Urban Immunization Tool Kit Summary

Why this tool kit:

With over half of the global population living in urban areas, cities are becoming the principal contexts in which people live. As urbanization accelerates, the population of persons in slum environments also keeps increasing especially in rapidly growing medium and large urban areas in Africa and Asia. Thus, large proportion of children and women targeted for vaccinations will be residing in urban areas with a significant proportion in disadvantaged, poor and underserved communities. Because of the uniqueness of urban areas (densely populated, mobile populations, multiplicity of partners, competing priorities, heterogeneity of populations etc.) current immunization programme approaches—tailored for more settled, sparsely populated rural areas—might not adequately deliver immunization services in urban areas especially in urban poor slum environments.

This tool kit serves to complement existing immunization guidelines by tailoring immunization planning, implementation and monitoring approaches to meet challenging contexts in urban areas especially in slum environments. This tool should be used in conjunction with existing immunization guidelines or strategy documents.

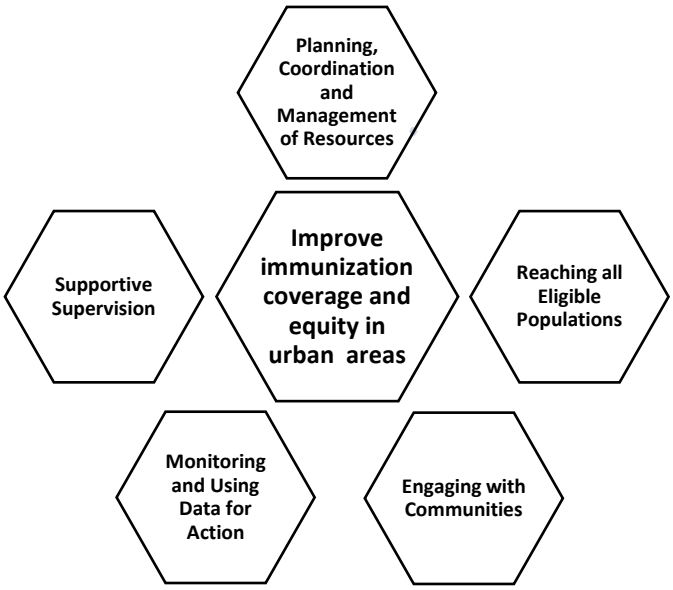
Who is this tool kit for?

This urban immunization tool kit is for all stakeholders involved in planning, implementation and monitoring of immunization services in urban areas.

- Governments (City, Municipal, local)
- Policy makers
- Programme managers
- Frontline health care workers
- Civil society organizations and civil society
- Private sector
- Urban community members

Content of the tool kit

This tool kit is structured around five major areas*: Planning, Coordination and Management of Resources; Reaching all Eligible Populations; Engaging with Communities; Monitoring and Using Data for Action; and supportive supervision.* These components are aligned with existing immunization guidelines and resources.



The **Planning, Coordination and Management of Resources** component stresses the importance of understanding the urban landscape and building coordinated alliance of partners in urban areas, with clear definition of roles and responsibilities. Below are suggested approaches:

- Conduct situation analysis highlighting areas of vulnerabilities, challenges and opportunities for service delivery.
- Map urban partners especially those working in urban poor communities (including private sector) indicating their roles and responsibilities
- Establish coordination mechanism, might be part of existing coordination mechanism
- Review status of service delivery points in urban areas (public, private, fixed, outreach, or mobile) relating these to socioeconomic conditions (social mapping)
- Consider assigning immunization targets for urban neighbourhoods based on previous performance or based on trends from both public and private sector
- Advocate with stakeholders, including city authorities, to prioritize urban deprived communities, coordinate interventions,

The **Reaching all Eligible Populations** provides tools that refine the situation analysis to further describe the challenges of programming in urban contexts. This section links to some potential tools for identifying the unvaccinated and offers some suggestions,

- Identify and characterize vulnerable populations in urban areas (map areas with high number of unvaccinated children, review surveillance data, re-draw maps/boundaries, set targets and identify resources and gaps)
- Review strategy or implementation plans (micro plans, periodic immunization activities, SIAs, child health days etc.) to prioritize these populations
- Develop approaches to deliver services in hard to reach urban neighbourhoods: outreaches or mobile, engage private sector, deliver through NGOs, work with urban poor communities, extended service hours or during weekends, daily vaccination sections, integrated delivery with other services etc.

- Consider restructuring supply chain approaches: higher level stores delivering directly to service outlets to reduce delays/stock outs; re-zone catchment areas because of higher population densities; and outsource key functions e.g. transport, maintenance
- Engage community members in planning, implementing and monitoring of immunization activities
- Identify other factors affecting access to immunization services in urban areas (security, transport, cost, policies around legality and illegality of slum populations etc.)

This component on **Engaging with Communities** includes building a mutually respectful relationship between the community and immunization services providers to encourage to demand and participation in delivery of immunization services.

- Collaboration with NGOs/CBOs for demand promotion, particularly those whose focus is on urban poor, migrants, and other marginalized urban populations
- Explore use of urban-specific communications channels including mobile phones, social media, television, etc. for community awareness, including information on time and place of vaccination
- Explore alternative influencers/potential champions more relevant in urban contexts (including municipal elected leaders).
- Ensure demand-related communications reflect the diversity of languages present in urban areas
- Empower of frontline health cadres with interpersonal communication skills
- Timely AEFI response and media monitoring to quickly identify and respond to vaccine-related rumours, myths, etc.

The **Supportive Supervision** component of this tool kit seeks to deploy innovative ways that promote mentorship, joint problem solving and communication between supervisees and supervisors.

- Regular review meetings/discussions to appraise progress, including with the private sector
- Performance based incentives for service providers
- Mentoring and coaching for both public and private providers by training institutions

The **Monitoring and Using Data for Action** component of the tool kit underscores the challenges of monitoring and availability of quality data in urban areas especially in urban poor or slum environments.

- Update/revise target population estimates in urban areas frequently, based on alternative (validated) data sources (polio campaigns, SIAs, Municipal population estimates etc.)
- Conduct more frequent sub-national surveys of coverage in urban areas, using cost-effective methodologies appropriate to urban contexts (LQAS, micro census, local surveys etc.)
- Incorporate greater disaggregation for national surveys in urban areas (survey design and data analysis)
- Consider incorporation of municipal actors (mayors, managers, city/town council members, etc.) in ongoing reviews of immunization performance in urban areas to leverage their support to overcome bottlenecks/challenges and build political ownership for immunization outcomes
- Where appropriate invest in digital enhancement of immunization data (GIS, EIR etc.)