

STANDARD OPERATING PROCEDURE FOR COMMUNITY MOBILIZERS, RADIO AND TELEVISION BROADCAST FOR POLIO IMMUNIZATION CAMPAIGN



Mobilizing the community for immunization

Community mobilizers are trained to work as “change agents” in the community and are responsible for house-to-house mobilization and communication for polio and routine immunization. Social mobilizers are expected to encourage communities to get vaccinated against polio and other vaccine preventable diseases such as measles, hepatitis, etc. They are to mobilize individual, group and community to action such as acceptance of Oral Polio Vaccine (OPV) for children

He or She is to ensure that all information is accurate and correctly interpreted and actively counteract incorrect information. Community Mobilizers should reach all eligible children and particularly those whose parents are misinformed, the unknowing or those simply busy. They should provide clear messages on Polio/routine immunization. Experience has shown that interpersonal communication or “word of mouth” plays a major role in informing and motivating parents to bring their children. Therefore, social mobilization plans should give due prominence and resources to this method of communication.

What is Community?

A community is a set of people living together with common interest. Such things that bind the community together includes beliefs, values, languages, territory, religious, culture, occupation, etc.

Why community mobilization in Polio immunization program.

Community mobilization is a mean or strategy to:

- create demand for services such as polio immunization
- Reaching the most vulnerable such as children at high –risk-areas, hard –to –reach areas
- Increasing community/ local ownership and sustainability of service e.g immunization service
- Encourage collaboration
- Expand the base of community support for immunization program
- Infuse new energy into immunization program

Why engaging Community mobilizers in Polio immunization campaign

Face-to-face communication being provided by community mobilizers is the most effective way to reach families’ in remote areas where there is often no radio or television and where trust is always the major challenges. In person, community mobilizers can respond to questions and doubts immediately, which makes convincing community members to accept immunization more effectively.

As a community member, they are more likely to be listened to, and understand how to discuss the issue in a culturally appropriate way.

Social Mobilizers involvement in immunization program should be strengthened especially in high-risk areas and regions where resistance to polio/routine immunization remains strong.

COMMUNITY MOBILIZERS TRAINING & DEPLOYMENT

Criteria for selection

- The mobilizers should be from the community that he/she is mobilizing.
- Should be respected person and known to the community in that particular section /or sub-section.
- Preferable to be community health worker/shikeh /TBAs and member of community committees at village/section level.
- Able to read & write/ respected member of the community.
- Physically fit to move from house to houses.
- Sincere in working for Polio eradication campaign for the children in their respective sections/villages.
- Able to communicate to his audience.
- Willingness to work with incentive offered /Volunteerism.
- Honest and good listener.
- Be able to solve any minor issues that can arise during the campaign days in his/her section or village.
- Age should not less than 35 years.

Skills needed for community mobilizers

Community mobilizers must have clear information and knowledgeable about immunization goals (e.g polio eradication), must have knowledge about target community (e.g Social organization, languages, layout, map, etc.) must have require skills (e.g Interpersonal communication, IPC, public speaking, listening skills, how to illustrate a point and make it interesting to a listener. Learn how to remain confident) and understand funder mental concepts of mobilization (i.e culture)

- Attitude: This include a genuine respect for all community members
- A non-judgemental and accepting approach
- Good communication skills, listening, ability to response to assumptions sensitively
- Knowledge which includes understanding of ethical issues related to community mobilization
- Well dress,
- Committed

Roles of community mobilizer in polio immunization/EPI (Term of Reference):

- House-to-House mobilization and communication for polio immunization (pre-campaign and during the campaign), build trust and encouraging participation / acceptance of immunization.
- House-to-house visits to line list all children in the settlement

- Building relationship with community key stakeholders and facilitate the acceptance of Polio immunization
- Announcing the date and the time vaccinators will visit the community/households for Polio immunization/NIDs.
- Track and help in resolving all non-compliance cases.
- Allowing safe passage in areas of insecurity for teams.
- Effective coordination with the team they are working with during the campaign.

TRAINING OF COMMUNITY MOBILIZERS

The training objectives include:

- To ensure that the community mobilizers have basic, factual information on immunization to inform mothers/ caregivers/community members.
- To build the Interpersonal communication skills of community mobilizers to communicate effectively with families, mobilize their communities in response to the threat from polio.
- To effectively tract on the immunization status of all eligible children in their community.
- To inform parents/mothers/caregivers the date and strategy of conducting NIDs and expected role of various mothers/caregivers/parents/ community members
- To increase awareness of Polio immunization
- To reduce percentages of missed children in Somaliland through house-to-house visit to generate demand for and acceptance of oral polio vaccine (OPV)

Facilitators:

- Regional focal points of social mobilization
- District polio officers (DPOs)
- Regional polio officers (PEOs)
- Central MOH and partners agencies (UNICEF & WHO) staff)
- NGOs Staff knowledgeable in immunization

Training contents to include:

- **Basic facts/messages on polio immunization/OPV such as:**
- Polio disease and its effect
- The benefit of Oral Polio Vaccine (OPV)
- The efficacy and effectiveness of oral polio vaccine (safety of OPV) to prevent wild polio virus.
- How to prevent polio diseases
- Who is at risk of Polio disease (WPV)
- Why the repeated doses of Oral Polio vaccine

- The **dates** for polio immunization campaign (NIDs) exercise?
- The strategy that will be used to reach target population for polio immunization
- The expected **roles and responsibilities** of mothers, caregivers/parent and community members on Polio immunization.
- Interpersonal communication Skills for community mobilizers.

Training Methodology:

- Interactive sessions
- Role play
- Quiz

Training Materials:

- Fact sheets about immunization, disease and outbreaks
- Flip charts/ Pictorial flip book
- Posters
- Catchment area map / daily implementation plan.
- Record keeping materials e.g Exercise book and biro.

Deployment of community mobilizers:

Community mobilizers need to work before the commencement of immunization campaign (i.e. pre-implementation activities) and during all the days of campaign. The mobilizers should move ahead of the vaccination team to prepared / sensitize the families/ community members before the arrival of the vaccination team. With a **pictorial flip chart**, community mobilizers should conduct interpersonal counselling house-to-house on immunization and promote some key household practices such as treatment of diarrhoea and hand washing, etc.

Community mobilizers should be 1 per 5 teams during the intra-campaign and also during the pre-campaign/intra-campaign, 1 per team in high risk areas, 1 per DFA in other areas. This need to be more clearly defined so impact can be properly evaluated

Materials/ Working Tools for community mobilizers:

- Apron
- Maps/List of area to be covered per day.
- Record keeping materials e.g Exercise book and biro.
- IEC Materials e.g Flip chart, Fliers

Monitoring & Supervision of Community mobilizers

There should be plan on how to track community mobilizers' efforts and evaluate progress. Supervisors need to continuous coaching, mentoring and monitoring the community mobilizers' work. Social data analysis such as number of missed children and level of refusal of oral polio vaccine would indicate the impact of community mobilizers' work in immunization activities.

- Field verification is required. Supervisors need to visit community mobilizers in the field and ensure they are doing correct things.
- There should be both **process evaluation** such as number of fliers, IEC materials distributed,
- And **outcome evaluation** such as number of people who are aware of immunization activities, coverage, number of refusals in each round of NIDs and reduction in the proportion of missed children.

Who should monitor community mobilizers?

The community mobilizers' activities should be monitored by program officers such as:

- Regional focal person for social mobilization
- Regional polio officers (PEOs)
- District polio officers (DPOs)
- Central MOH and partners agencies (UNICEF & WHO) staff)

Other stakeholders such as Community elders, Religious leaders and NGOs Staff knowledgeable in immunization can monitor the activities of community mobilizers.

GUIDELINE FOR RADIO AND TELEVISION BROADCAST POLIO IMMUNIZATION CAMPAIGN

Introduction:

The Media is an important ally in any public health activities (e.g. Immunization program). The Radio and Television serve the role of being the source of correct information as well as an advocate for correct health behaviour. Media serve as link between health organization/ healthworker and the larger community. Health organizations educate and entrust the radio and television stations with important health information, which is then broadcast to the public. The radio in particular assists health organization/ health workers to reach many people especially in the rural areas. It provides link between the rural residents and very important health information such as date, benefit of immunization and action expected of various stakeholders. The use of radio and television help in more children being vaccinated reduced cases of missed children and keeps the public updated about immunization campaigns.

Example of media broadcast/ programs:

- Spots announcement
- Radio panel discussion
- Call-in show
- Talk shows
- Radio drama program

- Interactive program.
- Jingles
- Songs

Broadcast period/time

To have an impact, longer Television/Radio programmes which are usually broadcast only ones such as drama program should be broadcast several times. Shorter materials such as spots announcement need to be broadcast several times each day for three to four months to have impact. Radio and television spots announcement should be broadcast several times each day on the radio/television stations to have impact. It should be done at the times when target audience are listening. For example if mothers/women are a majority of people listening to radio or watching television from the hours of 08am-10am, then messages about immunization should be broadcast at that time. 45-50 seconds is enough for promotional spot. Depending on available resources, many radio and television stations should be engaged to provide health information to member of the public. To make immunization uptake people habit, radio and television broadcast must be on-going and sustained for many months/years developed and use multiple stations/media to reinforce the same messages. Television and radio can complement face-to-face communication in immunization (e.g community mobilizers) by motivate member of the public, by presenting information in a compelling or entertaining way.

Variables affecting acceptance of radio/TV messages

- Credibility of the radio/television station
- Ownership
- Past record/performances
- Time and mode of presenting the programme

Role and responsibility

Radio and television stations have the responsibility to broadcast the agreed health program information at the appropriate days and time as outlined in broadcast calendar. The health organization or ministry of health/department of health must guide the radio/television stations; review the scripts and monitoring the broadcast. Ministry of health or health department must be listening to the health program and provide feedback. The media house must provide the broadcast calendar and keep the schedule and regularly broadcast as planned. Development agencies to provide technical support and resources. Resources such as financial support, materials such as key messages, create listeners feedbacks mechanism and ensure quality. Each C4D unit / communication unit of the partner agencies offices should have radio and television set in their office to monitoring the broadcast and keep records. E.g when was the broadcast made, how many times per day, the quality and clarity of the broadcast, etc and documented. A responsible person should be assigned to monitoring the media broadcast and provide weekly or monthly feedback to appropriate persons for actions.

Monitoring and Evaluation of Radio and Television programme/broadcast

Media involvement in health information dissemination should be monitored by watching and listening to television and radio to ensure that the materials/ messages are being broadcast as scheduled. The broadcast calendar provided by media houses should be adhering to. The broadcast calendar should be made know to all relevant stakeholders providing the resources to support the airing / broadcast of the programmes. The health promotion and education unit in the ministry of health must have radio and television set in the office to listening/ watches the broadcast. A responsible staff should be assigned to monitoring the broadcast and keep record. The media program will be **evaluated** by the immunization level uptake, level of missed children and coverage and level of refusals .

RADIO PANEL DISCUSSION ON POLIO IMMUNIZATION

The discussion should address the current WPV cases found in Somalia, Kenya and other endemic countries and current trends in SIAs in Somalia and routine immunization performances, obstacles and possible solutions to address poor quality SIAs/NIDs, low routine immunization coverage and limited access to children in some area. Then the global success story of Polio eradication effort since 1988 and the expected roles of various stakeholders in Polio eradication

Discussants to be included:

- Ministry of Health officials knowledgeable in Immunization
- WHO and UNICEF experts in various field of immunization activities
- Community/ Religious leader
- Women leader
- Radio/TV Health Correspondent ---- Moderator

TOPICS TO BE DISCUSSED INCLUDE:

Radio Programme: 1: The wild polio virus (WPV) importation and transmission in the country as a result of:

- Current trends/data in SIAs and routine immunization performances.
- Why polio immunisation?
- Why the repeated doses?
- How we can stop the spread of polio disease and other vaccines preventable diseases.
- What role can the leaders and community play during and after the campaigns
- Why are there still high numbers of missed children in Somalia and how can these be reduced?
- Importance of having both SIAs and RI.

. Polio Vaccine Safety

- Draw attention to countries where polio has been eradicated with the use of Oral Polio Vaccine.
- Field efficacy and effectiveness of OPV. E.g It has no side effect, easy to administered, etc

Radio Programme 2: Invite any of the following people to share their experiences on polio vaccination:

Religious leaders: Religion and the role of religion in promoting polio and other immunisation

Radio Programme 3: Policy makers/Decision makers, this could include the governors, ministers from other ministries to endorse the campaign and vaccination.

Radio Programme 4: Community leaders, traditional birth attendants etc. Discuss the importance of immunisation and why take part in the campaign.

Radio Programme 5: Mothers/Caregivers, grandmother etc. Interview different caregivers and air their views. If possible they can come to the radio station.

REMEMBER

- Each of the programmes should have a moderator and a polio technical staff from MoH/WHO/UNICEF/Partner who can respond to questions.
- Encourage listeners to call in
- If possible air messages during the day encouraging listeners to tune in to the programme.
- Negotiate with the radio station to have the programme aired during prime time.

ADDRESS IT IF IT COMES UP?

Why some children still get polio after several doses of the OPV/ The need for repeated doses of OPV for Children

Response: Statistically, a child's ability to convert the oral polio vaccine into immunity (seroconvert) depends upon the environment in which that child lives.

In temperate climates or industrialized countries with excellent sanitation and health systems, it takes at least three doses of OPV to for a child to be immunized against polio.

In tropical environments or in parts of the world that are less developed, where children may be malnourished, sanitation systems are often poor and health services not widely available, it can take many more doses of the vaccine to ensure that a child reaches the same level of immunity – sometimes more than ten doses of OPV are required