Community Reorientation Women Network-CRoWN

LEVERAGING POLIO RESOURCES FOR REACHING ZERODOSE CHILDREN

A Case Study, of the Community Reorientation Women Network (CRoWN) Strategy Pilot in Konkiyel, Bauchi state.

SCIDaR
SOLINA CENTRE FOR INTERNATIONAL DEVELOPMENT AND RESEARCH
impact innovation insights

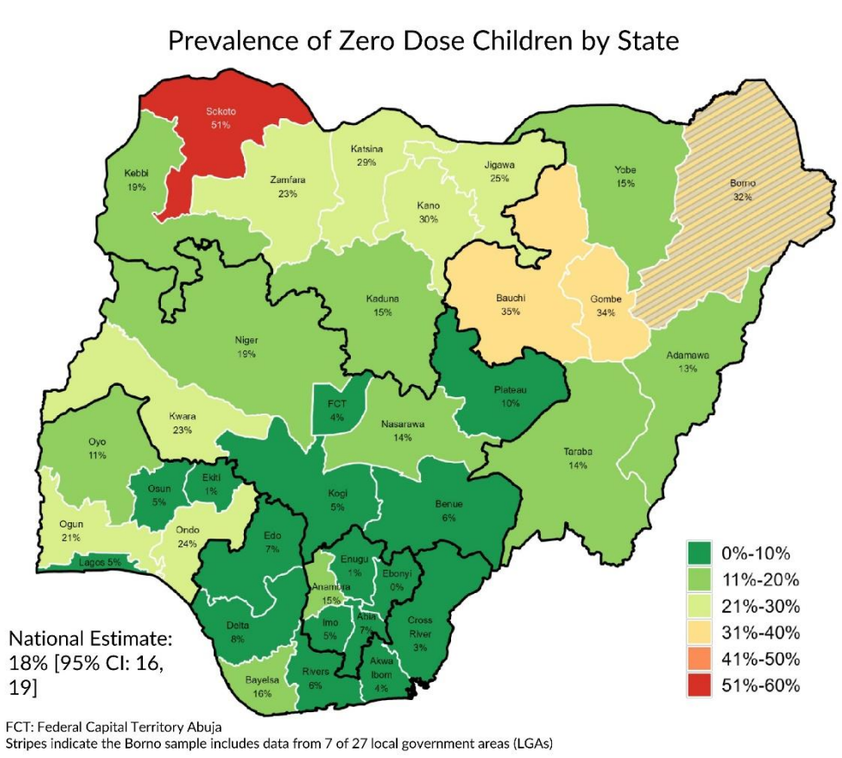
Aliko Dangote Foundation

Introduction

Increments in Nigeria's routine immunization systems have resulted in modest improvements; however, Nigeria still accounts for 30% of the global unimmunized children (UNICEF, 2020).

Sub-national inequity has translated to a significant burden of under and unvaccinated children largely driven by northern states.

Nigeria hosts over 2.65 million zero dose kids, distributed in a skewed pattern with 145 LGAs accounting for >71% of the burden,(National Zero Dose reduction plan, 2022)



A. Map of Nigeria showing Zero dose burden by State; MICS 2021

As Nigeria joins other countries to halve its zero dose burden by 2030 persisting issues with service planning and delivery, community participation and other demand challenges pose a significant threat. The inaccuracies of population estimates, weak tracking mechanisms, and suboptimal knowledge of caregivers on a backdrop of low trust in vaccines limit the country's ability to promptly identify and reach these underserved children. Successfully reducing the zero dose burden will require innovations that build community trust and ownership.

The Opportunity

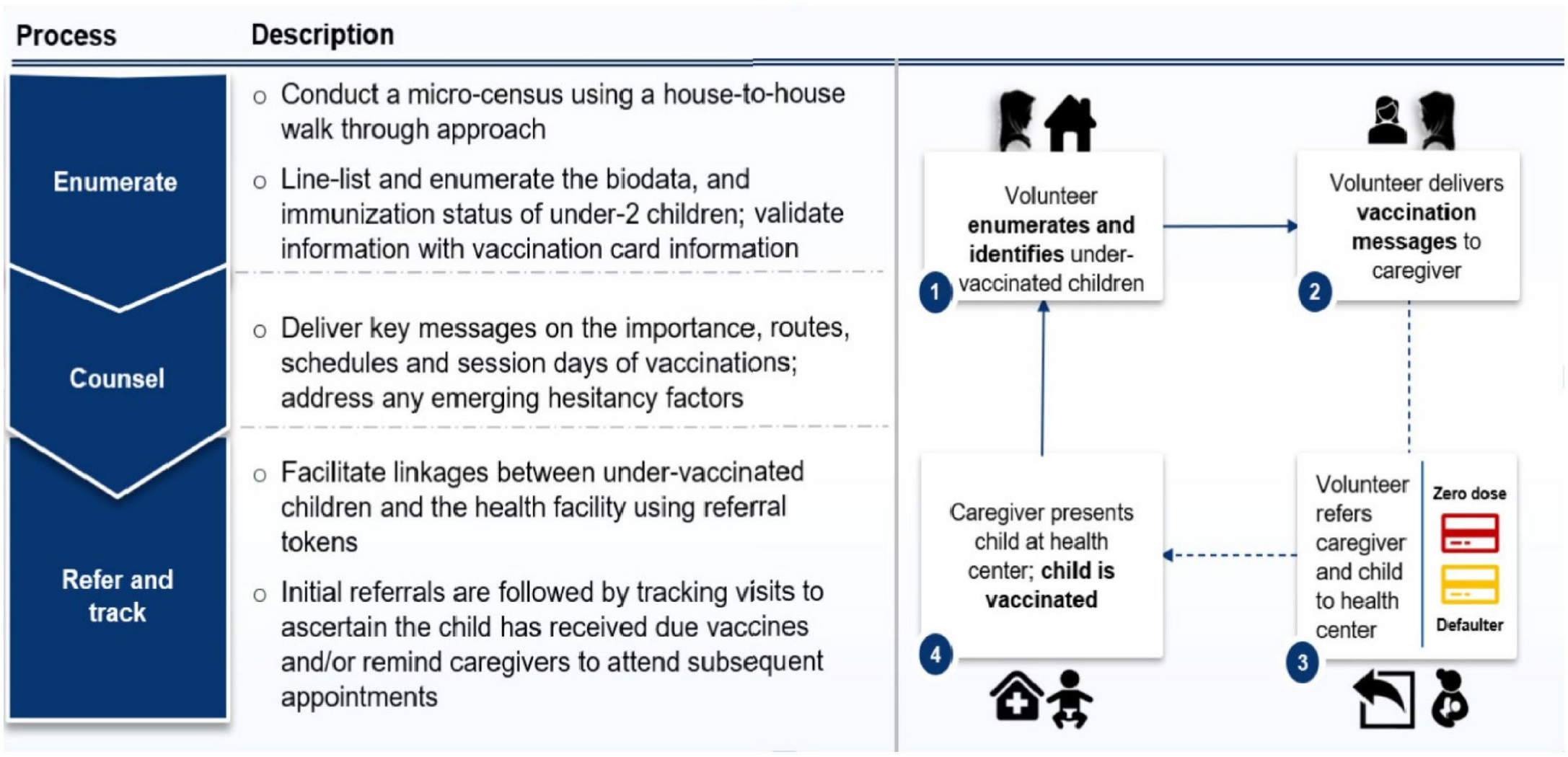
Across the world, women groups within communities have proven to be valuable assets in furthering community health and development. In Indonesia and Bangladesh, women community volunteers - known as Kaders and Shasthya Shebika respectively - have supported health workers in community outreaches through house-to-house mobilization of caregivers, group counseling for mothers and delivery of basic preventive health services, and with demonstrable success. Ethiopia's Women Development Army (WDA) contributed to the significant 3-fold improvements in maternal mortality in the country.

Over the years, Nigeria has implemented an effective Polio Eradication Initiative that successfully capacitated and deployed a skilled workforce of over 86,000 supervisors and vaccinators, and culminated in its Polio-free certification in 2020. In the aftermath of the eradication of the wild-polio virus in the country, these mostly-female and relatively under-engaged volunteers present a highly valuable network that can be leveraged to drive immunization uptake.

The Intervention - CRoWN

Co-created by Aliko Dangote Foundation (ADF) and Solina Centre for International Development and Research (SCIDaR), the Community Reorientation Women Network (CRoWN) is a women-led grassroot initiative that leverages female polio supervisors within local communities to deliver home-based counseling and referral support for a suite of services.

Adapting this initiative for zero dose reduction, CRoWN deploys female polio supervisors to identify and link eligible children to immunization services through home visits and facilitated referrals. The intervention builds on the name based community engagement strategy, with oversight from traditional leaders to to enumerates and identifies; counsel; and refer and track children and pregnant women as detailed in figure B below:



B. Schematic illustrating key components of the CROWN intervention deployed in Konkiyel

The Konkiyel Experience

Located in the northeastern parts, Darazo is one of the 13 LGAs in Bauchi state prioritized for special interventions as part of the 145 ZD LGAs in the country. Konkiyel is a ward in Darazo comprised of 78 settlements with a predominantly farmer, muslim and Hausa/Fulani tribe population, led by the Village Head of Konkiyel overseeing the 72 Mai Unguwas, and served by Konkiyel PHC, and 3 other primary facilities.

C. Front view of Konkiyel PHC (credit - Nigeria Health Watch)

The Konkiyel pilot of the CROWN intervention was necessitated by a high-drop out rate and vaccine hesitancy reported by the health worker of Konkiyel PHC during a supervisory visit in the month of February 2022. The pilot involved:

I. Community Consultations:

Established consensus and commitment for facilitating the selection of enumerators and conducting a mini-census to identify undervaccinated children.

Photo of Village head of Konkiyel

II. Selection and Onboarding of identified Volunteers:

drawn from polio supervision and other health program resource groups were identified and oriented.

III. Conduct of MicroCensus:

Armed with the requisite tools and backed by the Mai Unguwas, Volunteers conducted community walk-throughs in their respective settlements to enumerate children U5 with their immunization status, pregnant women, and women of child bearing age.

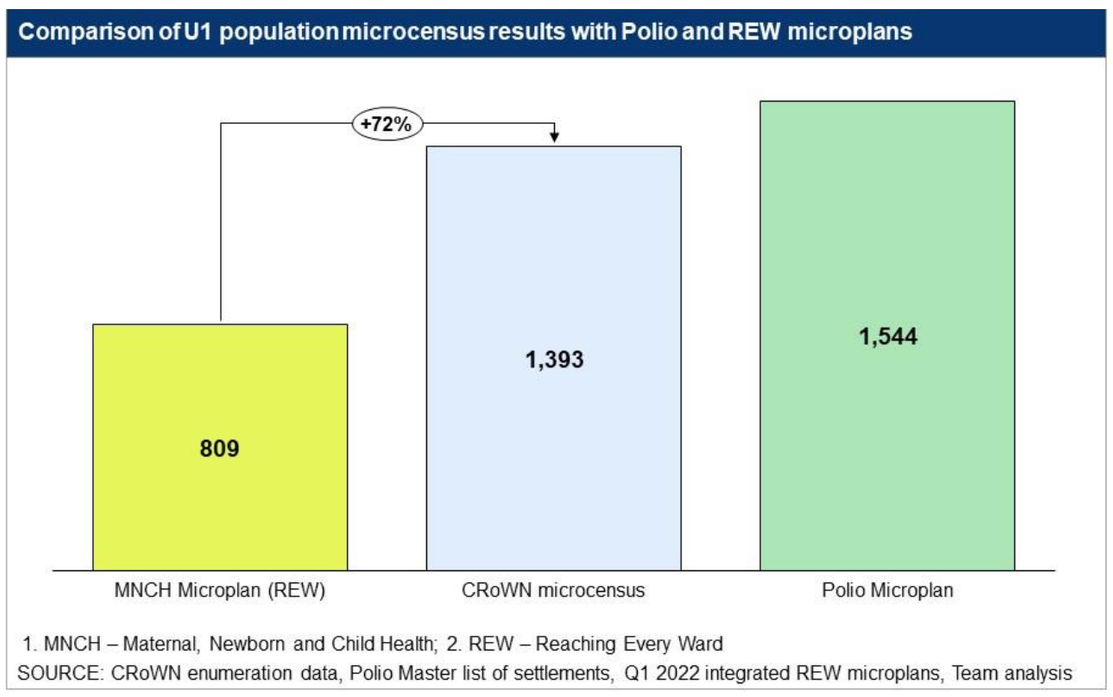
IV. Tracking and referrals:

Conduct follow-up visits to assigned households with undervaccinated children, counsel caregivers on the importanceof vaccines and facility service days, and furnished with color-coded reusable paper tokens to be presented at the catchment health facility.

Results

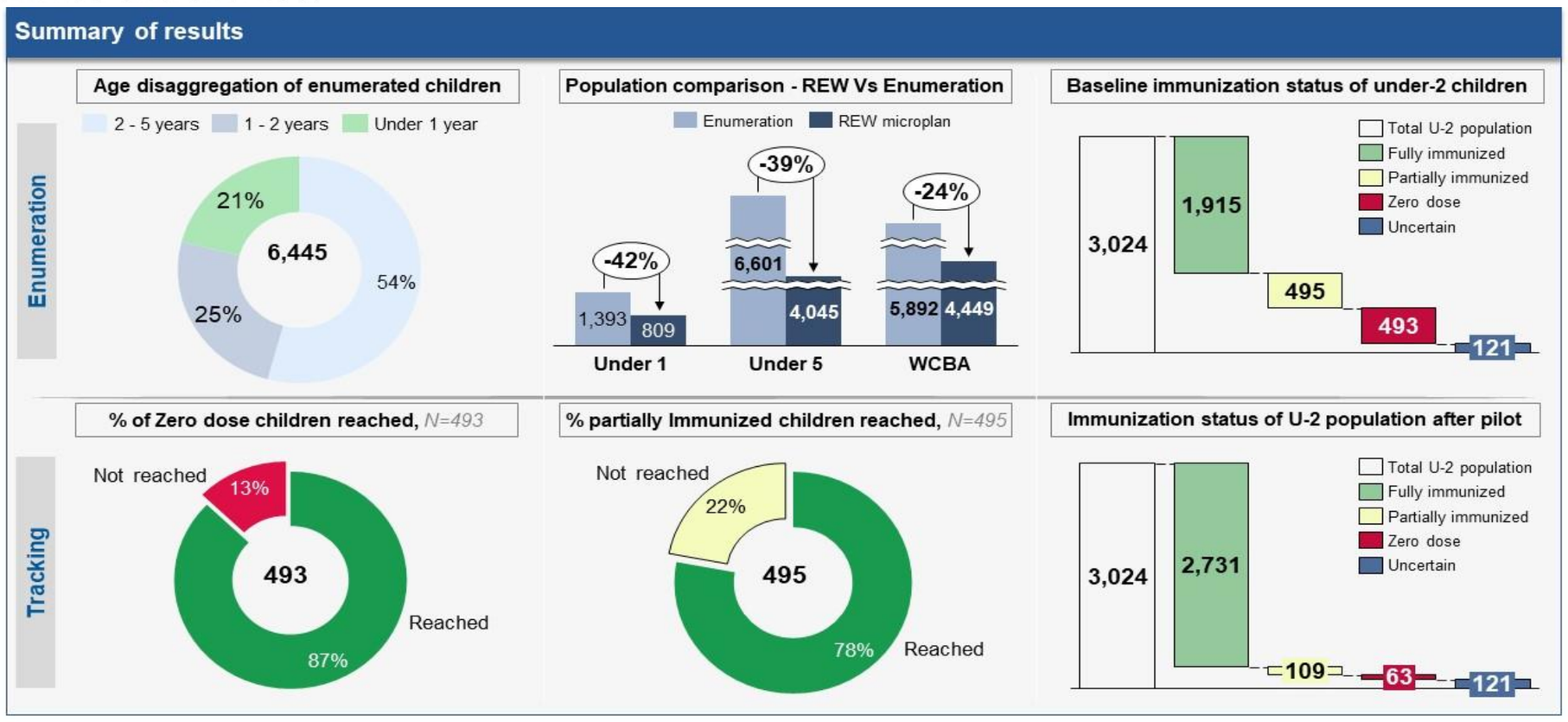
At the end of the 3-months pilot, the following positive results were achieved in Konkiyel:

1) Establishing a denominator for immunization



D. Illustrative comparison of U1 population microcencus result with Polio and PHC Microplans*

The Konkiyel mini-census revealed 1,393 were under 1 children. Comparing the under-1 population with REW microplan denominators revealed wide discrepancies of up to 47% with the latter underestimating under-1 population at 809 as shown in figure D.



*Zero dose: Not immunized children + children not immunized to Penta 1
Source:2022 CRoWN Enumeration data, CIR and team analysis

*The polio microplan data is not disaggregated to show the U2 population.

2) Ascertaining and identifying the zero dose burden and children

Volunteers identified undervaccinated (never vaccinated and dropout) children and obtained information to track and follow up with their guardian to ensure full vaccination. Of the 3,024 under-2 children, a total of 1,915 (63%) were appropriately immunized, while 493 (16%) were underimmunized, and 495 (16%) were identified to be not immunized.

3) Reaching undervaccinated children through facilitated referrals

Over the last six months 430 (87%) of zero dose and 386 (78%) unimmunized childrenhad been successfully vaccinated resulting in a 25% reduction in Penta drop-out rate.

4) Increased community participation and demand

The peer-to-peer to knowledge sharing approach fostered open dialogue between volunteers and community members about vaccine hesitancy concerns and boosted vaccine confidence which resulted in an increased demand and uptake of vaccines by community members.

With the Village Head and Mai Unguwas actively involved, members of the communities actively participated in ensuring the success of the strategy, and cases of hesitancy were promptly resolved. Peer-to-peer community-centered approach of the intervention has strategically positioned the idea as a grassroot vehicle for development with a high potential for growth; so far, the volunteers have grown the network from its initial 45 volunteers at inception to 86 volunteers.

Immunisation session at the facility with referred caregivers

Lessons

1. Community-driven interventions that leverage trusted community workers paired with influential traditional leaders are very effective in identifying and reaching undervaccinated children especially in rural settings.
2. Name-based identification of undervaccinated children remains a most reliable strategy for measuring progress in reaching all zero-dose children
3. Facilitated referrals using unique tokens make it easy to assess the effectiveness of the strategy .
4. Using peer-to-peer socialization mechanism to deliver vaccination information can improve community trust and confidence in vaccines.

Village head, Crown volunteers, LGA teams, state team at village head's palace

Recommendations

1. Expand the pilot to other geographies and other MCH services to uncover more contextual differences and test other use cases to inform scale-up.
2. Digitize processes to improve efficiency and data availability.
3. Complement the intervention with context-specific and sustainable incentives; potentially economic empowerment schemes.