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*Applying Science to Strengthen
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CASE STUDY

Reducing the gender-related immunization gap in two districts of Mopti Region in Mali

Summary

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project works to improve health services quality and outcomes by strengthening the productivity and performance of the health workforce for a sustainable response. This includes providing assistance for district management to support quality immunization services, strengthening community-facility linkages, and integrating gender considerations to improve health service delivery as well as access and use of health services. ASSIST was asked to work in two districts of Mopti Region as a demonstration, in order to increase complete immunization for children under one year and especially increase acceptance of immunization for girls as recommended by the national immunization program plan.

The immunization improvement activities integrated gender from the beginning. The goals were to improve immunization rates for boys and girls, and to reach equal rates of immunization for both sexes. To ensure ownership and engagement of actors for this intervention, a regional pool of 18 trained improvement coaches and ASSIST staff have continuously supported quality improvement teams to implement all activities at district level.

ASSIST trained 54 providers and 52 immunization agents and conducted 15 integrated coaching visits and four learning sessions. These actors implemented supportive communication activities with social development and women's welfare representatives. As a result, access to immunization improved for male and female infants < one year in the two districts. The gap between male and female infants was reduced from 23% in October 2016 to 9% in August 2017, and the percentage of both male and female infants completing all vaccinations increased from 41% to 83% for males and from 18% to 74% for females.

Background

With funding from the government and various partners, the national immunization program in Mali has made progress in improving the quality of immunization services at health centers and during outreach activities. With 60% coverage for immunization in the country (2015), most of the districts and regions have access to immunization services at the health center, and during outreach activities and campaigns for the population. In 2016, coverage per vaccine was: Penta 3 (diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type b): 94%; Chickenpox (VAR): 91%, Tetanus Toxoid 2 (VAT2): 67%. Yet, efforts to communicate with communities about vaccine safety and benefits were felt to be insufficient. For example, in central and northern Mali, hesitancy among communities about vaccination and negative beliefs have reduced access to vaccination, especially for girls. To demonstrate a model that could address the root cause of this situation and reduce gender inequalities, the Ministry of Health (MoH)

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agreed to collaborate with ASSIST to develop an approach to improving equitable vaccination coverage that could be scaled up to facilitate girls' access to vaccines in the central Region of Mopti.

ASSIST worked to improve health services quality and outcomes by strengthening the productivity and performance of the health workforce for a sustainable response. This includes providing assistance for district management to support quality immunization services, strengthening community-facility linkages, and integrating gender considerations to improve health service delivery as well as access and use of health services. ASSIST supported health workers and managers to improve compliance with evidence-based guidelines to achieve better patient outcomes and worked at all levels of the health system to develop capacity to collect and analyze data on quality of services delivered. After the evaluation of the national immunization program, USAID/Mali and the Mali MoH asked ASSIST to include immunization in its quality improvement work as a health systems strengthening project. ASSIST was tasked to work in two districts of Mopti Region as a demonstration, in order to increase complete immunization for children under one year. In particular, USAID and the MoH asked ASSIST to focus on gender issues reducing girls' immunization rate, because in this region, only 59% of children under one received complete vaccination, but with a stark gender gap: among those fully immunized, only 31% were girls, and 69% were boys.

In the two targeted districts, ASSIST directly supported immunization and child health providers in activities to improve compliance with clinical standards for immunizations and community involvement to promote girls' access to immunization services.

Methodology to improve immunization of boys and girls

In January 2017, ASSIST designed an innovative implementation strategy for the pilot immunization improvement intervention combining facility-based efforts with strong efforts to increase community participation. The immunization improvement activity utilized a comprehensive design process to link improvement objectives with national health system strengthening initiatives led by the Global Alliance for Vaccines and Immunization (GAVI). By using this design, ASSIST intentionally planned for scale-up and sustainability of the improvement effort for the immunization activity. Hence, approaches to improve immunization and integration of gender were piloted and best practices were packaged for scale-up in the country.

The immunization improvement activities, which consisted of training, coaching, and data validation, integrated gender from the outset. A desk review on gender issues related to immunization in the targeted districts was initiated which was followed with the collection and analysis of sex-disaggregated immunization data. Before the implementation of activities, in January-February 2017, 31 Community members were then interviewed in order to understand their feelings about immunization for boys and girls. Based on these findings, ASSIST identified activities to be implemented to improve services. The intervention worked to improve the completion of the immunization schedule for children under one year with a focus on documenting and reducing the gap between male and female completion of the immunization schedule, which was directly tied to boys' and girls' access to vaccination. The goals were to improve immunization rates for both boys and girls and to reach equal rates of immunization for both sexes. To ensure ownership and sustainability of this intervention, a regional pool of improvement coaches was trained, including districts health management team's coaches from targeted districts. From February to August 2017, a total of 18 coaches and ASSIST staff supported quality improvement teams of community health centers and district quality improvement teams to integrate gender considerations in their efforts to improve the vaccination process.

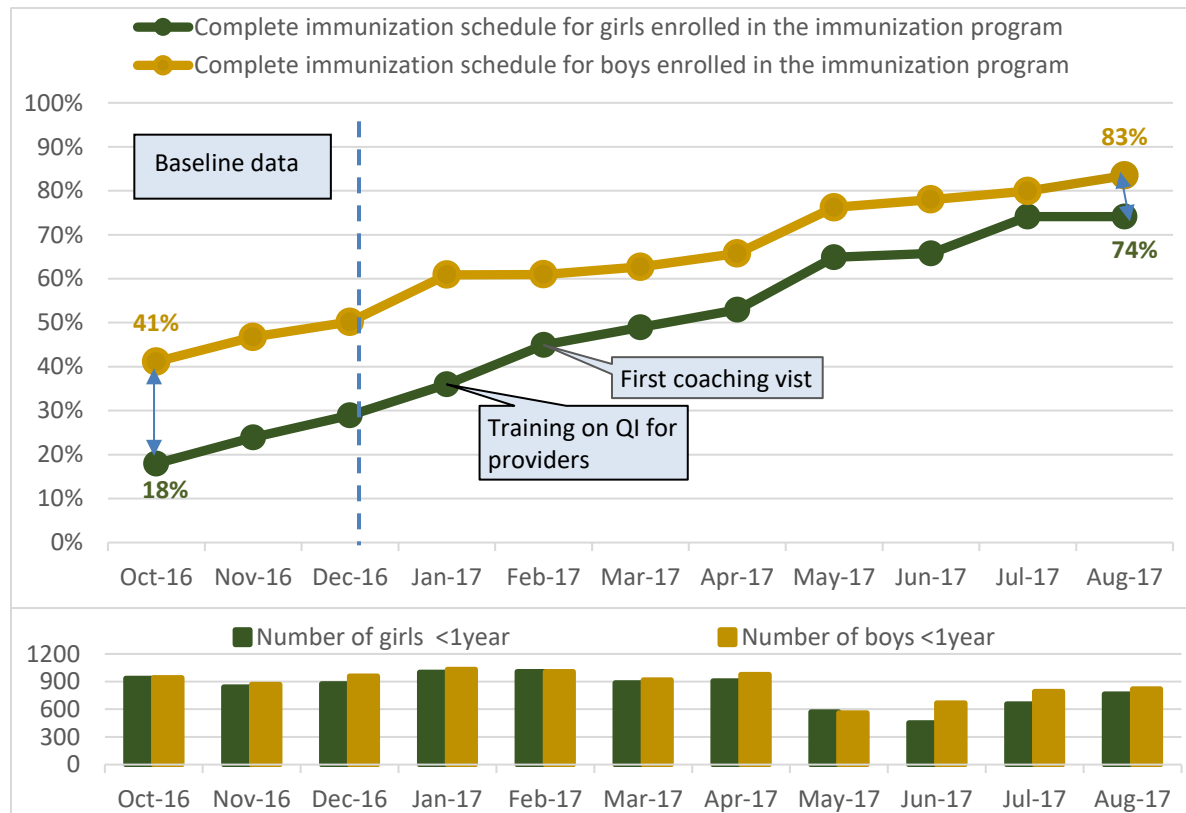
To achieve results, 54 providers and 52 immunization agents were trained and coaching visits and learning sessions were conducted to support the community health center and district improvement teams. Technical experts from the MoH Social Development and Women's Welfare departments, who promote and support health services provision at all level of the system, also supported the design of

communication activities in communities in the targeted districts. During the design of the intervention, ASSIST learned that community members often associate or equate vaccination with family planning for infant girls. Because of this erroneous belief, girls are not brought to the health center for immunization nor brought to immunization outreach activities, and thus do not benefit from immunization services. To address these concerns, communication activities included group discussions at community health centers and at the village level (homes, or Chief of village house) to promote vaccine safety and vaccination for girls and clarify rumors that kept parents from completing their daughters' vaccination schedules.

Results

In the six-month implementation of the intervention, access to immunizations improved for male and female infants under one year in the two districts of Mopti Region. The intervention has worked on both access to immunization services at the health center by increasing outreach activities focused on immunization agents and matrons (community health centers staff). Matrons are responsible for maternity and all community-level outreach activities for pregnant women. Immunization agents are responsible for all vaccination activities at the community health centers and during outreach activities. The completion of all vaccinations, the organization of outreach immunization activities, and the documentation of immunization services were challenging in the targeted region. **Figure 1** shows the percentage of male and female infants under one year receiving all required vaccinations for their age in 44 sites of two districts in Mopti Region which also shows a reduction in gender gap in completing all vaccination. From January through August 2017, the gap between male and female infants was reduced from 23% in October 2016 to 9% in August 2017, and the percentage of both male and female infants completing all vaccinations increased from 41% to 83% for males, and 18% to 74% for females.

Figure 1: Percentage of complete vaccination for infants (under one year), by sex, 44 sites, 2 districts of Mopti Region (Oct 2016- Aug 2017)



Lessons Learned

There were five key points of learning from the immunization improvement activities:

1. Immunization agents and matrons from the community health centers can be engaged to make improvement and measure gains in service quality: immunization agents delivering facility-based immunization services can rapidly improve quality with an improvement approach that engages them in analyzing and acting on gaps in compliance with immunization standards. Many changes can be made with existing resources in a rapid time period, once providers are engaged in the improvement process and are supported by districts and regional health management teams.
2. A multi-profile improvement team made up of district health staff, social development and women's welfare representatives, and ASSIST technical staff proved to be an effective strategy for building the capacity of both site-level and community actors to support improvement in immunization service delivery.
3. Regular ongoing monitoring and evaluation of intervention processes helps teams understand and analyze barriers to quality of services and test change ideas to determine whether these result in better care quality. Sharing lessons learned and results enables many potentially effective changes to be tested at the same time in multiple locations and allows rapid spread of better care practices.
4. Addressing communities' fears and beliefs to overcome gaps related to gender: with the introduction of community-level activities, ASSIST and district staff took time to discuss the best solutions to the challenges communities were facing with local partners. Because of this process, husbands and heads of families were targeted for sensitization messages and mobilization around access to immunization for girls and the benefit for girls' health outcomes. Locally designed solutions yield innovative ways of addressing challenges that are based more on the resources readily available within the community.
5. Integrating gender from the beginning of an activity is key: ASSIST conducted a country-wide, general gender analysis in 2015. For this intervention, the project built on that knowledge by conducting research on gender issues particular to immunization. In addition to conducting a desk review of gender issues relevant to immunization, ASSIST interviewed local community members to learn how gender affected immunization in Mopti, and collected and analyzed data by sex from the beginning of the activity. By integrating gender from the beginning, ASSIST was able to rapidly identify and address the gender gap in immunization rates for infants under one year old in only six months.

Conclusion

Through this pilot, ASSIST built gender into the improvement process from the beginning, by identifying gender-related barriers that can affect immunization interventions in the two intervention districts. By integrating gender and promoting gender equality in the initial design of the immunization improvement activity and acknowledging how outputs can differently affect boys and girls, the activity significantly contributed to reduce the gender gap and increase access to immunization services for girls as well as boys in the villages. This case study demonstrates how integrating gender adds value to the process of quality improvement and improves communities' acceptance of solutions.

The views expressed in this case study are those of the authors and do not necessarily represent the views of the U. S. Government or USAID.

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