

SOLUTION:

# Incentives



## How does it work?

Small rewards are offered, called incentives, when someone vaccinates. These rewards can be monetary (e.g. cash or vouchers) or non-monetary (e.g. food, household items, or even certificates).

## Incentives address the following barriers:

### Intention and motivation:

Incentives motivate caregivers to prioritise their children's vaccinations despite competing demands, such as work and family responsibilities. For healthcare providers, incentives and recognition boost their motivation to actively promote vaccinations.

### Practical barriers and experience of care:

Financial incentives can help caregivers overcome barriers by reducing the cost of vaccination.

## INSTRUCTIONS

### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Incentives



### Things to consider:

- Give incentives immediately after vaccination.
- Make incentives relevant to what the community needs or wants.
- Consider incentives for healthcare workers, as well as caregivers.
- Try to combine an incentive with another solution, as they often stop impacting vaccination behaviours in the long term.

### Examples:

**Cash incentives:** 🇳🇮 In Nicaragua, rewarding households with an average of \$6 per month led to a 20% increase in full child vaccination rates. In Mexico, similar cash rewards increased vaccine coverage by up to 5% for specific vaccines<sup>1</sup>.

**Non-cash incentives:** 🇮🇳 In Bihar, India, healthcare workers who received non-cash incentives, like certificates of recognition and quarterly rewards, saw a 15% increase in antenatal visits and a 7% increase in the provision of iron folic acid tablets<sup>2</sup>.

1 Barham, T., Brenzel, L., & Maluccio, J. A. (2007). Beyond 80%: are there new ways of increasing vaccination coverage. Evaluation of CCT programs in Mexico and Nicaragua. SSRN Electron J.

2 Carmichael, S. L., Mehta, K., Raheel, H., Srikantiah, S., Chaudhuri, I., Trehan, S., ... & Darmstadt, G. L. (2019). Effects of team-based goals and non-monetary incentives on front-line health worker performance and maternal health behaviours: a cluster randomised controlled trial in Bihar, India. BMJ global health, 4(4), e001146.

SOLUTION:

# Default Appointments



## How does it work?

Default/automatic appointments are appointments that are pre-scheduled automatically by a health clinic. Parents can still cancel these appointments if they want, but most people use the default option because it requires no extra effort and is planned in advance.

## Default appointments address the following barriers:

**Practical barriers and experience of care:** Default appointments provide clear vaccination times, addressing caregivers' lack of information about the vaccination schedule, enabling them to fit vaccination into busy schedules, and minimising the perceived effort required to schedule a vaccination appointment. Default appointments also reduce healthcare worker workload.

### INSTRUCTIONS

#### Step 1) Review this card and discuss:

- ❓ Could this solution help solve any of your prioritised barriers?
- ❓ Could you adapt or change this idea to make it relevant to your priority community?
- ❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Default Appointments



### **Things to consider:**

- *Clearly communicate the date, time, and location of default appointments.*
- *Allow caregivers to change the appointment time if they need.*
- *Send reminders to reduce missed default appointments.*

### **Example:**

 A Rutgers University study in the U.S. found that vaccination rates for individuals with default appointments for the influenza shot were 36% higher than those who had to schedule appointments on their own<sup>1</sup>.

---

<sup>1</sup> Chapman, G. B., Li, M., Colby, H., & Yoon, H. (2010). Opting in vs opting out of influenza vaccination. *Jama*, 304(1), 43-44.

SOLUTION:

# Reminders & Recalls for Vaccination



## How does it work?

A reminder is a message telling caregivers that their child is due for a vaccine soon. A recall is a message that a vaccination has been missed, encouraging them to catch up on missed doses. Reminders and recalls can be in the form of phone calls, home visits, messages (e.g. SMS, voice messages) or visible cues (e.g. bracelets).

## Reminders and recalls address the following barriers:

### **Practical Barriers and Experience**

**of Care:** Reminders and recalls help caregivers know when and where to get vaccinated, and make it easier to schedule and remember vaccines. They also reduce confusion for healthcare workers about follow-up procedures.

### **Intention and motivation:**

Reminders and recalls encourage caregivers to prioritise vaccinations despite competing responsibilities.

## INSTRUCTIONS

### **Step 1) Review this card and discuss:**

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Reminders & Recalls for Vaccination



### **Things to consider:**

- *Use repeat reminders (one to three times) for better results.*
- *Tailor reminders to the needs and literacy levels of caregivers.*
- *Keep contact details up to date.*
- *Send additional reminders from trusted sources e.g. fellow mothers.*
- *Use paired methods like SMS and phone call reminders to get better results.*
- *If possible, automate notifications using digital systems to reduce healthcare worker effort.*

### **Example:**

 In Kadoma City, Zimbabwe, a study found that 95% of children whose caregivers received SMS reminders were fully immunized by 14 weeks, compared to 75% in a group without reminders. A similar intervention in Vietnam increased vaccination rates for children under one year from 75% to 99%<sup>1</sup>.

---

1 Bangure, D., Chirundu, D., Gombe, N., Marufu, T., Mandozana, G., Tshimanga, M., & Takundwa, L. (2015). Effectiveness of short message services reminder on childhood immunization programme in Kadoma, Zimbabwe-a randomized controlled trial, 2013. BMC Public Health, 15, 1-8.

SOLUTION:

# Vaccine Champions



## How does it work?

Vaccination champions are respected and trusted community members, such as local leaders, healthcare workers, peers, or religious figures, who actively promote vaccination through community engagement.

## Vaccine champions address the following barriers:

### **Community, religious, and gender**

**beliefs:** Vaccine champions help promote vaccination as a normal and accepted behaviour in a community. They can also help counter cultural and religious concerns.

### **Intention and motivation:**

Champions can also help motivate healthcare providers, ensuring they feel supported and valued in their vaccination promotion efforts.

## INSTRUCTIONS

### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Vaccine Champions



### Things to consider:

- *Research and understand those who are truly trusted, knowledgeable, and influential vaccine champions within the community. It may not be the community or religious leader, but instead an influential teacher or peer.*
- *Provide clear and simple training to vaccine champions on vaccine messaging and interpersonal skills, such as active listening. This will help them build trusted relationships with communities.*
- *Ensure messages are adapted to the cultural context and preferences of communities.*

### Example:

 Sri Lanka's Public Health Midwives (PHMs) have been vital in increasing vaccination rates. They provide education, support, and reminders to families, often accompanying children to clinics. Their efforts, including community meetings, helped achieve a 99.1% vaccination rate for Sri Lankan children<sup>1</sup>.

---

1 <https://www.gavi.org/vaccineswork/meet-midwives-sri-lanka>

SOLUTION:

# Dialogue-Based Interventions



## How does it work?

A dialogue-based intervention is when you share key information through a casual conversation. Open, friendly communication with communities enables caregivers to raise concerns and improve their knowledge about vaccination. Ensure that the people leading these dialogues are trained in active listening, ask open questions, and give clear advice. This should not feel like a formal information session about vaccination.

## These interventions address the following barriers:

### **Beliefs, knowledge and feelings:**

Dialogue-based interventions provide clear information and allow communities to ask questions about vaccination. They also improve healthcare providers' relationships with communities.

**Trust:** By ensuring caregivers feel heard and understood, this can build trust in the vaccination service.

## INSTRUCTIONS

### **Step 1) Review this card and discuss:**

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Dialogue-Based Interventions



### **Things to consider:**

- *Identify trusted figures who can facilitate these dialogues effectively.*
- *Train healthcare workers in communication skills with caregivers, encouraging active listening, trust-building, and conflict resolution.*
- *Research to understand key concerns of caregivers, and focus dialogues on these concerns.*

### **Example:**

 In a study conducted in Quebec, Canada, healthcare workers provided new mothers with counselling on vaccine efficacy, timing, side effects, and addressed their concerns immediately after childbirth. As a result, the mothers' intent to vaccinate their infants at two months increased from 72.8% to 87.3%<sup>1</sup>.

---

1 Gagneur A, Lemaître T, Gosselin V, Farrands A, Carrier N, Petit G, et al. A postpartum vaccination promotion intervention using motivational interviewing techniques improves short-term vaccine coverage: PromoVac study. BMC Public Health. 2018;18:811.

SOLUTION:

# Recommendation by a Health Worker



## How does it work?

A health worker recommendation involves a healthcare provider encouraging a caregiver to vaccinate, e.g. during a routine visit. This solution requires regular and formal training of healthcare workers in 1) vaccine information, 2) responses to key caregiver concerns, and 3) interpersonal skills for interacting with communities. It's important that health workers consistently and truthfully answer caregiver questions, e.g. on side effects.

## Health worker recommendations address the following barriers:

### **Beliefs, knowledge and feelings:**

They address caregivers' concerns about vaccine safety and misconceptions by providing clear, trusted information and emphasising the health benefits of vaccination.

**Trust:** If healthcare workers are properly trained in communication with communities, this can build trust in the health system.

## INSTRUCTIONS

### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Recommendation by a Health Worker



### **Things to consider:**

- *Train health workers in interpersonal skills (active listening, conflict resolution, trust-building) to help them build friendly and trusted relationships with communities. This will increase trust in the wider health system, as well as increase vaccination. Ensure training is regularly repeated, and is not a one-time event.*
- *Train health workers in how to use simple and clear language to explain vaccinations: what they are, the benefits, when to be vaccinated, and any potential risks.*
- *Consider when caregivers interact with the health system to identify when they can provide vaccine recommendations. For example, if caregivers are accessing services outside of immunization, health workers from other areas (e.g. nutrition) can provide vaccination recommendations.*

### **Example:**

 In a U.S. study, health workers' vaccine recommendations increased DPT3 vaccinations from 28% to 43% among caregivers, compared to those who did not receive recommendations.

SOLUTION:

# Vaccination as a Community Norm



## How does it work?

Community norms are shared beliefs within a community or group about what is considered the right behaviour. For example, typical ways to speak or dress in a community are considered community norms.

Creating a community norm around vaccination could include:

- Showing other people in the community having a positive vaccination experience
- Showing how many people in the community have chosen to vaccinate
- Showing unvaccinated children as those being left behind

## Community norms address the following barriers:

**Community, religious, and gender beliefs:** Positive social norms promote vaccination as a widely accepted practice, while also countering cultural opposition to vaccination.

### INSTRUCTIONS

#### Step 1) Review this card and discuss:

- ❓ Could this solution help solve any of your prioritised barriers?
- ❓ Could you adapt or change this idea to make it relevant to your priority community?
- ❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Vaccination as a Community Norm



### **Things to consider:**

- *Use social media or online platforms to help spread positive social norms about vaccination quickly.*
- *Encourage vaccination respectfully, without shaming those who choose not to vaccinate.*
- *Tailor interventions to the specific values and concerns of the community.*
- *Identify key influencers in the community, like family and healthcare workers, and engage them to hold dialogues and model positive behaviour.*

### **Example:**

 In Sierra Leone, an innovative approach involved giving children coloured bracelets during vaccination visits, with a final green bracelet symbolising full immunization. This simple yet impactful strategy helped signal and reinforce vaccination as a social norm, leading to a 13.7% increase in full vaccination rates<sup>1</sup>.

---

<sup>1</sup> Karing, A. (2024). Social signaling and childhood immunization: A field experiment in Sierra Leone. *The Quarterly Journal of Economics*, 139(4), 2083-2133.

SOLUTION:

# Vaccination Education Campaigns



## How does it work?

Vaccination education campaigns use various communication channels, including TV, radio, digital media, and community outreach programmes, to inform communities about vaccines and highlight their benefits. These campaigns can be used to introduce new vaccines, announce vaccination drives during outbreaks, or promote immunization. They use targeted messages based on research to address the knowledge, attitudes, and barriers of specific communities, making the information culturally relevant and easy to understand.

## Education campaigns address the following barrier:

**Beliefs, knowledge, and feelings:** Vaccination education campaigns are useful to increase awareness of vaccination and its benefits.

### INSTRUCTIONS

#### Step 1) Review this card and discuss:

- ❓ Could this solution help solve any of your prioritised barriers?
- ❓ Could you adapt or change this idea to make it relevant to your priority community?
- ❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Vaccination Education Campaigns



### **Things to consider:**

- *Combine education campaigns with other solutions, as they have limited effectiveness on their own beyond raising awareness of vaccines.*
- *Use research to help you identify the most impactful message and messengers.*
- *Tailor campaign content to health literacy and community values.*
- *Engage trusted stakeholders and use multiple channels to communicate messages.*

### **Example:**

 In Cameroon, a community education campaign raised awareness of the HPV vaccine through talks, brochures, and media outreach in clinics, schools, and community events. The intervention increased awareness of HPV (86.8%), cervical cancer (82.3%), and the vaccine (75.9%) among adolescent girls<sup>1</sup>.

---

<sup>1</sup> Ayissi CA, Wamai RG, Oduwo GO, Perlman S, Welty E, Welty T, et al. Awareness, acceptability and uptake of human papilloma virus vaccine among Cameroonian school-attending female adolescents. *J Community Health*. 2012;37(6):1127–35.

## SOLUTION:

# Mobile Vaccination Centres



## How does it work?

Mobile vaccination centres are vaccine centres that move around to where communities are, e.g. a temporary vaccination site in a high-risk area, a vaccine bus, or a vaccination site in a central community building

## Mobile centres address the following barriers:

### Practical barriers and experience

**of care:** Mobile vaccination centres can reduce travel time and costs, and offer a more flexible vaccination experience. In particular, they help protect remote populations.

**Intention and motivation:** Mobile vaccination centres reduce planning involved in vaccination

and make it easier to vaccinate alongside other priorities.

### Community, religious, and gender

**beliefs:** Mobile vaccination centres can gather children in one place, visibly showing vaccination as a widely accepted practice. They can also empower women by making it easier for them to take a child to get vaccinated.

## INSTRUCTIONS

### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Mobile Vaccination Centres



### **Things to consider:**

- *Involve local communities in planning to ensure clinics meet their needs and preferences.*
- *Plan logistics for mobile clinics carefully, scheduling visits at convenient times and locations, ensuring sufficient vaccine supplies, and maintaining equipment for safe storage and administration.*
- *Consider the staffing of healthcare workers at mobile sites. Ensure they speak the local language and match the profile of the communities they serve to the best extent possible.*
- *Consider offering other services, e.g. education, or other health services along with vaccination at a mobile site.*

### **Example:**

 In rural India, long travel distances to health centres limit vaccination visits. Mobile immunization centres in 30 villages increased vaccination rates for children aged one to three from 6% to 18%, improving access and coverage compared to villages without mobile services<sup>1</sup>.

---

1 Banerjee, A. V., Duflo, E., Glennerster, R., & Kothari, D. (2010). Improving immunisation coverage in rural India: clustered randomised controlled evaluation of immunisation campaigns with and without incentives. *Bmj*, 340.

SOLUTION:

# Supportive Supervision of Healthcare Workers



## How does it work?

Supportive supervision is a management intervention where supervisors provide healthcare workers with ongoing guidance, feedback, and support. It establishes a constructive relationship between supervisors and healthcare workers, where supervisors oversee performance, offer feedback, and address their challenges. This can involve regular meetings with healthcare workers, on-site visits, and telephone check-ins to assess progress and identify areas for improvement.

## Supportive supervision addresses the following barriers:

### Intention and motivation:

It helps healthcare workers feel valued, and provides recognition, incentives, and ensures manageable workloads.

**Trust:** Supportive supervision can reinforce healthcare providers' sense of value and trust in the healthcare system.

## INSTRUCTIONS

### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Supportive Supervision of Healthcare Workers



### Things to consider:

- *Combine this intervention with another intervention, such as healthcare worker incentives, to enhance outcomes.*
- *Ensure adequate resources, like time and staff, are available to support supervision without overloading healthcare workers.*
- *Tailor the supportive supervision intervention to the needs and preferences of healthcare workers to build trust and engagement.*

### Example:

 A study in Tanzania explored the role of intrinsic motivation in improving clinician performance by using peer scrutiny and encouragement. The results showed that encouragement increased the level of care and attention clinicians provide to their patients by 4% to 8%, with the largest gains seen among low-performing clinicians<sup>1</sup>.

---

1 Brock, J. M., Lange, A., & Leonard, K. L. (2011). Activating social preferences: Evidence from a field experiment with doctors in Tanzania. Center for Global Development, Invited Presentation.

SOLUTION:

# Simplifying Vaccination Messages



## How does it work?

Simplifying vaccination messages enhances vaccine acceptance by presenting complex health information in clear, easy-to-understand formats, particularly for those with low literacy or limited health knowledge. In addition to simple language, visual imagery, stories, and culturally relevant narratives can be used to help explain vaccine messages.

## Simplifying vaccination messages the following barrier:

**Beliefs, knowledge, and feelings:** Simplifying vaccination messages helps make vaccine information more accessible and easy to understand, increasing the likelihood that people will understand the value of vaccination and how to access it.

### INSTRUCTIONS

#### Step 1) Review this card and discuss:

- ❓ Could this solution help solve any of your prioritised barriers?
- ❓ Could you adapt or change this idea to make it relevant to your priority community?
- ❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Simplifying Vaccination Messages



### **Things to consider:**

- *Co-create and test materials and messages with communities and groups who may find it hard to understand messages, e.g. individuals with disabilities or with low literacy.*
- *Engage health communication experts, graphic designers, and local experts to create materials that are both visually appealing and culturally relevant.*

### **Example:**

 A randomised trial in Karachi, Pakistan, found that redesigning vaccination messages with simple language and visuals increased DPT-3 and Hepatitis B completion rates by 39% after four months among low-literacy families<sup>1</sup>.

---

1 Owais, A., Hanif, B., Siddiqui, A. R., et al. (2011). Does improving maternal knowledge of vaccines impact infant immunization rates? A community-based randomized-controlled trial in Karachi, Pakistan. BMC Public Health, 11(1), 239. <https://doi.org/10.1186/1471-2458-11-239>

SOLUTION:

# Service Quality Improvement



## How does it work?

Service quality improvement involves changes to healthcare services for easier access, more efficiency, and caregiver support. To understand how to improve healthcare services, you need to understand current service issues, e.g. waiting times, rude healthcare workers, or site access issues. How might you change the service to improve service quality and experience? E.g:

- Better scheduling software to improve waiting times
- A child-friendly reception area to improve the waiting experience
- New vaccine suppliers to improve vaccine supply
- Training to improve relationships with caregivers
- Partnerships with the private sector to overcome resource challenges

## This intervention addresses the following barriers

### Practical barriers and experience

**of care:** Improves the experience at vaccination facilities so caregivers are more likely to return.

**Trust:** Builds trust and credibility in the quality of care, healthcare workers and the healthcare system.

### INSTRUCTIONS

#### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Service Quality Improvement



### **Things to consider:**

- *Conduct research to understand what causes negative vaccination experiences.*
- *Partner with non-health sectors (e.g. transportation, education) to address system-level issues like access to services. Alternatively, partner with the private sector to improve issues like limited healthcare resources.*
- *Use electronic registries to improve data accuracy. Ensure regular supervision, stock audits, and feedback systems to meet service standards and improve community engagement.*

### **Example:**

 In Pakistan, the Punjab IT Board's E-VACCS programme provided vaccinators with GPS-enabled smartphones and a tracking app to log immunization activities, track each child's vaccination schedule, and identify defaulters. By 2016, this intervention helped fully immunize 82% of children in Punjab, significantly improving vaccine uptake.

SOLUTION:

# Reduced Vaccination Costs



## How does it work?

Reducing out-of-pocket vaccination costs involves eliminating or lowering fees for vaccination-related services, such as registration, consultation, and transportation. By implementing policies such as subsidies, insurance coverage, or free vaccination, vaccines become financially accessible, encouraging higher uptake. This is particularly crucial for low-income groups, where the cost of vaccination can be a major barrier.

## Reducing costs addresses the following barriers

**Practical barriers and experience of care:** Reducing costs helps caregivers overcome financial barriers by eliminating expenses associated with vaccination.

**Intention and Motivation:** Making vaccination more affordable increases caregivers' motivation to vaccinate.

### INSTRUCTIONS

#### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## Reduced Vaccination Costs



### **Things to consider:**

- Conduct cost analysis to identify direct and indirect expenses related to vaccination, helping to understand financial barriers to access.
- Ensure resources are targeted to where the largest barriers lie—it could be in transportation costs, consultation fees, or otherwise. Also consider who the intervention should target based on research—mothers, single mothers, or any caregiver.
- Seek diverse funding sources, including government support, grants, donations, and private sector partnerships, to cover vaccination costs.
- Ensure sufficient resources are allocated to subsidise or eliminate out-of-pocket costs, making vaccines more accessible.

### **Example:**

 In 2012, Fiji introduced the pneumococcal conjugate vaccine (PCV). With funding from the Australian Department of Foreign Affairs, they were able to offer it free of charge. By 2020, PCV coverage reached 99%, and case fatality rates for children hospitalised with pneumonia, bronchiolitis, and asthma dropped by 39%<sup>1</sup>.

<sup>1</sup> Reyburn, R., Tuivaga, E., Nguyen, C. D., Ratu, F. T., Nand, D., Kado, J., et al. (2021). Effect of ten-valent pneumococcal conjugate vaccine introduction on pneumonia hospital admissions in Fiji: A time-series analysis. *The Lancet Global Health*, 9(1), e91–e98. [https://doi.org/10.1016/S2214-109X\(20\)30468-6](https://doi.org/10.1016/S2214-109X(20)30468-6)

SOLUTION:

# On-Site Vaccination Visits



## How does it work?

On-site vaccination visits deliver vaccines directly at convenient locations, such as workplaces, schools, or community centres, rather than requiring individuals to visit a healthcare facility.

## Vaccination visits address the following barriers:

### Practical barriers and experience

**of care:** On-site vaccination visits increase accessibility, reduce travel costs, and can provide flexible scheduling to improve accessibility. They can also make it easier to learn about vaccination if there are educational programmes happening at a site.

### Community, religious, and gender

**beliefs:** On-site visits promote vaccination as a community norm or behaviour by creating a setting where caregivers see other people getting vaccinated, promoting collective acceptance.

## INSTRUCTIONS

### Step 1) Review this card and discuss:

❓ Could this solution help solve any of your prioritised barriers?

❓ Could you adapt or change this idea to make it relevant to your priority community?

❓ What new solutions does this inspire for your priority barriers?

**Step 2) Write this solution on a post-it note** or paper if you think it will help solve a priority barrier.

## On-Site Vaccination Visits



### **Things to consider:**

- Choose accessible locations (e.g. schools, community centres) and ensure all target groups have access to the vaccination service.
- Engage local authorities, leaders, and relevant parties to ensure smooth implementation.
- Schedule vaccinations at times that suit the target population (e.g. after school, weekends).
- Consider locations that can reach underserved or vulnerable groups. This can include areas of employment or public transportation centres (train, bus stations, etc).

### **Example:**

 In South Africa, a school-based HPV vaccination programme targeted grade four girls, with vaccination teams visiting schools for regular and follow-up sessions. The programme resulted in over 350,000 girls becoming vaccinated across 94.6% of schools, achieving an 86.6% vaccination rate<sup>1</sup>.

---

1 Delany-Moretlwe, S., Kelley, K. F., James, S., Scorgie, F., Subedar, H., Dlamini, N. R., et al. (2018). Human papillomavirus vaccine introduction in South Africa: Implementation lessons from an evaluation of the national school-based vaccination campaign. *Global Health: Science and Practice*, 6(3), 425–438. <https://doi.org/10.9745/GHSP-D-18-00156>

# Choosing the Right Time in a Child's Life



## **Key moments in a child's life can introduce opportunities to increase immunization.**

Pregnancy and prenatal healthcare visits can be key moments to address immunization barriers, e.g. is there a birth registration service where healthcare workers could speak to mothers about immunization?

To think about different solutions, consider when caregivers use existing healthcare services.

These moments may offer opportunities to address immunization barriers.

**SEE OTHER SIDE:**

## Choosing the Right Time in a Child's Life



### Opportunities include:



**During prenatal care:** Are there prenatal appointments a caregiver attends? Are there peer support groups or networks mothers are connected to?



**During the first month:** Do caregivers access health sites for birth or is this typically done at home? Where does birth registration happen? What other health services are they accessing?



**During months 1-6:** Are other family members or friends increasingly involved in care for the child? Are there any traditional or religious events where caregivers and the wider community caring for the child could be reached?



**During months 6-24:** Are families accessing any other health or non-health related services? Is there any other follow-up service or outreach after the final postnatal visit?



# Prioritising Your Solutions



**Your Immunization Demand Strategy should only have one to three solutions for each of your prioritised three to five barriers. The fewer solutions you have, the more focused your strategy will be. A strategy focused on a few key solutions will be more feasible, easier to implement, and have easier to access funding.**

Use this card during the **Prioritise Solutions** activity. Wait until the facilitator asks you to prioritise all of your solution ideas.

**SEE OTHER SIDE:**

## Prioritising Your Solutions



### Instructions:

**Step 1:**

Review all of your favourite solution ideas.

**Step 2:**

Think about the below criteria for each of your solutions.

**Step 3:**

Identify the top one to three solutions for each of the prioritised barriers.

### Use these criteria to prioritise the solutions your strategy will focus on:

---

**Acceptability:** Will the community and healthcare workers like this solution?

**Effectiveness:** Does the solution address the barrier identified? How much impact can it have?

**Practicality:** Is the solution realistic in your context? Is it affordable? Can it be implemented with available resources?

**Sustainability:** Will the solution work in the long-term?

**Equity focused:** Will the solution reach the most vulnerable groups?

**Number of barriers solved:** Are there any solutions that solve multiple barriers at once?