Strengthening Routine Immunization Through the "Godfather and Godmother" Community Engagement Approach

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November 2026

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Abbreviations

DOR	dropout rate
EFY	Ethiopian fiscal year
EPI	Expanded Programme on Immunization
HEW	health extension worker
IPV2	second dose of inactivated poliovirus vaccine
MCV1	first dose of measles-containing vaccine
MCV2	second dose of measles-containing vaccine
Penta1	first dose of pentavalent vaccine
Penta3	third dose of pentavalent vaccine
RI	routine immunization
RMNCH	reproductive, maternal, newborn, and child health

1. Introduction

Routine immunization remains one of the most cost-effective public health interventions for preventing vaccine-preventable diseases, reducing child morbidity and mortality, and improving child survival. Despite substantial progress in expanding immunization services across Ethiopia, reaching every eligible child with all recommended vaccines remains challenging, particularly in underserved and hard-to-reach communities. Geographic inaccessibility, limited caregiver awareness, competing household priorities, population mobility, and weak household-level follow-up contribute to missed and delayed vaccinations.

These challenges were particularly evident in Boricha Woreda of the Sidama Region, where health extension workers (HEWs) serve dispersed rural populations across remote kebeles. The wide geographic coverage and workload made it difficult for HEWs alone to consistently identify and register pregnant women and newborns, trace children who missed subsequent scheduled vaccinations, and ensure timely completion of the routine immunization schedule.

Recognizing the importance of community ownership, PATH, in collaboration with the Boricha Woreda Health Office, introduced the Godfather and Godmother Community Engagement Approach. This approach mobilizes trusted community volunteers to complement the work of HEWs by identifying pregnant women and newborns, tracking children, reminding caregivers about vaccination appointments, tracing children who miss scheduled doses, and linking families with health services.

The approach strengthens the connection between households and the primary health care system by assigning trusted community members to support children throughout their early years. In doing so, it promotes community ownership, strengthens caregiver demand for immunization, improves continuity of follow-up, and contributes to reaching children who might otherwise be missed.

2. Problem statement

Boricha Woreda has 14 kebeles—13 rural and 1 urban—organized into 39 villages (Gotts). The woreda has a total population of 141,785 living in approximately 30,822 households. It has an estimated 32,610 women of reproductive age, 4,905 pregnant women, 4,905 annual live births, 4,802 infants under one year, and 22,132 children under five years.

Health services are delivered through 1 primary hospital, 4 health centers, 13 health posts, and 10 private health facilities, providing a platform for maternal, newborn, and child health services, as well as routine immunization services. However, despite generally high reported administrative immunization coverage in the Sidama Region, Boricha Woreda continued to experience recurrent measles outbreaks. This indicated the presence of immunity gaps and pockets of zero-dose, under-vaccinated, and dropout children that were not adequately reflected in aggregate coverage reports.

Several factors contributed to these gaps. Household-level identification and follow-up of pregnant women, newborns, and infants were limited; community participation in routine immunization was insufficient; and mechanisms for tracing children who missed scheduled vaccinations were weak. Misconceptions about vaccines, limited caregiver awareness, long distances to health services, and competing household priorities further contributed to delayed or missed vaccination.

The challenges were particularly evident in Alawo Siso and Yirba Duwancho kebeles, where incomplete vaccination schedules and delayed immunization contributed to continued measles transmission and increased vulnerability to outbreaks.

At the same time, the workload and geographic coverage of health extension workers (HEWs) limited their ability to conduct comprehensive household follow-up. Although HEWs were responsible for identifying pregnant women, registering newborns, tracing children who missed vaccinations, and promoting maternal and child health services, the dispersed nature of communities made it difficult to maintain regular contact with every household.

The Godfather and Godmother approach was therefore introduced by PATH as a practical way to extend household-level follow-up through trusted community structures and strengthen collaboration between communities and the formal health system.

3. Intervention objectives

3.1. General objective

To strengthen routine immunization uptake and equity in Boricha Woreda through a community-led Godfather and Godmother approach that engages trusted community volunteers to identify, refer, and follow up with pregnant women, newborns, and zero-dose and under-vaccinated children in collaboration with health extension workers (HEWs).

3.2. Specific objectives

The specific objectives are as follows:

- To strengthen community-based identification and follow-up of pregnant women, newborns, zero-dose, and under-vaccinated children through the engagement of trained and trusted Godfathers and Godmothers.
- To improve caregiver adherence to routine immunization schedules by providing timely reminders, counseling, referral, and follow-up support at the community level.
- To reduce missed vaccination opportunities and improve timely immunization uptake among zero-dose and under-vaccinated children through strengthened linkages between communities, volunteers, and health facilities.
- To strengthen collaboration between community volunteers and HEWs in tracking, referring, and following up with children and caregivers who require immunization services.
- To promote community ownership and sustainability of routine immunization by establishing a locally appropriate volunteer-led mechanism that can be integrated into existing community and primary health care structures.

4. Implementation strategy and approach

The Godfather and Godmother approach strengthens the existing Health Extension Program rather than creating a parallel community health structure. It assigns trusted community members responsibility for a manageable number of children and establishes a clear link between volunteers, health extension workers (HEWs), health facilities, and woreda health authorities.

The approach is based on a simple principle: every child should have a trusted community member who helps the family access essential health services and complete the routine immunization schedule.

4.1. Community mobilization and volunteer selection

Implementation began with community mobilization led by the Woreda Health Office in collaboration with health facilities, HEWs, kebele administrations, religious leaders, elders, women's representatives, and other influential community members.

Community consultations were used to introduce the approach, build ownership, and identify appropriate volunteers. Godmothers and Godfathers were selected based on their reputation, commitment to community service, positive child-rearing practices, communication skills, and ability to influence health-seeking behavior.

Both women and men were represented to ensure broad acceptance within households and communities. Importantly, the approach relies on volunteerism, social responsibility, and community accountability rather than financial incentives, strengthening its potential for sustainability.

Bezawit W. Senbet, Expanded Programme on Immunization (EPI) focal person at Yirba Dubancha Health Center, emphasized the importance of selecting people who are trusted by their communities:



Bezawit W. Senbet, Expanded Programme on Immunization focal person, Yirba Dubancha Health Center. Photo: PATH.

"We selected individuals who have good knowledge of immunization and health issues and who are respected and influential within their neighborhoods. They are willing to treat the assigned children as if they were their own and ensure that they receive all the necessary health services."

This experience suggests that careful selection of community volunteers is a critical foundation for effective implementation.

4.2. Capacity-building and mentorship

Following selection, Godmothers and Godfathers received practical orientation and competency-based training from HEWs and health professionals. The training covered routine immunization schedules, vaccine-preventable diseases, vaccine safety, adverse events following immunization, interpersonal communication and counseling, household registration and child tracking, referral mechanisms, antenatal and postnatal care, newborn care, family planning, nutrition, malaria prevention, and water, sanitation, and hygiene. Volunteers were also oriented to reporting procedures and community monitoring tools to support regular follow-up and accountability.

The capacity-building component ensured that volunteers were not simply mobilizers but could provide accurate information, recognize when families required referral, and communicate effectively with caregivers.

4.3. Household registration, child tracking, and follow-up

Each Godmother or Godfather is assigned a maximum of 20 children under two years of age within their neighborhood or gott This manageable caseload enables volunteers to maintain close relationships with families and conduct regular follow-up.

Volunteers register assigned children, monitor vaccination status, identify pregnant women and newborns, remind caregivers about upcoming vaccination sessions, follow up on missed appointments, and facilitate referral to health posts, health centers, or outreach services.

The system creates a community-level mechanism for identifying zero-dose, under-vaccinated, and dropout children.



Wude Wolde, health extension worker. Photo: PATH.

Wude Wolde, a HEW, described how the approach provides continuity of follow-up:

“Children are assigned to Godmothers and Godfathers by neighborhood. Every child is assigned to a volunteer—no child is left without one. They encourage pregnant women to deliver at health facilities, remind caregivers about vaccination sessions, and continue following children until they complete the immunization schedule.”

She also highlighted the value of the approach for mobile families:

“If a family moves to another area, they notify us so that we can link the child to health services at the new location.”

These experiences demonstrate that the model extends follow-up beyond a single vaccination visit and helps maintain continuity when families move or circumstances change.

4.4. Community engagement and demand generation

Godmothers and Godfathers use existing social spaces—including household visits, coffee ceremonies, community meetings, religious gatherings, and other local forums—to engage caregivers.

Their communication focuses on explaining the benefits of routine immunization, addressing misconceptions and concerns, reinforcing vaccination schedules, and encouraging caregivers to seek services on time. They also provide messages on other maternal and child health issues, including antenatal care, institutional delivery, newborn care, breastfeeding, nutrition, family planning, malaria prevention, and hygiene.

Before immunization sessions, volunteers coordinate with HEWs to communicate service dates and remind caregivers, helping reduce missed opportunities.

The approach therefore combines individual household follow-up with community-level demand generation, making immunization communication part of routine community interaction rather than a standalone campaign activity.

4.5. Integration with the primary health care system

The Godfather and Godmother approach is closely integrated with the existing health system. HEWs provide mentorship, supportive supervision, technical guidance, and verification of volunteer activities.

Volunteers submit household follow-up information, referral records, and child registration updates. HEWs use this information to identify children requiring additional follow-up and to support immunization planning.

Monthly review meetings at health posts provide an accountability mechanism. Volunteers and HEWs review the vaccination status of assigned children, discuss challenges, share experiences, and agree on corrective actions.



Bogalech Gezahegne, health extension worker, Alawo Siso Kebele. Photo: PATH.

Bogalech Gezahegne, a health extension worker from Alawo Siso Kebele, explained:

“The monthly meetings help us identify children who still need follow-up and recognize volunteers who are performing well. Their monthly reports help us monitor which children have been vaccinated, identify those requiring follow-up.”

The approach therefore creates a clear feedback loop between households, volunteers, HEWs, health facilities, and woreda health authorities.

5. Results

The Godfather and Godmother approach strengthened routine immunization follow-up in Alawo Siso and Yirba Duwancho kebeles by establishing a structured community mechanism for identifying and tracking children, reminding caregivers, and referring children.

5.1. Improved household-level follow-up

Every eligible child in the intervention villages was assigned to a Godmother or Godfather, providing each family with a designated community contact for routine immunization and other child health needs. Regular household visits enabled volunteers to identify pregnant women, promote antenatal care and institutional delivery, register newborns, remind caregivers before vaccination sessions, check vaccination cards, and follow up on children who missed scheduled doses.

Petros Derra, a 40-year-old father of four and Godfather in Alawo Siso Kebele, supports more than 160 households across Gadana and Nuture Gotts and follows 16 pregnant women and 10 young children.



Petros Derra, Godfather, Alawo Siso Kebele. Photo: PATH.

He described his responsibility as beginning before birth:

“My responsibility starts during pregnancy. I encourage mothers to attend antenatal care and deliver at a health facility. After birth, I continue following every child to make sure no vaccination appointment is missed.”

Through weekly household visits, Petros reminds caregivers about vaccination appointments, checks vaccination cards, provides counseling, and reports progress to health extension workers (HEWs). During the reporting period, all ten children under his direct supervision completed their scheduled vaccinations.

5.2. Increased caregiver support and confidence

The approach also strengthened caregivers’ access to trusted information and practical support.



Amarech Sidrak, mother. Photo: PATH.

Amarech Sidrak, a mother from the community, described the contribution of her assigned Godfather:

“He reminded me whenever vaccination day was approaching. He explained why every vaccine is important and encouraged me to deliver at the health facility. Because of his support, my child completed all recommended vaccines on time.”

Her experience illustrates how the volunteers function as a trusted bridge between households and the health system, helping caregivers understand vaccination requirements and act on them.

Similarly, Wote Shumba, a mother from the community, highlighted the broader health role of the volunteers.



Wote Shumba, mother. Photo: PATH.

“She reminded me about every vaccination appointment and explained the importance of vaccines. She also advises us on family planning, malaria prevention, hygiene, and other health services.”

These experiences show that the approach extends beyond vaccination reminders by strengthening trusted interpersonal communication and broader health-seeking behavior.

5.3. Improved follow-up of missed vaccinations

The community volunteers provide an additional mechanism for identifying children who miss appointments and ensuring that they are followed up promptly.

Ato Wote Eyob, a religious leader and Godfather from Karsato No. 1 Gott in Yirba Duwancho Kebele, supports 19 children. He maintains household records, conducts home visits, reminds caregivers about vaccination sessions, and refers children to HEWs when necessary.



Wote Eyob, Godfather, Yirba Duwancho Kebele. Photo: PATH.

He explained:

“Whenever one of my children misses a vaccination, I feel it is my responsibility. I visit the family immediately, remind the parents, and, if necessary, accompany the child to the health post. Every child should complete the vaccination schedule.”

This illustrates the value of assigning volunteers clear responsibility for following up on each child's vaccinations at the community level.

5.4. Strengthened role of Godmothers in child health

The approach also provided an opportunity for women volunteers to support caregivers throughout pregnancy and early childhood.

Amarech Asefa, a Godmother from Agocho Gott in Yirba Duwancho Kebele, supports 20 children in Agocho and Bukito Gots. Her responsibilities include encouraging antenatal care and institutional delivery, registering newborns, providing counseling, and following up on vaccination appointments.



Amarech Asefa, Godmother, Yirba Duwancho Kebele. Photo: PATH.

She explained:

"My work begins before the child is born. When mothers trust us and we continue visiting them after delivery, they never forget vaccination appointments. Close follow-up and good communication are the reasons why our children complete all their vaccines."

Her experience demonstrates how women community volunteers can provide continuous, relationship-based support to mothers and caregivers.

5.5. Reduced workload and improved accountability for HEWs

The approach also strengthened the capacity of HEWs to manage household follow-up by sharing responsibility with community volunteers.

Bogalech Gezahegne explained that the volunteers' contribution has changed the way routine immunization follow-up is organized in her catchment area.



Bogalech Gezahegne, health extension worker, Awela Soso Kebele. Photo: PATH.

"Since the introduction of the Godmother and Godfather approach, we have observed remarkable improvements. They remind caregivers ahead of vaccination days, ensure children are brought for immunization, and help prevent missed appointments. Their contribution has greatly reduced the

workload of health extension workers while significantly improving immunization follow-up and service utilization."

In her catchment area, 12 Godfathers and 8 Godmothers were selected through a joint process involving HEWs and community members. They have two coordinators and meets monthly at the health post to review progress, discuss challenges, and submit reports.

This structured arrangement improves accountability while allowing HEWs to focus more effectively on service delivery, supervision, and technical support.

5.6. Strengthened linkage between community and health facilities

Asefa Kassa, a HEW, further emphasized the value of volunteers' presence within the community:

"Godmothers and Godfathers conduct regular house-to-house follow-up to ensure that every child receives all recommended vaccines. They know every child in their assigned area and are aware of each child's location and immunization status. We regularly monitor their work and follow up on their performance."

Together, these experiences demonstrate how the approach has created a practical linkage mechanism connecting households, community volunteers, HEWs, health posts, and health centers.

6. Results in numbers

6.1. Improved routine immunization coverage

The strengthened household follow-up system translated into remarkable improvements in routine immunization coverage. By Ethiopian fiscal year (EFY) 2018, both intervention kebeles achieved consistently high coverage across all routine antigens. Coverage reached 98% for the first dose of pentavalent vaccine (Penta1), 97% for the third dose of pentavalent vaccine (Penta3), 96% for the second dose of inactivated poliovirus vaccine (IPV2), 97% for the first dose of measles-containing vaccine (MCV1), and 96% for the second dose of measles-containing vaccine (MCV2), demonstrating strong utilization of routine immunization services.

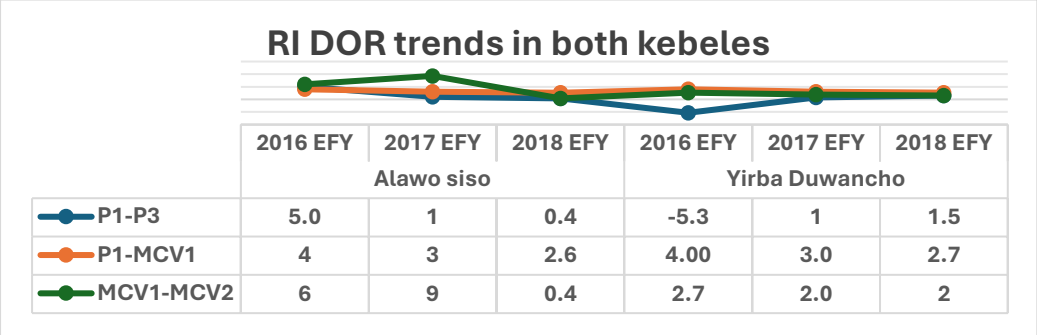
Table 1. Routine immunization performance in Alawo Siso and Yirba Duwancho kebeles (EFY 2018).

Antigen	Plan	Vaccinated	Coverage (%)
Penta1	538	528	98
Penta3	538	523	97
IPV2	538	514	96
MCV1	538	520	97
MCV2	538	515	96

Abbreviations: EFY, Ethiopian fiscal year; IPV2, second dose of inactivated poliovirus vaccine; MCV1, first dose of measles-containing vaccine; MCV2, second dose of measles-containing vaccine; Penta1, first dose of pentavalent vaccine; Penta3, third dose of pentavalent vaccine.

The intervention also contributed to substantial improvements in vaccination coverage compared with the baseline (EFY 2016). Coverage for every major antigen increased in both intervention kebeles, while the newly introduced IPV2 vaccine rapidly achieved high coverage.

Figure 1. Routine immunization dropout rates in Alawo Siso and Yirba Duwancho kebeles (EFY 2016–FEY 2018).



Abbreviations: DOR, dropout rate; EFY, Ethiopian fiscal year; MCV1, first dose of measles-containing vaccine; MCV2, second dose of measles-containing vaccine; P1, first dose of pentavalent vaccine; P3, third dose of pentavalent vaccine; RI, routine immunization.

6.2. Strong contribution of Godmothers and Godfathers

The success of the intervention was largely driven by the active involvement of community volunteers. Across the two kebeles, 40 Godmothers and Godfathers followed 553 infants, successfully monitored 528 (95%) children, and identified:

- **38 zero-dose children.**
- **68 under-vaccinated children.**
- **77 measles zero-dose children.**

These children were successfully linked to routine immunization services through active household follow-up and referral.

Table 2. Community volunteer performance.

Indicator	Total number
Godmothers and Godfathers	40
Infants assigned	553
Children successfully followed	528 (97%)
Zero-dose children identified	38
Under-vaccinated children identified	68
Measles zero-dose children identified	77

6.3. Community volunteers' contribution to routine immunization

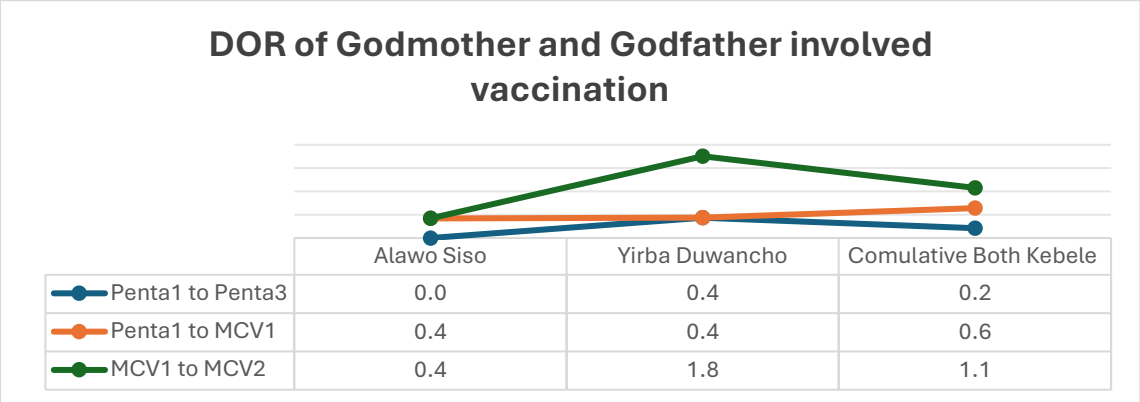
Analysis of vaccination records demonstrated that Godmothers and Godfathers directly supported the majority of routine immunization services delivered in the intervention kebeles. Their contribution accounted for 89% of Penta1, 88% of Penta3, 87% of MCV1, and 85% of MCV2 vaccinations.

Table 3. Contribution of Godmothers and Godfathers to routine immunization.

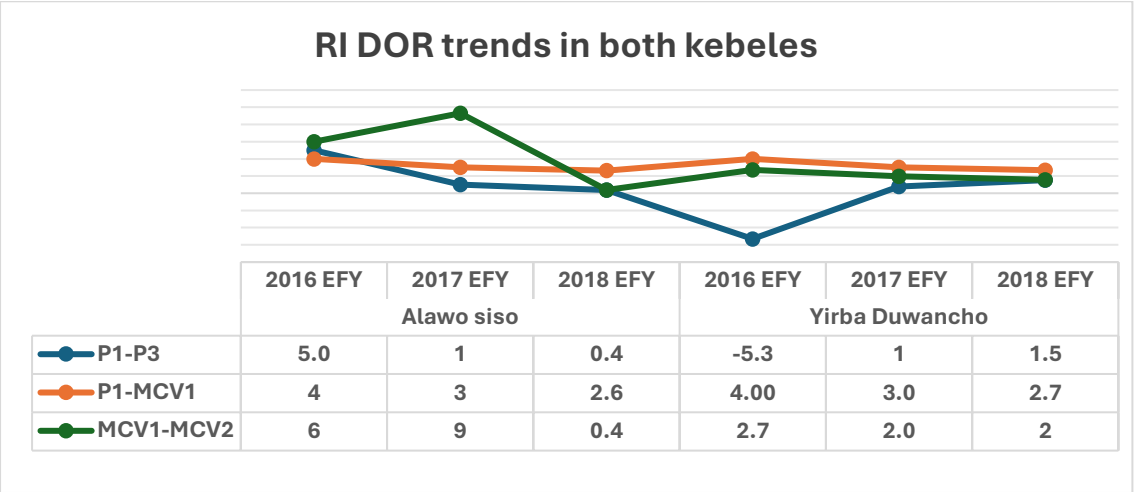
Antigen	Total vaccinated	Vaccinated through Godmother/Godfather	Contribution (%)
Penta1	528	468	89
Penta3	523	458	88
MCV1	520	453	87
MCV2	515	438	85

Abbreviations: MCV1, first dose of measles-containing vaccine; MCV2, second dose of measles-containing vaccine; Penta1, first dose of pentavalent vaccine; Penta3, third dose of pentavalent vaccine.

Figure 2. Vaccination dropout rates among children followed by Godmothers and Godfathers and overall routine immunization in Alawo Siso and Yirba Duwancho kebeles.



	Alawo Siso	Yirba Duwancho	Comulative Both Kebele
Penta1 to Penta3	0.0	0.4	0.2
Penta1 to MCV1	0.4	0.4	0.6
MCV1 to MCV2	0.4	1.8	1.1



	2016 EFY	2017 EFY	2018 EFY	2016 EFY	2017 EFY	2018 EFY
	Alawo siso			Yirba Duwancho		
P1-P3	5.0	1	0.4	-5.3	1	1.5
P1-MCV1	4	3	2.6	4.00	3.0	2.7
MCV1-MCV2	6	9	0.4	2.7	2.0	2

6.4. Reduced dropout rates

The intervention substantially improved completion of the vaccination schedule. Continuous household follow-up and reminder systems ensured that children returned for subsequent doses, resulting in marked reductions in dropout rates between vaccine doses.

Children followed by Godmothers and Godfathers experienced extremely low dropout rates.

Table 4. Comparison of routine immunization dropout rates and rates among children followed by Godmothers and Godfathers.

Dropout indicator	Overall RI (%)	After Godmother/Godfather approach (%)
Penta1–Penta3	1.53	0.21
Penta1–MCV1	2.67	0.64
MCV1–MCV2	1.57	1.08

Abbreviations: MCV1, first dose of measles-containing vaccine; MCV2, second dose of measles-containing vaccine; Penta1, first dose of pentavalent vaccine; Penta3, third dose of pentavalent vaccine; RI, routine immunization.

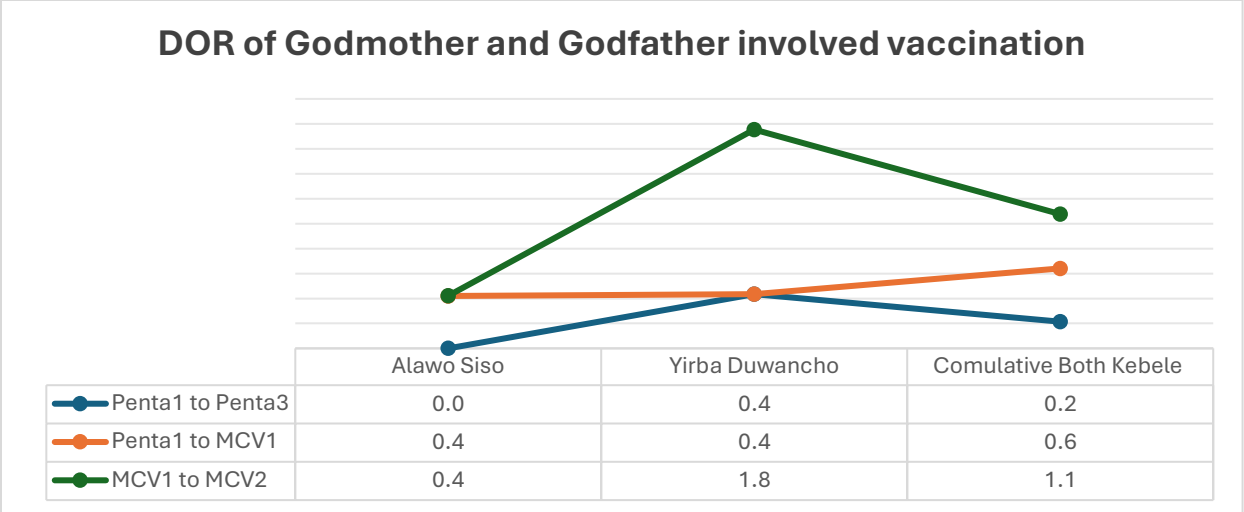
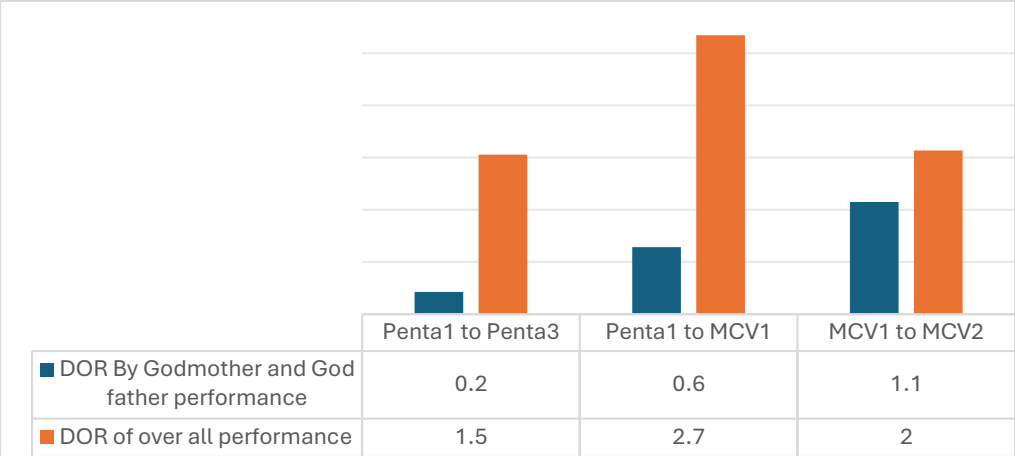


Figure 3. Comparison of RI dropout rates and rates among children followed by Godmothers and Godfathers.



7. Broader programmatic outcomes

Beyond improvements in coverage, the approach strengthened the overall performance of the primary health care system. Community ownership of immunization increased, caregiver awareness and confidence in vaccines improved, and collaboration among health extension workers (HEWs), community volunteers, local leaders, and health facilities became stronger. The intervention also established an effective community-based system for identifying, referring, and vaccinating zero-dose, under-vaccinated, and missed children, while improving linkage to routine immunization services. Routine immunization follow-up has improved considerably since the introduction of the approach, and in some intervention villages no child has defaulted from the routine immunization schedule. These findings demonstrate that the Godmother and Godfather approach is an effective, low-cost, and scalable approach for strengthening routine immunization services and reducing zero-dose children.

Beyond improvements in immunization coverage, the Godmother and Godfather Community Engagement Approach has strengthened the overall performance of the primary health care system by creating a stronger connection between communities and health services. The approach has increased community ownership of immunization, improved caregiver awareness and confidence in

vaccines, and strengthened collaboration among HEWs, community volunteers, local leaders, and health facilities. Through the systematic assignment of children to Godmothers and Godfathers, the intervention established an effective community-based mechanism for identifying, referring, and following up with zero-dose, under-vaccinated, and missed children. Volunteers provide continuous household-level support, ensuring that caregivers receive timely reminders, understand the importance of vaccination, and access routine immunization services.

Mr. Teshale Manebo, Reproductive, Maternal, Newborn, and Child Health (RMNCH)Core Process Coordinator at Boricha Woreda Health Office, highlighted the importance of community ownership in sustaining the approach. With more than 15 years of experience in maternal and child health, he explained that the approach was developed through collaboration between the Woreda Health Office and PATH, with technical support focused on strengthening interpersonal communication, community dialogue, and community engagement skills among volunteers and health workers.

“The strength of this approach lies in community ownership. Every child has someone in the community who feels responsible for ensuring that he or she completes the vaccination schedule.”

According to Mr. Teshale, the woreda has institutionalized the approach by ensuring that every child under one year of age is assigned to a Godmother or Godfather. Volunteer performance is monitored through monthly kebele review meetings involving HEWs, woreda focal persons, and community volunteers, with regular reports submitted to the Woreda Health Office. He further explained that the approach has contributed to early identification of pregnant women and newborns, timely vaccination, reduction of immunization dropout, identification of zero-dose children, and improved community response during vaccine-preventable disease outbreaks.

“Assigning a maximum of 20 children to each volunteer makes the approach manageable and sustainable. Volunteers know the families they support, can quickly identify missed vaccinations, and work closely with health extension workers to address gaps.”



Teshale Manebo, RMNCH Core Process Coordinator, Boricha Woreda Health Office. Photo: PATH

Mr. Teshale also emphasized the importance of continuous caregiver counseling, ensuring mothers retain immunization cards, understand vaccination schedules, and receive regular reminders through community volunteers, HEWs, and telephone follow-up.

Since the introduction of the approach, routine immunization follow-up has improved considerably, and in some intervention villages no child has defaulted from the routine immunization schedule. These results demonstrate that the Godmother and Godfather approach is a practical, low-cost, and scalable community-based approach for strengthening routine immunization services, reducing missed opportunities, and ensuring that children receives timely vaccination.

8. Lessons learned

Implementation of the Godmother and Godfather Community Engagement Approach generated several important lessons that can inform routine immunization programming in Ethiopia and other similar settings.

Strengthened community ownership improves immunization performance

Entrusting respected community members with responsibility for tracking and supporting children created a strong sense of collective ownership for child health. Families increasingly viewed immunization as a shared community responsibility rather than solely the responsibility of health workers.

Trusted community volunteers reduce vaccine hesitancy

Godmothers and Godfathers, who are respected religious leaders, elders, women representatives, and other influential community members, proved highly effective in addressing rumors, misconceptions, and vaccine hesitancy. Their trusted relationships with caregivers encouraged acceptance of vaccination and improved compliance with immunization schedules.

Household-level child tracking reduces missed vaccinations

Assigning a maximum of 20 children to each volunteer enabled close household follow-up and personalized support. Continuous registration, reminder systems, and defaulter tracing reduced the number of missed and zero-dose children while improving completion of the vaccination schedule.

Regular performance review strengthens accountability

Monthly review meetings involving HEWs, community volunteers, and woreda focal persons created a culture of accountability. Reviewing each volunteer's assigned children helped identify implementation gaps early and facilitated timely corrective actions.

Community volunteers complement the Health Extension Program

The approach demonstrated that trained community volunteers can effectively complement the work of HEWs by conducting household follow-up, identifying pregnant women and newborns, tracing children who miss vaccinations, and promoting demand for routine immunization. This allows HEWs to devote more time to service delivery and supportive supervision.

Continuous community dialogue builds confidence

Regular discussions during household visits, coffee ceremonies, and community gatherings created opportunities to provide accurate information about vaccines, answer caregivers' questions, and strengthen trust in immunization services.

Sustainable solutions can be built on existing community structures

The approach showed that significant improvements in routine immunization can be achieved through existing community structures without relying on financial incentives. Volunteerism, local leadership, and strong community ownership make the approach affordable, sustainable, and adaptable to other settings.

9. Conclusions

The Godmother and Godfather approach is a low-cost, community-owned intervention that complements Ethiopia's Health Extension Program. By strengthening household-level follow-up and promoting community ownership, it has demonstrated strong potential to improve routine

immunization coverage, reduce zero-dose and under-vaccinated children, and increase utilization of essential maternal and child health services. Given its simplicity, community acceptance, and reliance on existing community structures, the approach can be adapted and scaled to other hard-to-reach and underserved settings across Ethiopia to strengthen primary health care and ensure that every child receives lifesaving vaccines.

10. Recommendations

The experience with the Godmother and Godfather Community Engagement Approach demonstrates the importance of strengthening community-based systems to improve routine immunization access and equity. To sustain and expand the gains achieved, coordinated actions are recommended among different stakeholders.

The **Ministry of Health** is encouraged to develop national guidelines and standard operating procedures for community-based immunization volunteer approaches and consider integrating the Godmother and Godfather approach into the national Health Extension Program. Given its potential to address zero-dose and under-vaccinated children, the approach could be considered for expansion to other regions facing similar immunization challenges.

At the **regional and woreda levels**, health authorities should support the expansion of the approach to additional kebeles and woredas while ensuring strong institutional ownership. This includes establishing monthly review meetings, strengthening performance monitoring systems, providing refresher training and mentorship for health extension workers (HEWs) and community volunteers, and ensuring the continuous availability and use of child registration and tracking tools.

Health facilities and health extension workers should continue strengthening household registration, child tracking, and follow-up systems to ensure that no child is missed. They should maintain regular communication with caregivers about vaccination schedules and missed appointments and maximize opportunities to integrate routine immunization with other maternal and child health services, including antenatal care, postnatal care, nutrition services, and family planning. Community volunteers should continue to be engaged as an extension of routine outreach, demand creation, and defaulter tracing activities.

Development partners can play an important role by supporting the expansion and institutionalization of effective community engagement approaches for routine immunization. Continued investment in social and behavior change interventions is needed to strengthen caregiver confidence, increase demand for vaccination, and promote community ownership. Development partners should also support documentation, learning, operational research, and dissemination of successful approaches to inform adaptation and scale-up in similar settings.

Finally, **communities** remain central to the sustainability of the approach. Community members, local leaders, and families should continue supporting Godmothers and Godfathers through active participation, recognition, and collaboration. Communities should promote equitable access to vaccination, encourage early antenatal care attendance, institutional delivery, timely newborn registration, and ensure that every child completes the recommended routine immunization schedule.

Together, these actions will help institutionalize community-driven immunization solutions, strengthen health system–community linkages, and contribute to achieving equitable immunization coverage for all children.