



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

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Strengthening routine immunization in the wake of Covid-19

Tosin Ajayi, Clinton Health Access Initiative

Jocelyn Powelson, VillageReach

Dung Chi Tham, PATH

October 18, 2023

Panelists

Challenges and opportunities for optimizing outreaches



Tosin Ajayi
CHAI

(PNG, Cameroon and Kenya)

CBPR and HCD to improve routine immunization service delivery



Jocelyn Powelson
VillageReach

(Malawi and Mozambique)

Addressing backsliding in JE vaccination coverage



Dung Chi Tham
PATH

(Lao PDR and Vietnam)



Perspectives on key challenges & opportunities for optimizing outreaches to reach the unreached and attain high & equitable immunization coverage: Based on interventions in PNG, Cameroon & Kenya

*Authors: Tosin Ajayi, Anithasree Athiyaman, Laure- Anais Zultak,
Sonali Patel*



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Outreach services are a critical last link between health facilities and individuals, particularly in hard-to-reach geographies and disadvantaged communities

Ensuring successful immunization outreach services are ...



Necessary to improve equity

Critical access points for hard-to-reach and disadvantaged populations.



Cornerstone of primary health care platform

Key tool in reaching under-vaccinated and zero-dose children, and thus a corner stone in a strong primary health care platform.



Requires well-staffed and coordination of services

To conduct quality outreach services requires multiple human resources (Nurse, CHW, and CHEW), well-coordinated planning and targeting of populations, and a collaboration with communities.

However, key challenges during planning and implementation lead to poor utilization and limited access to intended populations, resulting in continued vaccine inequities

Planning

Lack of cost-effective methods to generate accurate and up-to-date microplanning data

- Non-standardized and inaccurate service utilization data
- Poor data quality and limited data review during planning
- Reliance on outdated maps or locations of hard-to-reach populations
- Lack of reliable population and geographic data on facility location and catchment area

Inability to identify size and location of hard-to-reach populations

- Inaccurate data or outdated facility locations limiting ability to identify location and size of hard-to-reach or disadvantaged populations
- Unavailability of appropriate tools, or insufficient health worker capacity review existing information

Limited community engagement on barriers and challenges

- Minimal engagement with caregivers and other community members to understand specific barriers

Implementation

Inefficient resource allocation

- Outreach locations, health worker and resource distribution (i.e., cost and supplies) does not fit need
- Insufficient or delayed finance disbursements

Limited population awareness

- Lack of timely and targeted communication on outreaches
- Barriers and challenges not addressed during planning and outreach conduct

In ability to timely track outreach progress

- Limited capacity to measure and review progress in a timely manner

Impact

Limited access for at-need populations

- Location, frequency, and supplies for outreaches does not match population need
- High health worker burden due to poorly supplied or poorly attended session

Low utilization of scheduled outreach










- Limited attendance during outreaches conducted

Chronically missed populations

- Missed outreach sessions are not identified and challenges not addressed

Vaccine inequities and low coverage of chronically missed locations

In PNG, Kenya and Cameroon, CHAI supported improvements to outreach service delivery through evidence-based planning, implementation and monitoring

Key challenges	CHAI approach	Impact
<p><u>Planning</u></p> <p>Lack of cost-effective methods to generate accurate and up-to-date microplanning data </p> <p>Inability to identify size and location of hard-to-reach populations </p> <p>Limited community engagement on barriers and challenges </p>	<p> Integrating outreach performance indicators in regular data-review meetings (DRMs) at county and sub-county levels to improve monitoring and coordination of outreaches.</p> <p> Establishing regular data-review meetings (DRMs) at health facility level to improve operational planning of outreach services.</p> <p> Utilizing a mix of demographic, coverage, health facility location and geospatial information to conduct detailed mapping to identify communities most likely to have zero-dose children.</p> <p> Leveraging HCD principles to identify and understand access barriers to outreach immunization services. Building M&E capacities and engaging community leaders and care-givers in planning and problem-solving.</p>	<ul style="list-style-type: none"> - In Kenya, our intervention resulted in improvements in outreach completion rates (up to 16% increase from pre-pandemic levels in Q1 2020) and effectiveness (up to 3x increase in the average number of children immunized per session) - In Cameroon, the use of this composite score led to the identification and characterization of 7,532 ZD children mapped to the lowest administrative level (level 4) in 20 health areas and 520 villages. - In PNG, we observed improvements in conduct of community centered outreaches that centered on: 1) engaging community leaders before and after each outreach session 2) the use of community change agents
<p><u>Implementation</u></p> <p>Limited population awareness </p>	<p> Identifying and building capacities of community stakeholders to support implementation of outreach (social mobilization & session conduct).</p>	

Key early learnings from CHAI's outreach service delivery work highlights opportunities to address challenges in planning and monitoring of outreaches

- 1. Improved **monitoring & data-driven decision making** to improve outreach service planning and implementation.**
 - Although DRMs provide an opportunity to review progress and problem solve, supplementing it with **adequate funding for follow up action** is critical for success.
 - Collaborative problem-solving & joint accountability present opportunities for **optimizing outreach** engagements (e.g., potential integration of COVID-19 vaccine outreaches in schools with planned HPV sessions)
- 2. Using GIS modelling to cost-effectively **identify hard-to-reach populations** and improve microplanning.**
 - Improved identification of size and location of missed communities can facilitate **prioritization of high-at-risk areas** for targeting using limited resources.
- 3. **Engaging communities** to plan sessions, understand barriers and modify service delivery approach to better suit the needs of the target population.**
 - **Joint accountability with local stakeholders** (including non-health governments) can help improve resource allocation to maintain outreaches.

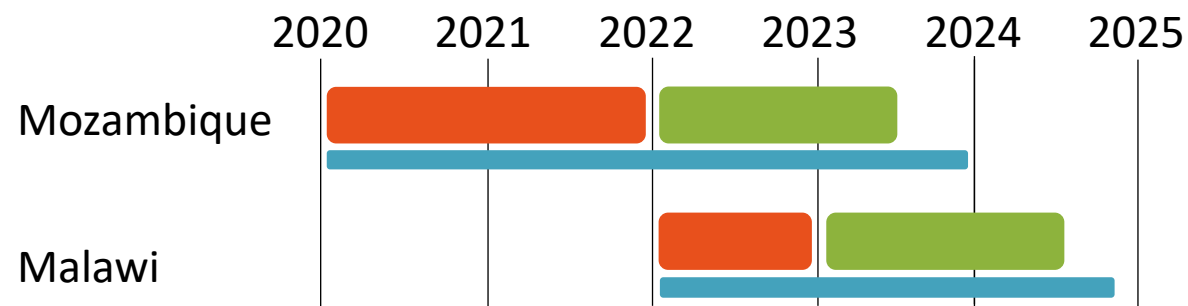


Applying community-based participatory research and human centered design to improve routine immunization service delivery in Mozambique and Malawi



“Let’s Talk About Vaccines!” Study Overview

Objective: to **improve coverage of routine immunizations** in Mozambique and Malawi by working with health workers and caregivers to **understand the barriers** caregivers face in fully vaccinating their children and to **identify, implement and evaluate solutions** to address barriers to full routine immunization coverage.



The Let’s Talk About Vaccines! Study has three iterative phases:
■ Phase 1 – Identify ■ Phase 2 – Implement ■ Phase 3 - Evaluate

Community participation has been a cornerstone of our approach to reach under-reached communities, including women:



Caregiver Researchers
(women)



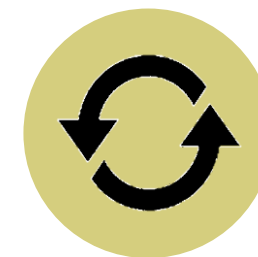
Photo-Based
Interviews



SMS
Observations



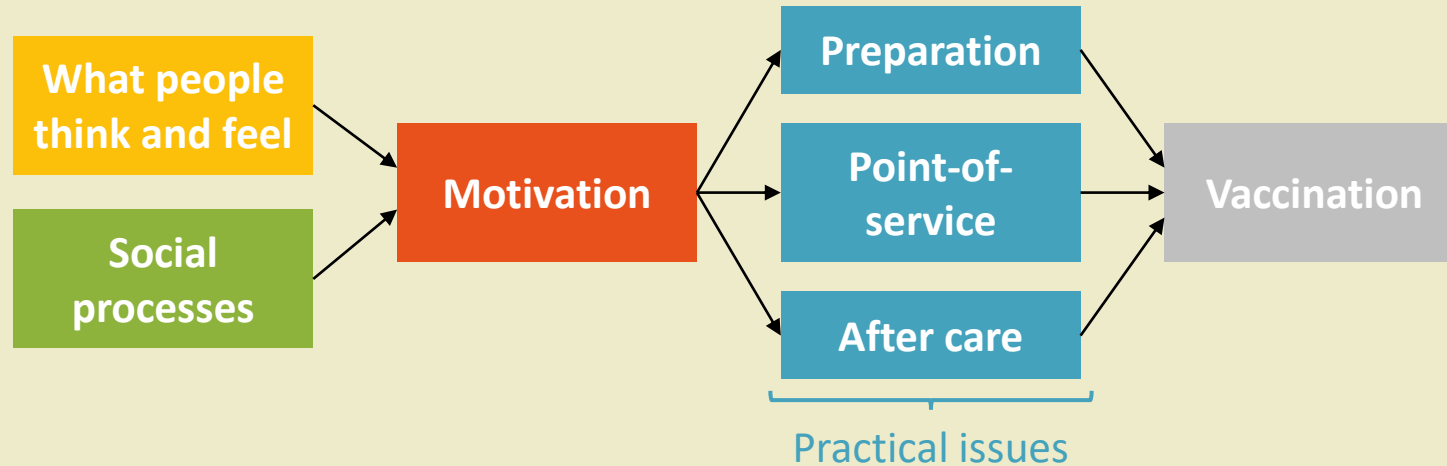
HCD & Prototyping
Workshops



Continuous Caregiver
Feedback
(mostly women)

Identifying Determinants of Routine Immunization Dropout

We used an adapted version of the Behavioral and Social Drivers (BeSD) of Vaccination model to identify determinants of dropout



Mozambique



- **Lack of social support** & "mother's responsibility"
- **Uneven social dynamics** between caregivers and healthcare workers
- **Reduced trust** in health system following poor experiences
- **Concern of side-effects**, particularly if fallen out of schedule



Malawi

- **Limited family support** and burden placed on the mother
- **Fear of consequences or reprimand** if not adhering to vaccination guidelines
- **Opportunity cost** of each trip to the health facility for women with multiple family responsibilities
- **Rumors and concerns** if vaccines are repeated or new ones are introduced
- **Poor knowledge** of the vaccine schedule

Implementing Solutions to Improve Immunization Services and Reduce Dropout

In both countries, the solutions consist of three key components to address barriers identified across the vaccination journeys:

Mozambique Solution



- **Gender-responsive immunization education** to improve caregiver knowledge & agency
- **Mobile brigade prioritization** to improve immunization access in under-reached communities, especially for women caregivers
- Monthly **collaborative immunization planning** to improve coordination & communication between health facilities & communities

Malawi Solution



- Community mobilization through **drama and songs** to improve caregiver knowledge & agency
- Deploying **Talking Books** to addressing literacy challenges, especially among women, to improve caregiver knowledge and enhance immunization service experiences
- **Adapted community and service provider score cards** to improve vaccination outreach service delivery

Lessons Learned / Success Factors

The approaches and methods that we employ are designed to result in solutions that are **sustainable, community-driven, gender responsive,** and **reaching the under-reached.**

To do this, we:

- **Elevate** the voices and perspectives of the **under-reached**, including women
- Prioritize **community participation**, especially women, and **government engagement** through all stages of the project
- **Elevate CHWs** as champions to extend immunization services to under-reached communities
- Bring different **stakeholders** together to **collaborate and co-create** solutions that are grounded in **caregiver perspectives**, mostly women
- Implement **community feedback** mechanisms to drive **iterative, data-based improvements** to our solutions



Strengthening the immunization systems to address backsliding in JE vaccination coverage in hard-to-reach populations in Lao PDR and Vietnam

Dr. Tham Chi Dung, PATH, Southeast Asia Hub



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JE vaccination situation in Laos and Vietnam during COVID-19

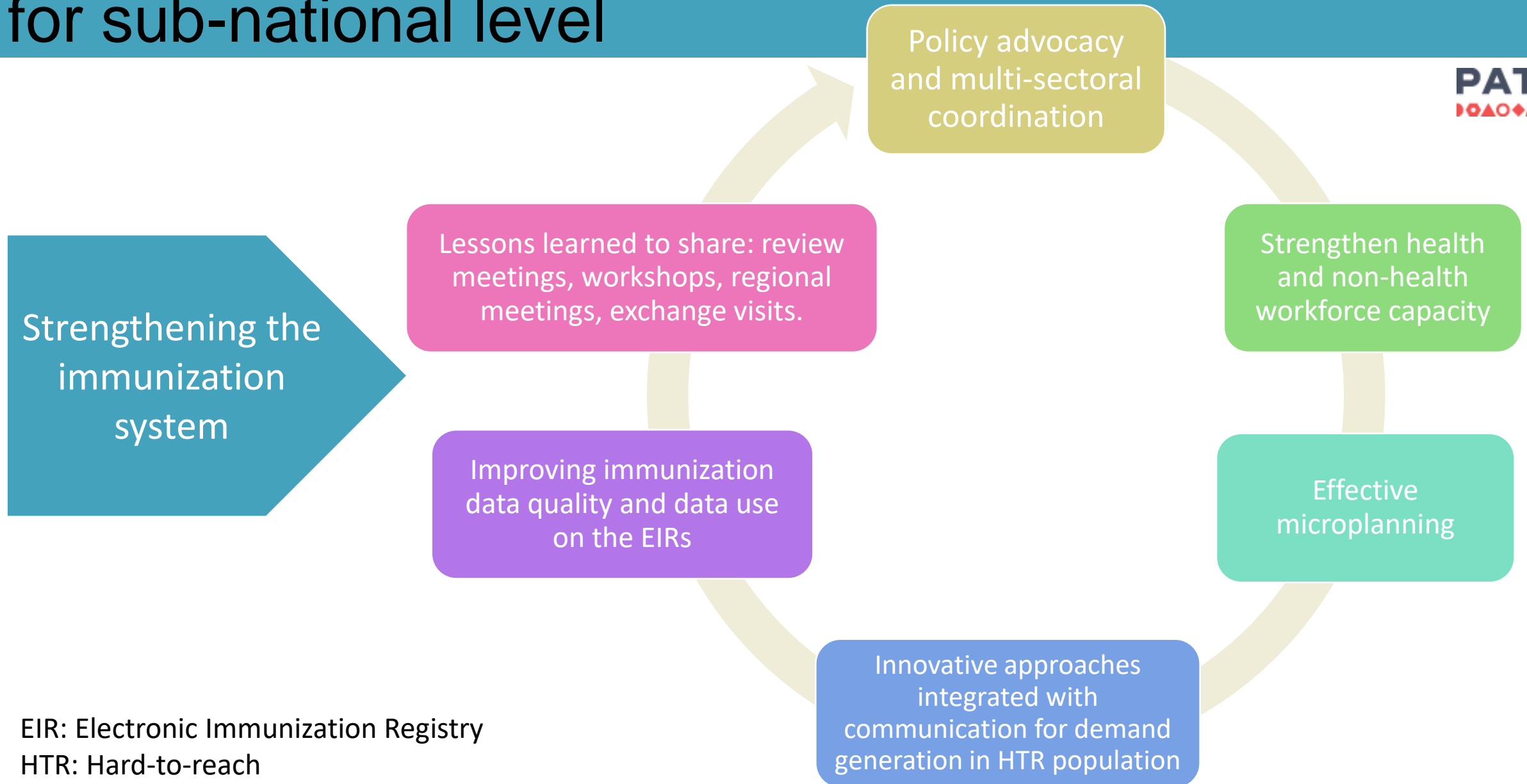
JE vaccination situation in Laos

- In Laos PDR, JE vaccine (CD-JEV) was fully introduced into the National Immunization Program (NIP) in 2015.
 - *CD-JEV is a single dose for the children under 11 years old who missed JE vaccination.*
- Although JE vaccine was incorporated into Laos' routine immunization system, vaccine uptake declined rapidly after initial introduction.
- During COVID-19, coverage dropped to less than 50% during the pandemic in three provinces: Khammouane, Bolikhamxay, and Xiengkhouang.

JE vaccination situation in Vietnam

- In Vietnam, JE vaccine (JEVAX) was introduced to the National Expanded Program on Immunization (NEPI) in 1997 and reached the coverage of 92,2% in 2019.
 - *JEVAX requires three doses: Dose 1 for children 1 year old, Dose 2 (14 days after Dose 1), Dose 3 (one year after Dose 1)*
- During COVID-19, JE coverage has dropped to lower than 80% in mountainous hard to reach districts of Dien Bien and Quang Nam provinces.

Model intervention package for sub-national level

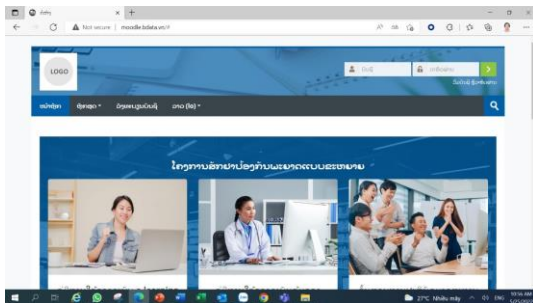
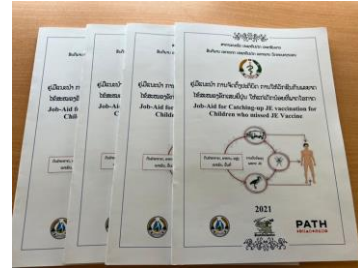


EIR: Electronic Immunization Registry





HTR: Hard-to-reach

Project products and achievements

Project products



Achievements:

	Laos [★]	Vietnam*
 Number of children received JE vaccines	189,864	38,434
 Number of staff trained	474	434
 Number of facilities visited for supportive supervision	18	143
 Number of review meetings conducted	4	6

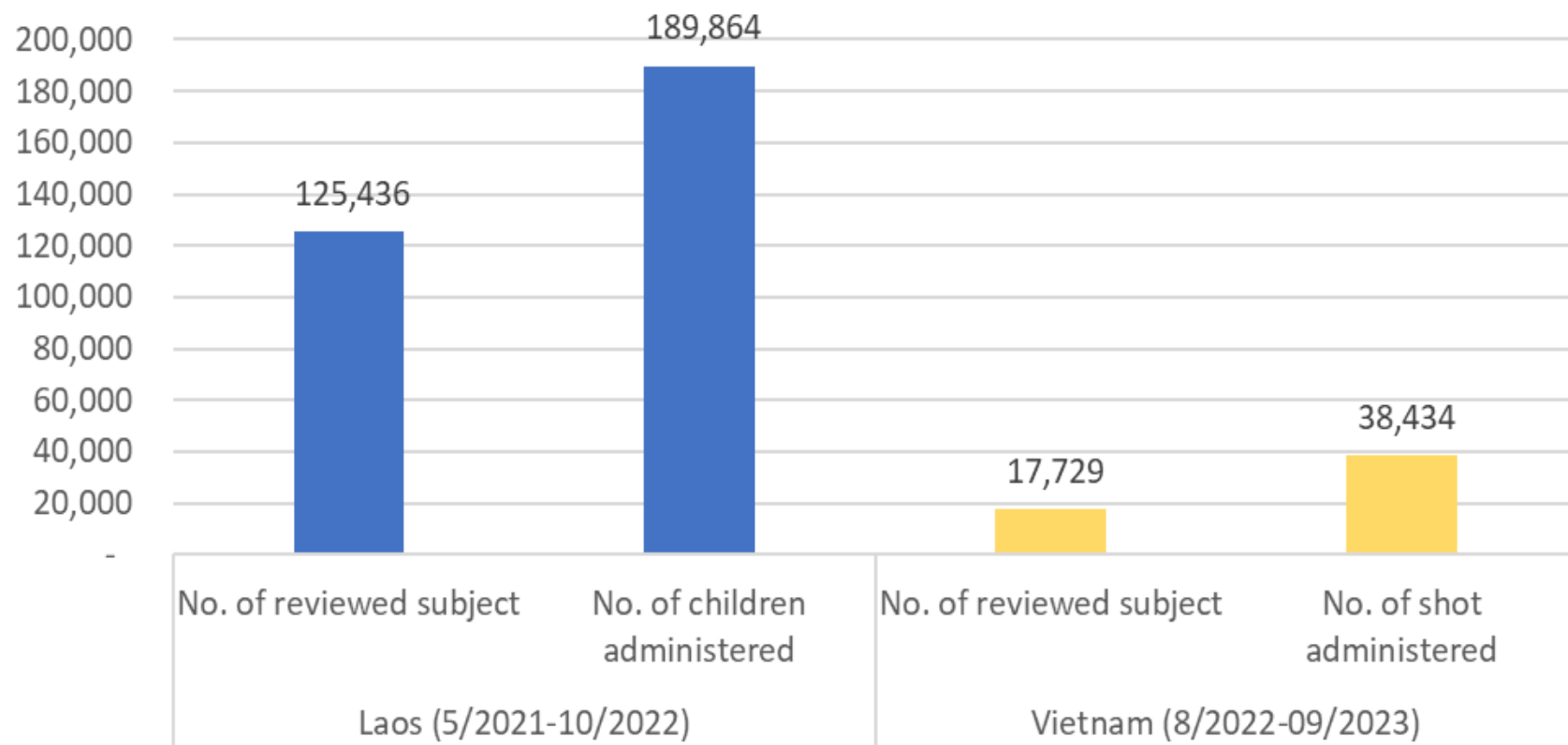
★ Data as of May 2023

* Data as of September 30, 2023

Impacts on the JE vaccination coverage



Number of vaccine doses administered with PATH support



Lessons learned

1. Establish committees and promote coordination
2. Train staff on various immunization aspects.
3. Provide continuous training through e-learning platforms and job aids
4. Generate vaccination lists through data review and develop microplanning digital tools
5. Utilize mobile campaigns in remote and difficult sites.
6. Training on data quality, utilize electronic registries (NIIS, DHIS2), and develop additional reporting mechanisms
7. Organize diverse platforms for sharing lessons



Discussion



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Thank You!

Tosin Ajayi, tajayi@clintonhealthaccess.org

Jocelyn Powelson, jocelyn.powelson@villagereach.org

Dung Chi Tham, dtham@path.org