

GETTING STARTED GUIDE

FOR IMMUNIZATION
SERVICE EXPERIENCE



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Acknowledgments

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How to use this guide and toolkit

The purpose of the Service Experience (SE) Toolkit is to:

1. Introduce the concept of SE as it applies to immunization programs to country, regional and global audiences.
2. Provide consolidated information in a user-friendly format for countries to begin addressing SE in their contexts.

THE SE TOOLKIT CONSISTS OF 5 COMPONENTS:

CLICK ON THE ICONS BELOW



Getting Started
Guide



Explainer
Video



Fact
Sheet



SE Orientation
Presentation



Discussion
Questions

This Getting Started Guide is meant to be a reference guide for toolkit users who may be responsible for introducing discussions or activities related to immunization SE in their context.

Use this guide to navigate through and understand all the products included in this toolkit, and how you can use them to drive collaborative discussion and action to address SE issues and improve your immunization program.



Audience for the guide

This guide has been designed for several audiences:



Country level:

Expanded Programme on Immunization (EPI) managers and staff at national and regional/provincial level and implementing partners (e.g. NGOs, CSOs, WHO, UNICEF) should use this guide and associated products to enhance their understanding of immunization SE and facilitate a process to identify SE-related challenges and develop action plans to address them.



Global/regional level:

Gavi, Core and Expanded Gavi Partners, Vaccination Demand Hub partners, and other funders and implementing partners may find this guide useful to plan, prepare, and support SE-related initiatives and activities in various countries.



What is immunization service experience?

Immunization SE includes the factors within and beyond the interactions between a health worker and an immunization client which influence the delivery and experience of the immunization service.

Immunization SE considers various components at the individual, community, facility, and system levels, which affect either client or health worker and influence whether or not a client has a positive, person-centered, high-quality immunization service experience.



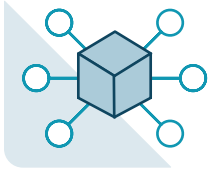
Why is SE important? Why now?

Immunization services in low- and middle-income countries have historically focused on supply and delivery functions, including quantitative analyses to measure results and impact. There has been insufficient attention to the qualitative and socio-behavioral considerations that improve confidence, acceptance, use, and demand.

The recent global focus on immunization inequity and the COVID-19 pandemic highlighted the critical role that trust, demand, and quality play in encouraging vaccination uptake so that immunization programs are both valued by and can reach everyone.

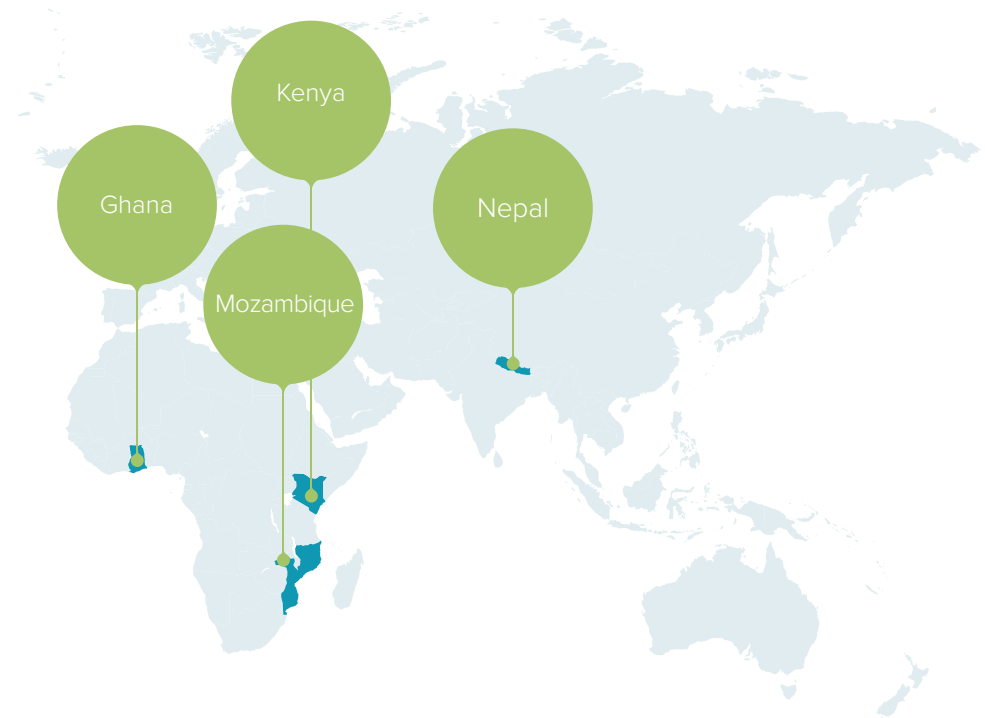
Immunization SE plays an important role in **establishing trust and confidence** in the health system and **influences the use** of immunization services by clients.

- A positive, person-centered immunization SE can contribute to confidence, acceptance, demand, and uptake of vaccination.
- A negative experience could result in mistrust, refusal, or lack of participation in immunization or other primary health care services.



Key components of a positive, person-centered immunization service experience

Immunization SE goes beyond the face-to-face interactions between health workers and clients. A qualitative scoping exercise conducted in Ghana, Kenya, Mozambique, and Nepal uncovered 13 key components at various levels that contribute to a positive, person-centered service experience.¹

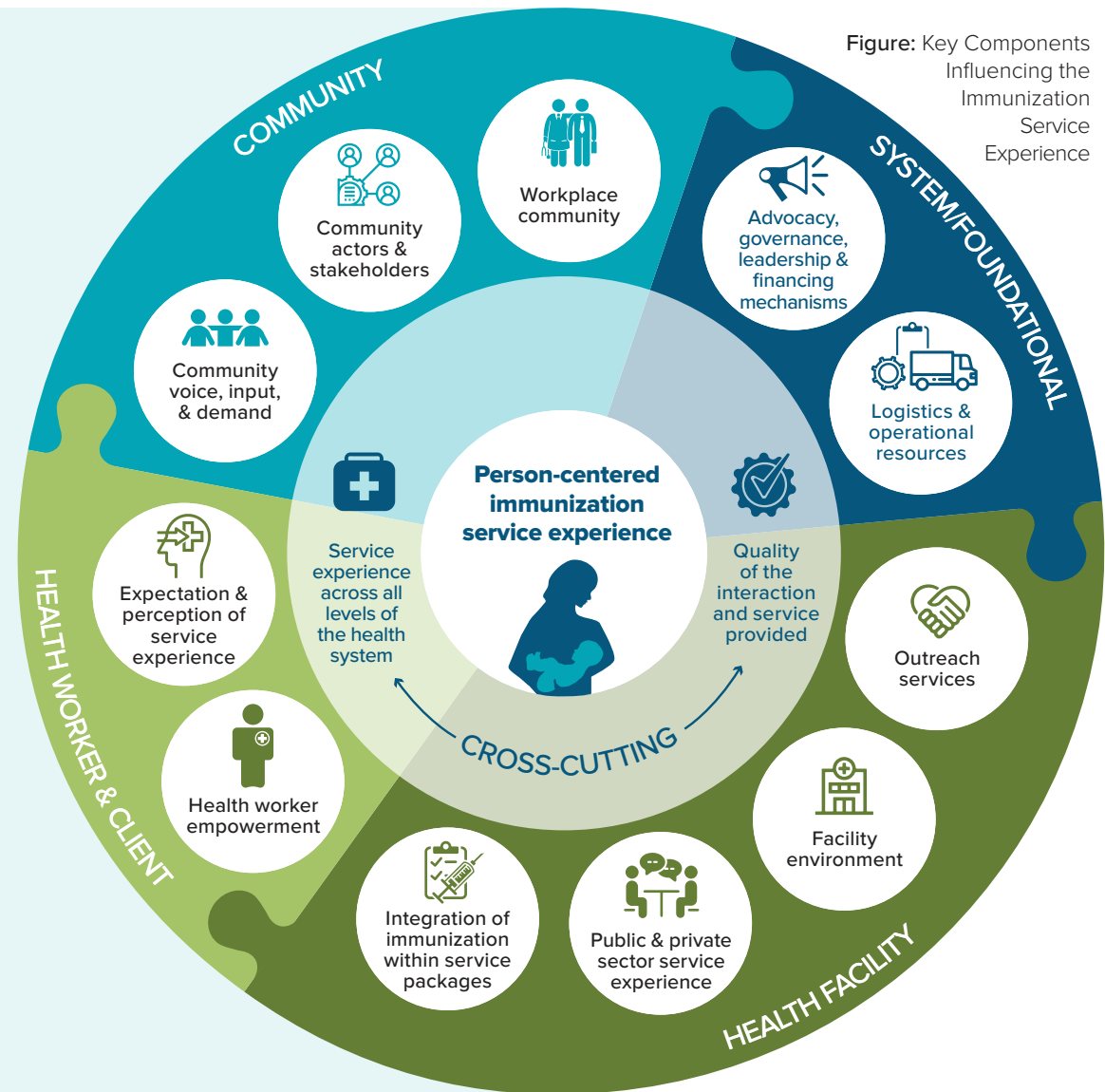


¹ JSI, 2020. Strengthening Immunization Service Experience: Global, Regional and Country Insight Gathering. Available at: https://publications.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=24508&lid=3

This graphic depicts the components at play that influence the immunization SE.

Components may be cross-cutting or occurring at interpersonal, facility, system, and community levels; however, all are interconnected and contribute to an improved service experience and stronger trust, confidence, acceptance and demand for vaccination.

While the client may be at the center, and is often a focus as we seek to improve immunization outcomes for all, it's important to remember that SE also affects the delivery and experience of the health worker. Their ability to provide a positive, high-quality immunization service is strongly affected by the various components in the diagram.



CROSS-CUTTING LEVEL COMPONENTS:



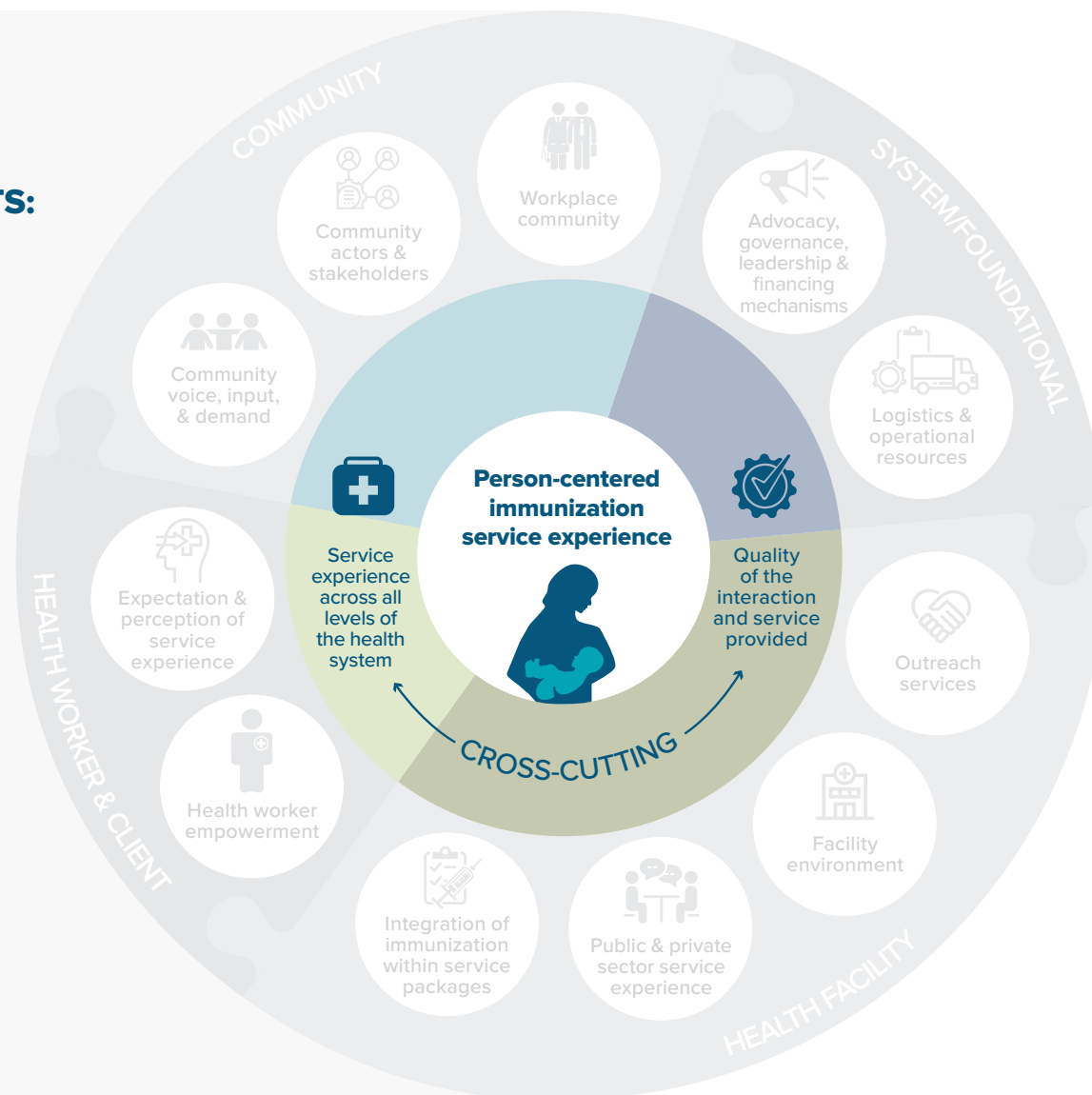
Service experience across all levels of the health system

This component takes into account inputs and actions that can affect the immunization service experience at all levels, noting that country policies and strategies related to the experience of care and quality of care should also consider immunization.



Quality of the interaction and service provided

Quality must be at the center of immunization services. Defining immunization quality standards is important, as is further exploration into context-specific issues of how service quality and service experience relate to client expectations of care.



COMMUNITY LEVEL COMPONENTS:

Community voice, input, & demand

This component speaks to engaging the community in the design, delivery, and monitoring of services; the need for two-way feedback to foster accountability; and the importance of aligning demand for services with the availability and acceptability of services.

Community actors & stakeholders

Different non-health stakeholders—such as social influencers, respected community leaders, the private sector, and academia—can play a role in addressing key issues related to immunization service experience, depending on local contexts.

Workplace community

The ecosystem within which health providers work can influence the experience of care. While needs may vary by location or individually, it is important to cultivate an enabling work environment that fosters a stronger sense of community and job satisfaction for providers to share ideas and be supported.



SYSTEM/FOUNDATIONAL LEVEL COMPONENTS:



Advocacy, governance, leadership and financing mechanisms

Continuous advocacy, strong governance and leadership, and sustainable financing are foundational to the provision, quality, and demand for services and therefore influence the immunization service experience.



Logistics and operational resources

The basic availability of, and access to, a reliable supply of vaccines, commodities, and operational resources affects the experience for health workers, clients and caregivers, resulting in either continued or decreased demand for immunization services.



HEALTH FACILITY LEVEL COMPONENTS:



Integration of immunization within a package of services

This component explores if and how integrated service delivery addresses the needs and expectations of health workers and communities. There is a need to examine the quality of care in integrated services and the requirements necessary to support person-centered immunization services within a package of care.



Public and private sector experience

Although immunization services are usually provided via public health systems, the private sector plays a notable role in urban contexts or areas where the public health system is lacking. This component explores why clients may choose one type of facility over the other and how this links to the perception of the immunization service experience.



Facility environment

The health facility environment includes the functionality of the location and structure within which services are provided and received. This can affect how people perceive service quality and their continued demand for and acceptance of immunization services, as well as the health worker's ability to provide services.



Outreach services

This component highlights the importance of person-centeredness in services that are provided in a location that is not within a health facility itself. The design and organization of outreach according to community inputs and needs can strengthen or decrease trust and use of the health system overall.



HEALTH WORKER & CLIENT LEVEL COMPONENTS:



Expectation and perception of service experience

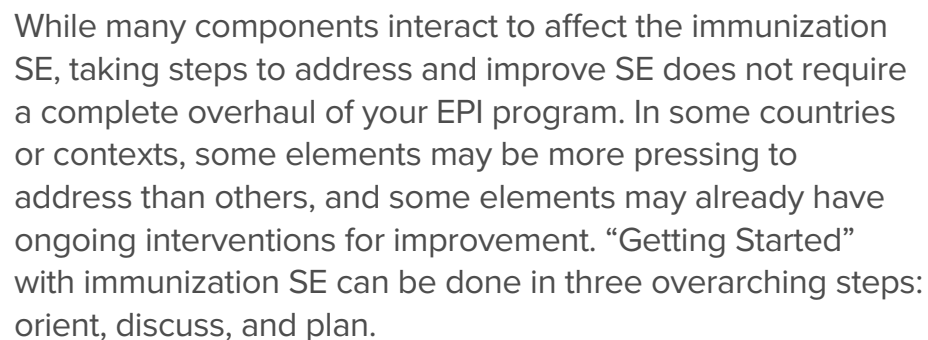
Factors that influence client and health worker interpretation and perception of immunization service experience may be outcome- or experience-based. Health workers consider both individual provider and facility/systemic factors, while clients consider the quality of interaction with the individual provider and the acceptability of the service.



Health worker empowerment

Enabling and resourcing health workers to do their jobs well is key to ensuring positive, person-centered immunization services. This may include the availability of guidelines, training, supplies, and equipment, as well as strong management and communication skills on the part of health managers.





The goal of this step is to: 1) build a shared understanding of SE and why it's important for immunization, and 2) kickstart advocacy efforts to address or improve SE through programmatic activities.

The orientation should be geared toward national-level EPI staff, but depending on the country context, you may want to consider including select regional/provincial level staff as well.



TIP

This 1-hour orientation can be incorporated into the agenda of other scheduled national-level EPI meetings as appropriate, such as regular technical working group (TWG) meetings or overall EPI planning and review meetings (e.g. annual national EPI review, Comprehensive Multi-Year Plan (cMYP) or National Immunization Strategy (NIS) meetings, Gavi Full Portfolio Planning (FPP) discussions, etc.).

CLICK ON THE ICONS BELOW

Use these resources for your country-level orientation:



SE orientation presentation

You can use and adapt this PowerPoint to fit your country's needs. It is designed as a 1-hour session



A short
explainer video

“What is Immunization Service Experience?”
– this can be shown at the beginning of the orientation.



Two-page
fact sheet

This can be printed and shared with participants as a useful quick reference.

2. Discuss

The goal of this step is to understand what components of SE are challenging in your country context, what might be some promising interventions to address those challenges, and what are some of the operational barriers that may impede progress.

Building off the orientation, for this step you should organize a mechanism to have rich discussions to more deeply examine immunization SE as it applies to your country. Start with looking at what are current ongoing efforts, what are the pain points or remaining gaps, etc.

CLICK ON THE ICON BELOW

Use this resource for your discussion:



Discussion questions

These questions can be used or adapted to fit your needs.

There are a few ways to consider implementing this step:

- “Lighter touch” – hold a session (½ day or full day) post-orientation with breakout groups to review and discuss questions (e.g., discuss SE within the context of a national-level review meeting, directly after facilitating SE Orientation)
- Deeper Engagement – organize a small technical working group to dive into discussion questions and/or conduct rapid analysis as needed
- Combination of both



TIP

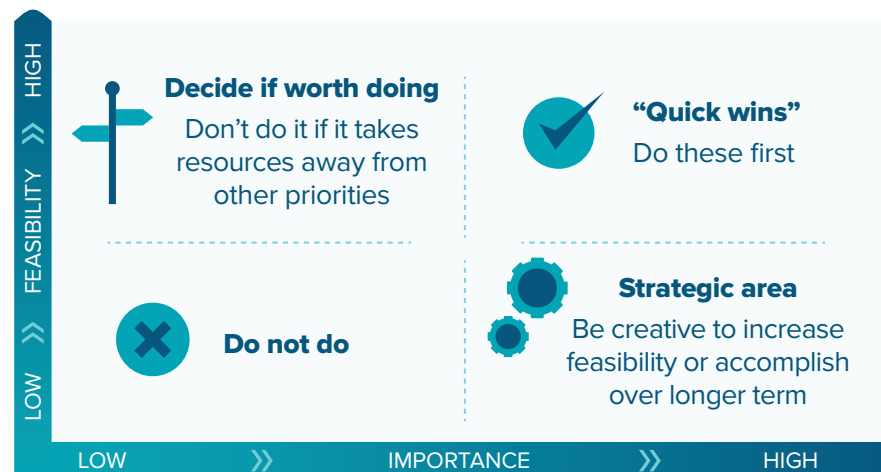
Consider when and how to properly engage sub-national staff, Civil Society Organizations (CSOs), and MOH staff who work on quality of care. This “Discuss” step is an exploratory, information-gathering stage to understand the issues around specific SE components. Sub-national and civil society perspectives and participation is very important to inform this discussion. It is also important to include other staff within the health system who are focused on quality of health services beyond immunization.

3. Plan

The goal of this step is to develop a clear action plan of priority activities to improve SE components.

Building off the discussion and analysis of the SE situation in your country, this step requires synthesizing all previous inputs and data to prioritize and develop an action plan to address your SE-related challenges.

To prioritize activities, consider collaboratively developing a priority matrix to assess feasibility and importance/impact:



TIP

It is important to consider multi-year planning and funding cycles (e.g. cMYP/NIS, Gavi FPP, others) – what opportunities do you have coming up? Which activities should be prioritized for funding in the immediate versus medium or longer term? These considerations can help drive some prioritization decisions.

Once priority activities have been decided, you will need to develop an action plan. The action plan should follow similar country planning templates (i.e., it is best to incorporate into broader EPI planning processes or templates). Activities in the action plan should clearly delineate:

- What the activity/intervention will be (including at what levels of the health system it will take place and other key details)
- Who is responsible for carrying it out (and who may be in supportive role)
- Overall timeline
- Estimated budget and funding source, as applicable
- Mechanisms for monitoring and evaluation
- Any other critical information



TIP

Plans are only impactful if they are actually implemented. Identify a mechanism for implementation and ongoing support (e.g., a TWG that may oversee or manage the priority workplan).





Conclusion and additional resources



Immunization SE, the factors within and beyond the interactions between a health worker and an immunization client which influence the delivery and experience of both a health worker and the receiving client, is an important part of **establishing and maintaining confidence, acceptance, trust, and demand for vaccination.**

“Getting started” with SE does not have to be daunting or require many additional resources – it’s about examining your EPI program with a “SE lens” and reviewing ongoing efforts, persistent challenges, and possible ways forward. This guide and toolkit provide initial resources to help country EPIs “get started,” but rich experience and knowledge already exist within EPI programs, and partners are continuing to develop resources to address SE in a practical manner at the country level.

Below are some additional resources of interest to learn more about SE:

RESOURCE	BRIEF DESCRIPTION
JSI, 2020. Strengthening Immunization Service Experience: Global, Regional and Country Insight Gathering	This is a summary of a qualitative insight gathering exercise conducted to develop and refine definitions of key components that influence immunization SE.
JSI, 2020. Ghana Case Study: Strengthening Immunization Service Experience	This case study shares findings from a literature review and key informant interviews. It offers practical recommendations to improve the immunization SE for clients, caregivers, and health workers in Ghana.
JSI, 2020. Kenya Case Study: Strengthening Immunization Service Experience	This case study shares findings from a literature review and key informant interviews. It offers practical recommendations to improve the immunization SE for clients, caregivers, and health workers in Kenya.
JSI, 2020. Mozambique Case Study: Strengthening Immunization Service Experience	This case study shares findings from a literature review and key informant interviews. It offers practical recommendations to improve the immunization SE for clients, caregivers, and health workers in Mozambique.
JSI, 2020. Nepal Case Study: Strengthening Immunization Service Experience	This case study shares findings from a literature review and key informant interviews. It offers practical recommendations to improve the immunization SE for clients, caregivers, and health workers in Nepal.
WHO and JSI, 2020. Service Experience: Interlinking supply and demand (slides and recording)	These slides and recording of a presentation about SE include a focus on connections to immunization supply chain (presentation at TechNet Conference).
WHO, 2022. Quality immunization services: a planning guide	This guide aims to reinforce the central importance of quality vaccination services and to offer renewed direction to the design, delivery, and evaluation of quality immunization services to increase coverage and reduce the dropout rate.
WHO, 2022. Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake	This guidebook contains tools and recommendations to support community-based assessments of the behavioural and social drivers (BeSD) of vaccination, including surveys and qualitative interview guides on childhood and COVID-19 vaccinations.
OpenWHO. COVID-19 vaccination training for health workers. Module 6: Communication with the community about COVID-19 vaccination	This module describes health workers' roles and responsibilities for COVID-19 vaccination, demonstrates effective and individualized communications about COVID-19 vaccination, explains communication strategies for three potential scenarios with community members, and explains the role of a vaccinator in crisis communication for adverse events following immunization (AEFI).
WHO & UNICEF, 2022. Human-centred design for tailoring immunization programmes.	This document supports an evidence-based approach to human-centered and tailored strategies for reaching under-vaccinated communities.
WHO, 2021. Health Worker Communication for COVID-19 Vaccination: Flow diagram for communicating during COVID-19 vaccination sessions	This flow diagram supports health workers by outlining key steps and messages to communicate during a COVID-19 vaccination session.
Vaccination Demand Hub, 2021. Service Experience Resource Catalogue	This resource catalogs literature and tools relevant to immunization service quality and experience.

