

Social Mobilisation Strategy for Improving Sustainable & Equitable Immunisation Coverage

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1. Introduction & Background

Civil Society Human and Institutional Development Programme (CHIP) and Japan International Cooperation Agency (JICA) jointly conducted a survey on 'Knowledge, Attitude, Practices and Behaviour (KAPB) towards Immunisation of Children' in Mansehra, Nowshera and Laki Marwat during March-Sep 2015. The objectives of the survey were:

- Understand the causes of low immunisation coverage, barriers restricting immunisation coverage and factors that help in increasing the immunisation coverage;
- Analyse the socio-cultural factors that hinder or promote routine immunisation;
- Assess the workload and performance of EPI staff through participant observation; and
- Assess accessibility of health facility to the communities as a major factor in high or low immunisation coverage.

The KAPB survey indicated that the percentage of fully immunised children in were 10% and 7% in Nowshera and Laki Marwat respectively. Same trend was noticed for % of on schedule children who were 31% and 30% in Nowshera and Laki Marwat respectively. Two variables had serious variations i.e. percentage of missed children in Laki Marwat were 31% while they were only 8% in Nowshera. Similarly percentage of children without vaccination card was 32% in Nowshera and 18% in Laki Marwat.

Variables	Lakki Marwat Percentage	Nowshera Percentage
Fully immunized	7%	10%
On Schedule	30%	31%
Default Children	14%	18%
Missed Children	31%	8%
Received Doses Over Specific Immunization	0.48%	1%
No Immunization Cards	18%	32%
Total	100%	100%

The analysis of barriers to immunisation highlighted that the barriers fall under two broad categories i.e. demand side barriers and supply side barriers. Some of the major demand side barriers and their affectees are as follow:

1.1 Caregivers

- Caregivers lack sufficient knowledge on vaccine preventable diseases.
- Caregivers lack sufficient knowledge about the vaccination schedule.
- Caregivers are apprehensive of the side effects of vaccines.
- Caregivers do not have vaccination cards for their children.
- The rough geographical terrains of the areas, from high mountains or vast tracts of land, severely cripple the degree of accessibility to immunisation on both demand and supply levels.
- Unavailability of public transport systems and poor condition of inter and intra village was a prominent factor in low immunisation coverage UCs.
- Long distances between residences and the closest EPI health facilities.
- Lack of adequate transportation facilities from villages to EPI Health facility.
- Villages have very scattered household settings, which inhibits accessibility of mobile vaccinators and LHWs.
- Weather often results in caregivers, and mothers in particular, becoming housebound and or avoiding unnecessarily travel which made children due for routine vaccination difficult to track, with the eventual consequence of them slipping into defaulter status.
- Lack of availability of mobile vaccinators is a critical cause behind missed and default children.
- Since the waiting time at the health facility is long, it is extremely challenging for daily wage workers to leave their daily wages for vaccination of the child without having knowledge of its importance that it will safeguard the life of their child for whom he is earning the income in the first place.



1.2 *Mothers of Children Under 23 Months Old*

- i. Difficulty of access to females in the community to spread awareness regarding importance of immunisation.
- ii. Mothers are unable to travel for immunisation of their children without their husbands or other male relatives, who are at work during hours when EPI services are available; thus, resulting in increased rates of missed and default children.

1.3 *Decision Makers*

- i. Decision makers within the family are a major obstacle when they decide not to get the children of the household vaccinated.
- ii. Village elders create problems for the LHWs and mobile vaccination teams.

1.4 *Influential*

- i. Influential people within the community have insufficient knowledge about immunisation.

1.5 *General Community Members*

- i. Some members of the community believe vaccination a prohibited act as per their religion.
- ii. Polio Campaigns have been maligned as harmful, which spreads weakness and infertility. Routine immunisation is often perceived as being the same by community members.

1.6 *Internally Displaced Persons (IDPs)*

- i. Migration, particularly amongst communities of IDPs contributes to high rates of missed children in the area.
- ii. IDPs were found to have rigid belief systems that were, in most cases, anti-immunisation.

In order to address demand side barriers, JICA and Provincial EPI KPK proposed to develop a social mobilisation strategy according to the local context of Nowshera and Laki Marwat. In this regard, two independent consultative workshops of two days each were designed and executed in Laki Marwat and Nowshera to develop context specific social mobilisation strategy. These workshops were participated by DHO, EPI Coordinator, LHW Coordinator, LHS, DSV, TSV, FSV, LHW, LHV, DSP, DISM, EPI Technician, Medical Officer, UCMO and UCCO. The outcomes of the workshop were presented in the form of a social mobilisation strategy, which was jointly endorsed, by DCO, DHO, EPI Coordinator and all participants through signing the document.

2. **Objective of Social Mobilization Strategy**

The social mobilisation strategy aims to guide Provincial and District EPI about:

- 2.1 Understanding local dynamics that are creating barriers for sustainable immunisation;
- 2.2 Analysing stakeholders whose support could be sought for generating sustainable demand for immunisation.
- 2.3 Learn about multiple methods and processes required for generating sustainable demand for immunisation.

It is envisaged that the implementation of the social mobilisation strategy would benefit Provincial and district EPI teams in the following ways:

- On ground local Health Department staff will be bolstered and provided assistance in their operations and they will become trained in the aspect of social mobilization, which in turn will result in a greater call for immunisation from the local populace.

- Implementation of this strategy will prove to be learning experiences, which will be used as a benchmark to further, improve the strategy so as to adapt it for more efficiency and greater results for application on a larger scale. Furthermore due to increased information being spread about immunisation, demand will increase as well.
- Implementation of this strategy will result in increase in knowledge base of the influential, as well as the local groups of the society regarding immunisation which will make future operations easier due the greater level of knowledge on the matter. Incorporation of local languages for the purpose of spreading awareness will allow for a greater outreach and allow for widespread accessibility to the information within the society.

3. Concept of Social Mobilization

The concept of social mobilisation refers to activating the potentials of different stakeholders and support groups who when join hands to resolve a particular matter or achieve a particular objective get sustainable success. It helps to promote participation of all stakeholders without any discrimination. It also helps to control negative factors that may create/hinder achievement of particular objective. The process of social mobilisation promotes a mutual support and learning in a constructive manner. It empowers communities to analyse their own problems and learn ways and means to mobilise their own people and institutions to extend financial, material and physical support to resolve common interest matters. Some of the major benefits of social mobilisation are as follow:

- a. It helps in:
 - **Uniting** the community for a specific cause.
 - **Raising awareness** even among the unreached strata of the community.
- B. It creates:
 - **Sense of responsibility** towards community problems.
 - **Ownership** of local people for the final solution.
 - **Synergies** between beneficiaries and actors on specific issue and help to gain support of positive actors and manage negative actors.
- C. It promotes **collective** approach for problem solving.
- D. **It links** communities with the concerned line departments for collective action.
- E. It **engages every body** in the community regardless of any differences such as gender, religion, economic status, disability etc.
- F. It improves the programme **quality**.

4. Expected Impact, Outcome and Outputs from Social Mobilisation Strategy

It is envisaged that of the social mobilisation strategy would be implemented in true letter and spirit, it will lead to a sustainable impact, outcomes and outputs explained as follow:

4.1 Impact

- 4.1.1 Vaccine preventable deaths in children under 23 months old averted;
- 4.1.2 Infant mortality rates reduced

4.2 Outcome

- 4.2.1 Immunisation rates in children under 23 months old increased with no discrimination based on: Sect, Religion, Gender, Distance, Poverty, Geographical remoteness, Scattered household setting and Social status etc.
- 4.2.2 Ratio of on schedule children increased
- 4.2.3 Ratio of children with immunisation cards increased
- 4.2.4 Demand for immunisation of children increased
- 4.2.5 Ratio of default children decreased
- 4.2.6 Ratio of missed children reduced

4.3 Expected Outputs

Expected Outputs	Beneficiaries				
	Mothers	Decision Makers	Influential	Community Member	Moving Population
1. Have correct knowledge about 09 vaccine preventable diseases	X	X	X	X	X
2. Have knowledge about correct vaccination schedule - 06 times	X	X	X	X	X
3. Able to differentiate between polio campaigns and routine immunisation	X	X	X	X	X
4. Understands importance of immunisation	X	X	X	X	X
5. Do not consider vaccination a prohibited act	X	X	X	X	X
6. Extend full support to caregivers to get their children immunised	N/A	X	X	X	N/A
7. Welcome visits of LHWs and listen to their advises	N/A	X	X	X	N/A
8. EPI Technician/LHWs maintain entry and exit of new and old children in their immunisation records and provide immunisation cards on a monthly basis.					

5. Social Mobilization Tools

Summary of social mobilisation tools and their direct beneficiaries are as follow:

Social Mobilisation Tools	Caregivers		Decision Makers	Influential	General Community Members	Internally Displaced Persons
	Mothers	Fathers				
1. Micro Census	X	X	X	Nil	Nil	X
2. Individual meetings	X	X	X	X	X	X
3. Identify Community Activists and Train them As Local Health Promoters	X		X	X	X	
4. Communal Meetings/gathering/public dialogue at communal places such as hujra to discuss common issues and their solutions	X	X	X	X	X	X
5. Formation and Strengthening of Village Health Committees	X	X	X	X	X	X
6. Quiz Competition in Schools and Madrassas (Religious Institutions)	X	X	X	X	X	X
7. District Health Forum	X	X	X	X	X	X
8. Outreach Camps	X	X	Nil	Nil	Nil	X

Social Mobilisation Tools	Caregivers		Decision Makers	Influential	General Community Members	Internally Displaced Persons
	Mothers	Fathers				

9. Role plays in mohallas to sensitize caregivers groups about importance of immunisation so that importance of immunisation is highlighted in a recreational manner and people start discussing about it.	X	X	X	X	X	X
10. Pamphlets, handbooks, illustration/photo based materials, posters and visuals containing awareness raising and motivational messages	X	X	X	X	X	X
11. Dissemination of messages through multiple mediums such as mobile, cable, television advertisements, radio advertisements etc.	X	X	X	X	X	X
12. Sensitisation of Media to acquire support of print and electronic journalists to form public opinion about importance of immunisation.	X	X	X	X	X	X
13. Celebration of health related international and national days to get highlight key preventive health measures according to the type of health day e.g. TB day, Hepatitis day, polio day etc.	X	X	X	X	X	X
14. Sports Events	X	X	X	X	X	X

5.1 Micro Census

Under this, list of all children will be prepared along with their status of immunisation.

5.2 Individual meetings

Individual meetings with the use of information education and materials would be conducted with mothers, fathers, decision makers and influential persons to sensitise them on importance of immunisation.

5.3 Identify Community Activists and Train them As Local Health Promoters

Local activists girls and boys would be trained as health promoter to continue mobilizing caregivers, decision makers and influential people to support immunisation campaign in their area.

5.4 Communal Meetings/gathering/public dialogue

Communal Meetings/gathering/public dialogue at communal places such as hujra to discuss common issues and their solutions will be held to sensitize general community members on importance of immunisation. These gatherings will form positive public opinion about immunisation

of children. These will also create peer pressure to begin and continue immunisation of children. These meetings will also clarify all myths and biases about immunisation.

5.5 Formation and Strengthening of Village Health Committees

Communities would be organised into village health committee to raise village health issues with the department of health.

5.6 Quiz Competition in Schools and Madrassas (Religious Institutions)

Children and youth can become champions of change hence can influence their parents and sibling to begin and continue immunisation of children. Quiz competitions on immunisation related topics would help in not only mobilizing children but also youth to support immunisation campaign at village level.

5.7 District Health Forum

District Health Forums bring together communities and department of health to coordinate positively and improve on ground situation. These forums also ensures accountability of health department and empowers community to get their problems solved there and then.

5.8 Outreach Vaccination Camps

Outreach vaccination camps are organised in scattered, hard to reach and low immunisation coverage areas. The repetition of outreach camps along with mobilisation sessions help local people to get their children immunised.

5.9 Role Plays In Mohallas To Sensitize Caregivers Groups

Role plays are conducted at mohalla level to sensitize caregivers groups about importance of immunisation so that importance of immunisation is highlighted in a recreational manner and people start discussing about it. Real life case studies are converted into light story and performed through local actors at the mohallah level to highlight the issue and its repercussions. These stories helps to sensitize local people on the importance of immunisation.

5.10 Pamphlets, Handbooks, Illustration/Photo Based Materials, Posters and Visuals

Pamphlets, handbooks, illustration/photo based materials, posters and visuals containing awareness raising and motivational messages (Illustration or photo based) designed in a reader friendly manner attracts attention of caregivers, decision makers and influential people. These increases the effectiveness of verbal message and helps to address the questions of the community members.

5.11 Dissemination of messages through multiple mediums

Dissemination of messages through multiple mediums such as mobile, cable, television advertisements, radio advertisements are utilized to sensitize communities on importance of immunisation. Each local community uses specific communication channels for information dissemination. Some communities get information through radio while some communities get information through local cable network. This tool is utilized according the local context.

5.12 Sensitisation of Media

Sensitisation of Media to acquire support of print and electronic journalists to form public opinion about importance of immunisation. Media activities helps to form public opinion hence utilized to sensitize the masses. The media personnel includes both print and electronic media personnel.

5.13 Celebration Of International And National Health Days

Celebration of health related international and national days to get highlight key preventive health measures according to the type of health day e.g. TB day, Hepatitis day, polio day etc.

helps to highlight specific prevention and treatment of specific health theme such as diarrhea and pneumonia etc.

5.14 Sports Events

Youth Sports events could be utilised to highlight specific prevention and treatment of specific health theme such as diarrhea and pneumonia etc.

6. Beneficiaries of Social Mobilization Strategy

- **Children under the age of 2 years:** All children under the age of 2 years without any gender or other kind of discrimination.
- **Parents having children under 2 years:** When children complete their vaccination routine, parents will remain at ease, both physically and mentally. Potential expenses in treating aforementioned diseases will also be avoided as a result of their prevention
- **In-Laws of the aforementioned Parents:** When the children are safe and healthy, parents are at ease and able to find time for other affairs. Mothers can better attend to the mother and father in law resulting in an amicable relationship which leads to a happy and content family
- **Neighbors and Surrounding Community:** When a child is not vaccinated, spreading of germs can result in people in and around the afflicted individual to be affected as well, resulting in a spread of diseases. As a result, completing vaccination courses results in protection of the individual and the whole community around him/her as well.

7. Supporters/ Actors Engagement for the Implementation

- **Religious Influential:** All those individuals who educate and guide people in mosques and religious meets about religion. These include Religious leaders, Mufti's and Scholars. From the podium in the mosque, during their address or when teaching madrassas while giving religious guidance they can also discuss the importance of vaccination and raise awareness about it while giving it context with reference to the Holy Quran and principles of the Sunnah.
- **Political Influential:** Councilors, Nazim, Vice-Nazim, Party heads, MNAs and MPAs are all influential political elements who people listen and adhere to. They can spread awareness to the people and keep them up to speed by making special mention in their governor meetings and procession addresses.
- **Youth Organization:** Groups which involve youngsters joined together for a special purpose are called youth organizations. These young people can reach out to individuals in a similar age bracket and make them aware of the importance and effectiveness of vaccinations.
- **Teachers:** Teachers are an important cornerstone of our society, who are considered as the most important factor for the improvement of society as a whole. They can reach out in schools, colleges and universities and spread awareness about vaccinations and immunization.
- **Police:** Due to the poor security conditions, police have an important role to play in the security of the community, as well as assist in obtaining their cooperation
- **Lady Health Worker:** Part of the Department of Health who are involved in the service delivery of vaccinations to the community in the field. Their hard work, honesty and work ethic can convince the community to get their children vaccinated
- **Community Based Organizations:** Local organizations who work for the betterment of the community. They can raise awareness on the importance of vaccinations in the community and assist in the outreach efforts.
- **UNICEF/WHO:** These international organizations who work for the improvement of health all over the globe. They can provide vaccines, equipment & cold chain and educate the staff.



8. Responsibilities for implementation of Social Mobilization

To ensure complete implementation of the Social Mobilization Strategy the participants of the workshop decided upon a complete index of all the entities responsible to ensure attainment of the lofty goals set by the strategy. This strategy will ensure 100% immunisation coverage provided it is followed through upon. The responsibilities are divided into 4 main groups.

Responsibility	Responsible Entities
Advocacy	DHO, DSM, EPI Coordinator, DHMS, LHW Coordinator, WHO, DHCSO
Data Management	UCMO, TSV
Troubleshooting, Problem Analysis and Monitoring	UCCO, DSV, FSV, LHS
Fieldwork (Social mobilization and vaccination)	Social Mobilizer, EPI Technician, LHW, LHV

The DHO leads the district level operations for the advocacy and implementation of the Social Mobilization Strategy; other entities responsible include DSM, LHW coordinator, DHMIS and EPI coordinator. International organizations also take part in the advocacy operations. These individuals and organizations work for the awareness generation regarding importance of vaccinations. After this, TSV, UCMO monitor and manage the data at the health facility. The third group comprising of UCCO, DSV, FSV and LHS identify the problem and analyze it in order to come up with a solution. The final group performs all the fieldwork where they go and meet the people face to face, ensure the immunization process is carried out and that children are getting vaccinated. Social Mobilizers, EPI Technicians, LHW and LHVs are a part of this group.

9. Target Location and Duration of the Implementation

- First, a pilot will be run in one village of one union council of each district to extend on the job assistance of UC EPI team and build their capacity in social mobilisation.
- Based on the results of the initial pilot, the implementation will be extended to 4 more UCs over 8-9 months while dynamically adjusting and improving the strategic plans with newly obtained data.
- After the 8 months, we shall have a complete plan, evolved through the 5 trial UCs, which would be in a condition that may be applied to the whole district.

The resulting plan would be capable of instilling hope in target areas and lay the groundwork to bring about a better future by giving locals the capability to work towards a brighter future with their own strength.

