

Cost of reaching zero-dose children webinar – additional Q&A responses

- 1. What is the rationale for scheduling immunization campaigns/routine on weekends [in Lagos, Nigeria] when families are typically occupied with social visits, errands, and personal rest, and are generally less available for non-emergency activities?**

Reply: As highlighted during the webinar, a significant proportion of female caregivers in the two LGAs with the highest concentration of zero-dose children in Lagos State are working-class women. These caregivers often find it challenging to take their children to vaccination centers on weekdays due to the long distances to their workplaces and the need to avoid significant delays caused by Lagos traffic.

Vaccinators and LGA immunization officers have shared experiences indicating that these caregivers frequently request to be prioritized on workdays, which can create tension with other caregivers waiting in the queue. In response, government stakeholders and vaccinators initiated weekend vaccination services in selected health facilities. For many caregivers, weekend vaccination visits are more feasible, as they can be incorporated into routine errands

- 2. Polio campaigns have been going on for many years in Pakistan. What will be the sustainability for reaching zero dose when polio resources reduce, as has happened in many other countries?**

Reply: The concern about sustainability is very critical. The fundamental issue is that polio campaigns are currently the only door-to-door mechanism systematically identifying zero-dose children in Pakistan, and EPI has no separate strategy for this. When polio resources scale down, ZD identification would be challenging. Therefore, Government must create space in EPI for this. First, integrate ZD identification into EPI microplans by adding a mandatory section for population counting and ZD enumeration during routine outreach campaigns. This institutionalizes household-level tracking within EPI's framework. Second, birth registries have never been linked with immunization services in Pakistan—a critical missed opportunity to capture every newborn into the tracking system from day one. These changes ensure that when polio resources scale down, the capacity to identify and reach zero-dose children remains intact within the routine health system.

- 3. Staffing costs seem like one of the main cost drivers. How were these calculated? Was it a proportion of their salary based on the time needed? Was it simply the additional costs/stipends above their standard salary? Would their salaries be paid regardless?**

Reply: Staffing costs were calculated based on the proportion of time staff spent on immunization activities. For example, if a staff member worked 8 hours a day and spent only 1 hour on immunization-related tasks, we multiplied their salary by 1/8 to estimate the cost associated with those activities. If there was an additional stipend specifically for immunization work, we included that in the calculation as well.