

# Boosting health workers' performance: interventions that close the zero-dose gap

**Training + supportive supervision + infrastructure development:** Evidence demonstrates that combining multiple interventions is more effective than standalone approaches. Research shows that integrated strategies – such as training plus supportive supervision plus infrastructure development – achieve significantly higher effectiveness rates, with combined interventions reaching up to 69% improvement compared to single interventions.

## Proven results across countries

Nigeria  
**57%**  
Coverage increase

Ethiopia  
**95%**  
Zero-dose reduction

Malawi  
**40%**  
Performance improvement

Pakistan  
**60%**  
Acceptance increase

### Smart service planning training

**Nigeria (Bauchi State):** Health workers map every household, identify high-risk populations, and create targeted outreach strategies.

- 35% fewer zero-dose children in 18 months

### Defaulter tracking systems training

**Ethiopia:** Systematic follow-up protocols, home visits, and community-based surveillance for missed children.

- Zero-dose rates dropped from 59% to <1%

### Supportive supervision

**Malawi:** Monthly mentoring visits, peer networks, standardised checklists and immediate problem-solving support.

- 30-40% improvement in performance indicators

### Community engagement

**Afghanistan:** Train health workers in communication techniques, cultural sensitivity, and addressing vaccine hesitancy.

- 40% increase in acceptance rates

### Human resource deployment

**Chad:** Deploy health workers to under-served areas and provide housing allowances and transport support.

- 20-40% coverage improvements

### Digital tracking systems training (mHealth)

**United Republic of Tanzania:** SMS reminder systems, electronic registries and real-time child tracking through mobile platforms and tablets.

- 23% increase in on-time vaccination

### GPS mapping and GIS

**Kenya:** Satellite imagery identifies communities, optimises outreach routes and allocates resources effectively.

- 22% coverage increase in remote areas

### Performance-based incentives

**Democratic Republic of the Congo:** Health facilities receive payments based on coverage improvements and quality indicators linked to zero-dose targets.

- Coverage jumped from 65% to 89%

### Continuous quality improvement

**Mozambique:** CQI cycles where teams identify problems, test solutions, and measure results monthly.

- 35% reduction in zero-dose children

### Peer learning networks

**Zambia:** Established district-level learning networks where high performing facilities shared best practices with struggling sites.

- 20-30% improved coverage among participants