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Immunization Programmes That Leave No One Behind

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Community Health Workers & Person- Centered Care: Key to Increasing Vaccine Coverage and Equity

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Community Health Workers role in providing person-centered immunization services.

- **Convenience:** outreach, service integration
- **Trust:** education, local, perceptions
- **Acceptability & uptake**



Image Source: John Snow Inc

Let's hear from a CHW!

Chisomo Boxer, Malawi

Health Surveillance Assistant (HSA)

- What immunization services do HSAs provide?
- What are some of the challenges they face?
- What types of support do CHWs need to be successful?



CHWs administer vaccines in 20 countries



Community Health Workers as Vaccinators: A Rapid Review of the Global Landscape, 2000–2021

Read the full article in
Global Health Science & Practice
<https://www.ghspjournal.org/>

A role for CHWs as Vaccinators



- Unique ability to access under-immunized and zero-dose communities
- Trusted members of the community
- Most already promote vaccination
- Administer injectable contraceptives in some countries
- Women, and have access to households

So why not?

- Not legal in most countries
- Lack of global guidance on *HOW* to leverage CHWs as vaccinators

Malawi CHWs as Vaccinators Research: Key Findings

Efficiencies for HR and service delivery

- CHWs in Malawi provide “Wraparound immunization services” including registration, administration, referrals. No nurses/other health workers are needed to support them, freeing nurses up for other tasks

HSAs are trusted as vaccinators

- Communities know and regularly see CHWs in their communities, they view CHWs as trusted vaccinators and service providers

Support is pre-requisite for success

- National CHW cadres can successfully be trained, supported and supplied with immunization products to support routine immunization but having the right supportive infrastructure in place is key to their success.



“[If] another person goes there with the vaccine, people will not receive it but if it is an HSA, they say our doctor has arrived.”



A Co-Created Intervention

Project Approach

- Phase 1: Identify
- Phase 2: Co-design & implement
- Phase 3: Evaluate

The intervention enhances CHWs role in routine childhood immunization through four key components to improve each step of the immunization journey

- Training of CHWs, Health Workers and Community leaders on interpersonal communication and vaccine counseling
- Immunization education to improve caregiver knowledge & agency
- Mobile brigade prioritization to improve immunization access to the hardest to reach
- Monthly collaborative immunization planning to improve coordination & communication between health facilities & communities

Partners:



CHW Role in Immunization Activities

Before Intervention

- Very little knowledge and skills about related to **routine immunization** education and promotion
- Little to no **direct involvement** in **immunization** activities
- Very little **training** and support regarding immunization

Intervention

- **Improved skills, knowledge and agency** to deliver key immunization messages aimed at addressing caregivers identified barriers
- **Active involvement** in planning immunization activities
- **Proactively tracking defaulters** building off from the Red/Rec Strategy
- **Active involvement in mobile brigade outreach** and communicating the date, time and place to communities in advance

“..my level of knowledge around immunization actually changed a lot...improved a lot, a lot”. (CHW)

[the intervention is] ...spreading messages about vaccination, almost every month we have sessions/meetings with the focal points, where we discuss/dialogue about the community's problems, I can say that the focal points [CHWs] are our Icebergs in the community], as they are constantly in the community and bring us everything that happens there". – Health Facility Worker



In Kenya and Uganda, CHAI strengthened community engagement platforms to identify and reach under-vaccinated children



Kenya: Strengthening defaulter tracking through CHWs

In Kenya, CHAI established community engagement platform in 76 HFs in 2 counties to improve defaulter tracking, working with CHWs and leaders

- *Between Q2 2021 and Q1 2022, the success rate of defaulter tracking increased by 50pp, primarily led by the increased effectiveness of CHVs*
- *Community engagement platforms also allowed for engagement on other PHC services including malaria, deworming, FP, ANC*



Uganda: Monitoring care-seeking behaviors through registers

CHAI used existing immunization registers to identify communities with low coverage to guide targeted community engagement activities and outreach services.

- *Resulted in significant improvements in DTP1, DTP3, MR2 and HPV2 coverage in previously low performing focal districts .*
- *It is also notable that these districts demonstrated higher resilience to the impact of COVID compared to non-intervention districts*

Recommendations

- Using PCC principles to define specific strategies to the lived experiences of individual, families and communities, e.g., exploring the role of convenience
- Scaling platforms and approaches that foster understanding of caregivers' care seeking behaviors are crucial for designing person centered services
- Reforming systems (e.g., coordination platforms, integrated planning, integrated supply chain & distribution, financing) are pivotal for supporting sustainable integration of services/bundling of services at the point of delivery.

Improving trust through person-centered care

Person-centered care plays an important role in **establishing trust and confidence** in the health system and **influences the use of services** by clients. For example:



A **positive**, person-centered immunization service experience...

...can contribute to **confidence, acceptance, demand, and uptake** of vaccination.



A **negative** experience...

... could result in **mistrust, refusal, or lack of participation** in immunization or other primary health care services.

Improving trust through person-centered care



In **Nepal**, communities—with the support of local government—have built more than 7,000 EPI outreach clinics that ensure **health workers and communities** have a covered, safe space for vaccinations, as well as other services. Locating immunization services in a dedicated, safe and reliable space is felt by respondents to have **increased trust in the system** and demand for services.



In **Kenya**, CHWs are **trusted and respected members** of the community. The engagement of CHWs in community-based education campaigns and the promotion of MNCH services has facilitated Kenya's **high uptake of immunizations**, malaria prevention, and other services.

Examples from:

https://demandhub.org/wp-content/uploads/2022/06/Immunization-Service-Experience_Kenya.pdf
https://demandhub.org/wp-content/uploads/2022/06/Immunization-Service-Experience_Nepal.pdf



Pushkar Khanal JSWC/CNCP

Recommendations- CHW support needs

How can we support CHWs to improve immunization accessibility, acceptability, & demand?

- Recognition by MoH of CHW contributions
- Pay CHWs salaries #PayCHWs
- Regular training and supportive supervision
- Arm them with digital tools
- Consistent supply of immunization products #supplychws





Thank You!

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