

Read the
Global Guide
before starting here



ENDURING OUTBREAK

If the initial response to an outbreak fails to interrupt transmission of the virus within **six** months, or if polio transmission has never been interrupted, we consider the outbreak to be an Enduring Outbreak.

In the event of an Enduring Outbreak, we must escalate our response with additional measures to research, analyse, and address the outbreak's sustaining factors in order to properly address the response.

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ENDURING OUTBREAK

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APPLYING THE STRATEGY IN AN ENDURING OUTBREAK

The first step of addressing an Enduring Outbreak is conducting a systematic analysis of the root causes of the failure to interrupt polio transmission. Social, epidemiological, and campaign data and information should be aggregated and organised for analysis.

KEY STEPS OF THE ENDURING OUTBREAK COMMUNICATION STRATEGY:

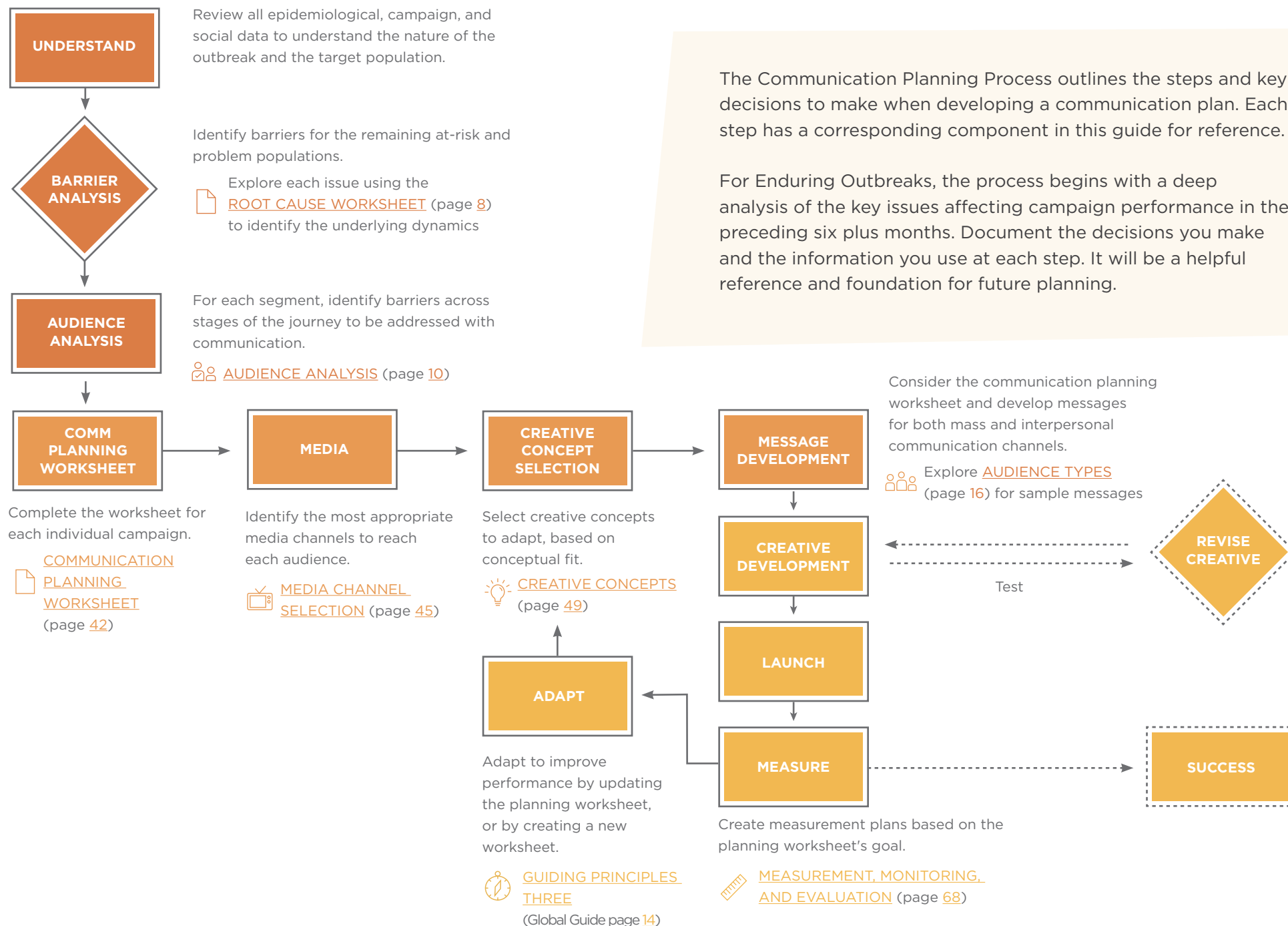
IN UNSUCCESSFUL AREAS:

1. Identify failure points and root causes
2. Redefine audiences to match the most at-risk populations
3. Utilise the Enduring Outbreak Communication Planning Process to develop a communication strategy or revise your current strategy to address the barriers and audiences identified in steps one and two. See page [4](#) for the [COMMUNICATION PLANNING PROCESS](#).

IN SUCCESSFUL AREAS:

1. Shift communication to promote the benefits of routine vaccination
2. Concentrate on eliminating campaign fatigue
3. Continue to test and refresh communication to optimise performance





BARRIER ANALYSIS

IN THIS SECTION:

- 6 Identify the Problem
- 7 Analyse the Causes of Each Barrier

If an outbreak persists for longer than six months, it's most likely due to one or more underlying barriers. Addressing these barriers with tailored communication or programme changes is a necessary step in eliminating polio. However, identifying these hidden barriers can be complicated. Conducting a root cause analysis is a practical and effective method to simplify this process.

A root-cause analysis is an iterative, question-based technique for exploring the cause-effect relationships that underlie a particular problem. The primary goal of the technique is to determine the root cause of a defect or problem by repeating the question "why?" Each question forms the basis of the next question.

Not all problems have a single root cause. If one wishes to uncover multiple root causes, the method must be repeated asking a different sequence of questions each time.

The key is to trace the chain of causality to a root cause that is connected to the original problem. When possible, the middle links in the chain should be supported by data, but field-based hypotheses are also viable (and can be subject for investigation through further research).

We think of root causes as barriers to achieving our desired behavioural objective. The root cause might be, for example, a broken process (health worker morale) or an alterable behaviour (mothers do not agree to vaccinate without consent of their husband), which can then be addressed directly to solve the original problem using customised communication.

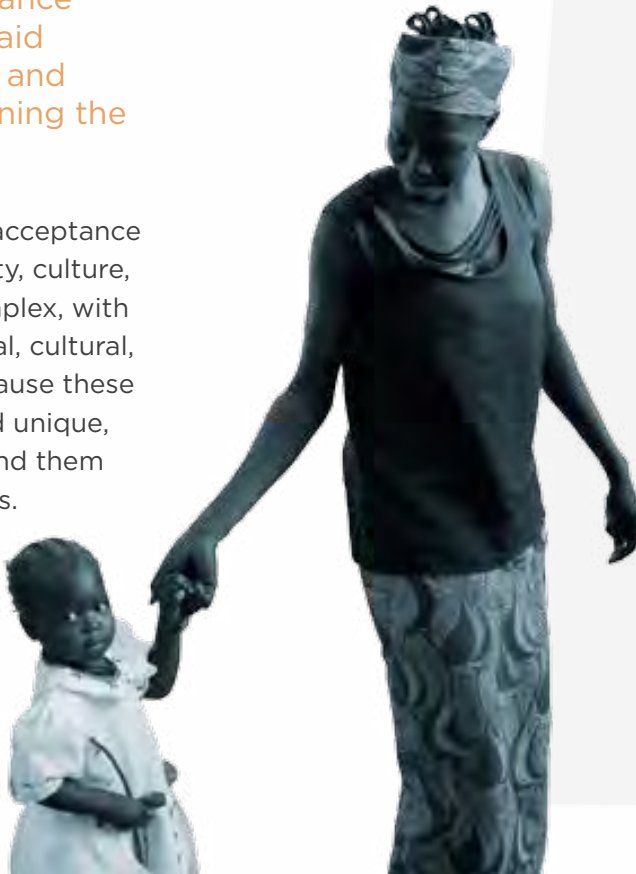
IDENTIFYING BARRIERS AND THEIR ROOT CAUSES »



IDENTIFYING BARRIERS AND THEIR ROOT CAUSES

Identifying barriers and root causes in Enduring Outbreaks is an essential strategic task you must complete before designing a communication campaign. This section of the guide provides guidance and a method of analysis that will aid you in discovering, understanding, and solving key barriers that are sustaining the Enduring Outbreak.

In an Enduring Outbreak, the barriers to acceptance are likely to be specific to each community, culture, and region. They are also likely to be complex, with multiple causes that have individual, social, cultural, political, and environmental aspects. Because these barriers are likely to be both complex and unique, it is important to systematically understand them before exploring communication solutions.



1. IDENTIFY THE PROBLEM

Diagnose the barriers using primary research conducted in the problem areas through campaign, epidemiological and social data, particularly KAP studies, using data for the most recent period of the outbreak.

BARRIERS SHOULD BE STATED CLEARLY IN THE FORM OF A PROBLEM STATEMENT THAT CONTAINS THE FOLLOWING ELEMENTS:

- Where are children being missed?
- Why?
- What is the underlying problem?
- Who is the audience involved in the problem?
- What data has led to the diagnosis of the problem?

HERE ARE SOME EXAMPLE BARRIERS IN THE FORM OF PROBLEM STATEMENTS:

- Caregivers in high-risk communities are aware of polio (99% awareness) but do not know that the symptoms are incurable (70% believe symptoms are curable).
- Caregivers in rural communities deny access to health workers they see as outsiders (65% said the health worker who visited them was not from their community, 80% said the health worker was only somewhat trustworthy).

SECOND: ANALYSE THE CAUSES OF EACH BARRIER »

2. ANALYSE THE CAUSES OF EACH BARRIER

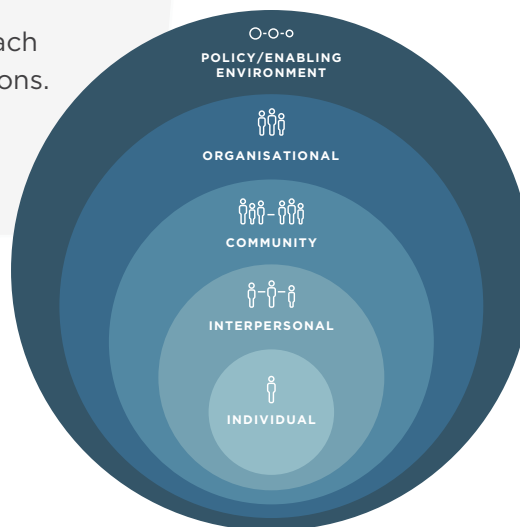
As previously discussed, the recommended method of analysis is known as “root cause analysis.” This method of analysis is simple and practical, and works by exploring the underlying chain of causes that result in a barrier. The goal is to identify root causes that have practical solutions.

To effectively identify the root causes of a problem, use the [ROOT CAUSE IDENTIFICATION TOOL](#) on page 8.

After you identify your problem, organise your search for root causes systematically by considering causal factors at each level of the SEM framework.

As a result of this analysis, you will generate a thorough understanding of the key barriers at each level, what causes them, and the potential solutions.

Use the [SEM FRAMEWORK](#) on Global Guide page 16 to analyse root causes at each level of the programme



USING THE ROOT CAUSES IDENTIFICATION TOOL

The Root Causes Identification Tool will help you to document and visualise your analysis. The tool helps clarify the logical chain used to understand causes and any interdependencies between causes and barriers. Once the diagram is completed, it can serve as a quick reference for the issue you have identified through your research and analysis. Typically, a root cause will be revealed in five iterations.

[ROOT CAUSE IDENTIFICATION TOOL »](#)

REMEMBER:

1. Be persistent in your analysis: don't stop asking “why?” too soon.
2. Consult subject matter experts when necessary, presenting them with the analysis and asking them to help can often uncover causes that could otherwise be missed.
3. Support answers with programme data when possible to strengthen your analysis.

1

STEP 1: IDENTIFY THE PROBLEM

Write down a single issue in the form of a personal statement.

Ex: 70% of the community thinks that giving oral polio vaccine is a "somewhat good" idea

2

STEP 2: WHAT'S CAUSING THE PROBLEM?

Identify what's causing the problem by asking "Why?"

Ex: Why?
80% of the community is not concerned about polio.

3

STEP 3: KEEP GOING

Continue to ask "Why?" until you can no longer answer the question.

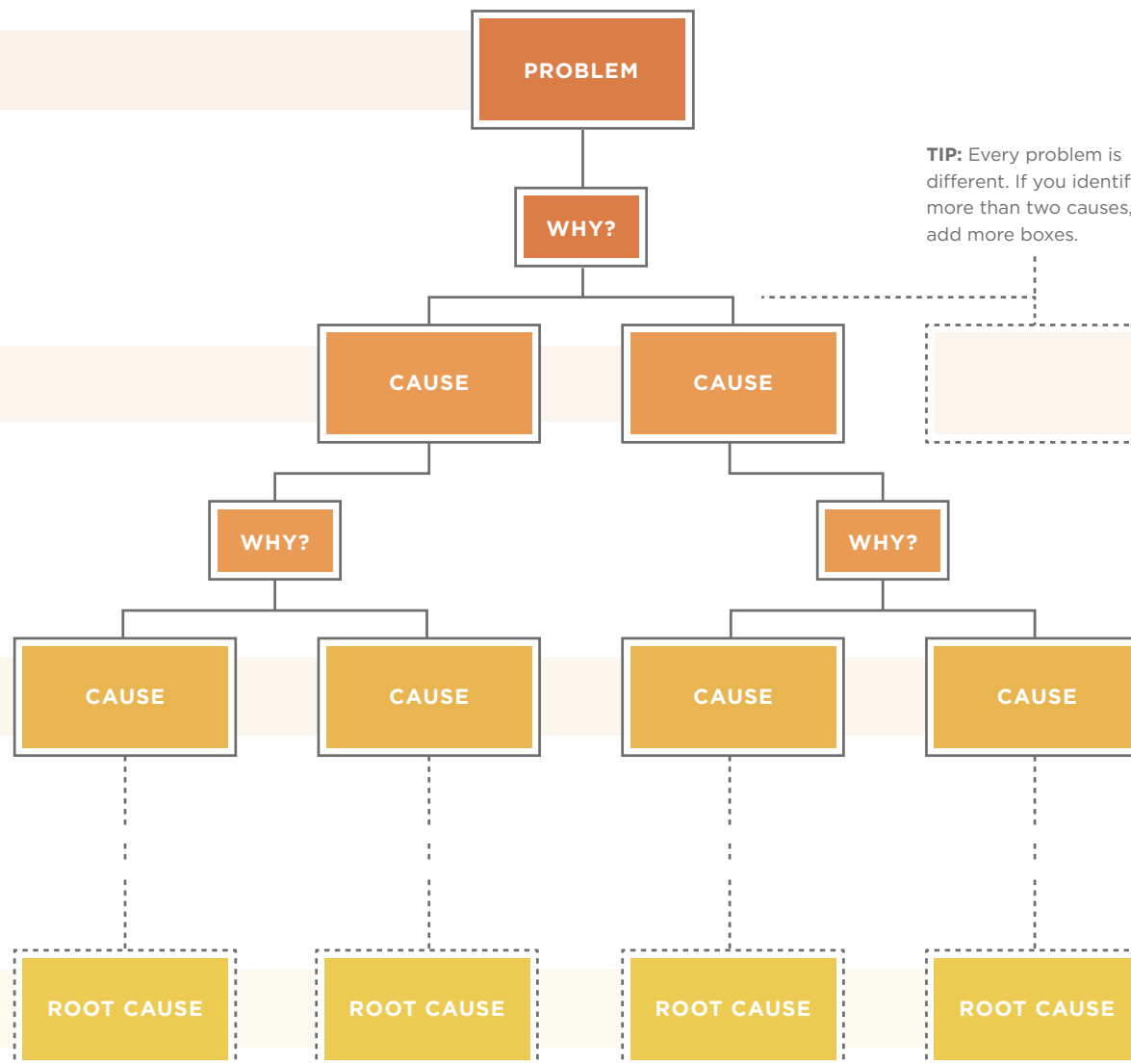
Ex: Why?
70% of the community believes that the symptoms are curable.

4

STEP 4: ROOT CAUSE IDENTIFICATION

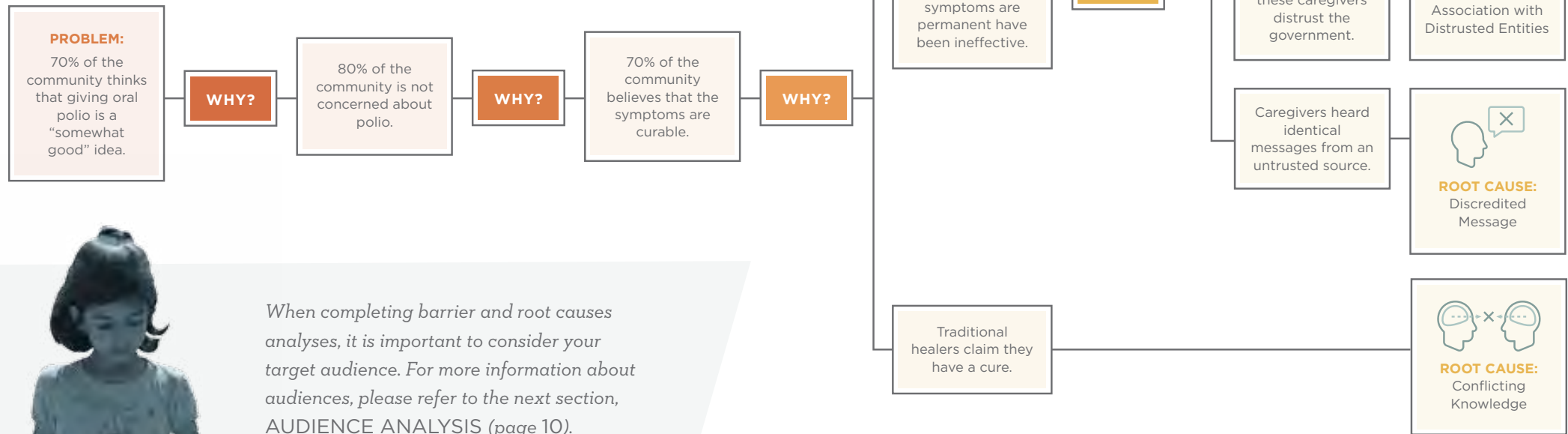
Once you can no longer answer "Why?" you have reached the root cause. You now have a list of barriers that you can effectively act upon.

Ex: Why?
Traditional healers, a trusted source of medical information, tell them that most diseases are curable, and medicine is only for "curative" purposes. Root Cause: Conflicting Knowledge



TIP: Every problem is different. It may take fewer, or even more causes to reach your root cause. Keep asking "Why?"

Choose and adapt creative communication to your specific problems and their root causes.



When completing barrier and root causes analyses, it is important to consider your target audience. For more information about audiences, please refer to the next section, [AUDIENCE ANALYSIS \(page 10\)](#).



AUDIENCE ANALYSIS

IN THIS SECTION:

- 11 Accepters
- 12 Rejecters
- 14 Transit Populations

AUDIENCE GROUPS: ACCEPTERS, REJECTERS, & TRANSIT POPULATIONS

This section will help you understand the three fundamental audience groups that your communication should target during Enduring Outbreaks: Accepters, Rejecters, and Transit Populations.

What motivates people to say yes to the polio vaccination during an Enduring Outbreak? For many, the decision is simple and made early on in the outbreak. Their awareness of how close they are to the poliovirus and what they can do to prevent it is sufficient for them to accept the vaccine for their children. These individuals are Accepters.

However, over the course of an Enduring Outbreak, repeated polio vaccine campaigns can test the patience and trust of caregivers. Therefore, it becomes very important to shift communication on themes beyond just awareness.

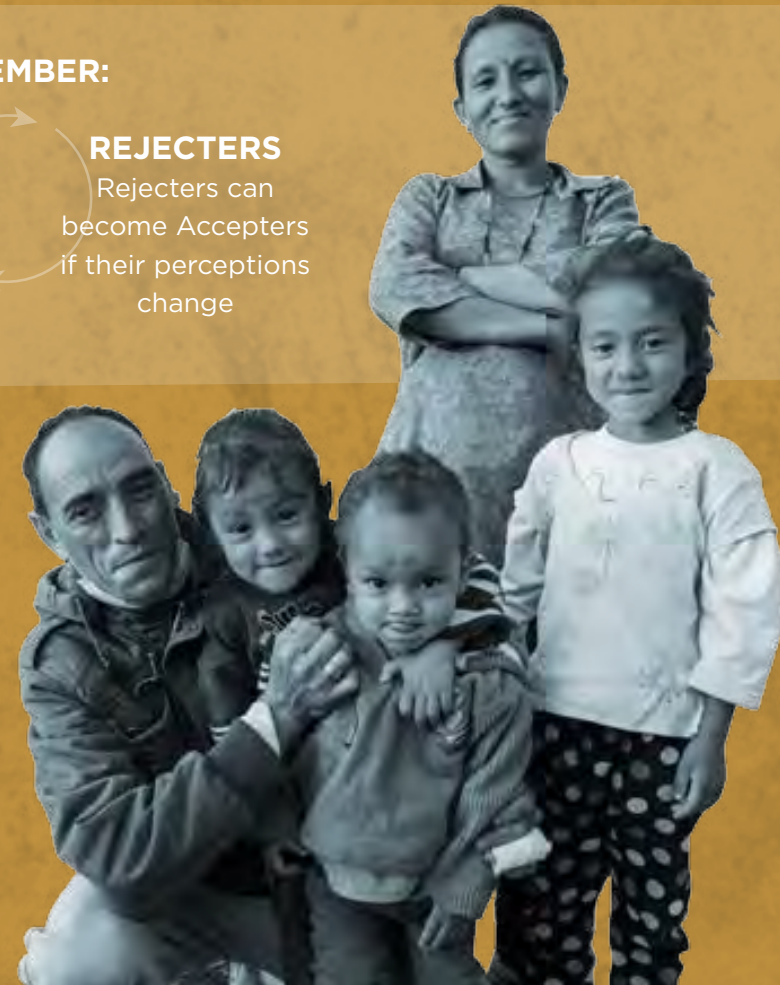
REMEMBER:

ACCEPTERS

Accepters can become Rejecters if their perceptions change

REJECTERS

Rejecters can become Accepters if their perceptions change



ACCEPTERS

The Accepters in Enduring Outbreaks have accepted the vaccine multiple times. This means that initial vaccination efforts have succeeded in persuading them of the importance of the vaccine. Accepters are sensitive to the threat that polio poses to their children, and they tend to trust authority figures when they request that their children continue taking the vaccine. Accepters in Enduring Outbreaks are more open to repeated vaccinations.

They understand that vaccines are necessary, but they walk a thin line of becoming Rejecters if they do not trust or believe in the need for continued vaccination.

KEY ISSUE FOR ACCEPTERS

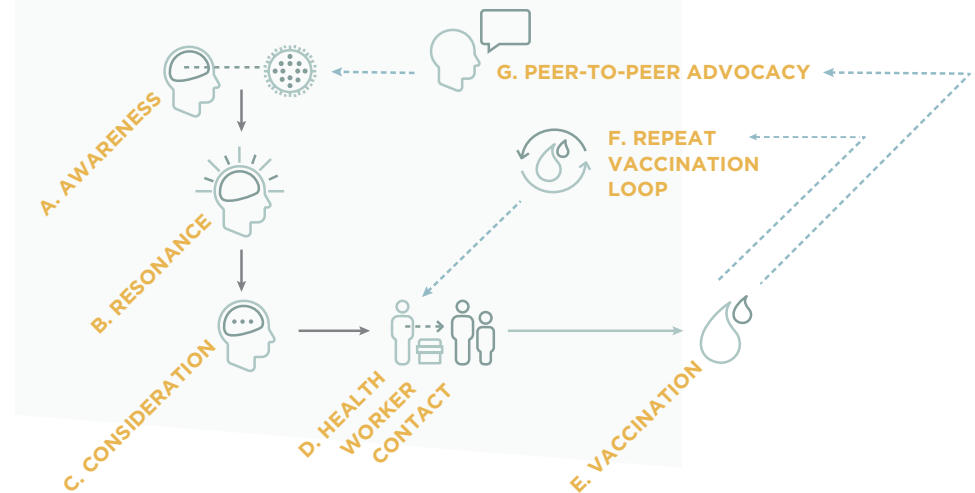
Fatigue is the key issue for Accepters in Enduring Outbreaks.

The length of an Enduring Outbreak will lead to very high numbers of vaccination contacts with health workers as campaigns accumulate. This repeated exposure might erode trust and belief in the vaccine. We must address this risk with adaptive, strategic communication. For information about developing adaptive communication see [GUIDING PRINCIPLE THREE](#) on Global Guide page [14](#).

THE ACCEPTER'S JOURNEY

For more regarding the [CAREGIVER'S JOURNEY](#) see Global Guide page [19](#).

The Acceptor's Journey is characterised by brevity and lack of resistance across the stages that result in successful vaccination. Awareness, Resonance, and Consideration all occur simultaneously, as messages around immunisation align to their existing opinions.



REJECTERS

The second audience group is Rejecters. In an Enduring Outbreak, passive or active Rejecters become the primary focus of analysis, strategy, and communication. While Rejecters are typically a minority of the at-risk population, they can cause suspicions about vaccination in communities that provide a supportive and cultural environment for their disbeliefs. This social dynamic, coupled with low vaccination and immunity status, provides an enabling environment for a polio outbreak to persist or occur.

Rejecters are defined by a reluctance to vaccinate their children during the initial outbreak or throughout the Enduring Outbreak. A Rejecter may reject every time or some of the time. They may reject overtly, or passively avoid vaccination or health workers. Their rejection has complex and intermingled root causes, and communication that worked well with Accepters may not have the same effect on Rejecters. It is therefore very important to understand the root cause of why a caregiver is rejecting the vaccine.

During any situation—outbreak, Enduring Outbreak, or Maintenance, opinions can shift. Accepters can become Rejecters if their perceptions change, and Rejecters can become Accepters if their perceptions change; however, this change from acceptance to rejection is particularly acute in an Enduring Outbreak context due to multiple rounds of vaccination and the duration of the outbreak.

While Rejecters are typically a minority of the at-risk population, they can cause suspicions about vaccination in communities that provide a supportive and cultural environment for their disbeliefs.

THE REJECTER'S JOURNEY

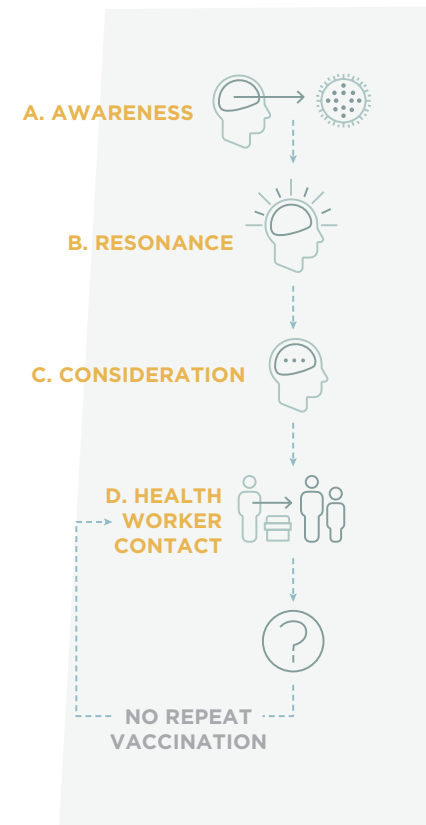
For more regarding the [CAREGIVER'S JOURNEY](#) see Global Guide page 19.

The Rejecter's Journey is characterised by a failure at one or more of the stages of preceding vaccination. Rejecter Journeys tend to be specific to local conditions and require a tailored, adaptive approach to communication and media channel selection.

While mass media can provide an enabling environment to change perceptions, behaviour change is most likely to emerge from social mobilisation and interpersonal communication.

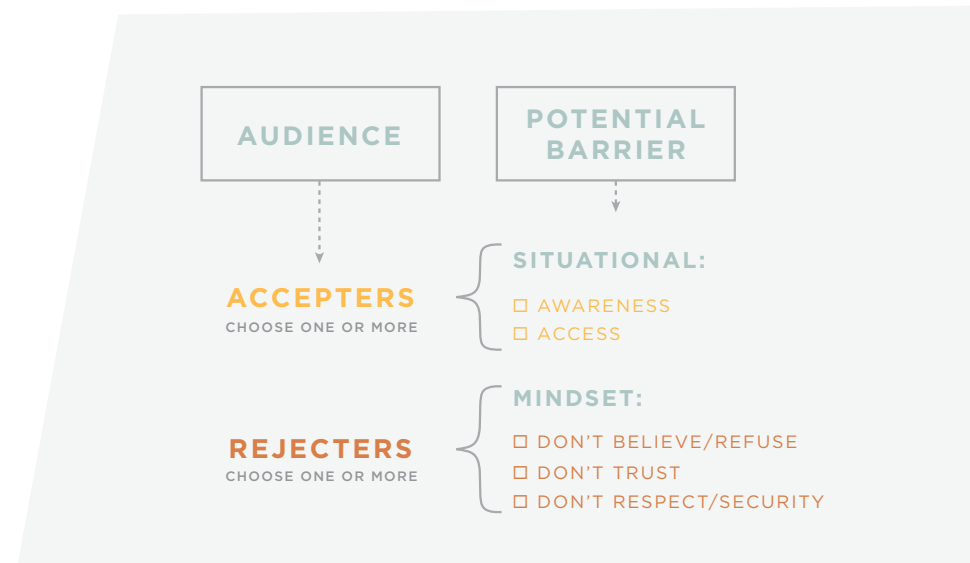
Tailored messages delivered through the health worker contact stage can be used to overcome failures at the stages preceding vaccination, and convert a Rejecter to an Acceptor.

See the [INTERPERSONAL COMMUNICATION SECTION](#) (page 25) for guidance on IPC messages and approaches for Rejecters.



KEY FACTORS FOR REJECTERS:

- The decision to vaccinate is complicated and risky. Rejecters may be influenced by uncertainty and rumours about the benefits and dangers of polio vaccine.
- They may be more challenged to satisfy basic needs, such as food, water, shelter, power security, and safety, and they may prioritise these over vaccination, especially after exposure to repeated campaigns providing only polio vaccine.
- They might be prohibited from getting the vaccine by local social and cultural norms.
- They might not perceive their family members, neighbours, community leaders, religious leaders, or other influencers to be in support of vaccinating children against polio.
- In extreme circumstances, they may be witnesses to acts of violence from others within their community over the vaccine or the programme.
- Low literacy and education rates might impede communication from effectively informing Rejecters about polio and can also support rumours or other alternative explanations that can be harmful.
- They might heed traditional, cultural, or religious understandings of medicine over scientific understandings. This might mean that the concept of preventative medical care, including vaccines, must be explained differently to resonate.
- They might actively distrust the institutions, organisations, and individuals that polio communication come from, including their national government, ministry of health, UNICEF, WHO, or other international organisations.
- They might have an established habit of only seeking medical care after something is painful or obviously wrong, and they might not have the notion or understanding of incurable, yet preventable, diseases like polio.
- Their refusal might be outright, or it might be disguised through nonparticipation (refusing to answer the door or bring their child to the health centre), or through a falsely reported absence of their child.



TRANSIT POPULATIONS

CONSIDERATIONS FOR TRANSIT POPULATIONS

Both Accepters and Rejecters may be “transient;” they do not have a permanent home and are more difficult to reach. Where possible, with government assistance, child immunisation should be made a prerequisite for international travel and border crossings, regardless of where they are heading. In all other scenarios, transient populations must be reached with tailored communication.

With Transit Populations, we must consider the best ways we can reach and vaccinate them. Making this happen typically requires media at key transit points or routes that are commonly travelled by nomadic and pastoralist communities. It also depends heavily on interpersonal communication to succeed with an interaction that involves a caregiver who is typically rushed, unprepared, and perhaps unwilling to receive a health service at this time, particularly if they have received the same service multiple times before.

These transient, potentially displaced individuals are a case of “strangers in a strange land,” and we have the opportunity to resonate with them if our messages recognise their place of origin, their destination, or their purpose for traveling. Brand familiarity is an important source of trust that should be used in communication at transit points.

We have the opportunity to resonate with Transit Populations if our messages recognise their place of origin, their destination, or their purpose for traveling.



KEY FACTORS FOR TRANSIT POPULATIONS

- Communication needs to be tailored to reflect the Transit Populations culture and country of origin.
 - If polio was an issue in their place of origin, synchronise messages and branding with place of origin and/or place of travel.
 - Identify and use spokespeople and sources they consider credible to build trust.
- Transit Populations may be less familiar with polio, so it is important to introduce vaccination as a critical regional health issue.
- They may be less familiar with polio vaccination, so it is important to introduce vaccination as a critical social norm within their community, which may consist of other nomadic groups, tribes, or labour communities.
- If possible and when appropriate, bundle polio vaccination with other messages about desired health services.
- Use appropriate media channels, such as:
 - Booths at major transit or migratory locations.
 - Health services coupled with veterinary services for pastoralist or nomadic groups.
 - Mobile vans displaying communication materials.
 - City buses or railways.
 - SMS and voice messaging services targeted to those who travel with mobile phones, particularly those who use them for livelihood.
 - Other outdoor media in public spaces, such as railway stations, buses, bus stops, markets, dairy booths, banks, and schools.
- Utilise multipurpose communication, such as brochures that can be folded into small toys for children. Consider other materials that can be offered as "give away" incentives to those on the move.



AUDIENCE TYPES

There are two main types of audiences in our communication: Caregivers and Influencers.

CAREGIVERS

Caregivers are the family members who can make the decision to accept or reject vaccination for their children. The [CAREGIVER CHARTS](#) on page [17-18](#) outline the role of caregivers in an Enduring Outbreak.

Caregivers are the primary audience because they typically make the decision to accept or reject vaccination.

INFLUENCERS

Influencers consist of the key individuals who exert an influence on the caregivers at the different levels of the [SEM FRAMEWORK](#). They can include the elders, religious and community leaders, political figures, and other members of society.

It can be useful to target, address, and engage secondary audiences that influence caregivers. The following [INFLUENCER CHARTS](#) on pages [19-24](#) outline the influencer audience types and common profiles to provide an overview of how they can be included in Enduring Outbreak communication. These charts are derived from the SEM framework but focused specifically on audiences that can directly influence the caregiver.



TYPE	CAREGIVERS (1/2)			
AUDIENCE	FATHERS	MOTHERS	ELDERS, GRANDPARENTS, & OTHER RELATIVES	TRANSIENT CAREGIVERS
OVERVIEW	<p>Fathers or Mothers play a distinct cultural role, and in some societies they may be the key decision-maker behind access and vaccination, inside their household as well as within a community at large.</p> <p>It may make sense to approach them differently, or even separately, as their cultural roles and influence may differ based on gender and family role.</p>		<p>Health is typically a private matter kept within the family and relevant professionals. Relatives can be an important influence on caregivers, and in some cases may be the final decision-makers for their entire family.</p>	<p>Transient caregivers assume similar roles as nontransient caregivers concerning the decision to vaccinate but require a different approach because they do not have a permanent home and are more difficult to reach.</p>
DESIRED ROLE	<p>Allow access to and vaccination of vulnerable children in the target group.</p> <p>Influence other parents in the community to also vaccinate by openly approving of vaccination.</p> <p>Dismiss influencers who reject vaccination efforts.</p>		<p>Approve of vaccination and vocally advocate for it within the family.</p> <p>Connect and spread pro-vaccination information through extended family networks.</p>	<p>Allow access to and vaccination of vulnerable children under the age of five.</p> <p>Approve of vaccination and vocally advocate for it within the family, and to the other families they may be in transit with.</p>
POTENTIAL CONCERNS	<p>Anti-campaign pressure from influencers or rumours within their community that could turn compliant caregivers into rejecters</p> <p>General apathy toward vaccination efforts.</p>		<p>Older relatives may have traditional or cultural views that bias them against vaccine and perceptions of polio as a threat, and they may buy into rumours that position polio as a primarily foreign concern, rather than a local concern.</p>	<p>Polio may not have been an issue from their place of origin.</p> <p>Vaccination may not have been socially promoted in their place of origin.</p>

TYPE	CAREGIVERS (2/2)			
AUDIENCE	FATHERS	MOTHERS	ELDERS, GRANDPARENTS, & OTHER RELATIVES	TRANSIENT CAREGIVERS
ENGAGEMENT FOCUS	<p>To support immunisation days and campaigns, deliver the essential information to caregivers (the “when, where how, and what” for each campaign).</p> <p>Remind caregivers of the importance and necessity of routine vaccination.</p> <p>Target and address persistent and/or emerging negative social perceptions and norms with compelling counter narratives leveraging descriptive norms.</p> <p>Emphasise the collective responsibility to vaccinate every child for the good of all children.</p> <p>Maintain previously established pro-vaccination and pro-health worker norms.</p> <p>Leverage previously established norms to begin shifting the focus to other health topics.</p> <p>Continuously refine messages to avoid fatigue.</p>			
SAMPLE MESSAGES	<p>Sample 1: All our children will be safe the day every child is vaccinated with polio drops. Make our futures strong. Vaccinate your child, for the good of all children.</p> <p>Sample 2: When all the children are vaccinated, polio cannot spread. So help make our children strong and vaccinate your child, for the good of all children.</p> <p>Sample 3: For polio to stop making our children ill, we must continue to vaccinate. This will protect our children until the virus is no longer detected in local water, where it can live and keep infecting new unvaccinated children. That’s why we keep bringing the vaccine, and it’s good for your child to continue taking it as a precaution.</p>			
	<p>Sample 1: Polio is circulating in [Country A] and [Country B]. To protect your child, vaccinate them at the border or a regional health camp.</p> <p>Sample 2: Polio is a serious problem in [Country A]; the only way to continually protect our children from polio is to routinely vaccinate them.</p> <p>Sample 3: Polio is a dangerous disease that does not respect borders. Vaccinate your child at the border or a regional health camp.</p> <p>Sample 4: Don’t let polio be your travel companion.</p>			

TYPE	INFLUENCER: COMMUNITY (1/2)			
AUDIENCE	EDUCATORS	COMMUNITY & RELIGIOUS LEADERS	TRADITIONAL HEALERS	COMMUNITIES AT LARGE
OVERVIEW	In addition to parents and family, educators directly influence younger members of the community and may have the best access to kids aside from caregivers, depending on the extent of the educational system.	Political leaders, tribal leaders, religious leaders, and influencers all care about the health and well-being of the members of their communities, and they can have a decisive impact on setting behavioural norms.	In some communities and cultures, traditional healers are highly trusted and can help advocate for immunisation, depending on their beliefs and attitudes towards vaccination.	Communities themselves play an essential role in their members' identities, customs, and behaviour. Communities can vary in type and size, but to ensure message efficacy it is important to address the specific need and values of their members.
DESIRED ROLE	Continue to promote the roles that vaccination and preventative medicine play in happiness and prosperity when it comes to community and life in general. Dispel negative rumours.	Approve of polio vaccination, routine immunisation, and counter harmful narratives of rumour and distrust within the community. For religious leaders: promote a religious basis for supporting vaccination.	Approval and participation in vaccination Identification and access to mothers and children under 5. Support against rumours and falsehoods about polio and OPV.	Collective investment in eradication through cultural and social norms that frame vaccination and health workers positively and provide social/cultural permission for wives, daughters, and grand-daughters to join the programme. Perception of health workers as noble and praiseworthy.
POTENTIAL CONCERNS	Despite campaign efforts, educators may have traditional or cultural views that bias them against vaccine and perceptions of polio as a threat.	Individual leaders may not possess the trust of their communities and support for vaccination could be seen as negative. Leaders could also directly work against vaccination themselves; they may have a political agenda that conflicts with the polio programme's goals.	Traditional healers may have traditional or cultural views and practises that bias them against vaccination, as well as skew their perceptions of polio as a threat. As trusted members of their communities, they are particularly harmful if spreading rumours about vaccines.	Credibility of message can be difficult to establish without support from key community influencers. Exacerbation of anticampaign and antivaccination rumours.

TYPE	INFLUENCER: COMMUNITY (2/2)			
AUDIENCE	EDUCATORS	COMMUNITY & RELIGIOUS LEADERS	TRADITIONAL HEALERS	COMMUNITIES AT LARGE
MESSAGING FOCUS	<p>Engage through their role as intellectual guides within their communities to help maintain a supportive cultural and social environment for vaccination.</p> <p>Continue to promote positive perceptions and expectations of health workers and other health professionals.</p> <p>Promote the necessity of routine vaccination.</p>	<p>Support their role and acknowledge the trust and importance they have within their community.</p> <p>Engage them to normalise vaccination and immunisation.</p> <p>Emphasise the collective responsibility to vaccinate every child for the good of all children.</p> <p>For traditional healers, it is important to specifically emphasise the role they play before, during, and after childbirth.</p> <p>If unsupportive: Avoid communication, but keep track of potential rumours so that they can be readily combated.</p>		<p>Recognition of collective identity.</p> <p>Alignment of eradication with community goals.</p> <p>Bundling of vaccination with desired health services as appropriate.</p>
SAMPLE MESSAGES	<p>Sample 1: Protect our children by promoting polio vaccination to parents. Remember: vaccinate every child under five, every time.</p> <p>Sample 2: Help eliminate polio by talking to parents about the safety, efficacy, and simplicity of the polio vaccine.</p>	<p>Sample 1: There is no cure for polio and it is still a threat as long as even one child has it. Ensure the safety of your community and protect children by promoting the necessity of routine polio vaccination.</p> <p>Sample 2: Every health worker is here to help. Get to know and support your local health worker in their mission to bring safe, effective drops to end polio.</p>	<p>Sample 1: Polio remains a threat to the health of your community. Keep children and the community safe by promoting routine vaccination and informing the community of vaccination days.</p>	<p>Sample 1: Polio can be transmitted from one child to another. All our children will be safe the day every child is vaccinated with polio drops.</p> <p>Sample 2: Make the community strong. Vaccinate every child, for the good of all children, because we are all intertwined.</p> <p>Sample 3: Routinely give polio drops to every child in our community. Otherwise the whole community can become weak.</p>

INFLUENCER: SOCIETY (1/2)

TYPE	INFLUENCER: SOCIETY (1/2)	
AUDIENCE	CIVIL SOCIETY INFLUENCERS & CELEBRITIES	GOVERNMENT OFFICIALS
OVERVIEW	Influencers and celebrities have unique reach, credibility, and engagement within their cultures, and their support for polio vaccination can be an important factor in a response.	Government officials are key allies and primary partners in any response, especially trusted local figures who may be personally known or even related to caregivers.
DESIRED ROLE	<p>Actively advocate for vaccination.</p> <p>Participate in vaccination firsthand as a recipient and (ideally) as a health worker to legitimise and normalise vaccination and immunisation.</p> <p>Address and dispel rumours</p>	<p>Demonstrate commitment and ownership of the success or failure of polio eradication.</p> <p>Continue to distribute vaccines, facilitate access, provide security, and establish the legitimacy of the outbreak and the importance of action.</p>
POTENTIAL CONCERNS	<p>Normal working concerns with VIPs require some flexibility in approach, compared to other communication methods.</p> <p>Other aspects of their public and personal lives could contradict or undermine the messages.</p>	<p>Other competing priorities.</p> <p>Central governments may not be as trusted as local governments or vice versa.</p> <p>Political leaders may need additional motivation beyond altruism to ensure full support.</p>

INFLUENCER: SOCIETY (2/2)

TYPE	INFLUENCER: SOCIETY (2/2)	
AUDIENCE	CIVIL SOCIETY INFLUENCERS & CELEBRITIES	GOVERNMENT OFFICIALS
MESSAGING FOCUS	<p>Normalise and legitimise vaccination.</p> <p>Advocate that parents vaccinate children to protect them and the community from polio.</p> <p>Motivate frontline health worker performance.</p> <p>Messaging should align with public image.</p>	<p>Stop polio by informing constituents, praising health workers, and countering harmful narratives about the disease.</p> <p>Reinforce why routine vaccination is necessary.</p>
SAMPLE MESSAGES	<p>Sample 1: Polio is still a threat, and you can help eliminate it. Promote routine vaccination of children under the age of 5 to help achieve a polio-free [NAME OF REGION].</p> <p>Sample 2: You could help eliminate polio. Encourage and honour health workers for making a difference.</p>	<p>Sample 1: Polio is still a threat, and you can help eliminate it. Encourage and honour health workers in your community for making a difference.</p> <p>Sample 2: Help your community by advocating for a polio-free world. Remember, every child under five, every time, because we are all intertwined.</p>

TYPE	DIRECT INFLUENCERS (1/2)		
AUDIENCE	FRONTLINE HEALTH WORKERS	SOCIAL MOBILISERS (SMs)	MEDICAL PRACTITIONERS
OVERVIEW	<p>Frontline health workers are the central touchpoint of the vaccination experience for many, and a key element in the mass vaccination efforts that diseases like polio require. As an essential element in vaccination, they are the foundation of the “brand.”</p>	<p>SMs play a key role in engaging their communities with positive dialogue about the norms and behaviours related to vaccination, and they may be able to reach and access people who would reject official health workers.</p>	<p>As the existing health infrastructure within the community, these individuals play a key role in all polio responses and may be highly trusted within their communities.</p>
DESIRED ROLE	<p>Motivated, thoughtful, and diligent job performances that focus on empathy and service to get acceptance rates as high as possible.</p>	<p>Unbranded community influence: SMs can often access and influence places others cannot, creating demand for polio vaccines and other health services, and facilitating the job of frontline health workers.</p>	<p>Disseminate credible information and approve of vaccination.</p> <p>Identify vulnerable children and assist in vaccination efforts as directly as possible.</p> <p>Specifically endorse technical issues when it comes to vaccination.</p>

DIRECT INFLUENCERS (2/2)

TYPE	DIRECT INFLUENCERS (2/2)		
AUDIENCE	FRONTLINE HEALTH WORKERS	SOCIAL MOBILISERS (SMs)	MEDICAL PRACTITIONERS
POTENTIAL CONCERNS	<p>Poorly trained, unpaid/underpaid, unmotivated, disrespected, and mistreated frontline health workers and SMs who perform poorly, who do not speak the local language, or don't come from the local community can drastically reduce access and acceptance rates.</p>		<p>In the past, doctors have publicly questioned the need for multiple doses of OPV, creating a harmful narrative.</p> <p>They may also call attention to the resources they falsely believe are diverted from other initiatives to polio.</p>
MESSAGING FOCUS	<p>Continue to humanise health workers by depicting their noble motives clearly, and honour and respect their efforts in a sometimes thankless and dangerous job. Credit them in all successes they've made thus far.</p> <p>Emphasise sources of pride and recognition from the government, children, and ordinary people in their communities.</p> <p>Addressing thematic issues for refusals, absences, and access issues within communities.</p>		<p>Information about polio and how to stop it from spreading.</p> <p>The importance of advocacy within the community.</p> <p>Information about the contents, ingredients, safety, and efficacy of the vaccine.</p>
SAMPLE MESSAGES	<p>Sample 1: So far, your work has protected the future of hundreds of children. Now, let's protect all of them. You can lead the fight to eliminate polio by continuing to routinely vaccinate children under 5.</p> <p>Sample 2: You're fighting the good fight. Keep protecting and vaccinating our children to eliminate polio.</p> <p>Sample 3: Polio is still a threat as long as one child has it. To continue to protect our children and communities, inform parents about the simplicity, safety, and efficacy of routine vaccination.</p>	<p>Sample 1: Polio is still a threat, don't give up. Continue to support your local health workers by promoting routine vaccination and informing your community about vaccination days.</p>	<p>Sample 1: As you know, polio transmission can be interrupted. Help protect today and tomorrow's children by discussing the efficacy and safety of the polio vaccine with parents.</p>

INTERPERSONAL ENGAGEMENT & KEY MESSAGES

Mass media tactics are an effective and crucial element of any programme, but they serve a very specific purpose, and should always be coupled with a complementary interpersonal communication (IPC) approach. Mass media elements are unidirectional and are unable to adapt to the audience's needs and concerns in the moment.

Interpersonal communication on the other hand, is dynamic; it can be tailored to the individual's specific needs and can effectively address caregiver-specific barriers.

The following themes represent complex barriers that mass media tactics are not best suited to overcome. Within the themes are interpersonal-based solutions and key messages that could be delivered by a health worker or social mobiliser.

Importantly, these themes should be incorporated into all frontline health worker trainings.

THE SEVEN IPC THEMES



1. Repeated Campaigns



2. Belief that Oral Polio Vaccine is Unsafe



3. Belief that Oral Polio Vaccine is Ineffective



4. Campaign Mistrust



5. Children are Not Available
(Absent, Newborn, Sick, Sleeping)



6. Belief that Polio is Curable



7. Vaccine-Driven Poliovirus (VDPV)





REPEATED CAMPAIGNS



PROBLEM

1. We visit them so often and don't build acceptance into a strong enough habit.
2. People become frustrated because they don't understand the necessity of so many repeated visits. The reason that polio continues to be a threat hasn't been communicated to them adequately.



COMMUNICATION APPROACH

1. Empathise with their frustration before explaining the reason behind repeated campaigns in a neutral way.
2. Listen to their response.
3. Emphasise the importance of doing this together without being pushy or disrespectful.
4. Explain that other members of the community are also vaccinating their children and that many children are vaccinated each day to keep the whole community safe.

CAREGIVER & INFLUENCER MESSAGES »



REPEATED CAMPAIGNS CONTINUED »



CAREGIVER MESSAGES

Introduce yourself to the caregiver, including your name, role, and origin and who you know in the area who would be known to the caregiver.

1. I can see how you'd feel this way. I felt this way, too, but I found that it's a good thing that we continue to protect our children against polio together. It turns out that for polio to stop making our children ill, we must continue to vaccinate. This will protect our children until the virus is no longer detected in local water, where it can live and keep infecting new unvaccinated children for almost six months.

That's why we keep bringing the vaccine, and it turns out to be good for your child to continue taking it as a precaution. If we all work together to protect everyone, we can eliminate the disease entirely. Please help us, and please help your friends and family understand this.



INFLUENCER MESSAGES

(We are assuming we will only engage influencers who personally support the vaccine)

Introduce yourself to the influencer, including your name, role and origin, and who you know in the area who would be known to the influencer.

1. How many times will we come? We will keep going until polio is gone from here. We know we can do it because we've removed it completely from many other countries in the world and in most parts of our country.

It turns out that for polio to be stopped entirely, we must continue to protect our children until the virus is no longer detected in local water, where it can live and keep infecting newborns and unvaccinated children for almost six months between active cases.

Until it's completely gone, every new child is at risk, and polio can easily come back into our community through a vulnerable child. That's why we must come so often. If we all work together to protect everyone, we can eliminate the disease entirely. Please help us, and please help your friends and family understand this.



BELIEF THAT ORAL POLIO VACCINE IS UNSAFE



PROBLEM

1. We have frequently communicated the safety of the vaccine, so a persistent belief that the vaccine is unsafe indicates that our message was not received, not trusted if it was received, or that a rumour is creating enough uncertainty to make normal safety messages ineffective.



COMMUNICATION APPROACH

1. Empathise with their concerns to defuse negative emotions they may have surrounding the vaccine—especially fear, uncertainty, and doubt.
2. Reframe the issue of safety to the immediate and familiar reference point of the local community. Famous leaders and celebrities who work with polio vaccine can also be helpful occasionally.
3. Listen to their response.
4. Emphasise the importance of doing this together, without being pushy or disrespectful.
5. If necessary, offer to take some of the vaccine yourself, to show that it is only helpful, not harmful.

CAREGIVER & INFLUENCER MESSAGES »



BELIEF THAT VACCINE IS UNSAFE CONTINUED »



CAREGIVER MESSAGES

Introduce yourself to the caregiver, including your name, role, and origin and who you know in the area who would be known to the caregiver.

1. I can see how you would feel this way. I've felt this way, too, with the children in my family. But then I found out that it is actually completely safe, and I've never seen any child get ill from taking the vaccine. The worst thing that can happen is a slight fever, which is normal and a sign that the body is using the vaccine to become immune to polio.
2. We've been giving the vaccine for years in this [community/village/neighbourhood/city/area], and all of the children are fine. If you think about it, you already know so many people who take it whenever we come by, and they don't have any problems. You probably know most of them very well, too, your [community leaders] and [religious leaders] have also given their children this exact vaccine, and they are perfectly healthy. That's because we all know that it is completely safe. We're fortunate that there is such an easy way to prevent this disease. It is a wonderful thing.
3. Giving the vaccine doesn't just protect your children, it actually will help us completely stop polio from harming the children in our community forever. If you'd like, I can take some of the vaccine right now with your child. It's only helpful, there's no risk at all to anyone from taking it.



INFLUENCER MESSAGES

(We are assuming we will only engage influencers who personally support the vaccine)

Introduce yourself to the Influencer, including your name, role, and origin and who you know in the area who would be known to the influencer.

1. How many people in your community have taken vaccines, including you and your family? And no one has ever gotten sick because they are perfectly safe. Taking them is just normal. And when we give them to all our children, we can protect all of our families and the entire community from disease. We're fortunate that there is such an easy way to prevent this disease and that we have access to it. It is a wonderful thing.
2. Some people seem to worry that the vaccine is unsafe. That's okay; it's good to worry about your children and their health. We want them to know that it is safe, and that nothing bad ever happens to the children to whom we give the vaccine. They can see the proof: We have given it to children in the community before, and those children are perfectly healthy and polio-free. We hope that you will help us by talking to your family, friends, neighbours, [and community/religious following if applicable], about how safe the vaccine is and how they actually do know so many people who have taken it.



BELIEF THAT ORAL POLIO VACCINE IS INEFFECTIVE



PROBLEM

To ensure that a child is protected, they must receive multiple doses of OPV. In ideal scenarios, three doses through routine immunisation are effective to protect children. But to eradicate a disease, more doses are required, depending on the strength of the child's immune system and environmental conditions.



COMMUNICATION APPROACH

1. Ask caregivers why they believe the vaccine is ineffective.
2. Empathise with the caregiver to defuse any tensions that disagreement with their belief may cause.
3. Explain that the vaccine is effective, but that every child is different and some children need less and most children need more vaccine to be fully protected, which is why some people believe the vaccine is ineffective.
4. If the caregiver doesn't understand how vaccines are effective in general, use simple metaphors to explain the notion of preventing illness.
5. If the caregiver cannot be persuaded, ask them for their trust and willingness to give the vaccine as just a precaution.

CAREGIVER MESSAGES »



» BELIEF THAT VACCINE IS INEFFECTIVE CONTINUED



CAREGIVER MESSAGES

Introduce yourself to the caregiver, including your name, role, and origin and who you know in the area who would be known to the caregiver.

1. I understand how you feel, and I thought about that, too. But then I found out that the vaccine is more effective taken more times, and you have to give it as many times as you can to get the best protection. That's why we come by so frequently.
2. It really depends on your child, and every child is a little different, especially when it comes to health. Some never seem to get sick, even when they are newborns, and some seem to always need more help fighting off fevers and illnesses. The vaccine works the same way, but it's okay because it's safe to take it many times. In any case, with any child, it's safest to take it every time we are here.
3. As you can imagine, it's hard to vaccinate everyone in an entire village, let alone a big city or an entire country. But we've been successful, and we've protected so many children by doing this all together; when it comes to diseases and illnesses, we're all fighting them together. The vaccine becomes so much more effective once everyone has it because it becomes harder for polio to find unprotected children to pass through.
4. Since there's no risk here, I can take a few drops right now. If you want to watch, they are totally safe. May we give them to your child just to be safe? Because that's the funny thing about vaccines: when they work, disease is prevented, so it's worth being safe and taking them.
5. To ensure the vaccine works as best as it possibly can, your child needs to be strong enough to fight infections. Wash hands with soap to prevent diarrhoea, get your full routine immunisation to ensure he/she is protected from all other diseases, and feed him good, nutritious food, together with breastfeeding until two years of age.

INFLUENCER MESSAGE »



» BELIEF THAT VACCINE IS INEFFECTIVE CONTINUED



INFLUENCER MESSAGES

Introduce yourself to the influencer, including your name, role, and origin and who you know in the area who would be known to the influencer.

1. Has anyone ever mentioned that they think the polio vaccine just doesn't work? What did they say? Why do you think they feel that way?
2. The polio vaccine actually does work, but sometimes children who are a little weaker need more doses to be fully protected, so sometimes people believe that it simply doesn't work. I can see why they would come to that conclusion. It actually can take many doses to give complete protection, which is why we come here so often. It's not worth the risk of catching polio when taking the vaccine is easy, free, and safe.
3. It really depends on the child, and every child is a little different, especially when it comes to health. Some never seem to get sick, even when they are newborns, and some seem to always need more help fighting off fevers and illnesses; it's the same with the vaccine, so to be safe, we need your help. Please talk with your friends, neighbours, and family, and tell them we are happy to talk to them and to listen to them about their concerns. It's okay to have questions about vaccines for children, and we want to help.
4. How might we get better at talking to people in your community about the vaccine's effectiveness?





CAMPAIGN MISTRUST



PROBLEM

1. The polio programme is ubiquitous, and campaigns are frequent. More individuals experience contact with the campaign than experience contact with polio or its symptoms. The comparative rareness of the disease means that the cause of the vaccination activities is not always known and immediate to individuals on a firsthand basis. Instead, they must learn about it through communication and their community, rather than firsthand observation.
2. The poor information environment leads to natural scepticism and distrust of official narratives, especially when they do not explain their origins, agendas, and owners in detail.
3. Regional insecurity and instability exacerbate trust issues by making scepticism and suspicion rational and normal.
4. Rumours and competing explanations are entertained and accepted when they are both unchallenged and emotionally satisfying.
5. Beliefs about corruption may have a basis in fact, giving additional credibility to rumours and mistrust. This will be especially true if the government has a history of censorship and control of news, journalism, and mass media within the region. In some cases, this effect is so extreme that foreign and international sources of information might be more credible than local and domestic sources.
6. Providing the correct information is only one part of the solution to correcting misbeliefs and rumours.

CONTINUED »



» CAMPAIGN MISTRUST, PROBLEM CONTINUED



COMMUNICATION APPROACH

7. By itself, information is often insufficient when mistrust is prevalent.
8. Trust begins with the credibility of the source, not the correctness of the information. A sceptical individual will carefully consider the source before deciding to trust the information itself.
9. Multiple factors influence the perception of credibility:
 - a. Is the source known to the individual (e.g., a well-known and trusted brand, company, or individual) or unknown?
 - b. Does the source have firsthand, special, or eyewitness knowledge of the information that is being communicated?
 - c. Does the information have sufficient detail?
 - d. Would it have been difficult to manipulate or distort the information?
10. Simply denying rumours and contradictions is inadequate, as the lack of trust means the new information is not credible, whether correct or not.

The information provided via IPC must reframe the campaigns as trustworthy, using information that is credible coming directly from a health worker or social mobiliser. Make the right introduction. The health worker/social mobiliser must introduce himself or herself, explain who they are, where they are from, and who they know in common with the caregiver within the community. If the health worker has an ID card, he or she should show the card (provided it is associated with a trusted entity, i.e., the Ministry of Health or the GPEI). This establishes their personal trustworthiness and credibility and gives the caregiver a sense of control, as they will be able to verify the health worker/social mobiliser's credibility through someone they trust.

1. Convey that the campaign is the standard approach to polio outbreaks and has been implemented safely in the past and in other countries.
2. Emphasise that this information was acquired personally through access the health worker/social mobiliser had during training.
3. Emphasise that the people behind the programme are known and trusted by the health worker/social mobiliser.

CAREGIVER & INFLUENCER MESSAGES »

» CAMPAIGN MISTRUST CONTINUED

**CAREGIVER MESSAGES**

Introduce yourself to the caregiver, including your name, role, and origin and who you know in the area who would be known to the caregiver.

1. I understand what you're saying, but that's not the truth. These campaigns are actually completely ordinary, and the way we do them here is similar to how they have been conducted everywhere else in the world. We actually use similar training and the same vaccine—I've seen all of this myself when I started helping with the campaigns by talking to parents about polio and vaccination against polio.

The campaigns have been the same for decades because they work. It's all very ordinary. You can ask any of us - we've all seen the same thing during our training and when we go and get the vaccines. For everyone who works on these campaigns, it's a job and a big effort. But we know it's worth it because together, we can protect children.

We're here to help, and with your help we can ensure that your children, the children in this community, and children across the world are protected from polio.

**INFLUENCER MESSAGES**

Introduce yourself to the influencer, including your name, role, and origin and who you know in the area who would be known to the influencer.

1. Some people seem worried that the polio campaigns aren't just about vaccinating children against polio, and they are confused. They think there is something else going on. That's not the truth, though. The truth is that the campaigns are just completely ordinary. I know, as I've seen that we use the same training and methods that older campaigns in other countries have used.

It's almost exactly the same, everywhere. That's because it works; it's a difficult and big effort to vaccinate all of the children in our area, so we need to be really organised and consistent. As long as we keep going, we'll keep getting closer to completely protecting our children against polio, forever. And once that happens, we can stop the campaigns. It's as simple as that.





CHILDREN ARE NOT AVAILABLE

(ABSENT, NEWBORN, SICK, SLEEPING)



PROBLEM

The cause for the unavailability needs to be understood on an individual basis in order to give the correct response and, on a collective basis, to understand whether there is a broader pattern of unavailability that requires an additional intervention to address, beyond one-to-one IPC communication.

1. It is also possible that claims of child unavailability are a “soft” refusal of the vaccine, made with the intent of avoiding direct confrontation.
 - a. If so, ignoring this desire to avoid confrontation communicates a lack of empathy for the caregiver, which may harden their refusal into outright rejection.
 - b. At the same time, simply taking their word for it may further incentivise “soft” refusals within a community or area, if it becomes known that these kinds of refusals will go unchallenged.
 - c. Further complicating matters, the truthfulness of a claim of unavailability may be difficult or impossible to discern in the moment.



COMMUNICATION APPROACH

Gently probe into the issue to see if the caregiver is willing to explain further, and ask them to suggest a time that would work for them to create a sense of reciprocity within your conversation.

1. Inform them that they and their children have the right to the vaccine, which is being provided free of charge, and that they are missing their chances to receive it when their children are unavailable. Ask them when their children will be home so they can return to vaccinate them.
2. If regional security allows, provide the caregiver with further information on when health workers will visit, as well as alternative places and ways (health camps and other healthcare facilities) to get the vaccine.
3. Ask them to talk to their neighbours about the vaccine and the days the health workers are coming as well.

CAREGIVER & INFLUENCER MESSAGES »

» CHILDREN ARE NOT AVAILABLE CONTINUED



CAREGIVER MESSAGES

Introduce yourself to the caregiver, including your name, role, and origin and who you know in the area who would be known to the caregiver.

1. I'm sorry to hear that your children aren't around. It's all right, we will be returning [insert date] to try again. You and your children have the right to these vaccines, free of charge, so it's important that we find a time when they can get them. Otherwise, they won't be getting what is fair for them, and what they need to protect them – and your family – from polio. May I ask where they are and why they couldn't be here to get their vaccines?

Is there anything we can do to ensure they are protected?
What is a better time for us to return to protect your child?

2. When would be a good time for us to come back? Is there a period of time when your children are typically home?
3. Would you be willing to discuss this with your family, friends, and neighbours? We want everyone to know his or her rights, and we want everyone to take advantage of this service, which is being provided at no charge.

Note: If communities are offering alternative times that would be more convenient for them, make sure there is a way for this information to reach programme managers who can alter microplans for the next round.



INFLUENCER MESSAGES

Introduce yourself to the Influencer, including your name, role, and origin and who you know in the area who would be known to the influencer.

1. Some of the parents in your area have been telling us their children aren't around when we come with vaccines for polio. We worry they don't understand that they and their children have a right to these medicines, and that they are going to miss their chance because it isn't clear when they need to be home to get them. Would you be willing to talk to your community about this and let them know that they need to have their children there so they can receive what is rightfully theirs?
2. We are also open to coming by at different times, if it would be more convenient for some parents. When do you think would be the best time?





BELIEF THAT POLIO IS CURABLE



PROBLEM

1. Caregivers may believe that polio is curable, especially if they have seen someone exhibit key symptoms from which they recovered while receiving care.
2. Although polio is not curable, children do sometimes recover from the symptoms, and it is natural for people to assume that all paralysis is the same, implying that polio is curable.
3. These experiences, whether firsthand or hearsay from trusted sources, provide a credible basis for the incorrect belief to caregivers that cannot be refuted simply.



COMMUNICATION APPROACH

1. Empathise with the caregiver and gently probe them about their belief that polio is curable and the reasons they believe it.
2. If their belief is based on anecdotes of recoveries from polio, do not tell them they are wrong, or that the stories they have heard are false. Instead, express amazement and gratitude for the miraculous recovery of those children.
3. Explain that it takes a miracle to recover from polio, and that in all your time working as health worker, you have never seen this happen.
4. Within that context, we should all hope for miracles for the sick, but it's more reliable to take action and protect children through vaccination, instead of leaving it to chance.
5. If they simply hold erroneous beliefs, provide correct information without disagreeing with them directly or telling them that they are wrong.

CAREGIVER & INFLUENCER MESSAGES »



» BELIEF THAT POLIO IS CURABLE CONTINUED

**CAREGIVER MESSAGES**

Introduce yourself to the caregiver, including your name, role, and origin and who you know in the area who would be known to the caregiver.

1. That's interesting that you think that polio is curable. I want to understand more. Can you tell me why you think that?
2. [If beliefs are based on anecdotes of recovery] That is amazing, and we should all be thankful for such a miraculous recovery. Thank you for sharing that story with me. I wish that all children could be so blessed. If they were, then I would not need to do this work, and I could turn toward other things. Unfortunately, most children are not so lucky, and it's far safer to vaccinate children and give them certain protection than to risk their paralysis by hoping and praying for a miracle. That's why we must be vigilant.
3. [Otherwise] I understand how you feel, and I thought about that, too. But then I found out that very few children are lucky enough to recover from those effects of the disease and that home remedies and other medicines don't work reliably. I wish that all children could be so blessed. If they were, then I would not need to do this work, and I could turn toward other things. Unfortunately, most are not so lucky, and it's far safer to vaccinate children and give them certain protection than to risk their paralysis by hoping and praying for a miracle. That's why we must be vigilant.

**INFLUENCER MESSAGES**

Introduce yourself to the influencer, including your name, role, and origin and who you know in the area who would be known to the influencer.

1. Has anyone you've spoken to said that they think polio is curable? What did they say? Why do you think they feel that way?
2. I understand why someone would feel that way, and it's good to be hopeful. But the truth is that very few children recover from the symptoms, and home remedies and medicines simply don't work. It's pretty much a miracle when a child makes a good recovery, and we would be truly lucky if it happened more often. Unfortunately, most are not so lucky, and it's far safer to vaccinate children and give them certainty in their protection against polio than to risk their paralysis by hoping and praying for a miracle.
3. Together, I hope we can spread this message: don't rely on miracles when there's a safer way. Vaccinate your children.
4. Please, talk to your friends, neighbours, and community about this, and please let us know how we can help spread the truth about polio.



VACCINE-DERIVED POLIOVIRUS (VDPV)



PROBLEM

As wild poliovirus declines in threat, vaccine-derived poliovirus has the potential to increase as it mutates in the environment

1. If this occurs AND there are enough unvaccinated children within the area, it is possible that an outbreak will occur.



COMMUNICATION APPROACH

VDPV outbreaks are addressed in exactly the same manner as other outbreaks, and sufficient vaccination coverage of children is the key to ending the outbreak. As such, there is no need to actively communicate about VDPV specifically, unless knowledge of VDPV is a specific source of refusals and people begin to believe that the vaccine is unsafe because of it.

1. In such a case, it must be emphasised that VDPV is only a threat to children who have not been vaccinated, and that properly vaccinating children with all antigens affords them complete protection against all diseases, including wild poliovirus and VDPV.

CAREGIVER & INFLUENCER MESSAGES »



» VDPV CONTINUED



CAREGIVER MESSAGES

Introduce yourself to the caregiver, including your name, role, and origin and who you know in the area who would be known to the caregiver.

1. I can see how you would feel this way. I've felt this way, too, with the children in my family. But then I found out that it is actually completely safe, and I've never seen any child get seriously ill from taking the vaccine. The worst thing that can happen is a slight fever, which is normal and a sign that the body is using the vaccine to become immune to polio.
2. We've been giving the vaccine for years in this [community/village/neighbourhood/city/area], and all of the children are fine. If you think about it, you already know so many people who take it whenever we come by, and they don't have any problems. You probably know most of them very well, too. Your [community leaders] and [religious leaders] have also given their children this exact vaccine, and they are perfectly healthy. That's because we all know that it is completely safe. We're fortunate that there is such an easy way to prevent this disease. It is a wonderful thing.
3. Giving the vaccine doesn't just protect your children, it will actually help us completely stop polio from harming the children in our community. If you'd like, I can take some of the vaccine right now with your child. It's only helpful, there's no risk at all to anyone from taking it.



INFLUENCER MESSAGES

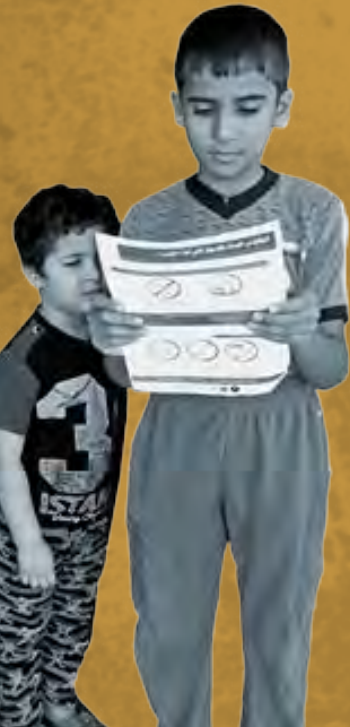
Introduce yourself to the influencer, including your name, role, and origin and who you know in the area who would be known to the influencer.

1. How many people in your community have taken vaccines, including you and your family? And no one has ever gotten sick because they are perfectly safe. Taking them is just normal. And when we give them to all our children, we can protect all of our families and the entire community from disease. We're fortunate that there is such an easy way to prevent this disease. It is a wonderful thing.
2. Some people seem to worry that the vaccine is unsafe. That's okay; it's good to worry about your children and their health. We want them to know that it is safe and that nothing bad ever happens to the children to whom we give the vaccine. They can see the proof: we have given it to children in the community before, and those children are perfectly healthy and polio-free. We hope that you will help us by talking to your family, friends, neighbours, [and community/religious following if applicable] about how safe the vaccine is and how they actually do know so many people who have taken it.

COMMUNICATION PLANNING WORKSHEET

The Communication Planning Worksheet applies the principles discussed in previous sections and contains the key questions necessary to plan a strategic communication campaign that is aligned with the global strategy. By answering each of the questions, you will identify, refine, and make important decisions regarding the communication you will create. After completion, the worksheet serves as a point of reference for the development of all new communication tactics, including social mobilisation and IPC.

The worksheet's sections correspond with sections of the guide, and more information and analysis about each of the section's focus area can be found there.

A photograph of the Communication Planning Worksheet form. The form is orange and white, with three main sections numbered 1, 2, and 3. Section 1 is titled 'COMMUNICATION PROBLEM' and includes a question about the communication problem and a space for the audience. Section 2 is titled 'WHAT DO YOU WANT THEM TO DO AS A RESULT OF THIS CAMPAIGN OR TACTIC?' and includes a space for the goal. Section 3 is titled 'WHAT IS CURRENTLY KEEPING THEM FROM DOING THIS?' and includes a space for barriers. A yellow pencil is resting on the form.

COMMUNICATION PROBLEM

1

WHO AM I COMMUNICATING TO WITH THIS CAMPAIGN OR TACTIC?

☒ CAREGIVERS ☐ INFLUENCERS:

 AUDIENCE

Pashtun fathers with children under the age of five in FATA who refuse to vaccinate their children.

2

WHAT DO I WANT THEM TO DO AS A RESULT OF THIS CAMPAIGN OR TACTIC?

Vaccinate their children and advocate vaccination within their community.

 GOAL

3

WHAT IS CURRENTLY KEEPING THEM FROM DOING THIS?

 BARRIERS

They don't trust health workers because they are suspicious of their government affiliation.



AUDIENCE:

1

Focus on a specific group of people you want to address, and give as much relevant detail as possible:

- Age, Gender, Cultural Affiliations, and Social Status
- Attitudes, Beliefs, and Perceptions
- Behaviours

For more information, refer to the [AUDIENCE ANALYSIS](#) section on page 10.



GOAL:

2

Identify the new behaviour or perception you want the people to do or have. It is ideal to state goals in simple and direct language.

The goal is also how we can measure our success, so it should link to specific criteria, like frequency of behaviour.



BARRIERS:

3

It's critical to understand why people aren't already perceiving or behaving how we desire, as stated in the goal section.

Identifying the barriers can start with a hypothesis and can be strengthened or validated by research. The barriers point us toward the right strategic communication solution.

For more information on barriers, refer to [BARRIER ANALYSIS](#) on page 5.

COMMUNICATION SOLUTION

4

WHAT SINGULAR MESSAGE DO I WANT TO COMMUNICATE?



MESSAGE

Health workers are moral, trustworthy, and competent individuals who come from your community.

5

WHY WILL THIS AUDIENCE BELIEVE THIS MESSAGE?



PROOF POINTS

Communication will humanise the health worker and portray their genuine concern for children. They will also make vaccination a social norm within the community.

6

HOW WILL THIS MESSAGE REACH THE PEOPLE IT NEEDS TO?



CHANNEL

- Through their preferred radio shows
- Through influential religious leaders who communicate with the mothers on a regular basis
- Through posters and leaflets distributed at health centres and through maternal workers
- Through significant and credible women vaccinating their child and discussing its importance



MESSAGE:

4

Focus on crafting the most essential message that addresses the barriers you've identified, and connect it to your communication goal. This message is what you want the audience to understand from your communication.

It is helpful to evaluate and use the [CREATIVE CONCEPTS](#) (page [50-67](#)) in this guide as a starting point for crafting your message.



PROOF POINTS:

5

Focus on what we can include in the communication to persuade the audience that they should believe the message. For example, it could be rational or scientific proof we add to the message, or it can be the right person (e.g. an influential local leader) delivering it.

As with the barriers section, this can be explored through research to test and identify what kinds of proof are most effective for this audience and message.

Please refer to the [GUIDING PRINCIPLE TWO](#) (Global Guidepage [13](#)) for more information on factors that can influence this section of the planning document.



CHANNEL:

6

Explore and focus on the best ways to deliver our message and proof points to the audience.

Include as much detail about the channels you want to use as possible, as this section will play a critical role in how the actual communication is created.

For help with this section, please refer to [MEDIA CHANNEL SELECTION](#) on page [45](#).

MEDIA CHANNEL SELECTION

Media decisions in an Enduring Outbreak should be based on the situation in the affected regions and the media channel performance prior to and during the outbreak. When reviewing media channel performance, also consider what publicity the programme has received and how it has assisted or hindered the programme's progress. This will determine whether your media strategy should adopt a high-or-low visibility approach.

By using the ROOT CAUSES IDENTIFICATION TOOL (page 8) and the COMMUNICATION PLANNING WORKSHEET (page 42), you should have already identified the barriers that remain and determined how best to address them with messaging. The next step is to identify which specific media channels are most effective in getting caregivers to either allow health workers in the home or take their children to the clinics or camps where vaccination occurs.

MEDIA CHANNEL PLANNING »



When planning your communication, you should identify your intended population's preferred channels and media use, the objectives for using each channel, as well as their capacity for passing on information within our target population's social network. Answer the following questions to determine media channel planning in an Enduring Outbreak.



EFFECTIVENESS OF THE CHANNEL

- What channels were most effective in changing behaviour over the last six to 12 months? Have you done any survey or focus group work to determine this?
- Which channels showed the quickest “wear-out” (i.e., failure to resonate or engage the audience)? Did the messaging no longer resonate with caregivers because of the message, creative execution, or the media channel?



CHANNEL TARGETING

- Are some channels better for reaching rural populations? Urban targets?
- Do some channels reach men more effectively than women, and vice versa? How about younger and older generations?
- If the outbreak has not been closed because of specific geographical targets, can targeted micro-media efforts be used? This could also include communities that are separate from the general population for other reasons as well (languages, tribal areas, religious sects, etc.).



COST OF USING THE CHANNEL

- Which channels are more cost-effective to use than others? Radio versus TV?



BEYOND PAID MEDIA

- What kind of earned media and/or publicity is the campaign receiving, and what actions can be taken to utilise or improve earned publicity?
- Is there a need to use more “interruptive” media such as stunts or live events versus paid media?
- What is the role of ICT channels to allow for social media impact beyond paid media?
- Can popular culture in the form of music, entertainment, or celebrities be a media channel to reach a broader or perhaps less-interested audience?

CHANNEL ROLES IN ENDURING OUTBREAK

CHANNEL	SUMMARY	IMMEDIATE RESPONSE COMMUNICATION PHASE
NEWS MEDIA & PR (PRINT & ELECTRONIC)	Quick to implement. Lowest cost with high credibility, but mostly for literate populations.	Provide specific information about the outbreak and explain children's risk—provide disease info, associated risks, and confirms that vaccine is the only way to protect.
RADIO	Informational, quick to implement, and low-literacy. High penetration, particularly in hard to reach areas. Allows for diverse formats: music, poetry, entertainment, informational.	Stress that polio is a serious risk and that vaccination is the only way to protect their children. Communication should be direct, and urgent and convey safety, OPV efficacy, and campaign info.
TV	Highest impact but high cost. Best medium for eliciting emotions. Reaches mostly urban areas.	Create ground level visibility of campaign efforts. Attract attention of target audience, provide campaign dates, and promote desired behaviour.
BANNERS & BILLBOARDS	Information about the campaigns at the point of service or leading up to it. Ground level visibility should complement electronic media messages and style.	Attract attention of target audience, provide campaign info, and promote immediate action.
LEAFLETS	Educational, personal information, high resonance. Can be adapted to various literacy levels.	Provide more detailed information about OPV safety and efficacy. Can include explanatory visuals for non-literate audiences, games for children, give aways like calendars for caregivers.
IPC (INTERPERSONAL COMMUNICATION)	High impact, high resonance.	Best medium to facilitate two-way dialogue with communities.

CHANNEL ROLES IN ENDURING OUTBREAK

CHANNEL	EDUCATIONAL	IMPACT/ RESONANCE	CAMPAIGN INFO/ LOGISTICS	IMMEDIACY (TIME TO DEVELOP)	LOW COST	LOW LITERACY
NEWS MEDIA & PR (PRINT & ELECTRONIC)	✓			✓	✓	
RADIO	✓			✓	✓	✓
TV		✓				✓
ON-SITE BANNERS				✓		✓
BILLBOARDS/ POSTERS		✓	✓	✓		
LEAFLETS & BROCHURES	✓	✓				
IPC (INTERPERSONAL COMMUNICATIONS)	✓	✓	✓			✓

There are two conceptual territories to use as a basis for creating mass communication in Enduring Outbreaks. Each looks at health workers and children's health from a slightly different perspective and can be tailored to address particular issues more directly. Which campaign you would choose will depend largely on the audience barriers that you have identified.



WE ARE ALL INTERTWINED

The **We Are Intertwined** campaign may be used to leverage the supportive social norms, values, and messages that promote repeated vaccination to incite collective action and community protection. This concept may be useful in settings where the social support system for repeated vaccination is weak, or if individual families are growing tired of repeated campaigns.

STRANGERS NO MORE

Building on the social norms approach of "Intertwined," **Strangers No More** is appropriate for communication that directly support building trust for the frontline health workers who are leading vaccination or other health efforts. This campaign can be useful in settings where the health workers are unfamiliar or have low trust from target populations.



The core of this concept is the idea that immunisation and children's health are shared community obligations and that the community remains strong only if every child is protected. It depicts the positive behaviour of immunisation support and acceptance.

Drawing inspiration from the rich tradition of textiles in many of the at-risk regions, it takes the metaphor of community as fabric and uses it to illustrate our interconnectedness, and the superior value of a collective gain.

In other media, the metaphor is extended by showing other kinds of interrelationships and connectivity, such as a truck driver who is connected to others through his travel or a brick worker connecting bricks to build a strong foundation for a home. In these stories, we also have the ability to depict the health worker in a very positive heroic light so as to remove any barriers to acceptance and access. The goal is to socially normalise immunisation by emphasising the collective responsibility to vaccinate every child for the good of all children.

SELECTION CHECKLIST

- ☐ General appeal for the importance of immunisation
- ☐ Overcome fatigue from perception of too many immunisation campaigns
- ☐ Overcome antivaccination sentiments
- ☐ Shift from a sense of individual responsibility to communal responsibility and protection

HEADLINE

For the good of all children, vaccinate your child with polio drops.

TAGLINE

Because we are all intertwined.

BODY

Polio germs can be transmitted from one child to another. If your child is five years old or under, you MUST have them vaccinated each time.



This concept uses the metaphor of a brick wall to bring to life the importance of communal strength and responsibility. Showing images children chalk drawn onto bricks, we see a hand placing a brick and completing the chain. The copy reinforces the point by declaring that you must vaccinate your child for the good of all children.



This poster uses images lifted from a TV spot to provide visual connectivity across channels. The health workers are positively portrayed as contributing to the community, all of whom are shown in a graphic pattern made up of diamond shapes from the logo.

This television commercial was produced in Pakistan and addresses the Pashtun audience in the highest-risk areas. The commercial metaphorically links to building a strong foundation for a house with the actions necessary to build a strong community. It shows how every child is critical to the strength of a community, and how the health worker plays a key role in the community to protect children.

SCRIPT



Open on a village. We see children playing while their mothers look on. In the background, a bricklayer is building a wall.



Voice-Over (VO): Mazboot bunyaad ke liye, har eent zaroori hai.
(*Every brick is necessary to build a strong foundation.*)



VO: Aisey hee, qoum ki mazbooti ke liye, har bachay ko polio ke qatray pilwana bhi zaroori hai.
(*In the same way, we need to give polio drops to every child to strengthen our community.*)

RATIONALE

First we establish the scene by showing the people in the community together.

Then we establish the metaphor...

...before connecting it to polio immunisation.

SCRIPT (CONT.)



Two health workers enter the scene.

VO: Jis din hamara har bacha polio kay qatray pee lay ga, hamaray saray
(All our children will be safe the day every child is vaccinated with polio drops.)



Kids wave at the workers.

VO: bachay mehfooz ho jayen gay.
(Make the community strong.)



As the health workers approach...



...the kids gather together, along with the mothers holding infants.

RATIONALE

Now we introduce the health workers and show community acceptance, reinforcing the idea of polio immunisation as a social norm.

SCRIPT (CONT.)



VO: Qoum ko mazboot banayen
Tamaam bachon ki behtri ke liye,
apnay bachay ko polio ke qatray
pilwaayen.
(Give polio drops to your child, for the
good of all children.)



Health worker pats on the little one's
head and smiles.

Kids walk with the health workers
toward the village.



VO: Kiyon ke hum ek doosrey ki
zindagi se jurey huye hain.
(Because our lives are intertwined.)

The kids show off their painted
fingers.



Logo/lockup.

RATIONALE

The children appear comfortable around the health workers, who demonstrate that they genuinely care for the children - signifying that the health workers are trustworthy and welcome in the community. The actors chosen to depict the health workers are also culturally appropriate.

The children follow the health workers as they walk into the village. The health workers acceptance by the children and the community reinforces the sentiment that they are here to help, not harm.

The boy shows his painted finger—signifying vaccination.

Display logos at end in conjunction with appropriate partner organisations to assist in building brand familiarity among the target audience.

This television commercial was produced in Pakistan and addresses the Pashtun audience in the highest-risk areas. By comparing a community to a complex system of interrelated parts, it shows how every child is critical to the strength of the community, and how the health worker plays a key role in protecting the children.

SCRIPT



Open on a moving truck. Close up on a tire. We see it going flat.

VO: Sawari ka agar ek bhi payya sahi se na ghoomain, tu saffar dushwaar ho jata hai.

(Even if one wheel of a vehicle does not operate properly, the journey can become troublesome.)



We see the driver fixing his tire at a nearby village.

A health worker who is passing by stops and helps. In the background we see kids playing and women holding infants.

VO: Hamari qoum ka agar ek bhi bacha polio ke qatron se reh gaya, tu har bachay ko khatra hota hai.

(Even if one child in our community remains unvaccinated, all our children are at risk.)

RATIONALE

First we establish the metaphor of the system of parts that need to work together for the whole to be strong.

Next we link it to the community responsibility of vaccination.

SCRIPT (CONT.)



The kids are happily playing, imitating the actions of the driver and health worker fixing the tire.

VO: Jis din hamara har bacha polio kay qatray pee lay ga, hamaray saray bachay mehfooz ho jayen gay.
(All our children will be safe the day every child is vaccinated.)



The tire is fixed. We see the truck move on, the health worker goes in the village with the kids playfully following him.

VO: Qoum ke mustaqbil ko behtar banayen. Tamaam bachon ki behtri ke liye, apnay bachay ko polio ke qatray pilwaayen
(Make the future of our community better. Vaccinate your child, for the good of all children.)

Logo lock up.



RATIONALE

And shift to the value and importance of building towards the future.

Finally, we deliver the call to action supported by that community responsibility.

This is a script for an unproduced commercial that uses the familiar metaphor of the fabric of a community to bring to life the idea that the health worker is intertwined into the community.

SCRIPT



Open on a close-up of a needle running through traditional embroidery. A man's voice narrates.

VO: *Our lives are interwoven.*



We pull back to that it's a girl's hand pulling the needle.

VO: *We carry on traditions...*



The frame widens; We see she is a part of a group.

VO: *...share experiences, and pass down the wisdom we've earned.*

RATIONALE

We open with a comparison between the construction of fabric and community.

Shifting perspective to a broader community while discussing the benefit of communal engagement reinforces the idea.

SCRIPT (CONT.)



One of the weavers gets up and collects a cooler.

VO: *And woven into our community are the Guardians of Health workers.*

The husband hands the mother a health worker's cooler from nearby the doorway. They exchange an affectionate look, and she exits.

The camera follows her outside.

VO: *By bringing safe, effective drops to help protect our children from polio, they work to make our whole community stronger.*

End lock up.

VO: *Every child's health depends on the immunisation of all our children. We are all intertwined. Guardians of Health.*



RATIONALE

Having met our characters in the context of weaving, we now shift to expanding our understanding of them to include the role of the health worker via the cooler. This firmly establishes the health worker as being a member of the community both literally (she's part of a group that is depicted on screen) and figuratively.

We use her transition from a private space to a public one to talk about the work they do to strengthen the community and to frame the effort as being in the service of protecting children.

At the end we come full circle to the idea of immunisation as a communal responsibility.

RADIO SCRIPTS

“WE ARE ALL INTERTWINED”

VO: Like the threads of a cloth, our lives are interwoven. We carry on traditions with family, share experiences with neighbours, and pass down the wisdom we’ve earned to our children.

And also woven into our community are the health workers who are strengthening it by bringing safe, effective drops to help protect our children from polio.

Vaccinate your child for the good of all our children, because we are all intertwined.

“BRICK”

VO: Every brick is necessary otherwise the wall can become weak. It is necessary to give polio drops to every child in our community, otherwise the whole community can become weak.

All our children will be safe the day every child is vaccinated. Make the community strong.

Vaccinate your child, for the good of all children.

“TRUCK”

VO: Even if one wheel of a vehicle does not operate properly, the journey can become troublesome.

Even if one child in our community remains unvaccinated, all our children are at risk. All our children will be safe the day every child is vaccinated. Make the future of our community better.

Vaccinate your child, for the good of all children



Knowing something about someone—their hometown, tribal, or religious affiliation or even just their name—changes how you feel about them and how you behave with them.

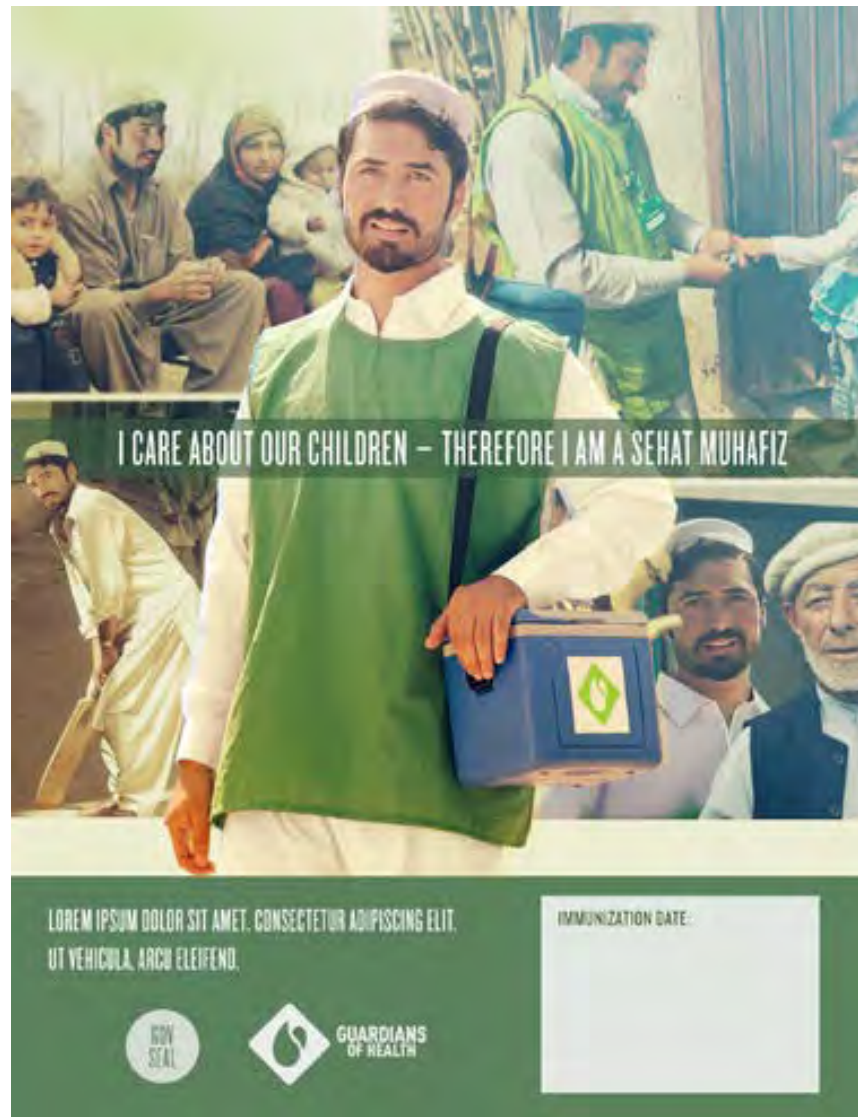
If you look at health workers solely through their role, you will be less likely to listen to them than if you have a bit of context. This concept creates a context of trust around the health workers by humanising them. In mass media, we meet them through their background and interests and then pivot to their roles as health workers.

This extends all the way through IPC training by asking our health workers to first introduce themselves (“Hello! My name is Baharwar. I am from Peshwar. How are you?”) before engaging on the subject of inquiring about the children. This concept is specifically designed to change the general perception of the health workers, though the IPC techniques are universally applicable regardless of conceptual area.

SELECTION CHECKLIST

- ☐ Overcome failure at point of service due to lack of trust
- ☐ Caregivers believe that health workers are “part of the establishment” and do not genuinely care about the health of children.

When shown as a poster or print ad, we portray a single health worker through his or her other affiliations, activities, and interests. The headline works as a slogan connecting responsibility to the children with working as a Guardian of Health.



The composition of the print ad contrasts a featured portrait of a health worker dressed in field gear contrasted with images of his personal life and interests. Here we show him variously as a family man, a cricketer, connected to an important member of the community and immunising a child.

Note: while this example features a man, the concept lends itself to a woman just as easily.

The premise of the radio spots is simple: introduce the health workers through relatable interests and activities and then connect their personal story to immunisation using community responsibility and social norms. The first two feature men, then the others explore women and children as messengers of this idea.

SCRIPTS

“THIS IS WHY/MAN 1” RADIO :30

Sound Effects (SFX): People cheering

Man's voice (VO): When Pakistan plays India, I am a cricket fan.

SFX: people arguing in a market place

VO: When I am buying groceries, I am a negotiator.

SFX: Mechanical tools whirring

When something needs mending, I am a handyman.

VO: But every day I am a proud member of my community.

SFX: Children laughter

VO: This is why I am a Sehat Muhafiz, to protect my community's future – our children.

Until every child is safe from polio, all our children are at risk. This is why you must get every child under five vaccinated with polio drops every time it is offered by your community's health worker.

Because our lives are intertwined.

[Government endorsement]

“THIS IS WHY/MAN 2” RADIO :30

Sound Effects (SFX): Men laughing

Man's voice (VO): When I'm sharing old stories, I am a friend.

SFX: Child's voice

VO: When my children need guidance, I am a father.

SFX: Plaintiff musical phrase

VO: When my wife needs support, I am a husband.

VO: But every day I am a proud member of my community.

SFX: Children laughter

VO: This is why I am a Sehat Muhafiz, to protect my community's future – our children.

Until every child is safe from polio, all our children are at risk. This is why you must get every child under five vaccinated with polio drops every time it is offered by your community's health worker.

Because our lives are intertwined.

[Government endorsement]

SCRIPTS

“THIS IS WHY/WOMAN” RADIO :30

SFX: Sounds of children learning numbers

Woman's Voice (VO): When the children have homework, I am a teacher.

SFX: Music bed

VO: When I clean the house, I am a homemaker.

SFX: Sounds of frying

VO: On the days we have a get together, I am a chef.

VO: But every day I am a proud member of my community.

SFX: Children laughter

VO: This is why I am a Sehat Muhafiz, to protect my community's future – our children.

Until every child is safe from polio, all our children are at risk. This is why you must get every child under five vaccinated with polio drops every time it is offered by your community's health worker.

Because our lives are intertwined.

[Government endorsement]

“THIS IS WHY/CHILD” RADIO :30

SFX: Children laughter, playing

Child's Voice: My father teaches me about the importance of hard work.

My mother teaches me about the importance of respecting your elders and loving your family.

But one thing that both of them said is: "always take pride in who you are and in your people."

That is why our 'Sehat Muhafiz' are so important, to protect our community's future.

Adult's Voice: Until every last one of us is safe from polio, all of us are at risk. This is why we must get every child under five vaccinated with polio drops every time it is offered by our community's health worker.

Child's Voice: Because our lives are intertwined.

[Government endorsement]

This script shows how this idea might come to life in a television commercial. We meet our health worker through a series of relatable moments before finding out she's also a health worker who is working to immunise children from polio.

SCRIPT



Open on a man at prayer.



Cut to: After prayer, he joins a group of other men for tea.



Cut to: The man sits in the courtyard of his home, talking with his two children. His wife feeds some bread to the youngest child .

RATIONALE

We first see our hero in a setting that allows us to see him as a person of good standing.

Seeing our hero in a social setting demonstrates his connection to the community.

Seeing him engage with his own children establishes our hero as someone who cares about his responsibilities, to his own family, and the broader community.

SCRIPTS (CONT.)



Cut to: His wife brings him his green health worker uniform and he goes out among the community.

VO: *As a father, taking care of children is important to me because our children are our future.*



Cut to: He walks through the streets of his community, waves a greeting at local shopkeepers, and receives a wave in return.

VO: *Until every child is safe from polio, they are all at risk. This is why we must get every child under five vaccinated with polio drops every time it is offered.*



Cut to: he's on the street with another health worker, marking the finger of a little girl he has just vaccinated who is held in the arms of her father. The child's father and our health worker shake hands, and he moves off, stopping to retrieve a cricketball for some young children.

VO: *Because our lives are intertwined.*

RATIONALE

After having established him as someone the viewer can relate to, we reveal his second role of health worker.

By the wave of acknowledgement, we demonstrate his connection to the community

Finally we see him work, being accepted by the community he serves.

This script shows how this idea might come to life in a television commercial. We meet our health worker through a series of relatable moments before finding out she's also a health worker who is working to immunise children from polio.

SCRIPTS



Open in the courtyard of a modest house.

A woman pours tea for her husband and his parents in the courtyard of a modest house, as their son talks to his grandfather.



Cut: Some women are sitting together having tea, while children play around them.

VO: *As a mother, taking care of children is very important to me...*



Cut: one of the women is sitting with her mother-in-law, who is showing her a finer point of knitting and embroidery.

RATIONALE

We first meet our heroine in a family setting. By showing her taking care of her family, including her inlaws, we reinforce that she takes her domestic responsibilities seriously

Showing her in a social setting reinforces the fact that she comes from and cares about the community.

Her lessons represents tradition and knowledge handed down, as well as subtly symbolising the fabric of the community.

SCRIPTS (CONT.)



Cut: She cares their youngest child.



Cut: She's collecting her things getting ready to go out. Her father in law steps into the doorway. She looks back at him and he nods almost imperceptibly. She allows herself a little smile as she steps out.

VO: *Until every child is safe from polio, they are all at risk. This is why we must get every child under five vaccinated with polio drops every time it is offered.*



Cut: she is standing at a doorstep, marking the finger of a little boy she has just vaccinated while his parents and older brother look on. He looks up to her and smiles.

VO: *Because our lives are intertwined*

Logos lockup, etc.

RATIONALE

We show her as a mother.

As she steps away from her home to work as a Guardian of Health, she receives her father in law's endorsement. While we want to show women as engaged and involved, we need to be sensitive to local cultural mores.

Finally, we see her as a health worker being positively received by the community.

MEASUREMENT, MONITORING, & EVALUATION

MONITORING YOUR CAMPAIGN

Monitoring, also referred to as process evaluation, is the routine (day-to-day) tracking of activities and deliverables to ensure that the campaign is proceeding as planned.

MONITORING CAN:

- Uncover problems or deviations from the campaign
- Provide information for improved decision-making
- Measure behaviour changes

If necessary, adjustments to message, materials, or activities can be made in a timely manner.



KEY ACTION STEPS



1. DEVELOPING MONITORING INDICATORS

Develop indicators to reflect variables that affect a caregiver's choice to vaccinate his or her child. When developing indicators it is helpful to consider the stages of the caregiver's journey.



A. AWARENESS

- Awareness of polio
- Awareness of the vaccine
- Awareness of where and how to get vaccinated
- Awareness of the campaign:
 - Brand recall
 - Message recall
 - TV and Radio impressions
 - Social Mobiliser and Town Crier



B. RESONANCE

- Perception of the programme
- Perception of programme elements
 - Media: TV, Radio, Print, etc.
- Perception of programme staff
 - Health workers, social mobilisers, etc.
- Perception of campaign partners
 - MOHs, NGOs, etc.



C. CONSIDERATION

- Intent to vaccinate: one time, sometimes, everytime
- Perception of polio as likely and serious
- Understanding importance of polio vaccination
- Perception of OPV as safe and effective
- Understanding of herd immunity



D. HEALTH WORKER CONTACT

- Perception of health worker as:
 - Part of the community
 - Honest, moral, and trustworthy
 - Competent



E. VACCINATION

- Number of successful vaccinations
- Missed children
- Reasons for missed children



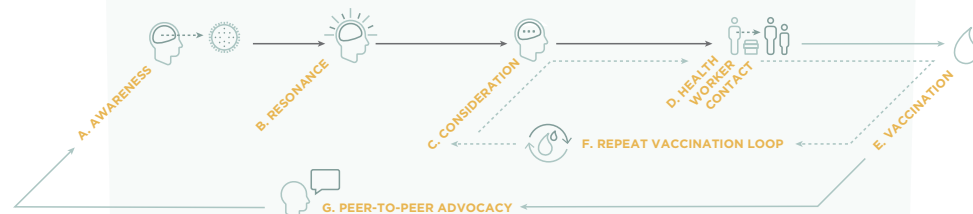
F. REPEAT VACCINATION

- Intent to vaccinate again
- Vaccination coverage
- Repeat vaccination success



G. PEER-TO-PEER ADVOCACY

- Number and reach of social mobilisers
- Percentage of microplans updated with social maps





2. PREPARE AN OPERATIONAL PLAN

How will you collect the data for each indicator? What are your source(s)? Who will collect the data and when? What are the costs? When outlining your plan, be mindful of ethical practices of ensuring the privacy and security of information regarding programme participants.



3. DEVELOP MONITORING DATA COLLECTION TEMPLATES

Create or adapt the tools that programme staff will use to conduct monitoring activities. For example:

- Detailed Case Investigation forms, Special Investigation Forms adapting the Global Forms
- Independent Monitoring forms, adapting the Global Guidelines and Forms
- Campaign Observation checklists
- Weekly brief survey questionnaires, using RapidPro or other technology if available
- Audience Assessment surveys
- Quarterly focus group discussions or other qualitative or anthropological research
- Knowledge Attitudes and Practices Studies (KAP) using Harvard Polling questionnaire and methods, if appropriate



DATA COLLECTION METHODS

There are many methods for collecting quantitative and qualitative data.

The method(s) selected to monitor a programme will depend on the purpose of the programme, the users of the findings, the resources available to collect data, the accessibility of study participants, the type of information (e.g., generalisable or descriptive), and the relative advantages or disadvantages of the method(s). All programme monitoring should aim to use mixed methods (i.e., a combination of quantitative and qualitative research) to capture multiple facets of programme outcomes and to triangulate the findings.

Source: UNICEF, MNCHN C4D Guide Model 2:
http://www.unicef.org/cbsc/index_65738.html





4. DEVELOP A DATA ANALYSIS APPROACH

Describe what information will be analysed, how, by whom, and by what dates. It is helpful to create dummy tables for the data analysis.



5. DEVELOP MONITORING REPORTING TEMPLATES

Create easy-to-use reporting forms that are mindful of the time it will take to complete and read. The format should be concise so that the information can be readily interpreted and acted upon. The Global Polio Eradication Initiative has several dashboards that exist for outbreak contexts that you should consult first.



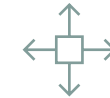
6. DEVELOP A MECHANISM FOR USING MONITORING REPORTS TO SUPPORT ON-GOING PROGRAMME ACTIVITIES

Create a process for reviewing monitoring reports, discussing them with staff, partners, and stakeholders as necessary, and delegating tasks to address any issue that are detected through the monitoring activities. This may be done through Communication Taskforces or other forums.



7. WRITE A REPORT ON THE FINDINGS AFTER EACH CAMPAIGN OR QUARTER

Communicating results effectively is critical if they are to be used for advocacy and re-planning. The narrative should be supported by graphics and illustrations to help the reader understand the findings. Translate the report into local languages as necessary to ensure the data reaches all critical stakeholders, particularly those who are implementing strategies at sub-national levels.



8. DISSEMINATE RESULTS

Share and discuss monitoring evaluation results with relevant partners, donors, and all stakeholders, communities, and programme/study participants as appropriate. Programme staff should seek out opportunities to convey evaluation results via briefings, websites, e-mails, bulletins, listserves, press releases, journal articles, conference presentations, and other appropriate forums. In order for the findings to be most useful, you should make sure that they are communicated using formats that fit the needs of the recipients.

