:** Tues, Thurs, and holidays (8 am - 4 pm);
- **New Benin PHC:** Mon (8 am -4 pm); Sat (9 am - 11 am); and holidays (8 am - 4 pm);
- **Aruogba PHC:** Mon-Sat, including holidays (8 am - 4 pm);
- **Usokwili PHC:** Wed and one Sat a month (11 am - 4 pm).

**3 PHCs (Ikorodu, Igbogbo, and Agbado Kola)** decided to add Sat RI services.

Each HF identified specific actions steps towards implementation based on their context, including **community sensitization & advocacy**; **intensifying tracking** activities; agreeing on **new HR rosters**.

## Status & Lessons Learned

- Strong support from the State Executive Leadership to to make hours more convenient for caregivers.
- Over-ambition was tempered once changes discussed at facility level. Each PHC is moving forward with implementation:
- **Oredo PHC:** Continued challenges with cold chain but despite that added Thurs starting in August;
- **New Benin PHC:** Added Monservices and are tracking the number of doses administered per session;
- **Aruogba PHC:** Planning a meeting with the Ward Development Committee chairperson to discuss implementation and community sensitization;
- **Usokwili PHC:** Added Wed and Sat starting in Jun but dropped Sat since there were no clients.
- High turnover of state, LGA and HF level staff - staff needed to implement solutions were relocated.
- Competing priorities - training of all HWs and preparation for upcoming integrated multi-antigen campaign.
- Inadequate human resources for health continues to be a big challenge.

## Monitoring

### Quantitative

- Number of Penta1, Penta3, MCV1 doses administered (Disaggregated by facilities and by new and standard hours).
- Number of extended sessions planned.

### Qualitative

- Health workers' and facility manager/OIC perceptions of the change
- Community perceptions of new hours (via ongoing stakeholder engagement).
- Contextual factors that likely contributed to differences year after year for the same 6-month period.
- Steps taken toward institutionalization.

EDO STATE

LAGOS STATE

# Take-aways From Our Work

- Reaching ALL children needs comprehensive approaches that address supply and demand side challenges.
- Efforts to reach ALL children need to be driven at peripheral levels, with tailored solutions.
- Engaging new partners (private companies) and using new models (continuous engagement, LT commitments) can provide support to resolve key challenges.
- Building in periodic catch-up as part of RI strategies may help prevent buildup of large numbers of ZD and UI children.



# THANK YOU

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