

Integrating and Supporting EPI Communication

Summary from TFI and communication meetings

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Recommendations of the TFI in 2002 (communication)

- **Establish monitoring and evaluation indicators for communication activities**
- **Increase resources for communication**
- **Build capacity on communication among health personnel and service providers**
- **Use data to improve the performance and impact of communication activities**

Partners' response at regional level

- Briefing of sub-regional working groups and ICCs
- Regional training in communication monitoring and use of indicators (Johannesburg)
- Joint technical assistance to countries
- Communication component included in RED trainings and planning
- Revision of MLM Communication Module to include communication monitoring

Key points from Communication Advisory Group meeting (June 2003)

- Re-branding of routine immunization as a safe and effective public health priority
- Support from global/regional levels to develop an advocacy approach that pressures governments to ensure that quality vaccination services are in place
- Client-based service delivery (stressing client and health staff satisfaction)
- Social marketing of immunization services through a rights-based approach that sells to the public

Refer to handout

Summary of TFI 2004 side meeting on immunization communication

Refer to handout

Integrating and supporting EPI communication: What is needed?

- Maintaining communication positions (human and financial implications)
- Maintaining financing for communication activities as a component of EPI
- Communication technical support and capacity building for regions/countries (finish polio and expand technical capacity for routine immunization, GAVI, RED, measles)

Application of drop-out analysis

Service Delivery

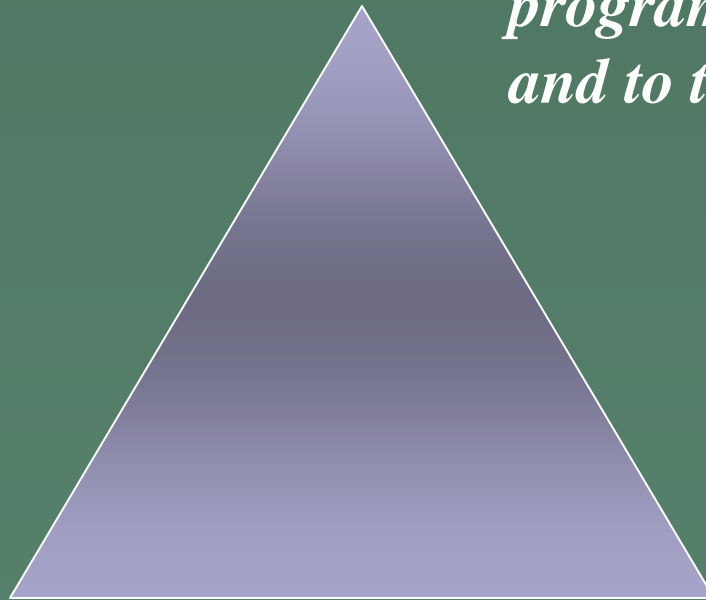
- Improve policy application (e.g. open vial policy)
- Improve data reporting, timeliness, and tracking of defaulters; self-monitoring
- Improve screening of sick children (avoid false contraindications)
- Reorganize vaccination session times/days with communities

Communication

- Improve health worker inter-personal communication skills
- Increase use of vaccination cards as health information tools (e.g. return dates)
- Improve community and caregiver awareness of vaccination services and schedule
- Negotiate with communities on outreach and vaccination sessions

Communication role with contacts

Community : *Uses existing networks for program support, involvement and to track activities*



Service:

Keeps records, maintains links with community and media

Mass media or materials:

Provide information, reinforce tracking efforts, recognise progress

Communication for improving a district immunization programme

- Link communication to program strategies to improve immunization at the district-level.
- Define communication support that will effectively address the challenges for different levels of coverage and drop-out
- Use social as well as coverage data for developing appropriate communication responses (vis-à-vis service delivery).
- Use rapid assessments to obtain essential social data easily and swiftly.
- Make effective immunization a shared health system/community responsibility

**What role does program
communication play in
helping to increase
coverage and
reduce drop-out?
(*example*)**

Madagascar: three pillar approach



EPI

Improve Health System

Strengthen Health-Worker Skills

Promote Positive Family & Community Behaviors

Problems identified

Reactions to vaccines/AEFI

Beliefs, customs, rumors

Parents' attitudes

Distance to health centers



Problems related to awareness of services

Health worker behavior

EPI operations research

Solutions



- Tripartite collaboration (health service, health worker, community) on active tracking of unvaccinated and immunization defaulters
- Improving accessibility of services
- Community engagement and ownership (e.g. « Champion Communities »)

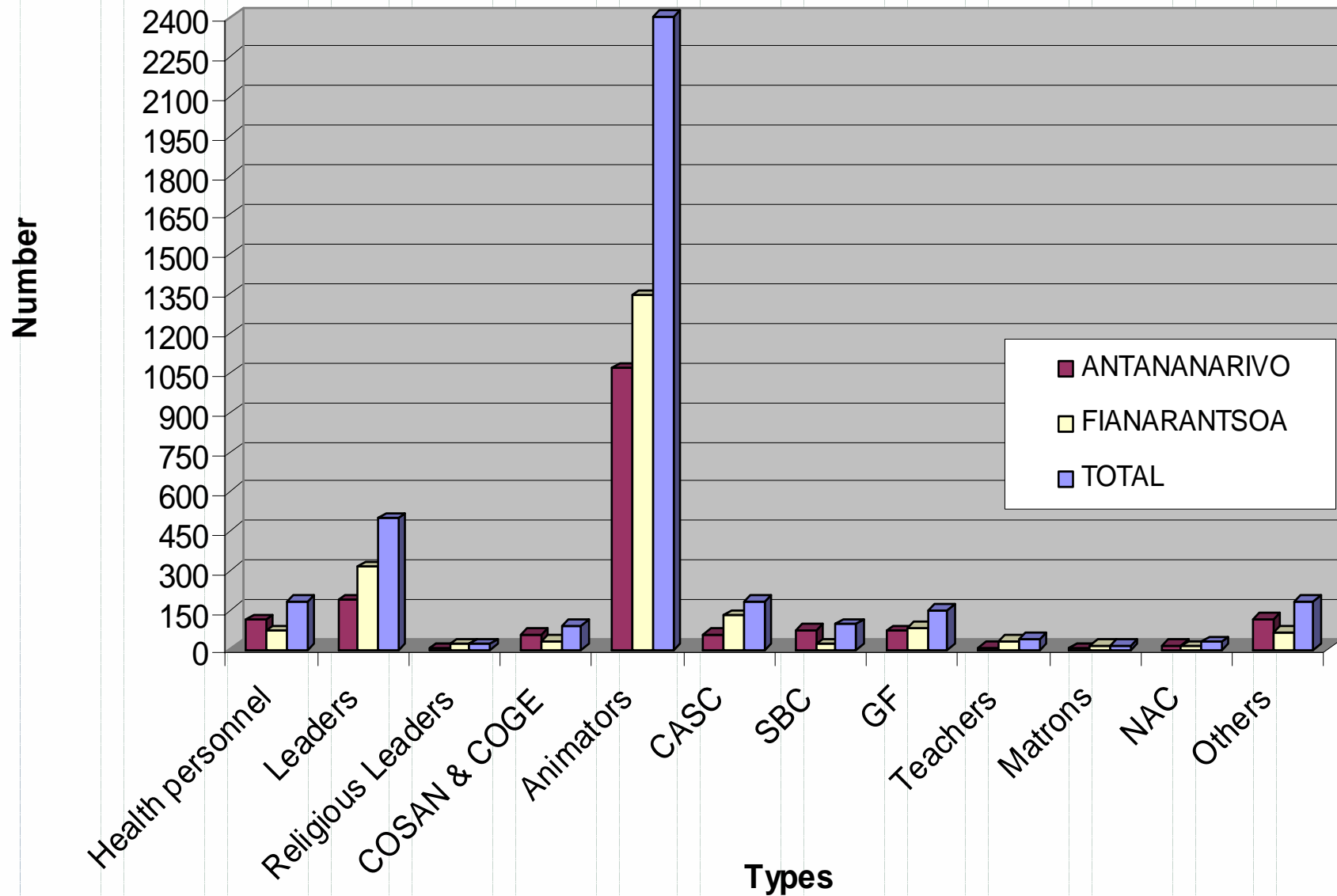
End goal: Increase demand and utilization

Data on community members involved in immunization in 2 provinces (Madagascar)

PARTICIPANTS TRAINED	
Total Participants Trained	
SSD (District)	Animators Trained
1 Ambatolampy	232
2 Ambohidratrimo	200
3 Anjzorobe	169
4 Antananarivo Atsimo	186
5 Antananarivo Avaratra	191
6 Antananarivo Renivohitra	169
7 Antsirabe I	184
8 Antsirabe II	218
9 Manjakandriana	214
10 Ambalavao	196
11 Ambohimahasoa	186
12 Ambositra	180
13 Fandriana	205
14 Farafangana	194
15 Fianarantsoa I	207
16 Fianarantsoa II	178
17 Ifanadiana	183
18 Manakara	194
19 Mananjary	182
20 Vohipeno	227
Total SSD Participants Trained	3,895

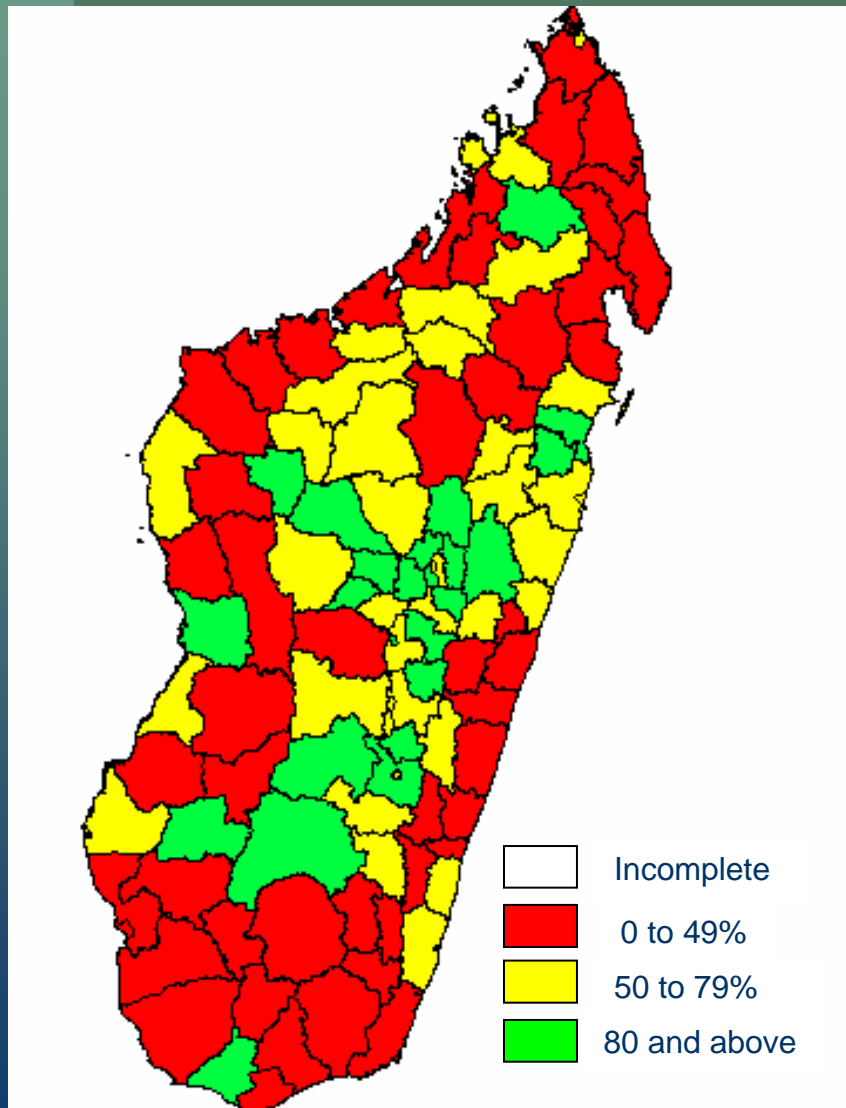
	DPS (province)	TANA	FIANAR	TOTAL
	Commune	36	44	80
	Health personnel	113	71	184
Community Leaders	Leaders	186	311	497
	Religious Leaders	1	19	20
	COSAN & COGE	59	32	91
Community Agents	Animators	1065	1344	2409
	CASC	55	129	184
	SBC	74	19	93
	GF	69	82	151
	Teachers	7	32	39
	Matrons	1	15	16
	NAC	17	11	28
	Others	116	67	183
	Total Trained	1763	2132	3895

Participants Trained in Community Approach

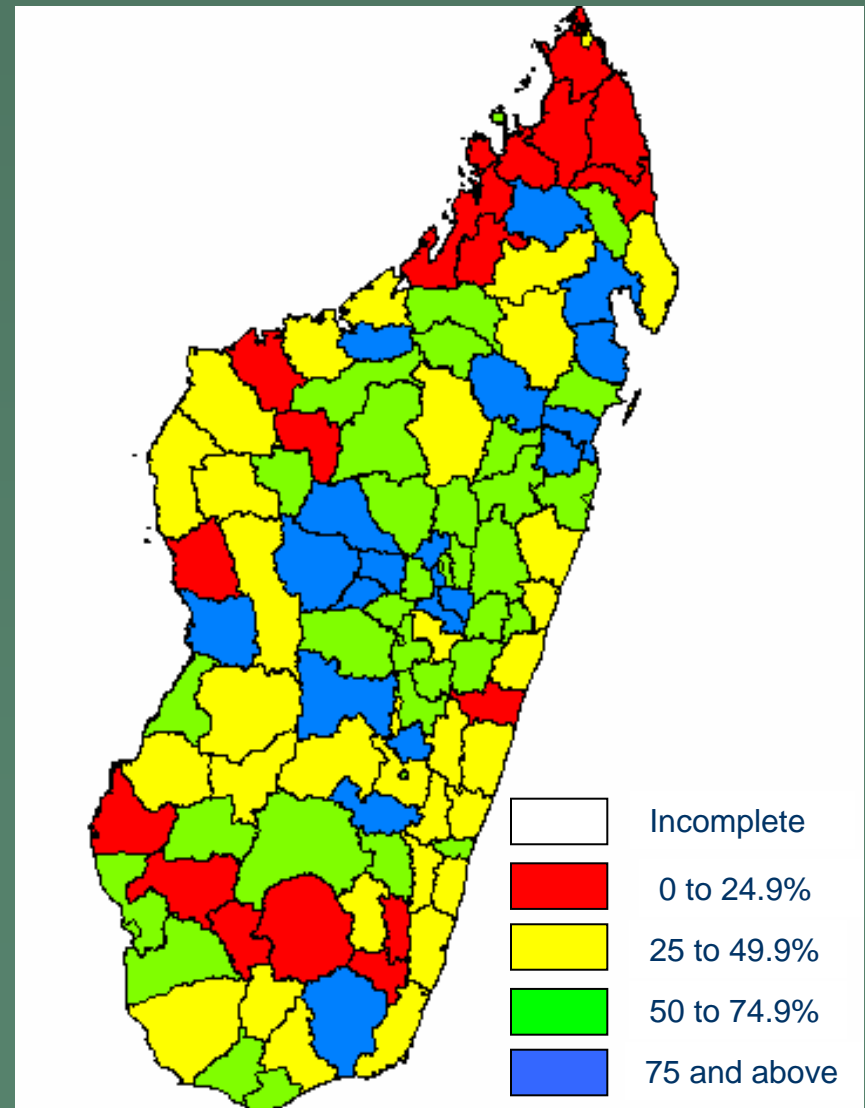


Reported DPT/HepB3 coverage - Madagascar

DPT/HepB3 2002



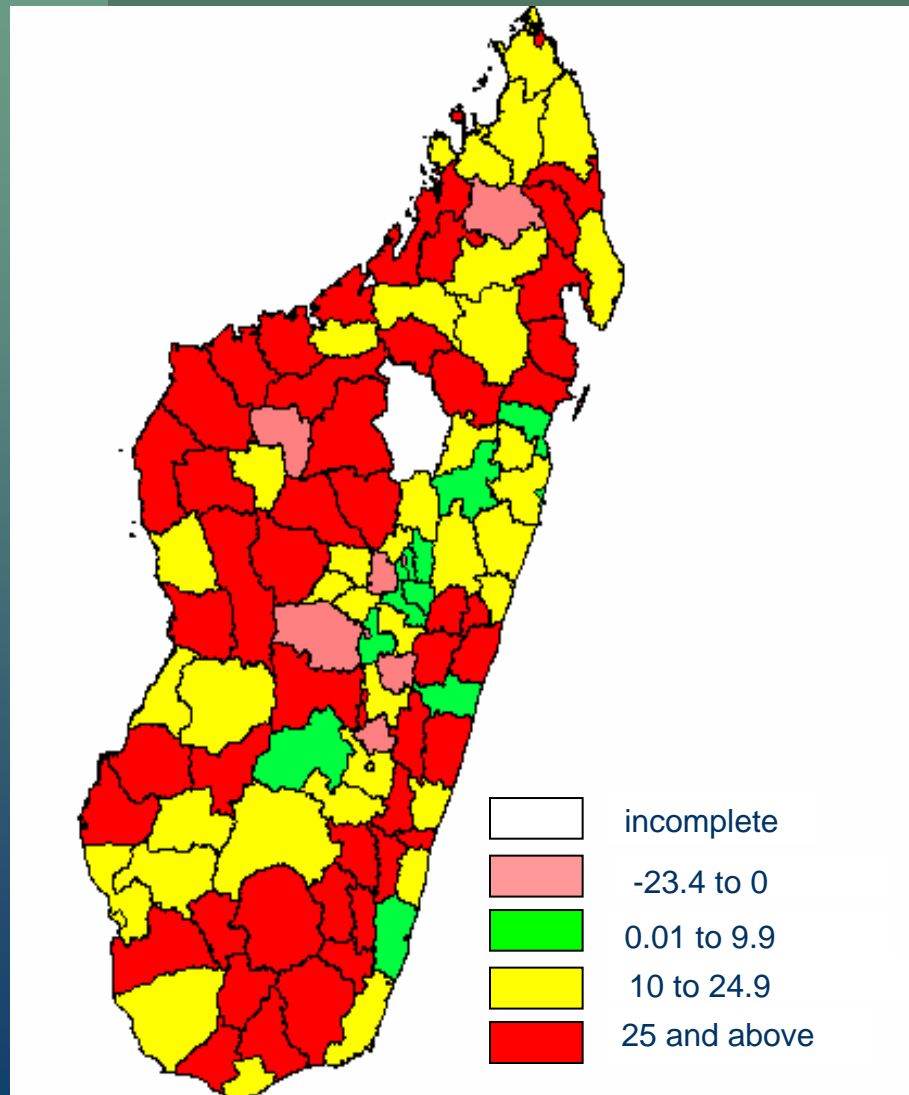
DPT/Hep3 2003 (Jan - Sept)



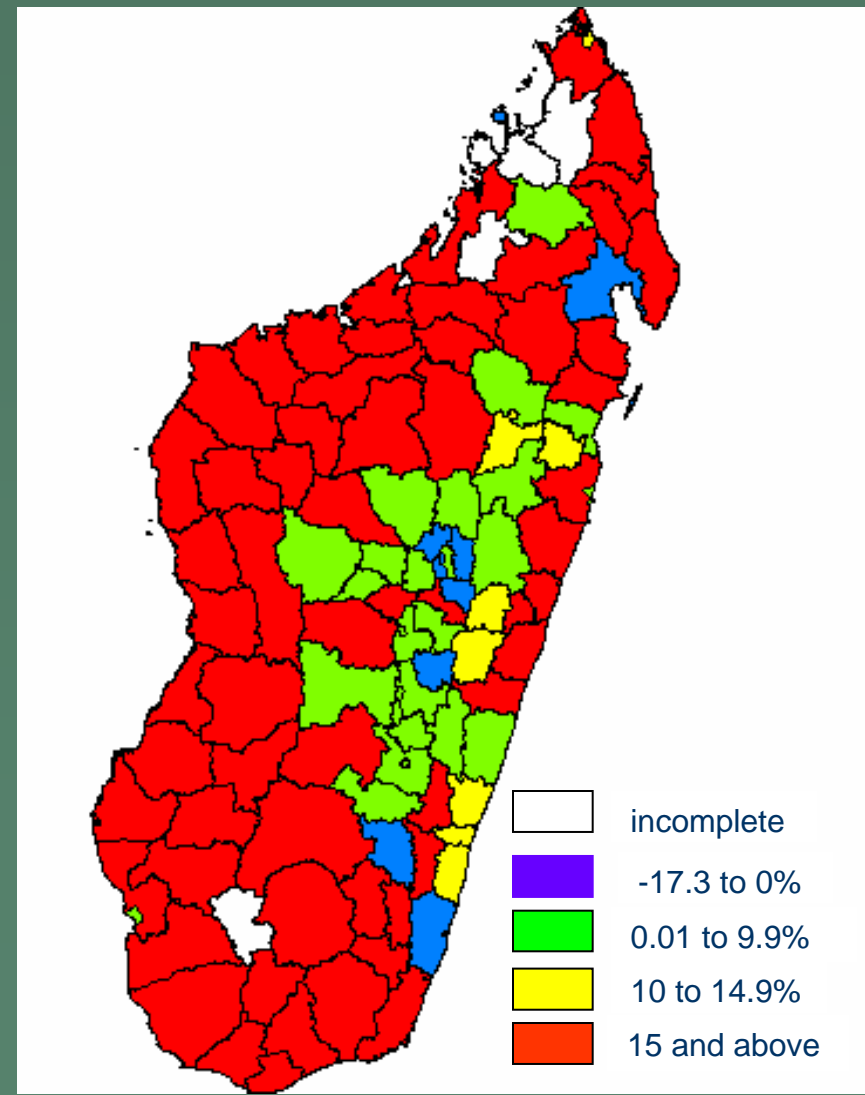
Source: Service de vaccination, Madagascar, 2003

Reported DPT/HepB1-3 drop out rate - Madagascar

Drop out rate 2002

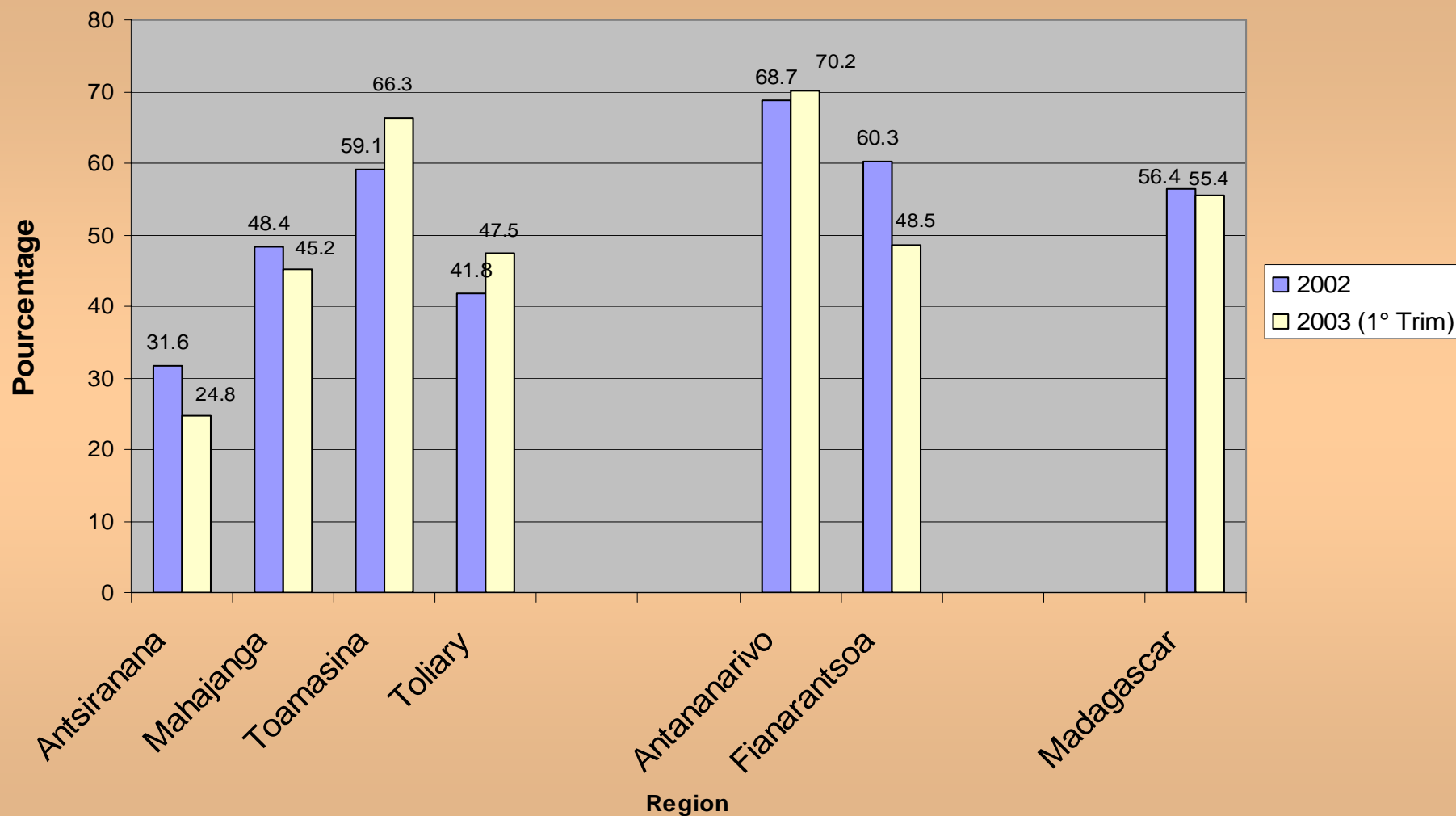


Drop out rate 2003 (Jan - Oct)



Source: Service de vaccination, Madagascar, 2003

DPT/HepB3 coverage



Source: Service de vaccination, Madagascar, 2003

**Recommendations to better
integrate and support the
communication component
within immunization**

Recommendations from the Communication Consultative Group

- WHO, UNICEF, and international donors should increase funding for health promotion/social mobilization officer positions at global, regional, and national levels to support national and district-level immunization communication activities.
- GAVI, and particularly WHO and UNICEF partners, are requested to provide communication specialists for short-term technical support to countries in training of national and district health workers on GAVI protocols, including application of RED (notably communication activities within RED).
- Governments and partners are called to increase funding and technical support for communication activities in accelerated EPI disease control (e.g. for polio SNIDs, measles SIAs, and intensified routine immunization/health days).