



# Let's Talk About Vaccines (Bate Papo) Approach

MALAWI RESEARCH - KEY FINDINGS

# Introduction

VillageReach and the Malawi Ministry of Health (MoH), through the Expanded Programme on Immunization (EPI), designed and implemented a community based participatory research (CBPR) and Human Centered Design (HCD) approach to identify context-specific drivers of why some children under two are not completing their full immunization schedule, and to identify some scalable solutions to improving this in Lilongwe and Mzimba districts in Malawi. This is important to ensuring children protection from preventable deadly diseases such as polio, tetanus, diphtheria, measles, mumps, and whooping cough in Malawi.

## Project Approach

The Bate Papo project was conducted by VillageReach with design and implementation support from MoH (through EPI) and funding support from Wellcome Trust. The University of Western Cape is providing technical support and will be conducting an evaluation of the approach and the solution within the next two years. This project is rooted in a participatory approach; caregivers based in Lilongwe and Mzimba North study districts were trained as researchers to collect and analyze the data. Data was collected via photo-narrative interviews with caregivers and through interviews, SMS exchanges and observations with Health Surveillance Assistants (HSAs). Finally, VillageReach facilitated HCD workshops in Lilongwe and Mzimba North study districts, bringing together caregivers, HSAs, district EPI leadership, and other stakeholders to co-design solutions that will facilitate full vaccination.

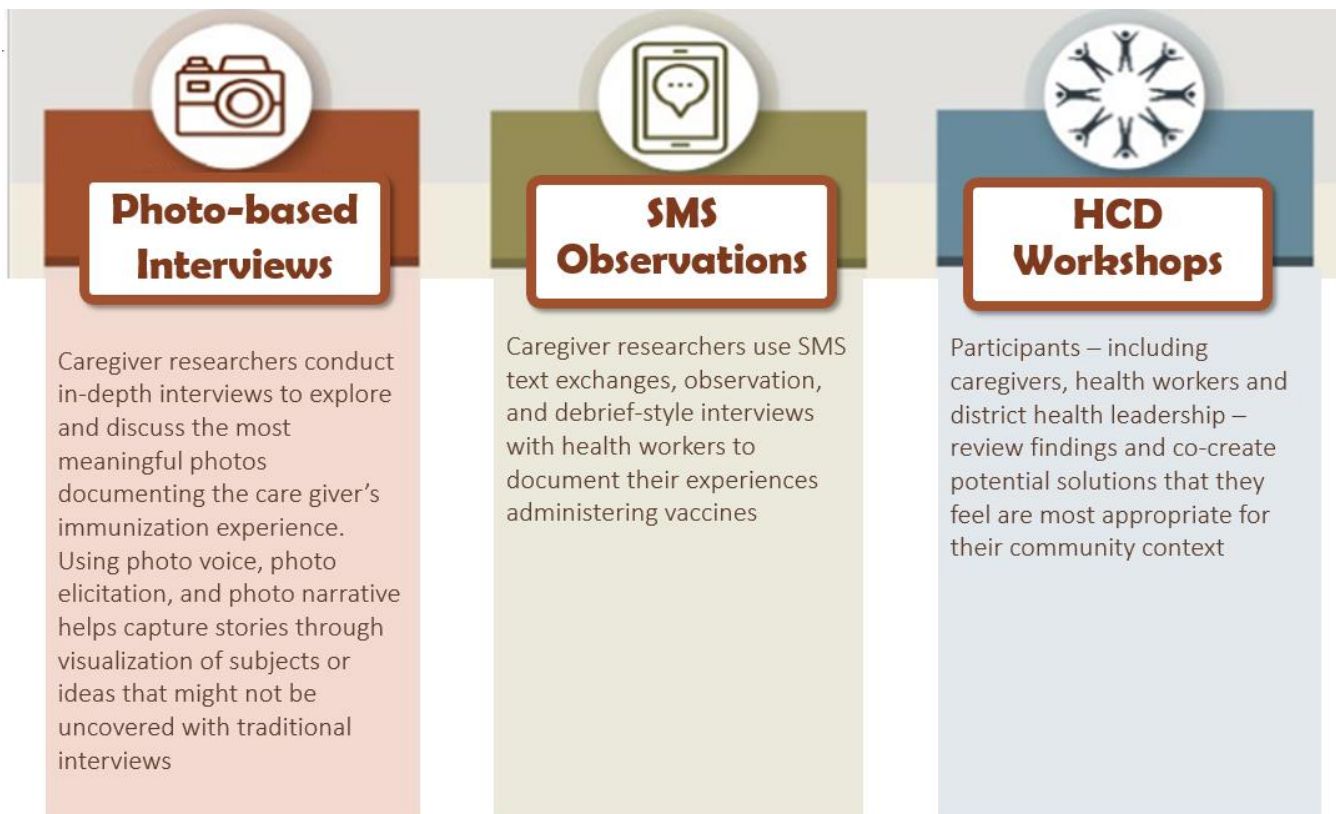


Diagram 1: Shows how data was collected and solutions co-designed.

## METHODS

Caregivers based in the study districts were trained as researchers. The research included a number of interviews, SMS exchanges and HCD ideation workshops:

Photo-narrative interviews with caregivers of fully and partially vaccinated children	Interviews, SMS exchanges, and observations with health surveillance assistants (HSAs)	Human Centered Design (HCD) ideation workshops with caregivers, HSAs, and other stakeholder
n=50: n=12 fully vaccinated; n=38 partially vaccinated	n=20	n=2

## Key Findings

Since its launch in the two districts in May 2022, the Let's Talk About Vaccines approach has helped to identify five key drivers of under-two vaccine dropouts over the course of the routine immunization journey and some critical solutions to help close the gap of childhood immunization access and uptake in the study locations of Lilongwe (urban) and Mzimba North (rural).

The five drivers of under-two vaccine dropouts in Lilongwe and Mzimba North that were identified through the research are:

### 1. POOR KNOWLEDGE OF THE VACCINE SCHEDULE

Lack of, or poor knowledge of the vaccine schedule or how many vaccines are needed for full protection can cause caregivers to miss the final vaccines.

*"They did not explain [the schedule], if they did I would have followed the right procedure because they would tell me to go in such a month on such a date. If he had explained clearly I would have followed properly what they were telling me."*

*- Caregiver from Lilongwe*

### 2. CAREGIVER'S PERCEPTIONS, FEAR

Caregivers' perceptions that vaccination is mandatory can make them afraid to approach health workers or return to the facility off-schedule or without a health card.

*"My child did not complete the last vaccine. I lost the book, but even when I saw the doctors I was not asking [about the vaccine]. I was so afraid that if I asked, the person was going to shout at me or even insult me a lot."*

*- Caregiver from Lilongwe*

### 3. RUMORS AND NEGATIVE PERCEPTION OF REPEAT VACCINES

Repeat deliveries of vaccines and introduction of new vaccines can lead to concerns about too many vaccines and drive rumors that lead to hesitance.

*"[During the campaigns], some caregivers are welcoming but some refuse saying that we all know that we receive vaccines at the facility so why have we decided to go to their homes to deliver the vaccines. So they [caregivers] find this unusual and most say then there is something we have put in the vaccines so most of them feel like we are forcing them to do so [vaccinate]"*

**- HSA from Mzimba North**

### 4. HIGH OPPORTUNITY COST PER TRIP

Each trip to the facility has an opportunity cost, which grows when caregivers experience long wait times or don't receive services (e.g. due to stockouts). For some caregivers, the cost of the trip in terms of time or monetary expense outweighs the perceived benefits of the vaccine.

*"Most women miss their children vaccine because the hospital is not always punctual. They open late and some of us have commitments like small businesses and sometimes we fail to go to the hospital thinking about how inconvenient it gets when we wait too long... When you want to go there the next time you have in mind that if I go there am I going to get assisted in good time?"*

**- Caregiver from Lilongwe**

### 5. COMMUNITY NORMS PLACE THE BURDEN OF VACCINATION ON THE MOTHER

While social support and community mobilization facilitate the vaccination process, community norms still place the burden of vaccination largely on the mother.

*"I have no one here helping me with the twins... It is challenging for me to carry them and also looking at the distance and having to carry two children by myself."*

**- Caregiver from Mzimba North**

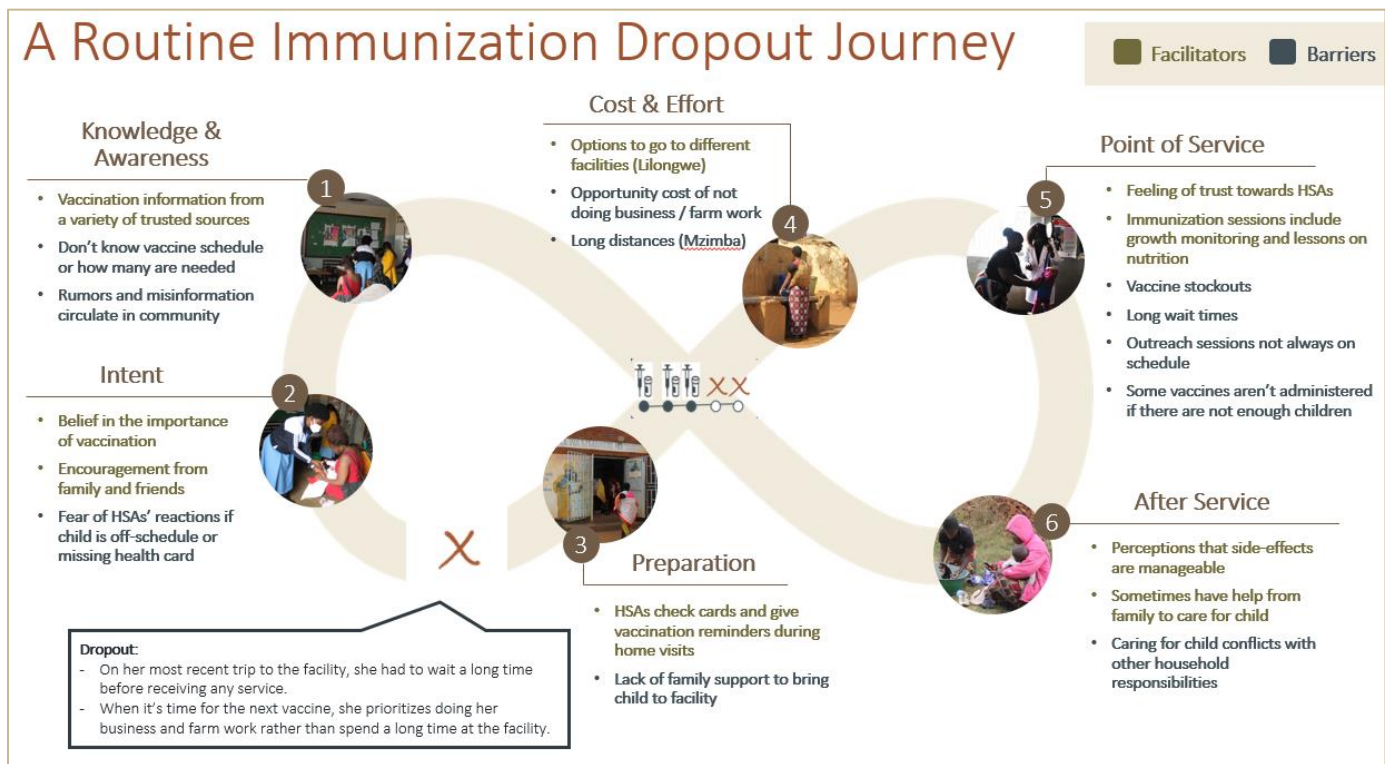


Diagram 2: Shows the immunization dropout journey, which has six parts. We identified five drivers of dropout that occur during this journey

## Select solutions

In a workshop to come up with ideas to address the challenges, participants ranging from caregivers, HSAs, district EPI leadership, and other stakeholders came up with the following ideas that they felt were most appropriate for their community context and to facilitate full vaccination:

- Train and motivate HSAs to provide vaccination education for caregivers and to communicate with caregivers in an empathetic and kind manner
- Improve community mobilization around vaccination uptake through the involvement of Volunteers and community leaders and through methods such as drama groups or songs and photos
- Increase engagement with men so that they have knowledge about the vaccination process and schedule and feel encouraged to take more responsibility over the vaccination process
- Train health workers on data management so that they are better able to manage vaccine stocks and have better processes to get more vaccines when stocks are running low
- Provide motivation, organization and resources for HSAs to be able to start immunization sessions on time at both static and outreach facilities.

# Conclusion

The project findings show that lack of knowledge about the vaccination schedule or misunderstanding about the need to complete all vaccines for full protection can cause caregivers to drop out, especially after encountering stockouts. Vaccine stockouts and wait times cause caregivers to lose motivation to return to the health facility especially since each trip to the health facility is associated with high effort and opportunity cost. Family support throughout the vaccination process is critical, and caregivers who lack that support face many additional barriers due to conflicting responsibilities and other extenuating circumstances.

These findings will guide future improvements to ensure children under two are completing their full immunization schedule. The complete study report is available upon request.

# Acknowledgements

The 2022 Bate Papo project was conducted by **VillageReach** with design and implementation support from **MoH** through **EPI**, funding support from **Wellcome Trust** and technical support from **The University of Western Cape** to conduct any future evaluation.

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Visit the **VillageReach website** on [www.villagereach.org/project/bate-papo-lets-get-vaccinated/](http://www.villagereach.org/project/bate-papo-lets-get-vaccinated/) to learn more about the Let's Talk About Vaccines (Bate Papo) project.

For more information about our participatory research projects at VillageReach, contact Emily Lawrence [emily.lawrence@villagereach.org](mailto:emily.lawrence@villagereach.org)

