



## MINISTRY OF HEALTH

### **Guidelines for coordination of ACSM activities at National, County, District, Divisional and Health facility levels on the polio SIAs.**

#### **Introduction**

Kenya has been implementing Polio emergency campaigns in high risk districts. Advocacy and Social mobilization is a key component and it needs to be done well and in good time ahead of the campaign. There are important issues and lessons learnt from the previous campaigns that must be taken into consideration for more effective social mobilisation. These include:-

- Late starting of pre-implementation activities which resulted in low community awareness about the campaign
- Inadequate megaphones for announcements in settlements
- Town announcers announcing campaign is for under 5s
- Although some social mobilization activities were initially conducted, these were general and not focused on special target age groups eg there were no specific messages and activities to mobilize the youth, women and other groups
- Activities to engage the target age group in dialogue were minimal at implementation level especially use of community structures like churches, schools, community groups etc
- Lack of prior involvements of all stakeholders especially private institutions such as schools.
- Low involvement of local leadership such as chiefs, assistant chiefs, village elders etc
- Inadequate IEC materials
- Cases of non-compliance were reported – community members and schools
- Poor engagement of key stakeholders especially Ministry of Education
- Lack of persuasive skills especially why the multiple doses of polio. Lack of public awareness of the danger the country is at this time of polio outbreak.
- Inadequate involvement of health Promotion officers at County and District levels.

Key issues to be taken into consideration for the planning based on the lessons learnt

#### **Pre-implementation**

- Advance advocacy with ministry of education as well as heads of other private institutions so that all the structures are well informed and can mobilize all their networks
- Detailed plans that clearly identify the different target groups and appropriate targeted messages and strategies as appropriate.

- Special efforts to be made to have specific messages and strategies for reaching both special populations like physically impaired members of community, refugees, minority groups such as Asians etc
- Proper training of community mobilisers and vaccinators to deliver credible polio messages
- Divisional/Ward/village meetings should be conducted with the community to explain why several rounds of polio and to make them understand that this is their chance to ensure all their children and other eligible persons have been vaccinated now and future to protect themselves and others against polio disease.
- County and district to do pre campaign monitoring to assess level of awareness among the community

### **During Implementation**

- Community mobilization in the villages should be according to the microplans and should be determined by the vaccination teams
- Daily updates of social mobilization activities.
- Enhance in process monitoring and make documentations
- Responding to rumours and misconceptions, make documentations of any resistance and report to supervisor immediately for action.

### ***The following are key points to guide development of communication plans:***

1. The communication strategy: target audiences are political leaders, Influencers, caregivers, Health workers. Activities should be developed for each group. This is to be in line with the national POA.

**Plans should be completed and shared with all the stakeholders for support**

2. A detailed implementation plan/schedule of activities including timelines and responsible person should also be developed which will be used to monitor implementation by county and national supervisors.
3. IEC materials: National level will share electronic key messages and IEC materials prototypes with County levels by 2<sup>nd</sup> week of August. These should be in local languages where necessary and disseminated .
4. Advocacy activities with key stakeholders should be started now
5. The following list of key activities should guide the plans at each level

## **General guidelines on activities to be included in the advocacy and social mobilisation plan**

### **At the national and county levels**

- Advocacy activities with:
  - National governance/County governors
  - Parliamentary/County assembly and other key prominent personalities
  - Provincial/County/district and divisional officers
  - Involve line ministries such Education, Information, Youth, Women Affairs, Local Government,
- Advocacy/Sensitization meetings with:
  - Education stakeholders
  - Traditional and Religious Leaders
  - Professional Medical Bodies where necessary
  - Religious Bodies (Churches, Supreme Council of Islamic Affairs/imams)
  - Local NGOs and CBOs
- Hold regular planning meetings with key stakeholders to develop county/district plans were not available, and do resource mobilisations.
- Undertake joint social mapping
- Undertaking media briefing
- Disseminate materials such as posters, factsheets, fliers
- Media activities before and during campaign
  - Jingles and media announcements and media spots
  - Special programmes: discussion, phone- in
  - Print media coverage
- Prepare for launches

### **At the District level**

- Advocacy/Sensitization meetings with:
  - District commissioner
  - Ward representatives,
  - Religious & Traditional Leaders
  - Other influential/opinion leaders (women, youth , etc)
  - Local NGOs and CBOs
  - Meetings and writing letters to school headteachers, religious leaders etc
- Announce the campaign at key activities such as meetings, festivals, ceremonies etc
- Train district, community mobilisers and Town announcers and ensure proper deployment
- Good dissemination plan for IEC and key messages (PAS, megaphones, leaflets, posters etc)
- Disseminate messages (jingles, announcements, drama, etc) and materials with the campaign dates and key messages
- Ensure banners at strategic place
- Ensure Hard to reach communities mapped out, involved and reached
- Hold a planning meetings with local stakeholders for joint planning and resource mobilisation including development of ACSM plan and schedule of activities

## **Divisional levels and Health facility Level**

- Conduct sensitization meetings with:
- The divisional stakeholders forum including District officer and other divisional leaders
  - Traditional and Religious Leaders (Village Heads, Ward reps, Imams)
  - Mobilize local NGOs and CBOs
  - Mobilize community groups such as women, Youth Groups, merry go rounds etc
- Intensify interpersonal communication activities such as dialogues with the community to explain why polio campaigns now and future, they need to know have responsibility and opportunity of stopping polio transmission in their areas.
- Train Mobilizers to mobilize communities according to daily implementation plan.
- Scale up use of PSAs and megaphones ensuring correct message to be announced and to effectively cover settlements in catchment areas
- Use of mosques and churches for announcements. They should also give give dates as per microplans of the vaccination teams.
- Ensure timely information to schools through letters and follow-up visits
- .All health workers and public health officers, community extension workers be actively used to engage community and community units.
- Volunteers to be used to do house to house mobilization with correct message.
- For more information contact:

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