



“Protecting Lives in the 2nd Year of Life (2YL) in Ghana”

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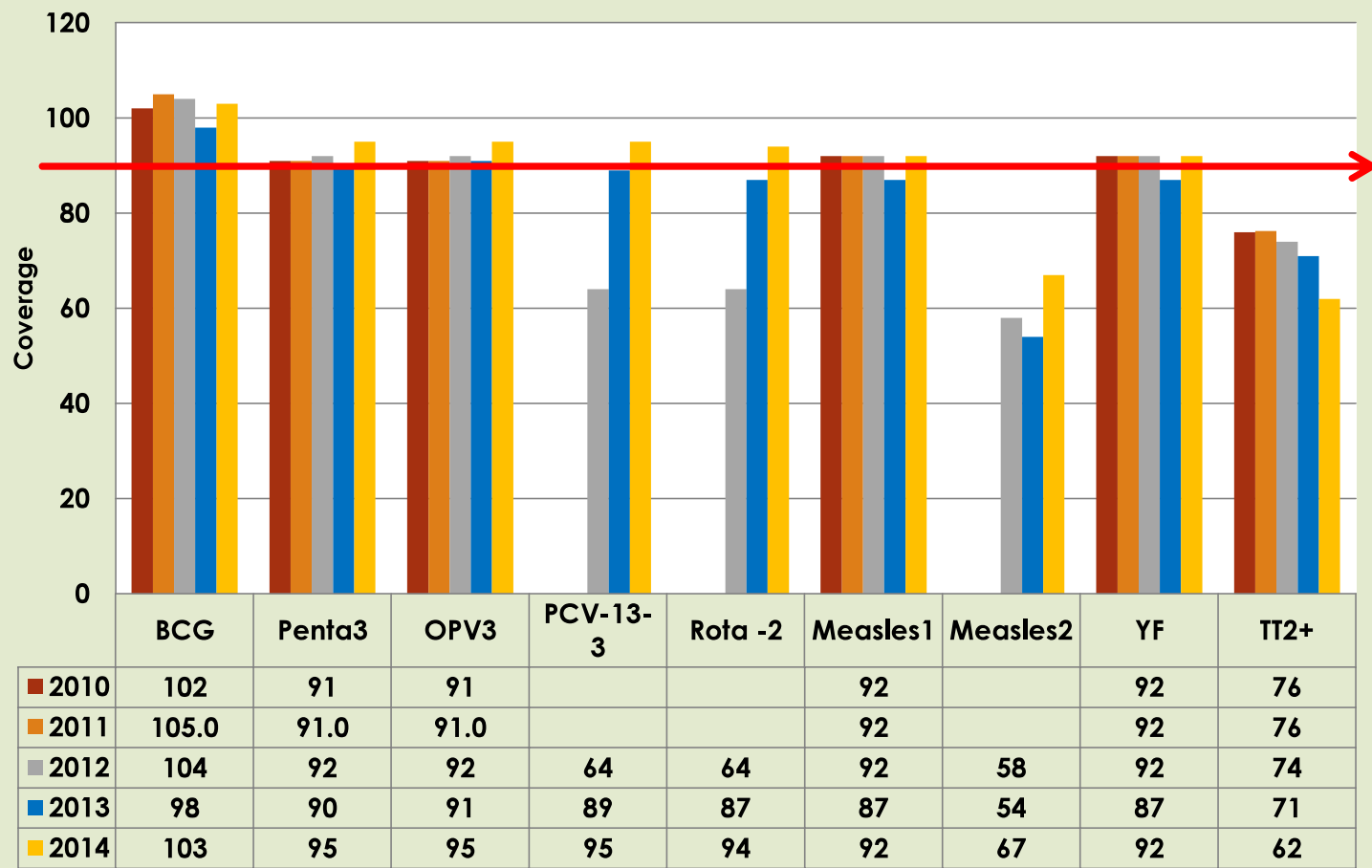
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Why Ghana & 2YL?

- ▶ Strong national routine immunization system
 - ▶ 2014 coverage: 88% for Penta3 and 89% for MCV1
- ▶ Multiple 2YL initiatives with room for improvement
 - ▶ Introduced MCV2 at 18 months of age in 2012
 - ▶ MCV2 coverage low (54% in 2013)
 - ▶ First country to apply for Gavi-supported meningitis A vaccine introduction
 - ▶ Multiple MCH interventions delivered during second year of life provide opportunity to strengthen integrated delivery with immunizations
 - ▶ E.g. vitamin A, nutrition, family planning, malaria
- ▶ Sub-national challenges
 - ▶ 75% of districts with DTP3 coverage >80% is below target

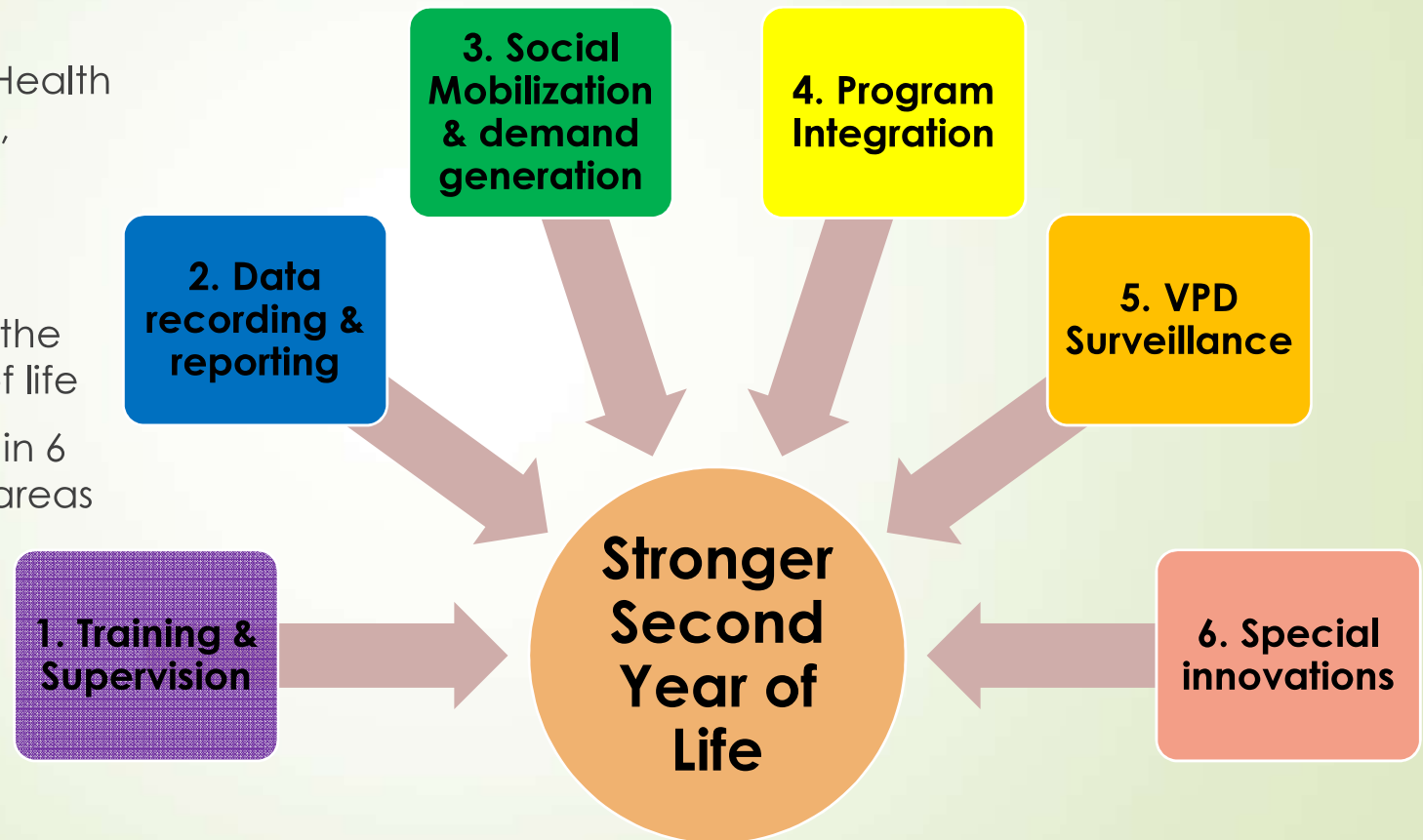
Trends in EPI Coverage by antigen in Ghana, 2010-2014



Slide courtesy of Ghana Health Services

Ghana 2YL Project Overview

- 5 year project
- CDC, Ghana Health Services, WHO, UNICEF
- Multi-faceted approach to strengthening the second year of life
- Address issues in 6 Key Strategic areas



Situational Analysis: Ghana 2YL

	Strategic Area	Situational Analysis Findings
1	Training and Supervision	Lack of trainings and materials including 2YL. Logistical challenges for supervisory visits.
2	Data Recording and Reporting	Poor data quality of MCV1 and MCV2, defaulter tracking. New use of technology (DHIMS2, e-tracker).
3	Social Mobilization and Demand Generation	Inadequate promotion of 2YL to caregivers Perceptions about disease risk in 2YL.
4	Program Integration	Work schedules conflict with vaccination services. Many children attend school <18 months of age.
5	VPD Surveillance	Lack of supplies and reagents. Meningitis lab capacity focused in Tamale.
6	Special Innovations to Reduce Inequity	Inequities high in Northern, Volta, Greater Accra. Poor engagement of the private sector.

Measurable Objectives - 2019

General:

- ▶ Increase national MCV2 coverage to 80% by December 2017 and 88% by 2019
- ▶ Reach Meningitis A coverage = MCV2 coverage within 2 years of Men A vaccine introduction.
- ▶ Increase by 25% the proportion of HCF providing “catch-up” vaccination for all antigens scheduled for the 1st year of life.
- ▶ Increase to 80% the proportion of districts achieving > 80% coverage with Penta3, MCV2, MenA, IPV.

1. Assess the impact of 2YL services on HCW acceptance, workload, and practices contributing to missed opportunities.

2. Document complete recording/reporting of MCV1 and MCV2 doses, and improve defaulter tracking practices.

3. Increase the proportion of parents aware of MCV2 vaccination schedule by 20% from baseline.

4. Assess the feasibility, acceptability, and impact of integration with school services on MCV2 coverage.

5. Support laboratory capacity to detect measles, rubella and *N. meningitidis*.

6. Identify factors associated with vaccination and non-vaccination with MCV2 among children in poor performing regions.

Ghana 2YL Project Methods: Implementation

Situational Analyses

Fast Track activities

Baseline
needs
Assessment

Evidence-based activities

Strategy
development

Strategy
Implementation

Late 2015

March 2016

April 2016

May-Dec 2016 and Beyond



Fast-Track Activities

- Healthcare worker Trainings
 - Develop/distribute reference materials and job aids nationally
 - Include 2YL and interpersonal communication skills
- Data recoding and reporting
 - National training for new monthly reporting form linking DHIMS, DVD-MT
 - E-tracker training with EPI component where available
- Demand Generation
 - Develop/distribute poster, radio and TV 'blasts' to communicate need for 18 month visit nationally
- VPD surveillance:
 - Specimen containers, carriers & reagents for measles, rubella and meningitis nationally
 - Strengthen qPCR capacity (meningitis) in Tamale



Evidence based activities - 1 (anticipated)

1. Healthcare worker training

- ▶ Potential strategies will utilize innovative training/supervision methodologies
 - ▶ New technologies (SMS, video, Whatsapp) when in-person visits not possible
 - ▶ Adult learning tools to maximize understanding
 - ▶ Improved accessibility – account for high staff turnover

2. Data recording and reporting

- ▶ Develop novel paper-based system for improved defaulter tracking in 2YL
- ▶ Assess e-tracker benefits and limitations for 2YL

3. Communication and Demand Generation

- ▶ Develop materials to communicate concept of “Healthy Child” through 5 years, with focus on 2YL and MCV2 sub-nationally (link with HCW training)
- ▶ Video, flipcharts, posters, radio
- ▶ Can be used in Healthcare settings and in schools

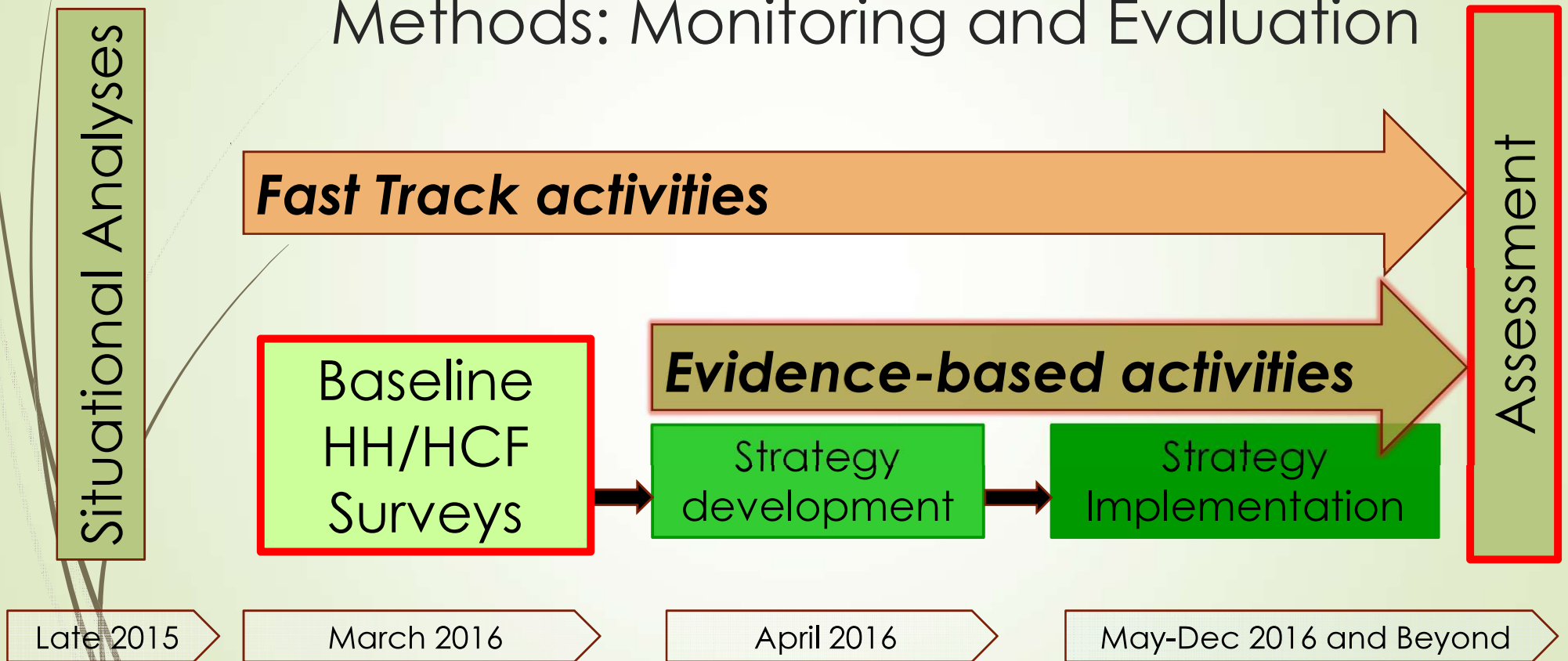


Evidence based activities – 2 (anticipated)

4. Program integration
 - ▶ Facilitate meetings between EPI and MOE
 - ▶ Pilot delivery of MCV2 and other immunization in creches
5. VPD surveillance
 - ▶ Conduct lab trainings for meningitis, rubella and measles
 - ▶ Assess feasibility and utility of qPCR capacity in Accra
6. Special innovations
 - ▶ All 3 regions: Assess possible synergies with private providers
 - ▶ Volta: Link immunization delivery to other services accessible to the community
 - ▶ Greater Accra: modification of RED/REC tools for urban area

Ghana 2YL Project

Methods: Monitoring and Evaluation





Ghana 2YL Project

Methods: *Monitoring and Evaluation*

1. Administrative data collection
 - ▀ Changes in national coverage by district
 - ▀ Changes in wastage reported
2. Baseline and follow-up KAP surveys
 - ▀ Household and Health Facility levels
 - ▀ Focus in Volta, Greater Accra and Northern regions
 - ▀ Includes coverage survey of MCV2 and other antigens among 24-35m old children
3. Qualitative methodology
 - ▀ Focus Group Discussions (Caregivers, Healthcare workers, School attendants)
4. Mid-term assessments
 - ▀ Tracking of progress indicators



Survey Methodology

- ▶ Household level
 - ▶ Cluster survey of households with children ages 12-35 months
 - ▶ Powered to measure a change in MCV2 coverage among children 24-35 months of age in Volta, Greater Accra, and Northern

- ▶ Health Facility level
 - ▶ Survey of health facilities that provide the second dose of measles
 - ▶ Simple random sample of HCF (Volta, Greater Accra, Northern)
 - ▶ 2 vaccinators per HCF interviewed



Summary

- Multi-faceted approach to strengthen 2YL in Ghana
- Evaluation will provide crucial data to address gaps to better understand
 - Impact of this approach on changes in coverage of MCV2 and fully immunized child
 - Benefits and limitations of 6 key strategies implemented
 - Factors associated with vaccination and non-vaccination at 2YL
- Anticipated final results 2020
- Data will inform guideline development, assist other countries strengthening or introducing 2YL



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