ZEXYSIS

Transforming Child Health through Digital Data-Use Innovations

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Introduction & Goals

GOALS FOR TODAY

Understand the 'zero-dose' challenge

• Explore Pakistan's innovative approach to reaching zero dose children

 Illustrate the critical role of data in the delivery system for vaccines for child health

The Zero Dose Child

The Zero Dose Child is key to some of the most important global health challenges of our time:

Key to **improving routine immunization coverage** at a global level

Key to **reducing childhood mortality** at a global level

Key to creating a polio-free world for all

The Challenge

Reaching the zero dose child is not just a problem of procurement planning, cold chains and recruiting vaccinators.

IT IS ALSO AN INFORMATION PROBLEM

Critical information gaps

1. Lack of formal identification

2. Difficult to locate children who live in informal slums and mobile communities

3. Data fragmentation and data quality issues make it difficult to confirm who is truly 'zero dose'

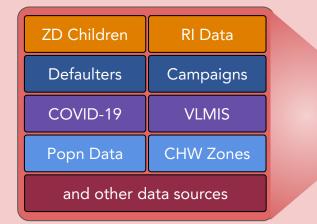
The Solution

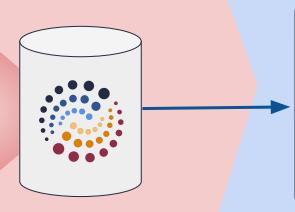
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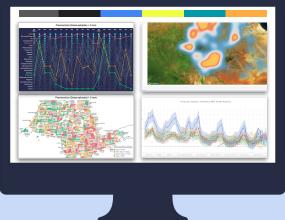
Sindh Sehat Analytics Platform

Data Integration and Harmonization

Actionable Analytics







Data integration and harmonization made data from 20 different systems **interoperable for analysis.**

Create **customized information products** to drive vaccination coverage

Microplans

1. High-res (CHW level) map

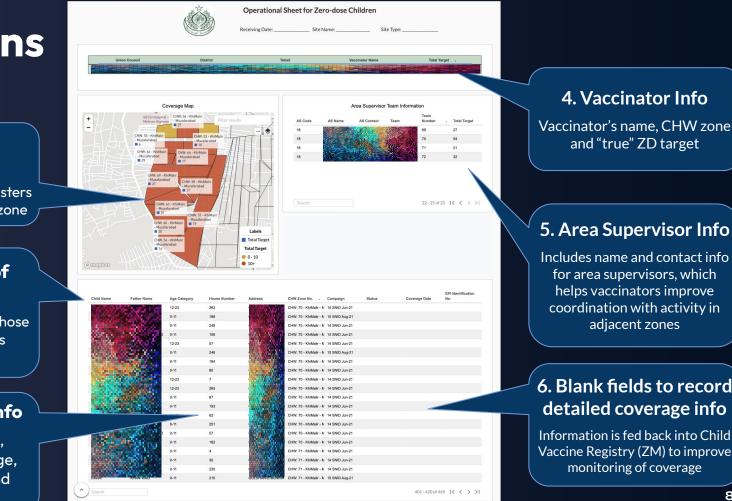
Shows the location of ZD clusters within the CHW's assigned zone

2. Personalist list of **ZD** children

List is filtered to show only those ZD children in the CHW's assigned zone

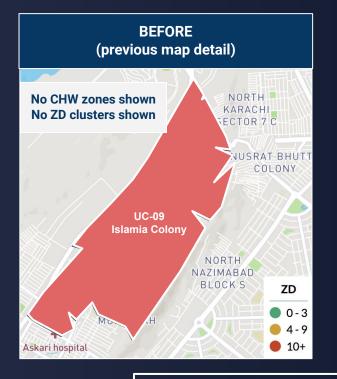
3. Actionable child info

Including child's name, father's name, child's age, CHW zone, address and house number.



Finding clusters of ZD children

Leveraging advanced analytics to shrink the problem





Clusters of ZD children in Islamia Colony, Sindh Province

The Impact



The Impact

INITIAL PROGRAM (Jan-Dec 2022)

39 Super High and High Risk

Union Councils of Karachi where microplanning initiative was implemented

>110K

true zero-dose children identified after removing 52K duplicate records and cross-checking zero dose data with child vaccine registry 72%

of the zero dose children were vaccinated between Jan-Dec 2022

EXPANDED PROGRAM (Jan-Oct 2023)

365

Super High and High Risk Union Councils in Karachi and Hyderabad City where microplanning initiative was implemented

>147K

zero-dose children identified after removing 50K duplicate records and cross-checking zero dose data with child vaccine registry 63%

of the zero dose children were vaccinated between Jan-Oct 2023 and this number continues to grow

Lessons Learned

We can think about children vaccination as an information problem Overcoming data fragmentation and data quality issues is achievable with the help of innovative technology.

Thinking about the problem in this way reveals new pathways to progress. Combined power of vaccines and data is greater than the power of vaccines alone.

> Trust and partnerships are key enablers of success

Thank You

Mozambique's Advanced Data Analysis Platform (PAAD)

The Impact

2021-2024

All of the provincial EPI teams developed and are using tailored dashboards to gauge their performance



Data sources were integrated, enabling data triangulation and a clear understanding of children vaccination in the country



Dashboards were developed to support the EPI program, including 5 automated reports



Analyses and dashboards were downloaded or shared with stakeholders

71%

Of the data points utilized by EPI were improved for accuracy 60%

Of the data utilized by EPI was rectified by our technology

Identifying areas of need

Geography

Data is divided into provinces

Zero And Under Immunization Dashboard (Jan-March 2024)

Província	Total BCG (0-11 meses)	Total Penta 1ª Dose (0-11 meses)	Total zero dose	Porporção de crianças zero dose	Total Penta 3ª Dose (0-11 meses)	Sub-vacinadas	proporção subimunizadas
01.Niassa	48912	46673	2239	4.6%	45331	1342	3%
02.Cabo Delgado	58567	49056	9511	16.2%	43750	5306	11%
03.Nampula	155700	136275	19425	12.5%	128560	7715	6%
04.Zambezia	129863	118568	11295	8.7%	113648	4920	4%
05.Tete	58848	57014	1834	3.1%	52653	4361	8%
06.Manica	49627	45204	4423	8.9%	44410	794	2%
07.Sofala	53338	51161	2177	4.1%	51062	99	0%
08.Inhambane	25845	25026	819	3.2%	24210	816	3%
09.Gaza	26185	26995	-810	-3.1%	26735	260	1%
10.Maputo Provincia	23463	26488	-3025	-12.9%	27018	-530	-2%
11.Maputo Cidade	15744	10351	5393	34.3%	10127	224	2%



Proportion of Zero Dose Children

Red flag warns that the proportion is above 20%

Supply chain and management

Routine Immunization Dashboard												
Provi	District	Facility	PAV - Stock inicial - RV	PAV - Stock recebido - RV	RV Total Vacina Disponível durante o Mês	PAV - RV Frasc abertos	PAV - Stock final - RV	RV Total Vacinado	Discrepa de vacinados	Categorias	Diferença	Distribution of EPI Supervision Visits
01.Niassa Cuamba	Cuamba	CS Mepica	196	760	956	760	196	760	possivel	1	196	ATT SAR
		CS Etatara	95	820	915	772	143	772	v possivel	1	143	alton h 50
		CS Lúrio	273	795	1068	796	272	791	v possivel	1	277	
		CS Napacala	154	860	1014	875	154	866	Atenção	1	148	
		CS Adine 3	172	991	1163	972	228	972	v possivel	1	191	
		CS Sapura	122	1200	1322	1135	183	1135	Atenção	1	187	
		CS Cuamba	432	2035	2467	2062	405	2062	possivel	1	405	Start Start
	Distrito De Lich	Hp Lichinga	0	0	0	0	0	0	Atenção	1	0	Strate Sta
lealth Facility			Available Vaccine Stock				Total of Vaccinated Pacientes				 # Visitas de Supervisão Primeiro tercil (1 - 18) Segundo tercil (> 18 - 31) Terceiro tercil (> 31 - 112) 	