

Basic SOCIAL MOBILAZATION Training Module

(Trainers guide)

Introduction

Effective social mobilization is critical to ensure that parents and care givers make an informed decision and accept immunization and other life-saving interventions for their children. To do so, parents need to receive accurate and timely information about immunization days, benefits and the action they need to take.

The following training module has been prepared for community mobilizers who are responsible for direct interface with families, community groups and local leaders among others. These are district level social mobilizers who will be coordinated by District Social Mobilization Officers.

This training is prepared with the aim of equipping district social mobilizers with the hands on social mobilization skills they need during Supplemental Immunization days or other campaign activities. This training manual is less theoretic, more systematic and step by step in order to prepare social mobilizers to achieve their objectives: informing, educating and encouraging parents, caregivers and other stakeholders to seek and accept life-saving services.

By the end of this training, participants are expected to have:

- Social map to guide social mobilization activities.
- Simple micro plan listing all social mobilization activities

Role of District Social Mobilizers:

The role of social mobilizers is not limited to just making announcement. There are a range of other functions such as:

- Interacting with local influencers
- House to house visits
- Registration of eligible children for immunization (0 -5 years)
- Hold informational meetings with local groups
- Coordinate with immunization teams
- Coordinate announcements in community centres such as mosque, schools, market ,and tea shops
- Dialogue with parents and caregivers who are reluctant to have their children immunized

Training Plan

Time: 4- 5 hours

Number of Participants: 12-1

Facilitators:

The following individuals could best facilitate the training:

- EPI Supervisors -Region
- Field staff- WHO
- UNICEF –EPI Officer

Pre-training preparations

As a trainer you need to prepare yourself:

- Review the content of the session, time allocated for each session
- Select practice activities, training materials
- Confirm venue time and date of the training
- Ensure that all the participants are informed in a timely fashion

Nomination:

District Social mobilizers should at least be:

- Previously involved in Polio/ routine EPI or any other health related social mobilization activities
- Should be resident of the district they are representing
- Committed to actively participate in the training
- Good interpersonal communication skills
- Available the entire duration of the campaign

Invitation

The date, time, venue and objective of the training has to be clearly conveyed to participants. This reduces if not avoids confusion, absence and late arrivals.

Sample

To: All Participants
Date: June 5, 2013

Subject: Training of District Social Mobilizers

Date of training – date e.g. Monday 30
September
Time: starting time- End time (8:30 AM- 1:00
PM)

Thank you
Sign
Name
Tel. for further questions

SEND INVITATIONS AND INSURE RECEIPT AT LEAST 3 DAYS BEFORE THE TRAINING.

Venue

Please select venue with the following considerations:

- Quiet/ less noisy (far from generator house/ parking lot/restaurant/ playground etc.)
- Enough space for movement
- Enough light
- Enough ventilation
- Tidy
- Convenient for group exercise
- Comfortable, quiet and if possible enough distance from the workplace and city centre

Session I: Getting Started

Time: 5 minutes

Material: Flips charts, Posters, Markers, Note-pads, Pens, etc.

Registration:

Before starting the session make sure all participants are registered. Name, designation, contact address must be included for the records.

Materials: Simple sheet and pen

Knowing Each other

Greet the participants and introduce yourself.

Mention clearly your role in the training and specific contribution to the EPI programme.

If EPI manager, UNICEF, WHO staff etc. are attending recognize their presence and introduce them to participants or ask them to introduce themselves.

Ask participants to introduce themselves briefly.

Ask all the participants to sit in circles where possible.

Establish simple and quick norms.

Remember

- Respect time
- Know the audience (profile of the trainees)
- Use simple language
- Be prepared for unforeseen delays
- Foster trust and respect
- Use appropriate language
- Use many examples
- Use problem centered training
- Keep the momentum
- Emphasise the importance of their work

Objectives

- Start the session by saying that we are here for two days and the topic of the workshop is SOCIAL MOBILIZATION SKILLS DURING POLIO CAMPAIGN
- Ask the participants what they understand out of the title and with what expectations they come to the workshop. (Some participants will seek information on the topic and others skills)
- Do not discourage and keep writing participants expressed expectations on the chart paper.
- Revisit by the end of the session.

Conclude by saying - As a Social Mobilizer you have a role to play before, during and after the campaign. This seminar is to take you step by step through the process of social mobilization and to prepare you for the task. You may use the following statements to reinforce further the importance of their role:

Example: We want to stop the threat of polio from Somalia. If every child in each household, each village, and each district is vaccinated, then polio virus will not have a place here.

Points of Discussion (Ask the Participants)

- Does anyone have any question(s) regarding the training?
- Are the objectives clear?

Your role is to ensure no child is missed in this round

Session II:

Basic information on Polio (what is polio, types of virus, how does it spread, who does it affect, how can it be prevented, some myths, misinformation,)

Frequently asked questions (FAQs) on polio

Duration: one hour

Methodologies: brainstorming, presentation, exercise (work sheet) and discussion

Material: flip chart, marker, copies of work sheets, and copies of hand outs on polio information

Activity:

Write POLIO on the flipchart, seek responses from the participants on what immediately comes to their mind when they see or hear the word 'Polio'. Write down all the responses received on the flipchart (the responses would provide the facilitator an understanding on what the participants know about polio, myths and misinformation that are existing, and initiate information dissemination on polio)

Facilitate the session by presenting 8-10 key concepts on Polio using the power point presentation provided in the resource materials. The concepts to be covered include:

- What is polio
- Information about the Wild Polio Virus and how does it affect the children
- How does the Wild Polio Virus transmit
- Who are at risk of Polio infection
- What are the symptoms
- What are the effects of Polio infections

- What is the prevention
- Why are we concerned about the Polio myelitis
- Global perspective on Polio
- Then, distribute an activity sheet, which need to be completed (if faced with time constraint, do this as a small group activity) Allocate 10 minutes for the activity.
- Read out the right answers for the activity and let the group compare their worksheet. Make note of the difficulties faced by participants in any particular concept.
- Wrap up the information session reinforcing the key points.
- Hand the participants a copy of the information sheet on Polio

Key points to be remembered on polio by participants:

- Polio is caused by Wild Polio Virus
- Polio is Incurable, but preventable
- Two drops of Oral Polio Vaccine (OPV) is the only way
- It spreads through faecal oral route
- Children up to 5yrs are most susceptible to the infection
- Polio paralyses for life or even kills
- Every child up to 5yrs of age should be given OPV every time it is offered

Session IV: Polio Eradication Programme and emergency response in Somalia

Objectives of the session: Enable participants to understand the

- Components of the Polio Eradication programme
- Key difficulties, and challenges in implementation
- Emergency response in their state/ district and role of partners

Duration: one hour

Methodologies: Discussion

Materials: Presentation on polio programme annexed as resource materials

- ***Always start with the positive, with the progress, what has been achieved***
- ***Have all the necessary data such as number of children eligible for vaccination, how many of them are fully vaccinated, number of polio cases in the last outbreak if any, last polio campaign performance***

Material: Flip chart and Marker

Process:

Start your session on positive note by mentioning the programme has reached this stage with the active and committed support of social mobilizers. That Somalia was able to stop polio and remained polio free for six years.

Example: Since no polio case has been reported for six years. This is because of the support of every one of us here. The recent polio outbreak can also be stopped if we all work hard.

Brief them on the polio status.

Example: In this year six cases are already confirmed. Currently there is an outbreak in Somalia with a total six confirmed cases

- 6 months old
- 36 months old
- 156 months old.
- 13 year old child

Last campaign we used the following methods:

1.
2.

3.
4.

Activity:

Connecting to the previous session on the basic information on Polio, ask the participants

“When the prevention is so easy with administering two drops of OPV, why is it difficult to cover all children, eve

Why does the WPV outbreak happen?

Open discussion with participants, note down the points mentioned, introduce the Polio Programme to the participants with following points:

- House to house activity, key challenges, partners and structure of the programme at the community level
- Make it simple for the participants to grasp the details and understand the need for quality campaigns.
- Allow a few minutes for the participants to absorb what is presented, provide answers to any questions raised or clarifications sought.
- Highlight the role of various partners in the Polio programme
- Highlight the key challenges and bring in the importance of social mobilization and the significant role being played by social mobilizers in encouraging the community to participate in the polio campaigns.

The need for effective communication skills for the social mobilizers

Breaking the chain:

Game: demonstrates how the WPV targets the weak links and the strength of the polio campaign remains in covering every child and every time.

Request 4-5 volunteers to step out of the room, informing them that they will be invited inside the room after a few minutes.

While these volunteers are outside, the remaining participants are instructed to hold hands tightly and form a human chain and not allow the chain to be broken, when any external factors try to separate them. The group could discuss the ways to keep their chain strong and durable to efforts from the volunteers.

When the group is ready, the facilitator calls the volunteers in, The volunteers are instructed that when they hear the whistle blow (or any other sign for the group to follow) they need to strive and separate/break the chain, within a given

time span.

Participants wrestle with each other, allow for about one minute and stop. Take notes of the dynamics and outcome (if co-facilitator is available, he/she should do it)

Repeat the same for two or more times depending on the energy and the time that is available. (You could change some of the rules of the game, let some of the group members just stand in the circle and not hold hands to depict the unvaccinated children)

Then stop the game, ask the participants to come back to their seats and settle down. Now it is time for reflection!

Use the following questions for reflection:

- Did the chain break? Did volunteers succeed in breaking the chain?
- How and what were the strategies employed by both the group and the volunteers?
- What were the weak links and strong holds?
- Was the group strong? If yes-why, If no why-not?
- Were the volunteers effective? If yes-why, If no why-not?
- Does it have any lessons for us in the polio campaign?
- Does this game highlight the need for consistent effort, every individual's effort to keep the volunteers away?
- If any one of the group member was bit complacent or non-cooperative and did not join the group, the volunteers could over power and break the chain, although the group was a strong one.

Conclude by saying that this exercise would bring out many insights which can be related to the way Polio can affect the weak and vulnerable and thus making the pulse polio an important programme.

Relate the reflections from the game to the key factors which will cause re infections, poor RI coverage, poor hygiene sanitation, poor immunity among children, repeated diarrhoeal diseases, poor coverage in NIDs, and other aspects

Present details about the outbreak in their district/state such as where is the importation from, when and where have cases been reported, how many cases have been reported, what are the efforts taken by the state/ district administration, what is the Plan of Action?

Wrap up with highlighting the key learning points:

- It is important to conduct quality NIDs which means high coverage through house to house activity
- It is important to update the micro plans with new born and pregnant mothers and all children up to 5yrs of age in the community.
- Children up to 5yrs are the focus for the polio programme
- It is important to reach every child up to yrs of age in every round to keep the immunity of communities high and eradicate the Polio
- Community needs to be mobilised for the Polio campaign
- There are challenges in implementing the Polio rounds; we need to consider those challenges in the social mobilisation.
- Identifying various influencers at the community level facilitates the work of Front-line Workers.
- Our top priority during NIDs/SNIDs is to reach every child up to 5 yrs. of age with OPV.
- Polio eradication programme is led by the directorate of Health in partnership with WHO/ UNICEF

Your role is to ensure no child is missed in this round

Session-VI: Roles and responsibilities of a front line workers

Objectives of the session

- Appreciating the important role of front line workers in Polio eradication
- Understand the key responsibilities of Front-line Workers
- Understand the roles of other partners in vaccination

Duration: 50- 60 minutes

Methodologies: 10 minutes discussion on the roles and responsibilities with the help of chart,

10 minutes small group exercise: mapping, mother meeting, house to house, 20 minutes for presentation from each group and discussion

Materials required:

Activity:

Explain the tasks of social mobilizers in the polio programme and describe the important role o at the community level.

They are the first contact person in a village or a community to the people.

Someone from the local community

Usually well-known member of the community who could influence the families

Who can promote health education, and play an important role in the welfare of children.

Then discuss the main responsibilities of the social mobilizers at the community level, with the help of the points presented in the text box and referring to the materials provided under resource materials.

The list is not exhaustive; more points could be included as per the discussions generated with the participants.

After discussing for about 10 minutes on the structure and roles and broad responsibilities, conduct the group exercise
It is an exercise on how do go about preparing for the tasks of social mobilizers.

The primary objective of this activity is to facilitate the participants to think through and list all sub activities that needs to be done by them.
Divide the participants into four groups.

Task:

Community Mobiliser's main goal is to prevent and control polio virus in his/her community.

Should know about the community in which he/she works

Have good relationship with the community

Educate the community about Polio

- Motivate the mothers and other family members for the Polio vaccination
- Conduct mothers/ women's meetings
- Connect the community with the health services
- Ensure all children below 5 yrs are vaccinated
- Keep record of X families, particularly the XR households
- Should be aware of the IEC materials to be used
- Conduct other events to mobilise the community

The participants to get into small groups:

Tell them that they will be given a specific task; Hand them the activity sheet related to their task. They need to complete the task in 10 minutes and be ready to present

Group 1: How do you go about preparing for the community meeting ?

Group 2: Preparation and conducting the house to house visits

Group 3: Prepare and conduct mothers meeting

Group 4: What information do you collect while mapping and updating the field book?

Session V: Planning

Write down the five questions in the side box in a flip chart and address them one by one.

Do I know my audience?

Time: 15 Minutes.

Materials: Flip chart & Markers

Audience for the Polio NIDs are MOTHER, FATHER, and CARE GIVER of children from 0-5 years of age.

This is because without their permission no child can be vaccinated.

The secondary audiences are those who have an influence on the parents and care givers.

Conclude by saying to reach our audiences better one has to know the community/area and people well. The question is: Where do we find them and what is the best way to inform them? Introduce one of the important tools for this purpose-social mapping.

The preparation should start at least 7 days before the actual campaign days. This should include identifying influencers, notifying local leaders, and receiving and disseminating IEC materials.

Note: Please mention the method(s) used for last round in your district. What worked well in previous campaign, what did not? Where do you need to improve?

Conclude by motivating participants to improve social mobilization activities this time, that you have all the tools needed: posters, banners, batteries and megaphones including funds for this round. All that is needed is the commitment of each of us to ensure no child is missed.

Points of discussion: Ask participants if they have any questions pertinent to the session

Repeat this statement by the end of each session
(Through repetition it will sink in the mind of participants)

5 IMPORTANT PLANNING QUESTIONS

- Do I Know my audience
- Do I know my community
- Do I Know my partners
- Do I Know my message
- Do I have the tools

Social Mapping:

Time: 1.30 Minutes

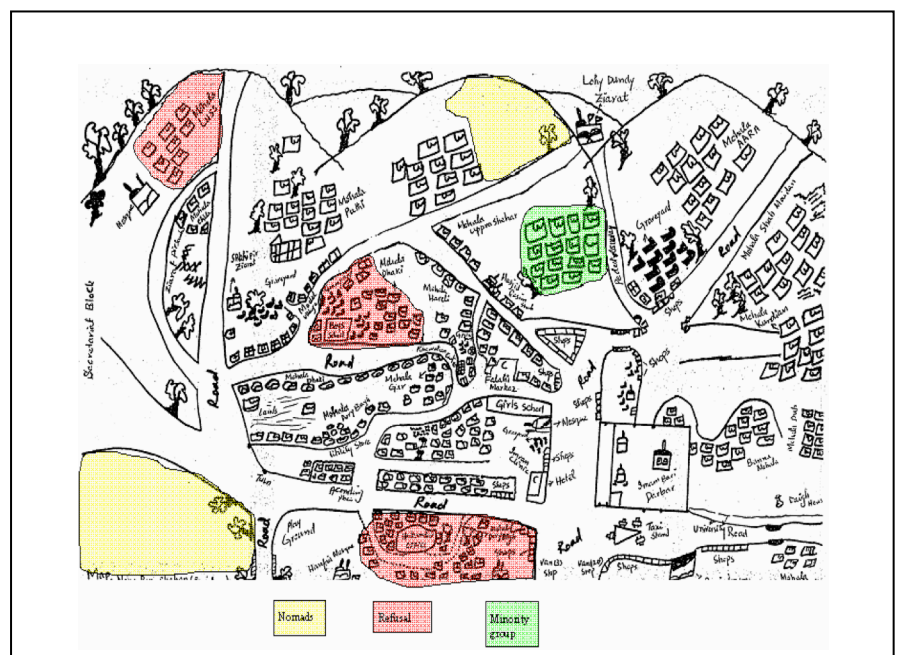
Material: Flip charts, Markers, Posters.

Introduction: Social mapping is visual representation of a specific area (village, section, Sub-district) which contains all community and geographical information. It is useful to identify households with eligible children and important locations such as:

- Human settlements (houses)
- IDP camps
- Mosques
- Market
- Schools
- Bus stations
- Health facilities
- Traditional courts
- Main roads
- Water points
- Check points

Benefits

1. It helps to identify social groups and individuals who can be contacted for supporting immunization, including during campaigns. These social groups/individuals can help provide valuable information to the health team, including
 - A. Information about new-borns, or eligible children
 - B. Information on the best way to ensure community participation and to get information out
 - C. Information



about the timing/location of immunization sessions

- D. Support on overcoming refusals and encouraging participation
 - E. Ensuring linkages with the hard-to-reach groups
 - F. Providing information on possible security/access issues and possibly support access negotiations
2. Informal caretakers, community leaders, elected representatives, tribal elders and other key stakeholders identified.
 3. How to ensure coverage of missed children

Guidelines for community/social mapping

1. Develop a checklist regarding type of information required. It is particularly important to think about the issues that the immunization programme is facing (i.e. refusals in a particular population group, access/security problems, nomadic populations, etc.)
2. Find people who know the area well and the topic of the mapping and who are willing to share their knowledge
3. Chose a suitable place and medium (chalk, sticks, seeds, pens, pencils, etc.)
4. Help the people get started, however let them draw the map themselves – it's their map!
5. Probe based on the checklist
6. The checklist items needed to develop a social map can include:

Location

1. Topography such as mountainous areas, riverine areas, desert areas which make provision of immunization and communication difficult
2. Geographical divides, roads, other seasonal factors (ie flood channels)
3. Environmental such as slums, middle income, high income groups

Social set up

1. Identify the most influential, knowledgeable, and educated community leaders
2. Identify any other communal existing groups – CBOs, NGOs, credit groups, sports persons, informal caretakers, elected representatives, tribal elders, religious leaders

3. Demographics such as population characteristics – nomadic movements patterns, IDPs, refugees, minority groups, Any community activists or volunteers

Radio
TV
Text message/SMS
Street announcement
Mosque

Local resources

1. Identification of communal/gathering places
2. Market areas
3. Mosques
4. Schools including community-based Koranic ones
5. Health facilities
6. Water tanks/pumps
7. Railway tracks
8. Areas where there are problems with immunization coverage, where there have been polio/polio cases outbreaks
9. Identify areas where there have been a high number of missed children (i.e. during SIAs)
10. Identify where there have been areas of refusals (i.e. for polio/polio/other)
11. Catchment area of a community health/other extension worker

These are key places where you can reach parents or those who have an influence on them

Material: Flip chart, marker, masking tap

Conclude by explaining use of the map a) to identify households with eligible children and locate them b) Identifying key community structures c) identifying influencers in the community d) Monitoring and reporting. **Social Mapping** is most effective when developed through consultations with the community.

Point of discussion:

- Ask participants to sketch of their section/village (later will be used to demonstrate which strategy is more relevant in which area)

- Ask them to prepare it with purpose so that they base their social mobilization plan on the information in it.

Your role is to ensure no child is missed in this round

Who can help us achieve our objective in the community, find out the most influential and people with authority in your district? These can be faith leaders, clan leaders or local authorities

Mapping of Influencers in my District

- Identify partners (e.g. NGOs)
- Start with the highest authority in your District
- Who has the most influence and power in the district?
- Start from district administrator/commissioner
- Contact him/her
- Prepared and brief them on your plans

Put not more than three requests e.g. to inaugurate the NIDS, to convene community meetings and encourage them vaccinate children under five, and assure them of vaccine safety and importance, and ask local administrators to cooperate with teams.

Hold meetings with local mosque leaders to plan and discuss what announcements can be held in the mosque including **when/how/why/how it can be monitored.**

- The trainers should request the participants to identify and list local influencers in their areas.
- The list should carry the name, designation and the target population they can influence
- Collect this list from each team and it should be incorporated into the micro plan and campaign report.
- Contact these influencers to seek their support and cooperation in the areas listed below
- Ask them to call and participate in community meetings

Meet with purpose!!!!

Have their commitment on the following:

1. To inform people through their structures and according to their culture
2. To report in the event that no team visits an area
3. House visits and convincing reluctant parents

Ask them: What is the best way they think they can pass the message?

What are the key messages?

Time: 20 minutes

Material: Flip chart and Marker

Introduction: The messages we want to pass to parents should be simple, short and in an everyday language. The message should have three aspects:

- The date
- The service
- Action required from parents

Date and service

Fromto..... Polio vaccination dates for this round.

Vaccination team will move from house to house, if you have children under five, PLEASE WAIT AT HOME AND ALLOW VACCINATION OF YOUR CHILDREN

Conclude giving full information such as dates/times of vaccinations and what they are expected to do. The same message will pass through radio, TV, mosques, community meetings etc.....

How do we pass the Message?

Introduction

Through announcements: Every Friday in the mosques at least for three consecutive weeks

Process: Obtain letter from Health authorities or District Commissioner and visit the mosque leaders.

At least before three days to the campaign
Sign and receive megaphones
Dust /clean
Charged with new batteries
Test within the compound of Ministry of Health
Carry extra batteries
During campaign, handle it with care (you will need it for the next round)
Replace with new battery if it gets low

- Explain the purpose
- Ask them to announce it to the worshipers
- Children through madrassa teachers
- Follow up and confirm announcement made, message passed correctly by asking those who attend or personally attend.

Street announcement:

Microphone is one of the most effective ways of social mobilization. Move throughout the locations and announce: the date, the service and action required from parents.

- Stop in the middle of markets, schools, densely populated areas, bus stop etc.....
- Repeat the announcement in full, clearly and loudly. Do not move before completing the message.
- Remember people have to receive complete information to understand it and act upon.

SESSION VII- Interpersonal and Group Discussions

TIME : 1 Hour

OBJECTIVE: To develop interpersonal & counselling skills of participants

Skills for Interpersonal communication

Run these 6 skills of IPC which is known as GATHER approach. GATHER means-
1. Greet 2. Ask 3. Tell 4. Help in decision-making 5. Explain 6. Return

1. Greet

Whenever you visit a household, greet everyone as far as possible according to local tradition. Introduce yourself and the purpose of your visit.

1. Introduce yourself. Example: I am (give your full name). I am a social mobilizer working for the development of the community, disseminating information about the up-coming polio campaign and making sure that all children get vaccinated.
2. Stress upon the 'emotional' factor of the campaign. Example: by vaccinating the children we are protecting and saving our future from this incurable disease. We have polio outbreak and many children are affected. If and when this disease is wiped out for good, our future generations will become immune to this disease.

Remember

- Be informal during conversation
- The community might mistake you as a surveyor, so explain to them the purpose of registering the children 6 months -15 years.

2. Ask

After greeting and introduction, this is moment to allow the parents to talk. Do not jump into polio discussion because this is not what they are thinking about at that moment. After they have opened up enough, you can become specific on child health vaccination and polio. It is important for you to know - children's general health, age, vaccination status, number of children from 6 month - 15 years of age.

Listen

Listening is a skill. Listening means: encouraging others to talk.

Listening means: giving others space to express what they feel.

Listening means: winning the heart and soul of someone whom you want to make a healthy decision.

- **Do not compel them to give information**, if they are not willing at that particular time.
- **Do not impose information upon participants.**
- **Body language should be positive**
 - Sit at the level of the person you are talking to. If s/he is sitting on the floor, you should also sit there. S/he should feel relaxed.
 - Pay attention. While speaking, keep your eyes on the person, not on your register or diary.
 - If there is any interruption/obstacle, remove it immediately. Writing can be a source of distraction
 - Give time. Do not hurry (Or look at your watch repeatedly).

4. **Ask open-ended questions** – Because, the open ended questions allow people to share information in detail. The close ended questions do the opposite. The open-ended questions start with- What, why, where, how, when and who.

Example of Open ended question:

- What do you know about polio disease?
- Why did you not vaccinate your baby?

Example of Close-ended question

- Have you immunized your child or not?
- Do you know that vaccine is safe?

5. Do not negate what the other person says, just because you feel that they may not be based on facts.

Respect all opinions. At times you might have to conduct a prolonged conversation in order to elicit the information you are seeking. The persons you normally talk to will not structure what they want to convey or the narration may go on for long. But, you should not lose patience. Give attention to every little detail they are presenting.

4. Telling

Frame your answer keeping in view:

- What they *already know* about the subject.
- What they *want to know*?
- What specific *fear or myth they have* about the subject?

Useful tips:

- Do not pretend to know everything. If you are not confident about some information, tell the person clearly that you will return and answer after consulting with others.

5. Helping Facilitating and Encouraging

In order that the parents change their decision (in favour of vaccination), they need – in addition to factual information- support and encouragement from the all-round social environment.

This means helping them to

- Overcome their personal fear or belief (many parents refuse to vaccinate a sick child).
- Overcome their religious and social belief (many parents refuse to vaccinate believing that the intention is bad). The solution- Engage religious leaders, local clerics, doctors belonging to their own community).

Explain

Remember

- Use educational/ informational materials. Choose appropriate ones.
- Pictorial-based materials better explain and have higher retention value. A popular evaluation of various media says- we recall 10 % of the things that we hear, we recall 50 % if we hear and see, we recall 90 % if we hear, see and DO. This means, the Social Mobilizer needs to be ready with visual materials before a meeting etc.
- Use local exemples, simple analogies, langage, folklores etc.

Repeat your visit

Repeated visits win trust. Repeatedly meet the reluctant/ resistant families, at least 2 times before the vaccination day. Pay special visits to families after they have received doses. Ask about their children's health.

Evening Debriefing Sessions

Process

When Social Mobilizers return from the field, a debriefing session should be held, in the evening.

These will include descriptions on following topics:

- What was the process?
- Which issues emerged?
- Which skills were used?
- What were the problems faced by social mobilizers in the field?

REMEMBER

Good communication skills should include:

Effective and active listening in which the provider provides verbal or non-verbal feedback that indicates to the caregiver that (s)he is being heard and understood

Re-phrasing what the caregiver has said to make sure it is correctly understood;

Asking open-ended questions: The questions require more than one word answers

Making *eye contact*

Providing complete *attention*;

Not being rude or showing a bad attitude toward the caregiver.

Communication materials description and use

These are visual aids. Use the already developed social map to identify important locations for posters and banners such as crowded areas, markets, main roads, health facilities, schools, public transporters, bus stops, stores/shops, mosques etc.....

Materials

Banner

Target: General Public.

Use and distribution- Through health department, and must be placed in visible areas of during launching or public places where they are easily seen

Time- On day before start of campaign

Visibility materials (T-shirt, Aprons & Caps)

Target- general public

Use - an Identification materials for vaccinators & social mobilizers.

Distribution through EPI managers at Regional & District level and must be given to vaccinators and social mobilizers.

Time- at least 3 days before the campaign

Mosque announcements-

Target - General community and indirectly religious leaders

Use and distribution- To mosque Imams,

Time- At least two weeks before campaign

REMEMBER

Aprons should be worn by vaccinators and Mobilizers

No top or other clothes should be put on top of the apron or T-shirt

Aprons should be strictly visible on the vaccinators & social Mobilizers

Facts about Polio

1. Somalia Polio FAQ

A. About polio:

What is polio?

Poliomyelitis (polio) is a highly infectious disease caused by the polio virus. It invades the nervous system, and can cause paralysis or even death in a matter of hours.

How is polio transmitted?

The polio virus (scientifically known as the wild poliovirus - WPV) enters the body through the mouth, in water or food that has been contaminated with faecal material from an infected person. The virus multiplies in the intestine and is excreted by the infected person in faeces, which can pass on the virus to others.

What are the symptoms of polio?

Initial symptoms of polio are:

- Fever
- Fatigue
- Headache
- Vomiting
- Stiffness in the neck
- Pain in the limbs.

Who is at risk of catching polio?

Polio mainly affects children under 5 years of age who are not fully vaccinated.

What are the effects of polio?

The effects of polio are:

- One in every 200 persons infected with polio leads to irreversible paralysis (usually in the legs).
- Among those paralyzed, 5%-10% die when their breathing muscles are immobilized by the virus.

Is there a cure for polio?

No there is no cure for polio. Polio can only be prevented by immunization. A safe and effective vaccine exists - the oral polio vaccine (OPV). OPV is essential protection for children against polio. Given multiple times, it protects a child for life.

Why has polio returned to Somalia?

Somalia reported its last indigenous wild poliovirus (WPV) case in 2002. In 2005, the country experienced an importation of WPV of Nigerian origin which resulted in an explosive outbreak all over the country and a total of 228. With intensified polio immunization response, Somalia was able to stop

the circulation and reached polio free status again in 2007. Since then the country have continued implementing preventive polio immunization activities (both national immunization days and child health days) to boost and sustain immunity.

Since end of 2009, local groups controlling most of South Central zone have banned conducting mass immunization activities and most UN agencies were no longer operating there. This led to a significant drop in population immunity with major population movement within and outside of Somalia from this conflict ridden area. To date, approximately 800,000 children under 5-years have not been reached by polio campaigns (through NIDs or CHDs) for over two years. Currently, Somalia hosts the largest known geographically concentrated reservoirs of unvaccinated children in the world.

Is Somalia the only country with polio?

No. Polio still exists in a few countries – but it almost gone from the world. In 1988, governments launched the Global Polio Eradication Initiative to banish polio to the history books. Since then, thanks to mass immunization campaigns, polio cases have fallen worldwide by over 99 per cent. Today there are only four countries which have never stopped local polio transmission: Nigeria, Pakistan and Afghanistan.

Why is polio spreading in Somalia?

Polio is spreading because of the low routine immunization coverage. This is why the National Immunization Days are so important in protecting our children and our communities. But the quality of the NIDs has been variable and some children remain missed. Unless, we ensure that all children under five years of age are vaccinated against Polio, the disease may continue to exist and might even reappear later in new areas.

What is the Government doing to protect children against polio?

The Government of Somalia working with UNICEF and the WHO is conducting National Immunization Days (NIDs) to immunize ALL children under 5 years with oral polio vaccine. In addition to UNICEF and the WHO, several international and local agencies are helping the government to plan and run the immunization drives.

An emphasis is to reach the poorest and most marginalized children. They are most vulnerable and least likely to be immunized.

What are National Immunization Days (NIDs)?

National Immunization Days (NIDs) are days set apart all over the nation to immunize ALL children less than five years against polio, using the oral polio vaccine. Vaccinators will come to the community bringing polio vaccine for every child under five years of age. It is critical during NIDs that parents ensure EVERY child receives the vaccine on those days.

How long will we continue to have these campaigns?

These campaigns will continue as long as polio is still a threat in Somalia.

What will happen if these NIDs do not reach every child?

If the NIDs do not reach every child before the rainy season starts, then polio will spread faster and paralyze more children.

Should a child receive OPV during polio campaigns and routine immunization?

Yes. Oral Polio Vaccine (OPV) is safe and effective and every extra dose means a child gets extra protection against polio. It takes multiple doses of OPV to achieve full immunity against polio.

Why should children be immunized again and again?

If a child has received the vaccine before, then extra doses given during the National or Sub National Immunization Days (NIDs/SNIDs) will give valuable additional immunity against polio.

How can you detect polio?

If a child under 15 years of age suddenly shows signs of a floppy, or weak arm or leg, health authorities should be informed immediately so that a sample of the child's faeces can be taken for analysis and the child can get proper treatment. Any suspected polio case should also be reported to the vaccination teams during the campaign. It is very important to act fast – polio is VERY infectious.

Why are children given oral polio vaccines?

Polio vaccine is the only protection against polio, a paralyzing disease for which there is no cure. It is essential that every child under five in Somalia is immunized against polio during the current polio outbreak.

Does the oral polio vaccine have any side effects?

The oral polio vaccine is one of the safest vaccines ever developed. It is so safe it can be given to sick children and newborns. It has been used all over the world to protect children against polio, saving at least 5 million children from permanent paralysis by polio. Somalia children are more at risk from polio than from any side effects from the polio vaccine.

Is OPV safe and halal?

OPV is safe and has been declared halal by Islamic leaders all over the world – the Grand Sheik Tantawi of Al-Azhar University, the Grand Mufti of Saudi Arabia.

Is it safe to administer multiple doses of OPV to children?

Yes, it is safe to administer multiple doses of polio vaccine to children. The vaccine is designed to be administered multiple times to ensure full protection. In the tropics where the weather is hot, several doses of polio vaccine are required for a child to be fully protected – sometimes more than ten. This vaccine is safe for all children. Each additional dose further strengthens a child's immunity level against polio.

How many doses of OPV does a child need before they are protected?

OPV needs to be administered multiple times to be fully effective. The number of doses it takes to immunize a child depends entirely on the child's health and nutritional status, and how many other viruses that child has been exposed to. Until a child is fully immunized he/she is still at risk from polio. This just emphasizes the need to ensure that all children are immunized during every round of National Immunization Days. Every missed child is a place for the polio virus to hide.

Is OPV safe for sick children and newborns?

Yes. OPV is safe to be given to sick children. In fact it is particularly critical that sick children are immunized during the campaigns, and newborn babies, because their immunity levels are lower than other children. All sick children and newborns should be immunized during the coming campaigns to give them the protection against polio that they desperately need.

Will OPV also protect against other diseases?

Mothers and caretakers should remember that Oral Polio Vaccine (OPV) is not treatment for other childhood illnesses a child may have prior to immunization. Therefore, a mother/caretaker whose child gets polio vaccines when the child had a pre-existing illness, should take the child to the nearest health center for proper medical care. Parents should ensure their children are routinely immunized against all common childhood diseases.