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## Reaching Zero-Dose Children: Human Resources for Missed Communities

Speakers:

**Facilitators:** 

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## Key Challenges in Reaching Zero Dose Communities: Human Resources for Health

Rie Takesue, Health Specialist

PHC-HSS unit, UNICEF HQ

29 Sep 2022

#### **Lessons Learned from the COVID Pandemic**

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1. Health systems in most countries are weak

Substantial efforts and investment for (re)building resilient Health Systems

2. Inequities in accessing essential health services and loss of many progress prior to the pandemic were recorded.

Investment on HRH, particularly for PHC

## Key challenge

## 1. Availability of HRH

- Number of health workers
- Distribution
- Capacity/ skills



## Key challenge

#### 2. Acceptability to/of HRH

- Building trust by understanding user's perspective and local culture (sharing background - i.e., ethnic group, caste, language, religion, gender, etc)
- Adjusting time and location of sites



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## Key challenge

3. Motivation / Retention

What is the effective approach?





Maternal and Newborn Health

## Thank you.

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# Reaching Every Child

DR. ABDUL JABBAR ADDITIONAL DIRECTOR, EPI PUNJAB ON BEHALF OF DR. MUKHTAR AHMED AWAN DIRECTOR HEALTH SERVICES EPI PUNJAB

### Zero Dose Children

**Zero-dose children** are those who have not received any routine vaccines. For operational purposes, Gavi defines zero-dose children as those missing a first dose of diphtheria-tetanus-pertussis containing vaccine\*. (Penta-1)

Punjab has lowest ZD children(0.9%) amongst all provinces TPVICS 2022 by AKU

**Under-immunised children** are those who have not received a full course of routine vaccines. For operational purposes, Gavi defines under-immunised children as those missing a third dose of diphtheria-tetanus-pertussis containing vaccine(Penta-III)

Punjab has lowest % of Partially Immunized Children 10.7%

#### EPI Adopted Multi pronged Strategies to Cover ZD Children

#### **Increased Vaccinator : Population parity**

- Punjab has population of 122 Million people with an annual birth cohort of of 3.39 M children
- 2000 new vaccinators deployed

#### **Establishing new EPI Centers/Clinics**

• Established 260 new EPI centres with Public Private Partnership

#### **Enhanced Out reach Activities(EOA)**

 Conducted Multiple rounds of EOA in low performing Districts since 2020, specially to sustain coverage in Covid Pandemic

#### Initiation of Birth dioses at Labour rooms(24/7)

• All Public Sector HFs administering Birth doses of OPV, Hep B Birth doses & BCG in LRs since June last year.

#### EPI Adopted Multi pronged Strategies to Cover ZD Children

#### **Initiation of Evening shifts for Routine EPI at all Public Hospitals**

• All Public sector DHQs/THQs/RHCs & BHUs are offering Routine EPI Services in evening shift since June 2022

#### EMR Application for real time child level data

• An EPI module has been created in EMR App by HISDU(Health Information & Service Delivery Unit)

#### **Strengthening of Supervision & Accountability**

• EPI Indicators included in CEOs deck to track their performance

#### PEI-EPI Synergy has helped in improving identification, Coverage & tracking of ZD Children

Zero dose children identification, tracking, vaccination & follow-up by field validation is the strength of Punjab.

Punjab took key initiatives for Zero dose children

PEI-EPI Synergy Application & Dashboard (HISDU)

- Zero dose recording during SIAs (PEI & EPI campaigns)
  - By name list with relevant details
  - Due & defaulter segregation
  - Age wise & HRMP segregation
- HR&MP registration
  - Zero dose identification prior to SIAs
  - Vaccination by EPI technicians
- Zero dose Coverage & validation
  - Almost 10% of the randomly selected covered children are validated by PEI staff





Dr. Muhammad Mehroz Saleem



#### Zero Dose Recording & Coverage through PEI-EPI Synergy

Priority UCs supportive supervision

- PEI & EPI partner staff identifying the Unvaccinated & defaulter children during Priority UCs supportive supervision & HH cluster
- All recorded children details shared with concerned Districts for vaccination

AFP zero dose children

- List of all zero dose AFP children (0-59 m) shared with concerned UC staff for vaccination after stool samples collection
- Based on all Zero dose AFP children, a 30 HH cluster taken from the area to assess the EPI status of other children
  - List of all children is shared with EPI vaccinators for coverage

All the recorded children are shifted on SES application for timely sharing & feedback till UC level

#### Zero Dose Recording & Coverage PEI-EPI Synergy

**EPI SIAs** 

- During TCV, MR & fIPV campaigns
  - All social mobilisers also recorded the Zero dose children followed by vaccination

#### Health Camps

 Under the lead of ISD integrated referral slips are being used for zero dose & defaulter children referred to near by health camp

#### Referral slips during Polio SIAs, EOAs

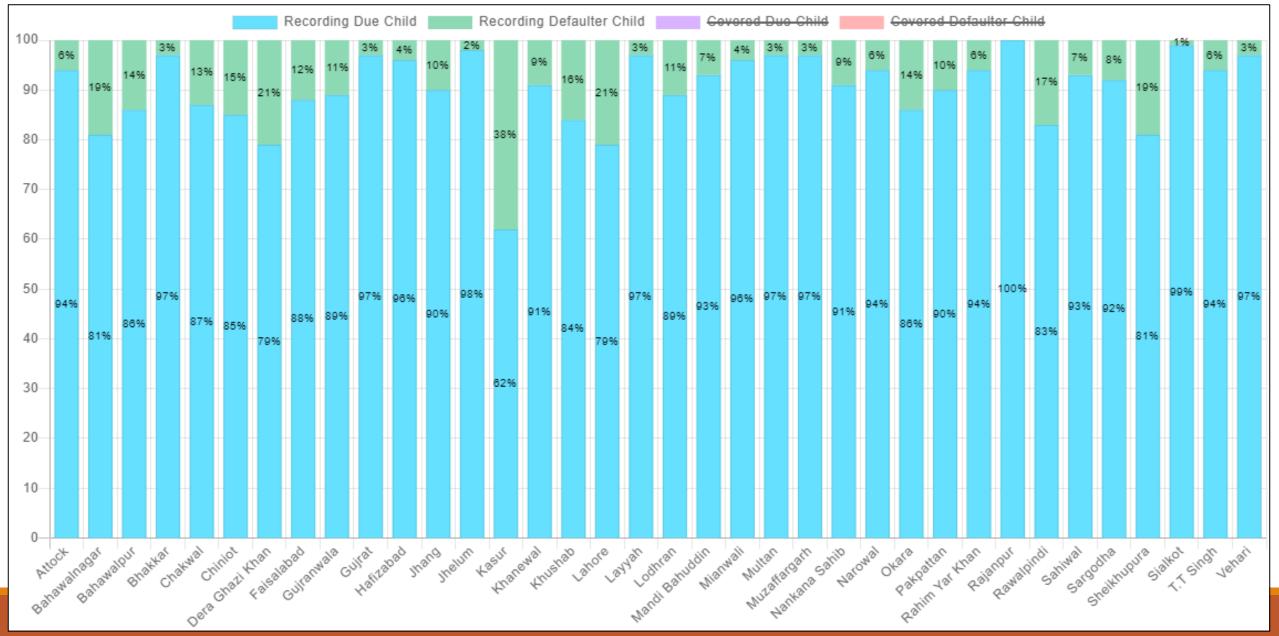
• Each mobile team & SMs also giving referral slips in all Polio SIAs & EOAs to parents of zero dose children for vaccination

## ZD Coverage through EPI-PEI Synergy improved

Year	Activity	Children Recorded	Children Covered	%age
2021	SIAs	617,779	589,833	95%
2022		399,453	367,496*	92%
2021	HH clusters	447 ZD & 1510 Defaulters	All	100%
2022		266 ZD & 2052 Defaulters	All	100%
2021	AFP zero dose children	83	All	100
2022		73	All	100

**Total 361,** 30- HH AFP clusters conducted since launch of SES from May-2021 246 children identified as defaulters & covered for EI 1,468 children identified as defaulter for IPV followed by coverage

## 2022)



## Reaching the unreachable: The role of community health workers in reaching missed communities

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Sero-Dose Community of Practice

SEPTEMBER 2022



## My Journey

- Community health volunteer
- Community health worker (Ghana CHPS program)
- BA public health (JHU)
- MHS infectious disease epidemiology (JHU)
- Ph.D. Candidate (JHU, expected 2023)
- Countdown 2030, World Bank, WHO

Training as a CHW in Ghana, 2008

## Reaching the unreachable: the missed communities

- Empowering CHWs may be the only way to reach certain missed communities and zero-dose children
- Logistics and good salary/allowance are necessary but not sufficient to reach missed communities
- These communities are not necessarily geographically-grouped settlements in the middle of a jungle, but instead can be scattered homes

Serving missed communities requires more than logistics and incentives

## What We Do: Organize child welfare clinics



Child Welfare Clinic, Ghana 2011

## What We Do: Conduct home visits



Visiting Mothers with Newborns, Ghana 2012



National Immunization Campaign, Ghana 2010

## The fun part of the job! Reaching the unreachable

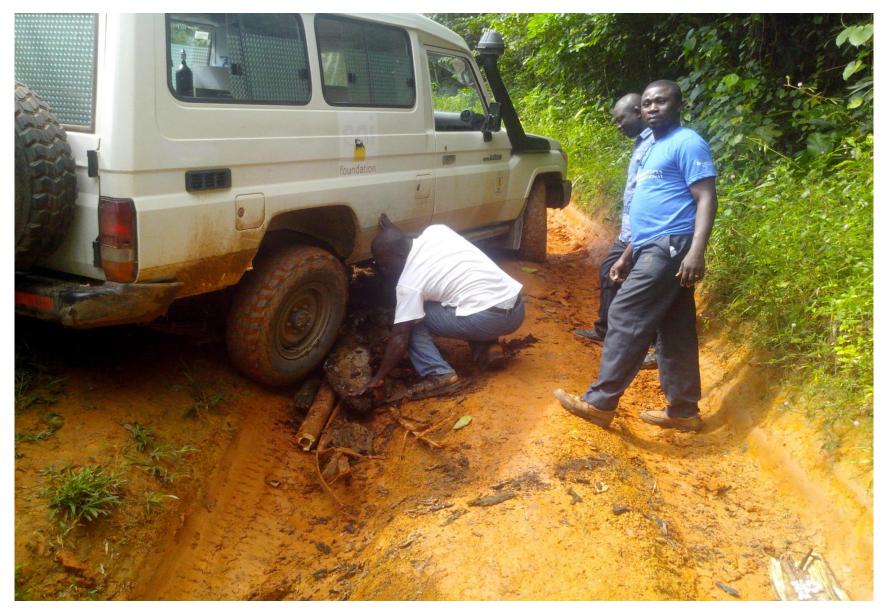


Outreach Services, Ghana, 2012-2015

### With CHWs, no community will be missed



Outreach Services, Ghana, 2012-2015



Supervisors on their way to visit CHWs, Ghana 2008



Challenges of reaching missed communities, Ghana 2008

## **Reaching missed communities:** the untapped potential of community health workers

- **Respect**, **appreciation**, **and recognition** can be game-changing for a CHW
- Over-reliance on centrally-established targets can disempower CHWs, trust in their contextual knowledge is essential
- Field experience of CHWs and the resulting lessons can **generate novel approaches** and enhance established methods to reaching missed communities and zero-dose children
- **Meaningful** engagement of CHWs when planning global, national, and subnational immunization programs is critical

Empowered CHWs: the bridge to reach missed communities



With empowered CHWs, no child, family or community will be left behind

## Thank you!

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#### **Questions & Answers**

## Zero-Dose Community of Practice

Engage, join the Zero-dose Community of Practice: https://community.zero-dose.com/home