Reaching Every Child: How Community-Led Action Reduced the Number of Zero-Dose Children in Bulhan Kebele, Somali Region

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1. Introduction

Every child deserves protection from vaccine-preventable diseases, yet many children living in remote pastoralist communities continue to miss lifesaving vaccinations because of geographic isolation, misinformation, and limited access to health services. Under the Zero-Dose Learning Hub initiative, PATH, working closely with the Gunagado Woreda Health Office, community leaders, health extension workers (HEWs), women social mobilizers, the World Health Organization (WHO), and other partners, implemented an integrated community engagement approach in Bulhan Kebele, Gunagado Woreda, Somali Region, to identify and reach zero-dose and under-vaccinated children.

By combining community dialogue, interpersonal communication (IPC) training, strengthened outreach services, and active community participation, the intervention transformed caregivers' perceptions of immunization and significantly improved vaccination uptake.

2. Intervention objectives

This success story aims to:

- Document effective strategies used to identify and vaccinate zero-dose and under-vaccinated children.
- Demonstrate the contribution of community engagement and social and behavior change interventions to improving routine immunization.
- Capture lessons learned and promising practices for replication in other pastoralist and hard-to-reach settings.
- Highlight the experiences and voices of caregivers, health workers, community leaders, and government stakeholders.
- Showcase the contribution of PATH and partners in strengthening routine immunization systems.

3. Background

Bulhan Kebele in Gunagado Woreda was identified as one of the areas with a high number of zero-dose and under-vaccinated children. A Rapid Community Survey (RCS) conducted among 20 households identified **10 zero-dose and 12 under-vaccinated children**, revealing substantial immunization gaps.

Several interconnected demand- and supply-side barriers contributed to the high number of zero-dose and under-vaccinated children in Bulhan Kebele. The kebele's dispersed pastoralist settlements and the seasonal mobility of families made it difficult for caregivers to consistently access routine immunization services. Long distances to health facilities, coupled with limited outreach services, resulted in many children missing scheduled vaccinations. At the community level, limited awareness of the benefits of routine immunization, misconceptions and fears about vaccine safety and side effects, and reliance on informal sources of information reduced caregivers' confidence in vaccination. Low male involvement in child health decision-making further limited support for mothers to seek immunization services for their children. On the health system side, missed opportunities during routine service delivery, inadequate tracking of children who missed scheduled doses, and weak linkages between health workers and community structures hindered timely identification and follow-

up of zero-dose and under-vaccinated children. Together, these challenges created significant gaps in immunization coverage, leaving many children unprotected against vaccine-preventable diseases and highlighting the need for a comprehensive, community-centered approach that addressed both service-delivery and demand-generation barriers.

4. Implementation strategy and approach

Recognizing that the barriers to routine immunization in Bulhan Kebele were both demand- and supply-side, PATH, in close collaboration with the Gunagado Woreda Health Office, WHO, HEWs, community leaders, and women social mobilizers, implemented a comprehensive package of community-centered interventions aimed at identifying, reaching, and vaccinating zero-dose and under-vaccinated children.

The intervention began with an RCS, which identified 10 zero-dose and 12 under-vaccinated children among 20 surveyed households. The findings also highlighted the key drivers of low immunization coverage, including widespread misconceptions about vaccines, low caregiver awareness, population mobility associated with pastoralist livelihoods, inadequate male involvement in child health decisions, and weak links between communities and routine health services. Based on these findings, local stakeholders jointly developed a targeted action plan tailored to the context of the community.



Rapid Community Survey, Bulhan Kebele, Gunagado Woreda. Photo: PATH.

Key components of the intervention were strengthening the capacity of frontline health workers and increasing community engagement. HEWs participated in IPC training, which equipped them with practical skills to communicate effectively with caregivers, actively listen to concerns, provide clear and accurate information on routine immunization, and respond confidently to misconceptions and rumors surrounding vaccine safety and side effects. The training also emphasized respectful counseling techniques, building trust with caregivers, and encouraging completion of the full immunization schedule. These newly acquired skills were reinforced through regular supportive supervision and on-the-job coaching conducted by the project staff jointly with Woreda Health Office staff.

Recognizing the influence of community structures on health-seeking behavior, the project placed community engagement at the center of implementation. Community dialogue sessions were organized in collaboration with religious leaders, clan elders, community leaders, women, men, youth representatives, and women social mobilizers. These dialogues created safe and inclusive spaces where community members openly discussed concerns regarding childhood vaccination, shared local

beliefs and experiences, and received accurate information from trusted health professionals and respected local leaders. The participation of influential community figures helped dispel misinformation, foster collective ownership, and strengthen confidence in routine immunization services.



Community dialogue sessions, Bulhan Kebele, Gunagado Woreda. Photo: PATH.

Women social mobilizers complemented these efforts through regular household visits and one-on-one counseling sessions with mothers and caregivers. During home visits, they reminded caregivers about vaccination schedules, identified children who had missed vaccine doses, referred families to health facilities, and, when necessary, accompanied mothers to outreach vaccination sessions. Their close relationship with community members enabled them to identify barriers early and provide continuous encouragement for caregivers to complete their children's vaccination schedules.

To improve physical access to immunization services, the project strengthened routine service delivery by increasing immunization service days from two to four per week, including two dedicated outreach days targeting remote pastoralist settlements. Outreach sessions integrated routine immunization with child nutrition screening, deworming services, and growth monitoring, allowing caregivers to access multiple essential child health services during a single visit. Health workers also updated community target lists, strengthened registration and reporting systems, introduced improved defaulter-tracing mechanisms, and regularly monitored children who had missed scheduled vaccinations to ensure timely follow-up.



Outreach sessions, Bulhan Kebele, Gunagado Woreda. Photo: PATH.

Throughout the implementation period, PATH provided continuous technical and logistical support to the Woreda Health Office, including mentoring, supportive supervision, monitoring of community activities, and coordination with local stakeholders. This collaborative approach strengthened the capacity of the local health system while fostering strong community ownership, laying the foundation for sustained improvements in routine immunization beyond the project period.

5. Results

The integrated package of community engagement, health worker capacity strengthening, and improved service delivery produced significant improvements in routine immunization uptake and community confidence within a relatively short period. A follow-up RCS conducted two months after implementation confirmed that all previously identified zero-dose and under-vaccinated children had received the vaccines they had missed, demonstrating the effectiveness of the targeted identification and follow-up mechanisms established through the intervention.

Caregivers reported substantially improved knowledge and understanding of routine immunization following participation in community dialogue sessions, household counseling, and interactions with trained HEWs. Many mothers explained that prior to the intervention, they had been hesitant to vaccinate their children because of concerns about vaccine safety, fear of side effects, and misinformation circulating within the community. Through repeated counseling, open discussions, and the involvement of trusted religious and community leaders, these misconceptions were addressed, resulting in greater confidence in vaccines and increased willingness to complete the recommended childhood immunization schedule.

The intervention also strengthened the capacity and confidence of frontline health workers. Following IPC training, HEWs reported significant improvements in their counseling skills and their ability to engage caregivers respectfully, answer difficult questions, and communicate the benefits of timely vaccination. This enhanced communication strengthened relationships between health workers and the communities they serve.

As a HEW serving Bulhan Kebele, Hamdi Omer Ibrahim is at the forefront of delivering essential primary health care services, including routine immunization. Following the IPC training, she improved her ability to communicate with caregivers, respond to their concerns with confidence, and build trust in vaccines. Enhanced counseling skills have enabled her to promote informed decision-making and increase community acceptance of immunization services.

“The interpersonal communication training truly opened our eyes; before this, we weren’t giving counseling services without knowledge. The interpersonal communication training transformed how we engage with caregivers. Previously, our counseling on immunization was limited. But now we can effectively address concerns, correct misconceptions, and clearly explain the importance of timely vaccination and completing the full immunization schedule. This has improved caregivers’ trust and strengthened community demand for immunization services.”



Hamdi Omer Ibrahim, health extension worker, Bulhan Kebele, Gunagado Woreda. Photo: PATH.

As a community social mobilizer, Ayan Moalin Mahamud serves as a trusted link between families and health services. Through regular home visits, community dialogue sessions, and one-on-one counseling, she addresses misconceptions about vaccines, reminds caregivers of vaccination schedules, and accompanies mothers to health facilities when needed. Her close relationship with the

community has helped build trust in immunization services and encouraged more families to ensure their children receive lifesaving vaccines.

“I bring mothers the right information and walk with them to health services so their children can grow up healthy and protected from vaccine-preventable diseases. Through home visits and community conversations, I help caregivers to understand the importance of timely vaccination, completing the full immunization schedule, and seeking services whenever a child misses a dose. Seeing more mothers confidently bring their children for vaccination is one of the most rewarding parts of my work.”



Ayan Moalin Mahamud**,** social mobilizer, Bulhan Kebele, Gunagado Woreda. Photo: PATH.

Religious leaders, clan elders, women social mobilizers, and community leaders became active advocates for childhood vaccination by encouraging families to attend immunization sessions, identifying children who had missed vaccines, and linking caregivers with available services. Their continued engagement has strengthened local accountability for child health and contributed to sustaining positive behavioral changes beyond the initial intervention period.

At the health system level, routine immunization services became more responsive and efficient. The expansion of outreach services improved access for families living in hard-to-reach pastoralist settlements, while strengthened registration systems, updated target lists, and improved defaulter-tracing mechanisms enabled health workers to identify and follow up on children who missed scheduled vaccinations more effectively. The integration of immunization with nutrition screening, deworming, and growth monitoring services also reduced missed opportunities by allowing caregivers to receive multiple essential child health services during a single visit.



Ayan Ahmed Hasan, mother. Photo: PATH.

“After the health extension worker clearly explained the benefits of vaccines and how they protect children from serious diseases in the future, I felt confident and reassured, so I decided to vaccinate my child to keep him healthy and safe. My son, Adem, is now 45 days old, and I took him for his first vaccination after receiving information and guidance from the health extension workers in our kebele.

Before that, I had concerns about the safety of vaccines, possible side effects, and whether they were truly necessary and effective. Like many mothers, I had heard different opinions from people in the community, which sometimes made me uncertain. However, the clear information provided by the health extension workers, together with the discussions held during community dialogue sessions, helped address my concerns and strengthened my trust in immunization services.

I have also observed positive changes in attitudes among other mothers and community members. More parents are now bringing their children for vaccination, and there is greater support for immunization within the community”.—Ayan Ahmed Hasan, mother

The success of the intervention was made possible through the active involvement of trusted community leaders who served as champions for immunization within their communities. By participating in community dialogue sessions, addressing misinformation, and working alongside HEWs to identify and refer zero-dose children, these local leaders helped build trust in vaccination services and encouraged caregivers to seek timely immunization for their children. The experience of Dayib Mahamed Arte illustrates the critical role that community leadership played in transforming attitudes and increasing demand for routine immunization.



Dayib Mahamed Arte, community leader, Bulhan Kebele, Gunagado Woreda. Photo: PATH.

“As a community leader in Bulhan Kebele, I have been working closely with PATH, WHO, and health extension workers to promote immunization services and improve child health in our community. I have actively participated in community dialogue sessions organized in the kebele and supported HEWs in identifying zero-dose and under-immunized children to ensure they receive lifesaving vaccines.

Before these interventions, the main immunization challenges in our community were lack of awareness about the benefits of vaccines and widespread misinformation and rumors. The community dialogue sessions played a critical role in addressing these challenges. Through these discussions, many misconceptions were clarified, and community members gained a better understanding of the benefits of vaccination.

As a community leader, I also worked with health extension workers and encouraged caregivers to visit health facilities and linked families with immunization services. As a result of these interventions, I have observed significant improvements in caregivers’ knowledge, attitudes, and practices regarding immunization. More parents now understand the importance of vaccines and are willing to vaccinate their children on time.”—Dayib Mahamed Arte, community leader, Bulhan Kebele, Gunagado Woreda

Madhi Omer Mahamed, the EPI focal person in Gunagado Woreda, observed that prior to the intervention, immunization challenges were mainly linked to low community awareness, misconceptions, fears about vaccine safety and side effects, and limited involvement of men. Many caregivers depended on informal information sources, which often led to misinformation. To address these issues, PATH implemented community dialogues, home visits, IPC training, and awareness campaigns. Among these, community dialogue sessions were the most effective, as they created an open platform for discussion, allowed caregivers to ask questions, and helped build trust with health workers and community leaders, resulting in improved knowledge and increased uptake of immunization services.



Madhi Omer Mahamed, Expanded Programme on Immunization focal person, Gunagado Woreda. Photo: PATH.

According to the Gunagado Woreda Health Office, PATH's technical and logistical support—including community dialogue sessions, IPC training, on-the-job mentoring and coaching, and supportive supervision—significantly strengthened the woreda's routine immunization program. Health officials observed increased community awareness, reduced vaccine misconceptions, improved identification and tracking of zero-dose and under-vaccinated children, stronger collaboration between health workers and community structures, and increased use of immunization services across the intervention area.



Abdi Shugri Hasan, head of Woreda Health Office, Gunagado Woreda. Photo: PATH.

"Immunization coverage in our woreda has faced challenges related to misconceptions about vaccines, limited awareness among caregivers, low demand for immunization services, and the presence of zero-dose and under-immunized children. PATH has provided valuable technical and logistical support to the woreda, particularly through community dialogue sessions, interpersonal communication training for health extension workers, on-the-job capacity-building activities, and

supportive supervision. These interventions have strengthened the skills of health workers to effectively counsel caregivers, address concerns, and promote positive health behaviors."—Abdi Shugri Hasan, head of the Woreda Health Office, Gunagado Woreda, Somali Region

Beyond the measurable improvements in vaccination coverage, perhaps the most important achievement was the transformation in community attitudes toward immunization. What was once characterized by uncertainty, misinformation, and limited trust evolved into a community where caregivers, community leaders, and health workers worked together to ensure that every eligible child received lifesaving vaccines. The experience from Bulhan Kebele demonstrates that combining strong community engagement with strengthened health services can successfully overcome barriers to immunization and provides a scalable model for reaching zero-dose children in pastoralist and other underserved communities across Ethiopia.

The success of the intervention was driven by a combination of strong partnerships, community ownership, and evidence-based implementation strategies. Close collaboration between PATH, the Woreda Health Office, WHO, and existing community structures ensured coordinated planning, efficient resource use, and consistent technical support throughout implementation. The meaningful engagement of trusted local leaders—including religious leaders, elders, and other influential community representatives—played a critical role in addressing misconceptions about immunization, fostering community trust, and encouraging caregivers to seek vaccination services for their children.

At the service-delivery level, the IPC knowledge and skills of frontline health workers, including HEWs, improved through targeted training and ongoing mentoring and coaching. This enabled them to provide respectful, culturally appropriate, and persuasive counseling that effectively addressed caregivers' concerns and vaccine hesitancy. The intervention also adapted immunization services to the realities of pastoralist communities by integrating outreach vaccination with other essential health services, making immunization more accessible to families living in remote and mobile settlements.

A strong emphasis was placed on identifying and following up on zero-dose and under-vaccinated children through community-based tracking mechanisms, ensuring that children who had previously been missed were reached and linked to vaccination services. Continuous supportive supervision, regular mentoring and coaching, and close monitoring further strengthened implementation quality, helped to address emerging challenges promptly, and reinforced accountability across all levels. By simultaneously improving the availability of quality immunization services (supply side) and increasing community awareness, acceptance, and demand for vaccination (demand side), the intervention achieved sustainable improvements in routine immunization uptake.

6. Conclusion

The experience in Bulhan Kebele demonstrates that reaching zero-dose and under-vaccinated children in remote pastoralist settings requires more than expanding health services—it requires building trust within communities. By combining interpersonal communication training, community dialogue, social mobilization, strengthened outreach services, and strong collaboration between government and partners, the intervention successfully addressed both demand- and supply-side barriers to immunization.

During the two-month pilot period, every identified zero-dose and under-vaccinated child was reached, while caregiver knowledge, trust, and acceptance of immunization improved substantially. The experience illustrates that community-centered approaches can effectively strengthen routine immunization systems and ensure that even the most underserved children are protected from vaccine-preventable diseases.

7. Recommendations

Based on the experience from Bulhan Kebele, the following recommendations are proposed:

- Scale up community dialogue and IPC approaches to other pastoralist and underserved districts with high numbers of zero-dose and under-vaccinated children.
- Institutionalize IPC training and supportive supervision for HEWs as part of routine capacity-building.
- Continue engaging religious leaders, clan leaders, and women social mobilizers as trusted advocates for immunization.
- Sustain integrated outreach services to improve access for remote and mobile populations.
- Strengthen routine identification and tracking of zero-dose and under-vaccinated children using updated community registers and defaulter-tracking systems.
- Document and share similar evidence-based success stories to support learning, advocacy, and donor engagement.