



MAINTENANCE

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COMMUNICATION STRATEGY

OBJECTIVE 1: MAINTAIN HIGH VACCINATION RATES

Although the outbreak has concluded, vaccination campaigns will continue after transmission is interrupted to ensure that immunity against polio and all vaccine-preventable diseases remains high. It is likely that there are still individuals who have never been vaccinated.

HIGH VACCINATION RATES MUST BE MAINTAINED TO:

1. Prevent non-symptomatic carriers from infecting unprotected children.
2. Protect individuals who, for medical (or other) reasons, could not be vaccinated.
3. Prevent the spread of vaccine-derived polio.
4. Protect the population against importations that may occur from countries or areas with continued transmission.
5. Increase population immunity of children under five against all vaccine preventable diseases, including polio.

MAINTENANCE OBJECTIVES:

1. Maintain high rates of immunity and vaccination coverage
2. Transition from a focus on polio to the bigger issue of child health, particularly routine immunisation

In a Maintenance Scenario, caregivers, influencers and health workers may not be aware that threats still exist and therefore may become complacent and fatigued by ongoing campaigns. To combat complacency and fatigue, remind caregivers that taking all vaccines is ordinary, routine, and responsible for the decline of children's diseases in their area. Make sure caregivers know when, where, and how to get vaccinations and other health services that are being provided.

Focus on supporting immunisation days and campaigns with clear messages that deliver the essential information to caregivers (the "when, where, how, and what" for each campaign) and follow up on this communication with surveys measuring their effect.

OBJECTIVE 2: TRANSITION FROM POLIO TO HEALTH, AND ESTABLISH

SUPPORTIVE NORMS AND HABITS

The infrastructure and capacity put in place to respond to a polio outbreak creates an opportunity to improve overall child health, particularly immunisation. Promote routine immunisation and other health practices by leveraging polio vaccination success and using existing program assets.

The first step to transitioning from polio to health is establishing a clear baseline for data on knowledge, attitude, and practice (KAP) regarding vaccination, routine immunisation, and other key childcare issues. If KAP studies are not feasible, use other forms of comparable data to establish a baseline.

Caregivers should view health workers, routine vaccination, and the basic tenets of child health care positively, and they should openly support these attitudes and practices within their community (for more information, please see [GUIDING PRINCIPLES](#) on [Global Guide, page 11](#)). If there are gaps in these attitudes and practices, or on linking demand with service delivery, they should be the focus of the communication strategy and campaign.



KEY STEPS TO TRANSITIONING FROM POLIO TO HEALTH:

1. Establish a baseline for caregiver attitudes and practices about broader immunisation and child health through KAP studies and/or other qualitative forms of research (e.g., interviews, focus groups, community discussions, etc.). Focus on these four key elements:
 - A. Accurate knowledge
 - B. Positive attitudes
 - C. Supportive practices
 - D. Evidence that community members openly talk about child health and immunisation
2. With partners, identify opportunities for improvement concerning knowledge, attitudes, and practices as well as ensuring that service delivery meets community demands.
3. Analyse each opportunity using the [SEM FRAMEWORK](#) (page [Global Guide, page 15](#)) to discover the solutions and catalysts for each opportunity.
4. Craft communication using the guide and appropriate creative concepts.
5. Test, refine, and optimise communication.

COMMUNICATION PLANNING PROCESS



Review all epidemiological, campaign, and social data to understand the nature of the outbreak and the target population.



Create a Maintenance communication baseline using KAP data and the SEM framework.

[BARRIER ANALYSIS](#) (page 5)



In this step, identify and describe the opportunities for improvement from the KAP baseline by audience and SEM level.

[AUDIENCE ANALYSIS](#) (page 9)



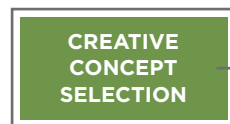
Complete the worksheet for each individual campaign.

[COMMUNICATION PLANNING WORKSHEET](#) (page 25)



Identify the most appropriate media channels to reach each audience.

[MEDIA CHANNEL SELECTION](#) (page 28)



Select creative concepts to adapt, based on conceptual fit.

[CREATIVE CONCEPTS](#) (page 32)



Adapt to improve performance by updating the planning worksheet, or by creating a new worksheet.

[GUIDING PRINCIPLES THREE](#) (page [Global Guide, page 13](#))

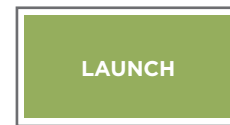


Consider the communication planning worksheet and develop messages for both mass and interpersonal communication channels.

Explore [AUDIENCE TYPES](#) (page 14) for sample messages.



Test



Create measurement plans based on the planning worksheet's goal.

[MEASUREMENT, MONITORING, AND EVALUATION](#) (page 47)



The Communication Planning Process outlines the steps and key decisions to make when developing Maintenance communication. Each step has a corresponding component in this guide for reference. Follow the steps, beginning with Understand, to systematically plan the communication necessary for your scenario. Document the decisions you make and the information you use at each step. It will be a helpful reference and foundation for future planning.

BARRIER ANALYSIS

IN THIS SECTION:

- 6 Logistical Barriers
- 7 Attitudinal Barriers
- 8 Behavioural Barriers

In a Maintenance Scenario, the barriers are different than those in Outbreaks and Enduring Outbreaks. They are informed by the overall strategic goal of stabilising a high rate of vaccine coverage by establishing childhood vaccination as common and routine behaviour for caregivers.

The biggest risk after being certified as polio-free is passive or active non-compliance due to complacency.

Caregivers might no longer feel at risk and might be experiencing fatigue after multiple rounds of vaccination during the outbreak. As a result, they might believe there is no longer a need to continually vaccinate their children.

The primary barrier categories for caregivers in a Maintenance Scenario are attitudinal, behavioural, and logistical in nature. Focus on addressing and eliminating issues at each of these levels to maintain polio-free communities and to begin to broaden vaccination efforts to general health concerns. On the following pages are a series of questions to help you understand some probable barriers in the Maintenance Scenario, followed by guidance on how to address the barriers.



1. LOGISTICAL BARRIERS

GUIDANCE:

When a behaviour becomes routine and ordinary, logistical frictions can become the primary barrier. If caregivers do not widely find vaccination to be convenient, accessible, and easy, then they will not get it, even if they otherwise support it. It is important to ensure service delivery and operations are adequately prepared and attended to throughout the vaccination programme. Furthermore, regularly monitor the provision of services and related operations and discuss findings with partners who are responsible for ensuring adequate and accessible service. Identify and act on opportunities to affirm that vaccination is very convenient and directly provide caregivers with the information they need to get it.

QUESTIONS:

- Is routine polio vaccination available?
- Is routine polio vaccination convenient?
- Do caregivers perceive it as convenient?
- Do they know when and where they can get routine polio vaccination services?



2. ATTITUDINAL BARRIERS

GUIDANCE:

Widespread, continued support for vaccination at the individual level is necessary for maintaining high coverage rates. Ensuring that caregivers perceive health workers positively is a crucial precursor for shifting campaign efforts to general health initiatives.

Identify and act on opportunities to affirm and reaffirm that vaccination is good and is the right thing to do for everyone. If necessary, remind caregivers that by failing to participate in routine vaccination, they are putting their children – and those of their community – at risk. Furthermore, continue to refresh and utilise communication that create a positive, admirable image of health workers.

Where negative attitudinal perceptions are based on inadequate service or poor health worker performance, communication should focus on improving the technical and interpersonal skills of frontline staff. Only then can broader communication credibly depict a positive and admirable image around health workers. Remember, the objective of our strategy is to build trust and communicate authenticity. What we communicate must be as closely aligned to the operational reality as possible.

QUESTIONS:

- Do caregivers report strongly supporting routine vaccination, including polio?
- Do they view vaccination as a safe, normal and important thing to do for all children under 10 years old?
- Do they perceive health workers as trustworthy, admirable, and compassionate?



3. BEHAVIOURAL BARRIERS

QUESTIONS:

- Do caregivers accept the vaccination whenever it is offered?
- Do caregivers openly talk to one another about their support for vaccination?

GUIDANCE:

Support for vaccination must also result in action, and so the actual behaviour of caregivers when it comes to vaccination is important. If they tend to accept vaccination whenever it is offered, or, ideally, seek it out, it reveals that vaccination is becoming a routine and normal pattern of behaviour. Caregivers should also hear supportive information for vaccines from each other, in addition to our communication.

Present data in a simplified, understandable manner to inform caregivers about the high rates of acceptance in order to firmly establish acceptance as a normal behaviour. Identify and act on opportunities to show people discussing vaccination with each other positively to firmly establish the act of openly supporting vaccination as a normal behaviour.



AUDIENCE ANALYSIS

IN THIS SECTION:

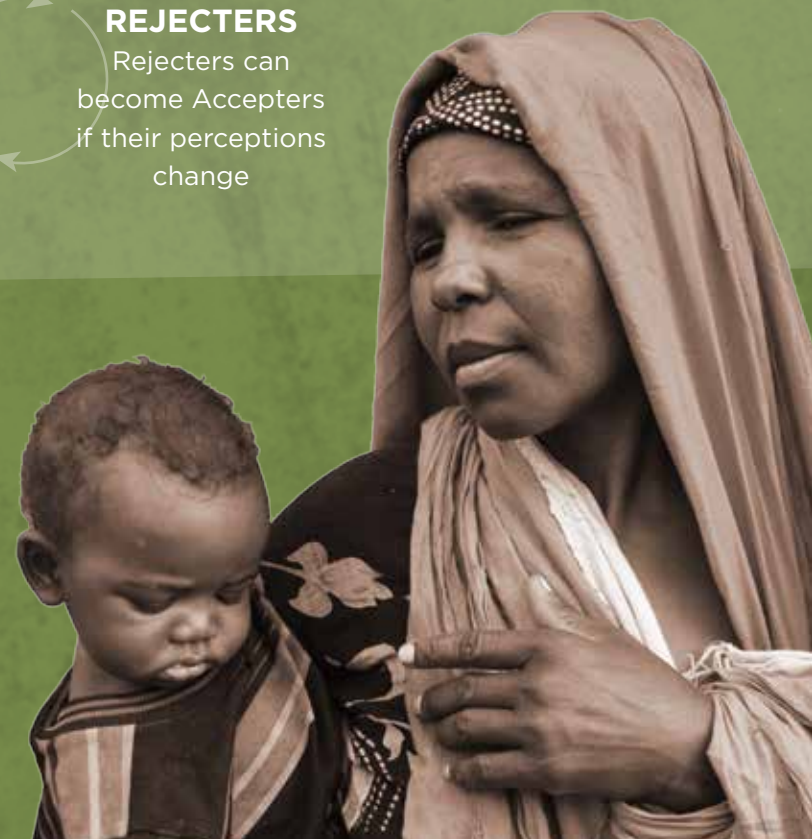
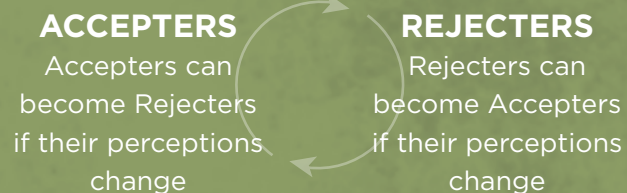
- 10 Accepters
- 11 Rejecters
- 12 Transit Populations

AUDIENCE GROUPS: ACCEPTERS, REJECTERS, & TRANSIT POPULATIONS

This section will help you understand how to address the three fundamental audience groups that your communication should target during Maintenance Scenarios: Accepters, Rejecters, and Transit Populations.

Within the Maintenance Scenario, and after an outbreak has been closed, Rejecters will have been minimised as a source of risk due to the effect of herd immunity. The focus should return to Accepters and to maintaining this group's compliance to repeated vaccination. Without an active outbreak in progress, it is more important to maintain the positive and supportive attitudes and practices that Accepters are open to by monitoring and addressing the risks posed by the BARRIERS to vaccination listed on page 5.

REMEMBER:



ACCEPTERS

In Maintenance Scenarios, we want Accepters to share their mindset openly with other members of their community. By openly discussing vaccination, health workers, and the benefits of attending health clinics, Accepters help us make it clear that the majority of people agree with repeated vaccination.

GENERAL FACTORS FOR ACCEPTERS IN MAINTENANCE SCENARIOS

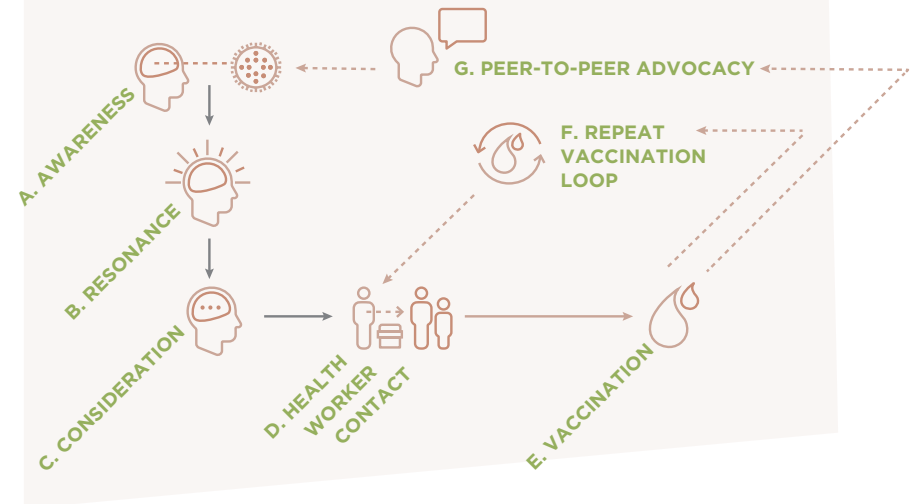
Accepters are sensitive to the threat that polio and other diseases pose to their children.

- They understand the value of vaccination and will generally get it if easily available.
- Accepters tend to trust authority figures and healthcare (both traditional and professional) providers, including our health workers.
- 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.

THE ACCEPTER'S JOURNEY

For more regarding the [CAREGIVER'S JOURNEY](#) see [Global Guide, page 9](#).

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.

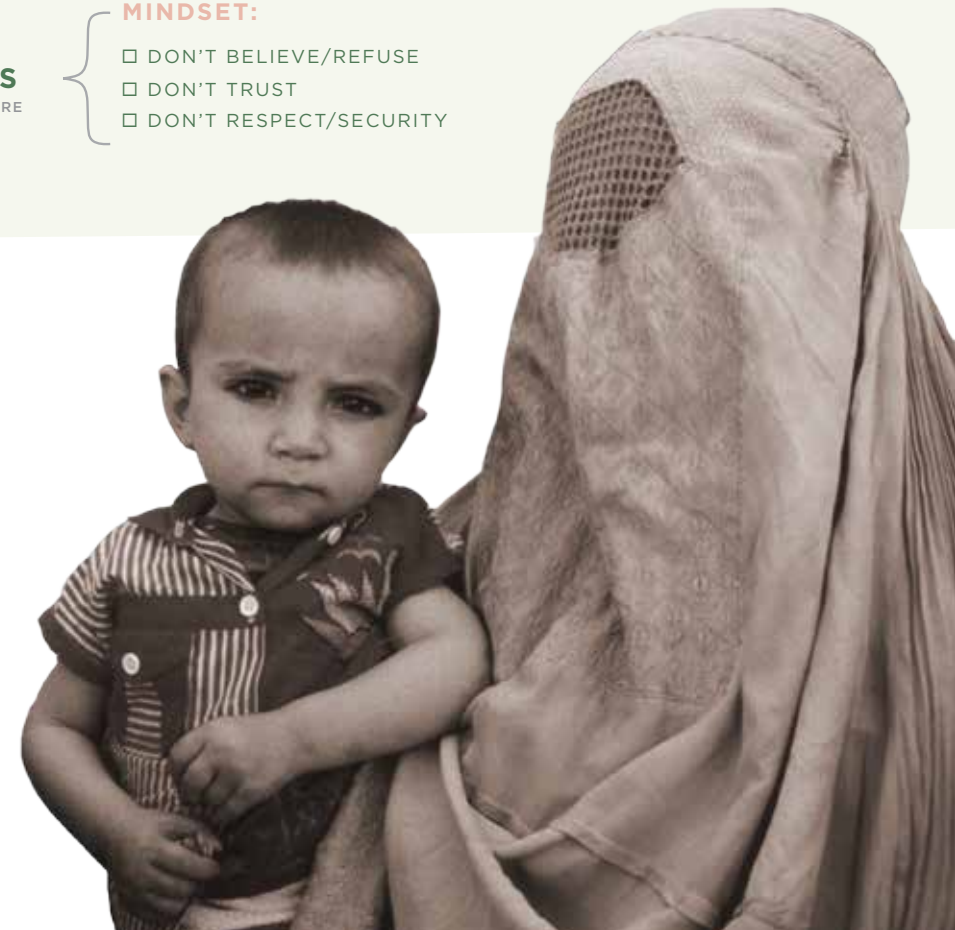


Remember, over time, repeated polio vaccine campaigns can begin to test the patience of even the most sympathetic Acceptor, and so it becomes important to shift communication to focus on themes beyond awareness over time.

REJECTERS

The second audience group is Rejecters. Maintenance Scenarios can tolerate small numbers of Rejecters because of the herd immunity effects that mass immunisation provides. If the Rejecters are widely dispersed, they do not need to be specifically targeted and addressed, as the threat they pose will be minimal.

If a notable concentration of Rejecters emerges in a single area, over time a critical mass of vulnerable children might be established. The preconditions for an outbreak could therefore present. Develop microplans to monitor campaign performance and identify potentially dangerous concentrations of missed children and Rejecters.



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 while travelling, particularly if they have received the same service multiple times before.

These transient, potentially displaced 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 traveling. Brand familiarity is an important source of trust that should be used in communication at transit points.

We have the opportunity to resonate with Transit Populations if our messages recognise their place of origin, their destination, or their purpose for traveling.





KEY FACTORS FOR TRANSIT POPULATIONS

- Communication need 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 may be less familiar with polio, so it is important to introduce vaccination as a critical regional health issue.
- They may 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, 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, buses, bus stops, markets, tea stalls, religious gathering places, schools, and other relevant events or festivals.
- 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. The [CAREGIVER CHARTS](#) (page [15-16](#)) outline the role of caregivers in Maintenance situations.

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 following [INFLUENCER CHARTS](#) on pages [17-22](#) outline the influencer audience types and common profiles to provide an overview of how they can be included in the Maintenance Scenario. These charts are derived from the SEM framework, but focused 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 seperately, 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 for their entire family.</p>	<p>Transient caregivers assume similar roles as non-transient 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>Routinely vaccinate children under the age of 10.</p> <p>Influence other parents in the community to also vaccinate by openly approving of vaccination, specifically routine vaccination.</p> <p>Dismiss influencers who reject vaccination efforts.</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 10.</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>Anti-campaign pressure from influencers or rumours within their community that could turn compliant caregivers into rejecters.</p> <p>General apathy towards vaccination efforts.</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>

TYPE	CAREGIVERS (2/2)			
AUDIENCE	FATHERS	MOTHERS	ELDERS, GRANDPARENTS, & OTHER RELATIVES	TRANSIENT CAREGIVERS
ENGAGEMENT FOCUS	<p>Maintain previously established and pro-health worker norms to begin shifting the focus to other health topics.</p> <p>Supporting immunisation days and campaigns with clear messages that deliver the essential information to caregivers (the “when, where how, and what” for each campaign).</p> <p>Maintain positive perceptions and expectations of health workers and other health professionals; leverage any descriptive norms to maintain campaign participation.</p> <p>Maintain previously established pro-vaccination and pro-health worker norms.</p> <p>Continuously refine messages to avoid fatigue and complacency.</p>			<p>Same as non-transient 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: Our children will be safe when every child is vaccinated with polio drops. Keep making your child strong and healthy. Vaccinate your child during every health visit.</p> <p>Sample 2: When all the children are vaccinated, polio cannot spread. Keep your child strong and routinely vaccinate, for the good of our future.</p> <p>Sample 3: Vaccination day is on [INSERT DAY]. Join the community of [INSERT PLACE] as we vaccinate children together. Keep your child strong and healthy.</p> <p>Sample 4: Our children and out community will be safe when every child is vaccinated with polio drops. Polio vaccines are available at the [INSERT LOCATION] Health Centre starting [INSERT DAY]. Keep your child strong and routinely vaccinate for the good of our future.</p>			<p>Sample 1: Polio is circulating in [Country A] and [Country B]. To protect your child, vaccinate them at the border or a regional health camp.</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	<p>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.</p>	<p>Political leaders, tribal leaders, religious leaders, and influencers all care about the health and well-being of the members of their communities, and they can have a decisive impact on setting norms for behavioural norms.</p>	<p>In some communities and cultures, traditional healers are highly trusted and can help advocate for immunisation, depending on their beliefs and attitudes toward vaccination.</p>	<p>Communities themselves play an essential role in their members' identities, customs, and behaviour. Using communication to invoke, depict, and address communities, their needs, and values directly is important for access and acceptance by their members.</p>
DESIRED ROLE	<p>Continue to promote the role that vaccination and preventative medicine play in happiness and prosperity when it comes to community and life in general.</p> <p>Dispel negative rumours.</p> <p>Encourage children to positively discuss vaccination at home with parents.</p>	<p>Approve of polio vaccination, routine immunisation, 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 10.</p> <p>Support against rumours and falsehoods about polio and OPV.</p>	<p>Collective investment in eradication through cultural and social norms that continue to frame vaccination and health workers positively and provide social/cultural permission for women to join the programme.</p> <p>Commitment to creating an overall healthier community.</p>
POTENTIAL CONCERNS	<p>Despite campaign efforts, educators may have traditional or cultural views that bias them against vaccines.</p>	<p>Despite campaign efforts, local leaders could still directly work against vaccination themselves.</p> <p>They may have a political agenda that conflicts with routine vaccination or the shift to other health topics.</p>	<p>As trusted members of their communities, they are particularly harmful if spreading rumours about vaccines—particularly if vaccination conflicts with their practises.</p> <p>These rumours could disrupt new pro-vaccine norms established by the campaign.</p>	<p>Credibility of message can be difficult to establish without support from key community influencers.</p> <p>Exacerbation of anti-campaign and anti-vaccination rumours.</p>

TYPE	INFLUENCER: COMMUNITY (2/2)			
AUDIENCE	EDUCATORS	COMMUNITY & RELIGIOUS LEADERS	TRADITIONAL HEALERS	COMMUNITIES AT LARGE
MESSAGING FOCUS	<p>Engage through their role as intellectual guides within their communities to help maintain a supportive cultural and social environment for vaccination.</p> <p>Continue to promote positive perceptions and expectations of health workers and other health professionals.</p> <p>Promote the necessity of routine vaccination.</p>	<p>Support their roles 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>Recognition of collective identity, specifically success in becoming polio-free.</p> <p>Alignment of maintenance of polio-free status with community goals.</p> <p>Leveraging of descriptive norms.</p>
SAMPLE MESSAGES	<p>Sample 1: The future of our community rests in the hands of our children. Keep polio out of our community by educating children about vaccination and its benefits,</p> <p>Sample 2: The start to a bright future is a healthy childhood. Talk to parents about the benefits of routinely vaccinating their children.</p>	<p>Sample 1: A healthy community is a happy community. Protect, support, and empower your community by promoting routine vaccination.</p> <p>Sample 2: Today's children are tomorrow's leaders. Guide your community to a brighter, healthier future by promoting routine polio vaccination, because we are all intertwined.</p>	<p>Sample 1: Your work protects the health of our children and our community everyday. Keep doing good work and promote the necessity, safety, and efficacy of routine polio vaccination.</p>	<p>Sample 1: We keep our children safe by vaccinating with polio drops. Keep making the community strong. Join us for vaccination day, for the good of all children.</p> <p>Sample 2: Our health workers are continuing to protecting our community and keeping our children strong. Join them on vaccination day on [INSERT DATE] to get your child vaccinated.</p>

TYPE	INFLUENCER: SOCIETY (1/2)	
AUDIENCE	CIVIL SOCIETY INFLUENCERS & CELEBRITIES	GOVERNMENT OFFICIALS
OVERVIEW	<p>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.</p>	<p>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.</p>
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>Demonstrate commitment and ownership of the success of polio eradication.</p> <p>Continue to distribute vaccines, facilitate access, provide security, and establish the legitimacy of the need to remain polio-free and the importance of action.</p> <p>Commitment to creating an overall healthier community.</p>
POTENTIAL CONCERNS	<p>Normal working concerns with VIPs require some flexibility in approach, compared to other communication methods.</p> <p>Other aspects of their public and personal lives could contradict or undermine the messages.</p>	<p>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>

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.</p> <p>Motivate frontline health worker performance.</p> <p>Messaging should align with their public image.</p>	<p>Reinforce why routine vaccination is necessary</p> <p>Support new health topics to be facilitated through the existing campaign framework.</p>
SAMPLE MESSAGES	<p>Sample 1: Let's keep polio out of our community. Help completely eliminate polio by advocating routine vaccinations.</p>	<p>Sample 1: Continue to lead your community to a healthier future. Remind them that the only way to keep polio from returning is to routinely vaccinate all children under the age of 10.</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 vaccination efforts 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 vaccines and other health services, and facilitating the job of frontline health workers.</p>	<p>Disseminate credible information and approve of vaccination. Identify vulnerable children and assist in vaccination efforts as directly as possible. 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 the past, doctors 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 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.</p> <p>Credit them in recent 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>The importance of advocacy within the community.</p> <p>Information about any upcoming health initiatives.</p>
SAMPLE MESSAGES	<p>Sample 1: Your work has strengthened communities and protected hundreds of children. Together, let's keep protecting the children of tomorrow by continuing to routinely vaccinate children.</p>	<p>Sample 1: Keep polio out. Continue to support your local health workers by promoting routine vaccination and informing your community about vaccination days.</p> <p>Sample 2: Help us create a healthier community by informing families of upcoming vaccinations days at your local health centre.</p>	<p>Sample 1: As you know, administering vaccines protects the entire community. Create a brighter future for today and tomorrow's children by discussing and encouraging routine vaccination.</p>

MOVING FROM POLIO TO HEALTH

SHIFTING THE EMPHASIS FROM POLIO TO OTHER HEALTH SERVICES

Maintaining high routine vaccination acceptance rates immediately following an outbreak is crucial; however, as the threat of polio begins to wane, so should the focus on polio. Instead, utilise the Guardians of Health brand to communicate information regarding other child health services.

Health services or clinics—where they are available—provide an opportunity to tap into people’s desire for basic necessities and healthcare. For example, they provide an opportunity to bundle vaccines with other services. Where health services or clinics are not available, child health days and local health units can also provide opportunities for supporting the delivery of other health commodities to children in need.



KEY POINTS:

1. Present polio vaccination as part of a “basket” or “bundle” of services, headlined by the services we can offer that are most in demand in the area, such as clean water, good nutritional advice, general and reliable information regarding child health, and other urgent necessities and emergency care.
2. If the child health day approach is available, advertise health camps as new and emphasise their newness and the improvement they represent over previous service to create demand for them.
 - a. Create social proof in advance by communicating the intent of the majority of people who visit the camps, even if inexact or imperfect measurement of this intent exists.

For example, “80% of people said they want to bring their kids to the child health days.”

- b. Position the camp in all communication, including media, as an improvement to the community.
- c. Rapidly follow up with both pleased and angry visitors to the health centre or child health day to ensure that services meet or exceed expectations and that positive word of mouth about the camps spreads quickly.

TARGET AND ADDRESS HARMFUL SOCIAL PERCEPTIONS AND NORMS WITH COMPELLING COUNTER-NARRATIVES

The attitudes, perceptions, beliefs, and behavioural norms of social groups influence how their members behave. When uncertain, people turn to the behaviours of others as an example of how to behave. If we make sure that caregivers are aware of how broadly accepted vaccination is, they will be more likely to seek it as part of routine care for their children. Implement communication that establishes this by explicitly addressing social norms to create positive and supportive behaviours.

When supporting specific immunisation campaigns (e.g., a National Immunisation Day), examine communication for opportunities to portray health workers positively and humanely, with an emphasis on trustworthiness.

For more information, please refer to the [GLOBAL STRATEGY](#) (see [Global Guide](#), page 7) and [GUIDING PRINCIPLE ONE](#) (see [Global Guide](#), page 11).

KEY POINTS:

1. Target a specific behaviour to be influenced by a social norm (taking children to the health centre at key moments before the age of five years of age, for example).
2. Communicate a new, desired descriptive norm to the audience to increase awareness of what is normal behaviour.

"98% of people routinely vaccinate their children."

3. Apply injunctive norms to the message whenever applicable.

"Everyone lets health workers inside because it is the right/honorable thing to do."



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. 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 all new 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.



COMMUNICATION PROBLEM

1 WHO AM I COMMUNICATING TO WITH THIS CAMPAIGN OR TACTIC?

CAREGIVERS INFLUENCERS:  AUDIENCE

Nigerian mothers with children under the age of five who no longer see the need to vaccinate since the end of the outbreak.

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

Continue to vaccinate their children on every occasion the vaccine is offered and advocate the importance of continued vaccination within their community.



3 WHAT IS CURRENTLY KEEPING THEM FROM DOING THIS? BARRIERS

Complacency: The mothers no longer feel at risk and may be experiencing fatigue after multiple rounds of vaccination during the previous outbreak.

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.

It's critical to understand why people aren't already perceiving or behaving

BARRIERS:

3

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 [5](#).

COMMUNICATION SOLUTION

4 WHAT SINGULAR MESSAGE DO I WANT TO COMMUNICATE?  MESSAGE

Regular vaccination is normal, healthy, and protects the health of your child and the community.

5 WHY WILL THIS AUDIENCE BELIEVE THIS MESSAGE?  PROOF POINTS

Communication will inform mothers of the continued risk that polio poses. Moreover, they will establish routine vaccination as a social norm within their community.

6 HOW WILL THIS MESSAGE REACH THE PEOPLE IT NEEDS TO?  CHANNEL

- *Through their preferred radio shows*
- *Through influential religious leaders who communicate with the mothers on a regular basis*
- *Through posters and leaflets distributed at health centres and through maternal 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 33-46) 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 [GUIDING PRINCIPLE TWO](#) (page [Global Guide, page 12](#)) 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 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 [28](#).

MEDIA CHANNEL SELECTION

Once an outbreak has been closed and the shift to Maintenance has occurred, the purpose of the communication and media touch points must shift as well.

During the Maintenance Scenario, the media efforts should be used to support the ongoing vaccination effort as well as the transition to the broader health offerings that will be available.

Media decisions should be based on a review of how media channels performed before and after the outbreak. When reviewing media channel performance, also consider what publicity the programme has received up to this point, how it has assisted or hindered the programme's progress, and if previously used channels were cost-effective. The media channels deployed would be similar to those used to build ongoing support of any local or national brand that wants to remain relevant and important to the general population.

» *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 a Maintenance Scenario.



THE INTENDED POPULATION YOU WANT TO REACH

- Are our target audiences the same for Maintenance as they were for Outbreak? Are we targeting a broader group of people now, or a more focused sub-section?



SYNERGY WITH CHANNEL SELECTION

- What channels are most connected to consistency and normalcy in a given community? Soap operas, both radio and TV, news and newspapers, and social media could all apply.
- Does entertainment play a role in a more hopeful and positive connection to the ongoing vaccination effort?
- How do previously-established IPC channels adapt to the goals of your new approach?



EFFECTIVENESS OF THE CHANNEL

- What media channels were potentially overused during the outbreak and should therefore be avoided?



BEYOND PAID MEDIA

- What kind of publicity and/or earned media did/ is the campaign receiving, and what actions can be taken to utilise or improve publicity and earned media?



TIMELINESS OF THE CHANNEL

- What is the appropriate frequency for media – continuous so that effort remains top-of-mind, or only to promote the vaccination campaigns?
- What channels are best served to provide updates and alerts for scheduled health camps and routine vaccination campaigns?



CHANNEL LOCATION

- How much do publicly-placed materials drive local vaccination campaign engagement and receptivity? Billboards, banners, and flyers could all play a role in local efforts.

CHANNEL ROLES IN MAINTENANCE

CHANNEL	SUMMARY	ROLE
NEWS MEDIA & PR (PRINT & ELECTRONIC)	Lowest cost with high credibility.	Provide specific information about need for and safety of routine immunisation, including the polio vaccine. Provide additional information about child health and access to health workers and health camps.
RADIO	Informational, quick to implement, and low-literacy.	Stress importance of routine vaccination. Communication should clearly describe urgent need, safety, and efficacy of vaccination and explain how to access health workers and health camps (vaccination days, clinic hours, locations, etc.).
TV	Highest impact but high cost.	Visuals and audio to demonstrate the importance of routine vaccination and communal action needed to protect children.
ON-SITE BANNERS	On the spot info about the campaigns.	Attract attention of the target audience, provide pertinent campaign information about vaccinations at health camps and child health days, reinforce routine polio vaccination, and promote action to vaccinate every time the vaccine is offered.
LEAFLETS & BILLBOARDS	Educational, personal information, high resonance.	Provide information about vaccination and vaccination points. Make them more valuable and engaging by including interactive games or a calendar.
IPC (INTERPERSONAL COMMUNICATION)	Dynamic dialogue tailored to address specific barriers.	Initiate dialogue about importance of routine vaccination in children's health and address specific barriers.

CHANNEL ROLES IN MAINTENANCE

CHANNEL	EDUCATIONAL	IMPACT/ RESONANCE	CAMPAIGN INFO/ LOGISTICS	IMMEDIACY (TIME TO DEVELOP)	LOW COST	LOW LITERACY
NEWS MEDIA & PR (PRINT & ELECTRONIC)	X			X	X	
RADIO	X			X		X
TV	X	X				X
ON-SITE BANNERS			X	X		
BILLBOARDS/ POSTERS		X	X			
LEAFLETS & BROCHURES	X	X				
IPC (INTERPERSONAL COMMUNICATIONS)	X	X	X		X	X

CREATIVE CONCEPTS

There are two conceptual territories to use as a basis for creating mass communication in a maintenance scenario. Each looks at health workers and children's health from a slightly different perspective and can be tailored to address particular issues more directly.



WE ARE ALL INTERTWINED

The **We Are All Intertwined** campaign may be used to communicate the supportive norms, values, and messages to foster continued vaccination leading to collective action and community protection. This may be especially useful in settings where there may be waning acknowledgment or supportive norms for vaccination.

BEST AMONGST ALL

Best Amongst All aims to demonstrate the commitment and care of the health workforce. It is a "feel good" campaign that highlights the role that health workers have in protecting children, helping to maintain high morale and trust with families and communities.



The core of this concept is the idea that immunisation and children's health are shared community obligations and that the community remains strong only if every child is protected. It depicts the positive behaviour of immunisation support and acceptance.

Drawing inspiration from the rich tradition of textiles in many of the at-risk regions, it takes the metaphor of community as fabric and uses it to illustrate our interconnectedness, and the superior value of a collective gain.

In other media, the metaphor is extended by showing other kinds of interrelationships and connectivity, such as a truck driver who is connected to others through his travel or a brick worker connecting bricks to build a strong foundation for a home. In these stories, we also have the ability to depict the health worker in a very positive heroic light so as to remove any barriers to acceptance and access. The goal is to socially normalise immunisation by emphasising the collective responsibility to vaccinate every child for the good of all children.

SELECTION CHECKLIST

- General appeal for the importance of immunisation
- Overcome fatigue from perception of too many immunisation campaigns
- Overcome anti-vaccination sentiments
- Shift from a sense of individual responsibility to communal responsibility and protection

HEADLINE

For the good of all children, vaccinate your child with polio drops.

TAGLINE

Because we are all intertwined.

BODY Polio germs can be transmitted from one child to another. If your child is five or less than five years old, you **MUST** have them vaccinated each time.



This concept uses the metaphor of a brick wall to bring to life the importance of communal strength and responsibility. Showing images children chalk drawn onto bricks, we see a hand placing a brick and completing the chain. The copy reinforces the point, by declaring that you must vaccinate your child for the good of all children.



This poster uses images lifted from a TV spot to provide visual connectivity across channels. The health workers are positively portrayed as contributing to the community, all of whom are shown in a graphic pattern made up of diamond shapes from the logo.



Intended for display around health camps, this poster depicts a silhouetted chain of children holding hands, symbolising the interconnection between all the children of a community. Because this is directed at a rural Pashtun audience, we show them with the rugged mountains common in the frontier areas of Pakistan and wearing clothing typical of the region.

This television commercial was produced in Pakistan and addresses the Pashtun audience in the highest-risk areas. The commercial metaphorically links building a strong foundation for a house with the actions necessary to build a strong community. It shows how every child is critical to the strength of the community and how the health worker plays a key role in the community to protect their children.

SCRIPT



Open on a village. We see children playing while their mothers look on. In the background, a bricklayer is building a wall.



Voice-over (VO): Mazboot bunyaad ke liye, har eent zaroori hai.
(Every brick is necessary to build a strong foundation.)



VO: Aisey hee, qoum ki mazbooti ke liye, har bachay ko polio ke qatray pilwana bhi zaroori hai
(In the same way, we need to give polio drops to every child to strengthen our community.)

RATIONALE

First we establish the scene by showing the people in the community together.

Then we establish the metaphor...

...before connecting it to polio immunisation.

SCRIPT (CONT.)



Two health workers enter the scene.

VO: Jis din hamara har bacha polio kay qatray pee lay ga, hamaray saray
(All our children will be safe the day every child is vaccinated with polio drops.)



Kids wave at the workers.

VO: bachay mehfooz ho jayen gay.
(Make the community strong.)



As the health workers approach...



...the kids gather together, along with the mothers holding infants.

RATIONALE

Now we introduce the health workers and show community acceptance, reinforcing the idea of polio immunisation as a social norm.

SCRIPT (CONT.)



VO: Qoum ko mazboot banayen
Tamaam bachon ki behtri ke liye,
apnay bachay ko polio ke qatray
pilwaayen.
(Give polio drops to your child, for the
good of all children.)

Health worker pats on the little one's
head and smiles.



Kids walk with the health workers
toward the village.



VO: Kiyon ke hum ek doosrey ki
zindagi se jurey huye hain.
(Because our lives are intertwined.)

The kids show off their painted
fingers.

Logo/lockup.



RATIONALE

The children appear comfortable around the health workers who demonstrate that they genuinely care for the children –signifying that the health workers are trustworthy and welcome in the community. The actors chosen to depict the health workers we also culturally appropriate.

The children follow the health workers as they walk into the village. The health workers acceptance by the children and the community reinforces the sentiment that they are here to help, not harm.

The boy shows his painted finger–signifying vaccination.

Display logos at end in conjunction with appropriate partner organisations to assist in building brand familiarity among the target audience.

This television commercial was produced in Pakistan and addresses the Pashtun audience in the highest-risk areas. By comparing a community to a complex system of interrelated parts, it shows how every child is critical to the strength of the community, and how the health worker plays a key role in protecting the children.

SCRIPT



Open on a moving truck. Close up on a tire. We see it going flat.

VO: Sawari ka agar ek bhi payya sahi se na ghoomain, tu saffar dushwaar ho jata hai.

(Even if one wheel of a vehicle does not operate properly, the journey can become troublesome.)



We see the driver fixing his tire at a nearby village.

A health worker who is passing by stops and helps. In the background we see kids playing and women holding infants.

VO: Hamari qoum ka agar ek bhi bacha polio ke qatron se reh gaya, tu har bachay ko khatra hota hai.

(Even if one child in our community remains unvaccinated, all our children are at risk.)

RATIONALE

First we establish the metaphor of the system of parts that need to work together for the whole to be strong.

Next we link it to the community responsibility of vaccination.

SCRIPT (CONT.)



The kids are happily playing, imitating the actions of the driver and health worker fixing the tire.

VO: Jis din hamara har bacha polio kay qatray pee lay ga, hamaray saray bachay mehfooz ho jayen gay.
(*All our children will be safe the day every child is vaccinated.*)



The tire is fixed. We see the truck move on, the health worker goes in the village with the kids playfully following him.

VO: Qoum ke mustaqbil ko behtar banayen. Tamaam bachon ki behtri ke liye, apnay bachay ko polio ke qatray pilwaayen
(*Make the future of our community better. Vaccinate your child, for the good of all children.*)

Logo lock up.



RATIONALE

And shift to the value and importance of building toward the future.

Finally, we deliver the call to action supported by that community responsibility.

This is a script for an unproduced commercial that uses the familiar metaphor of the fabric of a community to bring to life the idea that the health worker is intertwined into the community.

SCRIPT



Open on a close-up of a needle running through traditional embroidery. A man's voice narrates.

VO: *Our lives are interwoven.*



We pull back to that it's a girl's hand pulling the needle.

VO: *We carry on traditions...*



The frame widens; we see she is a part of a group.

VO: *...share experiences, and pass down the wisdom we've earned.*

RATIONALE

We open with a comparison between the construction of fabric and community.

Shifting perspective to a broader community while discussing the benefit of communal engagement reinforces the idea.

SCRIPT (CONT.)



One of the weavers gets up and collects a cooler.

VO: *And woven into our community are the Guardians of Health workers.*

The husband hands the mother a health worker's cooler from nearby the doorway. They exchange an affectionate look, and she exits.



The camera follows her outside.

VO: *By bringing safe, effective drops to help protect our children from polio, they work to make our whole community stronger.*



End lock up.

VO: *Every child's health depends on the immunisation of all our children. We are all intertwined. Guardians of Health.*

RATIONALE

Having met our characters in the context of weaving, we now shift to expanding our understanding of them to include the role of the health worker via the cooler. This firmly establishes the health worker as being a member of the community both literally (she's part of a group that is depicted on screen) and figuratively.

We use her transition from a private space to a public one to talk about the work they do to strengthen the community and to frame the effort as being in the service of protecting children.

At the end we come full circle to the idea of immunisation as a communal responsibility.

SCRIPTS

“WE ARE ALL INTERTWINED”

VO: Like the threads of a cloth, our lives are interwoven. We carry on traditions with family, share experiences with neighbors, and pass down the wisdom we’ve earned to our children.

And also woven into our community are the health workers who are strengthening it by bringing safe, effective drops to help protect our children from polio.

Vaccinate your child for the good of all our children, because we are all intertwined.

“BRICK”

VO: Every brick is necessary otherwise the wall can become weak. It is necessary to give polio drops to every child in our community otherwise the whole community can become weak.

All our children will be safe the day every child is vaccinated. Make the community strong.

Vaccinate your child, for the good of all children.

“TRUCK”

VO: Even if one wheel of a vehicle does not operate properly, the journey can become troublesome.

Even if one child in our community remains unvaccinated, all our children are at risk. All our children will be safe the day every child is vaccinated. Make the future of our community better.

Vaccinate your child, for the good of all children



“Best amongst all are those who are chosen for the most difficult tasks.”

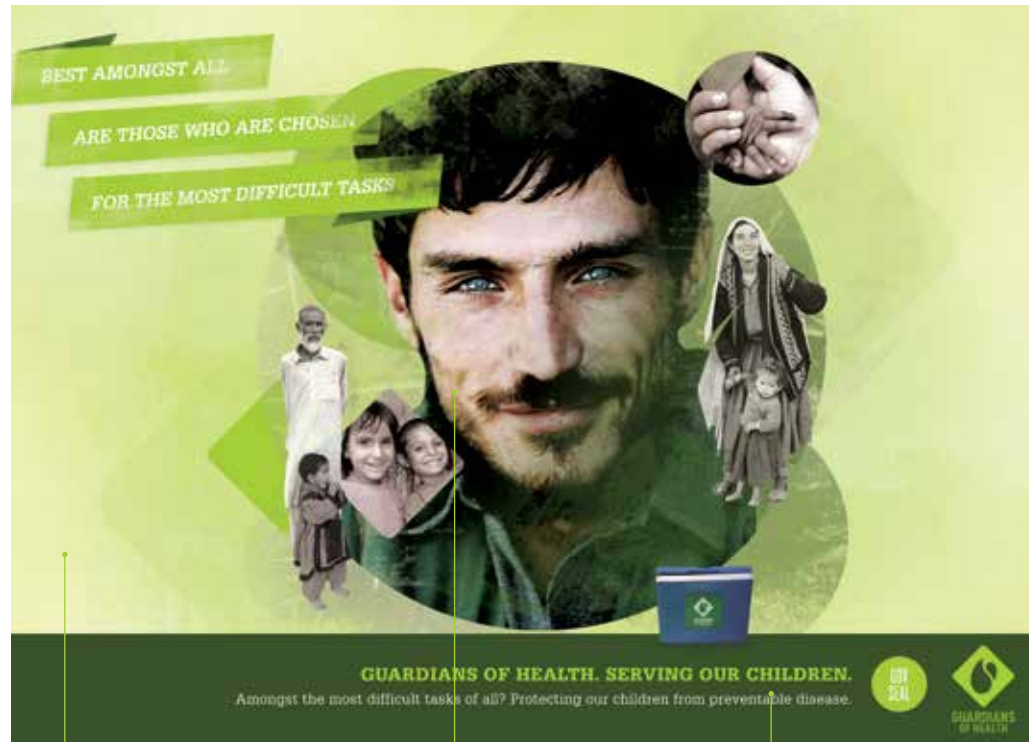
In many areas, the health workers face especially arduous conditions, from extreme geographic remoteness, to security challenges, and more. In those cases, depicting the health workers through the lens of the importance and dignity of necessary work lets us shape how people see them as well as how they see themselves and their work.

In a Maintenance Scenario, through celebrating the recent achievement of establishing a polio-free country, the Best Amongst All concept can be used to promote broader health and other immunisation goals.

SELECTION CHECKLIST

- Maintain and continue to bolster community acceptance of health workers
- Use feedback to improve programme reach and relevance in hard to reach areas
- Promote routine vaccination and other health services

When shown as a poster or print ad, the visual presents the health worker heroically, surrounded by the people in the community he or she serves. The headline, “best amongst all, are those who are chosen for the most difficult tasks” connects to both the health workers themselves as well as the caregivers of the children they serve.



The background is constructed of multiple layers to create a washed out and gritty style.

The subject should be cut out in colour, have a sense of pride and optimism, and be looking at the camera.

Brand Bar for a banner or billboard



The ribbon header will change from three to two ribbons on portrait layouts.

The background colour, ribbon colour, and background shapes should change to reflect that region's colour palette.

Make sure the subject is representative of that region.

The imagery should be used across both layouts but can be rearranged to best fit the defined space.

In a television commercial, this campaign celebrates the hard work and sacrifice of the health workers by asking them why they serve.

SCRIPTS



A health worker stands with a group of people—adults, elderly, children—on a road in village in FATA.

MAN 1: *I do it for our people.*

WOMAN: *I do it for the children.*

Slow motion: group of workers walking down a road.



ANNOUNCER: *Each Guardians of Health worker has heard his own call for serving. In heeding that call, they endure difficult and sometimes dangerous conditions to bring safe effective drops that help protect our children. And best amongst all, are those who are chosen for the most difficult tasks. And amongst the most difficult tasks of all? The work to end the suffering of polio forever.*



Man with child, who smiles and holds up her finger, painted purple.

MAN 2: *I do it for the future.*

ANNOUNCER: *Guardians of Health. Serving our children.*

Logo/lockup.

RATIONALE

A heroic portrayal sets the tone. Note, we don't yet know what they are, just that there's a nobility to what they do.

Seeing the health workers coming together reinforces the socially normative notion of the effort, while the voiceover gives context.

We pivot from the phrase "Best amongst all are those who are chosen for the most difficult tasks" to putting the polio vaccination effort in the context of difficult tasks before reminding us why we go to the trouble: the children and eradicating a disease from the world.

Finally, we connect the health worker to the beneficiary.

SCRIPTS

SFX: street sounds

MAN 1: I do it for our people.

WOMAN: I do it for the children.

ANNOUNCER: Each Guardians of Health worker has heard his own call for serving. In heeding that call, they endure difficult and sometimes dangerous conditions to bring safe effective drops that help protect our children. Best amongst all, are those who are chosen for the most difficult tasks. Amongst the most difficult tasks of all? The work to end the suffering of polio, forever.

MAN 2: I do it for the future.

ANNOUNCER: Guardians of Health. Serving our children.

[Government endorsement]

PRODUCTION NOTES

At the top and bottom of the spot include a short, distinctive musical phrase to work as an audio logo. This should be performed with a regionally instrument to brand the communication in a relevant way.

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. 1



KEY ACTION STEPS



1. DEVELOPING 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



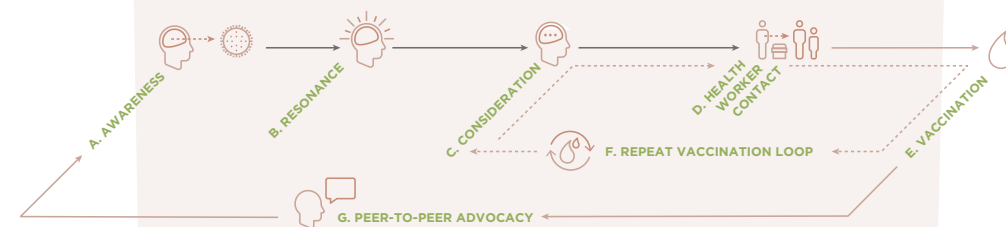
F. REPEAT VACCINATION

- 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



MEASUREMENT, MONITORING, & EVALUATION



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.



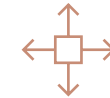
6. DEVELOP A MECHANISM FOR USING MONITORING REPORTS TO SUPPORT ON-GOING PROGRAMME ACTIVITIES

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.

