Update on UNICEF’s work related to ZD costing – Ethiopia, Kenya & Uganda

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Summary

• Planned ZD costing work embedded into projects implemented by UNICEF with implementation research budgets
• Projects at very early stages!

1) Multisectoral initiative to reach ZD children in communities in Ethiopia
   • Funded by Children’s Investment Fund Foundation (CIFF) + Gavi through matching funds

2) ELMA-Gavi partnership for urban immunization in Kenya, South Africa & Uganda
   • Funded by EMLA + Gavi through matching funds
   • Costing work envisioned in Kenya & Uganda
MULTISECTORAL INITIATIVE TO REACH ZD CHILDREN AND COMMUNITIES IN ETHIOPIA
The Multisectoral Initiative to Reach ZD Children and Communities in Ethiopia

• **Goal:**
  
  To reach the most vulnerable children in underserved populations (IDPs, urban poor, and pastoralists) with vaccination and nutrition services through a multi-sectoral approach and to strengthen community and primary health care systems for these communities.

• **Specific objectives**
  
  • **Objective 1:** Improve reach and coverage of nutrition and immunization services
  
  • **Objective 2:** Build resilient primary health care systems
  
  • **Objective 3:** Strengthen resilience of vulnerable communities and households
  
  • **Objective 4:** Generate evidence on strategies to effectively reach hard-to-reach ZD children and communities
ETHIOPIAN CHILDREN SUFFER FROM MULTIPLE DEPRIVATIONS

- There are significant geographical and socioeconomic inequalities in immunization. Coverage amongst internally displaced, rural Pastoralist/nomadic communities, and urban poor is low.
UNICEF’s Multisectoral Approach to Reach Zero-Dose Children and Communities

The objective of this project is to demonstrate the use of multisectoral interventions as an entry point to systematically reach children and communities that were not reached by immunization services in selected high-priority woredas.

Using nutrition and social protection platforms as an entry point to design tailored interventions to reach priority populations.

Outputs:
1) Services delivered
2) Systems strengthened and preserved
3) Evidence generated

Cash+ intervention building on previous humanitarian cash transfer pilot
Geographical prioritization will complement Gavi FPP & CIFF woredas

30 Non-FPP woredas
Amhara, Sidama

20 Current CIFF woredas
Somali, Oromia, Afar

Targeted woredas with ZD children in:
✓ Internally displaced populations
✓ Urban poor
✓ Pastoralists
✓ Geographically hard to reach
Launched the Enhanced Community-Based Nutrition (eCBN) programme and Kebele Health and Nutrition Platform (KHNP) in Oromia region.

**Health and Nutrition services**
- Group education
- Immunization
- Vitamin A
- Cooking demonstration
- Deworming
- IFA/MMS/immunization/counseling

**Nutritional screening and follow-up**
- Height and weight for stunting
- MUAC for wasting

**Multisectoral services**
- **WASH services**
  - Hygiene promotion
  - Aqua tab distribution
  - WASH committee strengthening
- **Nutrition-sensitive Agriculture**
  - Fruit/vegetables planting demonstration
- **Social protection services**
  - Women saving groups
  - Livelihoods support for the poorest households (inputs/small animals/cash)
  - Productive safety net – link nutrition-sensitive labour work

**Market linkage**
- Improved access to nutritious food
- Income generation for women

**Edutainment**
- Kebele youth clubs
- School mini-media
- Individuals with talents
- Edutainment through PICO projectors

**Schools**
- School gardening
- WIFAS
- School feeding
Initial outline of research programme priorities

• Research co-creation workshop

1) Impact evaluation of the cash+ intervention
   • Proposal drafted by social protection
   • Add costing component?

2) Implementation research activities
   • Focused on integration

3) Analysis of costs & effects of the multi-sectoral delivery models
   • Plausibility design
     • Before & after or matched control?
     • Process evaluation to document implementation process & context
Development of strategies for reaching zero dose communities with vaccination services in Kenya, South Africa and Uganda
### Aim

Develop and implement tailored strategies to **reduce the number of zero dose children (ZD) in urban areas.**

### Specific objectives

1. **Identify urban areas where the most ZD children and communities live**
   - Use urban toolkit to map key immunization barriers
   - Select sub-geographical areas (e.g., slums) to focus in depth on barriers that are critical for urban settings and poorly understood
   - Survey on socio-demographics of ZD children and communities and map utilization and access to immunization services

2. **Design strategies to reach ZD and under immunized children tailored to the urban area context, with focus on:**
   - Private providers engagement
   - Engaging with CHWs and community
   - Using an integrated and multisectoral approaches; developing strategies to address relevant policy access issues

3. **Conduct implementation research on bottlenecks, solutions and success of strategies in reaching ZD children and communities in urban settings**
   - Implement surveys on user fees charged by the private sector for vaccination services
   - Estimate the costs and financial sustainability of selected zero dose interventions
Geographical scope of the ELMA project

Uganda: Kampala, Mukono, Wakiso, Kamuli, + Tororo and Kasese

Kenya: Monbassa and Nairobi

Ethekwini, Ekhuruleni, Tshwane and Cape Town MM
Mapping of activities: Identify Zero dose children

<table>
<thead>
<tr>
<th>Activities</th>
<th>Kenya</th>
<th>South Africa</th>
<th>Uganda</th>
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</thead>
<tbody>
<tr>
<td>Use urban toolkit to map key immunization barriers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Engage national/local stakeholders and communities</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Conduct cross sectional survey at baseline to identify ZD</td>
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<tr>
<td>Conduct rapid convenience monitoring</td>
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<tr>
<td>Map health care providers (public and private)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Triangulate data to estimate, locate and identify ZD</td>
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<tr>
<td>Establish implementation plan</td>
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<tr>
<td>Establish monitoring mechanisms for coordination with services providers</td>
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### Mapping of activities: Develop and implement strategies

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<thead>
<tr>
<th>Activities</th>
<th>Kenya</th>
<th>South Africa</th>
<th>Uganda</th>
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<tbody>
<tr>
<td>Work with private sector, including representative bodies and support to programme delivery</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Engaging local communities, including social mobilisation</td>
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<tr>
<td>Develop a pool of Village health volunteers to identify ZDC</td>
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<td>Train child health champions</td>
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<td>Communication strategies targeted at UI communities (platform/activities)</td>
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<tr>
<td>Set up community e-health information systems</td>
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<td>Effective community-based microplanning inc. digital</td>
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<tr>
<td>Engage non-health stakeholders</td>
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<tr>
<td>Provide staff training on ZD strategies</td>
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<tr>
<td>Strengthen supply chain management (eg last mile distribution, CCE)</td>
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<tr>
<td>Strengthen and sustain integrated PHC targeted at ZDC</td>
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<td>Implement targeted REC/outreach activities</td>
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## Mapping of activities: Evaluation and knowledge management

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<th>Activities</th>
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<th>South Africa</th>
<th>Uganda</th>
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<tbody>
<tr>
<td>Develop a learning agenda</td>
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<td>Establish mechanisms for continuing documentation</td>
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<td>Implementation research to assess specific interventions</td>
<td>✓</td>
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<tr>
<td>Develop M&amp;E results framework</td>
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<tr>
<td>Coverage survey baseline and/or post implementation</td>
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<tr>
<td>Document human interest stories</td>
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Initial research priority summary

Kenya: Costing of one or more delivery strategies (TBD)
  • Community health workers
  • Private sector

Uganda: Costing of digitalisation of outreach using VHTs using eCHIS
  • With additional analysis around efficiency and/or sustainability