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







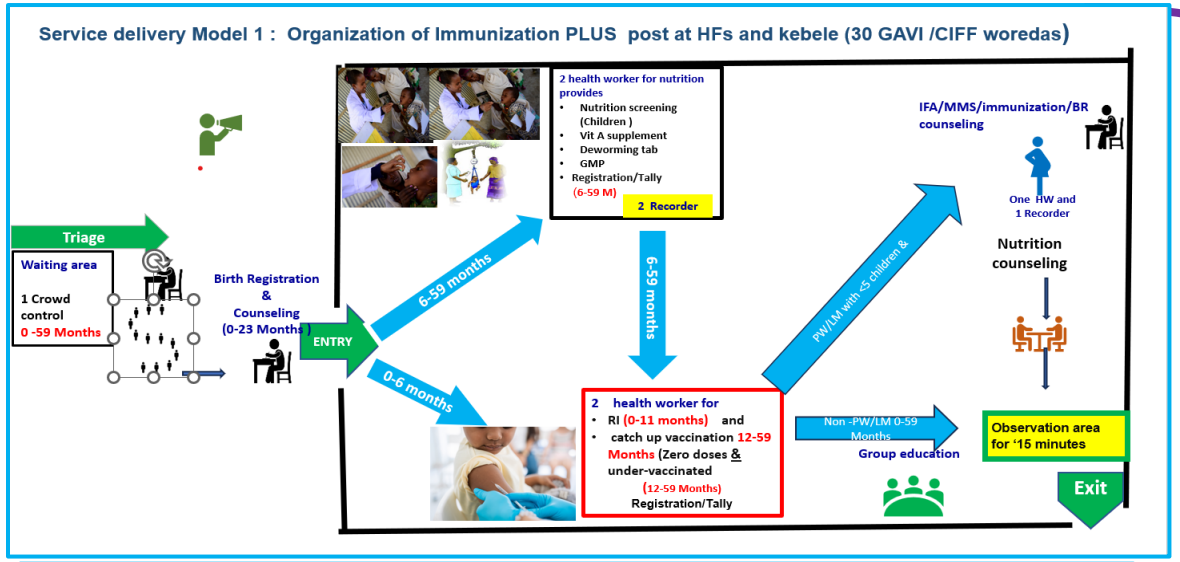


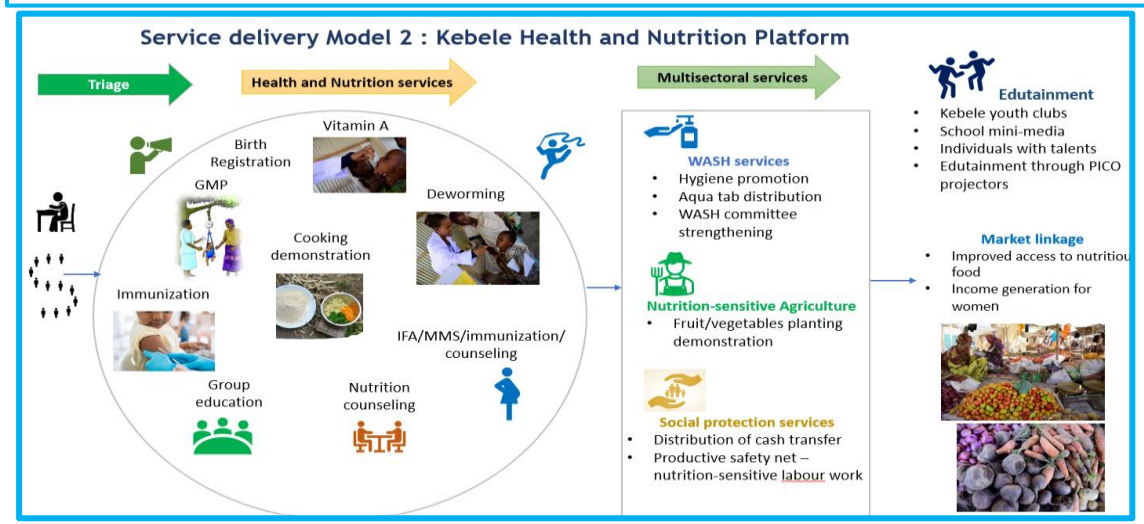
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- **There are significant geographical and socioeconomic inequalities in immunization. Coverage amongst internally displaced, rural Pastoralist/nomadic communities, and urban poor is low.**

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.

Integrated delivery model

Outputs:

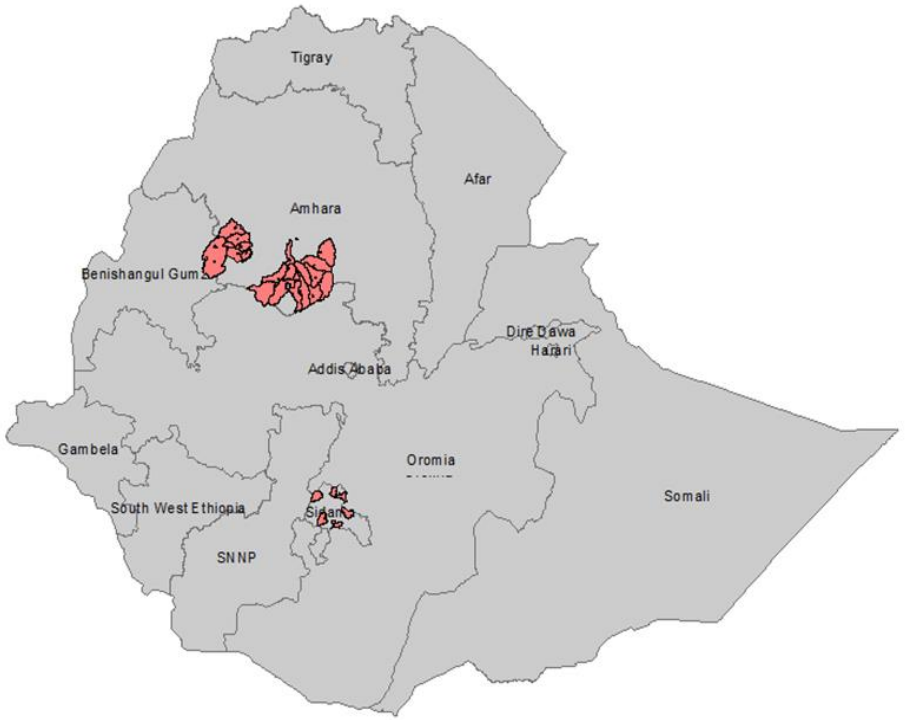
1) Services delivered
2) Systems strengthened and preserved
3) Evidence generated

Cash+ intervention building on previous humanitarian cash transfer pilot

Geographical prioritization will complement Gavi FPP & CIFF woredas

30 Non-FPP woredas

Amhara, Sidama

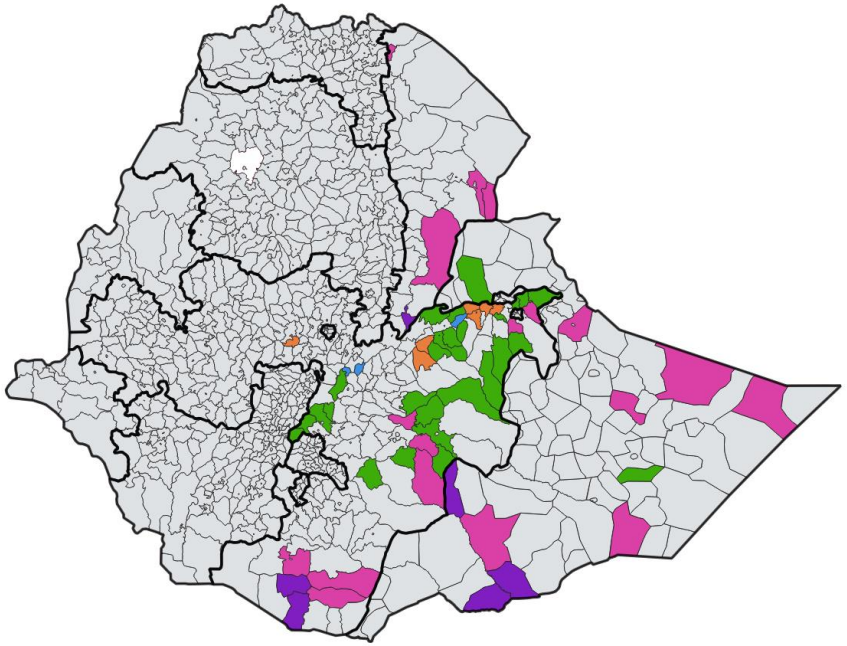


Targeted woredas with ZD children in:

- ✓ Internally displaced populations
- ✓ Urban poor
- ✓ Pastoralists
- ✓ Geographically hard to reach

20 Current CIFF woredas

Somali, Oromia, Afar



Triage

National ID

Health and Nutrition services

Multisectoral services

UPDATE

Launched the Enhanced Community-Based Nutrition (eCBN) programme and Kebele Health and Nutrition Platform (KHNP) in Oromia region

Vitamin A

Birth Registration

GMP



Deworming



Cooking demonstration



Immunization



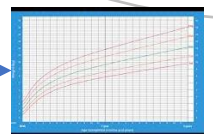
IFA/MMS/immunization/ counseling

Group education

Nutrition counseling

Nutritional screening and follow-up

- Height and weight for stunting
- MUAC for wasting



Kebele leaders will be accountable

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

Edutainment

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

Market linkage

- Improved access to nutritious food
- Income generation for women



Schools

- School gardening
- WIFAS
- School feeding








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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

Activities	Kenya	South Africa	Uganda
Use urban toolkit to map key immunization barriers	✓	✓	✓
Engage national/local stakeholders and communities	✓	✓	✓
Conduct cross sectional survey at baseline to identify ZD			✓
Conduct rapid convenience monitoring		✓	
Map health care providers (public and private)	✓	✓	✓
Triangulate data to estimate, locate and identify ZD	✓		
Establish implementation plan		✓	✓
Establish monitoring mechanisms for coordination with services providers		✓	✓

Mapping of activities: Develop and implement strategies

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

Mapping of activities : Evaluation and knowledge management

Activities	Kenya	South Africa	Uganda
Develop a learning agenda			✓
Establish mechanisms for continuing documentation		✓	✓
Implementation research to assess specific interventions	✓	✓	✓
Develop M&E results framework		✓	✓
Coverage survey baseline and/or post implementation	✓		✓
Document human interest stories		✓	

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