

Beyond reaching zero-dose children: the ripple effects of community-centred strategies



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Community engagement in immunisation represents a fundamental shift from top-down service delivery to collaborative partnerships that recognise communities as active agents in their own health outcomes. Evidence consistently demonstrates that meaningful community participation increases vaccination coverage, builds trust in health systems and creates sustainable pathways for ongoing health improvement.

Investment in community engagement generates measurable returns through improved immunisation rates, reduced programme costs and enhanced health system performance. However, the true value of community engagement extends far beyond reaching zero-dose children, infants who have not received the first dose of diphtheria, tetanus and pertussis-containing vaccine (DTP1) by the end of their first year of life. This approach creates a powerful ripple effect that strengthens entire health systems, builds community resilience, drives economic development and transforms how communities engage with governance and policy-making processes.



Health system strengthening and sustainability

- Communities develop skills in health data collection, mobilisation and analysis that support evidence-based planning across multiple health priorities.
- Trained community health workers become multi-purpose assets for addressing malnutrition, maternal health and disease outbreaks.
- Immunisation programmes build trust relationships that create lasting partnerships that support ongoing health service delivery and improvement.



Enhanced equity and resilience

- Reaching zero-dose children requires engaging the most marginalised families, which can illuminate broader patterns of exclusion and can increase access to education, social protection and economic opportunities.
- Strong social networks and enhanced health literacy prepare communities to respond to health emergencies, seasonal outbreaks, natural disasters and future pandemics through established communication systems.



Economic impact and development

- Improved child health reduces healthcare costs for families whilst increasing productivity.
- As child mortality decreases, families invest more in education and development, contributing to long-term economic growth.
- Communities build collective problem-solving skills that translate to addressing education, infrastructure and economic development challenges beyond health.



Policy influence and knowledge transfer

- Communities gain empowerment and become effective advocates for their health needs, gaining political voice and influence over resource allocation decisions.
- Communities adapt and scale successful community-centred strategies, creating models for neighbouring areas, establishing peer-to-peer learning networks that extend impact beyond programme boundaries whilst respecting cultural frameworks and integrating modern practices with traditional knowledge systems.

The multiplier effect: community engagement fundamentally transforms the relationship between communities and health systems whilst building foundations for sustainable development that extend far beyond immunisation outcomes.



Credit: Christian Health Association of Nigeria/2025

Programme spotlights



Leveraging women's groups in Oromia, Ethiopia

Credit: © UNICEF Ethiopia/2023/Nahom Tesfaye

Health promoters trained 65 women's groups across 130 hard-to-reach villages in Oromia on vaccine benefits, scheduling and side effects. Group members conducted door-to-door visits, integrating immunisation messaging with existing savings and livelihood activities. This approach leveraged peer-to-peer communication channels to build trust in the health system and address seasonal migration patterns and religious concerns. Monthly feedback sessions with health workers sustained engagement beyond one-off campaigns.

Community scorecards demonstrated measurable impact on immunisation outcomes. In one programme, community groups identified 847 zero-dose children, achieved 76% full series completion and increased coverage by 23%. The Malaria Consortium's maternal, nutrition and child health programme established community scorecards in remote Sokoto State, Nigeria, where Village Health Committees tracked births and vaccinations through simple registers. Communities identified missed children more quickly than facility-based systems, enabling immediate follow-up and creating local accountability. Monthly meetings were held to review performance data and enabled joint problem-solving with health staff. Results showed an 89% increase in diphtheria, tetanus and pertussis-containing vaccine coverage and a 67% reduction in drop-out rates – the proportion of children who received their first vaccine dose but failed to complete the recommended series. Communities that monitored their own data achieved three times higher vaccination coverage than control areas.



Community-based monitoring Sokoto State, Nigeria

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Human-centred design in Nigeria

Credit: Gavi/2023/Nr Dambali

Nigeria's National Primary Health Care Development Agency conducted immersive community research in urban slums and nomadic populations to understand barriers preventing zero-dose children from accessing vaccination services. Research revealed timing conflicts with income-generating activities, gaps in engaging men who are household decision-makers regarding vaccinations and cultural sensitivity issues. Through co-creation workshops, communities and health workers jointly designed solutions: market-day aligned mobile teams and religious leader engagement as vaccination champions. This systemic approach moved beyond individual barriers, vaccinating 23,000+ previously missed children within 18 months while achieving 34% coverage increases across four scaling states.

Lessons learned for effective implementation

Success requires long-term commitment, adequate resources and genuine partnership rather than top-down implementation.



Foundation principles

- **Start with a deep community understanding:** **Senegal's** extensive consultations before programme design led to more effective programmes
- **Leverage existing social structures:** **Ghana's** integration with traditional leadership structures achieved better results than parallel systems
- **Ensure government leadership:** **Rwanda's** government-led cooperatives maintained high coverage through local ownership



Implementation strategies

- **Invest in continuous capacity building:** **Malawi** shows that community workers need ongoing training and supervision, not one-time capacity building
- **Address social determinants holistically:** **Guatemala's** integrated approach combined immunisation with nutrition, women's empowerment and economic opportunities
- **Build robust monitoring systems:** the **United Republic of Tanzania's** community-based tracking enables rapid problem-solving



Sustainability approaches

- **Plan long-term sustainability from the start:** **Burkina Faso's** gradual funding transition over several years maintained effectiveness
- **Foster genuine partnership:** **Mozambique's** community advisory committees with real decision-making authority created more responsive strategies
- **Adapt to local contexts:** **India's** ASHA programme adapted across states while maintaining core principles

This product was produced by the Zero-Dose Story Generation Consortium, led by [Sabin Vaccine Institute](#). Sabin is a leading advocate for expanding vaccine access and uptake globally, advancing vaccine research and development, and amplifying vaccine knowledge and innovation.

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