

Questions from Participants

- **What is the level of institutional deliveries amongst the population that has zero vaccinations?**

This question is unclear as to whether it seeks to inquire about “births” or “deliveries” within health facilities (that is, skilled deliveries”). If so, this was not particularly focused on during the evidence review, as much as skilled deliveries would be a pointer to the “communities” potential to utilize health services, including immunization.

- **Can you please clarify is the REACH project different from ZIP?**

The REACH (Reaching Every Child in Humanitarian Setting” project, is one of the two consortiums funded by GAVI under the Zero Dose Immunization Programs (ZIP) to reach the Zero Dose it implemented in the Horn of Africa (Somalia, Ethiopia, Sudan and South Sudan). The other consortium under GAVI’s ZIP program is the RAISE4SAHEL project, implemented in the Sahel region. The ZIP program is part of GAVI’s Equity Accelerator Fund portfolio.

- **How was effective coordination achieved among the community stakeholders?**

The project is in its early implementation phase. It will employ various community participatory approaches that seek to stimulate the community to identify their immunization needs and participate in formulating context-specific and culturally sensitive strategies to reach the missed populations and up-scale vaccination and take ownership of their own health needs. Through the human-centred design, the project will collect insight into supply (and demand side barriers) and use these to co-create mitigations to the identified barriers.

- **Did we assess the number of 0 doses because of stock out of vaccine at the point of service? What GAVI is doing to support better stock monitoring at POINT OF SERVICE?**

In the evidence review generated substantive corroborative evidence on multiple health service constraints, including the destruction in health facilities and breaks in vaccine supply chain systems as a result of conflict, which ultimately disrupted last-mile distribution, stock out, and missed opportunities for vaccination.

- **Please emphasize human-centred design in addressing zero doses.**

From the evidence review, substantial demand and supply side barriers were identified to contribute to un/under-vaccination. The human-centred design, the project will collect insight on supply (and demand side barriers) and use these to co-create mitigations to the identified barriers. The Human Centered Design is an innovative ethnographic approach that will be applied to generate insights on the demand and supply side barriers (through engagements with the

community and other key influencers within the populations Zero Dose Children live in), then co-create, test and implement solutions (prototypes) to the identified barriers, so as to stimulate positive behavior in seeking for vaccination services.

- **Have any of the speakers or participants had experiences with using service integration as a means to reach ZDC and to incentivize their participation in outreach posts and campaigns, etc.?**

REACH project (now in the early implementation phase) has identified the integration of *vaccination services into health and non-health programs, as one of its bold strategies to maximize reach among the ZDC. Learning will be shared.*

- **The full meaning of FOSA?**

FOSA stands for Formations Sanitaires. These are health facilities.

- **For the sustainability of interventions, there must be a deliberate effort by Gavi to ensure the gatekeepers are effectively engaged. Any lessons learnt by Gavi in this regard?**

The sustainability of this project is an important aspect. Because of the different settings and populations, sustainability will need to adapt to each specific context. ZIP is effectively engaging through constant concertation with MoH and EPI on the focus areas where there is documented need for ZIP intervention; with community leaders, partners are using human-centred design approaches to come up with tailored community engagement mechanisms that aim at enhancing community participation and ownership, leading to sustained demand, acceptance and utilization of immunization services.

- **Are there any scale-up programmes of ZIP in Southeast Asia?**

ZIP is currently being piloted in the Sahel and Horn of Africa regions, mainly due to the high concentration of zero-dose children present. It is highly important as a learning initiative to understand how to reach children in communities systematically excluded by national health systems, as very little data currently exists on this matter. Once we implement ZIP in these regions, we hope to leverage our learnings to expand the programme to other regions like Southeast Asia

- **Which actor is currently implementing the ZIP in NE Nigeria? With the IDP populations in NE Nigeria and NW and the displaced population by flooding's unique setting for reaching ZD children.**

Nigeria falls under the Horn of Africa region, where the ZIP partner in charge of implementation is The International Rescue Committee. The IRC is leading a consortium with Acasus, IOM, Flowminder and ThinkPlace. The situation is indeed unique and it is precisely these types of settings that ZIP seeks to focus on and learn more about, in a context-specific way.

- **Nous parlons d'atteindre tous les enfants afin de ne plus avoir des enfants zéro dose. Quelle est la stratégie mise en place par Gavi pour appuyer les pays qui ont financé l'achat des vaccins bien qu'ils soient des pays à revenu intermédiaire mais qui ont aussi été impactés par COVID, qui ont des zones d'accès difficiles, des zones non couvertes et qui rencontrent des difficultés aujourd'hui pour financer l'achat des vaccins ??? Pendant que la volonté de ne laisser aucun enfant pour compte est là ??? Les ONG veulent bien accéder dans ces localités avec le gouvernement mais les financements font défaut que faire ???**

Merci, il est important de miser sur le plaidoyer stratégique pour amener nos Gouvernements à prendre des mesures fortes pour couvrir les besoins y compris dans les endroits inaccessible au système de santé ordinaire. En attendant, en tant que ONG nous devons continuer à faire la création de la demande, à éduquer les populations pour leur permettre d'être capable même par leur propre volonté, d'aller vers les systèmes de santé pour avoir accès aux soins. Nous pouvons initier les activités génératrices de revenus pour aussi appuyer certaines de nos activités.

- **Now the zero dose children increased, what is the reason behind this? Does it differ from country to country? still needs contextual intervention and collaboration.**

Zero-dose increases because of multiple causes, for the specific case of ZIP country and targeted areas, communities concerned are affected by multiple crises, most of the children are among forced migrants, refugees, most are hosted by nomadic communities and some spent their lives moving across countries because leaving in borders. All these communities hosting these children are not covered or are poorly covered by routine health services too often deteriorated by armed conflict, or even natural climatological changes causing floods, landslides etc.

- **What are the plans towards those numerous ZD children that are missed right under our noses - Urban slums, missed communities in areas with RI which I will call program failure and that are not classified as fragile**

The routine health system needs to be optimized to cover missed communities established in cities and places within the reach of the state. GAVI will be providing Part of its EAF support to governments to reinforce these areas. Part of EAF covering ZIP in the Sahel and Horn of Africa will focus exceptionally in places where our government are unable to reach/work.

- **Dr Eugene, does your community engagement strategy, include a line listing of eligible children and defaulter tracking by community influencers? This can be very effective in tracking.**

Yes, definitely because everything has to state from this. We will identify these children using multiple approaches. This involves identifying their exact numbers and location to effectively reach them with vaccine services or combined packages in collaboration with other partners. We will ensure a robust system is put in place to continuously track these children to ensure retention

till graduation with at least DTC 3. We will ensure beyond, these children follow and benefit from other provisions of the entire vaccine calendar. We will establish linkages with other services and opportunities to ensure other needs not planned in the framework of ZIP that may still affect the survivability of the children are also addressed.

- **What is the reason for 19% of vaccination sessions planned are not carried out?**

There are a number of bottlenecks at the supply and demand sides affecting vaccination uptakes or coverage.

- ✓ Lack of logistics to effectively reach insecure, hard-to-reach places
- ✓ Lack of skill and limited human resources to carry out all the sessions planned
- ✓ Mobility /availability of communities to receive vaccinators
- ✓ Shortage in commodities
- ✓ Insecurity, hard natural barriers such as flood in raining seasons etc