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COMMUNITY ENGAGEMENT TO STRENGTHEN ROUTINE IMMUNIZATION

Lessons for Improving Immunization Coverage from
a Literature Review and Landscape Analysis

August, 2014

LESSONS FOR IMPROVING IMMUNIZATION COVERAGE FROM A LITERATURE REVIEW AND LANDSCAPE ANALYSIS

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Summer 2014

This special project was undertaken at the request of the Vaccine Delivery Team, part of the Bill & Melinda Gates Foundation, as part of the 2014 Summer Internship Program

The landscape was completed by the author and presented to the Vaccine Delivery Team as a summary document for background research purposes

LANDSCAPE TOPICS

Agenda Item

- Framing “Community Engagement”
- Landscape Scope, Process, and Methodology
- Summary of Findings
- Key Themes, Messages, Take-Aways, and Questions
- Next Steps and Recommendations

WHAT IS COMMUNITY ENGAGEMENT?

WHILE VARIED, TERMINOLOGY DOES MATTER

Different people use different language to refer to similar ideas and activities:

- Demand Generation
- Community Partnerships
- Social or Community Mobilization
- Community-Based Programs or Interventions
- Behavior Change Communication
- Mass Media Campaigns
- Quality Improvement
- Community Ownership/Involvement/Participation
- Social Marketing
- Community Engagement

A DEFINITION

For the purposes of this landscape, community engagement for immunization will be defined as:

- The health system engaging or partnering with beneficiary communities to address both supply and demand-side factors that contribute to under-/non-immunization in order to increase immunization coverage and reach the hardest-to-reach
- This could include:
 - Innovative ways to involve communities to solve issues contributing to low or stagnating immunization rates
 - EPI programs/health facilities/the health system planning, implementing, and monitoring with communities to maximize the access to, quality, utilization, and acceptability of immunization services

Community Engagement is not just...

- Communication
- Demand Generation
- Top-Down Planning



But a shift towards...

- Community Conversations
- Intersection of Supply and Demand
- Partnering

WHAT DID WE WANT TO KNOW?

BACKGROUND

Why the focus on community engagement now and where does this work fit in?

- The Vaccine Delivery Team at the Bill & Melinda Gates Foundation has goals and programs related to equity, country immunization programs and systems, and overcoming low and stagnating immunization coverage
- There is other work being done by teams at the Foundation on demand generation, community platforms, and delivery issues
- There is a growing external focus on the importance of reaching the last mile and prioritization of community engagement in strategies and goals

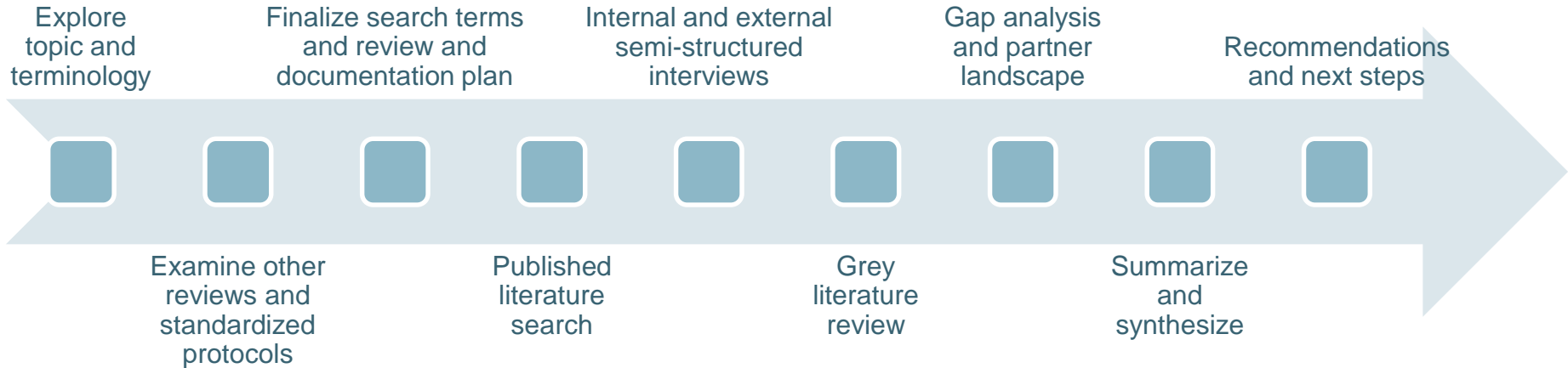
LANDSCAPE PROJECT SCOPE

This landscape sought to answer:

- What approaches to community engagement are out there?
- Where has this been done, by whom, to what effect?
- What is the evidence base for this work?
- What are the gaps in knowledge and evidence?
- Are there best practices in community engagement?
- Are there innovative ideas that should be tried?
- Are there lessons from outside immunization (or even outside health) that could be applicable?
- What partners are involved in this?
- How can the Foundation be involved in this work?

PROJECT ACTIVITIES AND PROCESS

Timeline throughout the Summer of 2014



PROJECT COMPONENT DETAILS

Published Search

- Search terms
- PubMed database
- Standard search yielded 74 unique articles
- An additional 15 peer-reviewed articles not found through standard database search were reviewed

Grey Literature Review

- Background documents
- Internet search
- Key partner websites
- Cited documents
- Snowball technique
- 35 documents reviewed

Interviews

- Approximately 15
- Internal and external
- Immunization experts to non-health colleagues
- Semi-structured
- Snowball technique for other contacts and documents

DOCUMENT REVIEW

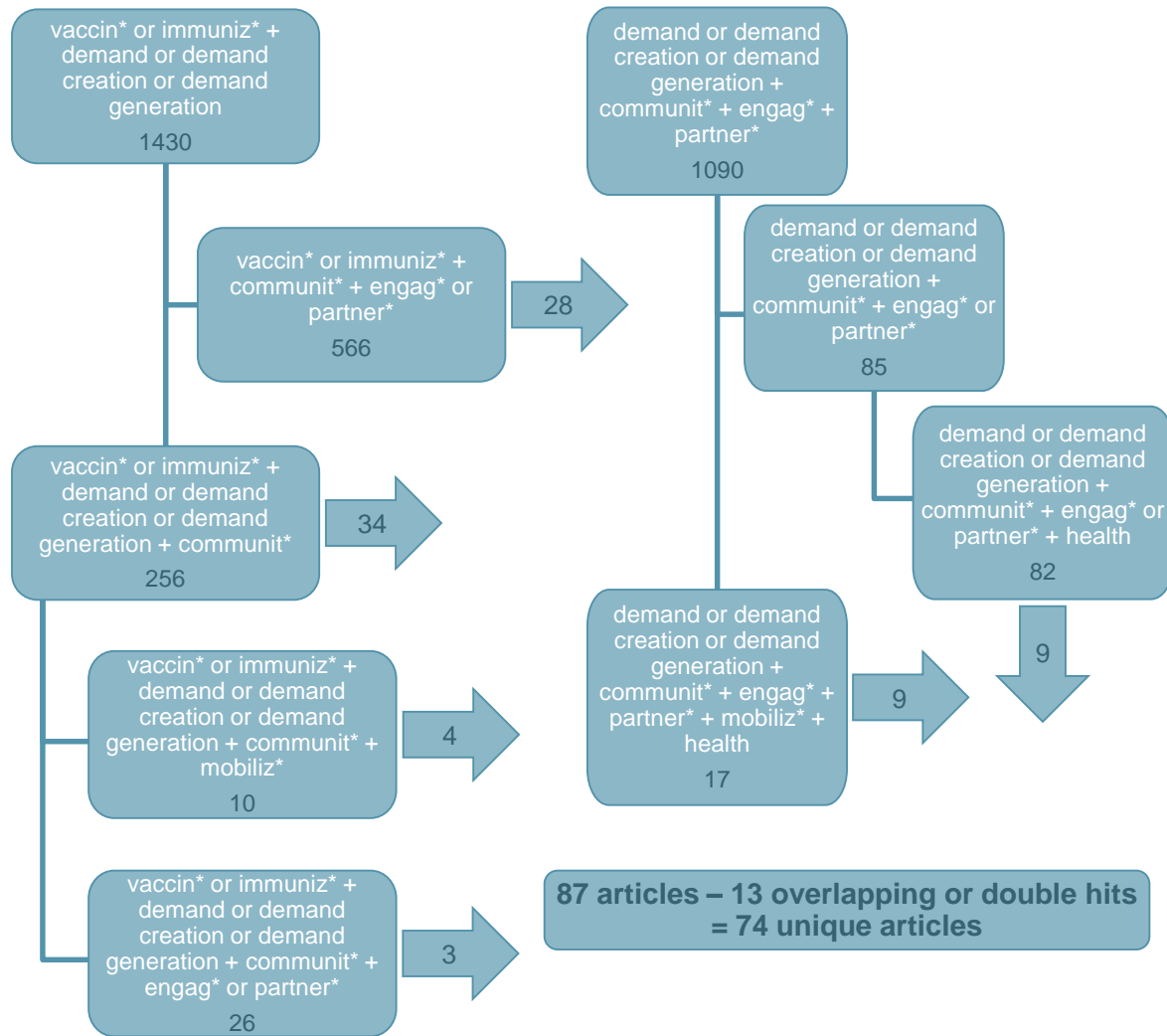
Published Search

- 74 unique articles from standard search
- 15 additional peer-reviewed articles

Grey Search

- 35 documents

124 Total Documents



WHAT DOES THE LANDSCAPE LOOK LIKE?

WHAT IS OUT THERE?

Types of evidence and sources:

- While the search produced many peer-reviewed articles, most did not really address community engagement
- Within those, approximately **5 rigorous impact studies or RCTs** and **10 reviews of grey and published literature**
- Vast majority of documents are write-ups of case studies, lessons and success stories from the field, or manuals and other documents intended for use by immunization program implementers
- Excluded works that focused solely on participatory research, factors behind non-/under- immunization, or lessons from non-developing countries

Frequently-Cited and Key Documents

- “Too little but not too late: results of a literature review to improve routine immunization programs in developing countries” (Ryman, et al)
- “Increasing the demand for childhood vaccination in developing countries: a systematic review” (Shea, et al)
- Immunization in practice: Partnering with communities (WHO)
- Guide to tailoring immunization programs (WHO)
- ARISE Project notes from the field—Health system and community partnerships (JSI)
- Training for mid-level managers: Partnering with communities (WHO)

DOCUMENTED APPROACHES

The full range of activities can be categorized into intervention “themes”

Education

- Peer education; peer leaders as educators
- Counseling cards
- Community events
- School health promotion
- Education/awareness teams
- Entertainment
- Community education
- Education campaigns

Communication & Dialogue

- Radio
- Media training
- Mass media
- Counseling cards
- Community events
- Local communication channels
- Reminder flags/sounds
- Entertainment
- Health worker communication training
- Communication kits
- Mother-to-Mother support groups
- Interpersonal counseling
- Community networks, groups, NGOs, CSOs
- Youth groups, women's groups, self-help groups, social platforms
- Local leaders
- Faith-based outreach
- Community meetings/town halls/consultations
- Community health and development committee
- CHWs
- Data sharing
- Local government and administration

Planning & Participation

- Inter-agency coordinating committees
- Iterative, frequent, inclusive planning process
- Inclusive technical meetings
- Group planning/decision-making
- Contracts, goal-setting
- Positive deviance programs
- Health steering committees
- Communal development plans/bottom-up planning
- Community advisory boards
- Community health strategies
- Micro-planning with communities
- Community health assessments
- Partnership models
- Community mapping/GIS
- District/administrative participation
- Local data use for decisions
- Joint problem solving/QI
- Joint budgeting
- Joint timing, location, schedule planning
- Inclusion in work plans, strategies, budgets, TA

Monitoring & Accountability

- Public drop-out monitoring displays
- Community contracts
- Community volunteer surveillance focal people
- Individualized registries
- Tickler files; due lists
- Community tracking and registration of newborns and pregnancies
- Community tracking, follow-up of defaulters
- Community monitoring of services
- Community censuses
- Home visits
- Community feedback
- Patient satisfaction tools
- Report cards
- Patient rights charters
- Community self-monitoring tools
- Immunization card design/home charts

Recognition & Incentives

- CCT
- Vouchers
- Monetary incentives
- Non-monetary incentives
- Health worker incentives
- Diplomas/certificates
- Champion communities/parents
- Community/health facility incentives
- Public display/recognition
- Motivational tools

Implementation/Service Delivery

- Community participation in preparation and implementation of services
- Community assistance with outreach services
- Community in-kind support for services (transport, food, shelter, crowd control, registration)
- Community volunteer home visits
- CHW involvement in services
- Integration with other services/child health days/health camps
- Use of markets
- Quality improvement work

Mobilization

- Motivational tools
- Dynamic community mobilizers
- Community mobilizing
- Community promotion of services
- Volunteer community mobilizers
- Community events
- Community leader training
- Community referral systems
- Community facilitators
- Use of markets
- School programs
- SMS health promotion messages
- Individualized SMS reminders
- Advocacy
- Coalitions
- Faith-based engagement
- New social norms

DOCUMENTED APPROACHES

Some interventions inherently fall more easily into the definition of community engagement than others

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WHAT DO WE KNOW?

Documented use of community engagement as an approach gives a good platform to learn from

- It is often used to strengthen health programs, and has been for a long time (e.g. MCH, malaria, HIV, immunization)
- Immunization programs are not utilizing it enough
- It is highly contextual, time-intensive, and can be done in many ways
- While there is limited rigorous evidence, what is out there points to positive results
- Activities to engage communities vary greatly in degree of true partnership—the deeper the engagement, the better
- There are existing tools and case studies to learn from and apply to programs
- Interest and attention to community engagement approaches for immunization has been cyclical
- It is prioritized as a strategy for immunization in key documents:
 - WHO/UNICEF Global Immunization Vision and Strategy—sub-strategy for demand/mobilization
 - One of the five RED components: Linking Services with Communities
 - Strategic Objective of GVAP
 - Mentioned in the newest GAVI strategy outline

WHO IS DOING WHAT? WHERE?

There are many examples of different interventions, this is just a small sample of tools and projects

WHAT	WHO	WHERE
Community Mother and Child Tracking System	MCHIP (JSI)	India
Public monitoring and recognition tools (My Village, My Home)	MCHIP (JSI)	Timor-Leste
Champion Community approaches for participation, accountability, and mobilization	USAID (JSI), PATH, others	Madagascar, DRC
SMS-reminders, follow-up, and education	Hopkins, others	Kenya, Guatemala
Coalition-building for immunization program support	Interagency Coordinating Committee, others	DRC
Incentives for immunization	J-PAL, others	India, Latin America
Community problem-solving and strategy development	BASICS (JSI), PATH, others	Uganda
Micro-planning and social mobilization for campaigns	GPEI, SMNet, others	Nigeria, India, Pakistan

WHAT CAN WE LEARN FROM OTHER TECHNICAL AREAS?

A lot! The question is how we will use it?

- “Champion Community” and CHW examples from [MCH](#) and [immunization](#)
- Community partnerships and planning from [maternal health](#) and [emergency obstetric care](#)
- Self-help groups and social platform utilization from [agriculture](#)
- Positive deviance approach from [nutrition](#)
- Community mobilization from MDA and [NTDs](#)
- Theories behind micro-planning and mapping from [polio](#)
- Integration of services from [MCH](#), [HIV](#), [malaria](#), [nutrition](#), and [TB](#)
- Health and development community committees from [primary health care](#)
- [However](#), some aspects of immunization are inherently different:
 - Preventive vs. curative care
 - Dealing with the public system, ministries, and supply chain
 - Universally needed

Incorporating Lessons from:

- Child Health
- Maternal Health
- HIV
- Malaria
- Nutrition
- Agriculture
- Polio
- Primary Health
- NTDs
- Community development models
- Still learning...

WHAT DON'T WE KNOW?

There are still many unanswered questions and lots of assumptions

- We don't know the best way to do it...or if there is a “best” way
- While always a good idea in theory, will there always be an impact on coverage?
- In what circumstances will it make the most difference?
- Where it is—or isn't—feasible?
- Can community engagement be sustainable?
- Are incentives a great idea, or a terrible one? (Probably somewhere in the middle)
- How to combine campaign approaches (lessons from polio, measles) with RI
- What works in different contexts? Are there cross-cutting community engagement lessons?
- Can community engagement remain prioritized and innovative ideas institutionalized?

WHAT DOES THIS MEAN?

KEY THEMES

Community Engagement as an Approach

- Although there is a lack of evidence for specific interventions, community engagement is a mindset worth following
- Involving the beneficiaries of health services is a best practice

Light → Heavy Touch

- There is a continuum of community engagement interventions
- Range from using peer educators to involving communities in the planning, budgeting, and monitoring of immunization services

Cyclical Trends

- Attention to community engagement has come and gone (usually in response to poor or stagnating performance)
- Often done on the whim of budgets, priority, or urgent need
- The same ideas keep revolving

Lack of Rigorous Evidence

- More evidence needs to be generated
- What is out there is positive, but mostly in the form of case-studies and program documentation
- Can't draw generalizations

Innovative vs. “Tried and True” vs. Controversial

- Pendulum of innovation
- Many long-used interventions just haven't been evaluated
- Incentives raise red-flags

There are things worth pursuing

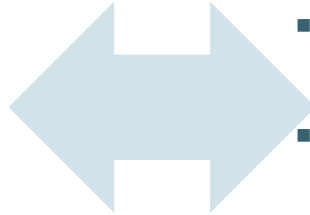
- We know the good principles—dialogue, participation, accountability, involvement in planning and implementation
- There are definitely instances where it has been done right

KEY TAKE-AWAYS AND QUESTIONS

There are many key messages, but they, in turn, generate their own questions for further study

Take-Aways

- More rigorous evidence is needed
- Everyone says it's important, and critical to reach “the last mile”
- In essence, community engagement is relationship building—and it's hard!
- Not engaging with communities will always be a missed opportunity for immunization programs



Questions

- Generating evidence—pros and cons of RCTs?
- Why don't we do it if we know it's important?
- How can we come up with a broadly applicable tool kit of best practices?
- How can we break the cycle of attention and activities—what's needed to move forward and institutionalize?

WHERE TO GO FROM HERE?

NEXT STEPS AND RECOMMENDATIONS

There is more work to be done and more information needed:

- Evidence gaps—answering those questions of “what don’t we know?”
- Prioritizing community engagement—advocating, budgeting, disseminating
- Everyone can move this work forward by:
 - Collaboration on evidence and best practices
 - Advocating for prioritizing community engagement on the immunization agenda
 - Relating community engagement to other immunization strategies and goals

THANK YOU! QUESTIONS?

