

# Comprehensive training

**28 June – 21 July 2022**

**HOSTED BY GAVI, WHO, UNICEF & US CDC**



# Strategies to implement a positive, people-centered immunization service experience

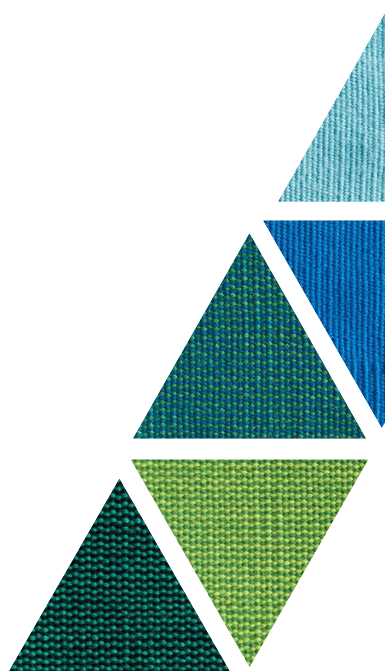
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# Outline

1. Overview of Service Experience
2. Review of Service Experience Components
3. Examples from Ghana and Nepal
4. Guiding Principles





# Learning objectives

Participants will be able to:

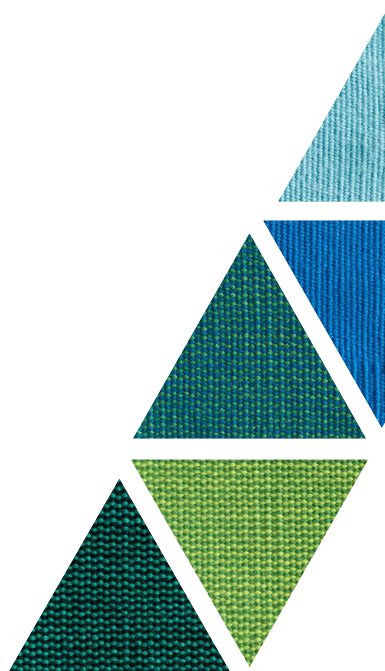
- Explain the components that make up the immunization service experience.
- Explore how to integrate elements of service experience into their work.
- Generate ideas for how service experience can be applied to their work.



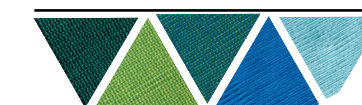
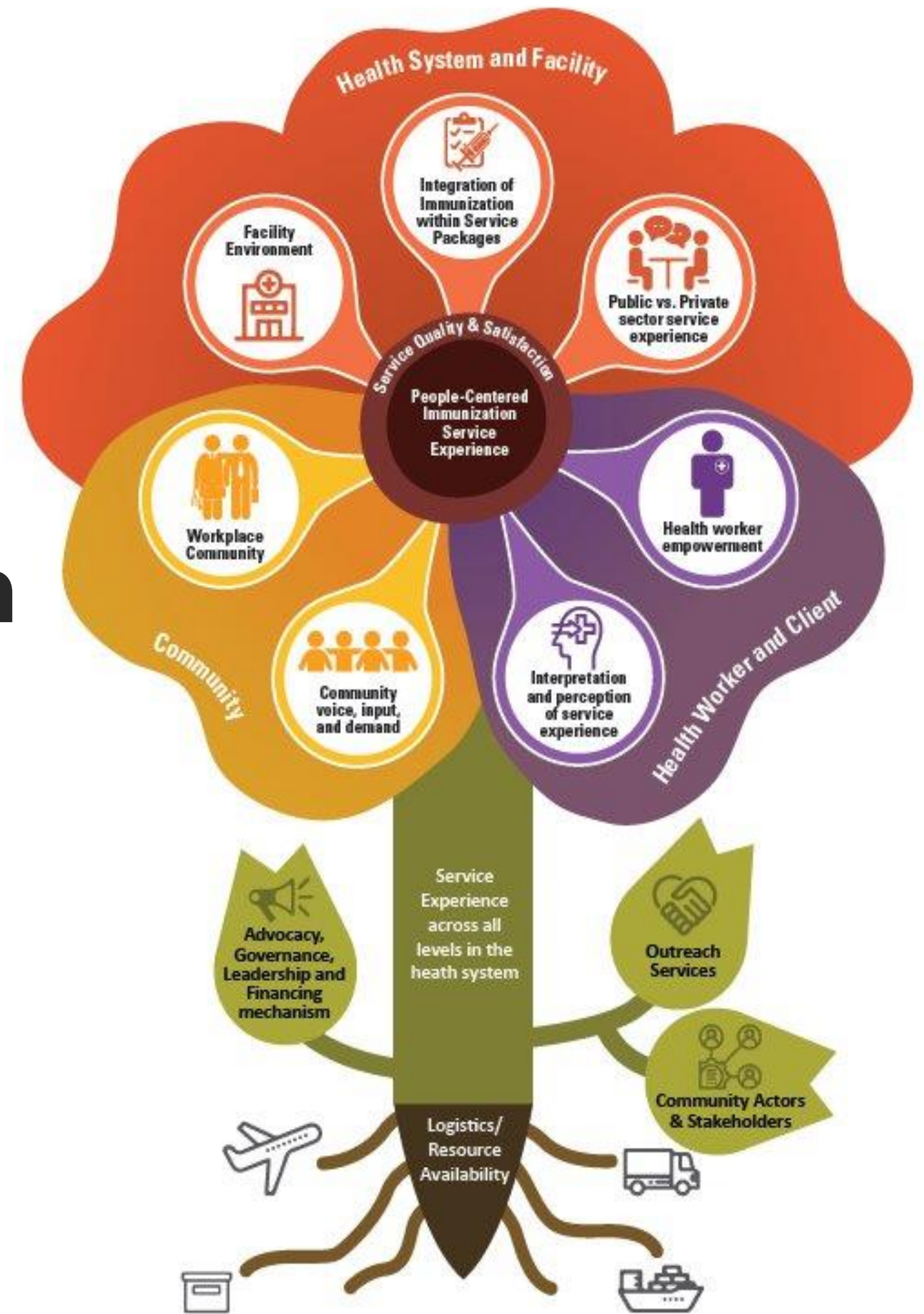


# Problem statement:

*Inequities in immunization coverage have highlighted the crucial component of demand generation and the need for a people-centered model for vaccination where services must be brought closer to people by enhancing service quality and accountability, considering health-worker and client perspectives and needs, and bringing people to services with community engagement and development of a social norm. The bridge between these two components is the **immunization service experience**.*



# Key components of a positive, people-centered immunization service experience





# Health System and Facility

# Facility Environment



Karen Kasmauski/MCSP

- Welcoming, calming, safe environment
- Condition and management of the facility: look, feel, cleanliness, order.
- Equipment and set up of session.
- Availability of vaccine storage and storage of registers.
- Ghana: Lack of cold chain facilities at the primary level --> HWs traveling 3km to obtain vaccines from cold storage to service delivery points.
- Privacy during immunization sessions.



# Integration of immunization within a package of services

**“When we think about quality of care, we often overlook the quality of care in integration of services.”**

- Integrated delivery to meet the needs of the clients
  - Lack of time on the part of the client necessitates integration
  - Structure feasibility and limitations (e.g. HF competency, ability to provide services such as outreach)
- Exploring entry and convergence points for immunization that can affect the service experience
- Exploration necessary around how quality of integration of immunization and other services is:
  - Perceived by HWs, clients, communities and
  - How that is measured vis-à-vis expectations/perceptions
- Service provider interaction with clients can be compromised due to integration.
  - Routine, long hours of service delivery—combined with unmatched staffing demands and compensation—can stress service providers



# Public vs. private sector service experience

“Immunization service delivery is only going to get more concentrated in the private sector, not less, as time goes on. Right now, we have a unique opportunity to look into this. Some countries are further along with their private sector than others and we can learn from these experiences to reshape how we think about immunization service delivery in the private sector.”

## Rationale for why some clients go to one vs the other

### Private facilities

- Cleanliness
- Convenience (got what they wanted)
- Short waiting time
- Courteous and respectful

Need to standardize technical standards of care

### Public facilities

- Better medical quality
- Comprehensive counseling
- Better screening

Need to improve interpersonal relationships and efficiency





# Health Worker and Client

# Health worker empowerment

## Capacity building

- Use of pre-service, in-service, and blended learning approaches to ensure HWs have the confidence in the clinical aspects of the work -> more effective communication with the client and a more positive experience for them both
- Feedback and supportive supervision - minimal investment in training on specific technical aspects is appreciated and can improve the quality of care.
- Create learning environment, particularly for young health workers posted to remote areas (peer mentorship)
- Training on IPC, specifically with anti-vaxxers

## Motivation

- Simple recognition of the performance of the best employees.
- Capacity building for health managers so they can provide good support to the HWs; service experience for HWs can improve if they feel well-supported
- Respect the work and listen to their voice
- Provide incentives, like free medical insurance
- Provide transportation to conduct outreach sessions for immunization as well as a place to stay for people who are not from the area
- Safety and security for health workers who must walk long distances



# Interpretation and perception of service experience

When the health workers are supported by the system to do their job, they enjoy it more and do not feel like health education or engaging with the client is a burden. They view themselves as primarily responsible for health promotion and patient education.

Capacity building of health staff in IPC is highlighted as a key to improving the interpretation or perception of service experience.

Client interpretation and perception of service experience is influenced by:

- Convenience
- Respectful and dignified care
- Provider attitude and communication
- Higher levels of concordance of social characteristics (e.g., age, gender, education, and socioeconomic status) between patients and providers result in higher satisfaction with care.

Provider interpretation and perception of service experience is influenced by:

- Staffing
- Peer mentorship
- Online repository
  - Support by the health system





# Community

# Community voice, input, and demand

Community input may not be captured by the existing planning and reporting tools

- Align services with expectations and perceptions of services to enable quality improvement
- Ensure community is involved in how the interventions are designed and delivered (e.g., RED/REC, HCD)
- Support functioning of health and co-management committees through which the community participates in the planning and monitoring of health programs.
  - Some committee members do not represent the community, weakening their recognition and functioning.
  - Functional committees mobilize the population for demand but there is insufficient response from the service sector



# Community voice, input, and demand

Providing communities with a forum to express their demands and hold the health system accountable for what has been promised:

- Encourage feedback and feed-in loops
- Build trust and manage expectations together
- Don't promise what can't be delivered

Community engagement in monitoring the quality of service delivery

Through health committees, the community participates in the evaluation and accountability of health professionals in a transparent manner.

Community Score Cards and MNCH Satisfaction Cards

Immunization Program Exit Survey + Client Exit Interviews

Communication with community health workers

Mother's Groups  
Father's Groups





# Workplace Community

“There is something intangible and intrinsic about a physician who is volunteering to work with health facility workers that we found has been an incentive. It is not just someone is paying attention to them as an individual but it is also the idea that an expert wants to support me, work through these issues with me, and treat me as a peer. We are all health providers and we are going to work together to solve how we can make this better.”

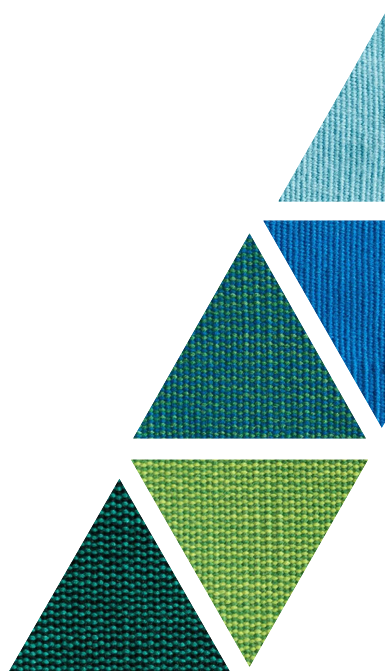
- Consider the health provider ecosystem holistically
- Cultivate a sense of community between health providers and the health system as well as among the providers themselves
- Supportive supervision identified as key intervention to support exchange between HWs and increased capacity
- Structure of peer-learning and interactive/collaborative learning as a community:
  - In a hospital setting with many staff
  - Among HWs from several HFs in review meetings
  - By way of WhatsApp to exchange of ideas, share information, engage in informal peer mentorship, and discuss cases

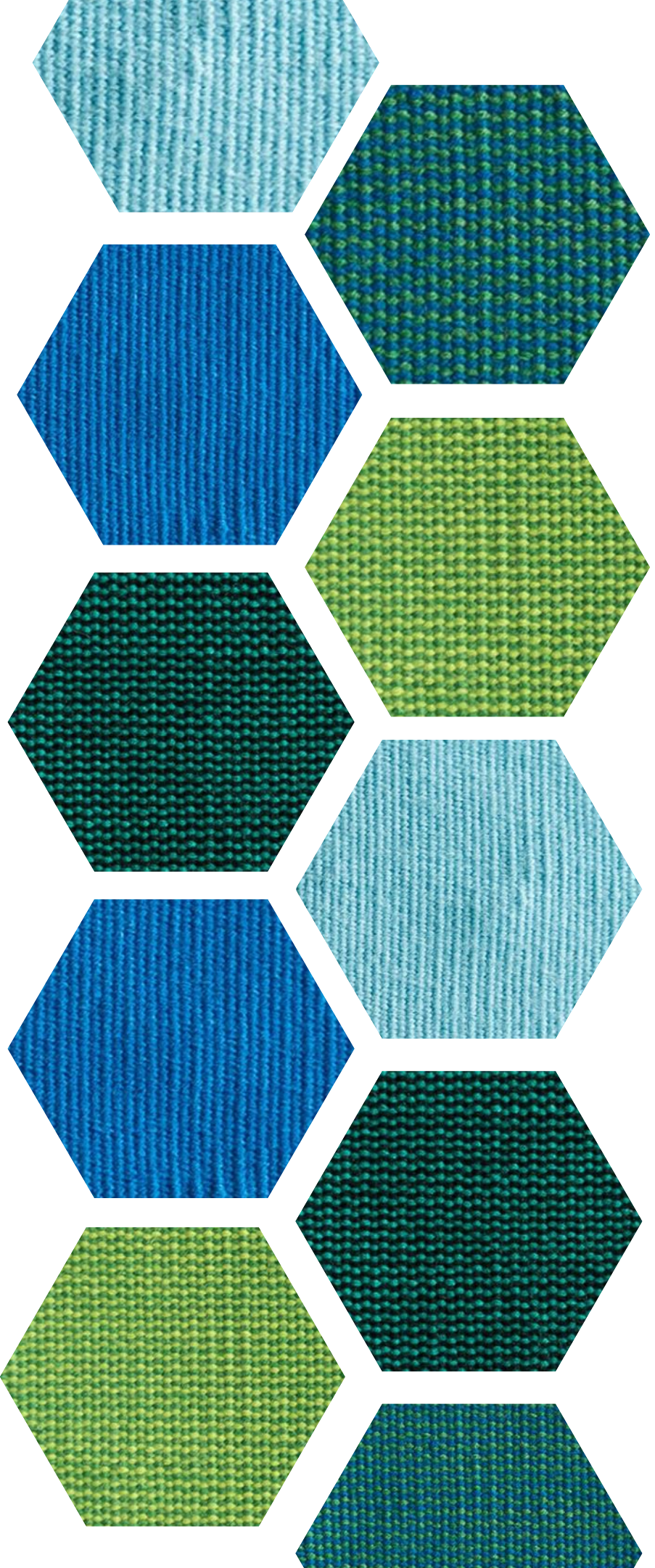


# Quality of the interaction and service provided

- Immunization quality needs to be defined and the standards understood
  - [WHO Quality of Care Standards](#), while not specific to immunization can be a useful tool and starting point
  - The [Quality of Care Network](#) is currently investigating how to bring these standards down to the community level (as of now, it stops at the primary care level)
  - [IHI Psychology of Change Framework](#), a white paper that provides valuable insights and concepts to understand what it will take for change quality improvement efforts to succeed in health systems

“Quality must be at the center of everything we do.”





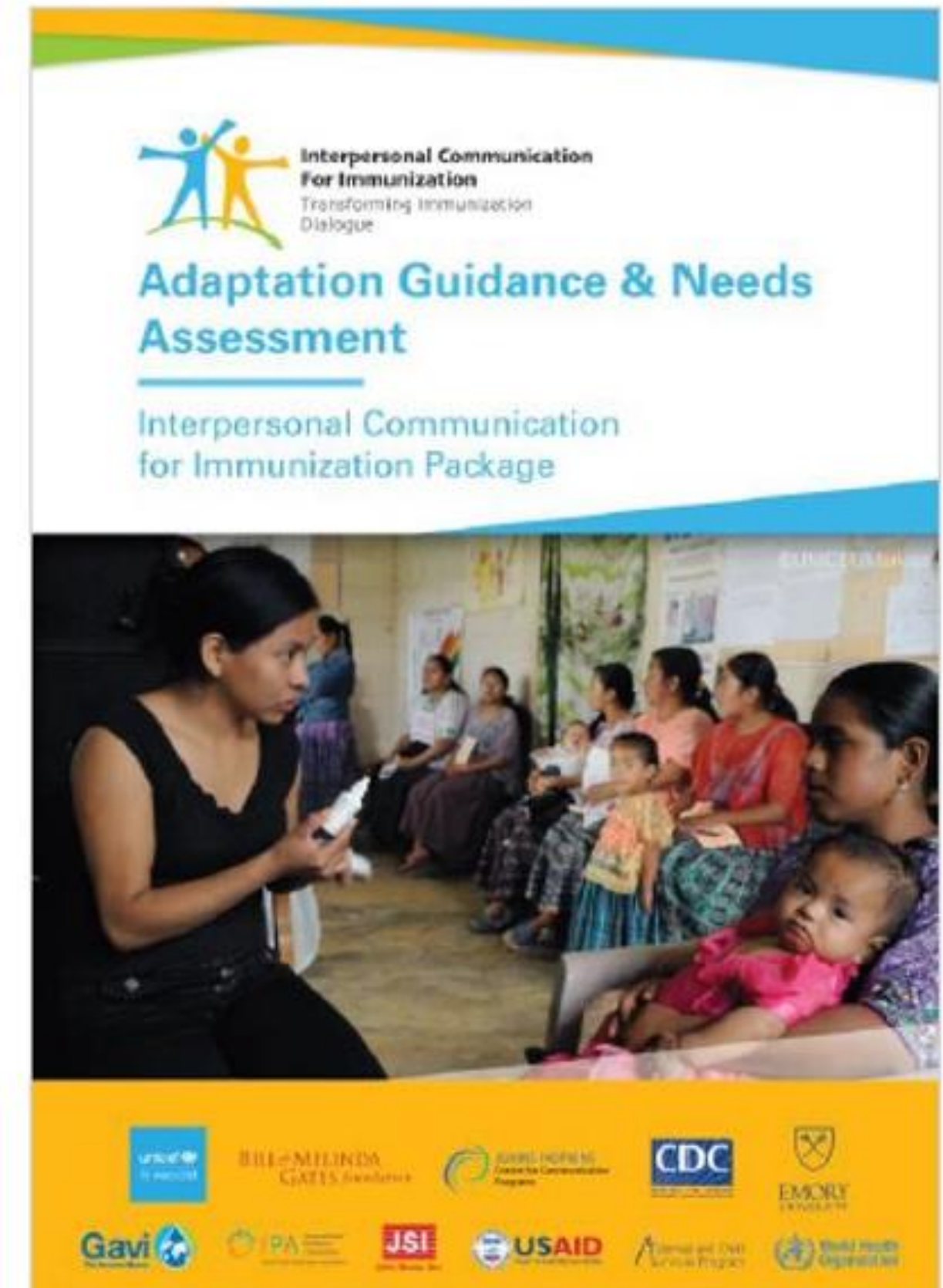
# Truths from the field



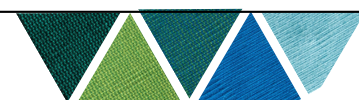
# Quality of the interaction and service provided

"Quality of the interaction is a very important component but needs to be improved; the counselling part is very weak."

- Some caregivers do not ask questions due to poor provider attitude; they fear how the providers will respond.
- Language, literacy, and cultural barriers affect IPC.
- Emphasis on IPC skills, vs mentoring, vs clinical skills.
  - Quality improvement indicators teach to the hoped outcomes and not around building confidence that health workers can do more and that improving the interaction is important.
  - Who makes sure that the quality skills are being met by the provider?
  - Mentor and/or supervisor skills to be able to effectively monitor and support providers to improve those skills



Source: IPC/I Package



# Insights from Ghana

## Facility environment



Hospital by ProSymbols, Noun Project

### Perceived quality of facility environment

- Health worker's experience in a pleasant ambiance creates sense of 'respect' from clients.
- The facility environment can undermine the service provider, causing the client to not fully follow instructions from service providers.

### Cold chain facilities unavailable

- Unavailability of cold chain facilities at the primary level and locations impact timely delivery of care.
- Provision and accessibility of adequate logistics. Service providers sometimes ride about 3kg to obtain vaccines from cold storage to service delivery points.
- Requires decentralization of cold storage facilities especially at primary healthcare levels.

### Some suggestions include:

Integrate a holistic service for mother/baby facilities (e.g., changing rooms; breastfeeding rooms; play areas for well toddlers; water sanitation facilities). Joint advocacy with WASH programs to support partnerships to improve water and sanitation in health facilities.



# Insights from Ghana

## Interpretation and perception of service experience

Feedback mechanisms to monitor or know when clients are satisfied with immunization services does not exist in a formal way.

As immunization is integrated into other services, the following existing feedback/monitoring processes can also be applied to immunization.

Periodic clinical reviews of client complaints and requests at the Out-Patient-Departments

Client to service provider one-on-one review sessions on client's condition and experiences (often anecdotal)

Periodic project monitoring exercises conducted by I/NGOs

Health service providers community engagement (e.g. during community health durbars)



# Insights from Nepal

## Advocacy, governance, leadership and financing mechanism

“Nepal has to implement the Immunization Act properly.”

- Encourage government to allocate budget for demand generation activities; budget for this is not currently available.
- Advocacy on the importance of immunization is needed at all levels within the new federal system to develop ownership and leadership in the program and to ensure budget allocation to immunization activities:
  - Development and implementation of an immunization communication strategy is needed to relaunch the immunization program within the new federal system

New theme

Nepal is the first country in the Southeast Asia Region to have the immunization act (2015/16) and immunization regulation (2016/17), which recognize immunization as a right for all children. The act is to regulate private health facilities and monitor service quality through mandatory registration with the government before commencing service provision. Based on the national immunization act 2015, before vaccine administration, the vaccinator shall give information concerning the nature of the vaccine, advantages of vaccine, and possible risks associated with the vaccine.



# Insights from Nepal

## Health worker empowerment

**Local solution for safety and security:** When doing long-distance outreach or home visits, the village provides a helper for support.

### Health System

- Provide quality equipment and supplies on time
- Assign staff to the correct positions within the system
- Clarify career options and guidance on promotions
- Continue to update health workers with relevant technical information through different communication mechanisms

### Job Satisfaction

- Respect their work and listen to their voice
- Provide incentives, like free medical insurance
- Provide transportation to conduct outreach sessions for immunization
- Safety and security for health workers who must walk long distances
- Create learning environment, particularly for young health workers posted to remote areas







# 3 Guiding Principles for Service Experience

1. We need to value and integrate the communities we serve into immunization programming.
2. We need to recognize that quality of services start with ensuring that HWs can do their jobs, and do them well.
3. We're just starting to understand (and measure) what can be achieved through addressing the various elements of service experience.



# Strategies for different health care workers

- Frontline workers:

- Respect the caregiver. Ensure that the caregiver understands the risks and the benefits.
- Listen to make sure you understand what you hear.
- Ask open-ended questions.

- Supportive Supervisors:

- Encourage good practices and to identify and address areas for improvement.
- Monitor and assess immunization services to help ensure that FLW work-related needs are met

- Program Managers:

- Establish and maintain a network of organizations responsible for monitoring and evaluation
- Develop an annual monitoring and evaluation workplan





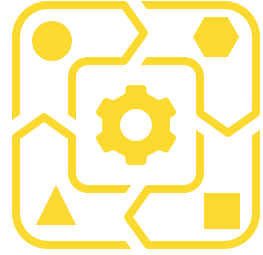
# Key References and Resources

[Strengthening Immunization Service Experience: Global, Regional, and Country Insight Gathering](#)



# Group work





# Group Exercise

## Breakout Activity Steps:

- Participants take turns reading sections of the case study out loud.
- Discussion Question 1: How has COVID-19 influenced this family's use of routine immunization? How has it changed the dynamics of the family unit?
- Discussion Question 2: What are areas that could be improved at the health facility to improve Alma's service experience? How do these relate to the Service Experience Framework?
- Discussion Question 3: What factors likely impacted the health worker's ability to provide a positive service experience to Alma and her children?
- Discussion Question 4: What are your ideas to improve service experience and enhance health workers ability to provide good care?
- Connect these ideas with the Service Experience Framework.

