IA2030

PLANNING, PEOPLE AND PERFORMANCE

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Peer learning programme: IA2030 cohort (2022)

KEY LEARNING POINT Implementation of the EPI microplan and consistent performance monitoring are critical factors to a high-performing immunization service delivery system.

This case study is part of a series shining a light on the experiences of immunization and primary healthcare staff working at different levels of national immunization programmes in low- and middle-income countries. The people featured are all taking part in the IA2030 Movement peer learning programme organized by the Geneva Learning Foundation (TGLF).

"I coordinate immunization services at Muhoroni sub-county in Kenya. The sub-county covers a population of about 169,412 people (2022) living in rural areas and small urban towns. I joined the sub-county in the last quarter of 2020 when the proportions of children under one year of age receiving Penta1, Penta3 and first dose of measles–rubella (MR1) vaccine were 70.3%, 68.2% and 68.6%, respectively. One year later (2021) in the same period the proportions had increased to 84.5% for Penta1, 82.4% for Penta3 and 87.2% for (MR1). The increase was linked to the use of the EPI microplan by each health facility within the sub-county.

How the performance gap was addressed

I led a data review meeting to identify the reasons and challenges that led to the poor performance and to establish the strategies and plans that were in place to improve performance. One key challenge that came up in the meeting was that the facility staff did not know their catchment areas and therefore couldn't account for the children eligible for immunization services.

The EPI microplan was not new to the staff, but they did not value its role in improving the EPI service delivery. We therefore guided the immunization staff on the development of the EPI microplan together with the community staff in January 2021. Each health worker was expected to know the number of villages within the facility's catchment area, and identify the hard-to-reach areas which needed outreach services. In the immunization register, the health worker monitored which villages were not accessing services at the facility and liaised with the community health volunteer in charge of the village for follow up with the clients.

Clients who delivered at home were referred by community health volunteers to the health facilities for immunization. In addition, the public health officers attached to the health facilities sensitized the chiefs of each administrative unit and the traditional

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birth attendants to refer all clients who seek their services for immunization. These efforts were disrupted by COVID-19 challenges since the number of clients visiting the health facilities reduced, and no outreaches were held during this period.

How performance improved as a result of implementing the microplan and monitoring

All the five components of the microplan were tracked on a monthly basis and reviewed by the health facility staff. Planning for services was better with vaccines available for the whole month. Health education on the importance of immunization was done frequently and all children visiting the health facility were screened for immunization status. The children who missed the scheduled visits were tracked using the details in the register through the community health volunteers and once traced the register was updated.

Documentation of services offered improved since all children were captured in the immunization register and the daily tallies. Monthly data review meetings were held at facility level and the immunization monitor chart could be interpreted to monitor coverage and dropout rates. At the sub-county level, the performance was monitored through desk reviews of reports submitted monthly and feedback given to the staff with action points to be considered in the next reporting period. The feedback motivated the staff to perform better. The activities within the microplan were reviewed at the end of each quarter.

The zero-dose challenge

I believe EPI microplanning is the key to reaching under-immunized and unvaccinated population. At the sub-county level, we identify health facilities whose performance is consistently low and support them to increase coverage, while at facility level they identify villages with the lowest number of clients seeking immunization services and reach out to them with the services.

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Community dialogue is another way used to identify why specific communities are under-vaccinated or zero dose, since the issues are discussed in an open forum and the input helps us to plan for better immunization services. In one dialogue, the community members' main concern was that the immunization services should be offered in the afternoon after they had left the farms, so the health facility within that catchment area rescheduled the time of service in order to accommodate all the clients. This allowed services to be offered based on community needs but also convenient for the health worker.

The magic of EPI mentorship

My IA2030 project focused on EPI mentorship. While aggregating the facility micro-plans into the sub-county plan, I realized most health workers needed to be updated on various areas of EPI service delivery. With reference to the EPI mentorship guide, the mentioned areas were falling into the following six thematic areas: EPI data management, vaccine and cold chain management, EPI microplanning, defaulter monitoring and tracing, interpretation of the immunization monitor chart, and updates on new vaccines and immunization policy.

Due to resource constraints in meeting all the staff, I started giving updates via WhatsApp forums and the discussions were surprising because the practice varied across the facilities. Some of the issues needed a visit to specific facilities to do on-the-job training. In March 2022, I joined the IA2030 where I was supported to implement the most important challenge at my work place.

In my project, five colleagues were recruited and mentored to support 24 health facilities in category 3 and 4 according to the Reaching Every Child (REC) categorization in the microplan. Each mentor took on responsibility for four facilities. Using the existing microplans and assessment tool, we managed to identify and plan for the mentorship sessions. During the sessions we appreciated the visit to the facilities since the majority of the immunization staff benefited from the updates and the on-the-job training.

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The staff were excited – they would make fun about how they had been doing the wrong thing. Empowering staff with knowledge, even very simple knowledge on how to document services offered in the immunization register, tally sheet and child health booklet, can make a big difference in service delivery.

The importance of the EPI microplan

The microplan is critical tool that ensures that no child eligible for immunization services is left behind. This is because in each household within a village all the eligible children are captured in the plan. The microplan also captures the number of expectant mothers; therefore, it becomes easier to follow up if the new-born has received the vaccines that are due. Finally, the microplan actually helps us to account for all the children within a catchment area in a specified period, hence, the health workers role will go beyond vaccination to communicating with the client about the need to honour subsequent visits.

A motivational programme

I found TGLF's IA2030 programme extremely useful. I was motivated to mobilize my colleagues to help in solving the most important challenge I had faced. The course kept me on toes with consistency in tracking progress on a weekly basis, I now use the same method to track progress from the specific facilities that were mentored and the results have been great. I use responsive feedback which makes my statements specific to the action that should be taken."

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