USING COMMUNICATIONS TO ACCELERATE IMMUNIZATION COVERAGE

A Guide to Systematic Needs Analysis and Effective Planning

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INTRODUCTION

This is a guideline for UIP Communications planning in Mid-North India States.

It is for use by the district UIP coordinator and district media staff.

This is prepared, based on analysis of 28 coverage evaluations,numerous field trip reports and observations of immunization sessions.

This analysis clearly reveals that demand creation or lack of knowledge is NOT the only factor affecting low coverage. Other managerial/ administrative support actions must simultaneously be carried out with planned communications efforts to remove identified knowledge gaps. Therefore it is important to use this guideline as a tool in the district planning exercise so that communications planning is an integrated part of programme planning.

If the district planning exercise has already been conducted or initiated, you can still use these guidelines to incorporate the necessary actions into the district plan to make it comprehensive.

THE PROGRAMME PROBLEM

- Only 9-57% infants fully immunized.
- 4-55% infants still not reached. On an average this is 20-30 percent.
- Only 6-84% pregnant women fully immunized. Punjab and Himachal have better TT Coverage. On an average only 30-40 percent of women are being reached with even one dose.
- BCG coverage averages 20-60 percent. This low average brings down percentage of fully immunized infants.
- Measles coverage 4-30%. This has low priority at service delivery and community level.
- Access to immunization services is 41-91%, gauged by first contact with infant for DPT/polio immunization. This high contact is most often not maximized by imparting the necessary education and giving concurrent immunization when applicable, so as to reduce the total number of visits required to complete the child's immunization.
- Access of pregnant women to immunization services is only 14-71%, guaged by first contact with pregnant women for TT first dose administration.
- Drop-out rates for DPT and Polio are 16-46%. High drop-out continues due to lack of information about date and time of next dose, incorrect information about contra-indications and inadequate follow up by health staff.
- Drop-out rates for TT are 4-45 percent resulting in only 30-40 percent fully protected pregnant women.

Identify the programme needs in your district by carrying out a similar exercise with the actual programme statistics from your district.

FACTORS CONTRIBUTING TO THE PROBLEM OF LOW COVERAGE

Reasons for Failure reported in coverage evaluations

- Unaware of need. (including unaware of number of doses)
- Vaccinator absent .
- Place and time of vaccination not known.
- Vaccine not available.
- Fear of side reactions.
- Child ill/mother too busy.

Low BCG Administration

- All workers not trained to give injection.
- Vaccine wastage fear of workers.
- Contact with child not maximized - BCG administered on separate day and vial not opened IF enough children not present.

Low Measles vaccine administration

- All Medical Officers and health staff not convinced about inclusion of measles vaccine.
- Measles vaccine not available everywhere.
- Health staff not aware that vaccine can be administered concurrently with other vaccines as long as child is 9 months old.
- Community not convinced about importance of immunizing against measles.
- Community not aware that complications accompanying measles can be dangerous to life.
- Community not aware that measles can be prevented.

Low TT administration to pregnant women

- Pregnant women/community unaware of disease, consequences or its prevention.

- Pregnant women/community not aware of number of doses and when they should get immunized.
- Health workers have little contact with pregnant women during antenatal period.
- Health workers do not utilize dais for keeping contact with pregnant women and monitoring antenatal care.
- Low staffing of female health workers.

20-30 Percent population not reached

- Low staffing, difficult terrain and inadequate mobility contributes to this.
- Resources of other departments/agencies not pooled for educational efforts.
- Total population not covered with educational inputs
- Resources not pooled for logistics management.

High Drop-out Rates

- Health workers do not follow up cases after administration of first dose.
- Workers often refuse to immunize some children due to incorrect knowledge about contra-indications.
- Workers do not maximise contact with child by giving concurrent immunization.
- Health workers do not educate about side reactions.
- Workers often refuse immunization for fear of vaccine wastage.
- Workers often have wrong information about maximum interval between doses and often refuse/restart the series if gap is more than four weeks.
- Worker not present to administer vaccination.
- Vaccine not available.
- Community is not aware of what constitutes complete immunization.
- Community is not aware that incomplete immunization does not offer complete protection.
- Community has inaccurate information about contra-indications.
- Community has fear of side reactions.
- Community often does not know where and when to go for next dose of immunization.
- People prioritize other work in relation to immunization because they do not fully understand the dangers of non-immunization.

ACTIONS NEEDED TO ADDRESS THE FACTORS CONTRIBUTING TO LOW COVERAGE

The main objective of this exercise is to identify the necessary actions required to address all the major factors contributing to low coverage. This exercise indicates that if we are to achieve the objectives of the Universal Immunization Programme there is need for simultaneous action at managerial, administrative support and training levels in addition to improvement in planning of communications to remove the gaps in information amongst community members.

FACTORS	ACTION NEEDED
Reasons for Failure reported in coverage evaluations	
Vaccinator absent	Better planning and management of logistics and manpower use.
Vaccine not available	Better supervision and monitoring.
Place and time of vaccination not known	
Unaware of need (including unaware of number of doses)	**Communication and motivation of parents and community members.**
Fear of side reactions	
Child ill/mother too busy	
Low BCG Administration	
All workers not trained to give injection	Sharing of administrative instructions on vaccine wastage at field-level and explanation in training.
Workers' fear of vaccine wastage	Adjustments in immunisation days to maximise contact with the child.
Contact with child not maximized - BCG administered on seperate day and vial not opened IF enough children not present.	Better supervision and monitoring.

FACTORS	ACTION
Low Measles vaccine administration	
All Medical Officers and health staff not convinced about inclusion of measles vaccine.	Stressing importance of measles vaccine in Dist.planning workshops and training programmes.
Measles vaccine not available everywhere	
Health staff not aware that vaccine can be administered concurrently with other vaccines as long as child is 9 months old	Include in training of paramedics.
Community not convinced about importance of immunizing against measles.	**Education of community.**
Community not aware that complications accompanying measles can be dangerous to life.	
Community not aware that measles can be prevented.	
Low TT administration to pregnant women	
Pregnant women/community unaware of disease, its consequences and prevention.	**Educating, motivating the community members**
Pregnant women/community not aware of number of doses and when they should get immunized.	
Health workers have little contact with pregnant women during antenatal period.	**Educating, motivating Dais as an important influence group.**
Health workers do not utilize dais for keeping contact with pregnant women and monitoring antenatal care.	Planning manpower use for adequate antenatal care.
Low staffing of female health workers.	

FACTORS	ACTION
High Drop-out Rates	
Health workers do not educate about side reactions.	Including these aspects in the training of paramedical staff.
Health workers do not follow up cases after administration of first dose.	Sharing all administrative instructions with workers.
Workers often refuse to immunize some children due to incorrect knowledge about contra-indications.	Planning at block level for following up cases with problems.
Workers do not maximise contact with child by giving concurrent immunization.	Supervision and monitoring.
Workers often refuse immunization for fear of vaccine wastage.	
Workers often have wrong information about maximum interval between doses and often refuse/restart the series if gap is more than four weeks.	
Worker not present to administer vaccination.	Better planning and management of logistics and manpower use.
Vaccine not available.	
Community is not aware of what constitutes complete immunization	**Educating, motivating parents and community members and influence groups.**
Community is not aware that incomplete immunization does not offer complete protection.	
Community has inaccurate information about contra-indications.	
Community has fear of side reactions.	
Community often does not know where and when to go for next dose of immunization.	
People prioritize other work in relation to immunization because they do not fully understand the dangers of non-immunization.	
20-30 Percent population not reached	
Low staffing, difficult terrain and inadequate mobility contributes to this.	Planning for logistics and manpower use for adequate coverage.
Resources of other departments/agencies not pooled for educational efforts.	**Planning for educating the community (linked to above) and also using other resources outside the health sector.**
Total population not covered with educational inputs	
Resources not pooled for logistics management.	

PLANNING FOR IMPROVING COMMUNICATIONS

WHO ARE THE TARGET GROUPS FOR COMMUNICATIONS INPUTS

- Medical Officers/communicators at district and block level, MEIOs(DEMOs), BEEs, Trainers.
- Health Staff and other workers such as Anganwadi Workers
- Community ---
  - (i) Parents and young couples
  - (ii) Influence groups -Village Health Committees
    - Sarpanch & Panchayat members
    - Dais, VHGs
    - Mahila Mandals, women's groups
    - School Teachers
    - MLAs

WHAT ARE THEIR COMMUNICATION NEEDS

MEDICALOFFICERS/COMMUNICATORS/TRAINERS

- Communications planning must be integrated with service delivery planning at block level and communications conduction should be integrated with every step in immunization service delivery.
- Planning for communications should not be restricted to involvement of health staff alone. Involvement of Block Development Officer, Block Women & Child Development Extension Officers in ICDS blocks, Block Education Officers etc, should be sought.
- Importance of measles immunization. Complete immunization includes measles vaccine.
- Using pacdiatricians as major allies for measles immunization.
- Importance of educating people about complications accompanying measles and preventive action.
- Responsibility of educating staff about latest regulations about vaccine wastage.
- Responsibility of educating staff about correct information about contra-indications.

- To maximize contact with child. Multiple immunization such as BCG, DPT, polio and measles can be carried out. Neither their safety, nor their efficacy is compromised.
- Responsibility of educating staff about completing the remaining doses of immunization even if there is a larger interval in some cases. Interrupted immunizations need not be restarted i.e the remaining doses should be given as if the prolonged interval has not taken place. But all scheduled doses should be completed by 12 months of age.
- Importance of ensuring follow up between immunization sessions for treating case of reactions.

HEALTH STAFF AND OTHER WORKERS (ANGANWADI WORKERS)

- Information about latest regulations on vaccine wastage.
- Information about concurrent immunization and importance of maximizing each contact with target child and mother.
- Information/guidance to complete doses of prescribed immunization even in those cases where interval is more than the prescribed amount.
- Correct information about contra-indications and importance of imparting this to mother.
- Importance of measles immunization and educating community about complications accompanying and need for prevention.
- Importance of educating community about reactions which child might get and action necessary.
- Importance of following up cases.
- Importance of educating parents about what is complete immunization.
- Educating parents/community of dangers of non-immunization and motivating them to protect their children.
- Ensuring educational efforts reach all people
- Getting the help of Dais, VHGs, School Teachers, Panchayat leaders, Health Committees etc.
- Importance of using local examples of acceptors to motivate others.

COMMUNITY

Parents

- Importance of immunization - disease prevention - dangers of non-immunization.
- Motivation for immunizing and protecting child (emotional appeal)
- What is complete immunization - complete protection (time factor to be explained).
- Correct information about contra-indications.
- Knowledge of side reactions which might occur and what is to be done.
- Information about where and when services are available.
- Importance of measles immunization - prevention.
- Importance of TT for pregnant women.
- Importance of convincing other parents to get their children immunized.
- Who can answer their questions/doubts about immunization.

Influence Groups

- Importance of immunization-disease prevention-dangers of non-immunization, complete immunization.
- Role and responsibility for motivating for immunization.
- Convince them that credibility will increase if absence of disease and reduction of morbidity occurs.
- Convince them that they use their channels of communications for motivating and for community organization/assistance to actually get children immunized.

WHO IS RESPONSIBLE FOR COMMUNICATIONS PLANNING AND IMPLEMENTATION ?

The administrative unit for planning and implementation is the district.

- The main responsibility of planning and implementation lies with the District UIP Coordinator and District media staff under the overall guidance of the Chief Medical Officer.
- Active participation and support of the Collector is required for mobilising resources of other government departments, service organisations, industrial houses, banks and official media channels.
- Cooperation of district departments heads in sending out appeals to the block-level/field functionaries.

WHAT SUPPORT CAN WE TAKE FROM THE COLLECTOR ?

- Help in activating the District Media Coordination Committee for using all possible channels for communication for educating about immunization
- Requesting active participation of field functionaries of departments in the task of educating the community.
- Special appeals to Panchayat leaders and teachers to help motivate people to have all children immunized.
- Help in mobilizing resources outside the government sector, such as through banks, industrial/business houses, voluntary groups and service organisations .
- Help in activating all important media like radio/newspapers etc. for community education through special appeals and the Media Coordination Committee Meetings.

STEPS IN IMPLEMENTATION

(i) Integrate planning for UIP communications with District Planning Workshops.

- Review local coverage evaluations/programme statistics in order to specifically analyse communications needs (on the same basis as in these guidelines).
- If District Planning Workshops have already taken place, a special meeting may be called.

(ii) Based on the guideline and information obtained from the local analysis, integrate and build in all aspects of communications needs of medical officers and paramedical staff and identified actions needed into the district plan for UIP planning/orientation/training at various levels.

(iii) Now address the planning for communications needs of the community members - both parents as well as influence groups.

- For each main target group, identify the communication channels that will be used to deliver the messages based on needs identified.
- Identify local agencies or institutions that can participate in the communication activities. These could be: industrial/business houses, Banks, Groups like Rotary/Lions etc., Voluntary agencies, service organisations
- Identify the persons/institution/agency responsible for carrying out the communications activities at various levels.
- Identify/prepare the communications materials to be used by the responsible persons/agencies for all communications channels identified.
- Try out materials produced on a sample of persons who represent the major target audiences identified and finalize the materials.
- Make a check-list of activities to be carried out with the time-frames spelt out.
- Specify the resources/finances available and responsibilities.
- Direct this into a management and time plan for full coverage of the district with educational activities. This should include special efforts in problem areas or low coverage areas.

(iv) After the district planning meeting or special UIP planning meeting, call a joint meeting of the various department heads, members of the District Media Coordination Committee to seek cooperation, share plans and discuss actual roles to be played. The meeting should be chaired by the Collector. The roles or expectations from different department functionaries should be worked out by UIP Coordinator and Media staff before this meeting and agreed upon in the meeting. This meeting will launch the UIP communication plan of action in the district.

(v) Implement activities according to the schedule prepared. Monitor the implementation to detect problems or unexpected obstacles. If these occur, make changes accordingly.

MAXIMIZING THE IMPACT OF THE COMMUNICATION EFFORTS AND MAKING OPTIMUM USE OF MEDIA RESOURCES AVAILABLE....SOME TIPS

- Ensure that all media channels reinforce the same major elements of communications needs identified through analysis of coverage evaluations and field experience.
- If there is a radio station in the district, send out together with an appeal from the Collector the following materials to the concerned producers/station director:

  one audio tape on radio jingles on immunization;

  one copy of 'Immunize your Children' immunization folder;

  one copy of folder - Immunization - A Simple Way to Protect Mothers and Children

  days of regular immunization at government hospitals and health centres.

- Regional language newspapers in the district to be sent collectors appeal and all information material as radio stations (except the audio cassette).
- Field publicity officers should also be provided with this information and materials and asked to educate and motivate persons in the course of their routine touring in the villages.
- In places where there are TV transmitters - inform people to look out for the health spots - specifying the timing.
- Send out appeals by the Collector to sarpanches, school teachers highlighting their role as local influence group in the community and giving suggestions as to how they can help the programme to help save the lives of mothers and children.
- Send out cinema slides on immunization to the cinema houses together with an appeal from Collector/Commissioner for regular screening.
- Assistance that can be requested from local agencies and groups:
  - to finance/sponser media and publicity activity such as radio programmes, cinema slides, film shows, newspaper advertisements, hoardings, handbills, banners etc.

  - through their welfare/health officers, to educate all workers about immunization and ensure that in families of their workers/staff, all children and pregnant women are fully immunized.

  - to adopt areas for undertaking/supporting intensive education activities and providing services. These could be in far-flung areas or poorly staffed areas.

SOME RESOURCES AVAILABLE AT DISTRICT LEVEL FOR COMMUNICATION ACTIVITIES

1 Activities for which support from UNICEF Zone and State Offices can be given in each UIP district:

Publicity Activities Area specific communications materials development such as pamphlets, banners, newspaper advertisements etc.	Rs.15,000/district
Workshops and meetings at state and district level for orientation of opinion leaders and influencers.	Rs .7,000/meeting/district
Printing of state government reports, preparation of audio-visuals of state government	Rs.5000/activity
Soft ware support to NGOs supporting state/district immunization programmes	Rs.10,000/district
Inter-sectoral coordination meetings and workshops on convergence - ICDS, MOHFW, NGOs, Urban Development, etc.	Rs.10,000/district

The following page contains a few ideas on use of these funds. They are not meant to be prescriptive but provided to start the thought process. Local needs and requirements should guide the actual expenditure of funds to fulfill the specific needs identified.

Publicity Activities

Funds under this head for each district should be used to meet the community education needs identified earlier. Depending on local situation and specific requirements, the following activities/items can be supported:

- Printing of hand bills for targetted distribution to parents, influence groups.
- Preparation of few banners (local agencies such as banks or NGOs might be willing to finance these and possibility should be explored).
- Newspaper advertisements in regional language newspapers announcing dates and other important information.
- Hiring of TVs, VCRs for screening immunization film to community.
- Drum-beaters or mike announcements for audio-publicity, especially in weekly market days or just prior to immunization day. (Consider possibility of providing a fixed amount to each SHC for this also).
- Financing other local systems for public announcements in key places at key times.
- Financing local folk/drama parties for immunization related shows - especially in problem/resistant areas.
- Printing of Collectors appeals to Panchayat members, school teachers etc to help in programme.

Printing of reports, preparation of audio-visuals

Based on local needs, this sum could be linked up for use in publicity activities i.e. the printing and production of materials aspect.

Workshops and Meetings

Funds under this head may be used for

- Reorientation of paramedical staff at PHC level based on needs identified.
- Block level or below orientations for influence groups based on needs identified and groups identified. (Not necessarily restricted to MLAs) should be done to cover the entire block, specially focussing on "low coverage" areas of block.

Soft-ware support to NGOs supporting state/district immunization programme

Depending on local requirements, this sum could be used for orientation of local NGOs, private practitioners or associations of medical officers or paying contingency expenses for actual assistance in conducting immunization (in the last event, an area should be allocated for complete coverage) based on GOI guidelines.

Inter-Sectoral Coordination Meetings

Instead of just conducting coordination meetings at district or block level, these funds could be used for orienting AWWs, school teachers etc in how they can actually affect the "coordination" to help the programme.

ll. In addition, the District Health and Family Welfare Media wing may have finances available for educational activites. Possibility of using these should also be explored.

lll. Local banks, commercial houses or voluntary agencies may be willing to finance some educational efforts as well as cooperate in the educational activities.