

Activity 3.3 Service Experience Findings Summary

Kenya

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MOMENTUM Routine Immunization Transformation and Equity



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Section 01

Introduction

MOMENTUM Routine Immunization Transformation and Equity: What it is and What it Does

MOMENTUM Routine Immunization Transformation and Equity

PROJECT OVERVIEW

MOMENTUM Routine Immunization Transformation and Equity (the project) is a six-year, global USAID-funded project. It applies best practices and explores innovations to **address entrenched obstacles** in immunization and **increase equitable immunization coverage**.

Support countries with maintenance, adaptation, suspension, and/or reinstatement of immunization services as a result of COVID-19.

Overcome entrenched obstacles contributing to stagnating and declining immunization rates in USAID-supported countries.

Address the barriers to reaching zero-dose and under-immunized children with life-saving vaccines and other health services.

Project Activity: Improving Immunization Service Experience

OBJECTIVES OF THE PROJECT'S IMMUNIZATION SERVICE EXPERIENCE WORK

- Review existing tools and approaches to measure, monitor, and improve immunization service experience (SE).
- Contribute to existing global efforts as appropriate, including work led by global vaccination demand hub's SE workstream.

STUDY OBJECTIVES IN KENYA

- Assuming current use of service experience interventions and approaches, the purpose of this primary data collection (qualitative In-Depth Interviews and Root Cause Analyses) in Vihiga and Homa Bay counties was to examine, with health workers at the county, sub-county, and health facility levels, their current application and use of SE interventions, tools, and how interventions are measured. The intention is to improve the design and implementation of SE interventions, tools and measurement in Kenya and beyond.
- Apply learning to the design of behavioral-led interventions to improve health worker performance and SE.

Audience for this deck: Program implementers in Kenya (and global) interested in improving the quality of immunization services.

What is Immunization Service Experience?

Immunization service experience 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.

- Inter-related and cross-cutting issues at the individual, facility, community, and system levels.
- Issues affect either client or health worker.

Domains of Service Experience Theoretical Framework



Primary Data Collection in Kenya: Description of Sample

In February 2024, 32 semi-structured individual interviews and 2 focus groups were conducted with county and sub-county EPI managers, health facility managers, and vaccinators in Homa Bay (Mbita and Ndiwa sub-counties) and Vihiga (Sabatia and Vihiga sub-counties). Health workers were selected through purposive sampling; focused on HFs in hard to reach communities.

Table 1. Data collection by interview and participant type

INTERVIEW PARTICIPANT TYPE	HOMA BAY		VIHIGA		TOTAL
	Mbita	Ndiwa	Sabatia	Vihiga	
COUNTY EPI MANAGER	2		2		4
SUB-COUNTY EPI MANAGER	2	2	2	2	8
FACILITY MANAGER	2	3	3	1	9
VACCINATOR	2	4	2	3	11
FOCUS GROUP	0	1	1	0	2
TOTAL	6	10	8	6	34

Methods

Development of Interview Guides

- The project team developed semi-structured interview guides using the service experience theoretical framework.



Data Collection

- Two consultants conducted 32 semi-structured individual interviews and two focus group discussions (in the local language) focused on root cause analysis in February 2024.
- Consultants were researchers from Kenya with backgrounds in health program evaluation.
- Consultants recorded and transcribed interview data; all data was de-identified to protect confidentiality.



Data Analysis

- The research team uploaded and coded interview transcripts with Dedoose version 9.2.006.
- The research team analyzed qualitative data according to the 12 domains of the service experience theoretical framework.

Section 02

Findings by Service Experience Domain

Strengthening Community-centered Healthcare Systems and Infrastructure

Health Worker Empowerment

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

Cross-cutting Findings

- **Supportive Supervision:** Supportive supervision is identified as key to empowering health workers and enhancing service experience, though it is often conducted inconsistently without partner support.
- **Shift in Supervision Approach:** Recently, there has been a positive shift from "fault-finding" to more supportive supervision in both Homa Bay and Vihiga counties.
- **Limited Training Opportunities:** Insufficient training is undermining health worker empowerment, which can negatively impact service quality.

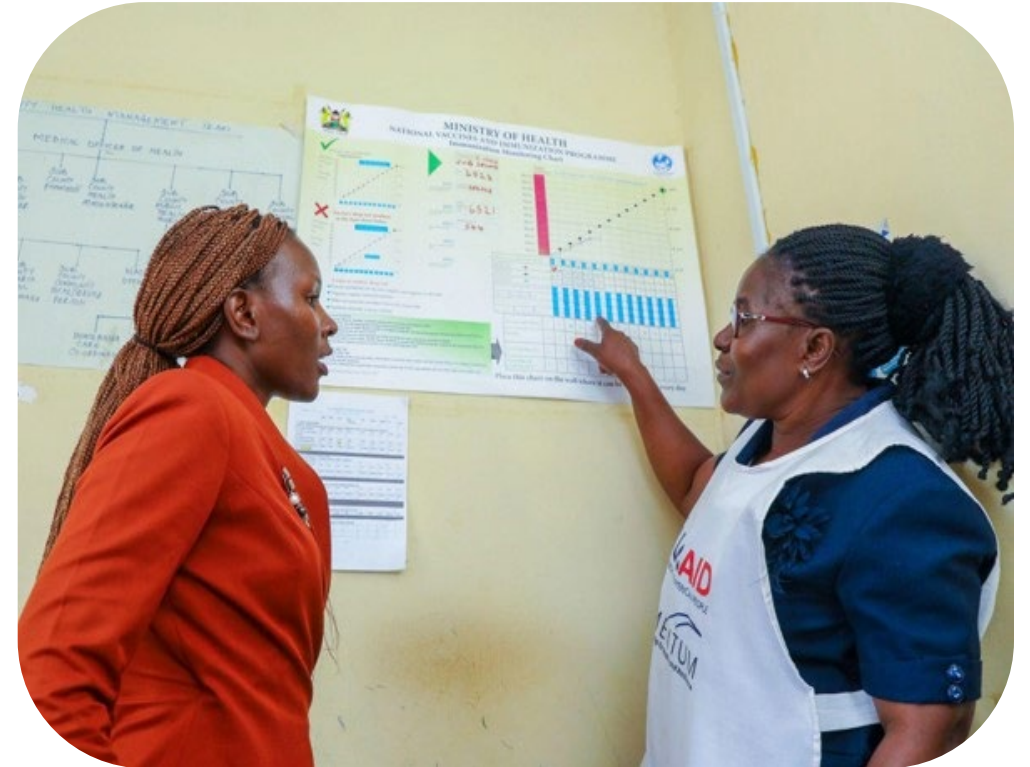


Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity



In terms of training, the supplies that we need, and even motivation... along with adequate human resources... if we have all this, then our health care workers will not be demotivated. I want to believe that they'll be able to offer their services optimally, and we'll be able to address issues of equity... The reason as to why maybe we have issues of equity: this health care worker is so tired. So, they tell their mothers, 'You come from nine to one. Anything beyond one, I'll not be offering immunization services.'

- Health Manager, Homa Bay

Overcoming Health Worker Empowerment Challenges

CHALLENGES

- **Training and staffing constraints:** Limited resources for training and staff shortages, which negatively impact the motivation of health workers and service experience.
- **Resource limitations:** lack of government resources for regular supportive supervision visits and data review meetings.
- **Scheduling issue:** Some staff reported the absence of a schedule for supportive supervision visits.

Health Worker Empowerment

SOLUTIONS IN PLACE

- **Peer support:** WhatsApp groups formed for healthcare workers to share feedback and ask questions.
- **Supportive supervision training:** Voluntary supportive supervision training offered by the subcounty.
- **Knowledge sharing:** Facility staff who attend trainings cascade knowledge and skills to others at the facility, addressing the lack of resources for widespread training.



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.

Findings: Expectation and Perception of Service Experience

Cross-cutting Findings

INDIVIDUAL-LEVEL FACTORS

- **Healthcare worker demeanor:** Positive service experience hinges on staff attitude, with training helping to remove rudeness (Health Facility Manager, Vihiga).
 - According to one respondent, '*we removed the rudeness and the crudeness of the public service* (Health Facility Manager, Vihiga)' by training staff on public relations.
- **Punctuality:** late arrivals by healthcare workers affect perceptions of service quality.
- **Communication on side effects:** poor service experience is perceived if clients are not warned about side effects; healthcare workers may also fear reporting if they believe they made a mistake (i.e. AEFI).

SYSTEM FACTORS

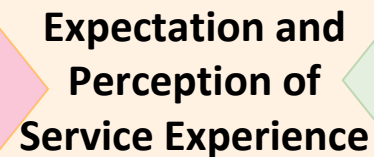
- **Staff shortages:** Insufficient staff numbers lead to long wait times, contributing to perceptions of poor service experience.
- **Vaccine supply issues:** A lack of sufficient supply contributes to poor service experience perceptions, as clients may travel long distances only find vaccines unavailable.
- **Training gaps:** Insufficient training on new antigens hampers healthcare workers' ability to inform clients about new vaccines and potential side effects, leading clients/caregivers to question service quality when children experience side effects

Overcoming Expectation and Perception of Service Experience Challenges

CHALLENGES

- **Perception of male nurses:** Male nurses are perceived as less gentle compared to female nurses.
- **Management workload:** Healthcare workers report spending an excessive amount of time on management tasks, including searching for vaccines due to stockouts, reducing time available for direct client engagement.
- **Vaccine supply issues:** Insufficient vaccine supply contributes to poor service experience perceptions, with some adjusting numbers to avoid appearing underperforming. Others emphasized the need to inform the community about stock-outs to avoid frustration.
- **Lack of health education:** insufficient education on adverse events following immunization contributes to poor perceptions of service experience.

Activity 3.3 Service Experience Findings



Expectation and Perception of Service Experience

SOLUTIONS IN PLACE

- **Reducing wait times:** Healthcare workers start earlier to minimize wait times, and use service charters in health facilities to indicate approximate wait time and break periods to manage client expectations.
- **Proactive communication:** Community health volunteers are used to inform community members about vaccine stock-outs, preventing unnecessary travel to health facilities.
- **Guidance through job aids:** Job aids and standard operating procedures guide healthcare workers in enhancing service experience; illustrations have been added to strengthen communication with clients and caregivers.
- **Prompt service:** Clients are served promptly on a 'first-come, first-served' basis; with priority to those who come with spouses.

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 to improve service experience. There is a need to examine the quality of care in integrated services and the requirements necessary to support people-centered immunization services within a package of care.

Cross-cutting Findings

- **Training for All Medical Staff:** To ensure continuous service, all medical staff, not just nurses, should be trained in immunization, especially in understaffed facilities.
- **Holistic Outreach Services:** Integrated outreach services, such as combining immunization with malaria services, have been implemented in response to community demand. (Additional details on slides 20-22.)
- **Limited Evidence on Integration:** There is limited evidence on how integrating immunization with other services improves overall service experience.

Activity 3.3 Service Experience Findings



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity

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.

Cross-cutting Findings

- **Critical Factors:** Key factors affecting the facility environment include wait times, vaccine stocks, electricity, infrastructure, and cleanliness.
- **Refrigeration and Space Issues:** Many facilities lack electricity and adequate cold chain equipment, forcing vaccines to be stored off site. Additionally, there is often insufficient space to ensure client privacy.
- **Cleanliness Practices:** Cleanliness is recognized as important, with some facilities relying on dedicated cleaning teams, while in others, vaccinators handle cleaning duties.



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity



A higher percentage [of mothers] will tell you the truth that we came, [and] we sat for the whole day. The nurses who were attending to mothers in delivery left us... and that's what happens, they only came in the afternoon to attend to us. So some of us got tired and went home. So we missed [the] vaccine. We also have staff shortages... our nurses are very few but they are the most important people in immunization.

- Sub-county manager, Vihiga

Overcoming Facility Environment Challenges

CHALLENGES

- **Chronic facility staff shortages and delays:** Ongoing staff shortages, late arrivals, and health facilities opening late lead to long wait times. Client frustration and confusion over triaging processes often result in some clients leaving before receiving care, potentially seeking services elsewhere in the future.
- **Infrastructure Issues:** Frequent power outages and inadequate infrastructure increase health workers' workload, shorten facility operating hours, and reduce the time spent with clients.



SOLUTIONS IN PLACE

- **Mentor Mother Program:** Mentor mothers support new mothers and inform clients about wait times (Vihiga and Homa Bay).
- **Staff Recall:** Bring staff back from leave to address shortages (Vihiga).
- **Resource Sharing:** Share refrigerators, cold boxes, and ice packs between facilities (Vihiga).
- **Appointment Management:** Issue numbers to clients upon arrival for transparency and schedule appointments to reduce wait times (Vihiga and Homa Bay).
- **Customer Care Desk:** Staff a customer care desk with community health volunteers to bridge the gap between the community and the facility (Vihiga).
- **Entertainment for Children:** Provide toys to entertain children during long wait times (Homa Bay).
- **Staff Accommodation:** Offer accommodation to enable earlier start times for staff (Homa Bay).

Outreach Services

This component highlights the significance of people-centered services provided outside traditional health facilities. Designing and organizing outreach based on community input and needs can either build or diminish trust in and use of the health system.

Cross-cutting Findings

- **Community Outreach as a Critical Strategy:** Outreach sessions are widely recognized by key informants as a crucial strategy to reach people close to where they live and work. They include services like immunization, family planning, HIV counseling, and testing. Outreach is particularly important for reaching individuals who may not value immunization or other health services highly enough to visit health facilities.
- **House Visits by Community Health Promoters:** Successful outreach efforts rely heavily on proactive house visits by community health promoters. These visits are essential for identifying children eligible for vaccination and notifying families about upcoming outreach sessions. This personalized approach helps increase participation and ensures that community members are aware of the services available to them.
- **Ensuring Privacy and Accessibility:** Outreach sessions in private and centrally located settings helps community members feel comfortable and more likely to participate.
- **Challenges in Reaching Hard-to-Access Areas:** Geographic barriers, poor infrastructure, and the absence of reliable transportation are significant challenges in reaching certain communities.

Activity 3.3 Service Experience Findings



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity

- **Limited Community Input in Outreach Design:** There is little data indicating that community input is systematically incorporated into the design of outreach services. This lack of involvement may result in services that are not fully aligned with the specific needs and preferences of the communities they aim to serve.




What we have been doing is conducting integrated community outreaches, so that we go to the communities where these people hail from. So that those ones that do not have the time to come and queue at the health facility can find time to be vaccinated within their own setting.

- Vaccinator, Vihiga

Overcoming Outreach Service Challenges

CHALLENGES

- **Funding Issues:** Outreach services often lack funding, relying on donors or partners for expenses, such as lunch and transport allowances for healthcare workers. Workers have reported being unable to conduct outreach or using their own resources without reimbursement (both counties).
- **Church Fees:** Some pastors charge vaccinators for using church facilities for outreach sessions. Efforts have been made to involve village chiefs to address this issue, but sometimes vaccinators have to move to nearby homes (Vihiga).
- **Privacy Concerns:** Some outreach sites lack privacy, highlighting the need for better supplies such as screens to ensure confidentiality.



Outreach Services

SOLUTIONS IN PLACE

- **Notification Signs:** Signs are posted at health centers to inform community members about outreach days when vaccinators will be off-site (Homa Bay).
- **Community Health Volunteers:** Community health volunteers notify residents about upcoming outreach sessions and ensure immunization records are prepared in advance.
- **Human Resource Allocation:** Careful allocation of human resources to provide adequate coverage for both outreach and facility-based services (Vihiga).
- **Church Liaison:** HWs and Chiefs negotiate with church leaders for free use of church facilities as vaccination sites (Vihiga).



The community health volunteers collect all the [home based-records for vaccination] books. So when we reach there, we just pick up the books and do our immunization...When we collect these books, those mothers will come for their books automatically. And when they come for their books, we will get those who defaulted.

- Vaccinator, Homa Bay

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.

Cross-cutting Findings

- **Supportive Supervision:** The public sector provides supportive supervision to private facilities, enhancing service experience.
- **Cost Differences:** Some clients prefer public services because they are free, while not all private facilities offer immunization services.



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity

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.

Cross-cutting Findings

- **Conflict Resolution:** Interpersonal conflicts among healthcare workers and clients impact the workplace community. Support and tools for conflict resolution are necessary.
- **Open Communication and Teamwork:** Open communication, teamwork, and equitable access to training opportunities boost morale.
- **Positive Reinforcement:** Staff appreciation and supportive supervision are critical for sustaining morale and improving the workplace environment.



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity



What excites them is that we like teamwork. We do work as a team. We sit down, we plan, we strategize, and the work becomes very easy.

- Sub-county health manager, Homa Bay

Overcoming Workplace Community Challenges

CHALLENGES

- **Interpersonal and Mental Health Issues:** Unresolved interpersonal and mental health problems among healthcare workers impact their treatment of clients.
- **Lack of Support Network:** There is no formal support network or mechanisms to identify healthcare workers who need assistance.
- **Autonomy Disparity:** Some perceive that medical officers are given more autonomy compared to nurses.
- **Gender-Specific Tasks:** Certain tasks are avoided by male nurses.
- **Supportive Supervision:** While supportive supervision is valued, there are insufficient resources for conducting quarterly visits.



Workplace Community

SOLUTIONS IN PLACE

- **In-Charge Forums:** Forums are used to monitor both data and healthcare worker morale to understand its impact on performance.
- **Shared Vision:** Unified vision fostered by reviewing data as a team to align goals and perspectives.
- **WhatsApp Groups:** WhatsApp groups for healthcare workers to share information, training resources, review progress, and support each other.
- **Remote Training:** Access to training improved by expanding remote training platforms.
- **Task Shifting and Staff Recall:** Current use of task shifting and recall staff from leave to address shortages and promote teamwork.



When the sub-county or the county team request that they need a staff for a particular training, we do not allow that only one staff or the facility in-charge to go to all of the trainings. We come, we sit down, we see, who has not attended this and this training. And then we give that person the chance to go for the training.

- Health facility manager, Homa Bay

Community Voice, Input, and 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.

Cross-cutting Findings

- **Critical Role of Community Health Volunteers:** Community health volunteers and other cadres serve as a vital link between the community and healthcare facilities, identifying issues and disseminating information.
- **Feedback Mechanisms:** Suggestion boxes, forums, and informal observations are used to collect and respond to feedback, though some community members may feel intimidated to provide it.
- **Need for Education:** Much of the negative feedback relates to vaccine side effects, highlighting the need for better interpersonal communication training for health workers and improvements in caregiver education.



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity



There are those that give their feedback properly. They tell you as I'm doing. And I think the staffs that don't feel offended, they should change their attitude. Because others, when a client says something against them, they take it negatively. And such a client, the kind of reply they give back to the client is not friendly enough. To an extent it may affect the client in a way that when she comes and sees you, you are a person on duty, she will walk back because of her approach.

- Nurse, Vihiga



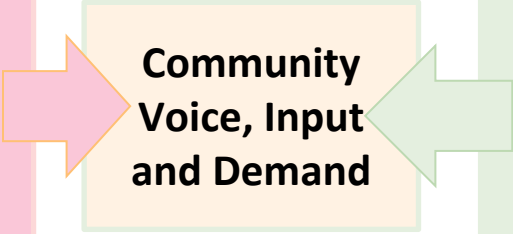
It is very important (to monitor feedback from the community). Because we are here for the community. We can say, just because the community is our number one employer so we have to be accountable to them. So it's very important to listen to what they are saying.

- Vaccinator, Vihiga

Overcoming Community Voice, Input, and Demand Challenges

CHALLENGES

- **Community Protests:** There are demonstrations due to dissatisfaction with services. In some cases, health volunteers spread misinformation, leading to conflicts with staff and creating fear among healthcare workers to implement feedback mechanisms.
- **Underused Feedback Systems:** Suggestion boxes are often underutilized, sometimes due to illiteracy or staff neglecting to review the feedback regularly. Additionally, exit interviews are not always conducted because the necessary forms are missing from the Ministry of Health (MOH).
- **Limited Resources for Community Engagement:** There is a lack of resources to organize community dialogue days, resulting in low community participation.



Community Voice, Input and Demand

SOLUTIONS IN PLACE

- **Monthly Focus Groups with Mothers:** Nurses held focus groups with mothers to understand their treatment preferences, with plans to conduct these sessions monthly.
- **Regular Feedback Review:** Integrate the review of community feedback into staff meetings.
- **Transparency and Communication:** Use chalkboards at health facilities to display performance indicators (e.g., immunization coverage) by village and inform community members about upcoming dialogue opportunities.



It is very easy for us, because now [that] the communities have been empowered, they have a right... to tell us how we need to run those facilities. Because we have cooperated with the [Members of County Assemblies], the area chiefs, and any other person who... has been served in the facility, in terms of immunization and other services.

- Sub-county Manager, Vihiga

Community Actors and 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.

Cross-cutting Findings

- **Engagement for Feedback and Demand:** Engaging community actors is crucial for obtaining feedback on service experience, increasing demand, and meeting targets, such as school heads promoting HPV vaccination.
- **Formal and Informal Structures:** Committees with community representation and health cadres play a key role in linking communities with health facilities.
- **Contribution to Service Experience:** There is less emphasis on how community actors contribute to improving service experience compared to increasing demand.



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity

Overcoming Community Actors and Stakeholders Challenges

CHALLENGES

- **Limited Resources for engaging community actors and stakeholders:** There is a lack of time and resources for health workers to effectively engage community actors and stakeholders.
- **Community trust:** Community members are sometimes hesitant to share their honest feedback, and certain populations are vaccine hesitant.

Community Actors and Stakeholders

SOLUTIONS IN PLACE

- **Community Relations and Trust:** Community health extension workers support community relations and feedback collection (Both counties). Health facility staff focus on befriending community members to encourage honest feedback (Homa Bay). Education officers are deployed to address vaccine hesitancy (Vihiga).
- **Stakeholder Coordination:** Collaborate with stakeholders like head teachers to facilitate HPV vaccine delivery (Homa Bay). Area chiefs facilitate access to churches for use as vaccination sites, free of charge (Vihiga).
- **Information Sharing:** Vaccinators and health staff share information with communities through health management committees; community members also provide feedback to health staff.

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.

Cross-cutting Findings

- **Advocacy for Resources and Salaries:** Advocacy is needed to secure resources for activities that enhance service experience, such as supervision, equipment maintenance, and outreach funding. This is crucial for ensuring continuous service delivery, particularly in underserved areas.
- **Reliance on Donor Support:** There is a strong reliance on donor funding, raising concerns about the sustainability of key immunization functions like outreach. Without long-term financial commitments, there is a risk that essential services may be disrupted.
- **Financial Barriers:** Inadequate financial resources are a major barrier to improving service experience, affecting staffing, outreach, and data review. This financial shortfall limits the capacity to address urgent needs and hinders the scaling of successful interventions.



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity

- **Financing Mechanisms:** Programs like the Facilities Improvement Financing Act (FIF) and Linda Mother generate additional resources, though their implementation is inconsistent across facilities. The variability in access to these funds can lead to disparities in service quality between different areas.

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.

Cross-Cutting Themes Across Counties

- **Essential supplies:** The availability of vaccines, drugs, and other supplies is crucial for a positive service experience.
- **Refrigeration challenges:** In both counties, the lack of refrigeration, especially in facilities without electricity, creates challenges. In these cases, in-charge nurses and facility managers must transport vaccines themselves, often leading to long wait times.



Photo Credit: Calvin Odhiambo, MOMENTUM Routine Immunization Transformation and Equity

Overcoming Logistics and Operational Challenges

System/ Foundational

CHALLENGES

- **Inadequate Refrigeration:** Many facilities lack adequate refrigeration, leading to disruptions when fridges require repairs and forcing staff to leave their posts to pick up supplies.
- **Supply Chain Issues:** Health facility managers and nurses often have to leave their posts to pick up vaccines due to supply chain inefficiencies.



STRATEGIES IN PLACE

- **Partner Support for Transportation:** Sub-county support from partners ensures vaccines are transported directly to facilities, reducing the need for healthcare workers to pick them up.
- **Stock Management and Sharing:** Facilities use ledgers to manage stock and share supplies with other locations when stocks are low.
- **Proactive Communication:** Facilities proactively inform communities about stock-outs to prevent unnecessary visits when vaccines are unavailable.
- **Real-Time Notifications:** A WhatsApp group is used to notify facility managers and nurses when vaccines are available for pick-up.
- **Community-Inclusive Target Setting:** Incorporating community input in mapping exercises allows for more accurate target-setting.
- **Solar Refrigerators:** Solar-powered refrigerators are used in facilities without electricity to ensure safe vaccine storage.

Limitations

- With 33 KIIs within two counties in Kenya, the results may not be generalizable for the entire country.
- The KIIs did not include caregivers who could have provided an additional perspective on health worker performance and service experience.
- Data analysis was conducted using the Service Experience theoretical framework and coded according to SE domains. As the semi-structured interview guide was very long, it was difficult to include questions on each specific domain. As such, certain domains have less information than others.

Section 03

Discussion

Summary

Discussion

- Both individual and system factors influence the quality of immunization services, requiring a multi-pronged strategy to address them effectively.
- There is limited data on service experiences with integrated and outreach services, making it essential to gather insights from both health workers and community members.
- Proactive communication with communities, such as notifying families about stockouts or outreach schedules, can significantly enhance service experiences.
- Current feedback mechanisms, like suggestion boxes and exit interviews, capture input from a small subset of those visiting health facilities and have significant limitations; alternative methods such as community dialogues, design input sessions, and focus group discussions should be considered to engage a broader audience but require adequate funding.
- Much of the negative feedback centers on vaccine side effects, highlighting the need for improved training for HWs in interpersonal communication and skills to address questions around AEFI, as well as better education for caregivers about potential side effects.





Summary

- Immunization programs in both Homa Bay and Vihiga counties acknowledge the importance of service experience and have initiatives to gather community feedback.
- Although service experience is recognized as a priority, both counties need to allocate more resources, particularly toward addressing health workforce issues such as staff deployment, mentorship, and psychosocial support.
- Expanding service experience interventions and improving feedback collection methods beyond facility-based suggestion boxes would greatly benefit both Vihiga and Homa Bay counties.
- There is limited evaluation of the effectiveness of service experience interventions, highlighting the need for increased focus in this area.
- These findings were used in co-creation workshops in Vihiga and Homa Bay counties to develop action plans to improve health worker performance and service experience. Action plan implementation is underway.

THANK YOU

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