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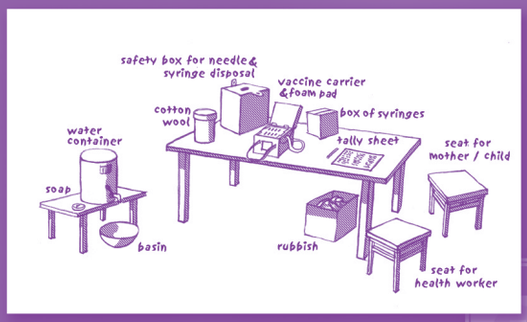
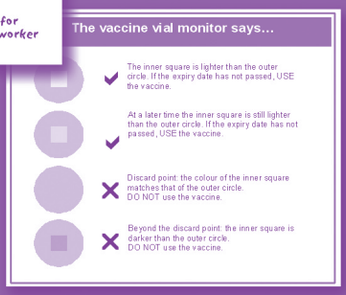
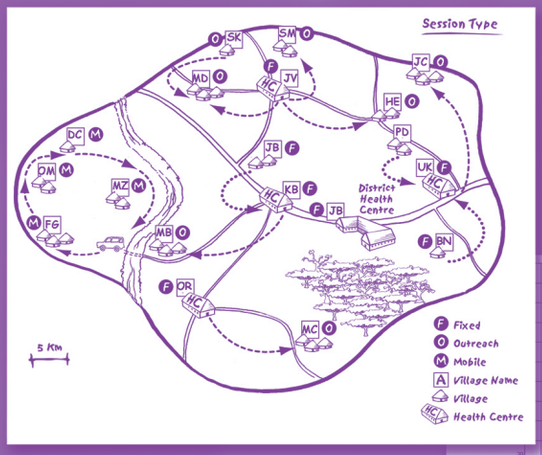
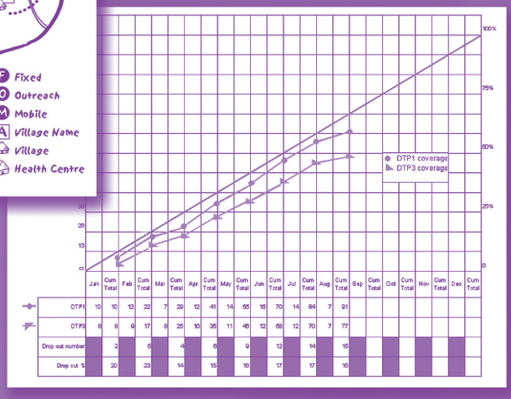
Training for mid-level managers (MLM)

2. Partnering with communities









- *Planning with the community*
- *Implementing and monitoring*
- *Effective communication*
- *Communication tools & channels*

Immunization, Vaccines and Biologicals

World Health Organization

Training for mid-level managers (MLM)

Module 2 : Partnering with communities

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Introduction to the series

This new series of modules on immunization training for mid-level managers replaces the version published in 1991. As there have been many changes in immunization since that time, these modules have been designed to provide immunization managers with up-to-date technical information and explain how to recognize management and technical problems and to take corrective action and how to make the best use of resources.

More and more new, life-saving vaccines are becoming available, yet the introduction of a new vaccine does not necessarily require a separate plan and separate training. This new series for mid-level managers integrates training for new vaccine introduction into each subject addressed by the modules. In this way, introduction of new vaccines is put into its day-to-day context as part of the comprehensive range of activities required to improve immunization systems.

In the context of these modules, mid-level managers are assumed to work in secondary administrative levels, such as a province; however, the modules can also be used at national level. For district managers (third administrative level), a publication on 'immunization in practice'[1] is widely available. As it contains a large amount of technical detail, it is also recommended for mid-level managers courses.

In writing these modules, the authors tried to include essential topics for mid-level managers, while keeping the modules brief and easy to use. They are intended to complement other published materials and guidelines, some of which are referred to in the text. Many more documents are available on the CD-ROM which accompanies this series. Each module is organized in a series of steps, in which technical information is followed by learning activities. Some knowledge and experience are needed to complete the learning activities, but even new readers should be imaginative and constructive in making responses. Facilitators should also be aware that the responses depend on the national context. Thus, there are no absolutely right or wrong answers, and the series does not set down new 'policies' or 'rules'. The authors hope that the readers of these modules will find them informative, easy to read and an enjoyable learning experience.

Modules in the mid-level managers series

Module 1: Cold chain, vaccines and safe-injection equipment management
Module 2: Partnering with communities
Module 3: Immunization safety
Module 4: Supportive supervision
Module 5: Monitoring the immunization system
Module 6: Making a comprehensive annual national immunization plan and budget
Module 7: The EPI coverage survey
Module 8: Making disease surveillance work

[1] *Immunization in practice: A practical guide for health staff.* Geneva, World Health Organization, 2004

Acknowledgements

This new series of modules on immunization training for mid-level managers is the result of team work between a large number of partners including the Centers for Disease Control and Prevention (CDC), IMMUNIZATIONbasics, Program for Appropriate Technology in Health (PATH), United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID) and the World Health Organization (WHO). The authors are especially grateful to the consultants from the University of South Australia who have made a major contribution to the development of the modules.

This particular module has been jointly written by WHO and IMMUNIZATIONbasics.

Contents

Abbreviations & acronyms

AEFI	adverse events following immunization
AIDS	acquired immunodeficiency syndrome
BASICS	Basic Support for Institutionalizing Child Survival
BCG	bacille Calmette-Guérin (vaccine)
CDC	Centers for Disease Control and Prevention (USA)
CHP	Community Health Promoters
CVP	Children's Vaccine Program (PATH)
DTP	diphtheria-tetanus-pertussis (vaccine)
EPI	Expanded Programme on Immunization
ESHE	Essential Services for Health in Ethiopia
GAVI	GAVI Alliance (formerly the Global Alliance for Vaccines and Immunization)
HepB	hepatitis B vaccine
HIV	human immunodeficiency virus
HW	health worker
ICC	Inter-Agency Coordinating Committee
IVB	Immunization, Vaccines and Biologicals (WHO Department)
JSI	John Snow, Incorporated
MLM	mid-level manager
MNT	maternal and neonatal tetanus
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
OPV	oral polio vaccine
PATH	Program for Appropriate Technology in Health (USA)
PHC	Primary Health Care
PVO	private voluntary organization
RED	Reaching Every District
SIA	supplementary immunization activity/activities
TBA	traditional birth attendants
TT	tetanus toxoid
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Council
VPD	vaccine-preventable disease
WHO	World Health Organization

Introduction to Module 2

Purpose of this module

You serve many different communities as a mid-level immunization manager, but are they your partners in the service? Do they have a voice in helping to make sure that the immunization service meets their needs?

This module describes how to work closely with the community to understand their needs, what roles can be successfully undertaken by community representatives, and how they can help you manage the service better. This module can be used by mid-level managers to enhance their own skills, and with health workers and Non-Governmental Organization (NGO) partners to strengthen their work with communities.

A successful immunization programme depends upon effective vaccine supply and logistics, but it is just as important that the community has confidence in, and supports and demands, safe and effective immunization services. Immunization services must meet the needs of communities and work with them to ensure their involvement and participation. To do this, both managers and health workers need to form a close partnership with communities, while using effective communication skills and tools. Community participation in immunization programmes has been shown to result in higher coverage, and ultimately to reduce the number of incidences of vaccine-preventable diseases.

An informed community is more likely to participate actively in the services available. Managers at all levels should keep communities informed about services, and should seek the participation of local politicians, religious leaders, community group leaders and parents in scheduling the days and hours for immunization sessions, organizing outreach activities, promoting immunization, and monitoring performance.

What is a community?

Geographical communities can be described in various ways as:

- an urban mass;
- a collection of scattered rural dwellings;
- a group of temporary homes built alongside a body of water or railroad tracks.

Apart from geographically aligned communities, there are also communities defined by religious, cultural, or political affiliations, as well as those defined by income. Even in small geographical communities, there may be sections of a village or town where the poorest families live, or these families may be scattered among wealthier families. It is important for health managers to recognize community differences and dynamics, and to interact with all the various sections within the community.

The community's role in service delivery

It is important to determine the extent of community involvement in planning, providing, and evaluating health services. The level of utilization of services is more likely to rise if community participation (partnering with communities), is linked with health services in each phase. There may be limits to the willingness and ability of health staff to change service-delivery schedules, but by consulting with communities through meetings, interviews, and group discussions, health workers can discover community preferences and availability, and move towards a schedule that works for all involved. Below are some examples of how community involvement can help in planning, implementation, and monitoring.

Planning: Health staff should consult communities about service locations and timing to ensure a convenient service. Options include the following:

- Having immunization available one evening a week or one Saturday or Sunday afternoon a month, to ensure that working parents are able to bring their children for immunization.
- Moving vaccination hours from early mornings to afternoons in areas where mothers are busy in the fields or selling at the market in the morning.

Implementation: Communities can assist with:

- arranging a clean outreach site (school, community meeting room, etc.);
- informing community members when the health worker arrives at the outreach site;
- registering patients, crowd control, and making waiting areas more comfortable (by providing shade and organizing space and seating);
- health education — disseminating appropriate messages;
- motivating fellow community members to use the immunization and primary health care (PHC) services;
- transporting vaccines and health workers;
- arranging home visits when children are behind schedule, to explain immunization and to motivate caregivers.

Evaluation: Community leaders and health workers can contribute by responding to questions about the quality of services.

When health staff give information and feedback to communities about coverage and disease outbreaks, and solicit community input for solving problems, community members themselves can contribute to identifying issues and defining solutions. For example, a common problem is lack of community involvement in planning session dates and times. The health system can address this through microplanning following consultation at community meetings and during vaccination sessions and activities.

The manager's relationship with the community

When discussing community participation, "increasing demand" is often used as a general description, but this term can give the impression that lack of motivation or desire for immunization is the reason why children are not getting vaccinated. In reality, mothers are often very willing to have their children vaccinated: if the services are available at a convenient time and place, and service delivery is of good quality, the mother will be aware of what she needs to do to ensure that her child is vaccinated. The issue is more complex than just simply "demand" and involves issues of advocacy, mobilization, and communication (e.g. information to the community; building awareness of services and what the health centre can and should provide; mobilizing resources; establishing a rapport with the community for planning and implementation; and educating mothers on the vaccination schedule for their children). A district manager should therefore include some of the elements listed in the box below into the programme, in order to ensure that there are strong links to the community.

What can a mid-level manager do to encourage community participation?

Addressing «demand» in programme priorities

- Use district coverage, drop-out, and microplanning data to determine the reasons for inadequate coverage — for example, children with good access being left out or dropping out, and/or children with poor access not being reached.
- Analyse the quality of communication approaches and activities to support each of the five components of the Reaching Every District (RED) strategy: re-establishing outreach vaccination; strengthening supportive supervision; increasing links between communities and services; improving monitoring for action; and planning and managing resources more effectively.
- Review and revise community and communication strategies in microplanning.
- Monitor communication activities using indicators within the reporting and tracking system for immunization. Link with communities in supervision and reporting.

Working with the community at district level

- Involve NGOs and community leaders/groups at the district level in local Inter-Agency Coordinating Committees (ICCs), and share tools, guidelines, and programme achievements and obstacles with them during community meetings.
- Monitor community contributions to improve services at district level. This could include agreements with communities and NGOs to outline collaboration, as well as reporting on community involvement as part of quarterly and annual reports.
- Inform key leaders (such as religious and community leaders), about the danger of vaccine-preventable diseases (VPDs), availability of immunization services, and the status of coverage and other indicators, in order to gain their cooperation and support.
- Train health workers and community educators to strengthen their interpersonal communication skills, to give correct information, and to motivate them to improve delivery of services.

Key point: Managers may not have much time to interact directly with the variety of community groups, leaders, and mobilizers who can assist with advocacy planning and implementation of immunization activities. However, managers play a key role in encouraging and supporting their staff in establishing strong links with the community.

This module is organized into the following steps:

Planning with the community > **Implementing and monitoring** > **Effective communication** > **Communication tools & channels**

Notes :

1. Planning with the community

1.1 Situation analysis

A first step to effectively partnering with the community is to do a situation analysis to check the awareness and opinion of community members. Are they familiar with the services that are available? What do they like or dislike about the current immunization and PHC services? Information such as this from the community can then be used to improve services. The information can be gathered at meetings, small group discussions, one-to-one interviews, exit interviews at service-delivery points, door-to-door surveys, and special studies.

Identify the main community groups and where they are located, and determine their level of engagement such as:

- community and religious leaders
- parents and community associations
- NGOs
- traditional health practitioners
- health workers.

Gather information and feedback about:

- knowledge, awareness, and opinions of the vaccination services available;
- level and extent of community engagement with service delivery and the health system and what feasible involvement can be expected;
- data on vaccination session attendance and local coverage levels;
- perceived barriers to immunization (related to service delivery and the community's knowledge, attitudes and practices), including:
  - issues affecting physical access to services (location, frequency, schedule);
  - access by special groups (ethnic minorities, etc.);
  - issues relating to knowledge, attitudes and practices that affect people's motivation and their ability to utilize services.

Jointly assess:

- health concerns and what actions are most feasible and « do-able »;
- immunization status and quality of services.

1.2 Type of community involvement

A group discussion with members of the community will help to determine their needs and ways in which services can be planned so that they are more convenient and accessible.

The following list can be used during meetings with the community. It shows several ways in which the community can take an active part in improving services.

- Ensure effective planning for immunization sessions. Collaborate on convenient schedules for sessions — routine, outreach, and mobile (place, time and location).
- Identify and refer newborns and/or infants who have recently arrived in the community.
- Publicize immunization sessions.
- Provide food and/or shelter to outreach teams and assist with transport costs (if needed).
- Assist health workers during immunization sessions — with mobilization of members to the service-delivery point, crowd control, registration, and education.
- Identify drop-outs and left-outs, conduct home visits, and motivate caregivers (providing information on completing the series and when the next immunization is due, and using community promoters, scouts, health committees, pupils, etc.).

Learning activity 2.1: Identify community groups and prioritize their participation in strengthening the immunization programme.

List the key community groups and representatives in your health area.

Beside each item in the box below, note which community groups/representatives could assist with each activity.

Discuss and put a " * " by the three most important activities in your catchment area.

Community involvement activity	Community group / representatives
1. Advocate and provide human, financial and logistical support.	
2. Ensure effective planning (place, time and location) for immunization sessions for routine, outreach and mobile.	
3. Identify and refer newborns.	
4. Track and follow up defaulters.	
5. Publicize immunization sessions	
6. Develop advocacy and mobilization messages.	
7. Assist with transport and other resources (e.g. fuel for cold-chain equipment or meals for outreach).	
8. Encourage and train volunteers to assist at immunization sessions.	
9. Communicate with local people and inform health officials about suspected vaccine-preventable diseases (VPDs) and adverse events following immunization (AEFI).	
10. Monitor the immunization programme by going through the coverage data with the health team.	

1.3 Advocating for community participation

Advocacy is a process of gathering and communicating information to raise resources and/or gain political and social leadership acceptance and commitment, that will, in turn, assist a society in accepting the programme. The process involves promoting the benefits and value of the service and presenting the rationale for the community's involvement. Negotiation with the community should address what can be done to improve services, and how they themselves can help and participate in this. It may also require some frank discussion of system weaknesses and needs, and should engage communities in participating in solutions. A process for conducting advocacy could include the following measures:

- Holding group discussions and/or visits with leaders and the community to discuss immunization services, what is and should be available, and as far as possible addressing the community's concerns and requests.
- Learning about health services and health workers from the community perspective (i.e. through a facilitated process that could involve the participation of NGO staff or community-oriented health staff to bridge cultural or educational gaps between health workers and caregivers). This is particularly important where knowledge of and participation in preventive services is low.
- Taking recommendations and requests from the community, and serving as their advocate and representative within the health system to ensure more accessible and convenient immunization, as well as other services.
- Mid-level managers can assist health workers in prioritizing, planning and implementing key activities with community members, as part of the monitoring and microplanning for immunization services.

1.4 Holding a community planning meeting

Community meetings can be held at convenient times and places, for example on market days, close to places of worship, or during other group meetings. Ideally, before conducting a planning and information meeting with the community, the manager and health worker should have access to data on the coverage and drop-out rates, a map of the health areas with low coverage, and a list of programme priorities to share and discuss during the meeting. They should also know who in their community is already involved with services, including NGOs that are active in the area. To determine the extent of NGO involvement in immunization, and what activities they carry out, refer to Annex 2.

The health worker should assist group leaders in providing information and getting feedback, opinions, and suggestions on improving services. These meetings should provide information on the services available and the progress and challenges in meeting immunization and other health goals, while also encouraging public input and involvement in improving these services. Information to be shared, and activities for further community involvement, are described in the following sections.

Key point: The key to effective communication with groups is to identify and address the shared interest of the group members.

Tips for communicating with groups

- Provide a comfortable and welcoming environment for the discussion.
- Ask the group to share what they know about vaccine-preventable diseases and immunization.
- Encourage them to ask questions so that everyone can be better informed. Provide responses aimed at clarifying information and addressing gaps in knowledge.
- Use stories, short plays, songs and visual aids to hold the group's attention and make meetings fun and interesting.
- Involve as many group members as possible in the discussion, and thank them for their input.
- Ask group members to suggest solutions to problems, and discuss the best options.

Annex 3 provides tips for group discussion methods as a way of obtaining and giving information to the community.

Learning activity 2.2: Hold a community meeting.

Note: A variation on this activity is to conduct an actual meeting with some members of a nearby community. Preparatory arrangements would need to be made to identify local community representatives who would participate in the meeting, and to collect immunization data from that catchment area to be used for the discussion. The representatives could either come to the training site or, if time permitted, the participants could go the community for the meeting.

In small groups, identify a person to act the role of a mid-level manager and another person to play the part of a health worker who is new to the community. The remaining group members play the roles of parents and/or community leaders who are attending a community meeting about improving immunization coverage within the community.

Using Annex 3 the health worker and manager inform the community about the immunization programme and challenges in the catchment area. The manager provides a description of the coverage in the area, which is low in some geographically isolated areas and has high drop-out rates. The manager explains that this new health worker has been assigned to the area and that they are hoping to improve coverage and reduce drop-out throughout the area, and particularly in this community. The health worker then introduces himself/herself and his/her background. The manager and health worker then guide the discussion, asking for the community's opinions on immunization services, what they perceive as the obstacles to increasing coverage, and how immunization services could be improved.

After the role-play, discuss the following questions.

1. What have you learnt about conducting a community meeting?
2. What problems came up in the meeting and how were they dealt with?
3. Why is it important to conduct planning meetings with the community, to inform them about services, and get their feedback?

1.5 Planning immunization sessions with communities

In planning services with communities, it is important to ensure that all human and material resources required are available, and that services fully meet the needs of the population. These should be offered at the appropriate locations and times, and well promoted, using locally appropriate communication channels to reach all of the community (e.g. announcements, information at health posts, and community mobilizers). Immunization sessions — particularly the days that they are held and the time of day — should be scheduled to be convenient for parents. Managers should assess their district and facility immunization schedules (fixed, outreach and mobile), at least once a year, and if necessary change them so as to reach all the eligible children.

Managers can show health workers how to implement communication strategies to promote immunization services, and can use supervisory visits to monitor how these strategies are being used. These strategies should provide the community with advance notice on immunization and PHC sessions (e.g. through announcements, messages from community volunteers, flags or banners at health centres or village sites that announce when immunization days are taking place).

Once immunization-session schedules are determined and agreed to with the communities, it is important that they be adhered to. Changing and cancelling scheduled sessions can result in loss of confidence in the service. A critical part of planning, therefore, is to ensure that sufficient vaccines, injection supplies, and cold-chain equipment are available, and that all logistical needs are in place well in advance of the session date. Unforeseen problems can also sometimes occur, for instance temporary flooding of roads during heavy rains, or transport breakdowns. Whenever possible, to avoid interruption in immunization services (e.g. during the rainy season), health staff should have established communication channels for keeping the community informed of potential changes, and to reschedule sessions when services are interrupted.

Meeting community needs for an integrated package of interventions

During meetings or discussions with the community it is very likely that they will express needs for other services and interventions besides immunization. The extent to which services are integrated should be appropriate to local health needs and logistical and system capacity (e.g. sufficient trained staff, supplies, equipment, transportation and fuel). This requires organized planning, management and monitoring. Providing a variety of services during outreach may be more important than at fixed sites. The logistical arrangements for providing integrated outreach services will require the involvement and collaboration of several programmes from national level, as well as partners in the districts and communities, notably NGOs. When planning services for the 'hard to reach', mid-level managers should always consider what package of services can be provided during outreach. Community members can assist with organizing outreach sessions, record-keeping and tallying, and/or providing a venue and other support for the health team.

Among the most common services that may be integrated, are the distribution of vitamin A, bednets, iron tablets, and malaria prophylaxis; treatment of intestinal helminths; diagnosis and treatment of common illnesses; family planning; prenatal care; counselling and education on common health concerns (both curative and preventive).

Key point: When planning services, unmet needs and costs should be clearly quantified and described in discussions with communities as early in the planning process as possible. The community's contributions should be documented and reported in order to acknowledge their participation and support.

Learning activity 2.3: Seek community assistance in scheduling outreach.

Read the following case-study and using information from the section above and Module 3, in small groups discuss each question. Provide feedback to the larger group.

Mrs Mx, the energetic new director of Kobo Health Centre, has agreed with the district supervisor to raise immunization coverage from 40% to 60% in her first six months in the job. One of the things she plans to do is to increase the number of outreach sites. She posts a calendar showing the days and locations of the outreach sessions on the wall of the health centre.

One week before the first outreach session, Mrs Mx visits the place for the first time. She sees the community leaders and tells them about the immunization programme. She says that a team will come on the following Tuesday at 08:00 to give immunizations, and she asks the community leaders to notify people and arrange a site.

When the team arrives at the site on the following Tuesday there are no tables, chairs, or water provided, and only a few mothers have come for immunization. While Mrs Mx prepares for the session, a few more mothers arrive. She vaccinates those few children who are around. She then waits for another hour. As no more mothers come, she packs up her things and goes back to the health centre for lunch.

1. What could Mrs Mx have done so that more mothers would have brought their children to the immunization session?

2. What should health workers always do when they arrive at the outreach site so that mothers know that they have arrived?

3. How could the community have been better involved and what could they have done?

4. What can the district team do to support the work of Mrs Mx?

Notes :

2. Implementing and monitoring immunization services with the community

Communities that are informed about services can also provide valuable assistance in ensuring that services function properly and that community members utilize these services. Awareness of the importance of immunization, and also when and where to go for services is pivotal. Interpersonal communication between the health worker and parent is important for providing vaccination information. For routine immunization, each child should be tracked from birth until he/she has completed all of his or her vaccinations according to the recommended schedule. Each woman's tetanus vaccination status should also be tracked during her reproductive years and particularly during pregnancy. The community can play an active role in this.

2.1 Role of community mobilizers

In many countries, members of the community (either paid mobilizers or volunteers) are actively involved in linking their communities with the health services. Trained mobilizers can participate in increasing awareness of preventive services like immunization. They can also assist with tracking individual children and women, participate in outreach, and mobilize households for health sessions. The coverage area for each mobilizer or volunteer should be based on an analysis of the number and location of households that one mobilizer can feasibly reach. The following is a typical list of tasks carried out by community mobilizers.

- Identify target populations in the catchment area.
- Assign certain households to various volunteers.
- Prepare a list of assigned households with names of infants and mothers (including newborns and pregnant women).
- Share lists of names with health workers to include in vaccination registers.
- Make home visits to encourage participation in fixed and outreach sessions.
- Help mothers to interpret immunization cards (infant cards and women's TT doses).
- Cooperate with the health worker to keep a track of infants and mothers who need to complete the immunization series.
- Follow up on defaulters.
- Provide information on the session dates and times and vaccination schedules.

(Refer to *Module 5: Monitoring the immunization system* which provides details of how to monitor coverage and drop-outs and implement immunization tracking systems).

Managers, health workers and mobilizers should realize that even if most parents already know that immunization prevents some dangerous diseases, they still may need to be informed about their child's immunization schedule and encouraged to complete this on time.

Parents should have a vaccination card for each child and need to be informed about:

- when and where they should bring their child for the next immunization;
- the number of contacts needed for the child to complete his/her vaccination schedule;
- what common side-effects might occur;
- what they should do in the event of any side-effects;
- the importance of bringing the vaccination card each time the child comes for health care.

Managers and health workers must have effective communication skills, as well as the appropriate information to address mothers' concerns and any mis-conceptions about immunization. Some examples of how health workers and mobilizers can respond to questions and concerns are in Annex 4. The skills needed and tips on communication with parents are discussed in Section 3.

Learning activity 2.4: Discuss reasons for left-outs and drop-outs.

Select 5–10 participants (depending on the size of the group) and move them to the far corner of the room to represent that they are living in a remote hamlet without any health facility in their village. Request that they remain standing and ask some of them to briefly state some of the reasons why their children do not get vaccinated. Explain that their children are examples of one type of « left-out », i.e. they are hard to reach geographically and have difficult access to facilities. Ask some of them to suggest some possible solutions (e.g. extend outreach services, repair the broken bridge across the river, etc.) and write their responses on a flip chart.

Now turn to the other participants. Starting with the nearest participant, ask him/her to call out the number 1. The next person calls out 2 and the next person 3. The next person after that counts out 1, and so on, until everyone has called out a 1, 2, or 3. Request that all those who called out 1 stand up and remain standing. Explain that theirs is a large village which is easy to reach, but that they have many children that have never begun vaccination. They therefore represent a second kind of « left-out ». Ask some of them to quickly outline some of the reasons why their children do not go for vaccination (e.g. social inaccessibility of certain castes or tribes, unempowered poor, migrants, border populations, low value placed on health, unkind treatment by the health worker, vaccines not available on the day they go to the facility, etc.). Ask some of them to quickly suggest some possible solutions (for instance counselling by community agents, better tracking to locate these children, etc.) and write their responses on a flip chart.

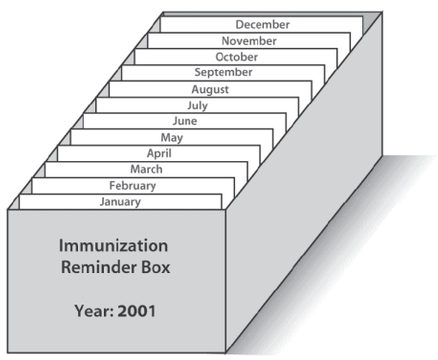
Now ask the participants with number 2 to stand and remain standing. Explain that their children started the vaccination schedule but have not completed it and no longer go to the facility. Explain that their children are « drop-outs ». Ask some of them to state quickly some of the reasons why their children dropped out (e.g. lack of information about the vaccination schedule, vaccines not available on the day they go to the facility, etc.). Ask some of them for some possible solutions (e.g. counselling by community health promoters or better tracking to locate the children) and write their responses on a flip chart.

Explain that the participants who remain seated have children who go for vaccination. Ask the participants who are still seated why their children started and continue to go for vaccination (e.g. they value good health, there are no barriers to their use of the health system or in the community for them to overcome, etc.). Write their responses on a flip chart.

2.2 Monitoring community links with service delivery

Managers should monitor community involvement as part of their supervisory activities, to ensure that the complete package of activities within the RED strategy is being fully implemented. They should also support health workers and provide guidance on how to monitor and ensure the quality of work of the community volunteers.

Health workers should be encouraged to involve key community members in helping to increase the number of children immunized by tracking defaulters and identifying newborns. Mobilizers can help health workers to identify and list the children less than one year of age and those who are newborns in the community. In order for this to work most effectively, vaccination registers and tracking systems need to be in place. Registers that record all children immunized must be well maintained. Individual child vaccination cards kept in a tickler file (as pictured below), organized by month, with each card filed in the appropriate month to identify when the next vaccination is due, are also useful for individual child tracking. Mobilizers can assist with follow-up on individual children and pregnant women who are due for their vaccinations. (Refer to *Increasing coverage at the health-facility level* (WHO/V&B/02.27) for a more detailed description of the tickler file system).



The checklist below can be used during supervisory visits and in routine monitoring to track the activities and provide feedback on the effectiveness of community volunteers.

Community involvement and mobilizer checklist (for supervision/monitoring):

	Questions / Observations		Yes	No
i	Is/are there community mobilizer(s) in the health area?		☐	☐
If yes, respond to questions i1, i2, i3 and i4 below:				
	i1	Is the number of community mobilizers sufficient?	☐	☐
	i2	Are all of the community mobilizers trained?	☐	☐
	i3	Do the mobilizers have immunization educational materials?	☐	☐
	i4	If yes, do they have a sufficient number of these materials?	☐	☐
ii	Is information on immunization exchanged between the health centre and the community? If yes, list what information is communicated and how. Also, describe any special activities:		☐	☐
iii	Do the mobilizers participate in monthly monitoring visits in the health area?		☐	☐
iv	Do mechanisms for identification and recovery of drop-outs exist in the health area? - If yes, verify the existence and use of a register/tracking list. - Do the vaccinator/health worker and the community mobilizer coordinate activities to reach drop-outs?		☐	☐
v	Are the trained mobilizers active? If yes, which of the following activities are they doing? *(Beside the Yes/No boxes, note how many volunteers are conducting each of these activities).*		☐	☐
	v0	Households counted and recorded on a list?	☐__	☐__
	v1	Verify the existence and completeness of the mobilizer register.	☐__	☐__
	v2	Home visits? (Circle one: quarterly, monthly, weekly, daily).	☐__	☐__
	v3	Reaching drop-outs and orienting them on the programme?	☐__	☐__
	v4	Information sessions/meetings in the community? (No. per month:___).	☐__	☐__
	v5	Activities to inform and involve opinion leaders? (No. per month:___).	☐__	☐__
	v6	Population census and update in their catchment area? (Circle one: annual, quarterly, monthly, other).	☐__	☐__
	v7	Reporting of Expanded Programme on Immunization (EPI) diseases and epidemics observed in the community?	☐__	☐__
vi	Visit 10 random households within each mobilizer's catchment area. *(Beside the Yes/No boxes, write the number of household responses for each question).*			
	vi1	Does the family know the mobilizer?	☐__	☐__
	vi2	Does the mobilizer play a positive role?	☐__	☐__
	vi3	Has the mobilizer visited your house?	☐__	☐__
	vi4	Did the mobilizer provide useful information?	☐__	☐__
vii	Observe the communication between the vaccinator and a caregiver during a vaccination session. (If more than one, write the numbers).			
	vii1	Does the vaccinator provide information on the vaccine(s) being given?	☐__	☐__
	vii2	Does the vaccinator describe what to do in case of any side-effects?	☐__	☐__
	vii3	Does the vaccinator provide information on the return date?	☐__	☐__
	vii4	Is the vaccination card properly completed?	☐__	☐__

Learning activity 2.5: Developing a community involvement plan.

Refer back to Learning activity 2.1 and the three priority activities that you identified. Complete the chart below for these priorities. Consider how to improve community involvement and links with services, strengthen planning and monitoring of immunization with the community, and involve the community in assisting with increasing coverage and reducing drop-outs. Discuss how this plan will fit into the overall immunization plan, particularly with RED activities.

In column (a) enter the community activities identified in Learning activity 2.1 which you think are the most important for improving coverage and addressing programme gaps in your catchment area. Note in column (b) which community groups/representatives can assist in accomplishing these activities. In column (c) consider what monitoring tools and data (e.g. immunization coverage, drop-out, community monitoring checklist, qualitative study, etc.) you will use to measure improvements and track progress. In column (d) list planning and training activities that are needed to implement these activities (e.g. health worker (HW) training, identification and training of volunteers, community meetings, etc.). In column (e) note when you expect to be able to accomplish the tasks that were outlined in column (d).

Community involvement activity (a) (from Learning activity 2.1)	Community group/ representatives (b)	Monitoring tools/data to track progress (c)	Planning and training needs (d)	Timeframe (e)
1				
2				
3				

Notes :

3. Effective communication for community involvement

Effective communication is important to help mobilize resources for the immunization and health programme and to encourage health workers, managers and the community to participate in immunization activities. It can also help to dispel misinformation and doubts that sometimes surround immunization, and assist caregivers in understanding where and when services are available and what they need to do to use these services and to follow the immunization schedule.

3.1 Communication in service delivery

Some analysis is needed to determine which barriers prevent or discourage people from coming and/or returning to a health facility. Some typical barriers include:

- lack of vaccine supply
- distance to the facility
- insufficient information
- unpleasant experiences in dealing with health workers
- mothers not given vaccination cards or informed on their individual child's vaccination status.

Improvements in service delivery may be required, but more effective communication may also be needed for people to understand what services are available so that they can accept and utilize these services.

Key point: Effective communication means listening to, understanding, encouraging, and working with individuals and communities to improve their health and the services available to them. Simply giving people information, without a back and forth exchange, is not enough.

3.1.1 Managers' communication skills

Communication style can positively or negatively affect acceptance and delivery of services. A collegial work environment and open communication between managers and staff are key elements for a successful programme. Staff members who are harshly criticized or who do not feel comfortable discussing their work with their managers are less likely to be motivated and encouraged to improve. Remember the old saying: "treat others as you wish to be treated yourself".

Communication with staff

Mid-level managers should keep their own staff informed:

- by providing timely feedback on immunization programme achievements and the status of indicators;
- by conducting supportive supervision of health staff in a way that serves as a training and learning opportunity, encourages dialogue and discussion, and in particular is not condescending;
- by assisting staff in liaising with the community, particularly through communication with leaders, and during meetings.

3.1.2 Communication with the community

Keeping community members updated on the progress of the immunization programme is important for increasing and sustaining their involvement and support of services. When sharing information with communities, immunization managers and health staff should strive to communicate openly and professionally, using simple language and not scientific terms. Table 2.1 shows strategies for doing this which will enhance communication and help to build a good relationship and rapport.

Table 2.1: Tips for effective communication with communities

Strategies for communicating with communities	Tips
Establish a good relationship with the community.	Be warm, friendly and welcoming. Show respect for the community members. Praise and encourage the parents in the community for bringing their children for immunizations.
Listen to the community.	Find out what the community already know by using terms they understand. Respond to concerns about immunizations. Conduct meetings and home visits in a comfortable setting.
Provide information on the services available and the status of the immunization programme.	Encourage input on priority health services and service delivery mechanisms and preferences. Provide information on coverage, disease cases and progress, using basic language and non-scientific terminology. Show concern for the community's situation. Talk to caregivers about the importance of immunization for them and their babies.

3.1.3 Training health workers to improve communication skills

To improve immunization services, most managers and health workers need to strengthen their communication skills and technical knowledge. This may require additional training or capacity-building to improve health-worker attitudes towards clients, and to strengthen their ability to communicate messages. Any health-worker misconceptions about immunization also need to be addressed, for example, failing to provide vaccinations because of false contraindications, or when a child's immunization status is not on schedule even though the child is eligible for several vaccines.

Health workers need technical information, which is best acquired in a setting similar to their work environment. They also need to be confident that the health system in which they work (e.g. supervisors, vaccine supply) will support their application of knowledge into correct practices. Section 3.2 of this module provides further information about dealing with concerns about immunization.

It takes two parties to improve communication, and the issue is not only health workers' communication practices but also the health worker/client interaction. To improve this interaction, both health worker and client expectations, attitudes and skills may need to change (see Table 2.2). Caregivers who are too shy or intimidated to express feelings, doubts or questions, and who expect the health worker to do all of the talking, make a good interaction very difficult so programmes may need to address both sides. Health workers, community leaders or other communication channels may need to be enlisted to encourage caregivers to expect and carry out more open communication with health staff.

Table 2.2 : Tips for effective communication with parents at the fixed or outreach session

Interpersonal communication during session	Tips
Give information relevant to the mother's situation.	Provide information on the vaccine(s) received, when they should come back for the next dose, and what to do if side-effects occur (while reassuring the parent that side-effects are rare). Encourage parents to continue immunizing the child and complete the schedule. Show concern for the parents' particular situation. Correct any misconceptions the parents may have.
Keep information simple and clear.	Be straightforward. Use simple language understood by the parent. Summarize the key information. Thank the parent for bringing the child.
Get parents to provide feedback about what they have heard to make sure they have fully understood.	Ask parents to repeat what they have heard to check for understanding. If you ask, "When will you bring your child for his next immunization?" and someone answers with the correct day or date, you know that he or she has understood you. Praise correct answers.

3.2 Preventing concerns, misconceptions, and rumours

Reports and studies from many countries show that, although parents and the community may lack accurate knowledge about immunization, there is a general understanding that vaccination is important to protect the health of children. However, community members may nonetheless have concerns, misconceptions, superstitions and taboos about vaccines. If these are not addressed, if proper information is not given, if adverse events or illnesses assumed to be related to vaccination, or vaccine-preventable diseases are not handled quickly, rumours can develop and gain momentum.

Managers need to train health workers to provide information to prevent misconceptions or rumours and to work with communities to educate them about immunization. Annex 4 provides a list of answers to common questions and concerns about immunization and Annex 5 provides information that health workers need to give to caregivers during vaccination sessions.

Learning activity 2.6: Teaching health workers how to improve their communication with parents.

The following two case-studies of communication exchanges between a health worker and a parent show some of the common problems in health worker/client communication. Read the following case-studies, in small groups or with a colleague, and role play the two communication exchanges. Ask some of the participants to play the part of supervisors who are observing these sessions. For each case:

1. List what you think are the main communication problems.

2. What should the health worker have done under each circumstance?

3. How well did the health worker understand the mother's situation, and communicate with her?

4. What would you do as a supervisor to improve the health worker's communication skills?

[Refer also to Table 2.1 on tips for teaching health workers effective communication, which may assist you with this activity].

Case-study 1

HW	Baby X ! *(Shouts towards the row of seated women)* . . . Baby X !
Mother	Yes, Nurse ? *(She doesn't hear the HW at first and stands up slowly).*
HW	Don't you listen ? Come quickly. Show me your card !
Mother	*(Becomes uncertain of what to do and just stands there).*
HW	Sit down ! Don't waste my time ; I have many children to vaccinate today.
Mother	*(Sits down and gets her baby ready for injection).*
HW	*(Writes on the card and then gives the baby an injection without any regard for the baby or the mother).*
Mother	What injection did my child receive ? Will this make my child sick ?
HW	Everything is in this card. You have to follow this card and make it your Bible or Qur'an. You see I have marked the injection I gave your baby on it. The card also contains the immunization schedule.
Mother	Do I have to bring my baby back ? Is it dangerous to receive so many vaccinations ?
HW	Madam ! I do not have time for your questions. I have told you what to do and I am very busy in this clinic. Who's next ? Baby Y !

Case-study 2

HW	Baby X, please, come this way.
Mother	Yes, Nurse *(She stands up).*
HW	Please sit down. How are you and how is your baby today ? May I see your card ?
Mother	Fine sister ! *(Sits down).* I do not have a card. Today is my first day.
HW	Don't worry. I will give you a card. *(Health worker takes the card out and records all the necessary information and directs the mother to get her child ready for vaccination).* I confirm that your child's name is X, and he is two weeks old ?
Mother	Yes, Nurse. Thank you.
HW	I am going to give your child a vaccine on his left upper arm and some drops into his mouth. The vaccine in the upper arm protects your child against tuberculosis, which gives children a chronic cough. The drops prevent polio, a disease which can make children lame. The small injection does not cause much pain. It may give a small lump that will last only a few weeks. You should keep the injection site dry and do not dress it *(gives the injection on the left upper arm of the child).* The drops do not cause any problems.
Mother	Thank you, Nurse. I am so happy you are not angry with me.
HW	Mrs X, why would I be angry with you ?
Mother	Ah ! Other mothers told me that because I did not bring my child immediately after birth the nurses were going to shout at me.
HW	Records the vaccine given and tells Mrs X the date, place and time of the next vaccinations. The HW also explains that to be fully immunized the child needs to come several times before the child's first birthday. Your next visit will be on this same day, Monday, in four weeks' time. Do you have any questions ?
Mother	Yes, Nurse. What should I do if I miss my child's immunization appointment ?
HW	Mrs X, I know it is not always easy to keep all the immunization appointments, but you should try. Immunizations are important for protecting your children. If you fail to keep an appointment, come on the next immunization day — every Monday — even if the child is sick.
Mother	Thank you Nurse *(smiling).* I will make sure I do not miss any immunization appointment.
HW	Bye-bye Mrs X, see you in four weeks' time.

3.3 Involving the community in disease case detection and adverse events following immunization (AEFI)

At some stage managers may have to deal with outbreaks of vaccine-preventable diseases, such as measles epidemics, as well as perceived or real community concerns related to AEFI. Community involvement with the health facility can be critical for notifying health staff as soon as a VPD or AEFI case occurs. Community mobilizers and volunteers can play a useful role in reporting VPD or AEFI. They should have knowledge of simple case definitions and possible side-effects of vaccination. They should also be instructed on when, how, and to whom they should report these.

At the district, provincial, and national levels, the following steps can assist in handling concerns about immunization. At the sub-district (or local) level, the same basic steps are needed, but they should preferably be carried out through direct personal contact with leaders and community members.

Plan ahead

Identify an individual who will be in charge of your response. A senior immunization and/or health expert should be given this responsibility to show that top staff are involved.

Prepare in advance fact sheets that discuss adverse events relating to immunization.

Build up a relationship with the media, especially health correspondents. It is useful to provide reference fact sheets about the likelihood of adverse events. Establish reputable information channels, such as a regular health programme on the radio or an information page in a health magazine.

Ensure that there is a budget line for training, planning for, and reacting to crises.

Train yourself to work with the media and community

This includes preparing written materials, as well as training sessions where people can practice interviewing and speaking about sensitive issues in front of a camera.

Clarify the background and details on the reported adverse event

Verify the facts. If possible, visit the site or place a phone call to someone at the source of the occurrence to determine what has happened.

Implement correct steps if an event occurs, and be honest about the facts

Initiate a technically competent investigation, and keep the press informed on progress.

Issue a preliminary statement within hours. The statement should include: an account of the event and its context/cause; an outline of actions taken/planned; assurance that corrective action is being taken.

If the event is serious call a press conference early, even if there is only very limited information to impart. This will prevent the circulation of rumours and help to build a good relationship with reporters.

Evaluate what happened and how things could be handled better next time

Negative publicity can be both a challenge and an opportunity. If you are well prepared and handle the situation professionally and calmly, you will raise much greater awareness of your issue, establish yourself as a reputable source of information on the issue, and possibly earn the respect and trust of more supporters.

For additional details refer to *Module 3: Immunization safety,* and *Module 8: Making disease surveillance work*.

Learning activity 2.7: Preventing community concerns after an adverse event following immunization.

Read the case-study in the following paragraph. Discuss how negative reporting can be prevented and/or positive messaging used to build confidence and reduce negative publicity. Using information from Annex 6, develop an action plan for responding to the media, and a question-and-answer sheet to deal with this situation.

As regional/district immunization programme manager, you hear a report that a radio station in one of your western provinces ran a story yesterday that several children had become sick after receiving vaccinations at the health centre. An interview with a nurse vaccinator from the local health centre confirmed that some children who had received vaccination for measles two days previously were brought back to the clinic with high fevers, and one child had died.

Notes :

4. Tools and channels for communicating information on immunization

Immunization programmes use many different communication methods to reach parents and other target audiences — for example, radio, television, folk media, community events, and counselling sessions at health facilities.

Decisions about which communication tools to use should be based on good evidence (research and evaluation), and on how to reach the target audience. Communication experts have found that the best channels for reaching rural people include:

- health workers
- local leaders
- community groups and volunteers
- radio.

Discussions between health workers and small groups of parents can be held as part of immunization sessions, as well as on other occasions in and outside a health facility to:

- address people's doubts about immunizations
- identify and fill information gaps and correct misinformation
- respond to questions
- reinforce positive attitudes and behaviour.

A discussion with full audience participation is recommended, rather than a typical "health talk" (i.e. lecture).

Tips for successful communication to promote immunization

Encourage small, do-able actions (i.e. proven positive health steps) that can be reasonably implemented by families and communities and that are NOT complicated, costly or time-intensive.

Messages, materials and tools that convey these actions, should be simple and clearly state who should do what and how.

The same or complementary messages should be stated in all types of materials, during service-delivery communication, and via traditional communication channels.

The materials should be used in consistent and complementary ways across the community, and should be appropriate to the target audience.

4.1 Adapting key immunization messages for the community

Interpersonal communication, particularly one-to-one counselling, is the best way to give parents information on when and where to bring their child for the next vaccination. However, simply giving people information is not enough; the message must be understood and remembered.

Teach health workers that they should always ask mothers/parents to repeat the information you have given them in order to increase the chance that mothers will remember when to return. Annex 5 provides tips for teaching health workers key information on immunization.

Health workers, parents and the community need to understand the following key information.

1. What vaccine(s) are to be given and what they are for (e.g. DTP protects the baby from the diseases of diphtheria, tetanus and pertussis).
2. Possible side-effects of each vaccine and how to treat them.
3. The place and time of the next immunization.
4. That even ill children should be brought for immunization.
5. Parents should keep the immunization cards in a safe place and always bring them when they come to the immunization clinic.

4.2 Communication channels: using radio, television, and printed materials

Mass communication media (television, radio, posters, newspapers, etc.) as well as traditional communication channels such as drama and song, can complement and reinforce the basic channel of interpersonal communication. It is best to assess communication channels that reach the target audience before designing communication materials.

Key point: Mass media can be effective, but only if it is used appropriately. It is usually not very effective to use print materials with low-literacy populations, or to use broadcast media for those with little access to radio or television. Print materials are often most appropriate to support interpersonal communication.

As an example, Table 2.3 below illustrates what materials a country may use when introducing hepatitis B vaccine into their routine immunization programme.

Table 2.3 : Materials for introducing pentavalent vaccine

Materials	Intended use	Proposed content
Booklet for health workers	A reference for health workers to describe their responsibilities and help them respond to parents' questions.	What health workers have to do to introduce hepatitis B vaccine. Basic facts about hepatitis B disease and vaccine.
Booklet for community leaders	A reference for community, religious, and social leaders to help them plan support activities and respond to the public's questions.	What leaders can do to provide support. Basic facts about hepatitis B disease and vaccine.
Poster	To raise public awareness and provide information about the immunization schedule.	Childhood vaccines offered by the national immunization programme, including the new vaccines. Ages at which children should get vaccines. The importance of immunization for child health.
Radio and television spots	To raise awareness among the public, local and national leaders, and health staff.	Increased protection to the public through new vaccine and auto-disable syringes. No additional visits and injections needed to benefit from the new vaccine. Reinforce that parents should bring their children to receive all basic childhood immunizations.

Tips on developing effective written educational materials.

- Message should be brief.
- Use plenty of visual information.
- Break up text with descriptive headings.
- Resist the urge to put too much information in the poster or brochure.
- Remember that most people do NOT read documents or brochures completely.
- Remember that most people read only the ENLARGED quotes or photograph captions.

Key point: If the communication materials (e.g. poster or brochure) contain too much information, they may NOT be read at all.

4.2.1 Materials for education and promotion

Several complementary materials are usually necessary for providing information on immunization to the different target audiences. It may be useful for managers to develop and/or use some mix of the materials listed below for education, promotion, or advocacy of the immunization service. The primary audiences for these materials are educated members of the public, and decision-makers at the national or provincial level in various settings, but not communities in general. As part of developing materials, attention should be given to the quality (including use of photographs, graphs, charts, and word content), and the testing of these materials with the intended audiences, before they are published. The plan and budget for the materials should be based on analysis of who will use them, and how and by whom they will be distributed. Dissemination guidelines should determine the quantities needed. Refer to Annex 6 for additional details on these materials.

- Issue background sheet (overview of the immunization programme).
- Question-and-answer sheets.
- Fact sheets about immunization, diseases, and outbreaks.
- Immunization success story articles.
- Brochures that describe the immunization programme and its services.
- Presentations (video, slides, PowerPoint, overheads).
- Journal and newspaper articles and clippings.

4.2.2 Using storyboards or flip charts

Storyboards are often used for training or community education by volunteers or community health workers during outreach or prior to vaccination sessions. When using these and other types of flip charts, health workers and others should:

- always stand facing the audience;
- hold the chart so that everyone in the group can see the images, or move around the room with the flip chart if the whole group cannot see it at one time;
- point to the pictures when explaining them;
- involve the group by asking questions about the illustrations;
- use the text (if any) as a guide, but do not just read it out;
- memorize the main points and explain these to the group using your normal words as you show the pictures.

4.2.3 Public announcements, drama and songs

Traditional sources of communication should be used as much as possible for providing basic information in villages and communities. These could be public announcements in community meeting places or during events or ceremonies, as well as door-to-door or street-by-street announcements. Local leaders, influencers and volunteers (e.g. community members or town criers) can be good resources for conducting such activities.

Drama (e.g. short plays, songs, fables etc.) can be very effective in presenting rumours, misconceptions, and other barriers to understanding, and then introducing information and strategies to resolve them. Drama should never be used alone however ; it should always be a stimulus to a participatory discussion and question-and-answer session afterwards. Songs can be used to provide basic information (e.g. number of contacts or ages for receiving vaccinations). Local talent should be consulted to prepare these materials. Ensure that correct information is included in the content of the drama dialogue and songs.

4.2.4 Posters

Posters are limited in the information that they can provide, although they can play a useful practical role in communicating outreach visit timetables and providing general information on the immunization programme or services. Posters can also be used to communicate basic messages to the community, such as the times for immunization sessions.

Tips for using posters

- Display the posters in areas of high visibility (such as churches, mosques, kiosks, market places, etc.).
- Protect them if possible from rain, bright sun and wind.
- Use posters to stimulate discussion, during community meetings for example, and to advertise immunization sessions and campaigns.

Learning activity 2.8: Identify communication channels with the community.

Refer back to Learning activities 2.1 and 2.5 and the three priority activities that were identified. For each of the priorities that you have listed, discuss which communication channels could be best used to inform and involve the community in improving immunization services and coverage in your catchment area. List which resources you will need for these. (These resources could be added as column (f) in the table that you developed in Learning activity 2.5).

Notes :

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Annex 2 : Questionnaire on NGO involvement in immunization

NAME OF NGO : _____ **DISTRICT :** _____

[Use a separate sheet for each NGO interviewed.]

For routine immunization services at fixed or outreach sites (NOT for polio national immunization days or other supplemental immunization activities [SIAs]). **Does your NGO :**

Circle Y (yes) or N (no)

- organize and directly immunize at NGO immunization sessions at fixed or outreach sites ?	Y N
- advocate with government for delivery of immunization services ?	Y N
- coordinate with government health facilities about schedule of outreach services ?	Y N
- announce visits of immunization teams (e.g. « town-criers » flags) ?	Y N
- maintain/update community-held registers (lists) of newborns ?	Y N
- use community-held registers (lists) to record each child's immunizations ?	Y N
- use registers (lists) to identify defaulters to reduce drop-out ?	Y N
- target/educate individual community members to get their children immunized ?	Y N
- publicly recognize parents of children who complete immunizations ?	Y N
- monitor immunization coverage in geographic catchment areas (e.g. community, parish) ?	Y N
- provide in-kind or financial support for government immunization (e.g. transport, lodging, meals) ?	Y N
- provide other technical support for government immunization (e.g. cold chain, logistics) ?	Y N
- discuss the immunization programme and its progress with village councils ?	Y N

Describe other involvement :

For immunization campaigns (polio, measles, maternal and neonatal tetanus (MNT), etc.) does your PVO :

- participate in any way ? Please describe.	Y N

Source : Steinglass R. JSI/IMMUNIZATIONbasics, USA, 2004.

Annex 3 : Tips for group discussion with the community

Group discussion techniques can be used during community meetings.

Discussion provides an effective way to obtain and give information or ideas. Some ways in which you can encourage discussion are indicated below.

1. Ask what the group knows about immunizations and vaccine-preventable diseases.
2. Remember that you are not giving them a test.
3. Let them discuss freely.
4. Ask the mothers what concerns and questions they have about immunizations.
5. Encourage participation from as many people as possible.
6. Ask why some people don't choose to get their children immunized, or begin immunizations but don't complete them.
7. Thank individuals for their responses.
8. Discuss the five (5) essential messages that caretakers need to know.
9. Allow participants to come up with their own solutions to the problems. Let them be part of the problem-solving discussions.

Use visual aids such as pictures to illustrate what you are talking about.

1. Ask people what they see happening in the picture.
2. Ask what they like about what they see happening.
3. Ask how this relates to immunizations.

Involve groups in a variety of ways to improve their understanding, and to make learning fun and interesting.

1. Tell stories and ask people what they think happened, and why.
2. Sing songs, or encourage people to make up their own songs.
3. Put on short plays about immunization and encourage group members to create their own.

Annex 4 : Addressing questions and concerns about immunization

1. **«Are the childhood diseases not part of the normal process of a child's development? Why should I prevent this by having the baby immunized?»**

Some people believe that childhood diseases are a normal part of growing up, because when immunization was not available these diseases were much more common. What many people do not realize is that before immunization was available many more children died or were crippled by vaccine-preventable diseases. Even today, some children who are not fully immunized die from these diseases, and others are maimed, crippled, made blind or deaf, or are weakened for life. This suffering could be prevented by immunization.

2. **« Some children still become sick with measles after getting the measles vaccine, so of what value is such immunization? »**

Although the great majority of children do respond to measles immunization and are fully protected, it is also true that a small number of children who receive measles vaccine still get the disease afterwards.

Measles immunization still offers excellent protection against contracting the disease. However, the protection offered by a vaccine varies slightly among individual children, for the following possible reasons : if the child is not well fed, his/her resistance will be lower, so he/she may still contract the disease ; if the child has lowered resistance to infections due to a disease such as tuberculosis, HIV/AIDS, or diabetes, he/she may still contract the disease ; if the child has vitamin A deficiency, he/she may still contract the disease.

It is important to note that measles cases in immunized children are much more likely to be milder, so even those few children who are immunized but still get the disease receive a tremendous benefit from the immunization.

3. **« My husband refused to let me bring the baby back for more immunization because the last time the baby received one dose of immunization, it fell sick. »**

It is true that sometimes a baby develops a mild fever after receiving a vaccine. This is a side-effect of immunization rather than a real sickness. Side-effects are milder and much safer than an actual attack of the diseases that immunization prevents, and almost all side-effects disappear in a short time. You may want to make your baby more comfortable by giving it tepid baths or paracetamol to bring down the high temperature.

4. «After my friend's new baby was given the first injection in the upper arm, the baby developed a small sore at the site of the injection. Is this something to worry about?»

Most children do have a reaction at the site of injection. Normally, when bacille Calmette-Guérin (BCG) vaccine is injected, a small raised lump appears at the injection site. This usually disappears within 30 minutes. After about two weeks, a red sore that is about the size of the end of an unsharpened pencil forms. The sore remains for another two weeks and then heals. A small scar, about 5 mm across, remains afterwards. This is a sign that the child has been effectively immunized.

5. «I didn't bring my baby for the immunization appointment because he had diarrhoea.»

Immunizing a child who is slightly ill will not harm the child and will not make the illness worse. In fact, the weak condition of a child who is malnourished, or ill with cough, cold, diarrhoea or fever, makes him/her particularly vulnerable to disease. Immunization is therefore both important and urgent in sick children.

Note: The health worker should postpone immunization only when he/she observes that a sickness is so serious as to require the baby's admission to hospital. National Ministries of Health and the World Health Organization recommend that immunization should not be postponed because of minor illnesses. Health workers should encourage mothers to keep their immunization appointment even if their children are sick.

6. «You said that the baby's immunization should start at birth. Since I couldn't bring the baby at birth, can I still bring him for immunization later?»

Yes, this mother should still bring the baby for vaccination as soon as possible. The health worker should appreciate that, while it is best to follow the ideal immunization schedule, on no account should the baby be denied complete vaccinations. The baby should receive all of the vaccinations due, based on the age and number of previous doses received.

Inform the client/parent that every effort must be made to complete full immunization before the baby is one year old, when he/she is still very vulnerable to vaccine-preventable diseases.

7. «What should I do if I miss my child's immunization appointment?»

This mother should be encouraged to come to the health facility on the next immunization day.

If a mother misses the baby's immunization appointment but brings the baby for immunization at a later date, the health worker should not reprimand the mother but praise her because she has still kept her baby's appointment, even though late. The health worker should remind the mother about the schedule and encourage her to keep future appointments.

Note:
For multiple-dose vaccines, such as diphtheria-tetanus-pertussis (DTP) and hepatitis B (HepB), full protection requires that all the doses are received. It is thus very important that parents should bring their babies for vaccination as close as possible to the correct time. Health workers should try to make sure that all the vaccinations are given as soon as the babies are due to receive them.

A baby over nine months old can safely be given one dose of each of the vaccines at the appropriate sites on the same visit. It is not necessary to keep measles vaccine to be the last to be received. As long as the baby is nine months old, he/she can have the measles vaccine.

8. «I don't think I will continue to visit the clinic for immunization because the last time I visited there, I wasted the whole day.»

This mother may have been delayed, but wasting «a whole day» may be far from the truth. However, it is true that mothers may wait too long in some clinics to have their babies immunized. Health workers should be on time, as friendly and efficient as possible, and should provide parents with information on the vaccination being given.

9. «Some time ago when I visited the clinic, I forgot to bring my child's immunization card, and the health worker was angry with me.»

This health worker was probably expressing the importance of the child's health record. However, the health worker needs to find a way to show how important the card is in a friendly way, while ensuring that the mother has one.

The card tells mothers and health workers the vaccines that the child has already received, the time he/she received them, and the date of the next appointment when vaccines will be due and given. Encourage the mother to keep the card in a safe place like a birth certificate, and to always bring it when she brings the child to the clinic for immunization, and other visits.

10. «I have already brought my baby for three immunization visits. Isn't that enough to protect him?»

Three visits are not enough to fully protect a child, unless the baby started the immunization when he was much older than recommended. For babies who follow the recommended schedule immediately after birth, complete protection from vaccine-preventable diseases requires five or more visits.

11. «Why do the health workers give me the tetanus toxoid injection when they say it is for the protection of the baby?»

Many things that affect the mother during pregnancy also affect the baby. The tetanus toxoid vaccine given to the mother protects her from this terrible disease and also protects her newborn baby. Women need to receive five properly spaced tetanus toxoid injections to ensure full protection for themselves and their babies throughout their childbearing years.

12. « My baby has received several doses of vaccine during campaigns, why do I need to take him to the clinic ? »

« Your baby needs to be fully immunized, that is, he needs to get all the different vaccines at the right age. At the clinic, you will get a vaccination card and we can check to make sure that all the necessary vaccines have been given. »

13. «We are told that vaccines contain some prohibited materials. Why should I allow my child to receive such vaccines ? »

Vaccines are not made from prohibited materials. They are derived mainly from the germs that cause the diseases, but they are treated so that the germs are no longer harmful to the child.

To ensure that vaccines remain sterile, potent and safe, they require very small amounts of certain chemicals which have been tested and proven to be safe for the child.

Annex 5 : Key information for health workers to provide about immunization

There are five (5) essential messages that clients/parents should receive if they or their children are to be fully protected against the EPI diseases :

1. Explain what vaccine is to be given and the disease that this vaccine will prevent.

Tell the mother/parent :

– she is a responsible and loving parent by bringing her baby and herself for immunizations ;
– which vaccine is to be given ;
– which illness the vaccine protects against.

At subsequent visits :

– give people a sense of accomplishment by praising them for the vaccines they have already received ;
– emphasize the need to complete the schedule to ensure full protection for their children and themselves ;
– tell the mother/parent that the baby will receive an immunization diploma (as applicable) when the baby completes the full series of immunizations before his/her first birthday.

2. Explain what side-effects may occur and how to treat them.

Explain to the mother/parent :

– the expected side-effects for each vaccine given and that they are normal ;
– that side-effects are usually mild compared to the disease the child can get if he/she is not immunized ;
– what to do in the event of side-effects.

3. Tell the caregiver the place and time of the next immunization session.

It is important that the mother/parent understands the place and time for the next immunization session. This is particularly important if you are changing locations, as in outreach sessions.

Inform the client/parent :

– where to attend the next immunization session ;

– the exact day and time of the next immunization. Explain this in a way that the mother/parent will understand (e.g. « on the next market day » or « on Monday, four weeks from now »). Ensure that the mother/parent repeats the time and date back to you so that you know she has understood.

4. Tell the mother/parent to bring the child for immunization even if he/she is sick.

Immunization is important even for a sick child.

Inform the parent :

– that if the child has a cold or is not feeling well, he/she should still be brought to the health worker ;

– that it is especially important to immunize sick or malnourished children because they are most vulnerable to catching serious childhood diseases.

5. Tell the mother/parent to take good care of the immunization card and to bring it every time the mother and/or child come to a health facility. The vaccination card should be kept safe like a birth certificate.

Remind the clients/parents :

– of the importance of the immunization card/home health booklet ;

– that the immunization card is a record of services provided, and the services still needed to fully protect the client.

Note : Each of the five (5) messages should be given more than once. The likelihood of them being remembered increases if different health workers give them, e.g. the one giving immunizations and the one completing the paperwork at the exit point. Check clients' understanding by asking questions that require answers other than a « yes » or a « no ».

Annex 6 : Materials for education and promotion on immunization

Issue background sheet :
Background sheets are excellent introductory materials and can be handed to anyone who asks about a particular issue.

Create a simple, one-page overview of your immunization programme goals, objectives, challenges and solutions.

Break up the text by highlighting quotations or key phrases, and inserting visuals (such as photographs, drawings, charts, or graphs).

Question-and-answer sheets :
The question-and-answer sheet offers you a chance to answer unhelpful stories or rumours and to be prepared for criticism before it becomes a serious obstacle.

Anticipate difficult questions that people may ask (or alternatively are afraid to ask), and answer them as well as you can.

You may also want to create a more detailed fact sheet for higher officials who are spokespersons for the press and authorities.

Facts about immunization :
Choose the most compelling facts for this sheet — the facts will draw people in and encourage them to read more.

Assemble a one-page list of compelling facts including :

- immunization rates
- economic analyses of immunization
- disease rates.

Photographs :
Photographs put a human face on the issue, and give readers something to which they can relate.

Collect photographs, especially those that remind people of the many children and families who are better off thanks to immunization.

Although quality photographs can be expensive and difficult to acquire, photographs are available from various organizations.

Charts and graphs:
Create charts and graphs to help people understand complex concepts: immunization coverage; financial costs; disease-burden rates, etc.

Physical samples:
Whenever possible let your audience experience the subject you are discussing — bring a vaccine vial, an auto-disable syringe, or a sample cold box used to keep vaccines cool when transported.

Visit immunization sessions, or bring people to a paediatric ward in a local hospital for demonstrations.

Immunization success stories:
Write short half-page stories to illustrate the success of immunization programmes and the devastation that can result from poor immunization coverage.

Remember to include photographs with your stories.

Information on diseases and outbreaks:
Provide brief overviews of vaccine-preventable diseases and examples of outbreaks that resulted from poor immunization coverage.

Many people do not know what the symptoms of these diseases look like, or how they are spread.

Brochures:
If appropriate, develop a brochure to help people quickly understand:

- the goal of the immunization campaign or service
- who is behind/supporting it
- how it will be implemented.

Presentations:
Develop a video, slide, PowerPoint, or overhead presentation to help you explain your advocacy objectives at meetings, events, or other gatherings.

News clippings:
Assemble relevant newspaper, radio, and television reports on immunization, or outbreaks of disease.

When people see that the media are interested in an issue, that often makes them feel that the issue is important.

The World Health Organization has provided technical support to its Member States in the field of vaccine-preventable diseases since 1975. The office carrying out this function at WHO headquarters is the Department of Immunization, Vaccines and Biologicals (IVB).

IVB's mission is the achievement of a world in which all people at risk are protected against vaccine-preventable diseases. The Department covers a range of activities including research and development, standard-setting, vaccine regulation and quality, vaccine supply and immunization financing, and immunization system strengthening.

These activities are carried out by three technical units: the Initiative for Vaccine Research; the Quality, Safety and Standards team; and the Expanded Programme on Immunization.

The Initiative for Vaccine Research guides, facilitates and provides a vision for worldwide vaccine and immunization technology research and development efforts. It focuses on current and emerging diseases of global public health importance, including pandemic influenza. Its main activities cover: i) research and development of key candidate vaccines; ii) implementation research to promote evidence-based decision-making on the early introduction of new vaccines; and iii) promotion of the development, evaluation and future availability of HIV, tuberculosis and malaria vaccines.

The Quality, Safety and Standards team focuses on supporting the use of vaccines, other biological products and immunization-related equipment that meet current international norms and standards of quality and safety. Activities cover: i) setting norms and standards and establishing reference preparation materials; ii) ensuring the use of quality vaccines and immunization equipment through prequalification activities and strengthening national regulatory authorities; and iii) monitoring, assessing and responding to immunization safety issues of global concern.

The Expanded Programme on Immunization focuses on maximizing access to high quality immunization services, accelerating disease control and linking to other health interventions that can be delivered during immunization contacts. Activities cover: i) immunization systems strengthening, including expansion of immunization services beyond the infant age group; ii) accelerated control of measles and maternal and neonatal tetanus; iii) introduction of new and underutilized vaccines; iv) vaccine supply and immunization financing; and v) disease surveillance and immunization coverage monitoring for tracking global progress.

The Director's Office directs the work of these units through oversight of immunization programme policy, planning, coordination and management. It also mobilizes resources and carries out communication, advocacy and media-related work.

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