Strengthening Immunization Service Experience

NEPAL

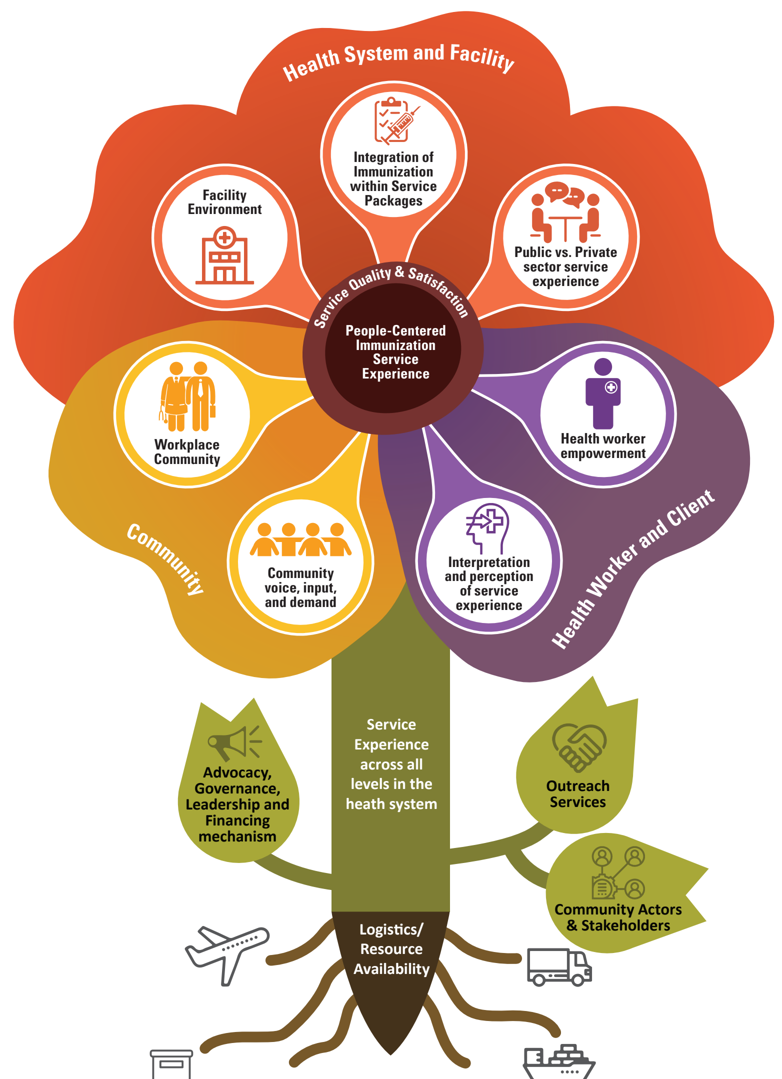
BACKGROUND AND INTRODUCTION

After rising for more than two decades, routine immunization coverage rates began to stagnate in 2010, with an estimated 19.4 million children under the age of one not receiving basic vaccines in 2018. While immunization services have historically focused on supply and delivery functions, inequities have highlighted the significance of demand generation—and the need for a people-centered model that incorporates health worker and client perspectives for a more positive immunization service experience.

Partners in the Vaccination Demand Hub Service Experience Workstream are collaborating to inform a new direction in people-centered quality immunization service delivery and re-orient immunization services to include caregiver, client and health worker perspectives and needs.[a] In support of this effort, John Snow Research & Training Institute, Inc. (JSI), in collaboration with Gavi, the Vaccine Alliance, consolidated existing knowledge and conducted rapid learning around immunization service experience at global and regional levels through desk reviews and key informant interviews (KIIs). Results from these KIIs were organized into nine main components, as shown in Figure 1.[b]

These components formed the basis for additional insight gathering in four countries, including Nepal. Immunization against vaccine-preventable diseases is a top priority of Nepal's public health and National Immunization Program (NIP) program and key to reducing child morbidity, mortality, and associated disabilities. Nepal enacted

Figure 1. Key components of a positive, people-centered immunization service experience



a For more details on the Vaccination Demand Hub Service Experience Workstream, visit: https://www.demandhub.org/service-experience/

b The nine components include: service experience across the levels of the health system; quality of the interaction and service provided; integration of immunization within a package of services; public vis à vis. private sector experience; facility environment; interpretation and perception of service experience; health worker empowerment; community voice, input, and demand; workplace community. After insight gathering in Ghana, Kenya, Mozambique, and Nepal, additional components were added.

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legislation to recognize immunization as a right of all children through the Immunization Act 2072, which was signed into law in 2016.[1] However, providing all clients with a quality immunization service experience remains a challenge due to issues related to governance, facility preparedness, and health worker training.

To understand if and how the global and regional findings resonate in country (and efforts underway in Nepal to address the immunization service experience), in April and May 2020, JSI carried out key informant interviews (KIIs) on the immunization service experience with 21 participants. These informants were from federal and local government, academia, professional societies, United Nations agencies, international and local nongovernmental organizations, and the private sector. Conducted with coordination support from the Family Welfare Division, the interviews were primarily virtual due to COVID-19 restrictions. The interviews were recorded and analyzed to extract common themes. The findings were supplemented by information from the Immunization Act 2072 and the comprehensive Multi-Year Immunization Plan.[2]

This case study examines the immunization service experience in Nepal, identifies successes and challenges, and provides recommendations for improvement.

FINDINGS AND DISCUSSION

OVERARCHING THEMES

Service experience across the levels of the health system

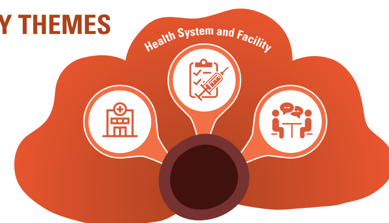
Nepal transitioned to a federal system in 2015, creating a government with a federal level, seven provinces, and 753 municipalities. KII respondents pointed out the challenges of this system, including breakdowns in government financial management that delay programming and human resource planning. Before federalism, there was a designated immunization focal person in each of the country's 75 districts. Today, each municipality has one person in charge of all health activities. This individual may not be familiar with immunization, resulting in limited local capacity to plan and provide resources for immunization services. Such gaps affect service delivery and can negatively influence the service experience for clients and health workers. Building local capacity to manage and implement immunization services creates opportunities to engage community members in designing services that align with community needs.

Quality of the interactions and services provided

Most KII respondents mentioned that health workers interact little with clients, leaving community members uninformed about vaccines and unlikely to ask questions. Respondents attributed unsatisfactory interactions to health workers' unreasonable workloads or clients' schedules. As one respondent stated, "most of the clients come for vaccine[s] between 11 a.m. and 1 p.m. And everybody want[s] to vaccinate their child first and go home quickly because they left their other children [and] animals at home." Another respondent mentioned that day workers who do not have flexible working hours may be unable to access immunization services due to facilities' limited hours.

The government's recent minimum service standard is designed to hold service providers and facilities accountable for meeting quality standards, as noted by one respondent. In addition, all health facilities have a quality assurance committee to monitor the quality of care. Government health facilities also have a mandated health facility management and operational committee responsible for ensuring care quality. These structures offer a forum for addressing barriers to more positive health worker-client interactions.

HEALTH SYSTEM AND FACILITY THEMES



Integration of immunization within a package of services

Respondents noted that integrating immunization services into birth registration and school enrollment activities could increase coverage and equity. It may be necessary to integrate immunization into health services at the federal level before promoting this change in local health facilities. Operationalizing integration requires programmatic support across interventions to assist health workers with reporting and management.

"Within the new federal system, immunization is now under federal government. Political people, rather than public health people, are involved. Without evidence-based advocacy to local government leadership, immunization planning and financing will not be prioritized. Continued advocacy is necessary at all levels of the new system." ~KII Respondent

Public vis à vis private sector service experiences
Immunization services are delivered primarily at public facilities. The limited number of private health facilities providing immunization services do not consistently follow national immunization guidelines (e.g., possessing pre-qualified refrigerators and vaccine carriers). Respondents noted that although private facilities provide poorer quality immunization services, some clients prefer them because their physical environments are more spacious and cleaner than public facilities. They also acknowledged that it would be beneficial to establish more formal coordination mechanisms between the government and private facilities.

Outreach services
Up to 60,000 Expanded Program on Immunization (EPI) outreach sessions are carried out every month throughout Nepal. Previously, outreach sessions were conducted outdoors (e.g., under trees, in open public places). Many sessions were canceled due to poor weather, particularly during monsoon season. Consequently, communities—with the support of local government—have built more than 7,000 EPI outreach clinics. Locating immunization services in a dedicated, reliable space is felt by respondents to have increased trust in the system and demand for services.

Nepal does not have an effective mechanism for reaching clients in urban poor settings. However, one respondent shared that the government is adopting a new approach called "khoja ra khopa" (search and vaccinate) where health workers are trained and compensated to conduct home visits to identify and vaccinate unvaccinated children.

Facility environment
According to the Nepal Health Facility Survey 2015 Final Report, only about 15 percent of facilities meet the minimum national requirement to provide immunization services at least three to five days per month.[3] The report noted that facilities often lack essential factors for providing quality care (e.g., half of all facilities do not have regular electricity and an equal percentage lack either soap and/or running water).[3] Given that immunization services are available only a few hours per week in health facilities and once a month through outreach sessions, one respondent mentioned that services should be increased or operating hours made more flexible.

Key informants also pointed to a weak supply chain and logistics mechanisms, with insufficiencies in cold chain equipment and supplies impeding the ability of facilities to provide immunization services. Currently, cold chain expansion is underway with Gavi support; additional capacity building in immunization supply chain management and maintenance is needed.

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HEALTH WORKER AND CLIENT THEMES

Health worker empowerment
The Nepal Health Facility Survey 2015 Final Report states that training is essential for updating health workers' knowledge and skills and improving the quality of health services. The majority of health facilities (88 percent) receive routine staff training, with training occurring most often in public facilities (95% of health posts and 94% of urban health centers) and least often in private facilities (25% of private hospitals).[3] The survey also noted that at least half of all interviewed providers reported that they had received any staff training as part of their work in the facility during the 24 months before the survey.[3] KII respondents noted that health workers in remote areas receive less skill-based training than those in urban areas.

According to KII respondents, nearly all vaccinators receive basic pre-service and in-service training to administer vaccines as well as onsite coaching and refresher training. However, health workers' interpersonal communication skills, such as counseling and interacting with clients, are reportedly very poor. The service experience might be enhanced by providing health workers with coaching and support on interpersonal communication with clients.

Respondents also highlighted the importance of addressing the safety and security of health workers, in particular female health workers who walk through forests to staff outreach clinics. It was noted that

During COVID-19, health workers in Nepal were educated using videoconferencing, pre-recorded videos, mobile phone communication, and virtual coaching sessions, technologies. These can be further adapted and used to reach remote health workers and train all in more effective and empathetic counseling.

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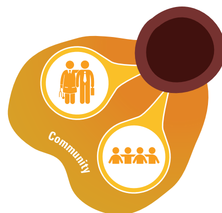
an existing community-designed strategy involves pairing a male health worker with a female counterpart for outreach activities. Such locally developed approaches are good examples of people-centered immunization services that meet the needs of clients and health workers.

COMMUNITY THEMES

Community voice, input, and demand



Community engagement (CE) in health service design, delivery and monitoring is strong in Nepal, with high awareness of and demand for immunization. Table 1 summarizes existing CE approaches in Nepal.

KII respondents identified tools that amplify community voice, input, and demand: such as social audits, which include public meetings where community members can ask health workers and decision makers questions, raise concerns, and participate in action planning. Action plans provide a road map for the upcoming year, defining problems and strategies to improve the quality of services. Anecdotal evidence on the effects of audits points to longer and more regular service hours, more caring treatment, and improved facility cleanliness and infrastructure (e.g., water supply, waiting rooms).

Respondents also described the appreciative inquiry (AI) approach implemented by the government in 2012 to mobilize and build ownership among local communities and ensure vaccination of every child.[4] The AI approach, which emphasizes identifying strengths and achievements, aims to enable individuals to see themselves as catalysts for change, taking responsibility and requiring limited support and monitoring to achieve their goals. KII participants recommended that AI be scaled up at the federal level to improve immunization coverage.

At the policy level, respondents noted the need for community input. As one respondent said, “Policy says bottom up planning and participation of community members but in reality the people’s voice has not been properly captured.” Building local capacity to engage in policy processes

Table 1. Community Engagement Approaches for Immunization

APPROACH	DESCRIPTION
Microplanning	Involving local stakeholders in microplanning at the local level results in provision of services according to community need and subsequent improvements in the quality of the health worker and client/caregiver interaction.
Village and district immunization committees	Village and district immunization committees are made up of community members who work with the village development committee to encourage full immunization coverage.
Health facility management and operational committees (HFMOC)	Community members who participate in HFMOCs are able to contribute to the management of local health facilities and programs and address challenges related to the immunization service experience.
Female community health volunteers (FCHVs)	Nepal has over 50,000 FCHVs who work primarily in rural regions conducting door-to-door visits to provide health education on issues such as immunization. As members of the community they serve, FCHVs are able to monitor and voice community concerns about the immunization service experience.
Mothers' groups	Mothers' groups consists of 10 to 15 mothers who meet regularly to discuss issues such as immunization, family planning, literacy, and finances. With FCHVs participating, the meetings provide a forum for discussing vaccination rights and the quality of immunization services.

and creating space for their involvement in their development and design are highlighted as ways to ensure immunization services align with community needs.

Measurement and Metrics

The literature describes existing and emerging platforms that health workers can use to exchange ideas, learn from their peers, and cultivate workplace community and support, all of which can contribute to a more positive and people-centered experience for all.

Respondents recommended c**ontinued reinforcement of the government-supported FCHV structure to support data collection at the community level** because:

- Nepal's 52,000 FCHVs are a trusted source of information about immunization.
- They bring the community voice to health facility and operational committee meetings.
- FCHVs are able to raise concerns and identify needed service delivery improvements.
- They collect data using health registers and contribute to monthly ward reports, skills that could be leveraged to collect community feedback about the immunization service experience.

RECOMMENDATIONS/NEXT STEPS

Several factors across the health system affect the immunization service experience for clients, caregivers, and health workers. Recommended actions to achieve a more positive, people-centered immunization service experience are highlighted below.

At the Community Level

- Develop and implement local and context-specific immunization communication strategies
- Apply the "khoja ra khopa" home visit approach to reach unvaccinated children
- Empower and mobilize FCHVs to provide immunization education, focusing on disadvantaged groups and addressing misconceptions about immunization
- Require immunization cards for school admission
- Integrate immunization education and promotion into Health Mothers' Groups

At the Health Facility Level

- Continue health worker training (including on interpersonal communication with clients), supportive supervision, onsite coaching, and incentives

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- Institutionalize collecting and reporting community feedback on the immunization service experience, including engagement with the HFMOC
- Continue microplanning, HFMOCs, and scaling up strategies to elevate community voices (e.g., appreciative inquiry, social audits)

At the Provincial Level

- Establish a dedicated immunization focal person
- Begin microplanning at all levels of government, focusing on local government
- Mobilize local resources for immunization communication and behavior change interventions
- Formalize coordination mechanisms between the government and private facilities, including in the urban context for strengthening immunization service experience and quality

At the National (Federal) Level

- Develop and implement an evidence-based communication strategy with support from partners and linked with the service standards for quality of care
- Fully implement the Immunization Act, including allocating funding for communication strategies and campaigns
- Implement a program to help health workers to readjust attitudes and improve vaccine counseling
- Provide logistics, supplies, and communication materials at all levels of service delivery
- Integrate immunization into trainings for maternal and child health and family planning
- Create job descriptions for immunization service providers and use them to monitor performance
- Continue to uphold the FCHV structure
- Map tools to monitor quality of care for maternal and newborn health and consider adaptations to monitor the quality of immunization service delivery (with public and private facilities)

CONCLUSION

The Immunization Act 2072 is a critical element in improving the uptake of immunization services. In addition, ensuring that the service experience is positive and people-centered requires political commitment through human, financial, and commodity resources, interpersonal communication training for health workers, and the continued functionality and resourcing of structures such as FCHVs. These are key factors in reaching the goal of fully immunizing all children in Nepal.

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