

Read the
Global Guide
before starting here



OUTBREAK

We define an outbreak as one or more cases of polio in an area that has been polio-free for at least six months.

When a new polio outbreak occurs, it is critical to maximise vaccine coverage within the affected region as quickly as possible to control the virus and minimise its spread.

POLIO GLOBAL
ERADICATION
INITIATIVE

unicef 



OUTBREAK

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OUTBREAK COMMUNICATION PHASES

The Outbreak communication strategy has two distinct phases:

- 1. IMMEDIATE RESPONSE COMMUNICATION**
- 2. ADAPTIVE PHASE COMMUNICATION**

The first phase focuses on informing the public about polio and campaign information as soon as possible, while the second phase entails crafting tailored, social norm-based communication to address reasons for missed children.



PHASE 1: IMMEDIATE RESPONSE COMMUNICATION (IRC)

Immediate Response Communication addresses the beginning of an outbreak and focuses on building, or rebuilding, caregivers' critical awareness around key variables. Within the immediate response phase, communication should be straightforward and clear. The primary goals are to urgently raise awareness of the outbreak, its progression, the disease, the vaccine, vaccination dates, and health workers and to reach a threshold of at least 90% campaign awareness at national level and in highest risk areas as quickly as possible.



KEY ACTIONS FOR IRC:

1. News of an outbreak will likely create an immediate sense of crisis and an enhanced perception of threat for a short period of time. During this time the audience is particularly sensitive to communication that are related to the crisis. Unfortunately, not all of the information that the audience will receive will be correct. Communicating the importance, safety, and efficacy of vaccination from the onset will minimise and hopefully dispel potential campaign-threatening rumours.
2. Create a high demand for vaccines from the onset of the campaign by stressing that polio is a serious risk, and that vaccination is the only way to protect children. Depending on the area, this may mean educating caregivers about polio for the first time or reminding a previously exposed population of the risks of polio.
3. Communicate and align messages across multiple levels of the SEM framework to ensure the audience is receiving and comprehending correct information regarding the outbreak from multiple sources.

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» KEY ACTIONS FOR IRC CONTINUED:

4. Analyse existing epidemiological data, campaign results, KAP findings, anthropological, and social data to guide message development and communication tactics.
5. Analyse the media landscape to identify how to quickly reach the largest number of people as possible within the target population.
6. Inform the target population about polio, the vaccine, campaign dates, and the health workers who will provide support to vulnerable children.
7. Train the health workers who will vaccinate children to utilise and support campaign messages as well as to be ambassadors for the brand strategy.
8. Train and activate social and community mobilisers in the highest risk areas.
9. Frame the vaccination effort and health workers as heroic and mission-driven to create a supportive environment for the campaign.

**AFTER THE INITIAL
RESPONSE, REMEMBER TO:**

- Collect community observations and data on campaign awareness and performance.
- Analyse independent or post-campaign monitoring data to understand where and why children are missed.
- If possible, conduct rapid collection of disaggregated KAP data to assess community acceptance and understanding of the polio programme.
- Analyse all data together to understand and identify the key underlying barriers to immunisation.



PHASE 2: ADAPTIVE PHASE COMMUNICATION (APC)

Adaptive Phase Communication begins once the awareness threshold has been achieved or as soon as vaccination failures begin to emerge. APC involves identifying and addressing barriers to immunisation, and optimises communication to reach every missed child.

APC is about adapting communication to address the specific barriers that impede or limit vaccine coverage within remaining high-risk areas. Uncovering these barriers requires research and analysis of caregivers and their knowledge, attitudes, and practices about polio that should be conducted as IRC progresses. As barriers are identified, new communication will be required to address them.

APC additionally involves identifying and capitalising on the successes of previous communication. If specific elements and messages were proven effective in the initial stages of your communication, consider building off of them to maintain success and address emerging barriers. The APC lasts until the outbreak is concluded.

For more about creating adaptive communication, see [GUIDING PRINCIPLE THREE](#) (Global Guide page 14).

Optimise communication by engaging the audience in tactic development. For more on participatory design, see [AUDIENCE INVOLVEMENT](#) (Global Guide page 15).

KEY ACTIONS FOR APC:

1. Identify population with limited access to or resistant to polio immunisation efforts.
2. Retarget and refine communication to said populations.
3. Shift communication to address the root causes of missed children, as identified through independent monitoring or KAPs data.
4. Begin targeting and addressing harmful social perceptions and norms.
5. Identify and capitalise on previous communication successes.
6. Close the loop by creating means for caregivers of missed children to get in touch with health workers, social mobilisers, or health officials, in order to get the vaccine.
7. Shift from an emphasis on the individual consequences of polio to the importance of communal protection and social action.
8. Continue to support social mobilisation, engage communities, and evolve IPC messages to align with mass communication and vice versa.

IMMEDIATELY AFTER THE OUTBREAK BEGINS

- 1 Review epidemiological and social information about all polio cases associated with the outbreak.
- 2 Analyse the media and social landscape to identify how to reach as many people as possible through trusted channels.
- 3 Create and disseminate simple announcement messages in all formats identified in Step 2.

GOAL Maximise awareness of the outbreak and impending response to improve vaccine coverage rates.

WHEN AWARENESS OF CAMPAIGN EXCEEDS 90%

- 1 Analyse performance data to identify where and why children are still being missed, particularly refusals and children who are inaccessible to the program—either at the household or community.
- 2 Use the [COMMUNICATION WORKSHEET](#) (page 27) to create a response to factors identified in Step 1.

GOAL Close the Outbreak.

BEGINNING OF OUTBREAK

IMMEDIATE RESPONSE COMMUNICATION PHASE

90% CAMPAIGN AWARENESS ACHIEVED

ADAPTIVE COMMUNICATION PHASE

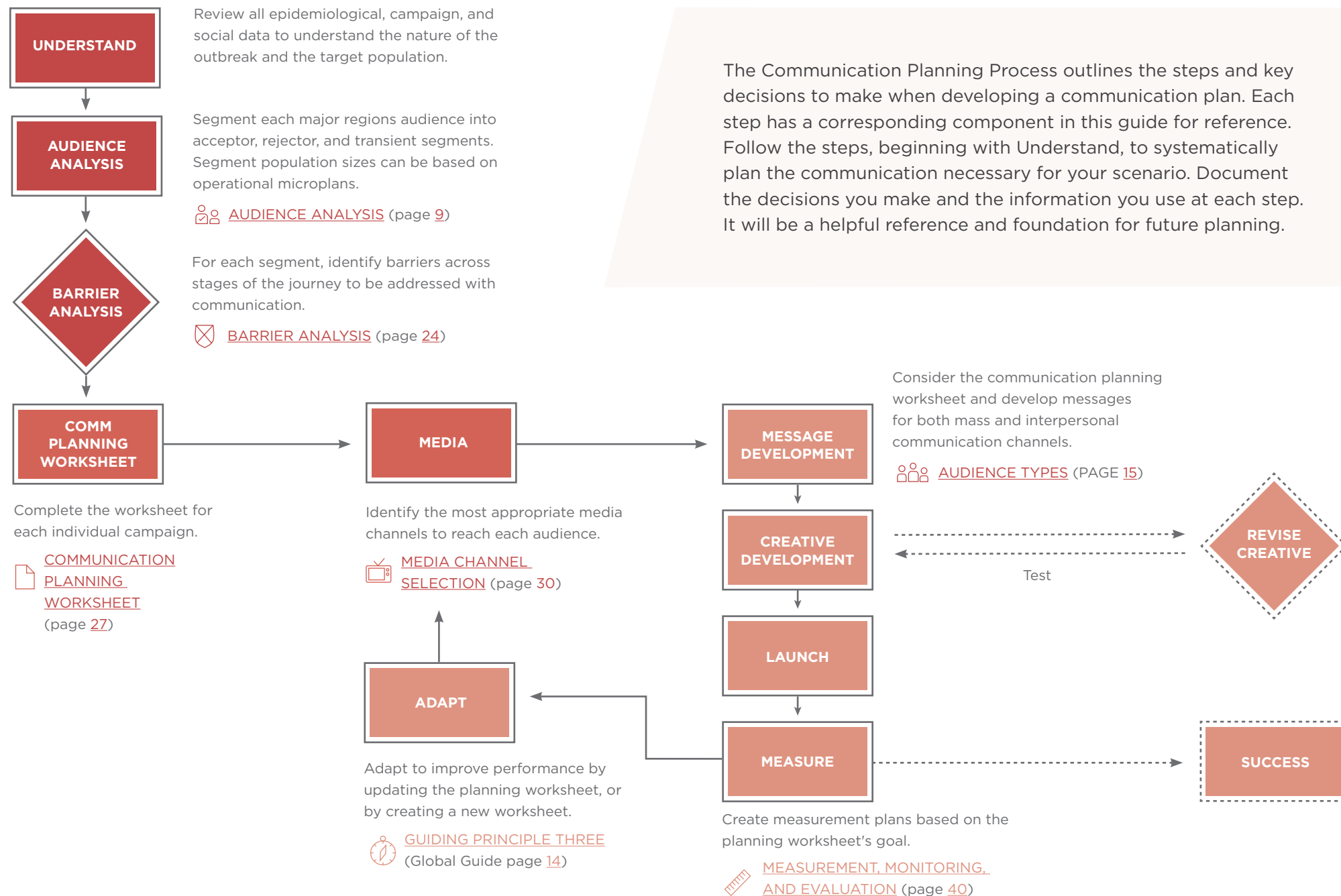
OUTBREAK CLOSED

FOCUS ON

- 1 **MESSAGE CONTENT:**
 - Awareness of polio/OPV
 - Details on the response and campaign dates
 - Introducing the coming health workers
- 2 **MESSAGE FORM:**
 - Communicate a sense of urgency
 - Simple, clear, and authoritative
 - Utilise mass media and key public spaces
 - Based on [IMMEDIATE RESPONSE CREATIVE CONCEPT](#) (page 34)

FOCUS ON

- 1 **MESSAGE CONTENT:**
 - Adapt to the specific causes for missed children
- 2 **MESSAGE FORM:**
 - Adapt to reach parents of unvaccinated children, particularly those who are refusing to vaccinate at all or repeatedly.
 - All forms of media should complement and reinforce each other; media engagement, mass media, social mobilisation and IPC.
 - All communication should be based on the [ADAPTIVE PHASE CREATIVE CONCEPT](#) (page 34) or a locally identified concept. Message consistency is very important.



AUDIENCE ANALYSIS

IN THIS SECTION:

- 10 Accepters
- 11 Rejecters
- 13 Transit Populations

AUDIENCE GROUPS: ACCEPTERS, REJECTERS, AND TRANSIT POPULATIONS

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

REMEMBER:

ACCEPTERS

Accepters can become Rejecters if their perceptions change

REJECTERS

Rejecters can become Accepters if their perceptions change



ACCEPTERS

What motivates people to say “yes” to the polio vaccination? For many, the decision is simple—awareness of how close they are to polio exposure and what they can do to prevent is sufficient for them to accept the vaccine. We call these individuals, **Accepters**.

In all countries of the world, Accepters constitute the vast majority of people. For this group, initial communication does not need to persuade that vaccination is necessary—they already believe it. Instead, communication can focus on creating awareness of polio and the immunisation campaigns.



KEY FACTORS FOR ACCEPTERS

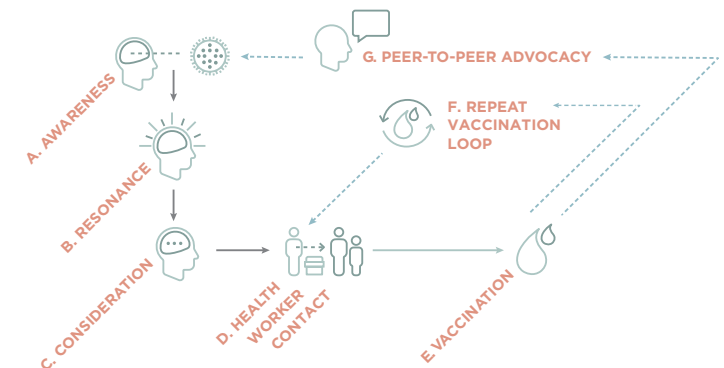
- Accepters tend to trust authority figures and healthcare providers, including our health workers.
- Accepters are sensitive to the threat that polio poses to their children.
- Accepters understand the need to vaccinate their children, and are receptive to polio communication.
- Although Accepters tend to be more open to repeated vaccinations if they understand the necessity of them, the frustration from repeated campaigns could change their mind if handled poorly, causing them to become Rejecters. It is therefore important to closely monitor this group’s perceptions of health workers and their experience of vaccination to ensure it remains positive.

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 facilitate the health workers’ performance at the moment of contact. Awareness, Resonance, and Consideration occur simultaneously, as messages around immunisation align to their existing opinions.

Remember, over time, repeated polio vaccine campaigns can begin to test the patience of even the most sympathetic Acceptor, and so it becomes important to shift communication to focus on themes beyond just awareness over time. Shifting messages to routine immunisation and broader children’s health may offer a new platform within which to situate polio.



REJECTERS

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

Rejecters as individuals do not pose a substantial threat to eradication; however, a cluster of Rejecters in areas of low-population immunity and high virus susceptibility can be a breeding ground for the virus. In some cases, Rejecters can be a small number of individuals who have a broad and strategic influence over our target population.

Rejecters are defined by a reluctance to vaccinate their children or a propensity to discourage vaccination of other children, a behaviour that has complex and intermingled root causes. The initial awareness approach we use for Accepters is unlikely to be successful with Rejecters. A different approach will be needed for this group.

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.

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» KEY FACTORS FOR REJECTERS CONTINUED

- 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.

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 preceding vaccination. Rejecter journeys tend to be specific to the local conditions and require a tailored, adaptive approach to communication and media channel selection.

For example, communication that is successful in reaching the majority in a given population may not lead individuals to seriously consider vaccination because they belong to a specific subcultural community, and the communication fails to resonate with their specific cultural values.



Within any polio outbreak, Rejecter journeys can become a source of increasing risk as response efforts continue to go on, especially as vaccination fatigue can cause formerly accepting individuals to reject, potentially reducing the base of Accepters and increasing those who reject.



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, Transit 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.

We have the opportunity to resonate with transit populations if our messages recognise their place of origin, their destination, or their purpose for traveling. Some transient groups are potentially displaced individuals who are unfamiliar with their surroundings. These 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 travelling. Brand familiarity is an important source of trust that should be used in communication at transit points.

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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 might be less familiar with polio, so it is important to introduce vaccination as a critical regional health issue.
- They might 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 to minimise the distance between communication and point of service, 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, bus stops, markets, tea stalls, religious gathering places, 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. Read the [CAREGIVER CHARTS](#) on page [16-17](#) to understand the role of caregivers.

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 [INFLUENCER CHARTS](#) on pages [18-23](#) outline the influencer audience types and common profiles to provide an overview of how they can be included in the Outbreak communication effort. These charts are derived from the SEM framework but focus 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 as 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>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>Caregivers may not be aware of the recent outbreak, the potential risks of the disease, and the importance of vaccination. For those who are aware, it may not be enough to motivate caregivers to vaccinate on their own if they face pressure to resist from influencers within their community or have come to believe rumours about polio or the vaccines.</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> <p>They may not understand and identify with prevailing campaign communication.</p> |

| TYPE | CAREGIVERS (2/2) | | | |
|------------------|--|---------|---|--|
| AUDIENCE | FATHERS | MOTHERS | ELDERS, GRANDPARENTS, & OTHER RELATIVES | TRANSIENT CAREGIVERS |
| ENGAGEMENT FOCUS | <p>Provide information about the disease and the safety and efficacy of the polio vaccination. Create a sense of crisis to increase threat and risk perception to capture Accepters and create initial demand.</p> <p>Socially normalise immunisation by emphasising the collective responsibility to vaccinate every child for the good of all children.</p> <p>Humanise health workers by portraying them as honest, competent, and as members of the community.</p> | | | <p>Same as nontransient caregivers, but specifically:</p> <p>Introduce polio as a critical regional issue.</p> <p>Introduce polio vaccination as a critical social norm.</p> <p>If possible, synchronise messages and branding with place of origin.</p> |
| SAMPLE MESSAGES | <p>Sample 1: Polio: spreads from child to child, paralyses for life, has no cure.</p> <p>Sample 2: Protect our children from Polio. Vaccinate every child under five, every time.</p> <p>Sample 3: Unite. Together we are stronger than polio.</p> <p>Sample 4: Keep up the fight. Every polio drop gets us closer to victory. Vaccinate every child under five, every time</p> | | | <p>Sample 1: The polio virus is contagious. So whether you are a visitor or resident, when traveling, you must get every child under five vaccinated every time its offered by a dedicated vaccination team.</p> <p>Sample 2: Polio is a serious problem in [Country]; 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 & 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 wellbeing 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 | <p>Help establish the role that vaccination and preventative medicine play in happiness and prosperity when it comes to community and life in general.</p> <p>Promote the importance health workers play in society.</p> <p>Dispel negative rumours.</p> | <p>Approve of polio vaccination, routine immunisation, and counter harmful narratives of rumour and distrust within the community.</p> <p>For religious leaders: promote a religious basis for supporting vaccination.</p> | <p>Approval and participation in vaccination</p> <p>Identification and access to mothers and children under 5.</p> <p>Support against rumours and falsehoods about polio and OPV.</p> | <p>Collective investment in eradication through cultural and social norms that frame vaccination and health workers positively.</p> <p>Perception of health workers as noble and praiseworthy.</p> <p>Social and cultural permission for wives, daughters, and granddaughters to join the programme.</p> |

| TYPE | INFLUENCER: COMMUNITY (2/2) | | | |
|--------------------|---|---|---|---|
| AUDIENCE | EDUCATORS | COMMUNITY & RELIGIOUS LEADERS | TRADITIONAL HEALERS | COMMUNITIES AT LARGE |
| POTENTIAL CONCERNS | <p>Educators may have traditional and cultural views that bias them against vaccine and perceptions of polio as a threat.</p> | <p>Individual leaders may not possess the trust of their communities and support for vaccination could be seen as negative.</p> <p>Leaders could also directly work against vaccination themselves. They may have a political agenda that conflicts with the polio programme's goals.</p> | <p>Traditional healers may have traditional or cultural views and practices 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.</p> | <p>Credibility of message can be difficult to establish without support from key community influencers.</p> |
| MESSAGING FOCUS | <p>Promote facts about polio and the polio vaccine that combat on-going rumours.</p> <p>Promote the credibility and importance of health workers.</p> <p>Promote the notion of community immunity.</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>Emphasise the collective responsibility to vaccinate every child for the good of all children.</p> <p>Educate on herd immunity.</p> <p>Recognition of collective identity. Align eradication with community goals.</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: Polio spreads from child to child, paralyses for life, and has no cure.</p> | <p>Sample 1: Protect our children from polio by promoting polio vaccination as safe and necessary. Together we can be the guardians of health.</p> <p>Sample 2: Be the leader your community needs in the fight against polio.</p> | <p>Sample 1: Your work protects the health of our children everyday; continue to protect our children by ensuring that every child under five is vaccinated every time.</p> <p>Sample 2: Polio spreads from child to child, paralyses for life, and has no cure.</p> | <p>Sample 1: All of our children will be safe the day every child is vaccinated with polio drops. Together we can beat polio.</p> <p>Sample 2: Vaccinate every child, for the good of all our children.</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>Motivate frontline health workers.</p> | <p>Demonstrate commitment and ownership of the success or failure of polio eradication.</p> <p>Distribute vaccine, facilitate access, provide security, and establish the legitimacy of the outbreak and the importance of action.</p> |
| POTENTIAL CONCERNS | <p>Because celebrity engagement tends to be labour intensive, determine where celebrities can add value to your communication goals and engage them only if the value they add is unique and relevant to target audience needs.</p> <p>Other aspects of their public and personal lives could contradict or undermine 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>Avert the crisis before it begins: stop polio by informing constituents, praising health workers, and countering harmful narratives about the disease.</p> |
| SAMPLE MESSAGES | <p>Sample 1: Be the role model we need and protect our children from polio. Promote the safety and necessity of polio vaccination.</p> <p>Sample 2: You can help eliminate polio. Encourage and honour health workers for making a difference.</p> | <p>Sample 1: Polio spreads from child to child, paralyses for life, and has no cure. Advocate for a polio-free world.</p> <p>Sample 2: Support the health workers in your community. They are our fearless leaders in the fight against polio.</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> |

| 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 some contexts, doctors or medical practitioners 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>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 and 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: You are the protectors of our children's health. Vaccinate every child under five, every time.</p> <p>Sample 2: Keep up the fight. Every Polio drop gets us closer to victory. Vaccinate every child under five, every time.</p> | <p>Sample 1: Help parents protect their children by educating them about the necessity of polio vaccination. Together, we can overcome polio.</p> <p>Sample 2: Together, we can overcome polio. Do your part by informing communities about polio and promoting the vaccination of children under five.</p> | <p>Sample 1: As you know, polio spreads from child to child, paralyses for life, and has no cure. Educate parents about the safety and efficacy of OPV during every visit.</p> <p>Sample 2: Protect our children from polio. Ensure that every child under five is vaccinated every time it's offered.</p> |

BARRIER ANALYSIS

IN THIS SECTION:

25 Situational Barriers

26 Attitudinal Barriers

There are two primary categories where vaccination compliance breaks down that can be addressed by adapting existing communication tactics. The first is situational, meaning there is an externalised challenge to overcome, such as lack of awareness, or a complicated security environment. The second is attitudinal, when the challenge is internalised on the part of the caregiver and requires a nuanced approach to motivate behaviour.



1. SITUATIONAL BARRIERS

Situational barriers can often be addressed by exposing the audience to the right information through media engagement, mass communication, social mobilisation, and interpersonal communication (IPC) efforts. The recommended campaigns and immediate response creative examples are concepts (pages [34-39](#)) to be adapted to the cultural and social specifics of your target audience.

AWARENESS:

Establishing general, universal awareness of the outbreak and the risk it comprises to children is the first barrier that must be overcome in any scenario. Ideally, this will be accomplished in advance of vaccination campaigns. For the segment of the population that already supports vaccination in general, awareness may be the only necessary barrier to address. Consider the following awareness variables when developing communication:

- Awareness and understanding of the disease and ability to name/identify symptoms.
- Awareness of the presence of an outbreak and the heightened risk to children in the area.
- Awareness of the vaccine and the need for multiple doses for full protection if taking drops.
- Awareness of the campaign dates and when the health workers will be visiting homes.
- Awareness of herd immunity and the impact that individual decisions to vaccinate have on the health of the entire community's children.

ACCESS:

The presence of children during health worker visits is often taken for granted during programme development; however, many, often complex, factors can affect the presence of a child during this crucial time window.

Access barriers are circumstantial and will vary regionally, but for communication planning purposes they can be broken down into two categories: Situational and Nonsituational. Nonsituational access barriers are addressed on page [26](#).

Situational access barriers include inaccessibility due to security, conflict, safety concerns, natural barriers (floods, monsoons, etc.), and socio-economic determinates (migrant workers, seasonal labour, etc.). Many of these barriers often require significant programme adaptations beyond communication, but communicating with inaccessible populations, even if service delivery is not available, is an important strategy to create demand wherever they may have access to vaccination.

Reaching populations on the move is a proven strategy to reach children residing in inaccessible areas. These groups can be reached with communication tactics mentioned on pages [13-14](#).



2. ATTITUDINAL BARRIERS

Attitudinal barriers primarily apply to Rejecters, both passive and overt. These barriers often stem from a Rejecter's tendency to:

- Doubt the safety, efficacy, and necessity of the polio vaccination
- Assume that others in the community are anti-vaccination
- Doubt the credibility and motive of health workers or those responsible for organising vaccination campaigns

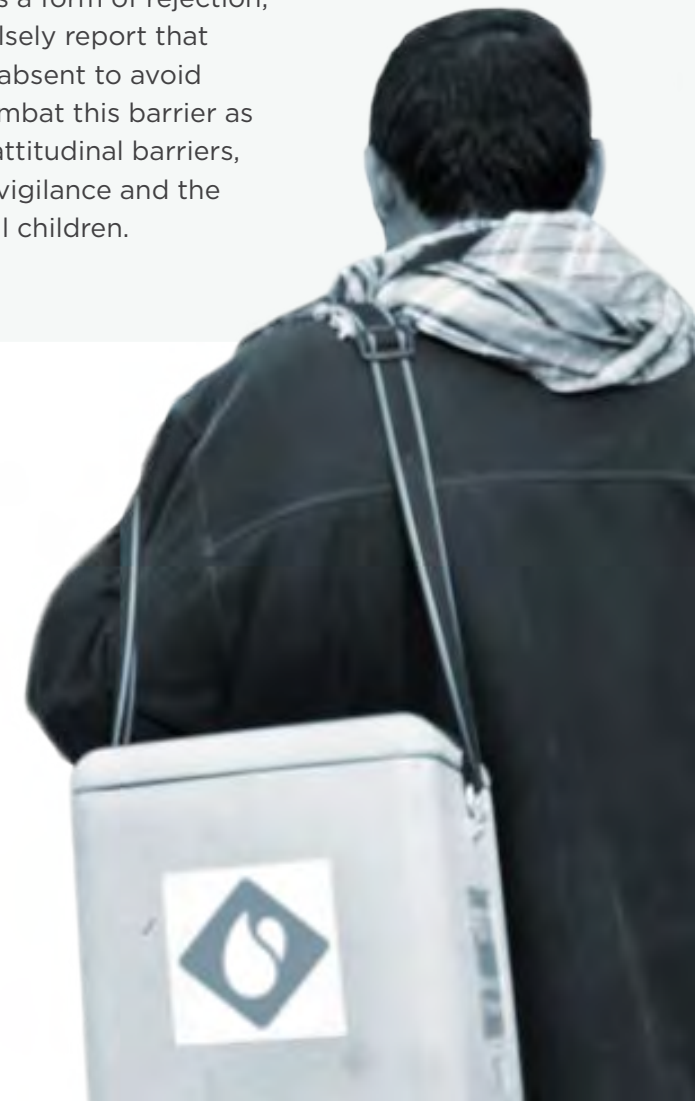
These barriers are often fuelled by individual perceptions of community norms. Therefore, communication addressing attitudinal barriers need to understand and address the audience's specific negative perception around polio vaccination.

Attitudinal barriers may also stem from campaign fatigue. As campaigns progress, fatigue from repeated vaccinations becomes an increasingly likely cause of refusals, especially after the third or fourth vaccination. The necessity of repeated vaccinations may not be apparent, especially if the outbreak is waning, affecting only a specific population or localised to a specific location. To address this, the importance of communal vigilance should be stressed, with the need to protect all children continuously until the country or region is polio-free.

Communication addressing attitudinal barriers should incorporate both descriptive and injunctive norms. For more regarding the use of descriptive and injunctive norms see [GUIDING PRINCIPLE ONE](#) (Global Guide page 12).

NON-SITUATIONAL ACCESS BARRIERS:

Non-situational access barriers are the result of negative caregiver attitudes. Often as a form of rejection, caregivers may falsely report that their children are absent to avoid confrontation. Combat this barrier as you would other attitudinal barriers, stress communal vigilance and the need to protect all children.



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 new messaging for all 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 graphic of the Communication Planning Worksheet form, which is a red-bordered sheet with several sections. The top section is titled "COMMUNICATION PROBLEM". Below it are numbered sections: 1. "WHY AM I COMMUNICATING TO WITH THIS CAMPAIGN OR FACTS?" with sub-sections for "CARDIERS" and "INFLUENCERS" and a "GOAL" field; 2. "WHAT DO I WANT THEM TO DO AS A RESULT OF THIS CAMPAIGN OR FACTS?" with a "GOAL" field; 3. "WHAT IS CURRENTLY KEEPING THEM FROM DOING THIS?" with a "BARRIERS" field; 4. "WHAT SINGULAR..."; 5. "WHY..."; 6. "WHAT...". A yellow pencil is resting diagonally across the form.

COMMUNICATION PROBLEM

1

WHO AM I COMMUNICATING TO WITH THIS CAMPAIGN OR TACTIC?

☒ CAREGIVERS ☐ INFLUENCERS:



AUDIENCE

Muslim mothers with children under the age of five who just received news of a polio outbreak in their region through the radio.

2

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

Vaccinate their children and advocate vaccination in the community.



GOAL

3

WHAT IS CURRENTLY KEEPING THEM FROM DOING THIS?



BARRIERS

A low awareness of the risks associated with polio, and they're sceptical of the safety and efficacy of the vaccine.



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 [9](#).



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 [24](#).

COMMUNICATION SOLUTION

4

WHAT SINGULAR MESSAGE DO I WANT TO COMMUNICATE?



MESSAGE

Vaccinating protects the health of your child and the health of the community.

5

WHY WILL THIS AUDIENCE BELIEVE THIS MESSAGE?



PROOF POINTS

Communication will educate mothers about the risks of polio and benefits of the vaccine.

6

HOW WILL THIS MESSAGE REACH THE PEOPLE IT NEEDS TO?



CHANNEL

- Through their preferred radio shows.
- Through news announcements of the outbreak.
- Through influential religious leaders who communicate with the mothers on a regular basis.
- Through posters and leaflets distributed at health centres and through maternal health workers.
- Through significant and credible women vaccinating their children 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 34-39) 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 Guide page 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 are created.

For help with this section, please refer to [MEDIA CHANNEL SELECTION](#) on page 30.

MEDIA CHANNEL SELECTION

Different media channels play different roles in communication. For example, television and radio spot advertisements work well to raise awareness about an issue, while newspaper articles can provide more independent, in-depth information about a topic.

When planning your communication, you should identify your intended population's preferred channels and media use, the objectives for using each channel, and their capacity for passing on information within our target populations' social networks.

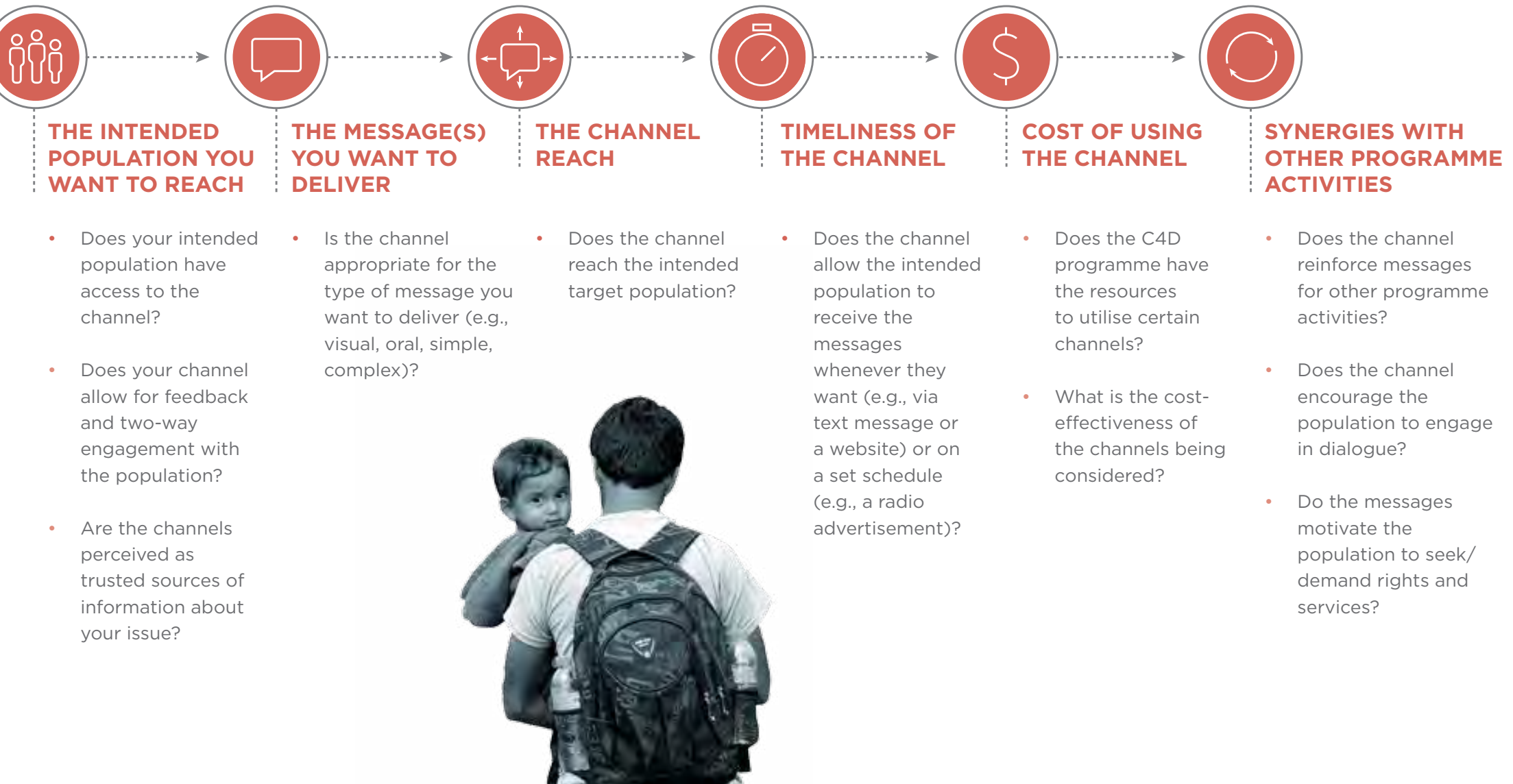
Information and communication technologies (ICTs), including social media, are effective for spreading messages in real-time to members of the population (if they have access to the means for receiving social media messages), for reinforcing messages, for enhancing service delivery through the receipt of feedback, and for

building social networks that can be activated to mobilise communities. The two-way or reciprocal nature of digital or ICT platforms allows for rich feedback loops and dynamic engagement of members/ populations in dialogue, empowering them as active participants in the discussion rather than passive recipients of messages. Each type of communication channel has benefits and drawbacks for conveying certain types of messages to specified populations.

» 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 populations' social networks. Answer the following questions to determine media channel planning in an outbreak.



CHANNEL ROLES IN 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 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) | ✓ | ✓ | ✓ | | | ✓ |

CREATIVE CONCEPT

UNITE

In an outbreak, mass media communication needs to quickly create awareness and urgency for polio immunisations in the initial stages while still being able to adapt to a more nuanced approach focusing on community building and social norms for later stages. Drawing inspiration from UNICEF's commitment to children's rights, including the right to a life without preventable diseases, this concept takes on the visual language of a children's movement.

PHASE ONE: IMMEDIATE RESPONSE COMMUNICATION (IRC)

The IRC phase of the Unite concept promotes awareness of the outbreak, polio, OPV, the campaign, and important campaign dates, such as vaccination days. This phase of the Unite concept should be used at the start of the outbreak.

PHASE TWO: ADAPTIVE PHASE COMMUNICATION (APC)

The APC phase of the Unite concept begins to build social norms around polio and vaccination. This phase of the Unite concept should be used once the awareness threshold has been reached or as soon as vaccination failures begin to emerge.

For more regarding the phases in an Outbreak Scenario, see [OUTBREAK COMMUNICATION PHASES](#) (page 3).



PHASE ONE: IMMEDIATE RESPONSE COMMUNICATION (IRC)

The bold graphic style allows for impactful visuals decodable by a low literacy audience. As the outbreak continues, the messages shift from an emphasis on fear and awareness to social norms.

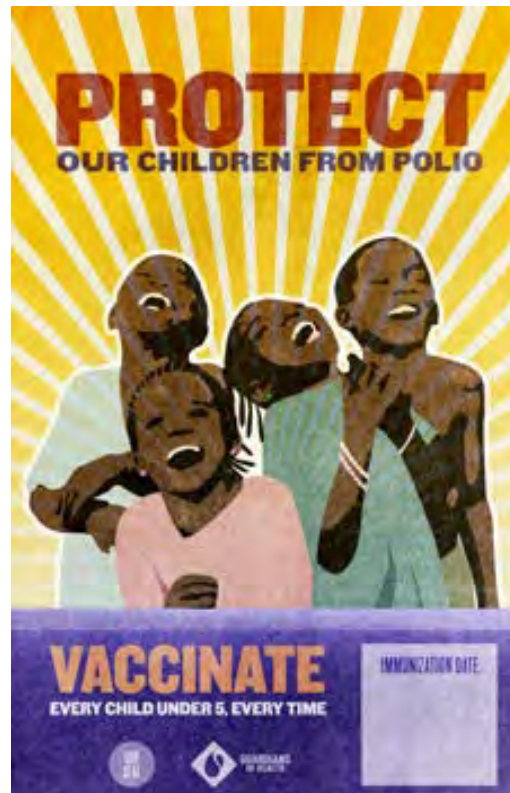


Even if the audience is unable to pick out the details of the text, the repetition of the crutch bound child both amplifies the intensity of the message while also symbolically signalling the potential spread from child to child.



The megaphone is a familiar sight in many regions, wielded by town criers who distribute urgent information. By invoking the idea of the town crier, we signal the importance of the message in a less provocative way than the "crutches" poster.

PHASE TWO: ADAPTIVE PHASE COMMUNICATION (APC)



As we move beyond the onset of the outbreak and have reached most of the more easily reached people, we shift from creating awareness around polio to building social norms around immunisation. Instead of alerting to danger, we focus on protecting our children.



Immunisation ultimately depends on common behaviour. Until every child is immunised, they are all at risk. One way to approach that is by encouraging the community to come together. By making the painted purple finger of a child who has just been vaccinated a symbol of solidarity, we present childhood immunisation as a human right.



Adopting the visual language and tone of morale-building propaganda communication, this poster reinforces the need for ongoing support and vigilance with ongoing vaccination campaigns.

Extending the look and feel of the print campaign to a narrative format, we use television to create awareness of the outbreak, educate on the disease and communicate prevention through vaccination as the solution.

SCRIPT



Voice-over (VO): *Your children need you. All the children in our community need you.*



VO: *Polio still threatens to paralyse them.*



VO: *And vaccination is the only way...*

PRODUCTION NOTES

AUDIO BUMPER

To support the idea of rallying a people's movement for the children, consider using a sound such as a siren to introduce each spot. Ideally this would sonically evolve over the campaign so the timbre is more jarring in the initial phase, but softer later on, while still maintaining musical continuity.

MUSIC BED

Any music should be simple, clean, minimalist—just enough to set a hopeful mood.

SOUND EFFECTS

Minimal sound effects as indicated in the scripts.

SOUND MARK/AUDIO MNEMONIC

2-3 second musical phrase, played at the end of each spot, punctuating the phrase "Guardians of Health." The goal is to create a distinctive audio experience that can function as a sonic logo, evoking the familiar while also sounding fresh enough to get your attention.

CASTING

The voice should be cast with one of two talent specifications, depending on what would differentiate and resonate more in your region.

- **Option 1:** A community elder. The wise voice of someone who is respected in the community.
- **Option 2:** A child. After all, this is a children's movement and is for the children. If choosing this option, consider changing "them" to "us" in the third line of the Adaptive Phase script.

SCRIPT (CONT.)



VO: ... to prevent it.



VO: The more times your child gets the drops, the better they work.



VO: Vaccinate every child under five, every time it's offered. Ask your neighbours to do the same.



VO: United, we are stronger than polio.



VO: Together, we can be Guardians of Health.

In the initial phase, the focus is on educating about polio and promoting immunisation dates while planting the seed for the adaptive phase. In the adaptive phase the emphasis shifts from educating about polio to OPV. In both cases, the social norm of immunisation is central.

SCRIPTS

INITIAL PHASE

ANNOUNCER:

Polio spreads from child to child.

It paralyses for life.

There is no cure.

Polio drops are the only way to prevent it.

Give your children under five the drops every time they are offered.

And ask your neighbours to do the same.

Health workers will be coming door to door on [INSERT DATE].

United, we're stronger than polio.

Together, we can be Guardians of Health.

ADAPTIVE PHASE

ANNOUNCER:

Your children need you.

All the children in our community need you.

Polio still threatens to paralyse them.

And vaccination is the only way to prevent it.

The more times your child gets the drops, the better they work.

Vaccinate your children under five, every time it's offered.

Ask your neighbours to do the same.

health workers will be coming door to door on [INSERT DATE].

United, we're stronger than polio.

Together, we can be Guardians of Health.

PRODUCTION NOTES

See TV on page [37](#).

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. DEVELOP 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



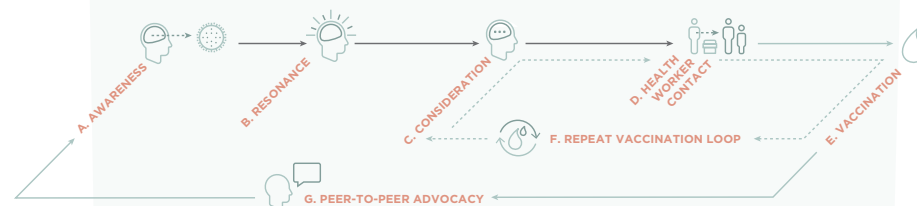
F. REPEAT VACCINATION

- 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.



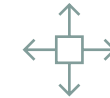
6. DEVELOP A MECHANISM FOR USING MONITORING REPORTS TO SUPPORT ON-GOING PROGRAMME ACTIVITIES

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.

