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Strengthening Routine Immunization in Ilula Central: A Community-Driven Approach in Uasin Gishu County

County:	**Uasin Gishu**		
Sector/s:	**Health**	**Sub-sector/Theme:**	**Primary Health Care/ Immunization and Disease Prevention**
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Target Audience:	**Counties**		
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Introduction:

Routine immunization uptake in Ilula Central, a rural community within the Cheboin sub-location of Kapsoya Ward, Uasin Gishu County, had persistently lagged behind national targets, creating a dangerous immunity gap among children under five. For years, the community faced ongoing challenges in achieving adequate vaccination coverage, often falling below the County's average of 70.1% for DPT3 coverage, as reported in the 2022 Kenya Demographic and Health Survey (KDHS). A combination of factors has contributed to this situation, including widespread misinformation about vaccine safety, logistical barriers to accessing health services, and resistance from certain religious groups that express skepticism toward modern medical practices.

In early 2023, public health surveillance systems detected three confirmed cases of measles in Ilula Central, along with 26 zero-dose cases identified within a single month. Subsequent epidemiological investigations revealed troubling trends, including gaps in childhood immunization coverage and limited caregiver awareness of vaccine-preventable diseases. Community surveys further

underscored the need for enhanced public health education and improved access to routine immunization services. Focus group discussions with local mothers uncovered deeply rooted myths, such as fears that vaccines cause infertility or contain forbidden animal products.

These findings exposed weaknesses in the area's primary healthcare infrastructure. Although the community is nominally served by 13 Community Health Promoters (CHPs) under the Kogilgei Community Unit, their efforts have been hindered by cultural barriers and a lack of trust. Religious leaders from minority sects have actively discouraged followers from attending vaccination drives, while some traditional herbalists continue to promote harmful practices, such as treating ailments with herbal enemas instead of referring cases to health facilities. With the threat of further outbreaks looming, urgent action was needed to address these gaps and protect the community's children.

Implementation of the practice (*Solution Path*):

In response to the measles outbreak, a coordinated and community-driven intervention was launched to control the spread of the disease and improve immunization coverage. The initiative brought together multiple sectors and stakeholders, leveraging local leadership, health systems, and community structures to ensure an effective and sustainable response. The process was marked by strategic planning, targeted outreach, and continuous monitoring, all aimed at protecting vulnerable populations, particularly children under five years old.

Figure 1: An award given to Cheboin CHU for the Best Performing Community Health Unit

The response was implemented through the following steps:

1. A consultative meeting was held involving key stakeholders, including the local administration (NGAO), education officers, healthcare workers, security personnel, and religious leaders. This multi-sectoral engagement laid the foundation for coordinated planning, enhanced outbreak awareness, and a harmonized approach to implementation.
2. A significant entry point was the involvement of the Assistant Chief, a former Community Health Promoter (CHP), who led community mobilization efforts. Supported by Community Health Committees (CHCs) and CHPs, the team organized community barazas and dialogue days to educate residents on the importance of immunization. Household visits were conducted to identify children who had missed routine vaccinations.

Figure 2: Community Health Assistants (CHAs) showcasing certificates attained after receiving training on immunization

3. With support from DANIDA, the program facilitated training for Community Health Assistants (CHAs) and provided resources for outreach services. This included funding for transportation, communication, and referral systems, ensuring that operational needs were met.
4. Special outreach days were organized to provide catch-up immunizations for children under five. Some sessions were conducted in schools, targeting preschool children under three. Immunization cards were used to screen and identify defaulters.

5. County and Sub-County Health Management Teams (CHMT and SCHMT) offered technical support and oversight throughout the implementation. Community leaders, including village elders and religious figures, played a key role in mobilization and addressing vaccine hesitancy, particularly among religious sects initially opposed to immunization.
6. To ensure long-term impact, a requirement was introduced requiring all children enrolling in preschool to present a valid immunization card. Monthly CHP meetings were held to monitor progress and follow up on the 26 zero-dose cases identified during household visits.
7. The initiative leveraged local resources, with CHPs and healthcare workers conducting health education and administering vaccines. Information, Education, and Communication (IEC) materials and posters were used to reinforce key messages. The *Chama cha Mama Toto* initiative, which supports maternal and child health at community level, complemented these efforts by promoting maternal and child health, and encouraging service uptake.

Results of the practice (*outputs and outcomes*)-

- Children who had previously missed routine immunizations were successfully identified through household visits and promptly vaccinated.
- The community demonstrated increased acceptance of routine health services, reflecting a shift in health-seeking behavior.
- Religious leaders who had initially opposed immunization changed their attitude and began actively supporting the initiative, encouraging their followers to participate.
- There was a notable increase in attendance at maternal and child health services, contributing to a reduction in immunization defaulters.
- Community members became more engaged in healthcare decision-making which encouraged a stronger sense of ownership and responsibility for health outcomes.
- Health facilities reported improved uptake across all immunization and child health services, indicating broader community trust and participation.

- Community Health Promoters (CHPs) were involved in tracing defaulters and registering households. They used immunization cards and household registers to identify zero-dose children and follow up with caregivers, ensuring no child was left behind.
- Effective collaboration among all stakeholders, including local administration, health workers, educators, and religious leaders led to the success of the initiative.
- Routine immunization coverage increased significantly, and the number of zero-dose cases declined as a result of targeted outreach and follow-up.

Lessons learnt:

- Continuous community engagement through dialogue days and feedback meetings promotes health ownership and trust.
- Monitoring and evaluation by healthcare providers and CHPs ensures timely identification of gaps and progress tracking.
- Community-led solutions, especially when supported by local leaders and CHPs, are sustainable and cost-effective.
- CHPs' contributions to health education, household registration, and defaulter tracing are essential for strong community health systems.
- County-level support, including the provision of stipends for CHPs and the enactment of health laws like Facility Improvement Fund (FIF), enhances program sustainability.
- It is important to engage all relevant stakeholders, including religious and traditional leaders, in order to overcome social and cultural barriers.

Recommendations:

- This model of collaborative response and community engagement should be scaled up and adapted in other regions with similar challenges.
- Continued support from National and County Governments, development partners, and local leaders is important for sustainability.
- Strengthening stakeholder involvement and ensuring regular community dialogue will help maintain high immunization coverage.

Photo Gallery

Figure 3: A photo of the Assistant Chief, DANIDA Program Officers, Community Health Promoters (CHPs) and the Community Health Committees (CHCs) at Cheboin linked facility

Figure 4: A training session on immunization

Figure 5: Community Health Promoters (CHPs) and the Community Health Committees (CHCs) working who provide their services at Cheboin sub-location of Kapsoya Ward

Figure 6: A session during one of the dialogue days engaging the community engagement on the importance of immunization

Figure 7: A training session on immunization