Concept Book

Increasing vaccine demand

Concept Book: A compilation of solutions geared at increasing demand of HPV, MR2 and Malaria vaccines, as well as understanding zero dose children in Turkana County, Kisumu County and Garissa County with Kakamega County as a learning county.
Interested in learning more or partnering with Living Labs?
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Compiled by PATH Kenya, Living Labs
Cover Photo: PATH Kenya, Dr Christopher Obong’o
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCW</td>
<td>Healthcare worker</td>
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<tr>
<td>CHP</td>
<td>Community health promoter</td>
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<td>CHMT</td>
<td>Community health management team</td>
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<td>MCHB</td>
<td>Mother and child health booklet</td>
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<td>MCH</td>
<td>Mother and child health</td>
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<td>ZDC</td>
<td>Zero dose children</td>
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<tr>
<td>IEC</td>
<td>Information education and communication</td>
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<td>HPV</td>
<td>Human papillomavirus</td>
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<tr>
<td>DHIS2</td>
<td>Digital health information software 2</td>
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<tr>
<td>MR1, MR2</td>
<td>Measles Rubella vaccine</td>
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<tr>
<td>NVIP</td>
<td>National Vaccines and Immunization Program</td>
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Living Labs Team facilitating a co-creation session with healthcare workers. Photo: PATH Kenya
PATH Living Labs accelerates inclusive innovation by placing people and communities at the center of health planning in ways that make health services more comprehensive and responsive, more integrated, and accessible. Since launching in 2019, PATH Living Labs has successfully engaged with diverse groups of users including frontline health care workers, community members, patients, opinion leaders, and managers and decision makers at different levels of the healthcare system. Over this period, and in collaboration with the ministry of health at the national and county level, PATH Living Labs has co-created solutions to strengthen motivation of frontline immunization service providers, to improve access and utilization of basic commodities for management of diabetes, a national roadmap for improving response and management of post-partum hemorrhage, a communication strategy for addressing covid-19 vaccine hesitancy among healthcare workers and community members, a newborn nutrition digital adaption kit to facilitate timely provision of care for sick and newborn children among other solutions, amongst several other projects.

Our value proposition includes the growing network of users who are members of our user advisory group (UAG) and who continuously provide rich insights on the design challenges we tackle via virtual and in-person engagement activities. The UAG is comprised of frontline healthcare workers, community members, and managers and decision makers within the healthcare system. Secondly, our rapid design process helps us reduce design time to bring new solutions to the frontlines by embracing the principle of “failing fast”. A key differentiator of our work is our umbrella ethics approval (both institutional and in-country) that allows us to quickly pick up projects, providing rapid feedback on concepts as well as testing of physical prototypes. With a large in-country, multidisciplinary design team, we can curate diverse and deep qualitative insights, paired with quantitative data, spanning geographies and health challenges. In addition, we leverage the strong and trusted partnerships that PATH has established with the government, health facilities, and community organizations through a proven track record of embraced solutions and PATH’s reputation as a trusted partner with global health expertise.
PATH Living Labs applies a 4D approach to human centered design beginning with a phase to “Discover” the underlying issues from the users themselves and to understand the context of their environment through various data collection methods suited for the challenge at hand. This is then followed by mining all the data collected and drawing useful themes and insights from it in a phase called “Define”. Additionally, at the end of the “Define” phase, several problem statements are generated together with “How Might We” questions that will guide the subsequent “Dream” phase. Here, brainstorming sessions are arranged where users come up with as many ideas as possible to answer the proposed questions. After this, prioritization of ideas occurs where the prioritized ones are turned into draft concept sheets that describe the solution, it’s features, it’s source of inspiration and the supplies required to prototype it. These draft concept sheets will then guide the “Design” phase where iterations are made to turn the concept into low fidelity prototypes which will undergo iterations based off user feedback and eventually become high fidelity prototypes.

Mandate from NVIP: In January 2023, NVIP tasked PATH Living Labs with the role of capturing user insights on determinants of demand for HPV vaccine and Malaria and Rubella (MR) dose 2, and reasons for zero dose children. The output from this work would help NVIP understand the low performance of these antigens despite significant efforts to increase access and promote uptake. The scope of work assigned to PATH Living Labs included co-creation of innovative strategies to address identified determinants of demand and to work with the selected counties to pilot test the co-created solutions.

Selected counties: Garissa and Turkana counties with low immunization rates were selected for the opportunity to demonstrate marginal improvements from co-created demand solutions. Kakamega county was selected as a high performing county to provide lessons on what is working for each of the priority antigens. Kisumu county was selected to provide lessons on reaching informal settlements.
Discover

Users were engaged through several tools and methods to gather insights on demand-related barriers as part of this phase. Some users were engaged through one-on-one interviews, while others were part of focus group discussions conducted by PATH in the user locations and in workshop settings. Additionally, the Livings Labs completed secondary review of the qualitative data from the initial grant that was focused on immunization healthcare workers motivation and engagement.

Define

Data from these workshops including transcribed audio recordings and sticky notes and field notes were uploaded to the Miro board to facilitate collaborative analysis and insight sorting. From these data, PATH Living Labs team created journey maps visualizing the processes that each of the user groups undergo in relation to receiving or delivering vaccines. Empathy and affinity maps were also created to summarize the key themes and patterns highlighting determinants of users’ demand for vaccines. From these outputs, PATH Living Labs conducted a further data analysis exercise and identified key determinants of demand in each county and for each vaccine.

<table>
<thead>
<tr>
<th>County</th>
<th>HPV Vaccine</th>
<th>MR 2/ Malaria 4 Vaccine</th>
<th>Zero Dose Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkana</td>
<td>Critical gaps in information, access barriers affecting nomadic community</td>
<td>Critical gaps in information, access barriers affecting nomadic community</td>
<td>Access barriers affecting nomadic community</td>
</tr>
<tr>
<td>Garissa</td>
<td>Perceived or real lack of social support hinders appropriate and sustained engagement with vaccine services (lack of involvement of religious leaders)</td>
<td>Critical gaps in information</td>
<td>Religious, cultural and/or traditional beliefs/practices (nomadic lifestyle)</td>
</tr>
<tr>
<td>Kakamega</td>
<td>Perceived or real lack of social support hinders appropriate and sustained engagement with vaccine services (need to engage teachers and parents), critical gaps in information (mis-information and myths about HPV)</td>
<td>Poor data affecting effective defaulter tracing, poor provider-client interaction.</td>
<td></td>
</tr>
<tr>
<td>Kisumu</td>
<td>Critical gaps in information (mis-information and myths about HPV)</td>
<td>Critical gaps in information</td>
<td>Religious, cultural and/or traditional beliefs/practices</td>
</tr>
</tbody>
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Table 1: Key determinants of vaccine demand
Co-creating, prioritizing, prototyping, and testing solutions

**Dream**

Based on the insights from the Define phase, PATH Living Labs team facilitated a series of ideation and co-creation workshops with users in all four counties. These sessions were preceded by dissemination and validation workshops in which county and sub-county officials alongside a sample of caregivers and opinion leaders provided input on the insights and additional context for the county specific manifestations.

Each co-creation workshop focused on a specific challenge and a specific antigen in each county. In separate groups (managers, healthcare workers, community health workers, caregivers, opinion leaders) users participated in an ideation exercise in which they came up with innovative ideas for addressing the identified challenge and/ or leveraging identified opportunities. A total of 39 raw ideas emerged from these workshops. Users prioritized the most promising concepts out of the 39 co-created to improve demand and uptake.

**Design**

Collaboratively, the PATH Living Labs team and users created low-fidelity prototypes of the prioritized concepts, including detailed concept sheets, storyboards, and prototypes.

**Pilot Testing**

While we did not conduct a rigorous evaluation, this small-scale set of pilots were aimed at demonstrating potential impact via measurable outputs and through qualitative feedback from users. Results informed more rigorous testing of individual and combinations of solutions in support of MoH adoption and scale in each county.

Co-creation workshop with HCWs from Kisumu County. Photo: PATH Kenya, Dr Christopher Obong'o
Concepts Gallery
Mapping

“By accurately identifying and mapping out the areas with low immunization coverage, we are able to target our efforts and resources effectively”

-Nurse Turkana County.

**Description**

Determine the accurate number of defaulters and the eligible group for the antigen (i.e., HPV and MR2/mal 4, & ZDC) in a catchment area to identify which solution should be deployed based on the need.

- For Kakamega and Kisumu county, the population is static allowing the exercise to be easily done by CHVs assigned to that area with some facilitation.
- For Turkana & Garissa, the exercise is done by CHVs in collaboration with a contact person who is part of the community that has moved.
- The CHVs will be provided with tools to do the mapping in their catchment populations and reporting them.

**Features**

- Identified areas with defaulters/underperforming based on microplanning data/county immunization data that is specific to facility level
- Important landmarks including schools, chief’s camp, water gathering points, faith-based institutions, hard-to-reach areas, rivers, mountains, roads and transit points documented on the tool
- 2-3 days for the CHVs to map out the defaulters and record which areas they are found; with the landmarks recorded
- 2-3 days for the CHVs to communicate with point persons in the case of nomadic communities to map out the defaulters and record which areas they are found; with the landmarks recorded
- Population Distribution and the identification of areas with low coverage, including hesitant communities, “high risk communities”, complacent CU.
- Major climate and geographical barriers to service delivery, such as season flooding, and impassable roads are also be mapped out

**Potential Barriers**

- Outdated data from the sources; NVIP & SC
- CHV missing the household owner/s when they go to that household

**Measurement plans**

- The data sources will allow us to select the areas with low uptake to deploy solutions
- Acting as a base, we will be able to compare the numbers mapped out at the beginning with the numbers mapped out after two months to measure the difference in uptake

**Impact Area**

- Defaulter tracing/tracking
- Uptake measurement

**Evidence from Literature**

**Piloting Information**

**Implementation**
- Stakeholder engagement to understand how the concept works, map out the resources needed for piloting.
- Training and sensitization: Introduce the concept to the Community Health Assistants to understand how it works, so that they can transfer the knowledge to Community Health Promoters (CHP).
- Provide mapping tools to each CHP.
- CHPs visit household, mapping the number of ZDC, and defaulters of MR2 and Malaria 4 vaccines.
- Measurement and evaluation

**Measurement**
- Measured the number of children who were successfully identified and mapped out for MR1&MR2, Malaria4, and HPV vaccinations in relation to the total eligible population. This assisted in assessing the priority area for outreach and evaluating the effectiveness of the vaccination campaign.

**Resources**
- Under 5 mapping tool.

**Impact**
- The impact of the CHV and CHA efforts is evident as they successfully identified and mapped children eligible for MR1&MR2, Malaria4, HPV, and zero dose children across Garissa and Kisumu counties.

**Piloting Data**
- Garissa County & Kisumu Counties
- Wards & Community Units
- 356 participants

**Concept Evaluation**
- Desirability: 85%
- Feasibility: 72%
- Viability: 83%

**Measurement Data**
Under 5 years Immunization Screening

**Design challenge**

How might we capture defaulters of the MR2, Malaria 4 vaccines and Zero Dose Children in a health facility setting?

**Description**

This concept leverages on health facility touchpoints to capture eligible children for the MR2 vaccine or those that have defaulted, by screening a child’s Mother & Child Health Handbook (MCHB) to assess a child’s immunization progress. This will be done by ensuring every caregiver comes with their child’s MCHB whenever they come to the facility. In the case where a child is up to date on their vaccination, the MCHB is stamped with a facility stamp which has the date. This allows them to access other services at the facility. Otherwise, the caregiver is referred to the MCH department for the child to receive the vaccine where after they are cleared, they receive the stamp at that point, which allows them to proceed to other touchpoints. In the case where the child is in a state where they cannot be vaccinated, which is identified at the MCH department, this is recorded in the register/defaulter list of the facility under remarks for follow up.

**Features**

- Initial and continuous sensitization to all HCWs on the incorporation of the exercise
- Provision of facility rubber stamps at the registration and MCH stations
- Follow-up sheet to capture children who are referred

**Resources**

- Facility rubber stamp
- Screening desks at MCH and registration
- Follow-up sheet for all children screened
- Mother & Child Health Handbooks

**Impact area**

- Defaulter tracing/tracking
- Uptake measurement

**Link to demand**

- The outpatient facility touchpoints are a good way to capture defaulters since children will be brought to the facility when they are sick even if they were not brought for a vaccine schedule.
- This will capture immunization defaulters as well as ZDC.

**Potential barriers**

Time constraints: Conducting immunization screening for each child at every station could increase the workload for healthcare providers.

**Measurement plans**

- The defaulter list in the facility at the beginning will be a base for measurement
- After a month of deployment, the defaulters captured through screening will then be measured

**Evidence from literature**

Caregivers who do not prioritize immunization or adhere to the immunization schedule have a tendency to only seek medical attention when their children are unwell. In Kenya treatment for children under 5 years is free. Caregivers of children under 5 years are required to bring their MCH handbook for every hospital visit.

This presents an opportunity to capture immunization defaulters or zero dose children from the MCH handbook records. The act of screening is recommended by the Ministry of Health, Kenya through the guiding principles of immunization service delivery.

Works cited

**Storyboard**

**Scenario 1**
- Health care worker (HCW) interacting with a caregiver (CG).
- HCW explains the importance of capturing eligible children for the MR2 vaccine and identifying those who have defaulted.
- Caregiver is informed about the new process and the need to bring their child’s MCB (Mother and Child Booklet) for immunization progress assessment.
- Healthcare worker provides a brief demonstration of the MCB screening process.
- Caregiver presents the child’s MCB to the HCW at the registration station.
- The HCW checks the MCB and finds that the child is up to date on their vaccinations.
- HCW stamps the MCB with the screening stamp, including the date and allows the caregiver to access other services at the facility.

**Scenario 2**
- Healthcare worker interacting with a caregiver. HCW explains the importance of capturing eligible children for the MR2 vaccine and identifying those who have defaulted.
- Caregiver is informed about the new process and the need to bring their child’s MCB (Mother and Child Booklet) for immunization progress assessment.
- HCW provides a brief demonstration of the MCB screening process.
- Caregiver presents the child’s MCB to the HCW at the registration station.
- The HCW checks the MCB and discovers that the child is behind on vaccinations.
- HCW refers the CG and the child to the Maternal and Child Health (MCH) station for the MR2 vaccine.
- CG expresses understanding and proceeds to the MCH station.
- CG arrives at the MCH station and presents the child’s MCB to the HW.
- The HCW assesses the child’s immunization status and administers the MR2 vaccine.
- After the child receives the vaccine, the HW stamps the MCB with the facility stamp, including the date.
- CG is informed that the stamped MCB allows them to proceed to other touchpoints.

**Scenario 3**
- Healthcare worker interacting with a caregiver (CG).
- HCW explains the importance of capturing eligible children for the MR2 vaccine and identifying those who have defaulted.
- CG is informed about the new process and the need to bring their child’s MCB (Mother and Child Booklet) for immunization progress assessment.
- HCW provides a brief demonstration of the MCB screening process.
- CG presents the child’s MCB to the HW at the registration station.
- The HCW checks the MCB and discovers that the child is behind on vaccinations.
- HW refers the CG and the child to the Maternal and Child Health (MCH) station for the MR2 vaccine.
- The HCW records the child’s inability to be vaccinated due to critical condition in the register or defaulter list, adding remarks for follow-up.
- HCW prepares a follow-up sheet to capture children who were referred for further vaccination or follow-up.
This concept was co-developed by users in Kakamega and Kisumu counties and PATH Living Labs Team

**Implementation**

- Stakeholder engagement to understand how the concept works, map out the resources needed for piloting.
- Training and sensitization: Introduce the concept to the healthcare workers and how it works.
- Procure the stamps
- Healthcare workers use the stamp and report how it works for them.
- Measurement and evaluation.

**Measurement**

- The defaulter list in the facility at the beginning will be a base for measurement.
- After a month of deployment, the defaulters captured through screening will then be measured.

**Resources**

- Under 5 screening stamp
- Mother and Child booklets
- Tally sheet
- Pens

**Impact**

1. All children in the health facilities were screened before any service at all touchpoints.
2. Unvaccinated children were identified and referred for vaccination in the MCH.

**Piloting Data**

- **Kakamega County**
- **1 Months**
- **5 Facilities**
- **5 Participants who executed**
- **2 Male 3 Female**

**Concept Evaluation**

**Measurement Data**

All children in the health facilities were screened before any service at all touchpoints. Unvaccinated children were identified and referred for vaccination in the MCH.

**Desirability** 82%

**Feasibility** 71%

**Viability** 78%
**HPV Vaccine Advocacy Through Art**

**Design Challenge**
HCWs have limited time to give health education on HPV to students during school outreaches. This has resulted to students having less information and hesitating to take the vaccine. HMW increase HPV knowledge among students and make learning about HPV fun?

**Description**
School competitions can be a very useful way of raising awareness on certain issues that need the attention of teachers, parents and the students. To drive awareness of the HPV vaccine, sensitize the students and teachers first and then roll out an art competition in a few schools within a sub-county to allow them to express their knowledge to others and their parents by performing it through song, poems, skits, spoken word, etc. other forms such as essays and drawings/paintings.

**Features**
- Providing sensitization sessions in those selected schools.
- Advertising the competition in the participating schools with the topics also posted e.g. cervical cancer eradication through vaccination.
- Both boys and girls should participate in the competition.
- 1 week for the schools to prepare before the D-day.
- The essay competition will be done the same day in a separate room.
- Drawings/paintings will be submitted a day before.

**Link to Demand**
- Information dissemination to the students and teachers before the competition will increase awareness of the vaccine.
- During the competition, invited parents and students will be sensitized on the vaccine.

**Prototyping Supplies**
- Certificates/awards
- Judges
- Posters
- IEC materials

**Potential Barriers**
- Aligning with the school calendar
- Insufficient preparation time

**Measurement plans**
- Competition activities will measure transfer of knowledge based on what the students will perform/present
- Planning a vaccination outreach in the same school will measure the uptake after the deployment of the intervention, comparing with another school/s that have not participated

**Impact Area**
- Parents' buy in
- Transfer of knowledge
- Increase in vaccine demand

**“Most of these girls are found in schools”**
-Religious Leader, Kakamega

**Literature Review**
Advocates proclaim that educational contests may spark the joy of learning and self-discovery that is difficult to replicate in the classroom (Ozturk & Debelak, 2008). To be competitive, students often need to study and learn new information or strengthen previously learned material. Cooperation is recommended to construct an inclusive climate in which teachers and students form a learning community to promote education for all (Spratt & Florian, 2015)
### Job Aid: HPV Advocacy Through Art

#### Step 1: Selecting the Sub-County
- Consider HPV performance in different sub-counties within the county.
- Identify a sub-county with a need for increased HPV vaccination awareness.

#### Step 2: Selecting Participating Schools
- Collaborate with the Sub-County Ministry of Education (SCMOE) to select participating schools.
- Factors that may be considered include:
  - Distance to healthcare facilities
  - Schools’ previous HPV resistance

#### Step 3: Setting Up Performance Day
- Coordinate with the SCMOE official to determine suitable performance dates.
- Discuss and finalize a convenient competition day for all participating schools.

#### Step 4: Sensitization Sessions
- Conduct informative sessions in selected schools prior to the competition.
- Educate students and teachers about HPV, its impact, and vaccination benefits.
- Emphasize the importance of both boys and girls participating in the competition.

#### Step 5: Advertising the Competition
- Promote the competition within participating schools.
- Display posters and announcements highlighting the topics and cervical cancer eradication through vaccination.
- Encourage students to participate in various creative forms such as songs, poems, skits, spoken word, essays, and drawings/paintings.

#### Step 6: Preparation Time
- Allocate one week for schools to prepare their performances.
- Provide support and guidance during the preparation period.
- Encourage research, practice, and collaboration among participants.

#### Step 7: Essay Competition
- Organize the essay writing a day before the competition day in a separate room.
- Provide essay topics related to HPV, cervical cancer eradication, or vaccination.
- Allocate sufficient time for students to write their essays.

#### Step 8: Drawings/Paintings Submission
- Instruct participants to submit their drawings/paintings a day before the competition.
- Establish a designated location for artwork submission.
- Clearly communicate guidelines for size, format, and theme.

#### Step 9: Evaluation and Feedback
- Assess performances based on criteria such as creativity, message clarity, and audience engagement.
- Engage qualified judges to evaluate performances, essays, and artwork.
- Collect feedback from participants and stakeholders on the impact of the competition.

#### Step 10: Post-Competition Assessment
- Conduct a follow-up survey to measure changes in knowledge, attitudes, and behaviors.
- Compare results with a baseline survey to evaluate the competition’s impact.
- Analyze data and prepare a comprehensive report to share with stakeholders.

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This concept was developed by Kisumu and Kakamega County Providers and Living Labs Team
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Storyboard: HPV Advocacy Through Art

Sub-County Ministry of Education official talks about the competition

The students learn about HPV

Teachers and students practicing songs, poems, skits etc as they learn more about HPV

Students perform their prepared art pieces to an audience of parents and the community.

Through the HPV vaccine awareness competition, students and teachers united to educate and raise awareness in their community

A conversation about HPV is struck among the parents/community
Implementation
This was a mixed method study testing the effectiveness of the two identified interventions on girls’ knowledge, attitudes, and practices (KAP) around HPV and HPV vaccine demand/uptake. Participants were selected using a multistage sampling method and randomly grouped into two groups: intervention and control group. Inclusion criteria for the participants included willingness to participate, enrollment into the selected schools, and girls aged 10-14 years. Those who were unwilling, not enrolled, or chose not to complete the required questionnaire were excluded from the study. The concepts were implemented in schools in Turkana and Kisumu counties in Kenya. Intervention and control sites were selected accordingly, and both sites had similar desired characteristics, such as location and socioeconomic status.

Measurement
- Participants from all intervention and control groups were then subjected to the HBM questionnaire after the interventions were carried out to assess the effectiveness of the concepts. HPV vaccine uptake data was collected from school registries and DHIS2 after the interventions took place. This data was analyzed against the baseline data and key findings were assessed to determine the effectiveness of the interventions on participants’ KAP scores.

Impact
- Change in KAP
- Increased vaccine uptake

Resources
- IEC Materials

Impact
- Change in KAP
- Increased vaccine uptake

Measurement Data
- Observed change in KAP
- Increased uptake
- 1642 vaccinated

Concept Evaluation
| Desirability | 76% |
| Feasibility | 59% |
| Viability | 67% |

Turkana and Kisumu County
1 month
6 intervention & 2 control schools
1443 Learners / 42 other stakeholders
1400 Female 85 Male

Piloting Data
Faith matters
Religious leaders as advocates for childhood and adolescent immunization in Garissa and Kisumu counties

“When you have faith that God can be by your side during the delivery, you just deliver in the house like I have done... but when I lack faith, that's when I go to the hospital”
-Caregiver, Kisumu County.

Link to Demand
- Myths and misinformation clarification
- Positive beliefs about HPV and vaccination in general
- Social support for appropriate vaccination behavior
- Increased demand and uptake

Potential Barriers
- Short duration may limit the scope of outcomes measureable.
- Lack of valid and reliable tools for measuring knowledge, attitudes and beliefs
- Mismatch between DHIS & county data

Measurement plans
A survey with all users (religious leaders and other key stakeholders) on low-fidelity prototype to measure feasibility, desirability and acceptability of the solution concept.
In a functional form, the solution will be evaluated through a simple pre-post design with an intervention control community units. Outcome measures of interest include knowledge, attitudes and beliefs among religious leaders and community members, intentions to get vaccinated and actual uptake numbers across intervention and control communities.

Evidence from Literature

Design Challenge
How might we empower and engage religious leaders to leverage their strong influence in driving fanatic demand for vaccines as they do for other religious practices?

Description
While religious leaders have an influence on beliefs, attitudes, and practices of community members in all four counties; their influence emerged strongest in Garissa and Kisumu. In Garissa, lack of involvement of the Muslim community leadership emerged as a missed opportunity for promoting uptake of HPV vaccine. In Kisumu, the interaction between religion, ignorance and poverty was found to explain the presence of zero dose children in some communities. Considering most community members ascribe to some religious community, meaningful engagement of religious leaders could help increase knowledge, clarify misinformation and address negative beliefs in ways that will drive uptake among community members.

Features
- Intentionality: careful selection of religious communities of interest based on either their opposition or support for vaccination
- Respect: Gaining buy-in from relevant religious leaders through direct outreach as entry point
- Empowerment: Intensive training/sensitization of religious leaders to identify areas of conflict and areas of agreement
- Leadership: Facilitating the empowered religious leaders to be change agents for their faith communities and for other faith leader

Prototyping Supplies
- This solution will be prototyped as a story board for purposes of initial desirability, feasibility and acceptability testing. For testing, the storyboards will be printed in A3 size.
- Paper and pen for sketching and ideation
- Sticky notes for capturing ideas and organizing information
- Whiteboards or flip charts for visualizing concepts
- Markers and colored pens for adding clarity and highlighting elements
- Feedback forms

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- Respect: Gaining buy-in from relevant religious leaders through direct outreach as entry point
- Empowerment: Intensive training/sensitization of religious leaders to identify areas of conflict and areas of agreement
- Leadership: Facilitating the empowered religious leaders to be change agents for their faith communities and for other faith leader
Preparatory Phase

- **Prepare Dissemination Materials:** Develop clear and concise materials that explain the importance of vaccination.
- **Identify Target Churches:** Consult with the counties to identify the churches that were mentioned as some whose beliefs do not allow vaccination. Develop a strategy on how to approach them.
- **Initial Meetings:** Hold initial meetings with the targeted religious leaders in the county to discuss the importance of vaccination and address any concerns they may have.

Training and Sensitization

- **Pre-Training Survey:** Administer a pre-training survey to gauge the knowledge of the participants before the sensitization.
- **Intensive Training and QA Sessions:** Conduct intensive training sessions to debunk the myths surrounding vaccination. Include QA sessions to address any questions or concerns.
- **Post-Training Survey:** Administer a post-training survey to measure the effectiveness of the training. Document the community touch points and introduce a progress tracking tool.
- **Establish a Discussion Platform:** Set up a platform such as WhatsApp where users can discuss progress, learnings, and any challenges they encounter as they sensitize the members of the churches.

Evaluation and Follow up

- **Follow-Up Meetings:** Plan follow-up dissemination meetings with the fellow religious leaders to discuss progress and address any emerging issues.
- **Knowledge Survey:** After a period of consistent sensitization, administer a post-sensitization survey/questionnaire to the community unit involved to gauge their knowledge.
- **Compare Coverage Rates:** Compare the coverage rates before and after the sensitization period to gauge the impact of the intervention. This will provide valuable insights for future initiatives.
This concept was co-developed by users in Kakamega and Kisumu counties and PATH Living Labs Team

Implementation
• The sub-county officials implemented the sensitization initiative by hosting a one-day session at the sub-county offices, during which they effectively engaged and sensitized the religious leaders on the importance of HPV vaccination.

Measurement
• The sub-county conducted a targeted sensitization initiative involving 3 pastors and 17 Sheikhs. Recognizing the influential role of religious leaders in shaping community beliefs, attitudes, and practices, this program aims to address gaps in promoting HPV vaccine uptake

Resources
• IEC materials

Impact
• The sensitization initiative involving 3 pastors and 17 Sheikhs is anticipated to significantly enhance community knowledge, dispel misinformation, and positively influence beliefs, thereby fostering an environment conducive to increased HPV vaccine uptake.

Concept Evaluation

<table>
<thead>
<tr>
<th>Desirability</th>
<th>72%</th>
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<tbody>
<tr>
<td>Feasibility</td>
<td>48%</td>
</tr>
<tr>
<td>Viability</td>
<td>56%</td>
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</table>

Measurement Data
4 CHMT, 3 Pastors and 17 Sheikhs sensitized on HPV vaccine

Garissa County

1 ward

3 Pastors and 17 Sheikhs, 4 CHMT
Uhamasishaji wa walezi kuhusu ratiba za chanjo.

Sensitizing caregivers on vaccination schedules

"When speaking to parents on Monday, there are those who were saying that this vaccine was just one, so there are those who are saying that they are not aware that there is a second dose."

~ Caregiver, Garissa county

**Design Challenge**

How might we communicate the advantage of completing all immunizations to caregivers who don't see the need to?

**Description**

This concept aims to extend awareness and ensure community members are informed about the availability of vaccination doses beyond the standard 9-month period. By implementing targeted communication strategies and leveraging HCWs and CHVs, this concept seeks to address any misconceptions or lack of information regarding the need for additional vaccination doses after 9 months of age.

**Link to Demand Creation**

- By Extending Awareness on the Availability of Vaccination Doses Beyond 9 Months it will increase community awareness of the mothers on the importance of vaccinations given beyond 9 months of age. This will ensure that caregivers are well informed to make informed decisions on their children’s immunization.

**Features**

- Organize a workshop to train healthcare workers and CHVs on how to communicate immunization schedules to the caregivers.
- Use of simple and plain language.
- Teach caregivers who can read on accessing the information on the MCHB.
- Visual communication through infographics, images or posters.

**Evidence from Literature**


**Potential Barriers**

- Language and cultural barriers: Language differences and cultural norms can create barriers to effective communication.
- Existing misinformation
- Illiteracy among the community.
- Vaccine access and availability.

**Measurement plans**

- Community awareness on vaccinations administered after 9 months of age.
- Knowledge and understanding-The number of sensitized caregivers who can identify all vaccination schedules.

**Impact areas**

- Knowledge and awareness
- Myths and misconceptions
- Social norms and beliefs

**Description**

Sensitizing caregivers on vaccination schedules

This concept aims to extend awareness and ensure community members are informed about the availability of vaccination doses beyond the standard 9-month period. By implementing targeted communication strategies and leveraging Healthcare workers and CHVs, this concept seeks to address any misconceptions or lack of information regarding the need for additional vaccination doses after 9 months of age.

1. Pre-Sensitization

- Review existing immunization data to identify specific sub-counties to conduct the sensitization exercise.
- Organize training workshop to train healthcare workers on how to communicate immunization schedules to caregivers.
- Develop training materials to give to Caregivers, CHVs and HCWs.
- Identify training venue and budgets.

2: Execution

Training
- Conduct training sessions with HCWs and CHVs.
- Plan how they will sensitize the caregivers in their facilities.
- Set goals on how CHVs and HCWs will conduct the sensitization.

Sensitization
- HCWs and CHVs to collect data on caregivers' knowledge, awareness and vaccine uptake during service delivery.
- HCWs and CHVs to share vaccination schedules with mothers.
- Record contacts of the caregivers engaged for post-sensitization assessment.

3. Post-Sensitization

Conduct follow up surveys and interviews to assess the engaged caregiver's knowledge on vaccination schedules and importance of vaccination.

Measure
- Caregiver awareness on vaccination schedules.
- Knowledge and understanding of the importance of immunization.
- Vaccine uptake increase
Implementation
Community Health Volunteers sensitized caregivers on all immunization schedules during household mapping, success fully extending awareness and ensuring community members were informed about the availability of vaccination doses, including MR2 and HPV for children aged 10-14 years, beyond the standard 9-month period.

Measurement
- The measurement involved the participation of 19 community units and 178 Community Health Volunteers (CHVs), with each CHV sensitizing their assigned households on immunization schedules and additional doses, ensuring comprehensive awareness within the community.

Resources
- IEC materials

Impact
- The initiative increased community awareness about immunization schedules and additional doses. CHVs sensitized households, referring under-immunized children to health facilities for necessary care.

Piloting Data
- Garissa County
- 19 Community Units
- 178 CHVs and 22 CHAs
- 87 Female/ 102 Male

Concept Evaluation
- Desirability 79%
- Feasibility 74%
- Viability 75%

Measurement Data
Households of 19 community units sensitized
**Girl to Girl Support Groups**

Sensitizing girls in peer groups about the HPV vaccine to change the vaccine misconceptions and improve vaccine seeking behavior

_“You know, in the community, people will tend to have misconception when there is no adequate information. Some girls say that they have heard that the vaccine they were vaccinated with the other day, was meant to make them infertile…”_  
_A teacher, Turkana County_

**Design Challenge**

How might we demystify myths about the HPV vaccine so that eligible girls and caregivers can have a positive attitude towards it?

**Description**

This concept aims to have the vaccinated girls champion the HPV vaccine among the unvaccinated group in the community. A positive reinforcement from peers helps dispel any myths and/or misinformation that’s affecting vaccine seeking behavior. There will be girl to girl peer groups in schools and at the community level for non-school going girls.

**Link to Demand Creation**

- The use of peers to educate girls on HPV vaccine will help increase demand by dispelling any myths or misinformation that are making girls shy away from taking the vaccine.

**Features**

- Peer conversations about HPV vaccines.
- Have girl to girl support groups in schools and at community level.
- Vaccinated girls educate their peers and parents.

**Evidence from Literature**

- Gavi and Girl Effect worked together in Ethiopia, Malawi, Rwanda and Tanzania. They came to an understanding that girls are important, not only because they are the main recipients of the HPV vaccine, but also because young people are often a major source of information for their parents. Girls who are informed about and engaged with the HPV vaccine can also be the biggest influencers for other girls.


**Potential Barriers**

- Awareness of the support group by all girls in the targeted communities
- Distance to support group trainings/meetings
- Inadequate support from families to participate in the support groups.

**Measurement plans**

- In a functional form, the solution will be evaluated through measurement of knowledge transfer through a simple pre-post design with an intervention control community unit. Outcome measures of interest include self-efficacy and intentions of the participants to get the vaccine.

**Impact areas**

- Increase in levels of knowledge and awareness on HPV to both out of school and school going girls to change their vaccine seeking behavior.
Scenario: A girl support group that educates girls about the HPV vaccine

Akiru is confused on whether to get the HPV vaccine. Akiru learnt about the HPV vaccine through MOH sensitization. She is also exposed to the myths and misconceptions of the vaccine from some community members.

Akiru shares her fears with her best friend, Janet. Her friend tells her about an initiative that is teaching young girls about reproductive health.

Akiru is interested to join the group and learn about the vaccine. Janet invites her to a group session where she can learn about the vaccine and get her concerns addressed.

Akiru attends a support group session. She learns about the vaccine and gets her concerns and questions addressed.

She takes home some IEC materials to read when at home and show her other friends.

Akiru is empowered to make an informed decision regarding her reproductive health.

Akiru visits a health facility and gets vaccinated. Akiru feels safe that she is protected against cervical cancer. She also takes note of her second dose.

Akiru becomes an HPV Vaccine champion in her community.
**Implementation**

The team engaged the counties health management teams to align on the piloting process. The county team engaged the TSC leadership to bring them on board and help avail the teachers for the workshops. The team collaborated with nurses, CHVs, CHMT and teachers to understand how to form the groups at school or community level. The teachers advised on leveraging the writing competitions in the schools. The girls were sensitized of HPV Vaccination. The writing competitions were done, and the winners were awarded for their understanding of HPV.

**Resources**

- IEC Materials

**Measurement**

- The solution was evaluated through measurement of knowledge transfer through a simple pre-post design with an intervention control community unit. Outcome measures of interest include self-efficacy and intentions of the participants to get the vaccine

**Impact**

- 516 girls reached directly leading to 402 girls getting vaccinated against HPV in Turkana East & Loima sub-counties

**Piloting Information**

- **Turkana County**
- **2 schools 4 villages**
- **Target users: 516 teenage girls, other stakeholders: 29**
- **14 Female, 15 Male**

**Concept Evaluation**

- **Desirability**: 79%
- **Feasibility**: 60%
- **Viability**: 73%

**Measurement Data**

Out of 516 Girls that formed the support groups and were sensitized, 402 Girls were vaccinated against HPV. Teachers, HCWs, religious leaders & CHWs were engaged during the 1 month period of this testing phase.
Broader Stakeholder Collaboration
HPV and MR2 Vaccines Stakeholder Collaboration

“If you can equip us with the right information through training, we will help to champion for vaccination among all people in the community”.
A Chief from Turkana County

Design Challenge
How do we get administrative leaders to collaborate with religious leaders, teachers, and opinion leaders to create awareness on the benefits of HPV and MR2 vaccines?

Impact areas
Increased HPV and MR2 vaccine uptake and vaccination literacy.

Potential Barriers
• Differences in attitude among opinion leaders toward vaccination.
• High cost of facilitation.

Measurement plans
• Impact will be measured by documenting the feedback from the CHVs and Chiefs from the communities.
• A pre-post measurement approach will be used to assess changes in immunization knowledge among the opinion leaders and chiefs.
• Increase in number of people seeking vaccination services after exposure to the intervention will indicate a positive result.

Description
Qualitative Data shows that lack of awareness is a major factor when it comes to immunization. The need to improve awareness and educate people in the community calls for an integrated approach where all leaders are sensitized and tasked to preach the gospel of immunization. These leaders include opinion leaders, teachers, religious leaders and chiefs who have weekly interactions with various categories of users in the community.
The administrative leader (chief) will lead the initiative and work with CHVs to have regular monthly meetings with the leaders. The chief knows all influential people in his area who have a platform that can help promote immunization. The monthly meeting will educate the leaders on importance of immunization for the community and provide a platform to resolve any challenges that they face when disseminating information.

Link to Demand Creation
Chiefs, village admins, opinion leaders, teachers, and religious leaders are a vital element in the immunization campaign. Lack of information on immunization affects their ability to respond to immunization questions and get people to go for vaccination. Educating these leaders on importance of vaccines and getting them to advocate for it will lead to increased awareness by people in the community. This will lead to change in attitudes and promote vaccine seeking behavior which will have a positive impact on demand.

Features
• Leverage on pre-existing administrative level structures
• CHVs to work with the chiefs to track progress of the opinion leaders in disseminating information and help resolve any challenges.
• Use of all engagement platforms (churches, mosques, barazas, funerals, etc.)
• High level stakeholder inclusion.

Evidence from Literature
Every social place is regarded as an opportunity to sensitize the locals on why investing in disease prevention is important.
When attending public functions, whenever he was invited to speak, the chief would also seize the opportunity to welcome the health workers to share his platform and spread awareness on various matters on public health.

Elimlim is a chief from Loima Sub-County who feels sad about the low vaccination numbers of children in the sub-county. He asks himself what the reason is behind low FIC and what can be done about it.

The chief engages the CHVs from his village where he finds out that lack of awareness is a major issue. He comes up with a solution where all leaders in the village should use their platforms to advocate for vaccination.

He engages teachers, clerics, village elders, admins, and asks them to promote vaccination by speaking positively about it and giving the CHVs a chance to educate people.

The Clerics engaged their congregants and spoke positively about vaccination and need to take children to a healthy facility for observation.

Village Elders shared the positive message on importance of vaccination and urged people to take their children to health facilities.

The teacher invited a CHV to talk to educate young girls on HPV vaccine and why they need to champion the initiative.

The chief held a meeting with the CHVs and Health Care Provider after a month to re-evaluate the numbers and people seeking vaccine services have increased threefold.

The positive impact of the campaign excites him, and he hopes it will be sustainable and lead to a healthy community.
### Step 1
**Prepare Engagements at the county level by engaging CHMT/SCHMT.**
- Educate them about the concept and the participants to engage
- Select 2 locations for intervention and 2 for control that will not be exposed to the solution for impact assessment.

### Step 2
**Stakeholder Engagement**
- Collaborate with the CHMT to engage the administrative level leadership and identify chiefs in the locations where the implementation will take place.
- Bring onboard CHVs from the selected locations and orient them on the concept with their respective chiefs, ward admins and village admins (workshop setting).

### Step 3
**IEC Materials**
- Prepare IEC materials that will sensitize the chiefs on MR2 and HPV
- Prepare pre-engagement survey to assess levels of HPV and MR2 knowledge among the community members (30% of the locations selected) that meet inclusion criteria. This will be done by CHVs

### Step 4
**Sensitization Session**
- Have a joint meeting with the Chiefs and CHVs on the concept.
- Use this session to sensitize the group on MR2 and HVP vaccines.
- Answer any questions and provide guidance for the group.
- Task the group with identifying the opinion, religious, teachers, and focal leaders in their specific jurisdictions.
- Take them through the feedback tool to be used for impact assessment i.e., the sensitization checklist.

### Step 5
**Post-Engagement survey**
- Understanding of the concept and demand areas of interest to the research done by CHVs.

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*This concept was co-developed by users in Garissa, Kakamega, Turkana, Kisumu counties and PATH Living Labs Team.*
### Implementation

The CHMT teams and Living Labs team met to align on the piloting objectives and identified the piloting locations. 2 intervention locations and 2 control locations based on immunization data and need were identified. The chiefs in the areas and CHVs were engaged in a workshop and sensitization workshop to dispel myths and encourage ownership. These stakeholders were facilitated to later do sensitization in different gatherings including Barazas, action days and dialogue days.

### Resources

- Pre and post intervention surveys on opinion leaders before and after the sensitizations. These surveys analyzed knowledge, attitude and beliefs.

### Measurement

- Number of CHVs sensitized
- Number of opinion leaders involved.
- Number of barazas

### Impact

- IEC Materials

### Piloting Information

<table>
<thead>
<tr>
<th>Turkana County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kalokol ward: Kalokol AIC</td>
</tr>
<tr>
<td>67 participants</td>
</tr>
<tr>
<td>19 Female 48 Male</td>
</tr>
</tbody>
</table>

### Concept Evaluation

| Desirability | 76% |
| Feasibility  | 55% |
| Viability    | 63% |

### Measurement Data

- 29 community leaders, 37 HCWs comprising of community health workers and public health officers, and a teacher, were educated on immunization.
- Over 50 community members sensitized.
Ushirikiano wa Kupunguza Saratani (Collaboration to eliminate cervical cancer)
Teachers/ Parents working together with MOH to increase demand for HPV vaccination among school going girls

Description
Despite efforts to increase the uptake of HPV vaccine, there has been low turnouts on vaccination dates; some parents do not permit their children to go to school or call the school and ask the teachers not to have their children vaccinated. This leads to low uptake of the HPV vaccine. Using PTA meetings as an opportunity, healthcare workers can educate parents about vaccinations and work together to set vaccination goals. Setting targets during PTA meetings would create a sense of responsibility for parents and teachers, motivating them to strive towards meeting those targets. This increased accountability would contribute to higher HPV vaccination uptake among 10–14-year-old girls.

Design challenge
How might we foster stronger collaboration between teachers, parents and county health teams to increase and sustain demand for HPV vaccine among schoolgirls?

“There is one who said that parents are complaining, the parents assume that it is family planning, and you know most of our communities believe that these vaccines are from abroad, so they believe the whites want to reduce the African population”
-Caregiver, Kakamega County

Impact areas
Sensitization of parents on HPV vaccination is crucial as it helps improve their knowledge, dispel myths, address concerns, and positively influence their attitudes, ultimately leading to higher acceptance and uptake of the vaccine among eligible girls.

Potential barriers
• Existing myths and misconceptions on HPV vaccination.
• Time constraints among teachers, HCWs and parents.

Measurement plans
• Pre and post sensitization survey-The survey will be designed to assess beliefs, myths and attitudes of parents towards HPV vaccinations. The survey will be distributed to all parents before and after sensitization. By comparing the responses from pre and post sensitization surveys the impact of sensitization on knowledge and attitude can be measured.
• Consent Documentation: The number of parents who provide consent for their eligible girls to be vaccinated against HPV will be documented. This data will serve as a measure of the impact of the sensitization campaign on parental decision-making.
• Document girls vaccinated after sensitization efforts.

Evidence from literature
Parents are paramount decision makers in the HPV vaccination efforts in Kenya. According to a study by Kaufman et al., face to face interventions are effective in situations or populations where people are unaware of new vaccines.


Features
• Knowledge assessment on HPV vaccination.
• Documentation of the assessments.
• Goal oriented-this activity focuses on setting vaccination targets .
• Sense of responsibility; involving parents and teachers in target setting will instill a sense of responsibility.
• Collaboration and engagement between parents, teachers, HCWs and other stakeholders

Prototyping supplies
• Target setting sheets.
• Flyers with vaccination information
• Registration forms
• Consent forms
• Pens

Link to demand
Sensitization of parents on HPV vaccination is crucial as it helps improve their knowledge, dispel myths, address concerns, and positively influence their attitudes, ultimately leading to higher acceptance and uptake of the vaccine among eligible girls.
Piloting Information

Implementation

• The CHMT Team met with the Living Labs teams to map out the resources needed and the pilot schools for this concept. The nurses and school health teachers collaborated to plan the sensitizations in the schools.

• The schools sent out invitations to the parents of 10–14-year-old girls who were unvaccinated or partially vaccinated. On the sensitization day the Nurses and school health teachers sensitized the parents about HPV vaccination. Pre and Post sensitization surveys were done to measure the Knowledge on HPV vaccine. The post sensitization survey included the caregivers being asked if they would give consent for their girls to be vaccinated.

Measurement

• Pre and post sensitization surveys were done. These surveys were designed to assess beliefs, myths and attitudes of parents towards HPV vaccinations. The survey was distributed to all parents before and after sensitization. By comparing the responses from pre and post sensitization surveys the impact of sensitization on knowledge and attitude can be measured.

• Consent Documentation: The number of parents who provided consent for their eligible girls to be vaccinated against HPV was documented. This data served as a measure of the impact of the sensitization campaign on parental decision-making.

• Documented the girls vaccinated after sensitization efforts

Resources

• Pre and Post surveys

Impact

• Significant change in beliefs, attitude and knowledge of the HPV Vaccination

• All parents in the sensitizations gave consent for their children to be vaccinated.

Desirability: 70%
Feasibility: 58%
Viability: 68%

Measurement Data

• 179 Parents sensitized on HPV Vaccine
• 20 Teachers sensitized on HPV Vaccination
• Change in knowledge, attitude and beliefs on HPV vaccination
• After sensitizations, all parents gave consent for their eligible girls to be vaccinated.

Concept Evaluation

Kakamega

3 Schools

179 Parents 20 Teachers

161 Female 18 Male

HCW sensitizing parents on HPV Vaccination in Kakamega County. Photo: PATH Kenya, Grace Njenga

Caregivers sensitization on HPV Vaccination. Photos: PATH Kenya

This concept was co-developed by users in Kakamega and Kisumu counties and PATH Living Labs Team
**Design Challenge**

How might we effectively engage and educate the community to promote awareness and prevention of MR2, HPV, and Malaria 4?

**Description**

The concept aims to enhance community engagement and raise awareness about MR2, HPV and Malaria 4 vaccination. This will be done by first carrying out community mapping exercises to identify areas with defaulters where rigorous sensitization will be done through word of mouth and IEC materials. By actively involving community members through multiple communication channels, this concept seeks to promote a positive health seeking behavior within the community.

**Link to Demand Creation**

- Sharing information on vaccination with the community will;
- Increase awareness of vaccination past one year of life
- Dispel Myths and misconceptions that are hindering uptake,
- Empower community members, CHVs and opinion leaders to share information about vaccinations schedules and encourage their communities to seek them.
- Caregivers will be aware of all vaccines and vaccinations schedules and will seek them.

**Potential Barriers**

- Language and cultural barriers- Language differences and cultural norms can create barriers to effective communication.
- Existing misinformation
- Illiteracy among the community.
- Vaccine access and availability.

**Measurement plans**

- A survey with all users (caregivers and other key stakeholders) on low-fidelity prototype to measure feasibility, desirability and acceptability of the solution concept.
- In a functional form, the solution will be evaluated through a simple pre-post design with an intervention control community unit with the help of CHVs.
- Outcome measures of interest include knowledge, attitudes and beliefs among community members, intentions to get vaccinated and actual uptake numbers across intervention and control communities.

**Evidence from Literature**

Other Co-created Concepts
<table>
<thead>
<tr>
<th>Concept</th>
<th>Design Challenge</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angamiza Saratani</td>
<td>How might we work better with schools to reduce defaulting of the HPV 2nd dose?</td>
<td>Sensitization of teachers through health talks on HPV vaccine. The concept involves implementing an automated notification system to keep parents informed after their daughters receive a vaccine. Once the vaccination is administered, parents receive a prompt notification message detailing the vaccine administered, along with essential information such as the date and time of the vaccination. Notably, the message also includes the TCA for the next scheduled dose, serving as a timely reminder for the upcoming vaccination.</td>
</tr>
<tr>
<td>SMS Reminders</td>
<td></td>
<td>This concept involves creating vaccination-focused summons and delivering them through diverse channels, including churches, schools, market centers, chief barazas, seminars, and door-to-door visits. The approach ensures consistent and widespread dissemination of information about vaccinations, reaching various community segments, with special campaigns tailored for individuals with disabilities.</td>
</tr>
<tr>
<td>Faith and Health</td>
<td></td>
<td>The concept introduces a special day dedicated to celebrating children who have completed their full immunization schedule. On this occasion, these fully-immunized children are honored with gifts or certifications for the caregivers as a gesture of appreciation and recognition for their commitment to ensuring the completion of the routine immunization process. This celebration not only acknowledges the importance of immunization but also encourages continued participation in vaccination programs.</td>
</tr>
<tr>
<td>Winner ! Mshindi</td>
<td>How might we ensure caregivers are up-to-date with the current vaccination schedules to eliminate defaulters of MR2 and Malaria 4?</td>
<td>This concept involves conducting targeted household visits to identify caregivers with children eligible for MR2 and Malaria 4 vaccinations. In cases where defaulters are identified, they are referred to healthcare facilities for necessary vaccinations. CHPS or CHAs then follow up to ensure that the referrals are honored, providing timely reports on the progress. This approach aims to enhance vaccination coverage by addressing specific gaps in the community and promoting the completion of essential immunization schedules.</td>
</tr>
<tr>
<td>Chanjo Yetu, Uzima Tele</td>
<td></td>
<td>The concept involves educating individuals about HPV through a process of sensitization and dissemination. This includes providing accurate information to caregivers with a focus on demystifying myths and misconceptions surrounding HPV. This will enhance awareness, promote understanding and address any misinformation contributing to better uptake of HPV vaccination.</td>
</tr>
<tr>
<td>Cervical Cancer Free Generation</td>
<td>HMW ensure that CGs and their daughters are well informed about the HPV vaccine and the effects of cervical cancer?</td>
<td>This concept begins by engaging teachers through planning and meetings, sensitizing them about the importance of HPV vaccination. It includes quarterly or bi-annual sensitization sessions for girls and teachers, along with planned vaccination dates. The strategy extends to leveraging school meetings with parents to ensure comprehensive awareness and support for the HPV vaccination initiative.</td>
</tr>
<tr>
<td>Health Education</td>
<td></td>
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<tr>
<td>Concept</td>
<td>Design Challenge</td>
<td>Description</td>
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<tr>
<td>Outreach by HCWs</td>
<td>How might we equip caregivers in remote communities with enough knowledge so that they prioritize immunization of their children?</td>
<td>Frequent and consistent outreaches to remote areas by HCWs coupled with continuous education to caregivers on the importance of immunization. The outreaches will eliminate the distance factor and ensure that vaccines are made available, thus reducing the number of defaulters.</td>
</tr>
<tr>
<td>Continuous sensitization of CHVs and CHAs</td>
<td>How might we communicate the advantage of completing all immunizations to caregivers who don’t see the need to?</td>
<td>The solution involves training of CHVs and CHAs per community unit on routine immunization vaccines to ensure that no new information misses them on a continuous basis. This will be enforced by putting a follow up mechanism in place to make sure that the select few who attend initial trainings, do not fail to train others afterwards.</td>
</tr>
<tr>
<td>Tuko Digital HPV Vaccine</td>
<td>HMW ensure that CGs and their daughters are well informed about the HPV vaccine and the effects of cervical cancer?</td>
<td>This concept involves sending reminder messages to caregivers on TCA dates and also sharing educational materials on HPV vaccination.</td>
</tr>
<tr>
<td>Immunization Diary</td>
<td>HMW keep track of all the girls who received the 1st dose and ensure they receive the 2nd dose as well, despite the possibility of changing schools or transitioning to high school?</td>
<td>This concept involves employing an immunization diary to monitor individuals who have not yet received HPV vaccination. The process includes linking this diary to the main register and creating a supportive environment to facilitate the completion of the diary entries.</td>
</tr>
<tr>
<td>Road Shows</td>
<td>HMW sensitize CGs so that they are keen and don’t forget the schedules for MR2 and the Malaria 4 vaccines?</td>
<td>This concept involves utilization of roadshows to share vaccination information with caregivers.</td>
</tr>
<tr>
<td>ITOO ITOYE SUPPORT GROUP</td>
<td>How might we communicate the advantage of completing all immunizations to caregivers who don’t see the need to?</td>
<td>This is a mother to mother support initiative where they would interact on a daily/weekly basis to sensitize each other on MR2. CHVs would be responsible for forming the groups after which the mothers would have the autonomy of selecting the day of the week they can meet. It also involves household visits to check MCB and reminds mothers on TCA dates.</td>
</tr>
<tr>
<td>Nomad Nurse</td>
<td>HMW ensure all girls between 10-14 are vaccinated in the county despite of their location?</td>
<td>Borrowing from a solution that facilitated a teacher to be mobile with the homestead he was allocated as part of their nomadic lifestyle. This solution is designed to have a designated nurse to move around with a nomadic homestead, equipped with vaccines, basic medicines and other essential commodities. This way, they would be able to provide immunization services to nomadic families and reduce defaulters.</td>
</tr>
</tbody>
</table>