

Analysis of NDVPs from humanitarian settings

6th March 2021

GHC Key messages

- **NVDP are inclusive** e.g.
 - IDP, refugee asylum seeker, migrant (regular / irregular), stateless, persons living in occupied territories, marginalised groups (e.g. due to ethnicity, language, age, gender, disability, conditions associated with stigma), living in hard to reach areas (insecurity, areas not under government control, geographic)
- **Inclusive plans are support public health principles** i.e. essential to reduce death and disease burden
- Prioritisation should be done in accordance with **SAGE values framework and Roadmap**
- Methods of **procurement should not influence which population groups should be prioritised for vaccination**
- **Vulnerable groups should be held in equal respect with regard to receiving safe and quality vaccines**, (especially when multiple vaccines are utilised)
- **NGO Health Care workers should be prioritised equally** alongside public / government health care workers
- **Throughout NDVP** plan approaches to reach vulnerable groups and those living in hard to reach areas should be addressed
 - Vaccine delivery strategy
 - Cold chain capacity
 - RCCE
 - Monitoring
 - Reporting AESI / AEFI
 - Budgets
- Measures should be taken to **mitigate attacks on health care workers**
- Humanitarian Buffer is a measure of last resort

Paper currently being drafted

Analysis

- NDVP plans with Health Clusters reviewed
- 3 countries have not submitted NDVP yet
- Total reviewed n=23

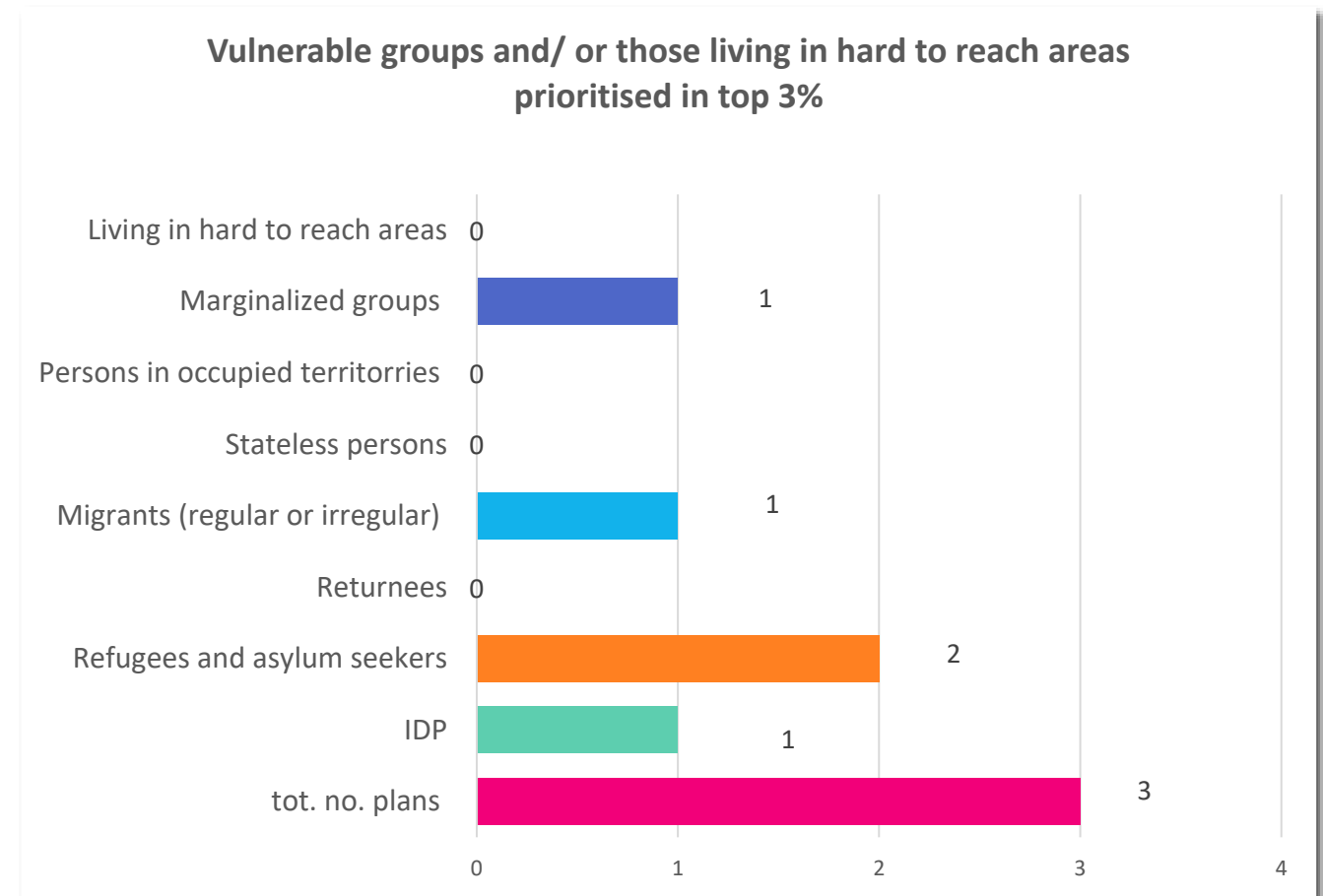
List of health cluster countries*

Afghanistan
Cox's Bazar, bangladesh
burkina faso
burundi
cameroon
central african republic
chad
Colombia
DRC
ethiopia
Honduras
iraq
libya
mali
mozambique
myanmar
niger
Nigeria
opt
pacific
somalia
South Sudan
Sudan
Syria
ukraine
venezuela
Yemen
zimbabwe

** This is not the final list of NDVPs reviewed
See [Health Cluster dashboard for more info](#) on
where Health Cluster is activated*

Are vulnerable groups or those living in hard to reach areas prioritised with the NDVPs?

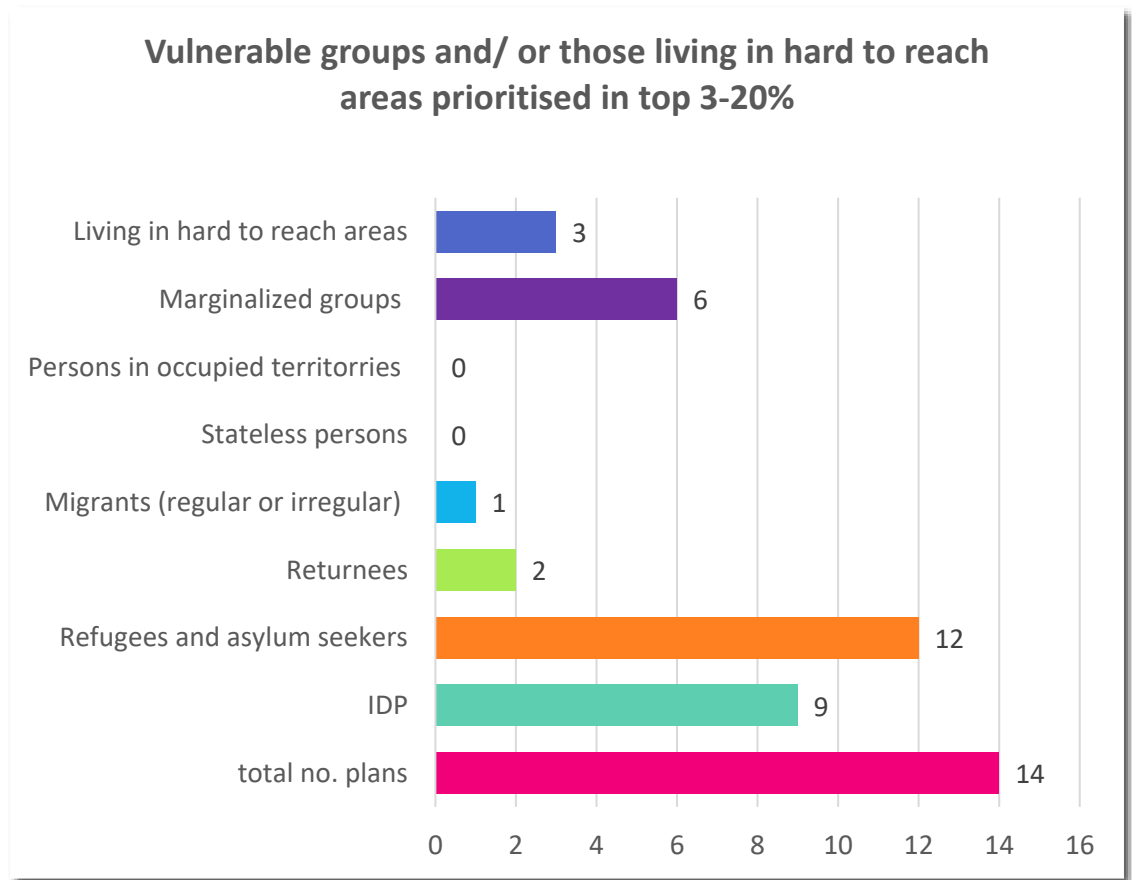
- i.e. highlighted in prioritisation tables, generally with target population size estimates
- Target population could be those considered high risk within a group e.g. 10% of IDPs estimated to have co morbidities
- Note estimates (for total population of a group) do not always match HRP



n=23

Are vulnerable groups or those living in hard to reach areas prioritised with the NDVPs?

- Note estimates (for total population of a group) do not always match HRP
- Note 1 NDVP mentions vulnerable groups in top 3% but not in 4 to 20%

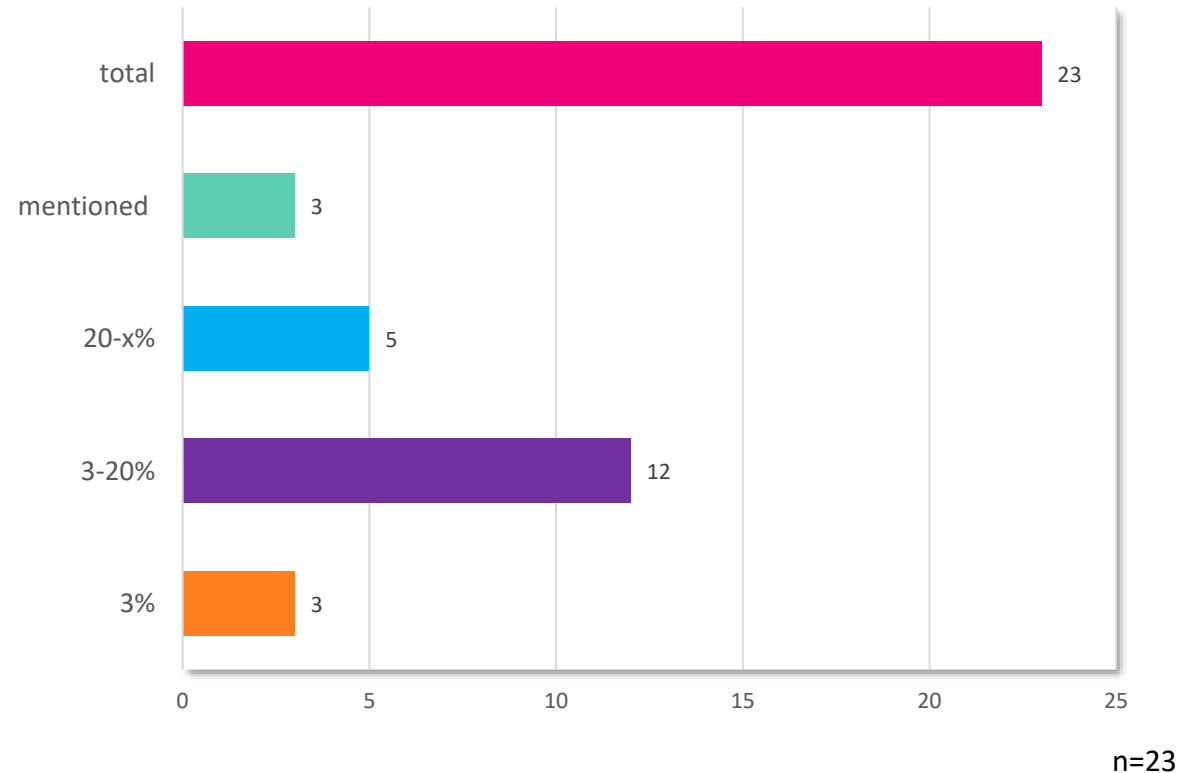


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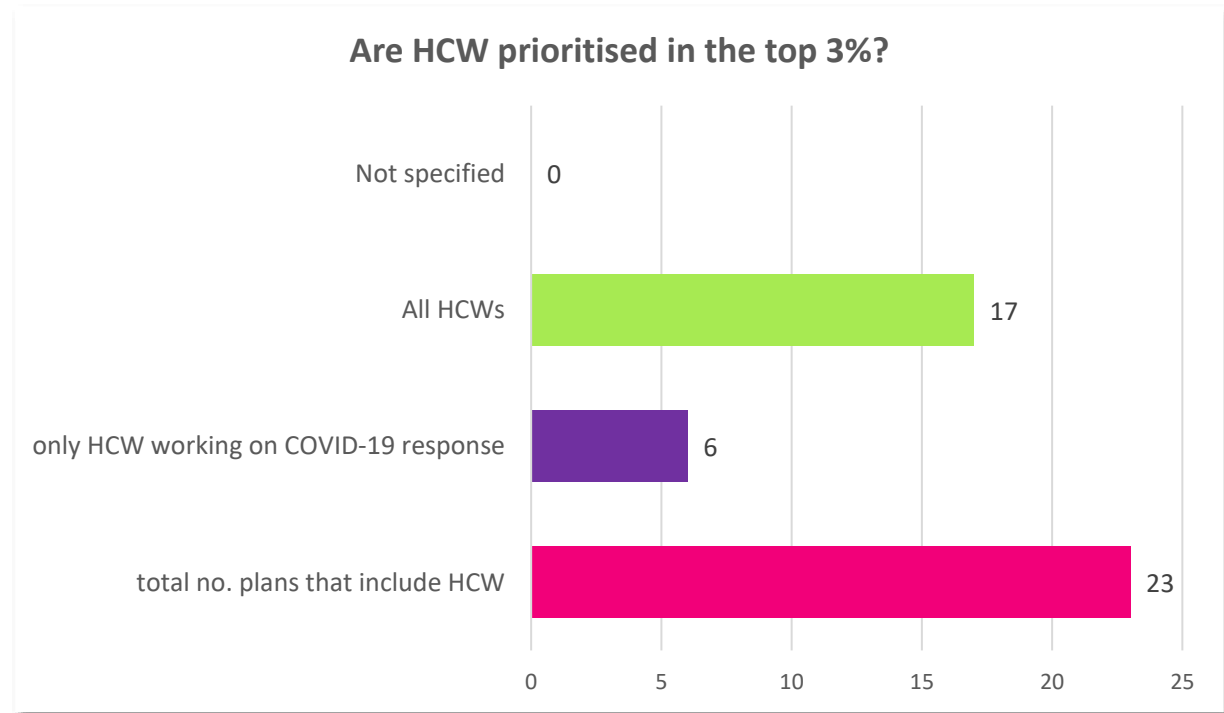
Are vulnerable groups or those living in hard to reach areas prioritised with the NDVPs?

- Note, exclusion also occurs - 3 NDVPs state they will not procure for a group (and will look for international assistance/ other solutions)
 - Irregular migrants n=1
 - Refugee and migrants n=2
- Issues with denominator, and population estimates

Total no. NDVPs which mention vulnerable groups at any point in the plan



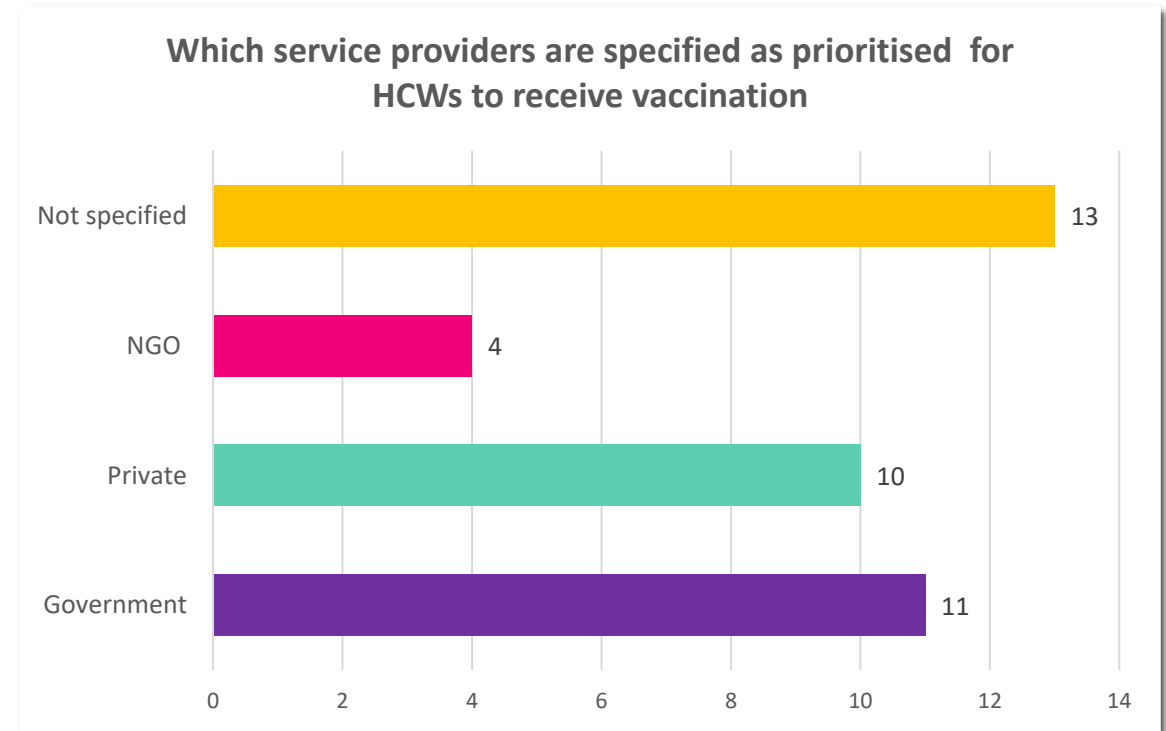
Are Health Care workers prioritised?



n=23

Are NGO or private Health Care workers prioritised?

- 10 NDVPs specified private providers were eligible
- Of these 4 NDVPs stated NGO also

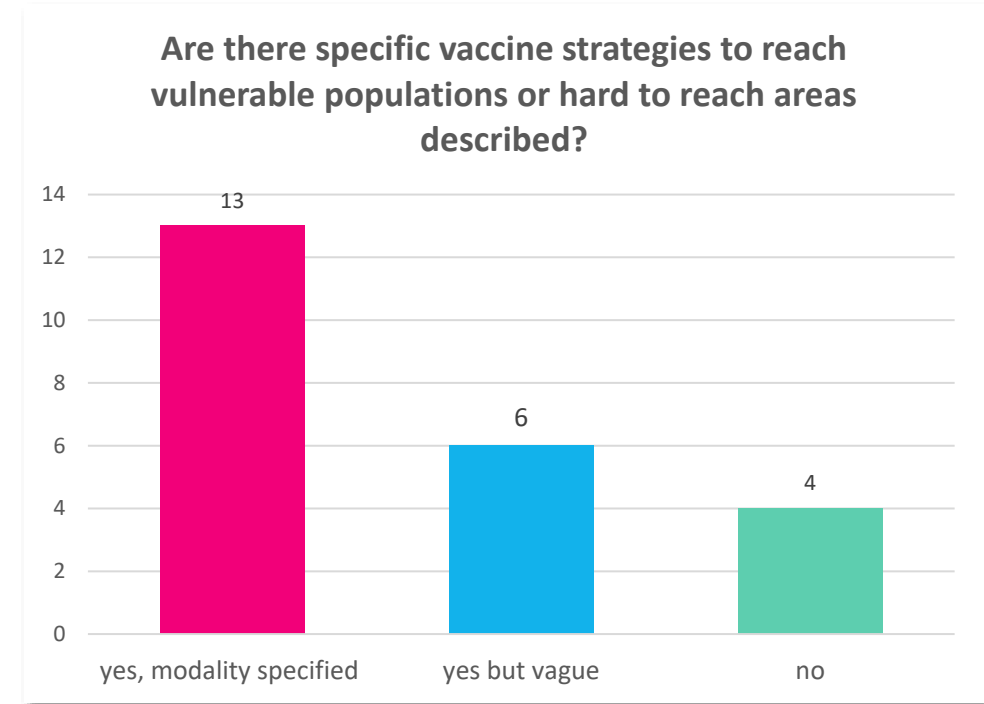


Are vaccine strategies to reach vulnerable populations or hard to reach areas described?

- 13 described specific strategies e.g. outreach, advanced strategies or mobile clinics to reach IDP camps, refugees
- Hard to reach areas articulated in 9 (this includes insecure areas, and geographically hard to reach)

Does the budget describe costs to reach vulnerable populations or hard to reach areas?

- 1 plan describes cost in detail (has a separate plan for vulnerable group)
- 3 plans have narrative regarding (higher) costs to reach H2R areas etc but not clearly estimated



Cold chain capacity

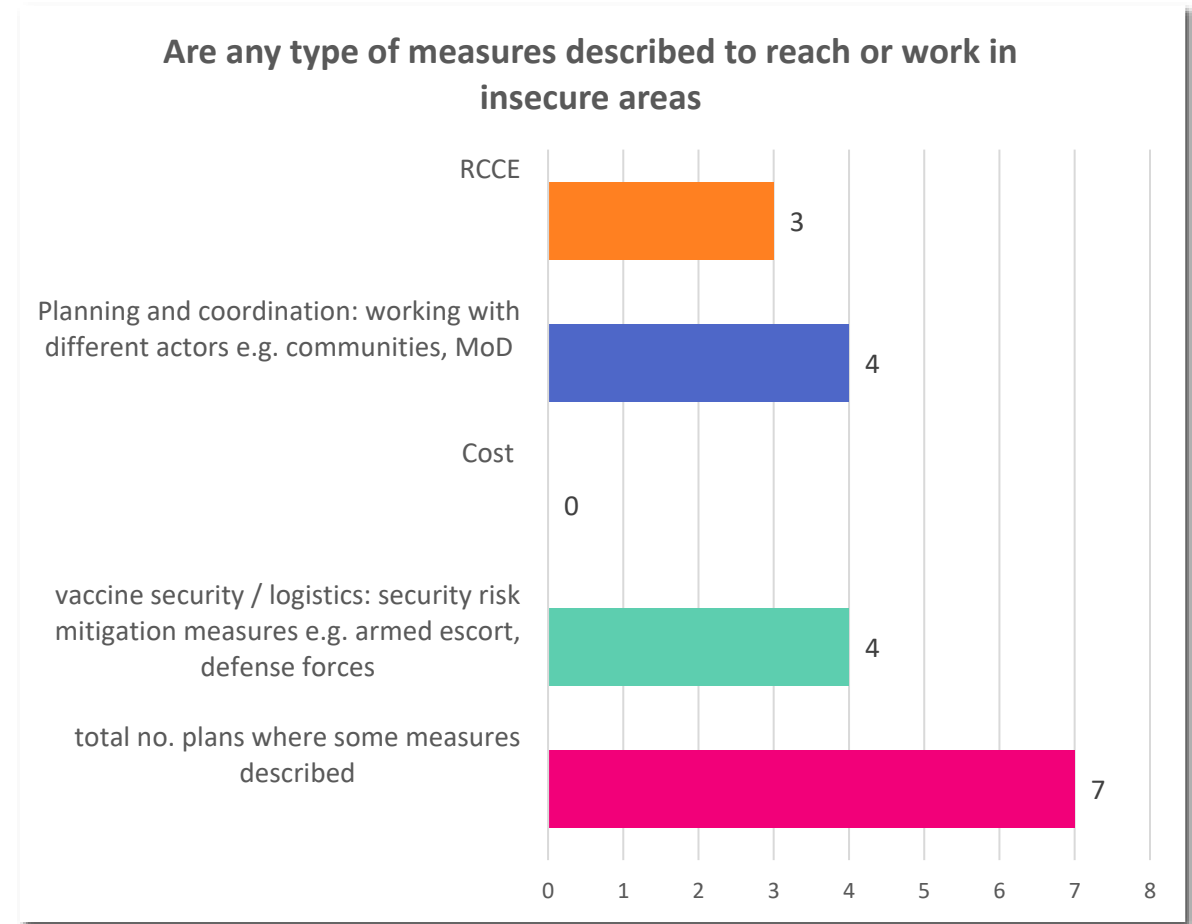
- 7 gave breakdown by district (thus can extrapolate to hard to reach or insecure areas)
- No NVDP reflected coverage

Reaching insecure areas or areas not under government control

- 7 plans have some kind of security risk mitigations measures
- Of these, 4 describe working security personnel of some sort
 - 3 will work with government defence forces
 - Of these one specified armed escort
 - 1 using security escort (unclear if government force)

Cross line activities

- 2 plans reflected on vaccine strategies to reach opposition controlled areas
- Both described some security measure



Attacks on health care workers

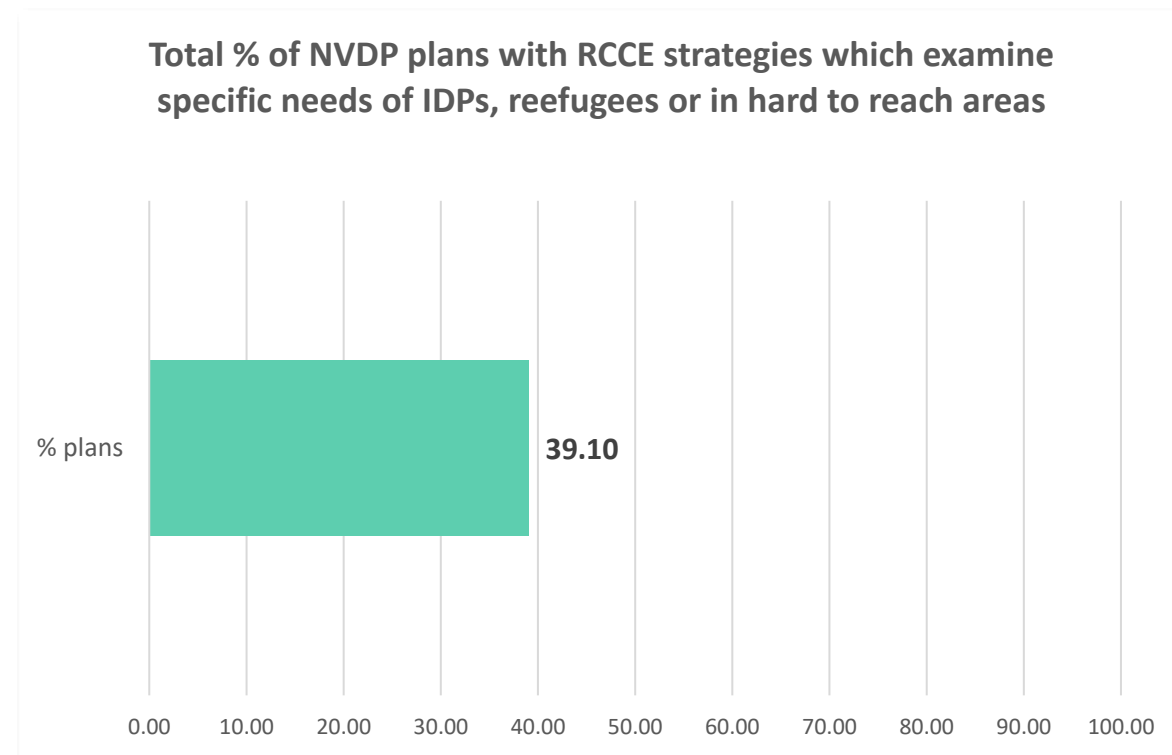
- Most plans discussed security of vaccines only
- HCW safety was generally related only to IPC / PPE
- Only one NDVP discussed multiple measures such as negotiating with non state actors, promoting a non political approach

	No. plans
Total no. plans that mention of safety of staff in relation to attacks / insecurity	3
	1
Of these, no. plans that discuss	
security measures	3
Using armed escort	1
Working with community and religious leaders (specific to safety of staff)	1
Coordination or engagement with non state actors	1
Promotion of humanitarian principles	1
Other duty of care measures	0

n=23

RCCE

- Only 9 plans (39%) had RCCE strategies that described the need to consider vulnerable groups or those in hard to reach areas



n=23

AESI, AEFI

Monitoring

- Only one plan looked at following up, monitoring or reporting of AESI, AEFI
 - Which had a separate plan for entire vulnerable population

Data disaggregation	No. plans
Total no. plans that discuss data disaggregation	5
By group, with examples given e.g. IDPs	2
by location with examples given such as insecure areas	2
Will disaggregate by group but do not give examples	3
will disaggregate by location but do not give examples	0

n=23

Humanitarian buffer and other special assistance

- Note, exclusion also occurs where 3 NDVPs state they will not procure for a group (and looks for international assistance/ other solutions)
 - Irregular migrants n=1
 - Refugee and migrants n=2
- Issues with denominator, and population estimates

	No. plans
Will request vaccines from the Humanitarian Buffer	2
'Looking for solutions' to procure and provide vaccines for irregular migrants (buffer not specified)	1
Will request assistance from national and international partners to support reaching areas not under government control (buffer not specified)	1

n=23

Conclusion

- Vulnerable populations such as refugees, IDPs, generally recognised; those in hard to reach areas, returnees, migrants less so
- Mainstreaming of activities to reach them within the plan is needed
- Strategies to reach IDPs and refugees generally highlighted
- But insufficient strategies to reach populations in hard to reach areas
- Insufficient security risk mitigation measures, especially for staff
- RCCE strategies specific to these population needs to be considered
- No clear idea on coverage e.g. cold chain
- Insufficient approach on how vulnerable groups will be monitored / followed up or able to report AESI / AEFI
- (I&L not examined in this analysis)
- M&E data disaggregation not sufficiently described in NVDPs