

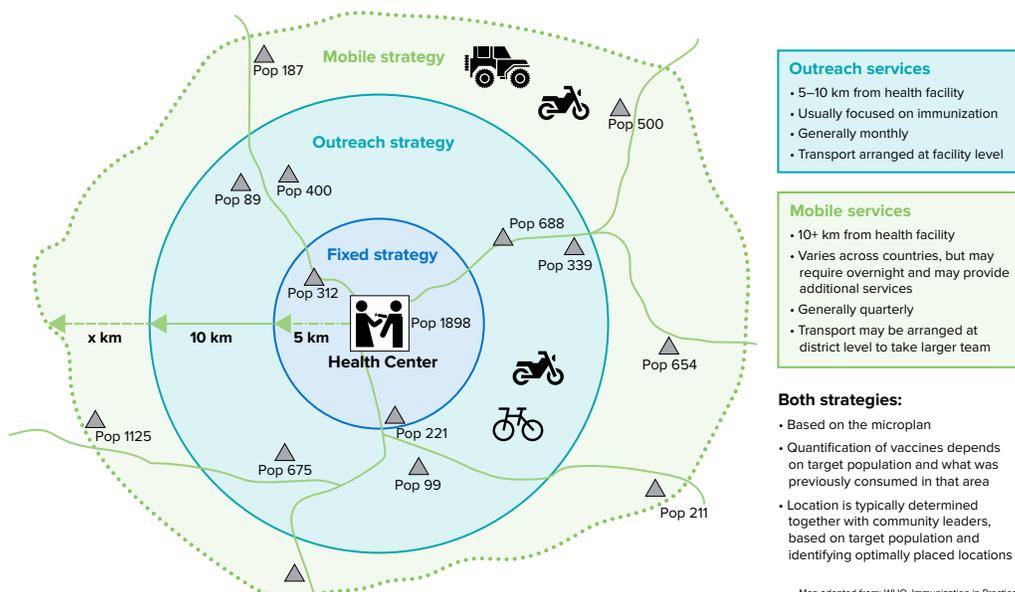


## RETHINKING THE ROUTINE:

# Modernizing outreach services to immunize zero-dose children

Outreach efforts play an important role for immunization activities, bringing these services to communities that may not have easy access to fixed health centers and may otherwise be overlooked (Figure 1). With global strategies focused on reaching unimmunized (“zero-dose”) and under-immunized children, outreach efforts are becoming more important, yet need to be prioritized and refined for optimal reach of underserved populations. Much is already known about key challenges to planning and implementing outreach services (see Table 1 for brief summary). This advocacy tool intends to provide a different perspective and examples of promising practices to optimize outreach efforts.

**Figure 1: Key features of outreach and mobile service delivery strategies (example)**



Map adapted from: WHO, Immunization in Practice, 2015

**Table 1: Key areas and challenges of planning and implementing outreach activities**

KEY AREAS OF OUTREACH EFFORTS	KNOWN CHALLENGES
 <p><b>Supply Chain</b></p>	<ul style="list-style-type: none"> <li>• Insufficient vaccine stock</li> <li>• Not realistically linked to micro-planning</li> <li>• Inadequate or insufficient vaccine carriers for outreach</li> <li>• Ensuring ideal temperature range for vaccines</li> </ul>
 <p><b>Data</b></p>	<ul style="list-style-type: none"> <li>• Data collection tools not user-friendly or easy to transport for outreach services</li> <li>• Inconsistent screening for zero-dose and under-vaccinated children</li> <li>• Little understanding of contribution of outreach to overall vaccination coverage</li> </ul>
 <p><b>Human Resources</b></p>	<ul style="list-style-type: none"> <li>• Insufficient healthcare workers for facility and outreach services</li> <li>• Lack of coordination with community leaders and community health workers for planning and promoting outreach</li> </ul>
 <p><b>Financial Resources &amp; Flow</b></p>	<ul style="list-style-type: none"> <li>• Outreach may not be complete budgeted; funds are not available when necessary (transport, fuel, per diem)</li> </ul>
 <p><b>Demand Generation</b></p>	<ul style="list-style-type: none"> <li>• Not enough promotion of outreach activity in community</li> <li>• Lack of engagement of community leaders</li> </ul>
 <p><b>Planning</b></p>	<ul style="list-style-type: none"> <li>• Vehicles get diverted to other use</li> <li>• Planned outreach efforts get changed at last minute without informing community (including timing and location)</li> <li>• Microplans don't reflect reality or changing context</li> <li>• Outreach sometimes occurs at inopportune times for caregivers</li> </ul>
 <p><b>Target Population</b></p>	<ul style="list-style-type: none"> <li>• Inaccurate, not validated with community mapping, unidentified zero-dose populations</li> <li>• Restricted by administrative boundaries or geographic barriers</li> </ul>

Over the past several decades, EPI programs in LMICs have grown in complexity, offering more vaccines and broader protection against diseases. Mandates and goals at country and global levels have expanded too, with a focus on improving equity to reach every person with immunization, from birth and throughout the life course. Amid this growth and change, delivering outreach services has remained a persistent challenge. It is therefore critical to view this “old” problem with “new” eyes. Below are some unique approaches to improve outreach services that are working or hold promise that complement tried and true best practices:



- **Integrate planning and service delivery of other health services (e.g. nutrition, family planning, deworming) with resource-sharing.** [Co-delivering immunization with other health services](#) can improve coverage and equity of immunization and other health services, if done right. For geographically remote populations that are underserved, integrated outreach has the potential to improve overall access to and reach of health services while motivating communities to take advantage of this full range of services. However, programs must recognize and share the additional costs and human resources that are required to effectively deliver integrated outreach.



- **Provide other government services.** An area to explore is including other government services, such as [civil and birth registration](#) and other vital statistics, in outreach efforts. There is some indication that broader services that are provided through an outreach team will attract more community members, which could contribute to identifying zero-dose children. Updating vital statistics can also contribute to improving the ability to identify missed communities or families for vaccination services.



- **Optimize outreach locations for ease of access.** The [locations](#) for outreach services should be optimized, both for access by the outreach team as well as to directly impact the number of additional children that can be vaccinated in the hardest-to-reach communities. This may include ignoring administrative boundaries to reach a community that may belong to a different jurisdiction yet is more difficult to reach by that jurisdiction. This approach also implies identifying common locations that can draw the most caregivers and children for outreach services.



- **Screen for zero-dose children and consider identifying zero-dose children on data collection forms.** Vaccination eligibility, including screening for missed doses, should be completed every time a client comes for services. Countries should have a defined catch-up vaccination policy and schedule that outline minimum intervals between doses and minimum/maximum age limits, so that health workers have clear information on how to determine eligibility and administer catch-up vaccination for missed doses. Additionally, while further refinement may be needed on the definition of zero-dose children for real-time programmatic use (e.g. minimum and upper limits of age), identifying zero-dose children on data collection forms such as tally sheets or community registration may also help bring attention to possible missed communities, the need for better planning, or other issues.



- **Use community mapping to more accurately and actively inform supply chain decisions** related to vaccine quantities required, all the way up the chain of decision making and forecasting. An important gap is that information from facility and district microplans is not routinely used in needs estimation to inform stock requests or replenishments. This becomes particularly important

when children or communities are missed with vaccination services, so using either consumption or target population for supply planning will fall short of the true need. The need of using multiple sources of information, [including community mapping](#), to accurately determine the quantities of vaccines and related supplies needed is key to address the issues related to shortage of vaccines and related supplies during outreach services.



- **Advocate for more attention and financial support at the highest levels of the health system.** Outreach is resource-intensive and has been perennially underfunded. Increased and sustained funding for the operational costs needed to effectively deliver outreach services is critical to improving equity and reducing zero-dose children, who often have limited access to facility-based services. Having separate outreach vaccination data, including the number of children/clients vaccinated during outreach, or the percent of children in a district required to be reached by outreach, can be a powerful advocacy tool to demonstrate how outreach contributes to the overall program.



- **Assess periodically how effectively outreach services are being implemented.** As part of regular program monitoring, health workers at facility level and their managers should review the number of sessions planned vs. conducted (i.e. both if the numbers are appropriate and if the proportion of planned to conducted is high), other [process indicators](#) that the program may collect, and doses administered specifically during outreach sessions (if available). Reviewing process indicators can be helpful to pinpoint operational issues, and if certain geographic areas have been missed consistently for outreach, it can be an indication of missed communities with zero-dose children who may need catch-up. With regular review and monitoring of these process indicators, as well as mapping zero-dose children, health workers and managers, with consultation from community members, can then dig deeper to understand qualitatively the root causes of problems and identify local solutions to make outreach more regular and effective.



- **Effectively engage local non-health stakeholders (i.e. civil authorities and local political and community leaders) in immunization planning, monitoring, and resource allocation** to mobilize resources for immunization, raise its profile and perceived value, enhance ownership, and stimulate context-appropriate innovations. Work from [Uganda and Ethiopia](#) and [Tanzania](#) demonstrates that continuous engagement and a shared commitment from different actors, both within and beyond the health system, is critical to leveraging support and resources to overcome barriers to service delivery, including outreach.

These approaches should be adapted by countries, with appropriate attention to resources needed to implement and scale. By “rethinking the routine” around outreach services, we can reach more zero-dose and underimmunized children with life-saving vaccinations, improving equity for underserved communities across the globe.