Theme

DEFINING & IDENTIFYING INEQUITY

Uncovering the Drivers of Childhood Immunization Inequality with Caregivers, Community Members and Health System Stakeholders

Results from a Human-Centered Design Study in DRC, Mozambique, and Nigeria

Child Health Task Force Webinar

June 6, 2023

Presenters

Dr. Salva Mulongo

Deputy Director, MOMENTUM Routine Immunization Transformation and Equity Project Team/Democratic Republic of Congo

Dr. Betuel Sigauque

Country Director, MOMENTUM Routine Immunization Transformation and Equity Project/Mozambique

Dr. Joel Yakubu Cherima

Country Director, MOMENTUM Routine Immunization Transformation and Equity Project/Nigeria

Ms. Olivia Nava

Human-Centered Design and Co-Creation Lead, MOMENTUM Routine Immunization Transformation and Equity Project (moderator)

Our Journey Today

SECTION 01

Background of *Co-Creation and Assessment Phase* using an Human-Centered Design Approach

SECTION 02

Co-Creation and Assessment Methodology

SECTION 03

Method in Action: Vaccination Ecosystem Tool

SECTION 04

Panel Discussion + Q&A

SECTION 1

Background and Rationale

Our Project

MOMENTUM Routine Immunization Transformation and Equity (the project) applies best practices and explores innovations to increase equitable immunization coverage in USAID-supported countries. The project is USAID's flagship technical assistance mechanism for immunization working in 18 countries around the world. It works to build countries' capacity to identify and overcome barriers to reaching zero-dose and under-immunized children and older populations with lifesaving vaccines and other integrated health services, including rebuilding immunization systems adversely affected by the pandemic. It also supports COVID-19 vaccine rollout across countries, with a wide range of circumstances and needs.

Overcoming Entrenched Obstacles to Improve Immunization Equity: A New Approach is Needed

CHALLENGE

Each year millions of children are not reached by life-saving vaccines (18 million were considered ‘zero-dose’ in 2021).

Not enough effort has gone into understanding the most deeply entrenched challenges zero dose families face, from their perspectives.

APPROACH

An assessment that identifies the barriers and facilitators of vaccination faced by caregivers of zero-dose and under-immunized children.

Identifies context-tailored solutions from the perspective of caregivers and other stakeholders.

Use: to inform the design of tailored, locally-appropriate interventions.

Our Rationale for a Human-Centered Design and Co-Creation Approach

THEORY OF CHANGE

The MOMENTUM - Routine Immunization, Transformation, and Equity's strategies **focus on putting people at the center** while introducing and testing targeted interventions to foster resilient systems and communities, engage local partners, and improve the quality and use of data.

As part of our Human-Centered Design (HCD) approach, we will continue to explore innovative solutions through direct co-creation with key local stakeholders that were identified as influencers in their community during the assessment phase.

TERMINOLOGY OF CO-CREATION

We use the term "co-creation" in two ways: 1) the phase of the project and 2) a key mindset for how we want to work with stakeholders.

Human-Centered Design Approach

To **understand the root causes to non-vaccination and dropout, we directly engaged both community and health system stakeholders** through:

In-depth interviews to understand the root causes of low vaccination rates.

Co-creation workshops in locations where stakeholders work and live; we co-created solutions to the problems that emerged from the in-depth interview data.

Stakeholders included, but were not limited to: District EPI staff, facility nurses, vaccinators, community health workers (CHW), community leaders, religious leaders, and caregivers of zero- and under-immunized children.

What do we Mean by ‘Co-creation’ and Why is it Important?

For the project, “co-creation” refers to the continual, iterative partnership with stakeholders at all levels to understand problems and solutions in new ways with exchanges between technical and implementing collaborators. Co-creation also means designing solutions with and for those closest to the problem. The following are the project’s six co-creation principles:

Principle	What this will look like working with countries
1. Co-creation is more than just a workshop	Work continuously within existing processes and touchpoints (e.g. data review meetings, microplanning, planning cycles) to generate new insights and strengthen capacity. Convene participatory workshops to fill gaps. Establish peer-learning platforms (F2F and WhatsApp) to extend touchpoints for continuous learning and partner engagement.
2. Share power	Partner with EPI (national and provincial). Form a steering committee to represent diverse perspectives and elevate voices within health systems that are not always heard.
3. Create shared goals	Build empathy and shared goals through use of HCD approaches to understand users’ personal perspectives and experiences about ***their own role*** in the immunization system versus their perspective about the health system and immunization ecosystem.
4. Build on what’s been done	Leverage existing assessments, appraisals, reviews, etc. Work to support national and provincial strategies and goals.
5. Listen and adapt	Use existing meetings (e.g. technical working groups) to present back to stakeholders and reflect on peer-learning and problem-solving conversations.
6. Reflect and iterate	Continually use root cause analysis to understand why a challenge or success exists, use that understanding to drive program design, and strengthen this capacity in local stakeholders.

Key Human-Centered Design Mindsets

CO-CREATION

- The ongoing and iterative partnership with stakeholders at all levels to understand problems and solutions in new ways.

LEARNING BY DOING

- Stay open-minded and adapt to situations and new information as they arise.
- Create a learning environment; build from what works and does NOT work.

DISCOVERY

- Keep a "discovery" state of mind, be curious.
- Observe in context: Be observant to what people do, not only what they say.

EMPATHY

- Listen well to understand the lived experiences and real perspectives of those involved.

ALWAYS BE PROTOTYPING!

- Test
- Learn
- Iterate
- Repeat!

AUDIENCE POLL

How Would you Categorize your Use and Interest in Human-Centered Design?

How Would you Categorize your Use and Interest in Human-Centered Design?

1. I use HCD regularly in my work.
2. I have some knowledge of HCD but don't regularly use it.
3. I don't understand HCD and want to learn more.
4. I have no interest in HCD.

SECTION 2

Co-Creation & Assessment Methodology

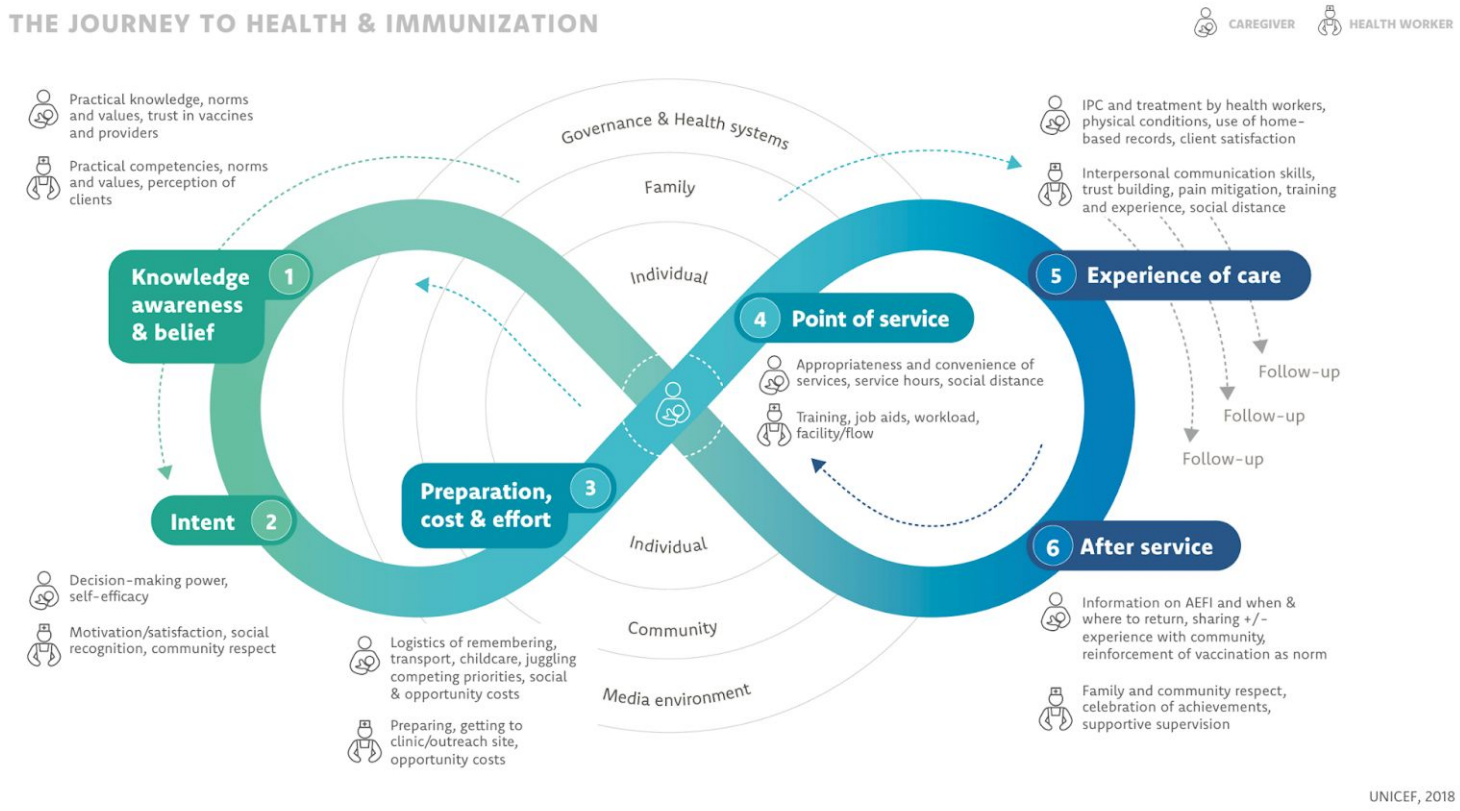
Assessment and Co-Creation Objectives

- Identify the barriers and facilitators of vaccination faced by caregivers of zero-dose and under-immunized children.
- Co-create context-tailored solutions with caregivers and other stakeholders.
- Inform the project’s workplan.

Data Collection and Co-Creation Methods

- Data and document review.
- Site selection criteria based on data from data and document review.
- In-depth interviews and focus group discussions with caregivers, community members, health workers, and health systems managers.
- Real-time data analysis by data collection teams, leading to community-level co-creation workshops.

Unicef Journey to Immunization Framework



Data Collection and Co-Creation Workshops Process

In-depth interviews, quantitative surveys, mapping

- **Provincial level** in-depth interviews.
- **District level** in-depth interviews.
- **Heath facility** in-depth interviews.
- Community mapping + in-depth interviews with **leaders, mothers of zero-dose/ under-immunized infants.**

District co-creation workshops with district, health facility, and community stakeholders.

Provincial co-creation workshops with provincial, district, and civil society stakeholders.

Validating findings and co-creating solutions with the community

Findings

- Caregivers faced multiple barriers to vaccination outside of their control.
- More barriers meant they were more likely to be zero-dose.
- Immunization programs were not meeting the needs of the most vulnerable; pro-equity strategies were sub-optimally implemented.
- Overall the focus on qualitative data elicited drivers of inequalities that were not available from quantitative data.

Findings

- Co-creation workshops built empathy for mothers and identified feasible local solutions.
- The co-creation workshop could be feasible as part of local planning processes.

SECTION 3

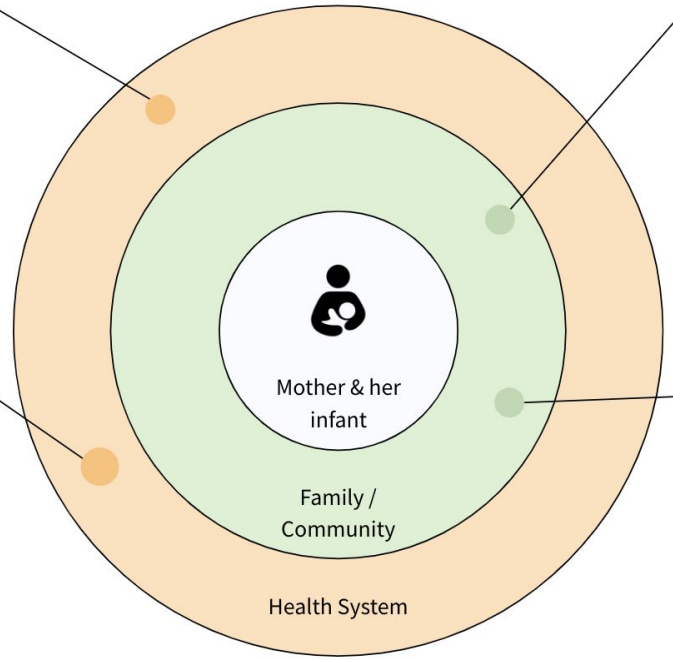
Method in Action

Method 1: Vaccination Ecosystem Tool

Complete the tables below ...

Health Facility Manager	
Obstacles	**Enablers**
1.	
2.	
3.	

Registered Nurse	
Obstacles	**Enablers**
1. He does not have a vaccination record to fill out.	He updates the vaccination card.
2. He yells at her because she missed her last visit.	He treats her well during his visits.
3.	



Mother-in-law	
Obstacles	**Enablers**
1. She does not help with the other children when she has to go to the health center.	She takes care of the other children during her absence.
2.	
3.	

Religious Leader	
Obstacles	**Enablers**
1. He spreads negative rumors about vaccinations	He encourages mothers to get vaccinated at church
2.	
3.	

The results of our interviews show that mothers want their children to be vaccinated. On their journey to immunization there are obstacles and enablers.

Empathy is a core human-centered design mindset and understanding a mother and her infant's journey to immunization will help design better solutions.

GRUPO 1 - SS.
ECOSSISTEMA DE IMUNIZAÇÃO

MÃE

COMUNIDADE & FAMÍLIA

DIRECTOR DISTRITAL

MINISTÉRIO DA SAÚDE

PARTICIPANTES MEDIC. TRADICIONAL

VIZINHO(A)

MÉDICO-CHEFE DISTRITO

IRMÃO DO PAI DO BEBÉ

LÍDERES RELIGIOSOS

PAI DO BEBÉ

RESP. DISTR. PAV

PARTEIRAS TRADICIONAIS

PRÓPRIA MÃE (VIÚVA)

MARIDO/ DA MÃE DO BEBÉ

RAF (ADMINISTRATIVO DISTRITO)

LÍDERES COMUNITÁRIOS

IRMÃO DA MÃE

AFE

SOGRA/ AVÓ PATERNA

AVÓS

ENFERMEIRA

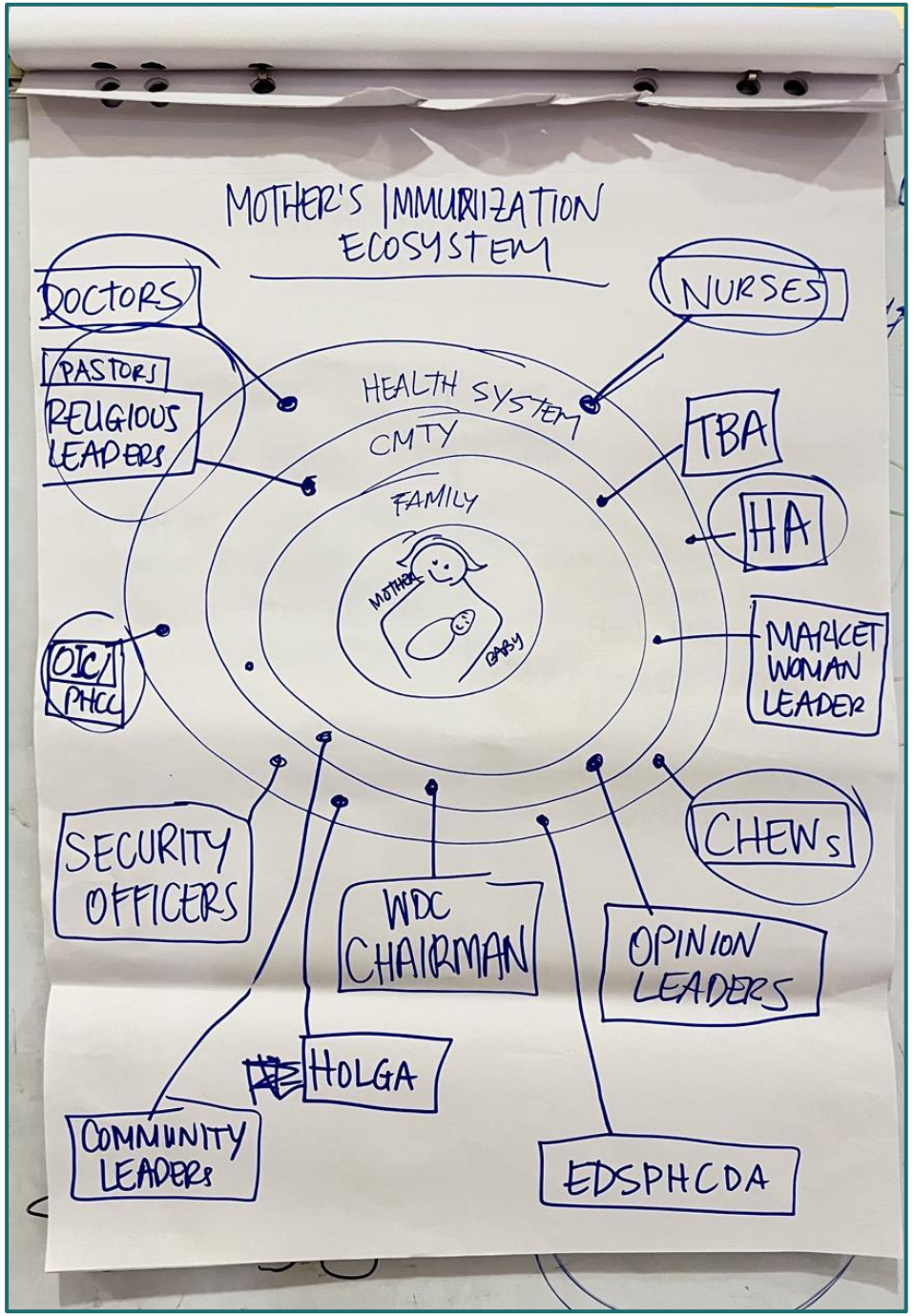
AVÓ DO BEBÉ (MATERNA)

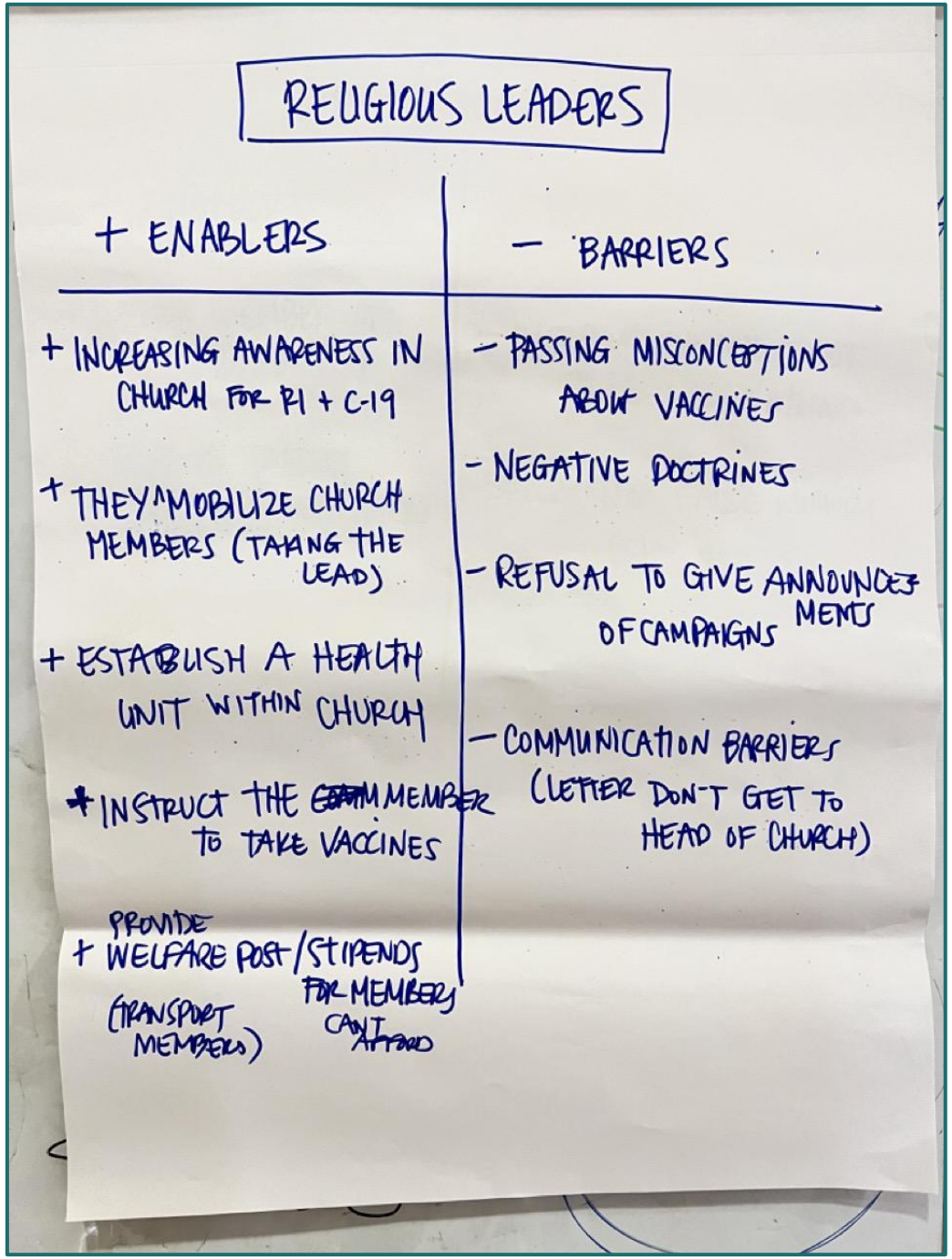
TÉCNICO MEDICINA GERAL

RESP. DISTR. ENVOLV. COMUNIT.

TÉCNICO DE MEDICINA

VACCINATION ECOSYSTEM METHOD


MOTHER'S IMMURIZATION ECOSYSTEM
DOCTORS
NURSES
PASTORS
RELIGIOUS LEADERS
HEALTH SYSTEM
CMTY
FAMILY
MOTHER
BABY
TBA
HA
OIC/PHCC
MARKET WOMAN LEADER
SECURITY OFFICERS
CHEWs
WDC CHAIRMAN
OPINION LEADERS
HOLGA
COMMUNITY LEADERS
EDSPHCDA

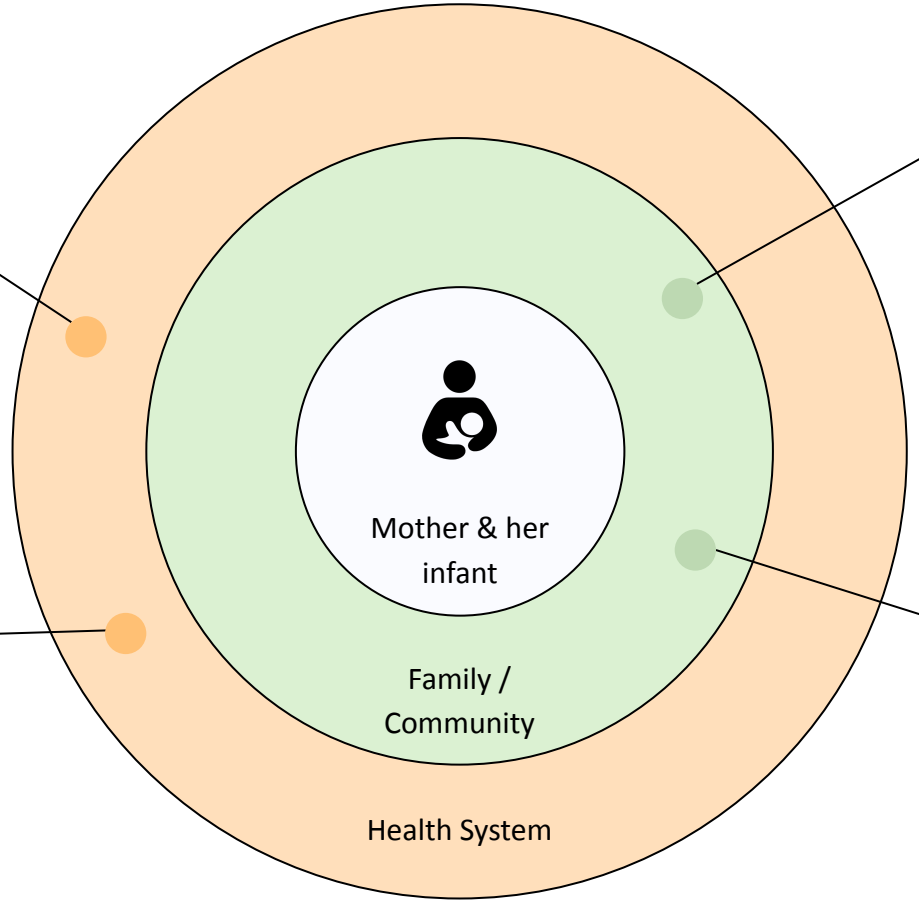

RELIGIOUS LEADERS
+ ENABLERS
- BARRIERS
+ INCREASING AWARENESS IN CHURCH FOR RI + C-19
+ THEY^MOBILIZE CHURCH MEMBERS (TAKING THE LEAD)
+ ESTABLISH A HEALTH UNIT WITHIN CHURCH
+ INSTRUCT THE MEMBER TO TAKE VACCINES
+ PROVIDE WELFARE POST/STIPENDS (TRANSPORT MEMBERS) FOR MEMBERS CAN'T AFFORD
- PASSING MISCONCEPTIONS ABOUT VACCINES
- NEGATIVE DOCTRINES
- REFUSAL TO GIVE ANNOUNCEMENTS OF CAMPAIGNS
- COMMUNICATION BARRIERS (LETTER DON'T GET TO HEAD OF CHURCH)

Method in Action!

Complete the tables below …

CHW	
Obstacles	**Enablers**
1.	
2.	

Health Care Worker	
Obstacles	**Enablers**
1. He/She does not have a vaccination record to fill out.	He updates the vaccination card.
2.	



Mother-in-law	
Obstacles	**Enablers**
1. She does not help with the other children when she has to go to the health center.	She takes care of the other children during her absence.
2.	

Religious Leader	
Obstacles	**Enablers**
1. He/She spreads negative rumors about vaccinations.	He/She encourages mothers to get vaccinated at church.
2.	

Key Actors to Enlist in Solutions (According to Workshop Participants)

How specific actors can remove barriers to vaccination

The following table includes concrete suggestions for how specific actors can support vaccinating children in their community and district.

Other caregivers	Community leaders	CHWs	EPI technicians	Facility health care workers (HCWs)	District EPI
Father of the baby motivates mother to adhere to vaccination. Mother's brother can help identify a taxi driver to accompany the mother and child to health facility.	Disseminate accurate vaccination content to civic and religious constituents. Receive basic training in vaccination from health unit.	Communicate the arrival of a mobile brigade at least 4 days in advance. Create a referral/referral system using friendship networks/mothers' groups.	Provide good communication with mothers about the importance of the vaccine (schedule and side effects). Organize periodic meetings with more influential leaders to encourage the community to adhere to immunization schedule.	Provide services to mothers with empathy and sympathy. Sensitize nurses to care for patients, bearing in mind that we are all human beings.	Provide transport/fuel for technicians to comply with the scheduled mobile brigades.

Through this exercise, workshop participants began to understand that mothers need support in getting children vaccinated. From a positive health service experience to minimizing time away from income-generating work and other family obligations, this exercise helped identify the supporting actors in a mother's life and highlighted those who need to be elevated to primary actors.

SECTION 4

Panel Discussion + Q&A

THANK YOU

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by JSI Research & Training Institute, Inc. with partners PATH, Accenture Development Partnerships, Results for Development, Gobee Group, CORE Group, and The Manoff Group under USAID cooperative agreement #7200AA20CA00017. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of JSI Research and Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.

USAID
FROM THE AMERICAN PEOPLE

MOMENTUM
A Global Partnership for Health and Resilience

@USAID_MOMENTUM

@USAIDMOMENTUM

USAID MOMENTUM

USAID MOMENTUM

Uncovering the Drivers of Childhood Immunization Inequality with Caregivers, Community Members and Health System Stakeholders: Results from a Human-Centered Design Study in DRC, Mozambique and Nigeria

Authors: **Jessica C. Shearer** [1,*], Olivia Nava [2], Wendy Prosser [3], Saira Nawaz [1], **Salva Mulongo** [4], Thérèse Mambu [5], Eric Mafuta [5], **Khatia Munguambe** [6], Betuel Sigauque [7], **Yakubu Joel Cherima** [8], Olawale Durosinmi-Etti [8], Obehi Okojie [9], Idris Suleman Hadejia [10], Femi Oyewole [11], Dessie Ayalew Mekonnen [3], Natasha Kanagat [3], Carol Hooks [12], Rebecca Fields [3], Vanessa Richart [3] and Grace Chee [3]