

How Engaging Non-health Stakeholders Strengthens Immunization Performance



Implementation of RED-QI in Ethiopia and Uganda Shows Benefits in Subnational Planning, Problem Solving, Resource Mobilization, and Utilization



JSI Research & Training Institute, Inc.

BACKGROUND

Non-health Stakeholder Engagement is Essential to the Effectiveness and Reach of Immunization

While immunization programs usually receive funding from the national level to cover the costs of vaccines and related equipment, it is often political leaders and civil authorities at the district and community levels who decide on resource allocation to cover local operational costs. These “**non-health stakeholders**” also have the local knowledge and influence to help solve immunization service delivery challenges and mobilize communities to seek vaccination. Therefore, it is critical for immunization programs to engage these non-health stakeholders and collaborate with them to improve the program’s effectiveness and reach.

Who are non-health stakeholders? They can include subnational government administrators, such as chief administrative officers, chairpersons of local councils, district commissioners, and assemblymen/ women, as well as community leaders, such as parish chiefs and sub-county chiefs, church leaders, school leaders, and members of community-based organizations.

However, political and civil stakeholders may not have full understanding of the immunization program’s vital role in community well-being, the challenges it faces, and the benefits of a strong immunization system and healthy community to their own leadership. Similarly, health staff often work in isolation from political and civil structures and may lack understanding of political and civil stakeholders’ important role in funding and promoting immunization. In reality, it is common to have funding shortfalls for immunization programs at the district and health facility levels, resulting in limited services and the cancellation of planned immunization sessions which ultimately reduce the number of women and children vaccinated.

In **Ethiopia** and **Uganda**, JSI used an approach called **RED-QI** to help strengthen district, sub-district, and community-level collaboration between health personnel from the immunization program and non-health stakeholders who can provide support.



WHAT IS RED-QI?

RED-QI was developed to support full implementation of an immunization strategy called **Reaching Every District (RED)**. WHO, UNICEF, and other partners developed RED in 2002 to strengthen management of routine immunization (RI) services at the district level and below. Most African countries use the RED strategy, but some districts and facilities in different countries have had challenges in fully operationalizing it.

To address this, John Snow, Inc. (JSI), applied quality improvement (QI) concepts and tools to develop an innovative approach in 2010 to help immunization programs fully put the RED strategy into practice in a way that is sustainable and could be adapted to their local contexts through continuous learning. This approach is known as **Reaching Every District using Quality Improvement (RED-QI)**. It is important to note that RED-QI does not try to replace the RED strategy. Instead, it helps advance RED from a “what to do” strategy to a “how to” approach for strengthening the RI system.

JSI worked with the government of **Ethiopia from 2011-2021** and the government of **Uganda from 2013-2019** to introduce this enhanced approach, scaling up the projects to ultimately reach 103 districts in Ethiopia and 25 districts in Uganda.



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HOW RED-QI HELPED ESTABLISH NON-HEALTH STAKEHOLDER ENGAGEMENT IN ETHIOPIA AND UGANDA

Through RED-QI implementation, JSI has helped build the capacity of immunization personnel to identify non-health stakeholders and engage with them in identifying and prioritizing problems, analyzing root causes, crafting solutions appropriate to the local context, conducting program monitoring, helping with resource mobilization, and promoting acceptance of immunization.

Immunization personnel typically initiate engagement with non-health stakeholders by sharing and discussing immunization performance data, including non-health stakeholders on supportive supervision visits, setting up periodic review meetings, and attending district council meetings and other local meetings in which political and civil stakeholders participate.

Initially, health personnel and non-health stakeholders may question whether their engagement might bring blame or negative consequences for immunization performance challenges. But once they begin collaborating, both sides come to understand the benefits: health personnel receive the local expertise and resource mobilization needed to strengthen immunization and improve community well-being, and non-health stakeholders can report positive outcomes to their communities and the national government.

As the collaboration becomes more established, non-health stakeholders may take ownership by setting new targets for immunization coverage and providing the extra resources needed to achieve these targets.



KEY FINDINGS ON THE BENEFITS OF THIS COLLABORATIVE APPROACH

Desk review and key informant interviews show results

In 2020, JSI conducted a desk review of key project documents, data, and studies from RED-QI in Ethiopia and Uganda, as well as 28 key informant interviews (KIIs) with project officers, EPI managers, health facility managers, and immunization partners familiar with the approach's implementation and expansion in these countries. The purpose was to draw out the lessons learned and help inform how the approach can be tailored to strengthen RI in other countries. The findings showed how RED-QI helped the countries employ non-health stakeholder engagement to achieve positive results for the immunization programs.

Qualitative findings

Health workers and managers in both country programs described the positive aspects of RED-QI's innovative participatory approach to improve buy-in and ownership of health interventions and improve the likelihood of sustainability. At the district level, RED-QI's collaborative approach of engaging local authorities and health managers in problem solving, activity implementation, review meetings, monitoring, and resource mobilization was viewed as productive. In both Ethiopia and Uganda, quality improvement teams (QITs) comprised of both health staff and non-health stakeholders met on a regular basis to identify and analyze areas in need of improvement, to propose solutions, and to test change ideas.

At the health facility level in **Ethiopia**, the QITs promoted increased partnership and communication with the community, and participants cited QITs as a supportive process for decision making. This greater level of community involvement — in immunization planning and through participation in QITs (comprised of health workers and community members) — was valued by nearly all KII respondents in Ethiopia. The specific improvements they described resulting from this involvement included more accurate target population estimates; increased outreach sessions planned; local problem solving, including identifying local resources to support immunization services; and improvements in immunization service delivery.

One respondent from Ethiopia, a technical officer from a partner organization, noted, "The biggest benefit of the [RED-QI approach] is giving the clients of the system the voice that they need to critique the system, which I think is really great." Another respondent, a regional EPI officer, said, "[It is] very rewarding for [community members] to feel like they are solving problems locally; health workers also value partnerships with QITs."

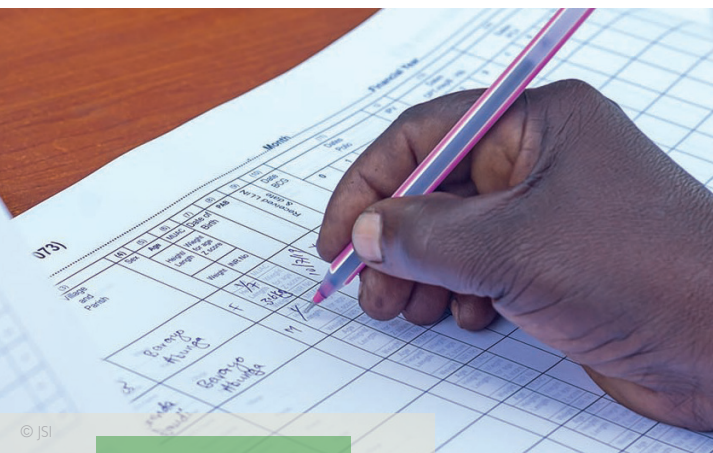
Additional Resources on Engaging Non-health Stakeholders

Mobilizing Local Support for Immunization: Experience Engaging Local Stakeholders and Leaders. Webinar conducted by Boost, Sabin, and JSI. [Click here](#) for a recording of the webinar. [Click here](#) for the presentation slides.

Mobilizing Local Support for Immunization: Experience from Uganda and Ethiopia in engaging local stakeholders and leaders. [Click here](#) for this JSI brief.

A Toolkit for Engaging Non-Health Stakeholders in Supporting Routine Immunization in Uganda. [Click here](#) for this JSI and SS4RI toolkit.

Similarly, KII respondents in **Uganda** described the positive aspects of increased non-health stakeholder engagement, such as helping to hold technical staff accountable, supporting the monitoring of immunization services, advocating for increased funding and/or providing local funds or material goods (e.g., a refrigerator or bicycle) to support program gaps, helping identify underserved communities, and planning for additional services, such as new outreach sites.



One respondent, a district manager, spoke to the long-term effect of this engagement: “Involving non-health stakeholders got them to see the value of immunization and put dedicated resources to finance [it]. This is more sustainable.”

An immunization manager from the Uganda Ministry of Health summarized a key aspect of the value of engagement with non-stakeholders, especially with local authorities: **“This approach did not circumvent the local government. Any approach that circumvents the local structures may face resentment and won’t be well-sustained...The elected people want to be relevant. When the technical people run away with the**

services, the elected people become redundant...When lower local governments appreciate the implications of poor performance and their roles [in addressing it], it empowers them to take strong decisions for improvement...This has been the missing link.”

The value of collaborating with non-health stakeholders, both in planning and local problem solving, was also evident to immunization partners. For example, in Uganda, UNICEF recognized the benefits of this participatory approach and used it in 15 districts it supported, and the Clinton Health Access Initiative (CHAI) described using non-health stakeholder engagement and other components of the RED-QI approach in 14 districts.

Illustrative results from non-stakeholder engagement in Ethiopia

Itang District—which is pastoralist, diverse, and has geographically dispersed communities—was experiencing frequent cancellations of immunization outreach sessions due to budget constraints. RED-QI built the capacity of district managers to develop microplans that calculate the needed number and cost of outreach sessions and to use their own data to advocate for funding from local civil administrators and leaders. As a result, the civil administrator agreed to fill the budget gap and fund 156 outreach sessions to vaccinate Itang’s children.

In **Sodo Zuria District**, immunization planning was top-down and did not involve the community. Also, microplans were based on very old census data. JSI built district health managers’ capacity for bottom-up microplanning. Managers engaged the community to update target population numbers, thus improving the accuracy of estimated operational costs for outreach sessions to reach all communities. In addition, managers engaged local civil administrators in planning and used the microplan to mobilize local resources. As a result, an additional 391 outreach sessions were conducted in the district, including at new sites.



Illustrative results from non-stakeholder engagement in Uganda

In Uganda, developments in districts showed the significant impact of non-health stakeholder engagement. For example:

- In Bulambuli District, engagement of non-health stakeholders in microplanning and mapping resulted in repurposing of existing buildings into six new health facilities that were then staffed and supplied with vaccines and other commodities, providing access to immunization and other primary health care services to 53,000 individuals.
- In Bushenyi District, the district council passed a bylaw to provide 1% of subcounty revenue and 5% of local revenue to supplement funding for immunization.
- Mbarara District began holding a bi-annual leadership forum for all health facility managers to focus on human resources and resource utilization monitoring (allowances for health workers and village health teams for outreach sessions).
- In Kanungu District, a health facility manager's advocacy with a community savings bank resulted in the provision of a motorcycle to provide transport of health workers to outreach sessions, which halved the monthly transport costs and doubled DTPI coverage — an indicator of access to immunization services.

CONCLUSION

Engagement with Non-health Stakeholders is Critical to Effective Immunization Programs

Ethiopia's and Uganda's experience demonstrates that effective engagement of political and civil stakeholders is both feasible and productive. It mobilizes resources for immunization, raises its profile and perceived value, enhances ownership, and brings forth locally appropriate innovations. Continuous engagement and a shared commitment from both health and non-health actors are critical to ensuring that all children, every year, are protected from vaccine-preventable diseases.

