

WHO SCHOLAR LEVEL 2 CERTIFICATION COURSE ON

DATA TRIANGULATION FOR IMPROVED DECISION MAKING IN IMMUNIZATION PROGRAMMES

FIRST COHORT

LEVEL 2 COHORT 1-SPRING 2020 ONLINE 48 HOURS

ENGLISH 16 MARCH – 22 MAY 2020 FRENCH 30 MARCH – 5 JUNE 2020

Open webinar series

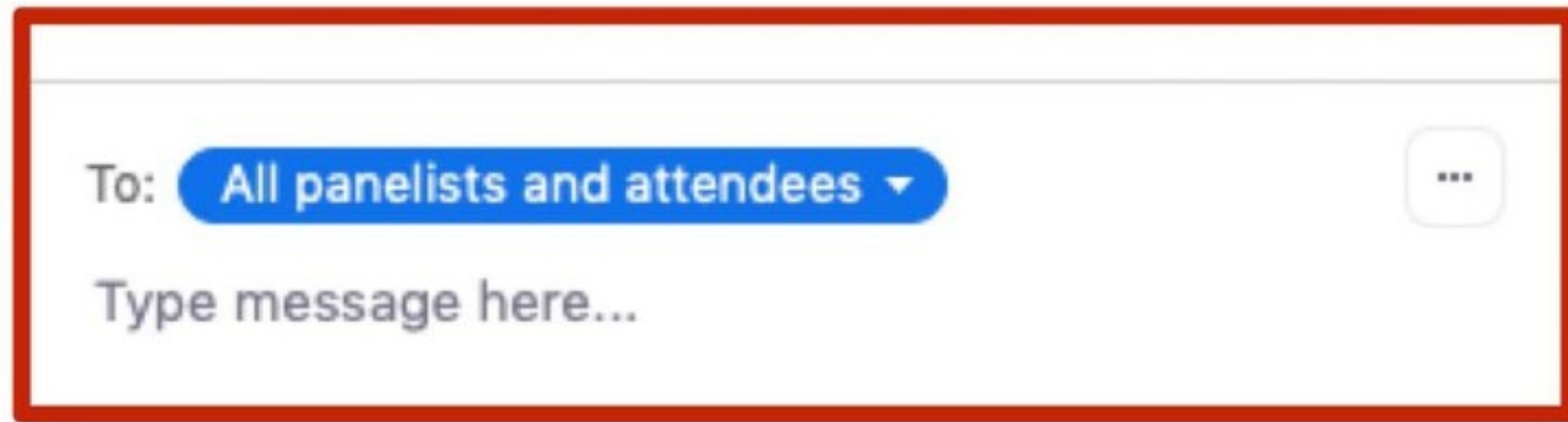
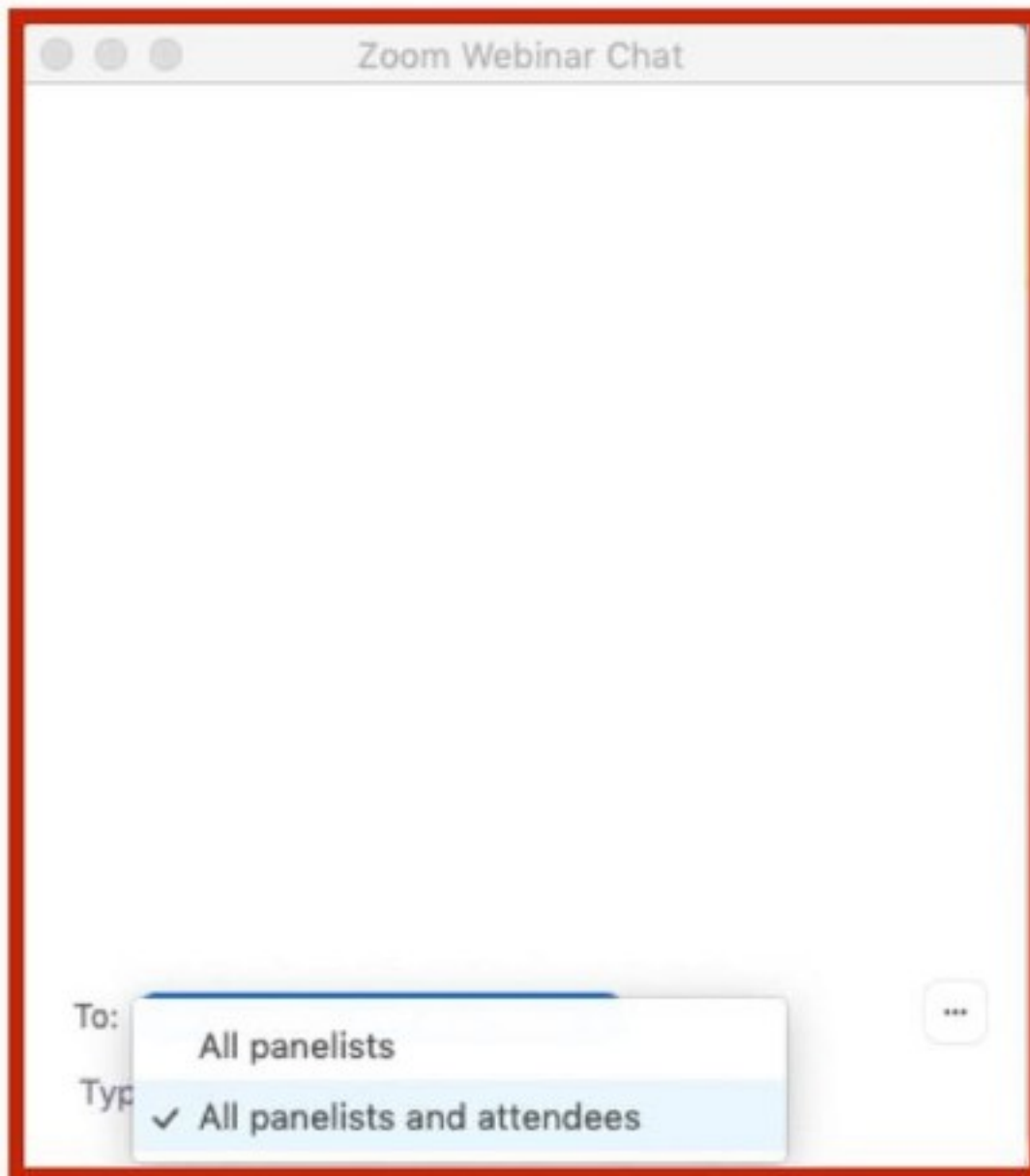
Welcome to this webinar on data triangulation! Where are you connecting from?



Ground rules

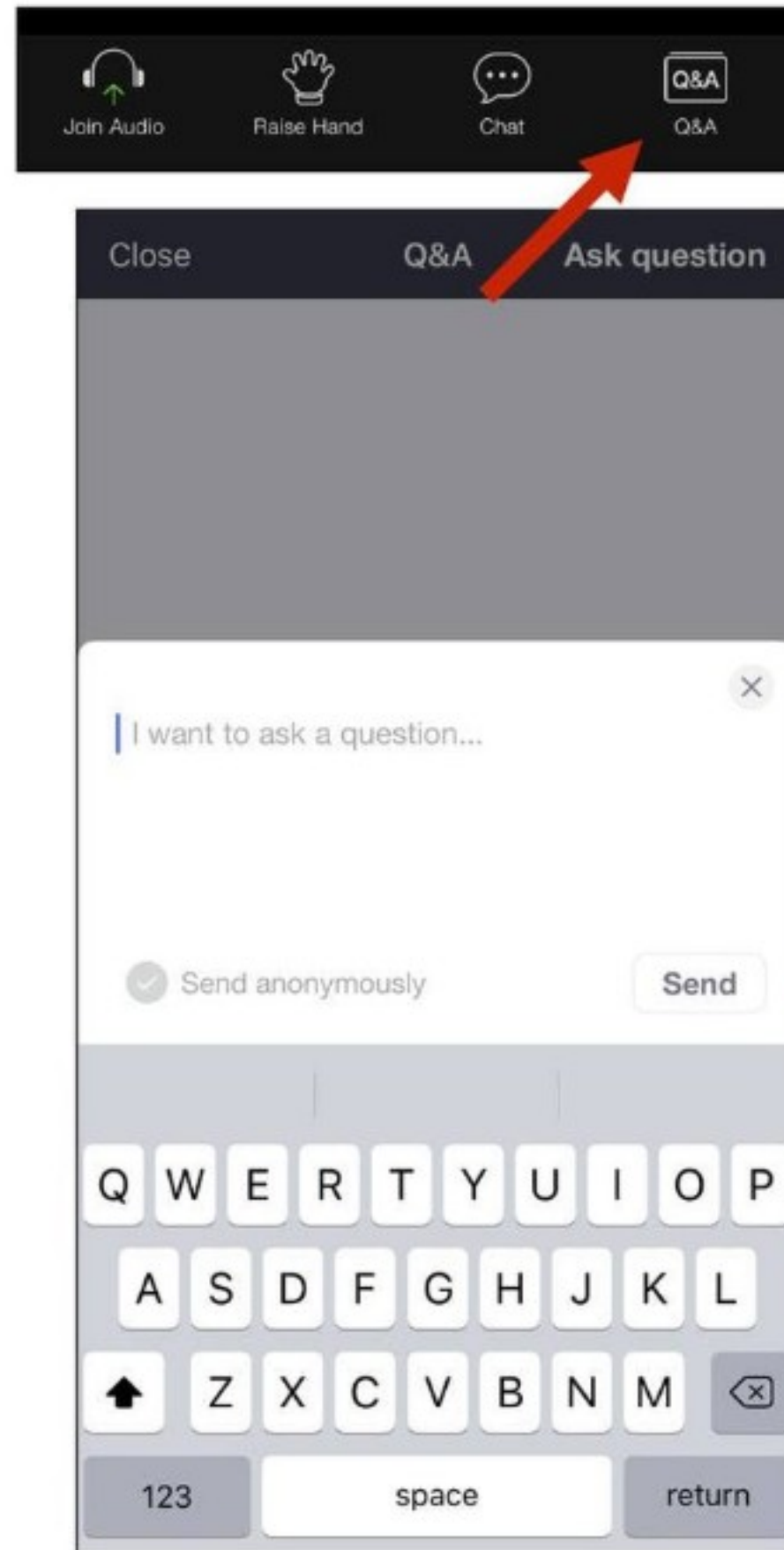
- Your active participation is needed
- Submit questions and ideas using the Q&A button in Zoom
- Vote for questions you would like to see answered
- We will also use mentimeter for quiz questions
- Go to menti.com on your phone or computer if you wish to participate
- Do not be disappointed if we are unable to answer your question
- All resources in www.tinyurl.com/2020-triangulation

To make your messages visible to everyone, please select the option **"all panelists and attendees"** in the CHAT



Ask your questions

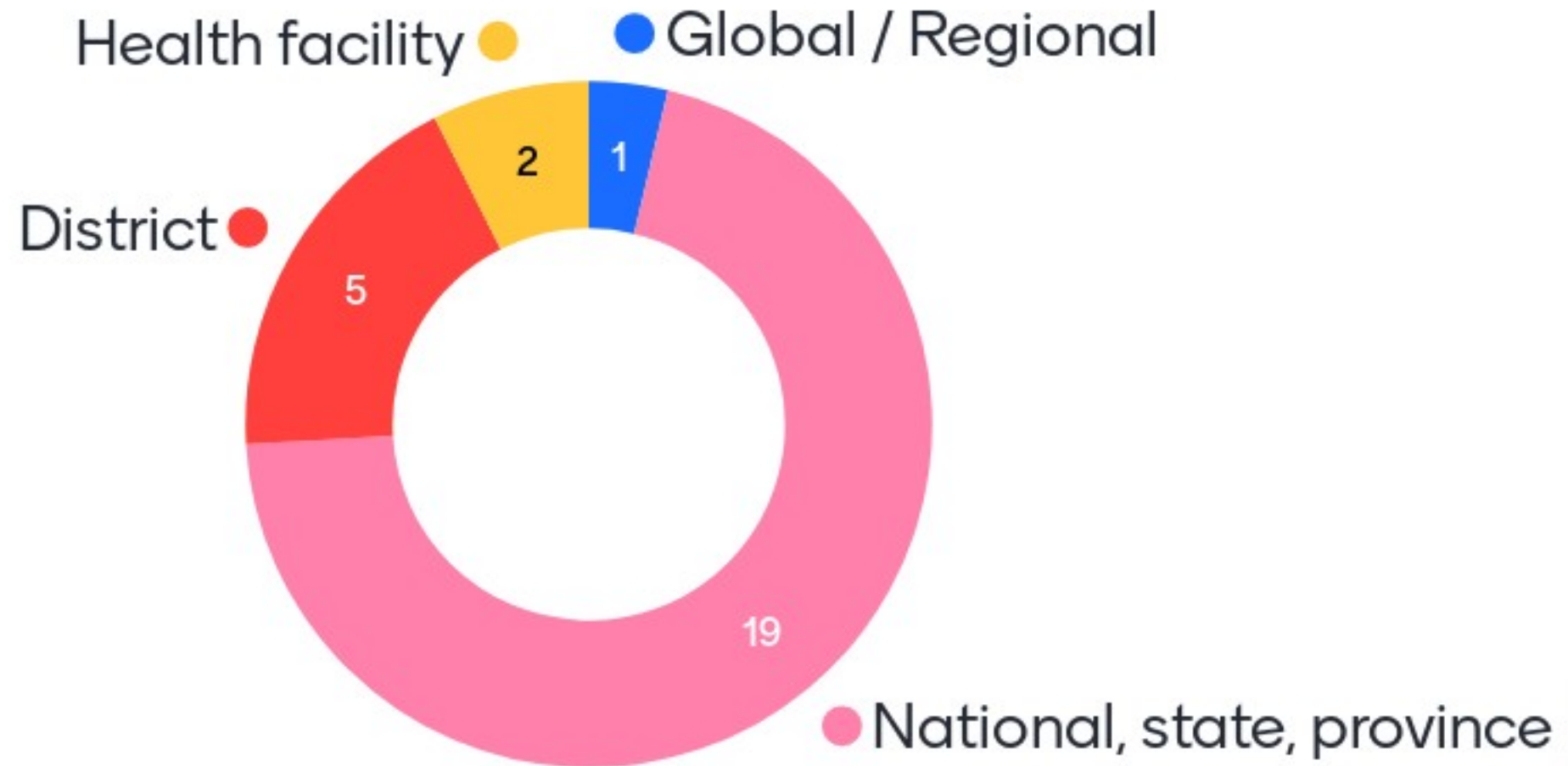
- ▶ Click the Q & A button
- ▶ Vote for the best questions
- ▶ Comment on the questions



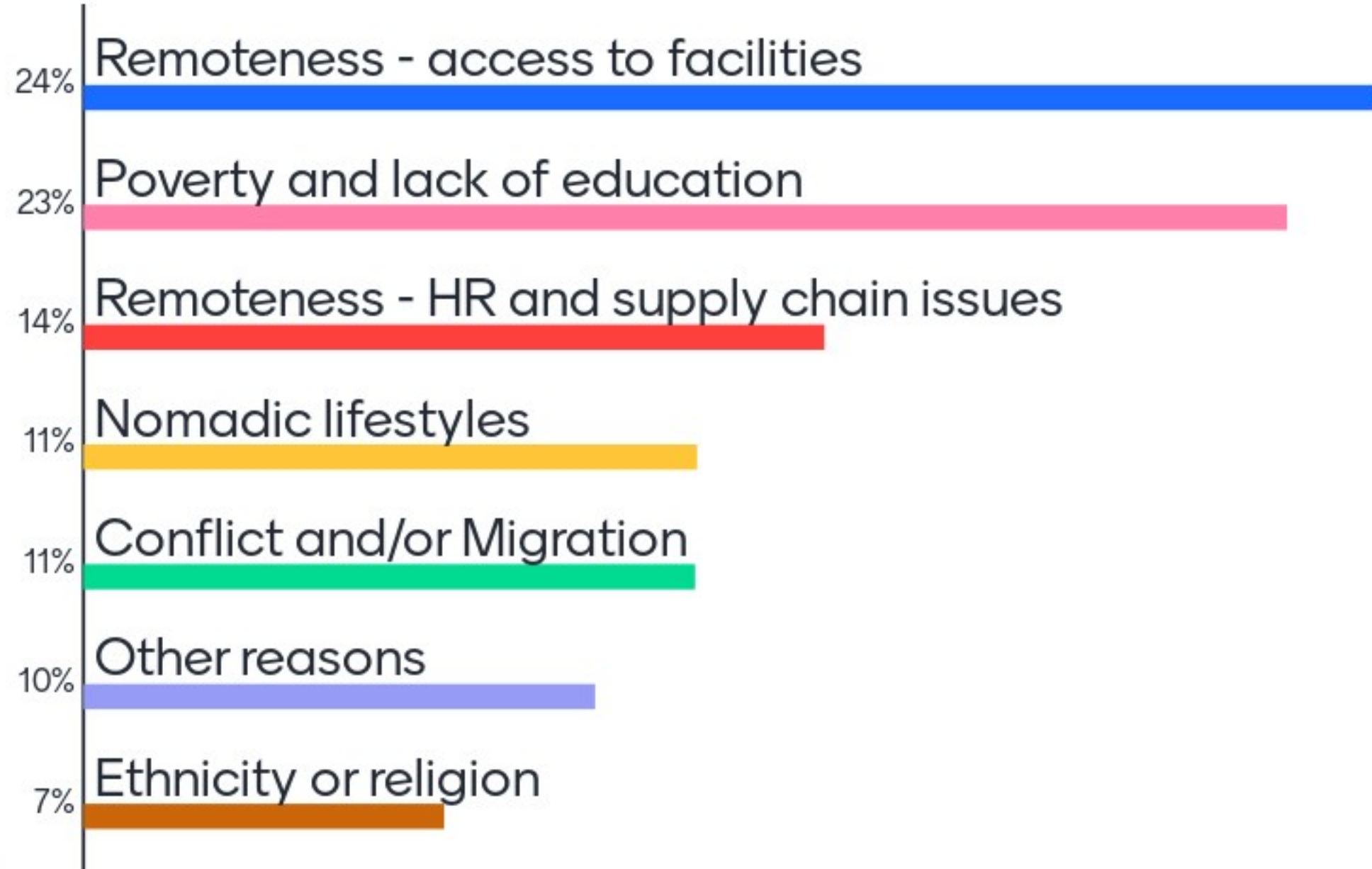
Data for equity

- New global priorities
- What does it mean for national programmes?
- Coverage and Equity Assessment
- Your experiences

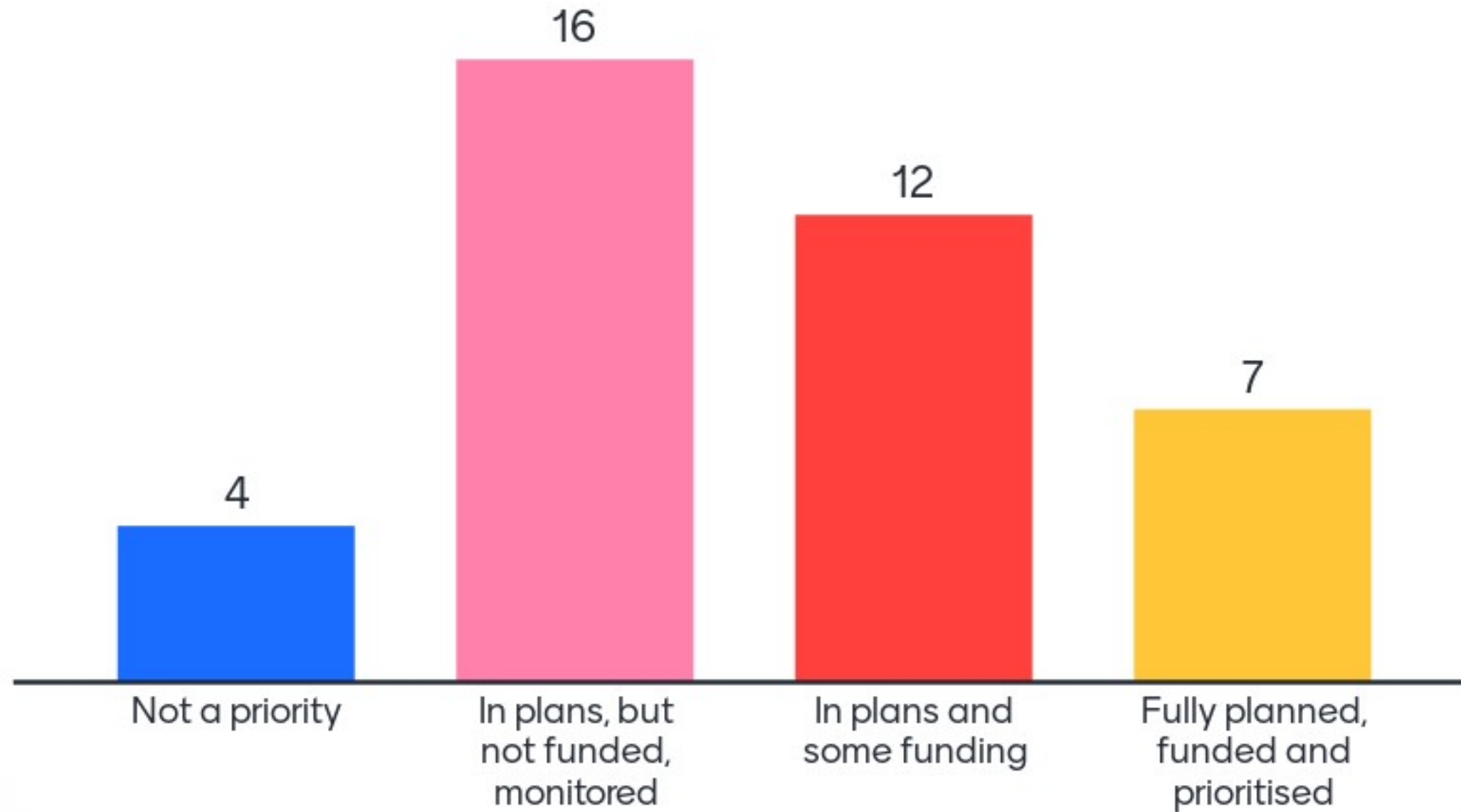
First, at what level of the healthcare system do you work?



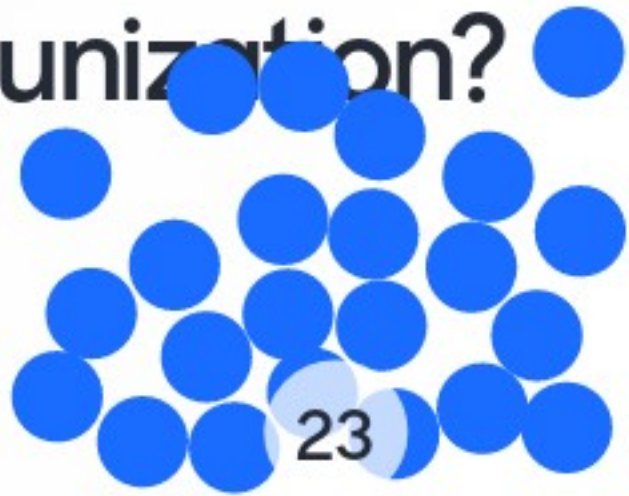
In your setting, what makes people less likely to be vaccinated?



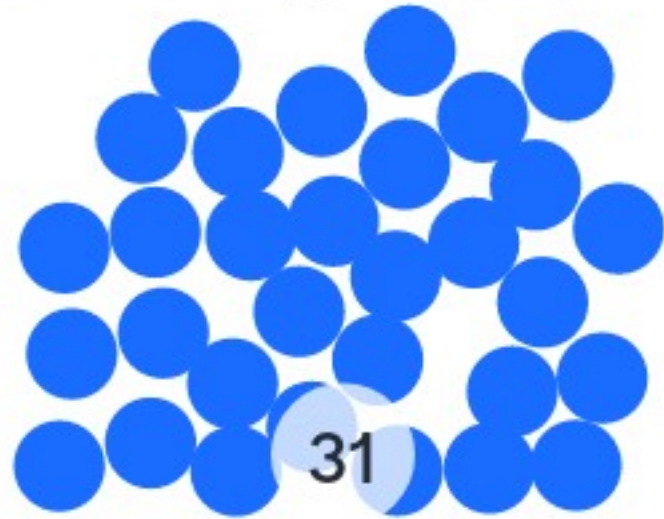
To what extent are pro-equity strategies planned and funded in your context?



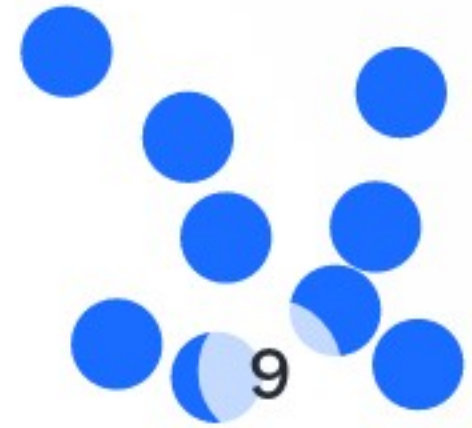
What are the barriers to reducing inequities in immunization?



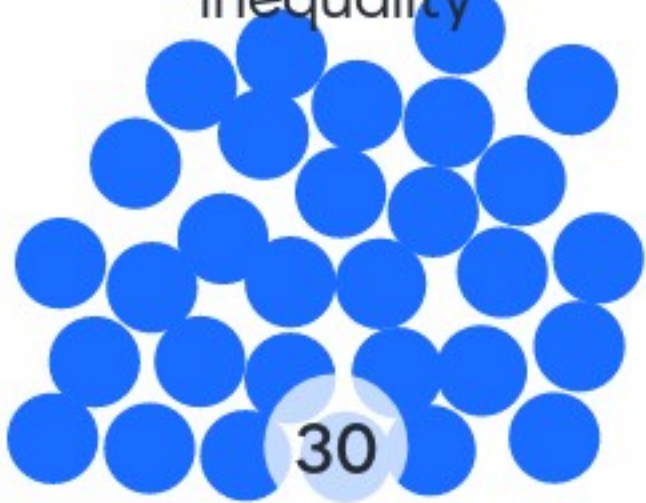
Lack of data about inequality



Lack of understanding of root causes



Don't know which interventions work



Lack of political leadership / willingness



Lack of funding



Attitudes among the population

IA2030 Strategic Framework

7 strategic
priorities

informed by

4 core
principles

Vision: A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and wellbeing

Mentimeter



People-Focused



Country-Owned



Partnership-Based



Data-Guided 14

14



The Equity Reference Group (ERG) identified FOUR PRIORITY AREAS OF IMMUNIZATION INEQUITY



REMOTE RURAL
Source: ERG

URBAN

**AFFECTED BY
CONFLICT**

GENDER ⁴ ₈
♥ ? 👍 👎

REMOTE RURAL

KEY CHALLENGES

- Marginal cost of reaching people is high
- Recruiting, retaining, and motivating health workers is impeded by context limitations
- Long distances further challenge already stretched cold chain and supply systems
- People have limited socio-political power, which limits access to health institutions and services
- Data on populations is incomplete or underutilized

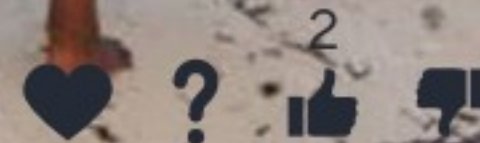
Source: ERG



REMOTE RURAL RECOMMENDATIONS

- Gather timely, actionable data on eligible populations (electronic registries, GIS maps, micro-censuses)
- Ensure cadre of community health workers is paid; add non-monetary incentives
- Contract private transport providers to close supply gaps (moto taxis)
- Evaluate Reaching Every District (RED) for impact on equity

Source: ERG



URBAN

KEY CHALLENGES

- Lack of accurate, disaggregated data
- Social distance and discrimination
- Residents of illegal settlements fear encountering public authorities
- Design of immunization services makes them inaccessible
- Insecurity limits access for communities
- Multiple stakeholders and a lack of effective partnerships

Source: ERG



URBAN RECOMMENDATIONS

- Implement unique system for patient identification
- Scale up use of electronic registries, dashboards, and visualizations
- Adjust timing of service for caregiver convenience
- Improve security for caregivers and health workers
- Identify missed opportunities when children interact with the health system

Source: ERG



AFFECTED BY CONFLICT

KEY CHALLENGES

- Damage to existing infrastructure and disruptions to the supply chain
- Loss and migration of skilled health care workers
- Decreased access to areas due to insecurity
- Large-scale population displacement and creation of refugee populations
- Difficulty in tracking and finding populations

Source: ERG

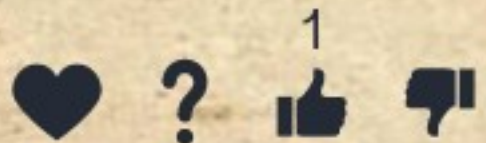


AFFECTED BY CONFLICT

RECOMMENDATIONS

- Improve standard data tools for rapid reporting on functionality of health facilities
- Prepare urban health systems to absorb refugees
- Plan for cold chain systems that can absorb shocks
- Roll out digital financial services as a means to pay staff
- Coordinate with humanitarian actors on provision of immunization services

Source: ERG



GENDER LENS

KEY CHALLENGES

Mothers, typically primary caregivers, are limited by:

- Lower status in communities and limited capacity to act
- Physical and time barriers to accessing immunization services
- Lack of health literacy
- Experience of poor service quality, which may deter them from seeking health services

Source: ERG





GENDER LENS

RECOMMENDATIONS

- Incorporate analysis of gender-related inequalities and barriers into country assessments
- Leverage funding options to provide support for pro-gender strategies
- Use participatory processes to ensure services are gender-sensitive
- Integrate community-based monitoring that includes measurement of gender equality into national plans and strategies
- Guide countries on integrating HPV immunization services into existing platforms

Source: ERG

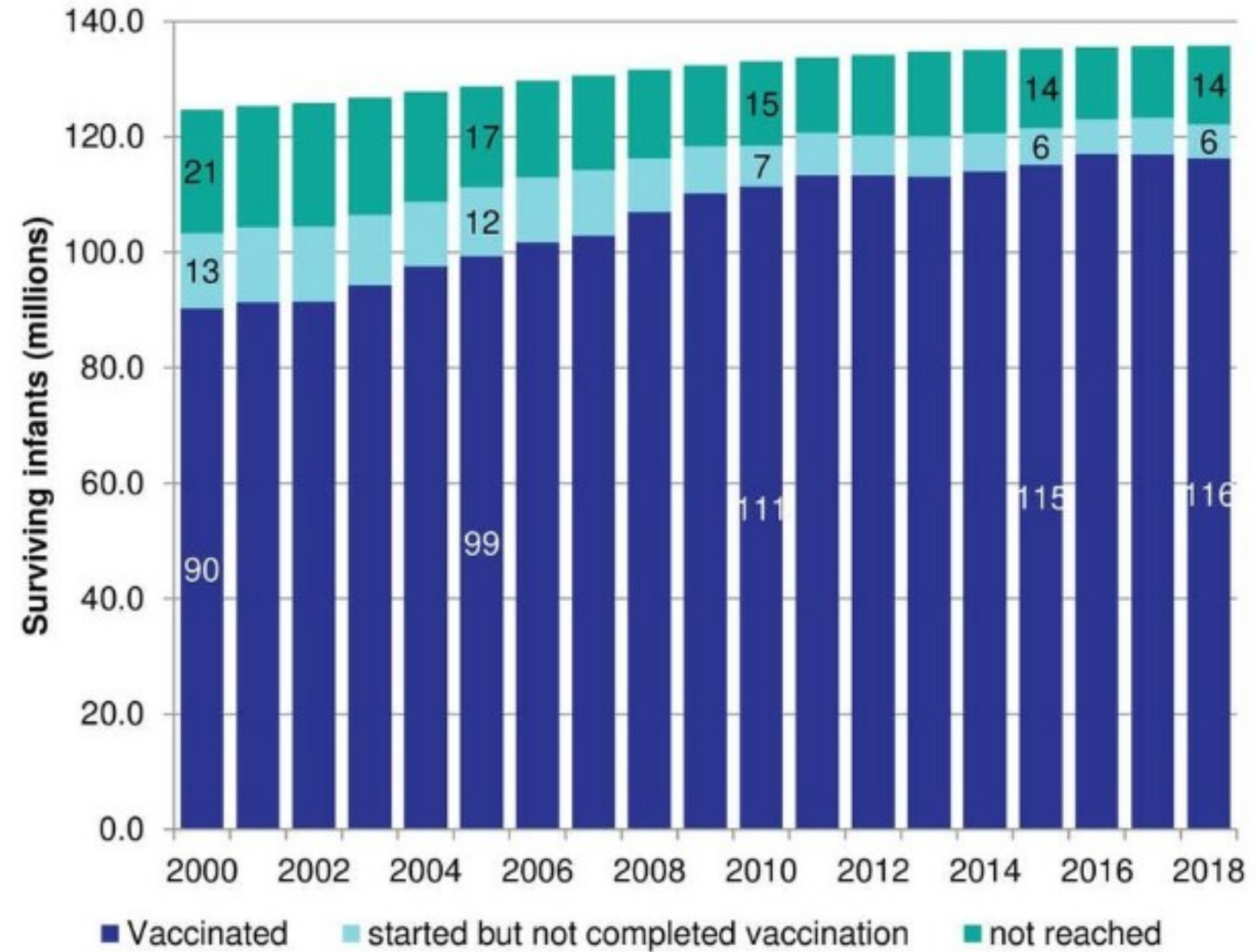
Zero-dose children

Zero-dose children live in the most **marginalized communities**. Two thirds live below the **poverty** line

Zero-dose children likely live in communities with **no regular health services**. Routine immunisation can be the first step towards **comprehensive primary healthcare**

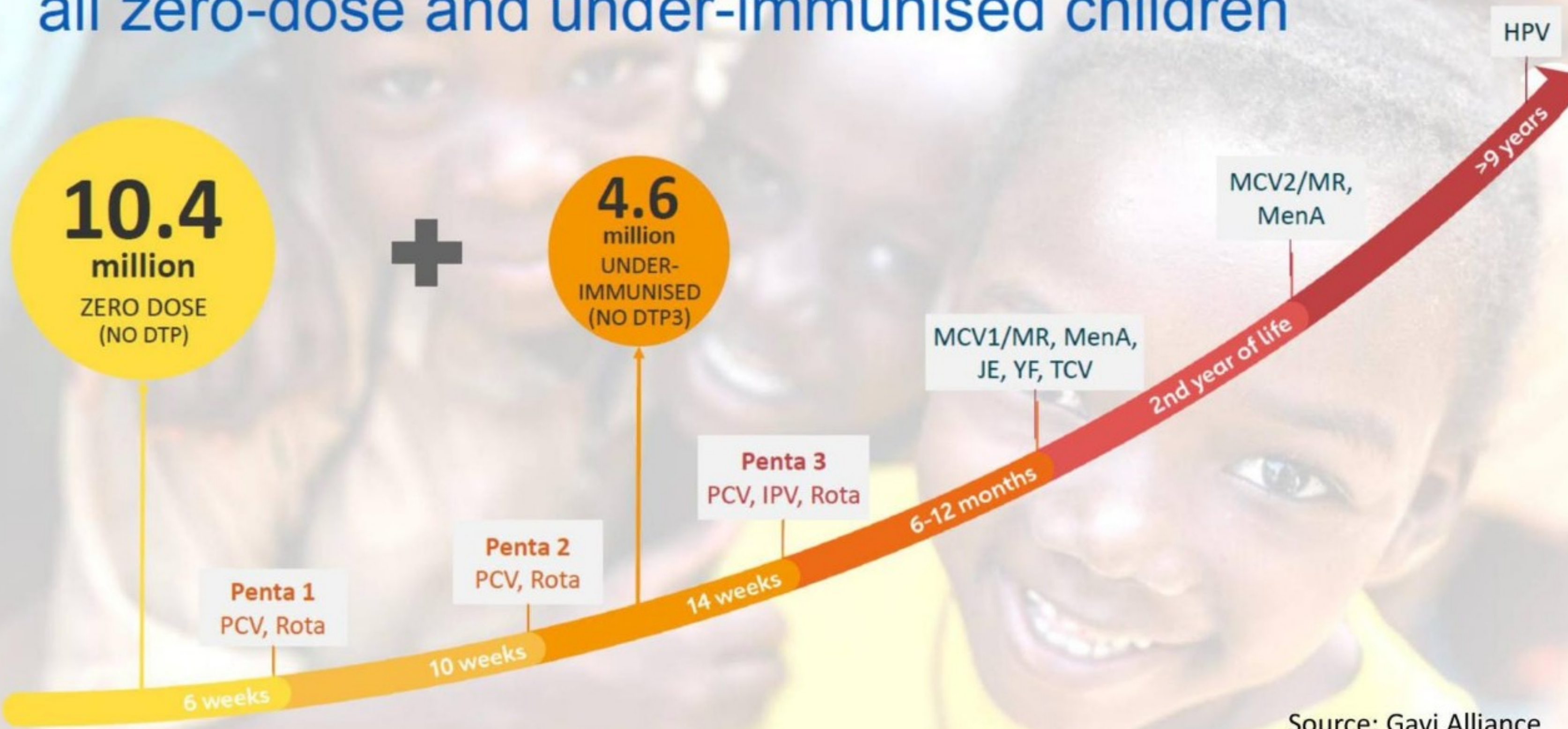
Zero-dose children live in communities most likely to generate **outbreaks** and **least equipped to respond**

- Full alignment between immunization partners on the importance of a shift in focus of collective efforts towards finding and offering immunization in zero-dose communities
- Full alignment that interventions need to aim towards a fully immunized child/community



Ambition is to provide life course immunisation for all zero-dose and under-immunised children

Mentimeter



Source: Gavi Alliance

- Imam** How do we address the issue of Immunisation for nomads and underserved communities and security compromised areas?
- Dr Ashok** What are strategies to improve immunization coverage in low coverage and underserved population in low resource setting in order reduce the risk ?
- Mahat** How to establish immunization status of nomadic children in wajir county Kenya?
- Naeem** In Pakistan Polio program has been doing extensive campaigns with OPV since many years and their data shows that coverage of all those campaigns in more than 90% but still Polio is not eradicated from Pakistan why?
- Tecla** How to ensure the nomadic population e.g pastoralists get all the immunization services.
- Tapas Sadasivan** Improving the quality of routine immunization data to better identify areas of inequity and strategize potential solutions
- Tina Iroghama** The Fulani Nomads that settled permanently in hard to reach scattered settlements with difficult terrain are of major concern. Due to the scattered nature of the settlements, some health workers do not visit the places during out-reach. Many children are un-immunized and these communities are underserved.
- Ananthesh Ganapaiah** How can we reach Immunization services to under reached population like peri urban areas and people who migrate for few months in a year for work?
- eneigheo** children living in hard to reach areas,migrants,nomads and IDPs are often left not vaccinated.What can we do to breech this gap
- Sule** Identification and documentation of the undeserved populations in terms of Routine immunization and other essential health services and plans to address the issues through effective utilization of human and material resources.
- Mojisola** Data available revealed about 30,000 un-immunized children across 11 districts (Local government area) in the state. These districts have both high density and scattered population areas. Where are the un unprotected children that can be targeted for interventions. We need data on the specific areas for targeted interventions
- Friday** How do we find children those that are defaulting with the use of official data?
- Penelope** How do I identify the unreached population and how can they be reached

- Alieu** High drop-out rate between MR1 and MR2 in my catchment area and also targets issues and challenges in confronting immunization data.
- Ananya** While monitoring data gives us a perspective of under served areas, administrative data doesn't give any real time data to focus on operational components in under served areas. How to bridge this gap and utilise administrative data (reported in Health management systems) to better guide strategy?
- Davies** how can we address the is of denominator in immunization data management
- Gloria** The number of children immunized in Yemen is highest as compared to any other country in Middle East North Africa Region. Yemen's political situation is fluid characterized by civil strives and armed conflicts, population displacement and disrupted health care delivery system to mention but a few. Vaccination coverage of almost all antigens is low looking reported data for 2018 and 2019. How can we plan to immunized population that is on the move amidst a disrupted health care delivery system?.
- Fazal** how we can use vaccine with valid VVM in scattered areas
- Anthonia** Who are the underserved. Why are they not reached. What will be the remedy to the situation
- Caroline** How well can we use routine data to predict the real coverage? This is despite having high coverage yet we still experience other negative indicators like drop-outs. unequal coverage across different sub-regions
- Mahat** How to establish immunization status of nomadic children in wajir county kenya?the best mechanisms to reach those children in nomadic communities.
- Boureima** With moved population how to make sure each child is vaccinated adequately. While with security matter vaccinators can't access to some areas. And these populations are running for other places
- Dr Samadhan** Though urban immunization coverage is low and not improving from long time no additional initiative taken to focus on strengthening urban immunization by Government

Coverage and Equity Assessments

- Focus at district level
- Importance of root cause analysis
- For national level: see previous webinar on HEAT

Suggestions for us

Lack of information on the deprived, difficulty in collecting detailed data, and fear of affecting its accuracy

It is better to involve us in how can we analyze data by using analytic software?

very useful

263 119 949

Thank you all for the presentation. Unfortunately we do have few studies on equity covering district level.

263119949

Hands-on on data analysis using software will be helpful

Very nice presentations by all teams. Since GIS mapping is also one of the important tool to visualize/analyze/present the data. This aspect may also be considered in next webinars.

it is very nice presentation, copy if can be shared. some new material on RED should be shared

Suggestions for us

I will submit week end

PLEASE FIVE MORE TIME FOR
CREATOR PROJECT

Nice presentations by the
facilitators

