

Strengthening Immunization Service Experience

MOZAMBIQUE

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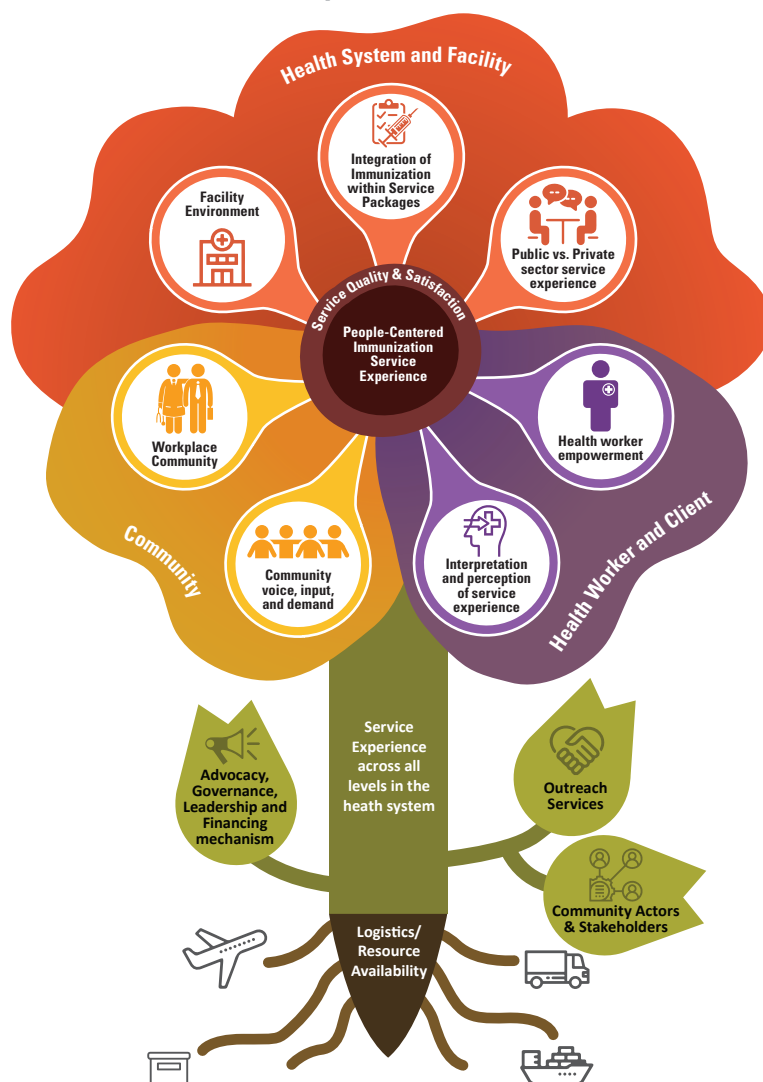
BACKGROUND AND INTRODUCTION

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 for a more positive immunization service experience.

Partners in the Vaccination 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 components, as shown in Figure 1.^b

These components formed the basis for additional insight gathering in four countries, including Mozambique. Established shortly after Mozambique's independence in 1979, the Extended Program on Immunization (EPI) saw a 59 percent increase in national immunization

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.

coverage (DPT3) between 1985 and 2019.¹ In the last five years, however, Mozambique has faced several crises and DPT3 coverage has leveled off at 88 percent,¹ suggesting the need to continue to strengthen services while also investigating what drives clients and caregivers to seek or avoid immunization services.



To understand if and how the global and regional findings resonate in country (and efforts underway in Mozambique to address the immunization service experience), in June 2020, JSI carried out KIIs on the immunization service experience with 21 participants in Mozambique. These informants were from national and subnational government, UN agencies, donors, international nongovernmental organizations (INGOs), and local civil society organizations (CSOs) and NGOs. Interviews took place virtually through Zoom, due to COVID-19 restrictions, and were recorded and analyzed to extract common themes and findings.

This case study summarizes the findings from these KIIs, including examining the immunization service experience in Mozambique, identifying successes and challenges, and providing recommendations for improvement.

FINDINGS AND DISCUSSION

OVERARCHING THEMES

Service experience across all levels of the health system

Improving the immunization service experience for clients, caregivers, and health workers requires addressing factors related to the health system, health providers, and clients/caregivers. Some challenges

affecting immunization service experience across the health system in Mozambique include:

- **Funding:** The national immunization program's dependence on external funds limits its ability to make internal decisions on program priorities. Additionally, the lack of funds available at district and facility levels affects implementation of routine immunization services.
- **Organization:** Services are not always well-organized at the health facilities due to inefficient use of resources and administrative barriers.
- **Communication:** Communication between health workers and individual clients is limited to sharing information about services and social mobilization activities.
- **Data quality:** Poor data quality inhibits the ability to understand trends and program performance and adapt accordingly. Improving data culture and health worker skills in data use and analysis, as well as electronic records for data entry and immunization data analysis, could improve data availability/quality and decision-making and be used for SMS reminders.
- **Political will:** Neither national-level discussions nor initiatives address experience of care.

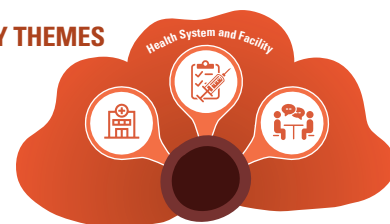
Quality of the interactions and services provided

Respondents noted that quality of the interaction during immunization services was lacking, with most facilities holding general, group lectures before the vaccination session begins. During the immunization session, it was noted that health professionals' poor attitude and communication skills affect interaction quality. In addition, clients' language, literacy, and cultural barriers may limit their ability to ask questions. Respondents recommended learning more about both the Baby Friendly Hospital Initiative and the Iniciativa Maternidade Modelo (IMM) approaches because they incorporate service quality measurement and can provide valuable lessons for immunization.

HEALTH SYSTEM AND FACILITY THEMES

Public vis-à-vis private sector experience

Respondents noted that the integration of immunization within a package of services plays a less important role in making immunization people-centered, especially at the health facility. They maintained that a good health facility environment and referral system for immunization can support people-centered services and is more appropriate than integration.



"It's important to organize resources efficiently and unblock administrative barriers and excessive bureaucracy." – KII Respondent

“The environment in the health unit is very important. It can ensure mothers’ adherence to vaccination and improve missed opportunities for vaccination.” – KII

Integration was noted as relevant only for outreach sessions where immunization often occurs in conjunction with nutrition and family planning. However, respondents pointed out that integrated outreach service quality has suffered in the following ways:

- Cancellation of outreach sessions with little or no communication
- Shortage of supplies
- Absence of a health package for adults

Thus, when considering the integration of immunization within a package of services, program planners should consider if and how integration is possible in health facility and outreach settings and how integration may affect the quality of care provided or perceived by community members.

Facility environment

Respondents noted that a quality environment at facilities and good infrastructure make conditions more pleasant for clients and support immunization activities. Challenges include overcrowding and long lines, a lack of waiting rooms and children’s playspaces, cleanliness, and lack of infrastructure for vaccinations; all of these can result in decreased demand for immunization services. Likewise, health workers appreciate clean infrastructure, readily available resources, sufficient storage space, and a good manager. As one respondent notes, “Health workers would also be satisfied and highly motivated to work in a facility with good conditions.” Health system support can ensure a good facility environment; however, respondents highlighted that natural disasters and population displacement due to political instability, often have adverse effects on vaccination infrastructure.

Public vis à vis private sector service experiences

Respondents noted that the role of the private sector in health is often neglected, but that the private sector can play multiple roles in health, with private clinics and hospitals most relevant in urban settings.

- **Private health sector:** Respondents noted that the public health sector must advocate for the provision of vaccines within private sector facilities at minimal cost. A respondent shared that the government does not supply private hospitals with vaccines. Clients must pay for them, even though they are offered free-of-charge in public facilities. As such, use of immunization services in private hospitals is low,



signaling a need to incorporate private facilities into the vaccine distribution system and a need for better coordination and collaboration between the public and private sectors to avoid missed opportunities for vaccination.

- **Broader private sector:** In addition, the broader private sector (i.e., companies) can complement vaccine and staff transportation from facility to communities to help eliminate cancellation of scheduled outreach sessions due to lack of transport or fuel. Consistent delivery of services via outreach sessions contributes to people-centered immunization services. Furthermore, larger private companies can contribute resources, as part of social responsibility programs, to a vaccination fund for vaccines and the improvement of demand and service quality. Increased supply availability supports health personnel activities and builds trust between the health system and community.

Greater collaboration between the public and private sectors can ensure that clients receive immunization services at the private facilities they attend and that there are fewer missed opportunities for vaccination.

“In our country, there is still much to do or strengthen and stimulate the private sector to offer vaccination or to contribute for the vaccine costs. The public health sector itself neglects the power and resources from private sector. Very little is devoted to advocate and energize the private sector.”- KII Respondent

“Many managers of health programs at all levels do not have management skills. I myself learned by doing and making mistakes. I never studied management, I only did medicine; and when I graduated, I was appointed as district health director and then provincial health director, without experience and no one taught me. I just learned by doing and making mistakes.”- KII Respondent



which commonly takes place through technical training, is important; however, respondents noted that recently graduated health staff exhibit gaps in knowledge and skills. This signifies that technical training school and pre-service curricula should be revised and that health workers could benefit from in-service training.

Sharing of lessons learned across different provinces and districts was also noted by respondents as a way of empowering health workers. Presenting locally designed, promising practices as a model during district, provincial or national meetings can encourage adaptation by others. One respondent noted, “There is a need to create a database of experiences or lessons learned to avoid re-testing experiences that have already been tested and also to facilitate the sharing of lessons.” Fostering peer learning builds a stronger, more supportive health workforce.

In addition, capacity building should go beyond health workers to include health managers, who often lack sufficient competencies or resources to strengthen management of health programs and personnel. They need to ensure staff accountability for delivering quality, people-centered services and provide motivation to health workers. Respondents suggested that the Ministry of Health invest in capacity building and motivation of health professionals to ensure quality of care and retention of staff.

Respondents also noted that health professionals often use personal means to carry out the work (e.g., personal phone, transport, etc.). When resources are not available through their jobs, these personal initiatives should be acknowledged by the health system. A simple recognition of the performance and dedication of the best employees is one possible form of motivation.

Logistics/Resource Availability

Essential to ensuring a positive, people-centered immunization service is the availability of vaccines and supplies through a functional supply chain and the equitable distribution of commodities. As shared by one respondent, “All of the service experience components... only make sense if vaccines and a functional cold chain exist.” If a client or caregiver is turned away from a facility due to a lack of vaccines, the result is a negative service experience and potential decrease in demand. Likewise, ensuring the availability of vaccine supplies supports health workers in carrying out their responsibilities. A functional and supportive health system is key to ensuring immunization service delivery and trust for providers and clients.

HEALTH WORKER AND CLIENT THEMES

Health worker empowerment

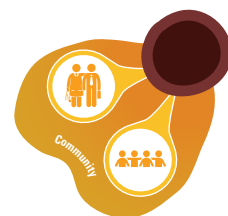
Respondents mentioned that health worker empowerment is crucial to making immunization services people-centered. Capacity building,



COMMUNITY THEMES

Community voice, input, and demand

Respondents noted that community voice and input are important to vaccine acceptance and uptake, and that the health system and partners should support efforts to ensure community contributions to the design and delivery of services. Community health meetings can be an efficient way to ensure community input and feedback. Additionally, health and co-management committees, for example, provide a structure through which the community can



“Functional health and co-management committees can be leveraged to ensure community participation in the planning of health programs as well as the monitoring and accountability of health providers.”

– KII Respondent

Table 1. Community Involvement in Planning and Monitoring Service Delivery and Quality

APPROACH	HOW IT WORKS	CHALLENGES
Immunization Program Exit Survey	<ul style="list-style-type: none"> • Mini-survey conducted outside health facility immediately following outpatient consultation. • Performed by immunization staff or students. 	Not done regularly due to lack of interest, accountability, time, or skills.
MNCH Satisfaction Cards	<ul style="list-style-type: none"> • Caregivers vote using cards (green, yellow or red) to express their satisfaction after attending the facility. • Results are compiled at the end of each month and placed in the hospital window for public access. 	No formal feedback with the communities occurs.
Health Committees	<ul style="list-style-type: none"> • Through health committees, the community participates in the planning of community health programs and in the evaluation and accountability of health professionals in a transparent manner. 	Occurs only with support from NGOs in certain communities or provinces.

participate in the planning and monitoring of health programs. However, some areas of the country lack committees; and where they do exist, they are dependent on resources outside the health system that are managed by NGOs. Thus, sustainability is often a challenge. A respondent also noted that, “Some committee members do not represent the community. Their election was not made by the community; they were elected for the health sector convenience, which weakens their recognition and functioning.” It is critical, therefore, that community representatives come from and are accepted by their immediate communities.

Community actors and influencers are also important in generating demand for immunization services and liaising between the health system and community structures. One respondent noted that these actors may or may not be part of a formal community engagement structure and should be mapped and engaged from the planning stages to ensure community input into the design and delivery of immunization services.

Measurement and Metrics

Measuring the immunization service experience is not easy given the subjectivity of service experience and differences between client and health worker perceptions. Although indicators still need to be identified and defined, in Mozambique, different methods (including and beyond immunization) exist to monitor the interactions between health worker and client and the quality of service provided. Table 1 lists these methods and accompanying challenges.

It is possible that immunization service experience indicators—upon identification and definition—could be included in these existing monitoring approaches. In addition, respondents highlighted the importance of establishing a two-way feedback system with the community, to facilitate discussion of information and results with community members for action and resolution. Small adjustments would allow for collective decision-making, enhance trust between the health system and community, and better help the health system to respond to community needs, resulting in a more people-centered service experience.

RECOMMENDATIONS

Several factors across the health system affect the immunization service experience for clients, caregivers, and health workers. Table 2 provides recommendations for a more positive, people-centered immunization service experience.



Table 2. Recommendations for a Positive, People-Centered Immunization Service Experience in Mozambique.

RECOMMENDATIONS
POLICIES AND GOVERNANCE
<ul style="list-style-type: none">• Decentralize funds to district or facilities where immunization activities take place. For example, all districts could receive funds for their approved operational plan directly, including possible partners for sub-grants to implement activities with the districts or health facilities.• Outsource services such as transportation and use of community resources (motorcycle or vehicle) as a way to involve and empower the community.• Ensure accountability of health professionals by enforcing rules and regulations to improve practices and attitudes.
PLANNING
<ul style="list-style-type: none">• Provide financial support for a bottom-up planning cycle, including funding for health committee functionality to ensure active participation of community members in the planning, implementation and evaluation of health programs.• Include key community actors in the planning process, particularly for outreach services. This can also involve private sector companies to assist with vaccine transport and social responsibility.• Ensure integration of immunization with other health programs to maximize existing funds and respond to community needs. This could include adapting learning from other initiatives, such as the Iniciativa Maternidade Modelo (IMM), to incorporate service quality measurement for immunization and other health initiatives.• Encourage health programs outside of immunization to adopt the Reaching Every District/Reaching Every Child (RED/REC) microplanning tools to improve planning, including for community involvement.
CAPACITY BUILDING
<ul style="list-style-type: none">• Update initial health professional training curricula and in-service training to improve the following skills: adaptive management, interpersonal communication, conducting supportive supervision, use of data for decision-making.• Create database of experiences or lessons learned and facilitate dissemination of knowledge across different provinces and districts via district, provincial, or national meetings to foster peer learning and stronger workforce.• Build health staff capacity in interpersonal communication and counselling, incorporating competencies in quality of care and improving service experience.• Shift well-performing health professionals with a certain set of skills and experience from one health facility to another for a period of time (or provide them with other peer learning opportunities) for capacity transfer to other colleagues.
MANAGEMENT AND ORGANIZATION OF IMMUNIZATION SERVICES
<ul style="list-style-type: none">• Develop job aid with key principles for strengthening immunization service experience for health facility managers and health workers.• Ensure consistency in service delivery by using a fixed day or calendar for outreach services, avoiding vaccine stockouts, and safeguarding health staff availability.
DATA QUALITY AND ITS USE
<ul style="list-style-type: none">• Revise immunization registers and ensure data literacy and availability of electronic recording systems at the point of care to reduce discrepancies and improve data quality. This will save time spent by health professionals in data entry to allow more time with clients.• Identify key service experience indicators and incorporate them into supportive supervision checklists and other monitoring tools, such as exit interviews, community score cards, and satisfaction cards. Establish a feedback mechanism to share information with communities for discussion and collective problem solving.• Build the capacity of frontline health workers in data quality and its use.
HEALTH WORKER MOTIVATION
<ul style="list-style-type: none">• Ensure accommodations for health personnel in rural areas, especially when they are not from the area.• Provide good salary incentives and a clear path for career promotion.

CONCLUSION

The interactions between health workers and clients or caregivers, as well as the quality of immunization service delivery, are critical to sustaining the acceptance and uptake of immunization. Health worker empowerment and motivation—through additional capacity building and peer exchange—and strengthening health and co-management committees to support community engagement and accountability also

contribute to a positive, people-centered experience. Support from the government (through human and financial services), a good health facility infrastructure and operational functionality, and availability of vaccine supplies and logistics are also important for moving toward a more people-centered approach. These factors help to create trust in the health system and immunization services --resulting in increased acceptance for and uptake of the services, and ultimately, improved equity.

Reference

1. World Health Organization (WHO). 2020. *WHO vaccine-preventable diseases: monitoring system. 2020 global summary: WHO UNICEF estimates time series for Mozambique (MOZ)*. Geneva, Switzerland: WHO. Available at: https://apps.who.int/immunization_monitoring/globalsummary/estimates?c=MOZ.

