RAISING THE PROFILE OF AN 18-MONTH WELL-CHILD VISIT: THE 2YL PLATFORM

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History of Vaccines Intro

• BCG, DTP
• OPV
• Measles, TT

2004

• DTP-Hib

• 1974 antigens

2005

• DTP-Hib-HepB

• 1974 antigens

2013

- HPV (Demo), PCV10, MCV2, Rota
- 2005 Antigens

• 2013 Antigens

- IPV Intro + Switch tOPV to bOPV
- Rubella Intro (Switch M to MR)

Before MSD, all vaccines were for under 1s except TT now Td

2016



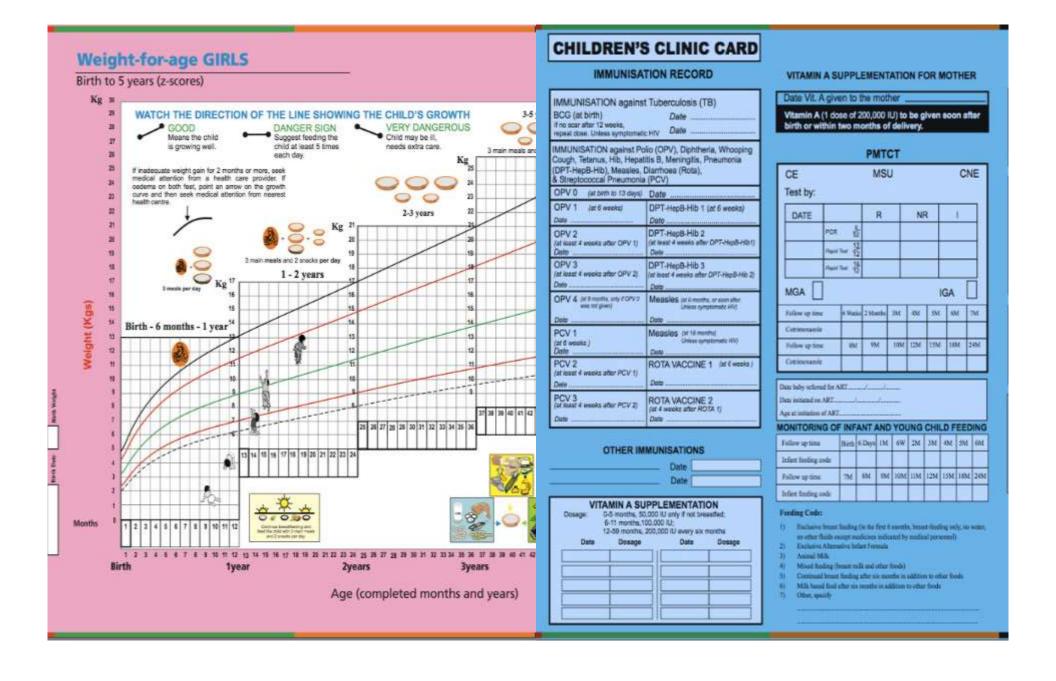
MSD INTRODUCTION

- MSD introduced nationwide by July 2013
- EPI/Surveillance review conducted in August 2014 recommended that efforts be made to improve the low MSD coverage

$$-MCV1 = 90\%$$
; $MCV2 = 47\%$

• A meeting was convened in March 2015 to identify actions to strengthen MSD → recommended to strengthen the platform for interventions in the second year of life (2YL) and not just MSD alone

What exists in the second year?



Why strengthen 2YL platform in Zambia?

- Build a culture of attending a well-child visit in 2YL for overall health of a child
- Improve MSD coverage and timely administration of other 2YL interventions; for example GM drops off after the 9m
- Provide a platform for late vaccination for all antigens (except BCG) leading to overall coverage improvement
- Have a strong 2YL platform in place for the future when new vaccines that are likely to be scheduled in 2YL become available



Comments on 2YL proposal

• The interventions are NOT new & will be communicated in the context of continuum of care (MSD, Vit A, Deworming, GMP and EID etc.)

• WHAT IS NEW:

- Raising the profile of these interventions by promoting them together to motivate and to change the mind-set that only infants need vaccination and other interventions*
- Clarifying to HCW that they should vaccinate children even if they are late & they must give MSD even when MCV 1 is given after 18m.
- Clarifying to HCW to open a measles 10-dose vial even if only 1 child is present in session

Data management: recording, reporting, feedback, and use

- Administrative data to be used for decision making at the source
- Data tools that need to be revised to reflect the 2YL visit are: tally sheets, under five cards, Registers and monthly reporting forms.
- Revise wording on data recording tools for MSD and late doses of MCV1 to encourage correct practices
- Clarify the denominator to be used in estimating MSD coverage
- Develop feedback mechanisms for MSD
- Introducing a monitoring chart for MCV1/MSD



Commodities and supply chain management

- Reviewing availability of all commodities at facility level needed for the 2YL visit
- If needed, review vaccine supply issues based on the premise that measles vaccine will be used for both MCV1 and MCV2

Health worker capacity building

- Identify and update training curricula
- Prepare job aids
- Revise supervision and feedback instruments
- Develop a training and capacity-building strategic plan

Policies, guidelines and standards

- Present the proposed 2YL package to the Child Health Technical Working Group (TWG) for discussion and official adoption
- Identify specific revisions needed to policies, guidelines, standards, and other materials
- Clarify the circumstances for health workers to open multidose vials of measles vaccine.
- Update immunization policy on vaccinating children over 12 months of age (EPI Manual)



Communication and social mobilization

- Gather evidence on the knowledge, attitudes, and practices of mothers and health workers for MSD and other elements of the 2YL package
- Ascertain health worker perceptions of enablers and obstacles to the 2YL visit
- Clarify the key audiences and stakeholders, desired actions, communication needs for 2YL, and channels for reaching different audiences
- Develop context-specific strategies for reminding and mobilizing caregivers to come for 2YL
- Conduct a launch for the 2YL visit



Especially for...



Children of Zambia



THANK YOU ALL

