

Strengthening every community health worker: the power of crystal-clear job definitions



Credit: Gavi/2023/Were Brian

Community health workers (CHWs) represent a critical resource for reaching zero-dose children. Evidence demonstrates that CHWs with clearly defined scopes of practice achieve significantly better outcomes in identifying, tracking and vaccinating previously unreached children. Well-structured CHW programmes in Nigeria's Bauchi State and India's Mission Indradhanush reduced the number of zero-dose children by 20–35%. However, realising this potential requires deliberate investment in defining a precise scope of practice, establishing robust supportive supervision systems and integrating CHWs effectively within existing health systems. This brief outlines evidence-based strategies for strengthening CHW contributions to immunisation coverage and equity.

◀ Yaba Shabil, a dedicated Village Health Team volunteer in Kampala, Uganda, uses his megaphone to tackle misinformation and promote immunisation.

CHWs in action: Game-changing roles that reach every child

Community mapping and enumeration

CHWs achieve 85–95% coverage in identifying zero-dose children through systematic door-to-door surveys. Research from Nigeria, India and Democratic Republic of the Congo confirms their effectiveness in hard-to-reach areas where facility records remain incomplete.

Active case finding

CHW-led active case finding identifies 30–40% more zero-dose children than facility-based approaches alone. Evidence from Afghanistan and Pakistan demonstrates success through community networks, birth registries and social mapping.

Demand generation and social mobilisation

CHW interventions increase vaccination uptake by 15–25% in previously unreached populations. Multiple low- and middle-income country studies confirm their effectiveness in addressing vaccine hesitancy and generating demand, particularly in Kenya and Bangladesh.

Service delivery and referral

CHWs safely administer vaccines during integrated campaigns and achieve 70–80% referral completion rates for routine immunisation. Evidence from Ethiopia and Rwanda supports their dual capacity for direct service delivery and effective referral.

Follow-up systems and defaulter tracking

CHWs improve vaccination schedule completion by 60–70% through systematic follow-up of missed appointments and follow-up of missed children, with documented success across multiple LMIC settings.

Community health workers are the bridge between health systems and families; they are the heartbeat of equitable healthcare. Without their trust, dedication and local knowledge, zero-dose children would remain invisible and unreached.



Credit: Gavi/Saurav Singh

Building success: critical elements every CHW programme needs

Geographic responsibility	<ul style="list-style-type: none"> Clearly defined catchment areas with specific household/population targets Optimal catchment sizes of 500–1,000 population per CHW for effective zero-dose identification Systematic household enumeration and birth registration
Specific tasks and procedures	<ul style="list-style-type: none"> Systematic household enumeration and birth registration Use of standardised tools for zero-dose identification Clear protocols for vaccine administration (where appropriate) and referral Documentation and reporting requirements using simple, standardised forms
Competency-based training requirements	<ul style="list-style-type: none"> Core competencies in immunisation schedules, contraindications and adverse event recognition Community engagement and communication skills training Use of job aids and decision-making tools Regular refresher training schedules
Supportive supervision and support structure	<ul style="list-style-type: none"> Clear reporting lines to facility-based supervisors Regular supervisory visits (evidence suggests monthly minimum) Performance indicators and feedback mechanisms Access to technical support for complex cases
Resources and supplies	<ul style="list-style-type: none"> Transportation support or allowances for hard-to-reach areas Communication tools (mobile phones, registers, reporting forms) Cold chain equipment access (where CHWs administer vaccines) Identification materials and community mobilisation resources
Performance expectations	<ul style="list-style-type: none"> Specific targets for zero-dose identification (e.g., quarterly enumeration cycles) Referral completion rates and follow-up timelines Documentation and data quality standards Community engagement metrics
Integration with health systems	<ul style="list-style-type: none"> Clear linkages with facility-based immunisation services Coordination with other CHW programmes and health initiatives Data sharing protocols with district health information systems Role in service planning and campaign implementation

How defined scopes of practice transform programmes

