

RESOURCE FROM:

**IMPLEMENTING HPV VACCINATION PROGRAMS:
PRACTICAL EXPERIENCE FROM PATH**

PUBLICATION TITLE

Immunization in Practice, a Practical
Resource Guide for Health Workers.
Module 8: Building Community Support
for Immunization

PUBLISHER

World Health Organization

PUBLICATION DATE

2004

This document is available online at:

www.rho.org/HPV-vaccine-implementation.htm

A blue-toned illustration of a community meeting. A large tree is in the background. In the foreground, a woman is holding a calendar or chart, and other people are seated around her, some looking at the chart. The scene is set outdoors.

8 Building community support for immunization

About this module...

This module explains how to make the immunization service responsive to community needs and how to gain community support for immunization. The module details how to:

1. hold meetings with the community to build support for immunization services;
2. plan suitable immunization sessions;
3. mobilize the community using suitable methods and messages;
4. deal with rumours and misinformation.

Other modules that include important issues for improving relationships with the community include:

- Module 4, Section 3: Disposing used syringes and needles
- Module 5, Section 5: Involving community in planning
- Module 6, Section 5: Communication with parents
- Module 7, annex 6: Guidelines for community feedback on immunization services.

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1

Meeting with the community to build support for immunization services

It is very important to meet with the community to build strong support for immunization services.

1.1 Meeting with community leaders

Arrange a meeting with each of the leaders in your community.

Find out:

- what they already know about immunization;
- any concerns the leaders may have about immunization;
- any concerns families in their community may have;
- any traditional beliefs about disease or vaccination;
- what barriers their people may face in accessing services (e.g. distance, seasonal work commitments, traditional festivals or customs, lack of money for transport, unsuitable session days or times);
- number of families or households in the community;
- number of new births, special groups etc within the community;
- appropriate times and locations for sessions;
- if they already motivate parents to attend immunizations sessions and how;
- ideas on how to immunize more children in their community.

1.2 Meeting with religious leaders

Religious leaders are similar to community leaders in many ways, but there are some important differences. Their position can make them the most effective influences of all. They may, however, hold strong views on some issues and, in a minority of cases, they may have religious concerns about immunization. In extreme cases they may even advise families not to immunize. Building good relationships with the religious leaders of every group in your community in advance is essential and will bring the programme many benefits for years to come.

In addition to the questions for community leaders in general (listed above) find out the following from religious leaders:

- specific religious beliefs about disease or vaccination;
- any religious customs that may be a barrier to immunization;
- what special efforts can be made to provide immunization services to this religious group;
- if they will promote vaccination sessions regularly at religious gatherings;
- if there are any volunteer groups willing to help with immunization efforts.

1.3 Meeting with parents

One of the most effective ways to get a range of opinions in a short space of time is to arrange small “focus” or discussion groups, each of around ten people. Try to include a good cross-section of the community: especially include those you think may not regularly benefit from immunization. You may need to schedule separate sessions for men and women as in some communities women may not talk freely in front of men.

First meet with the parents who visit the centre and find out about their experiences (good and bad) with the services provided. Note, however, that these parents will by and large be already convinced about immunization and have some trust in the services offered in the centre. You should therefore plan to reach those parents in the community who for one reason or another do not attend the health centre. Interview the mothers attending the centre first since they are readily accessible and are often willing to talk about the services. In addition they may suggest ways of reaching those who do not use the centre.

When meeting with parents, find out:

- what they already know about immunization;
- what concerns they themselves may have about immunization;
- about traditional beliefs about disease or vaccination;
- about any constraints to accessing existing services;
- if the times and locations of sessions are appropriate;
- what they think about the quality of the service;
- how the service could be improved;
- if they already motivate friends, relatives and neighbours to have immunizations and how.

1.4 Meeting with teachers

Teachers can be very useful allies. They can educate their students about immunization and encourage them to take this learning home to their parents. Older children will shortly be starting their own families, so it is vital they have good knowledge and skills about immunization. Many teachers may already serve as volunteers during national immunization days.

When meeting with teachers, find out:

- what immunization activities they have already been involved in;
- any concerns they themselves may have about immunization;
- if they already include health education sessions on diseases and immunization;
- if so, what they teach and to what age groups; if not, how this could be achieved;
- if students could be encouraged to remind parents about immunization when there are new babies in the family;
- any ideas about how they could contribute further to improving immunization rates in the community.

1.5 Meeting with other groups (NGOs, private health practitioners etc.)

Remember to meet with any other person or community group who can help to improve the service. This will depend on your own community, but could include groups such as traditional birth attendants (TBAs), traditional healers, private health practitioners, local medical associations, volunteer groups and NGOs.

1.6 Meetings with special groups

In your community there may be some special groups who have been largely unreached by immunization services, or choose not to participate in them. In all cases you should include them in your meetings and planning process right from the start.

Some examples of special groups:

- Nomadic groups
- Migrant workers
- Ethnic or other minority groups
- Families that fear contact with government, for example if they lack proper documents
- Groups with difficult physical/geographical access
- Religious or traditional sects that refuse vaccination
- Refugees
- Homeless families or families in dense urban areas
- Street children.

Figure 8A: Meeting with mothers to promote immunization services



2

Planning suitable sessions

You must involve the community to plan when and where to hold immunization sessions and who can help.

2.1 When to hold immunization sessions

- Try to schedule sessions at a convenient time for parents.
- If possible, organize an immunization session to coincide with market day when mothers are coming to the village centre anyway.
- Avoid any session clashes with religious services or important events such as sporting events. At the same time, a major event in the community can be an opportunity to inform people about immunization.

2.2 Where to hold outreach sessions

- Hold sessions in a place that is most convenient and accessible for the parents.
- It is also desirable to hold sessions at the same time and location each time to make it easier for people to remember.

2.3 Who can help you

You need helpers to encourage parents to come for immunization, to educate them while they are waiting, and generally to help out during the sessions.

These helpers can include:

- Older school children, as part of school project
- Local youth groups, e.g. scouts, young leaders or political youth organizations
- Local businessmen's clubs
- Community volunteers.



When immunization services are reliable, they are well attended. If a change in session plan is needed, inform the community in advance.

3

Mobilizing your community using suitable message and methods

There are many ways to mobilize your community. The best idea is to use a mix of methods so that you can reach the widest range of people.

3.1 Use clear, simple and accurate messages

Creating effective messages is not easy; you need to give truthful, technical, practical and motivational information in a way that can be easily understood by the different audiences at different times. You must be very clear so that you cannot easily be misinterpreted.

Below are some generic messages about immunization for parents. It is essential that each message is adapted to your own setting. Therefore the messages below should be considered **suggestions** as to the content but not to the actual wording of messages.

Routine immunization

- Immunization protects your infant from certain diseases like polio and measles.
- Know when and where to take your child for his or her next immunization. Check your baby's immunization card or ask your health worker.
- To get good protection against some diseases, infants need to have some vaccines repeated three times. Ensure that your infant completes the basic series of immunizations by his or her first birthday.
- Ask your health worker if you and your children need additional vaccinations.
- Pregnant women need protection from tetanus for themselves and their babies.
- Some injections may cause mild side-effects such as light fever, soreness and redness. If this happens, ask your health worker for advice about what to do.

Vitamin A supplementation

- Vitamin A helps the body fight infections like measles and diarrhoea.
- Lack of vitamin A can cause night blindness.
- Ask your health worker about where and when to take your children for their next vitamin A dose. Each child should receive a dose of vitamin A every six months.

New vaccines

- The national immunization service now offers protection against an additional disease(s): (name of disease[s]). This is free of charge and can be had at (location) (date, time).
- Hepatitis B vaccine protects against serious diseases of the liver. The vaccine prevents infections in children that can cause death when they reach adulthood many years later.
- Hib vaccine protects against pneumonia and meningitis – two diseases that kill many, many children.
- Your children will receive the new vaccine at the same time they already receive protection against other diseases (diphtheria, tetanus, and whooping cough) [if quadrivalent or pentavalent is being used in the same injection also]. Therefore, the new vaccine is like a bonus for your children – more protection with no more effort.
- The new vaccine is extremely safe and causes no new side-effects.

AD Syringes

- These new syringes and needles can only be used once and are the safest type of syringe available.

3.2 Using suitable methods to mobilize the community

Methods to use when you have limited resources

For district and health facilities staff with limited resources, the best method of communication is by personal interaction with the community. Sometimes it is helpful to have some prepared messages in written form, but it is always good to spend time discussing immunization face to face in order to make sure that the service meets the community needs.

Methods to use when you have extra resources available

With the help of district/province staff you could organize:

- community meetings
- the diffusion of messages in religious places
- loudspeaker messages for the community
- discussion sessions at farmers' meetings, in the market place and other places
- the distribution of material such as posters and leaflets
- radio and TV spots
- newspaper articles and drama shows.

4 Dealing with rumours and misinformation¹

Rumours and misinformation about immunization are amongst the most serious threats to the success of your immunization programme.

Once rumours start they can be very hard to stop.

Some examples of rumors:

- “Vaccines are a contraceptive to control population or to limit the size of a certain ethnic group.”
- “Vaccines are contaminated by the AIDS virus or mad cow disease.”
- “Children are dying after receiving vaccines.”

Unless the rumour can very easily be contained and addressed you must refer the matter to your supervisors **as quickly as possible**. You will need to work under their direction – action may even need to be taken at the national level. The consequences of rumours can be serious and, if unchecked, they can travel quickly beyond your local area.

4.1 What you can do at the health facility

Under the direction of your supervisor:

- Meet with key opinion leaders (politicians, traditional and religious leaders, community leaders, other health workers).
- Organize meetings at sites where the individuals/groups are comfortable and feel at ease to ask questions.
- If there is a national mass media response, encourage your community members to watch and talk about it.

4.2 Words of advice

- React swiftly and adapt your ongoing activities to give a quick response.
- Develop strong relationships and trust with your community in advance (religious, social and media groups).
- Give clear and consistent messages.
- Take the time to deal with rumours. Doing so will benefit routine immunization as well as campaigns.

¹ Adapted from checklist 10 – “Communication for polio eradication and routine immunization – Checklists and easy reference guides”