

# Bate-Papo Vacina!

Let's talk about vaccines! A community-driven solution description to reduce vaccine drop-out



## Introduction

Vaccines help people of all ages live longer, healthier lives, preventing between 3.5-5 million deaths every year<sup>1</sup>. Despite this success, vaccine coverage has dropped in recent years due to disruptions from the COVID-19 pandemic, with 25 million children not completing their recommended immunizations in 2021<sup>1</sup>. In Gile and Namarroi Districts in Mozambique, where VillageReach conducted our study, nearly 20% of children who start routine childhood immunizations don't complete them<sup>2</sup>.

To address vaccine drop-outs in Mozambique, VillageReach is working with district health authorities, community health workers (CHWs) or Agentes Polivalentes Elementares (APEs), health care workers (HCWs) and community leaders in Namarroi and Gile Districts in Zambézia Province to reduce under-two immunization dropout. Our solution was co-developed with community leaders and advocates with caregiver voices at the center of our work. By doing this, we're building a people-centered solution that fosters active community participation and reflects community needs and preferences.

### WHERE WE'RE WORKING



## Solution overview

The solution will be piloted for one year and has three main components – immunization education, mobile brigade prioritization and collaborative immunization activity planning. It is part of a larger five-year project in Mozambique and Malawi, where VillageReach has collaborated with provincial and district health authorities, HCWs, community leaders and caregivers to conduct a community-based participatory research (CBPR) study and human-centered design (HCD) to understand the barriers to completing full vaccination schedules for children and identify community-driven solutions to improve vaccination.

VillageReach began solution implementation in August 2022, across 11 sites in Gile and Namarroi, as shown in Figure 1.

<sup>1</sup> World Health Organization. (n.d.). *Vaccines and immunization*. Vaccines and Immunization. Retrieved September 9, 2022, from <https://www.who.int/health-topics/vaccines-and-immunization>

<sup>2</sup> 2 DPS Zambézia. (2019). Relatório anual de 2019 do Programa Alargado de Vacinação. Direcção Provincial de Saúde de Zambézia

Figure 1: Solution implementation overview in Gile and Namarroi



VillageReach’s three solution components – immunization education, mobile brigade prioritization and collaborative immunization activity planning – aim to address barriers to full vaccination in children under two in Mozambique.

## Immunization education

Compared to other parents or guardians, mothers hold the primary responsibility to vaccinate their children in Mozambique, limiting full community involvement in – and potentially access to – childhood immunizations. Additionally, our research identified that confusion about immunization schedules, uncertainty about where on a child’s body the vaccine should be given and fear of side effects are barriers to childhood vaccinations in Mozambique.

To address existing health information barriers and social norms, we developed pictorial cards with Digital Medic that health workers and APEs will hand out to caregivers during one-on-one and group education sessions. Larger versions of the cards will be posted in health facilities for use during group education sessions and the AloVida hotline number is included for more information if needed.



These pictorial cards contain the following key messages:

- Routine immunization schedules
- Vaccine side effects and how to treat them
- How to involve other family members in the immunization process

We will focus the messages to health workers, APEs, pregnant women, caregivers of children under the age of two and their families.

## Mobile brigade prioritization

Mobile brigades can be a key provider of immunizations in hard-to-reach communities in Mozambique. However, we've identified inconsistent and unequitable execution of these services; a lack of immunization dropout data and insufficient resources to execute mobile brigades in all planned communities result in brigades disproportionately serving the easiest to reach areas rather than the areas most in need.

Ord	HF Name	Community Name	Distance (Km)	# of Dropout	# of Pregarancies	APE Name
1	Ntxotxa		3			Luís
2			9	7	4	Marta
3			12	6	3	António
4				2	5	Carlota

By optimizing mobile brigade outreach with a mobile brigade prioritization tool, we can improve equitable immunization access for underreached communities and ensure optimal utilization of immunization resources. To do this, we will implement the following:

*VillageReach's mobile brigade prioritization matrix prototype*



### Health facility meetings

Every month, each health facility will meet with their APEs and community leader/REDREC (Reach Every District/Reach Every Community) representatives.



### Summary of data

APEs and health facility workers will summarize the data from their respective REDREC books. APE community data will be included in this tool.



### Community prioritization

Each month, APEs and health facility workers will use the tool to select the communities for mobile brigade outreach based on which communities have the highest number of dropouts and are the furthest away from the health facility.

VillageReach will provide all relevant tools and resources to support these meetings and encourage engagement and attendance.

## Collaborative immunization activity planning

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In addition to inconsistent execution of mobile brigades in Mozambique, poor communication between health facilities and communities about when and where mobile brigades are taking place contributes to decreased community access.

Stronger communication and collaboration between APEs, HCWs and community leads are required to improve these services. We will hold monthly collaborative planning meetings between APEs, HCWs, the elected community lead and REDREC focal points (in Namarroi only) and apply key considerations, including:



### **Health facility ownership**

Each health facility is responsible for coordinating the group and their activities.



### **Information sharing**

After each meeting, APEs and community leaders will share mobile brigade plans with communities as well as communicate any other relevant immunization information.



### **APEs as a key partner**

APEs will play a more active role in planning and executing mobile brigades, including deciding where in the community mobile brigades will take place, alerting caregivers and community influencers of upcoming mobile brigades and providing immunization education during mobile brigades.

During these monthly meetings, the group will present the monthly report, evaluate mobile brigade performance, plan upcoming mobile brigades using the prioritization matrix and discuss other immunization activities or issues.

## What is next?

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As a part of the implementation, we conducted two training workshops in August with APEs, health workers and community representatives. EPIs facilitated the interactive workshops, which focused on how to carry out the three intervention components.

We are working closely with district and provincial EPI and departments of health to integrate activities into existing programs and materials. Included in this will be a refresher on REDREC. We will visit each health facility quarterly to gather routine monitoring data on the intervention and check-in on the status of the intervention, as well as identify opportunities for improvement and ongoing intervention sustainability.

The University of Western Cape (UWC) is our evaluation partner; they will evaluate the impact of the intervention on under two routine immunization coverage, the improved effectiveness and equity of mobile brigade execution, and they will identify and apply best practices for engaging communities on childhood immunization uptake.

*For more information about the Bate Papo Vacina! (Let's talk about vaccines) program, please contact Emily Lawrence, Senior Manager, Research, Evidence and Learning at [emily.lawrence@villagereach.org](mailto:emily.lawrence@villagereach.org).*