



Strengthening Immunization Service Experience

KENYA

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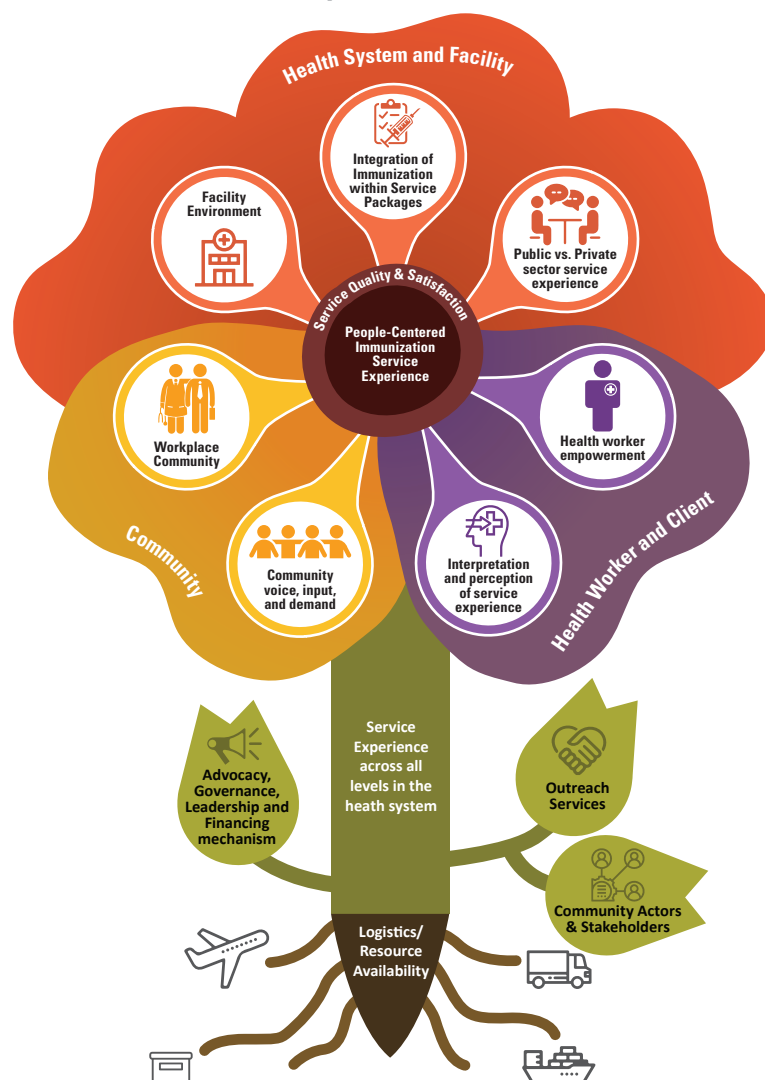
BACKGROUND AND INTRODUCTION

After rising for more than two decades, routine immunization coverage rates began to stagnate in 2010, with an estimated 19.4 million children under the age of one not receiving basic vaccines in 2018. While immunization services have historically focused on supply and delivery functions, inequities have highlighted the significance of demand generation – and the need for a people-centered model that incorporates health worker and client perspectives and needs – for more positive immunization service experience.

Partners in the Demand Hub Service Experience Workstream are collaborating to inform a new direction in people-centered quality immunization service delivery and re-orient immunization services to include caregiver, client and health worker perspectives and needs.^a In support of this effort, John Snow Research & Training Institute, Inc. (JSI), in collaboration with Gavi, the Vaccine Alliance, consolidated existing knowledge and conducted rapid learning around immunization service experience at global and regional levels through desk reviews and key informant interviews (KIs). Results from these KIs were organized into nine main themes, as shown in Figure 1.^b

These themes formed the basis for additional insight gathering in four countries, including Kenya. To understand if and how the global and regional findings resonate in country (and efforts underway in Kenya to address the immunization service experience), in April and

Figure 1. Key components of a positive, people-centered immunization service experience



a For more details on the Vaccination Demand Hub Service Experience Workstream, visit: <https://www.demandhub.org/service-experience/>

b The nine components include: service experience across the levels of the health system; quality of the interaction and service provided; integration of immunization within a package of services; public vis à vis. private sector experience; facility environment; interpretation and perception of service experience; health worker empowerment; community voice, input, and demand; workplace community. After insight gathering in Ghana, Kenya, Mozambique, and Nepal, additional components were added.

May 2020, JSI conducted a review of the grey and peer-reviewed literature to gather the following information:

- The experience of clients and caregivers in the healthcare system
- Health system and facility factors that affect the immunization service experience
- Health worker and client factors and perceptions that impact service delivery and experience
- Community contributions to service design and delivery

The published and grey literature were identified through a web-based search and gathering suggestions from key stakeholders. The search, which yielded over 80 documents, focused on immunization issues as well as maternal, newborn and child health, HIV/AIDS, family planning, and antenatal care.¹

This case study shares findings from the literature review and offers practical recommendations to improve the immunization service experience for clients, caregivers, and health workers in Kenya.

FINDINGS AND DISCUSSION

OVERARCHING THEMES

Service experience across all levels of the health system

As detailed in Table 1, improving the immunization service experience for clients, caregivers, and health workers requires addressing factors related to the health system, health providers, and clients/caregivers.

National policies and initiatives that address the immunization service experience can pave the way for a more people-centered service model. Unfortunately, neither the Kenya Health Policy 2014–2030 nor the Kenya Community Health Policy 2020–2030 addresses the immunization service experience. Likewise, the National Policy Guidelines on Immunization and the Immunization Manual for Health Workers do not touch on the service experience.

At the subnational level, health providers must have a role in decision-making, problem-solving, and championing change to improve the immunization service experience. Current protocols and tools don’t often support decision-making at the facility level; however, health providers know the needs of the clients, facility, and their own cadre of health workers and are potential change agents and opinion leaders able to facilitate service improvements.

In addition, poor communication and insufficient provision of health information have been shown to result in clients’ not understanding the purpose of treatment.² It is notable that the most disadvantaged and disempowered tend to experience poorer quality of service. One study showed that children in a Nairobi slum whose mothers were single, had limited or no education, or were older than 35 had comparatively lower vaccination rates.³ Higher maternal literacy levels result in greater child



Table 1. Factors Influencing the Immunization Service Experience

HEALTH SYSTEM FACTORS	PROVIDER FACTORS	CLIENT/CAREGIVER FACTORS
<ul style="list-style-type: none">• Infrastructure• Equipment and stock availability• Leadership and governance• Staffing	<ul style="list-style-type: none">• Basic training and skills• Access to guidelines and job aids• Attitude• Interpersonal communication	<ul style="list-style-type: none">• Empowerment• Improved socio-economic status• Bargaining power

It is essential to involve health providers in planning for service improvements. They can identify barriers that may hinder success and essential resources for fostering change and solutions (e.g., competency building, recognition, remuneration, training).

Policy changes to improve the service experience must be accompanied by sustainable staffing and adequate funding and infrastructure.^{5, 6}

vaccination rates, most likely because literate mothers can read and understand the importance of vaccination.

Communication about immunization services should be conducted in a manner that engenders caregivers’ trust in and understanding of the care provided. Communication should emphasize the value of vaccines and the potential consequences of not vaccinating or not vaccinating on time. Depending on the caregiver’s needs, written materials (including the Maternal and Child Health booklets), and graphics and videos can be used to reinforce messages.⁴

Quality of the interactions and services provided

The health system in Kenya contains gaps in basic infrastructure, the quality of medical equipment, the availability of drugs and medical supplies, and providers’ diagnostic accuracy and adherence to clinical guidelines. The literature suggest that interactions with a health worker can influence the client’s perception of quality of care and affect health-seeking behavior. If a health worker is insensitive or lacks empathy toward a patient, the patient may feel diminished and disrespected and be less likely to return for subsequent vaccinations.³ Interpersonal communication skill building for health workers is a promising approach to enhancing health worker-caregiver interactions.

It is important to identify and—to the extent possible—address the supports health workers need to provide quality care. While the 2003 introduction of free maternal services improved women’s access to care, because it was not associated with increases in staffing and medical equipment, it resulted in resource shortages (especially in rural and under-resourced areas), demoralized staff, and compromised quality of care.⁵

Demographic factors can also influence the service experience and quality of care. Marginalized groups, such as the poor, unemployed, illiterate, and younger and unmarried women, are more likely to receive care of inadequate quality. Efforts must be made to improve the quality of care to these populations.



BOX 1. PUBLIC AND PRIVATE CLINICS IN URBAN SETTINGS

Some urban slums do not have easily accessible public health facilities. Clients and caregivers in these settings must rely on private practitioners, who are often unregulated and considered to offer substandard, relatively expensive services, thus resulting in low rates of fully immunized children.⁹ Increased coverage in slum areas has been linked to implementation of outreach services.¹⁰ These realities suggest that addressing service experience in urban settings requires a variety of approaches, such as increased access to public services; coordination between public and private sectors for provision of immunizations at minimal cost; and appropriately designed outreach services.

Table 2. Attributes of Public and Private Facilities and Recommendations for Improvement

TYPE OF FACILITY	COMMON ATTRIBUTES	RECOMMENDATIONS FOR IMPROVEMENT
Public	<ul style="list-style-type: none">• Better medical quality• Comprehensive counseling• Better screening	<ul style="list-style-type: none">• Support and training for interpersonal communication, customer-centered service delivery and efficiency• Adequate compensation
Private	<ul style="list-style-type: none">• Cleanliness• Convenience• Short waiting time• Courteous and respectful	<ul style="list-style-type: none">• Increased government support and collaboration for technical standardization (skills, knowledge, and practice)• Adequate supply of critical equipment

Capacity building, on-the-job support, and peer mentoring on technical, management, and communications skills can build health workers' capacity to deliver people-centered services. This approach requires that district and health facility managers improve their skills in these areas to mentor health workers and hold them accountable.



HEALTH SYSTEM AND FACILITY THEMES

Public vis-à-vis private sector experience

Immunization services are typically provided free of charge in public health facilities, while a limited number of private facilities provide immunization services.³ Some clients and caregivers choose private facilities for the convenience, cleanliness, and comfort of the facility, the timeliness of service, or the availability of vaccine supplies and commodities.⁷ While it is generally accepted that public facilities have longer waits for services (and providers who are overworked and may be insensitive), clients and caregivers tend to have more confidence in their technical skills and medical services. Private facilities, on the other hand, are believed to prioritize profit over quality.

Public sector health workers' workload and compensation must be addressed by the health system, given that these factors presumably contribute to clients' dissatisfaction about workers' attitudes and inefficiency. A greater focus on client-centered service provision would benefit both public and private sectors. In this approach, the focus is on the perspective of the client, and the societal and cultural dynamics of the patient-provider relationship are taken into consideration. Table 2 summarizes the leading reasons clients and caregivers choose public or private facilities and key areas for improvement.



Facility environment

Facilities that are clean and offer private, comfortable exam and service rooms are critical to client and caregiver satisfaction. Inadequate space, crowding, and poor sanitation can cause dissatisfaction with the facility.⁶ Simple changes that make facilities more welcoming and organized, as well as ensuring privacy during immunization sessions, can help to improve clients' and caregivers' service experience.

HEALTH WORKER AND CLIENT THEMES

Interpretation and perception of service experience

Clients and providers often have different perceptions of the service experience. For example, in one study, providers attributed poor person-centered care to both individual provider and facility/systemic factors (e.g., insufficient staff), while clients focused on their perceptions that the care was lacking in respect, dignity, good communication, and autonomy.¹¹



When the client and health provider share social characteristics (e.g., age, gender, educational level, socioeconomic status), clients tend to be more satisfied with the services provided.¹¹ Supporting the development and resourcing of health care providers who come from the community where they work can strengthen the service experience.

Health worker empowerment

Health workers who feel empowered and supported by the system to carry out their work contribute to a more positive immunization experience for all. The following are strategies for enhancing health worker empowerment.

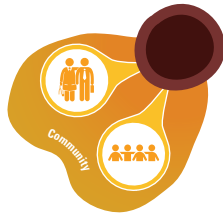
- **On-the-job support and feedback:** In one study assessing health worker competence, providers expressed great satisfaction at having received just a few minutes of feedback and guidance from assessors. Participants' response to this limited input suggests that a minimal investment in training could improve the quality of care provided.¹²
- **Availability of technical resources:** Inadequate guidelines and equipment hamper providers' ability to render quality service.¹¹ Providing health workers with guidelines, job aids, and ongoing supervision can help to improve their knowledge, skills, and interactions with clients. The internet can be a vehicle for disseminating tools, conducting training, and facilitating peer mentorship.¹³
- **Availability of supplies:** Policy changes that afford health facility managers the flexibility to purchase essential drugs and operational

supplies with local funding could help to ensure that services do not fail when bottlenecks arise in national and county-level procurement.

COMMUNITY THEMES

Community voice, input, and demand

Kenya's national policies and strategies recognize the importance of community voice, input, and demand in the health system. Kenya's revised but not-yet-released Community Health Strategy aims to build the capacity of households to demand health services and understand their rights to equitable, good quality health care.¹⁴ Implementation of this strategy is likely to be challenging because the metrics for assessing health facilities often do not align with community priorities. Given that creating community demand for health services must be matched with the availability of improved services, when the health system is unable to meet community expectations community trust in the health system can deteriorate, leading to decreased demand for services.



As trusted members of the community, community health workers (CHWs) are geographically and socially well-positioned to promote and provide maternal, newborn, and child health (MNCH) services. 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.¹⁵ Establishing community-based governance structures to organize and coordinate the activities of CHWs is crucial.

Workplace community

The literature describes existing and emerging platforms that health workers can use to exchange ideas, learn from their peers, and cultivate workplace community and support, all of which can contribute to a more positive and people-centered experience for all.

- **Professional associations:** These groups conduct member education seminars and conferences that provide opportunities for professional development (a requirement for retention of health worker certification) and a platform for networking across the country. Involvement of key associations, like the Kenya Academy of Pediatrics and others that work with adolescent and women's health, can help with competency building to improve immunization service experience.
- **Communities of practice:** Communities of practice (COP) are groups of individuals who interact on an ongoing basis around a topic of shared concern, with the goal of increasing their knowledge.³ While organized COPs are not common among health professionals in Kenya, one study found that tacit knowledge is effectively shared through



informal networks, using the telephone, face-to-face discussions, email, social media platforms, and print materials.¹⁶

- **WhatsApp and Telegram:** Health professionals typically participate in multiple WhatsApp and Telegram groups for communication and knowledge sharing with their peers.¹⁷ In 2018–2019, JSI supported a peer-mentorship immunization project that used WhatsApp as a mechanism for networking and capacity building.¹⁸ The results included enriched interpersonal communication, increased immunization sessions, and greater health worker confidence. Improved service provision deepened mothers' appreciation of health workers and their confidence in the health system, thus boosting the confidence of health workers themselves.

RECOMMENDATIONS/NEXT STEPS

Several factors across the health system affect the immunization service experience for clients, caregivers, and health workers. Table 3 below features recommended actions to achieve a more positive, people-centered immunization service experience.

Immunization programs need to leverage social media and the internet for capacity building and knowledge sharing. There is a need to reduce reliance on printed documents in favor of using technology. National immunization programs may need technical assistance to create communities of practice and knowledge management.

Table 3. Recommendations for a Positive, People-Centered Immunization Service Experience

RECOMMENDATIONS
POLICIES AND GOVERNANCE
<ul style="list-style-type: none">• Review and adapt existing policies, strategies, and guidelines to address immunization service quality, delivery, and experience; align resource allocation accordingly. Key upcoming opportunities for multi-year resources that include operationalizing immunization service experience include the Full Portfolio Planning process, the updated Community Health Strategy, and the Effective Vaccine Management Assessment.• Develop policy and planning process through which health providers are included at various points in the development of national policies and planning documents• Review existing tools (e.g., microplanning tools) and/or develop tools to capture community input during immunization service planning and budgeting• Establish/foster community-based governance structures (and organize and coordinate activities of CHWs)—with health facilities and Impact teams—to include immunization service experience and quality monitoring
CAPACITY BUILDING
<ul style="list-style-type: none">• Conduct mapping of facility- and/or health provider-led initiatives to improve immunization service experience and quality; share innovations for potential adoption by others and approval by the system• Form Communities of Practice for peer learning and experience sharing, potentially through use of existing platforms, like the Kenya Academy of Pediatrics (suggested audiences include midlevel managers, subnational immunization staff, and health workers)• Establish peer learning and mentorship mechanisms for health workers, building on learning from pre-service,¹⁹ WhatsApp, Impact teams,²⁰ and other blended approaches• Revise health worker re-certification requirements to include continuous professional development• Re-examine existing capacity building approaches to incorporate skills building on interpersonal communication. This can include reviewing the pre-service curriculum to include service experience and quality and updating supportive supervision checklists to include interpersonal communication
DESIGN AND DELIVERY OF IMMUNIZATION SERVICES
<ul style="list-style-type: none">• Standardize technical quality across private and public facilities, including in the urban context^{21,22}• Improve the availability of equipment, guidelines, and supplies for health workers to ensure that they are able to fully perform their duties• Develop job aids/checklists for health facility managers and health workers to strengthen the immunization service experience, linked with guidance like the Immunization Manual for Health Workers²³• Implement a human-centered design approach²⁴ to involve communities in the design and delivery of immunization services, where possible; engage CHWs to support implementation of this approach
MONITORING OF IMMUNIZATION SERVICES
<ul style="list-style-type: none">• Build the capacity of facility management committees to plan, review and monitor service delivery²⁵• Establish mechanisms for clients to provide feedback on their service experience (e.g., via feedback forms, surveys, discussions during community dialogue days, phone calls); ensure regular review of the feedback²⁶• Include interpersonal communication as part of regular job assessments

CONCLUSION

Gaps in immunization coverage and dropout rates can be associated with clients' immunization service experience. A positive service experience requires that health workers use interpersonal communication skills (e.g., demonstrating respect and empathy toward the patient) and employ adaptable learning tools to improve health literacy. In addition, health providers must feel well supported by the

health system to carry out their mandate. These factors can help to create client trust in the health system and immunization services, resulting in increased acceptance and uptake of services, and ultimately, a reduction in inequities. Information can be adapted from various reference documents to improve immunization service experience in Kenya, if additional resources are made available for use by the Kenya immunization program and partners to conduct implementation research for this.

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