

SIDE A: CAREGIVERS



Beliefs, Knowledge & Feelings

Do **caregivers** recognise the importance and benefits of vaccinations?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“My child doesn’t need vaccines”

If caregivers believe certain diseases are rare or unlikely, they might see vaccines as unnecessary and be concerned by more immediate health needs.

“I’m not sure vaccines really work”

Caregivers may not fully understand how vaccines protect their children’s health or the health benefits they provide.

“I’ve heard that vaccines are harmful or are a conspiracy”

False rumours and misconceptions about vaccines can create doubt and fear amongst caregivers.

“Needles are scary”

Some caregivers worry about the pain of needles for their children.

SIDE B: HEALTHCARE PROVIDERS



Beliefs, Knowledge & Feelings

Do **healthcare providers** provide sufficient information about vaccination? What beliefs do they hold about vaccinations? What biases might they hold about their patients?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“I haven’t received enough training on vaccines”

Some healthcare providers may lack proper training or clear information and skills about vaccines.

“Sometimes, I struggle to explain things to my patients in a way they understand”

Some healthcare providers may lack interpersonal and communication skills to interact effectively with caregivers.

“I don’t want to get into a confrontation with someone about vaccination”

Healthcare providers are increasingly fearful about being

on the frontlines of difficult conversations.

“I don’t want to vaccinate someone from this community”

Some healthcare workers may not want to provide the same level of care to people from certain backgrounds or communities.

“I think there are more important health concerns than vaccines right now”

When healthcare providers don’t emphasise the importance of vaccines, caregivers may feel less motivated to vaccinate.

SIDE A: CAREGIVERS



Trust

Do **caregivers** have trust in the healthcare system and providers?

Check out some common barriers, and decide which ones are relevant for your community of focus:

"I don't trust the vaccine – it is developed to harm my community"

Caregivers worry about vaccine safety, believing that the vaccines are intentionally trying to hurt them

"I don't trust their advice, because no one listens to my concerns"

If caregivers perceive the system as dismissive or unresponsive to their worries, they may lose trust in its commitment to their family's well-being.

"Government has no intention of helping my community"

Some communities do not trust their government to care for them, so they distrust all government led health services

"I'm not confident the healthcare system prioritises my child's well-being"

Concerns that the system may not fully safeguard their children's health can deter caregivers from trusting vaccine recommendations.

"I don't fully trust foreign organisations providing vaccines"

Some caregivers may distrust international organisations or NGOs that provide vaccines, feeling uncertain about their intentions and suspecting they may have hidden agendas.

SIDE B: HEALTH WORKERS



Trust

Do **health workers** trust the healthcare system?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“I’m not sure our system values my role”

A lack of recognition and support from the healthcare system may cause providers to question their importance within the system, affecting trust.

“I don’t believe the healthcare system will provide us with the resources needed for our jobs”

If healthcare workers frequently lack essential resources or vaccines, it can lead to distrust in the system’s ability to support them in their roles and uphold care standards.

“I don’t trust that government has fully checked if the vaccine is the safest option.”

As the public becomes increasingly informed about different vaccines and options available, healthcare workers may not always feel they can defend recommendations proposed by their health system.

SIDE A: WIDER COMMUNITY



Community, Religious, and Gender Beliefs

What does the **wider community** think about vaccination? Are there any religious beliefs preventing vaccination? What is the role of women in the community – does gender impact vaccination behaviour?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“My family and community don’t support vaccines”

When family, friends and community members oppose vaccination, caregivers may feel pressured to not vaccinate.

“Vaccines are forbidden in my religion”

Religious beliefs or leaders may oppose vaccination.

“I don’t have the final say about what happens to my child”

Gender inequality, cultural dynamics or social norms can restrict female caregivers’ ability to be the final decision makers about vaccination without permission from their husband or elder family members.

“As a woman, I can’t be around a male vaccinator, or travel to a vaccination site”

Gender inequality may restrict women’s movements outside of the home, or prevent them being around male healthcare providers.

SIDE B: VACCINATION SERVICE AND HEALTHCARE PROVIDERS



Community, Religious, and Gender Beliefs

To what extent does the **vaccination service** and behaviour of **healthcare providers** align with religious and gender beliefs in the community?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“Our culture values other forms of healing and medicine”

Healthcare workers may share in community beliefs that value indigenous or non-Western forms of intervention.

“We don’t understand or care about the cultural and religious beliefs in this community”

Vaccinators from a different cultural, religious, or community group than caregivers, may not know about or respect cultural traditions in the community.

“In my community, only female doctors can interact with and provide treatment to other women”

Cultural and religious traditions that limit male healthcare providers’ interaction with women may prevent mothers from accessing vaccination services for their children when female healthcare providers are not available.

SIDE A: CAREGIVERS



Intention and Motivation

Do **caregivers** want to vaccinate their children? Do **caregivers** have a plan or intend to vaccinate, and are they willing to take the needed steps to do so?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“I’ll take care of it later; other things are more urgent right now”

Caregivers often delay vaccinations due to competing priorities such as earning income, managing household chores, or taking care of other family responsibilities.

“I can’t afford for my child to be sick after vaccination”

Worries about the aftermath of vaccination: a fever, a child staying home, or a missed day of work makes the cost of vaccination too high, even if the service is free.

“I worry that vaccinating my child could do more harm than good”

Some caregivers believe the risks associated with vaccinations outweigh the benefits.

“Vaccinating my child feels like too much hassle”

Caregivers might perceive the logistics involved in getting their children vaccinated, such as scheduling appointments and travel, as too demanding.

SIDE B: HEALTHCARE PROVIDERS



Intention and Motivation

Do **healthcare providers** feel supported and valued, and are they motivated to do their job?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“I’m doing so much, but it often feels like no one notices or cares”

Healthcare providers may feel that their work promoting vaccinations has little impact, leaving them discouraged. Also, when healthcare providers feel overworked and not appreciated, their motivation to deliver quality care may decline.

“Why should I promote vaccinations? I get nothing in return. I may even be exposed to conflict.”

The absence of incentives or acknowledgment for their efforts can lead healthcare

providers to feel unmotivated to prioritise vaccination services in their practice, especially if they are anticipating resistance to vaccination from their patients.

“I have to meet my quotas, so let’s keep this quick”

When healthcare providers are pressured to meet vaccination targets, they may rush through consultations, leaving caregivers feeling undervalued and less likely to pursue vaccinations for their children.

SIDE A: CAREGIVERS



Practical Barriers and Experience of Care

Do **caregivers** know when and where to get vaccines? Can they easily access the service? Do they have a positive experience during vaccination?

Check out some common barriers, and decide which ones are relevant for your community of focus:

"It's hard for me to get to vaccination sites"

| Many caregivers face significant challenges reaching vaccination sites due to distance, unreliable transportation, or inconvenient clinic hours.

"I don't even know where to go to get my child vaccinated"

| Some caregivers may lack information about where and when to access vaccination services.

"I can't afford vaccination costs"

Financial barriers can make it difficult for caregivers to cover costs for vaccines, transportation, or other related expenses.

"Last time, I missed work because I had to wait so long"

| Long waits at healthcare facilities can discourage caregivers from attending vaccination appointments and makes them less likely to return.

"I had a bad experience when I brought my child in for the last vaccine"

Negative interactions with healthcare providers can leave caregivers feeling undervalued and less willing to return for vaccinations.

"The care at the clinic isn't very good"

Concerns about inadequate care and poor service quality at vaccination facilities can undermine caregivers' trust and willingness to vaccinate their children.

"There are no reminders for follow-ups"

| Without proper reminders, vaccinations are often missed.

SIDE B: HEALTHCARE SYSTEM AND PROVIDERS



Practical Barriers and Experience of Care

Is the **healthcare system** accessible to all, and sufficiently resourced? Do **healthcare providers** give high quality services, and support caregivers with next steps? Are there broader systems issues – e.g. supply, funding, or data management – that influence service delivery?

Check out some common barriers, and decide which ones are relevant for your community of focus:

“We are short of vaccines!”

Limited supplies and resource shortages can make it challenging for healthcare providers to meet the vaccination needs of their patients.

“The roads are a mess, and it takes forever to get to the clinic”

Poor infrastructure can create significant access challenges for both providers and patients trying to reach vaccination sites.

“We’re so understaffed, I am

overworked!” | Busy schedules and a shortage of trained staff can lead to overwhelming workloads for existing healthcare providers and impact the quality of care provided.

“We often face power cuts and don’t have the money for a back-up power

source” | Funding constraints and poor infrastructure can sometimes lead to wasted vaccine stocks, which makes healthcare workers feel helpless in their inability to provide services to patients.

“All these data forms feel very tedious and confusing”

| Service providers may struggle with data systems that are not user-friendly, and lack the necessary training to complete these forms leading to gaps in immunization coverage data.



Health System Barriers

These are structural issues within the wider government or healthcare system, so they will often affect all communities. To help you identify the healthcare system barriers, we've summarised the key types of healthcare system barriers here.

Make a note if you think there are any system-level barriers impacting immunization rates. We will discuss these as a group. Some example health system barriers:

Supply and Cold Chain

Limited supply of services or vaccines, or problems with keeping vaccines safe during transport (cold chain issues).

Data Management

Poor data systems within healthcare systems to track vaccinations or other limitations in the available health surveillance data.

Healthworker Quality and Availability

Insufficient numbers of skilled healthcare workers or vaccinators.

Governance or Policy Issues

A lack of or poor management of government or wider healthcare policy, impacting governance and the standard of healthcare across sites.

