FIELD AID 2
SECOND YEAR OF LIFE COMMUNICATION
About this Field Aid

Inside this field aid you’ll find information on best practices, how-to’s, and step-by-step guidance for communicating about vaccination in the second year of life efforts. It was also designed to be used by communicators on all levels but should be modified and adapted to each level’s specific community needs.

An Overview of Vaccination in the Second Year of Life Communications

An evidence-based communication strategy that is both comprehensive yet targeted is an important part of promoting vaccination in the second year of life. Communication is used to create demand for vaccination in the second year of life and related healthcare services. While this may not be applicable in every context, this field aid focuses on vaccination demand and hesitancy. If vaccination acceptance is high in your area, consider how the hesitancy-related advice applies to low demand for vaccination instead and utilize the information that way.

The key steps in this effort include:

1. Conducting a situational analysis
2. Designing a strategic communication plan
3. Developing and testing messages and materials
# 1 Conducting a Situational Analysis

**Objective:**
Convene your communications working group to define the barriers that need to be addressed in establishing a vaccination in the second year of life effort. A communications working group should comprise of both communications and technical team members. The group should also identify factors that promote demand and delivery of the vaccinations both in the second year of life and beyond. It’s important to capture your findings in order to incorporate them into the next step.

**Note:** Districts with low routine immunization coverage and districts with populations that are hard to reach should be prioritized.

**Key Activities:**
- **Review existing reports.**
  These can include KABP reports, behavioural analysis reports, media analysis reports, qualitative research, coverage data, and ethnographic data, as well as other relevant information. When looking through existing reports, the goal is to understand community perceptions and practices regarding vaccination by:
  - Understanding caregiver perception of their child’s susceptibility to disease, of the severity of disease, of the benefits and risks of vaccination in the second year of life, and of different barriers and facilitators to vaccination.
  - Understanding health workers’ perceptions and knowledge of vaccinations in the second year of life.
  - Determining the needs of key stakeholders regarding both vaccinations in the second year of life and vaccination in general.
  - Identifying social and cultural factors that could influence vaccinations in the second year of life.
  - Assessing health workers’ communication skills.

**Note:** Vaccine coverage may be low for a variety of reasons. Be sure to investigate reasons for low coverage in specific areas, especially lack of knowledge, persuasion, and consistent communication.

Identifying and Prioritizing Susceptible Populations
Communications activities are most effective when they are tailored to a specific audience and their context. Segmenting audiences into smaller populations allows for more direct, and often more impactful, messaging.

When identifying and subsequently prioritizing populations consider the following factors to help define and differentiate audience segments:

1. Susceptibility of Populations
When segmenting and prioritizing communication activities consider what individuals are most likely to be at risk. How large are these segments? What variables define them? How are they clustered?

2. Determinants of Behaviour
Communications messages should focus on specific factors that affect an individual’s vaccination practices. Segmenting audiences by these factors will allow for more refined approaches and messages. What role do health workers play in caregiver decision-making? Who are the other influencers of vaccination decision-making?

3. Potential for Communication Impact
Particular communications approaches may only be appropriate for particular populations based on accessibility and media consumption habits. Consider which segments can be reached and to influenced through particular channels.

Some traditional segmentation variables include:

Vaccine Coverage
Vaccine coverage for each vaccine

Population Risk
Vaccine preventable disease surveillance data

Demographics
Age, sex, family size, income, occupation, education, ethnicity, nationality

Geographic
Region, city, density, climate

Socio-cultural
Cultural beliefs and practices, religion, life-style choices, community

Psychological
Knowledge, attitudes, belief, and perceptions as they relate to healthcare utilization and vaccination

Behavioural
Use (or non-use) of vaccination services, vaccination status, intention to vaccinate

Communication and media
Trusted sources of information, preferred channels of communication, and media utilization trends

For more information, and in-depth steps to audience segmentation, see the WHO EURO Guide to Tailoring Immunization Programmes (TIP).
Your review process should focus on inquiring into specific areas of vaccination in the second year of life for each target group:

- **Caregivers’ knowledge, attitudes, and perceptions about:**
  - **Vaccination in general**
    - Immunization and schedules in general
    - The diseases that can be prevented by vaccinations
    - The differences between routine and campaign immunizations
    - The cost-benefit analysis that drives their vaccination decision making
    - Their concerns about vaccines and how much confidence they have in vaccines
  - **Vaccinations in the second year of life specifically**
    - Their knowledge and understanding of the vaccination in the second year of life and its benefits
    - Their definition of a fully immunized child as per the national immunization schedule
    - Their perceptions of the safety and efficacy of vaccination in the second year of life
    - Integrated health services
    - Their perceptions on the convenience of taking an older child for vaccination.
  - **The quality of vaccine care and access**
    - What their previous experiences with providers were like
    - How accessible vaccination service points are
  - **Vaccination-related social norms**
    - How accepted vaccination is in the community
    - How the community engages with vaccination
    - What roles authority figures play in vaccination decisions
    - What the cultural barriers are to getting preventative health services for children over 1 year of age
  - **Information sources**
    - The media in general and the media surrounding vaccination specifically
    - Their access to channels of communication
    - The media sources that they prefer and trust
  - **The local terminologies used for diseases, vaccines, and immunization schedules**

- **Healthcare providers’ knowledge, attitudes, and perceptions about:**
  - **Vaccination in general**
    - Immunization and immunization schedules in general
    - Community practices that surround vaccination
    - Outreach strategies designed to improve vaccination coverage
  - **Vaccination in the second year of life specifically**
    - What their understanding, perceptions, and concerns are surrounding vaccination in the second year of life
    - Knowledge of MCV2
  - **Communicating about vaccination**
    - How they explain topics like multiple injections and vaccine safety and efficacy to caregivers

- **Community leaders’ knowledge, attitudes, and perceptions about:**
  - Immunization, immunization services, and community mobilization practices

- **The role of men in vaccination, especially regarding social support and inter-spousal communication**
Review current communication efforts. You should focus on best practices and lessons learned from previous vaccination communication efforts.

Gather additional information if necessary. Don’t stop until you have enough information to fill in all of the knowledge gaps in your analysis.

Capture and analyze your findings. After conducting the analysis, you should be able to identify:

The challenges you’ll face in implementing a vaccination in the second year of life effort. Common challenges include insufficient health worker messaging resulting from a lack of updated information on vaccination policies and other health services after 1 year of age; a low priority placed on older children as a result of a continued focus on infants; and a lack of motivation on the part of caregivers. Once you understand the challenges in your area, you will use them as the starting point for developing your communication plan.

Who your key audiences are and what the desired actions are for each group. Key audiences should be identified across national, subnational, and district levels and should be encouraged to take specific actions.

On the national level, key audiences include:

- Professionals, medical associations, partner organizations like NGOs and CSOs. They should be engaged to contribute to the development of policies guidelines, and materials for vaccines in the second year of life. They should also promote proper vaccination practices among their constituents.

- National level media should be engaged to provide coverage on the launch of the vaccination in the second year of life visits as well as provide accurate and timely information to the public about vaccination and vaccination in the second year of life services. This information should include the importance of vaccination and health services, when and where vaccination in the second year of life services are offered, and that vaccination is free, safe, and effective.

- On the subnational level, key audiences include:

  - District level managers and health worker supervisors. They should review data in order to identify gaps in the skills and knowledge of health workers. They should provide feedback and technical support to healthcare providers, support them in providing high quality services, and emphasize the importance of second year of life vaccination services and health services.
• Subnational leaders, politicians, and policy makers should be engaged to encourage families to bring their children for vaccination in the second year of life services as well as communicating the importance of vaccination.

• Subnational media should be engaged the same way that national media is, but on the subnational level.

On the district level, key audiences include:

• Teachers, counsellors, and preschool and daycare providers. They should encourage families to bring their children for vaccination in the second year of life services and communicate the importance of vaccination and health services, when and where vaccination in the second year of life services are offered, and that vaccination is free, safe, and effective.

• Health workers. They should communicate with caregivers during a child’s first year of life about the importance of second year of life vaccination services and keeping home-based records (HBRs) to correctly screen, provide services, and record and report data, as well as engaging their communities in the promotion of vaccination in the second year of life visits. Keep in mind that health workers might also need refreshers on how to follow up with children who are due for vaccinations and to remind them to track defaulters within the MCV2 cohort. Refreshers should also remind health workers that the target population for these vaccinations are children who are 18 months and older.

• Community health workers should promote vaccination in the second year of life services in their communities and include information on why vaccination in the second year of life visits are important and when children should be brought to them. They should also help families bring their children to appointments if necessary and review home-based records to make sure that the records are correct and up-to-date.

• Community leaders and politicians (including leaders like councillors, civil authorities, religious leaders, and traditional healers). These leaders should be engaged to encourage families to bring their children to vaccination in the second year of life services as well as communicate the importance, safety, and effectiveness of vaccination.
2 DESIGNING A STRATEGIC COMMUNICATIONS APPROACH

OBJECTIVE:
The goal for this step is creating clearly defined objectives that your communications strategy will be designed to meet, as well as the specific tasks to meet the objectives.

KEY ACTIVITIES:

Define communication objectives.
Your objectives should include the knowledge, attitudes, or behaviours that your communications strategy is expected to change in the target audience. It’s important that the metrics are specific, measurable, realistic, and relevant. They should all include a time-based element as well (i.e., when will each objective be met?) Record all of your objectives in the Strategic Plan document.

Define the activities that will be used to meet the objectives.
Each activity should include specific communications materials. It’s best to use a mix of materials rather than just one. Each activity should also be recorded in your Strategic Plan document. Here are a few common communication channels and influences to deliver your message based on level:

• National level: National mass media stations, national-level influencers like political leaders or celebrities and athletes, and mobile channels like WhatsApp.

• Sub-national level: Mass media stations, celebrities and athletes, and social media influencers at the regional or sub-national level.

• District level: Print media like billboards and posters, flyers and other takeaways handed out at local events, community engagement tactics, CHWs and health workers, local influencers like religious leaders and civil authorities, and local organizations like clinics and religious institutions.

Note: It’s best to use materials and communication methods (channels) that have been effectively used before through other programs and to use as many channels as your resources allow.

Plan ongoing communication activities
Once you have defined the communication activities, approaches, and materials that you will be using to meet your objectives, consider when, where, and how frequently you will be conducting these activities.

Outline these activities in a communication timeline that identifies the material or approach, the communication start and end dates, as well as the target populations that will be reached. These timelines should be kept up-to-date, shared among partners, as well as National, Sub-National, and District levels teams, to determine if activities are aligning and are not conflicting.
Familiarize yourself with common vaccination scenarios

Here are some common vaccination scenarios and the sample strategic communication approaches designed to address them.

**Note:** The solutions to the following scenarios are all communications-focused because the focus of this field aid is on communications. However, that doesn’t mean that all problems and barriers can or should be solved by communications alone.

**Scenario A: Routine immunization coverage is high, but vaccination in the second year of life dose coverage is low**

**Scenario B: Routine immunization coverage is low including vaccination in the second year of life doses**

**Scenario C: Routine immunization is consistently missing special populations and high risk groups**
Scenario A: Routine immunization coverage is high, but vaccination in the second year of life dose coverage is low (e.g. MCV2)

There are two common reasons for this scenario: a perception that vaccination is only for children <1 years old or a lack of awareness about the vaccinations in the second year of life, the second dose of MCV, or of other boost doses.

The prevailing perception by caregivers and health workers that vaccination is only necessary for children up to 11 months or 1 year old.

Communications Approach:
Promote the fact that it is never too late to vaccinate. Use community engagement and interpersonal approaches, as well as a mix of mass media channels like TV and radio. All messages should be positive and present vaccinations in the second year of life as an accepted behaviour by using actors who reflect the target audience (in this case, caregivers who get their children vaccinated). It is important that both health workers and caregivers alike know that a child cannot be considered fully immunized unless they have received vaccines as per the national schedule.

The most important component of any approach is to train health workers to inform caregivers about the second dose during the MCV1 visit and to tell them why it is important and when to bring their child back. Use partners and influencers to promote vaccinations in the second year of life, specifically health organizations like pediatric or medical associations. Disseminate brochures and fliers around clinics and health centers as well.

Plan for and promote a formal launch of the vaccination in the second year of life dose through interpersonal communication and community engagement activities, as well as multiple media channels at national, subnational, and district levels. Get influencers to publicly promote the launch. Use social media to promote the event through partner accounts and social media influencers. Leverage other community vaccination events such as Child Health Day in order to take advantage of the extra structure it brings.

Note: Always promote ideas and guidelines that are in line with national policy.

Possible message topics for caregivers include:

- To give your child protection against communicable diseases, make sure your child has completed the required schedule of vaccinations during the first and second year of life and beyond as necessary.
- Sharing the vaccination schedule including recommended ages as well as instructions on where to return for the second dose.
- Emphasizing the opportunity vaccination in the second year of life offers for catching children up on any vaccines they missed during their first year of life.
- Emphasizing that there is no age limit or cut-off for most vaccines—“It’s never too late to vaccinate”—that two doses are needed of MCV.
- Emphasize the benefits that the vaccination in the second year of life visit offers to both children and their families. Include the fact that immunization visits also provide other opportunities regarding nutrition and child development.
Possible message topics for health workers include:

- The reasons for vaccination in the second year of life and other health services after the first year of age, such as increased protection against vaccine-preventable diseases.
- The schedule for vaccination in the second year of life doses and the importance of catching up on vaccinations missed in the first year of life.
- Emphasizing that there is no age limit or cut-off for most vaccines: “It’s never too late to vaccinate.”
- It’s important to use vaccination cards and conduct growth monitoring at immunization appointments. Use these to emphasize the return date for the second dose.

2 A lack of awareness about the second dose of vaccination in the second year of life and measles and rubella vaccines.

Communications approach:
While remaining aligned with policy, create a greater awareness for MCV2 dose by promoting them through mass media channels, community engagement, and interpersonal communication. The goal is to inform caregivers about what the dose is, why children need it (the threat of measles), and when they need to get it. Communications should include a clear, concise, action oriented message that directs caregivers to go to the nearest health center to get a second dose for their eligible children. A second dose for MCV (MCV2) is given at 18 months (or as soon as possible thereafter), and at least 4 weeks since previous dose.

Health workers should be trained through experiential methods to inform caregivers about the vaccination in the second year of life dose during the MCV1 visit and explain to them when to bring their child back and why it is important. Disseminate brochures and flyers to health centers and clinics and leverage partners and key influencers to promote MCV2 through their own communication channels, emphasizing that a child cannot be fully immunized until they receive all vaccination as per the national immunization schedule.

Possible messages for caregivers include:

- The only way to prevent risk of measles is by ensuring that your child has two doses of the measles vaccine. All children should have at least two doses of the measles vaccine—the first dose as soon as possible after the child is 9 months old, and the second dose as soon as possible after the child is 15 or 18 month old, depending on the country’s schedule. If child receives first dose after 15 months, second dose to be given after four weeks.
- It is important that your child is vaccinated on time against all diseases in the vaccination schedule, including booster doses in the 2nd year of life or later.
- Take your child to the nearest health center to get the second dose of the measles vaccine.
Scenario B: Routine immunization coverage is low including vaccination in the second year of life doses
The common reasons for this scenario include a negative perception of vaccination in general or barriers and insufficiencies on the supply side that result in a low uptake of vaccination in the second year of life doses.

A negative perception of vaccination in general.

Communications approach:
Use mass media to establish vaccination as a norm while using community and interpersonal media channels to address barriers on the individual level. All communication should focus on the most significant elements that lead to negative perceptions and remain in line with existing vaccination policies. If perceptions are due to service delivery, for example, communicators should work with health care teams to figure out where improvements can be made.

Use interpersonal and community communication activities to promote the fact that while on-time is required, it is also never too late to vaccinate. If possible (and if suitable for your audience) supplement these IPC activities with messages on TV and radio. Vaccination should be presented as a social norm and actors who reflect the target audience should be used. Make sure that a call to action (getting your child immunized) is included and provide dates and locations if possible. Disseminate brochures and flyers to clinics and health centers and get creative—add games for children, calendars, or anything that will stop the material from being immediately thrown away.

Additionally, leverage partners and influencers to promote the benefits of vaccination through their existing channels and prepare them to handle common concerns about vaccination. Health workers should also be trained to handle vaccination objections from caregivers by giving them communication skills that equip them to respond with empathy and facts.

Possible messages for caregivers include:
- Sharing relevant information on measles, such as the signs and symptoms of measles or updating parents.
- Emphasizing that vaccines are the only way to prevent major diseases that kill children under five years of age.
Emphasize that vaccines are safe and used in countries across the world.

Explain that health workers are providing a valuable service that protects children from disease.

2 Barriers or insufficiencies on the supply side.

Communications approach: When vaccination becomes available in a community, use all appropriate channels to promote when and where vaccinations will be happening. Use the same channels to inform caregivers and families about appropriate vaccination ages and emphasize that it is never too late to vaccinate. As always, keep your messages aligned with policy.

Health workers are integral to the success of any vaccination effort. Their motivation, workload, and in rare cases, beliefs in vaccine efficacy or safety, are critical ingredients for success and should be addressed. Continuing to promote vaccination without making related improvements can lead to ineffective campaigns. Once changes have been made, communication should focus on highlighting what is different and how people can get their needs met.

Possible messages for caregivers include:

- Sharing when and where vaccination in the second year of life services will be offered.
- Emphasizing the ages when vaccination in the second year of life should be given and the importance of catching up on any vaccines missed in the first year of life.
- Explain that there is no age limit or cut-off for most vaccines. "It’s never too late to vaccinate."
- The benefits that the vaccination in the second year of life offers to both children and families.
Scenario C: Routine immunization is consistently missing special populations and high risk groups

Special populations and high risk groups can be migrants on the move, populations that speak a different language or dialect, or populations that use traditional healers or alternative health systems [for a more complete list see pp. 2-3]. These populations can also be “hidden,” meaning that they live in urban areas but are not part of catchment area planning. Hard-to-reach populations can also be targets of discrimination. These barriers can be combined with issues around awareness, perception and supply. The solutions for communicating with hard to reach populations will be different than those for the general population.

Note: The concept of being “hard-to-reach” also applies to communications. Populations may not have consistent access (or access at all) to certain forms of media. They also may be difficult to reach with social mobilization and IPC activities.

Communications approach:
It is important to understand the specific barriers impacting a hard-to-reach population. A communications approach for these groups must utilize the channels and influencers that they trust and address their specific barriers and, as always, remain in line with policy.

It is likely that this group will require a blended approach that mixes communications and changes to healthcare teams to make sure that services are accessible. Health workers may also discriminate against hard-to-reach populations. If so, address this with the health team. It is likely that vaccination services will need to be mobile or otherwise tailored to reach these populations.

It is also important to work with health workers to reverse the population’s negative perceptions of the healthcare system. Train health workers to constructively handle objections to vaccinations by giving them the skills to communicate with empathy and facts. Giving them answers to common questions and easy-to-use tools also helps. When changes are made, communications should focus on what is different and how the new services will meet the population’s needs. Vaccination cards and connecting with local community representatives can also help in reaching difficult populations.
Mass media is an excellent approach for reaching illiterate groups as are information that is focused on graphics and images rather than text. Messages should be positive, establish vaccination as a norm, and be used to build trust with the audience. Actors should reflect the target population and should use relevant dialects and reflect common social and cultural norms. Additionally, mobilize partners and key influencers to promote the benefits of vaccination which, in this specific case, might include relationships with traditional healers or occupational groups like farm workers.

Possible messages for caregivers include:

• Sharing when and where vaccination in the second year of life services will be offered.
• Emphasizing the ages when vaccination in the second year of life should be given and the importance of catching up on any vaccines missed in the first year of life.
• Explain that there is no age limit or cut-off for most vaccines. “It’s never too late to vaccinate.”
• The benefits that the vaccination in the second year of life offers to both children and families.
• All children are eligible to receive vaccines, even if they have moved from one place to the other or don’t have vaccination records.

Special Populations and High-Risk groups include, but are not limited to:

• Ethno-linguistic minorities
• Individuals residing in informal housing conditions include urban, peri-urban, and rural settings
• Socially, politically, or culturally marginalized populations
• Mobile populations such as migrant workers, nomads, and travelers
• Rural and remote populations that are difficult to reach
• People living in areas of civil conflict or insecurity
• When defining a special population or high risk group, also consider the audience segmentation variables described on pp. 2-3
Reaching Everyone:
To stop measles and rubella transmission we need to tailor our approaches to hard-to-reach and high-risk populations continuously missed not only by microplanning and programming, but also by communications activities. Tailoring your communication strategy to ensure you reach these critical populations by:

- Adjusting channels and outreach activities to audience preferences and routines
- Revising messages to reflect audience specific knowledge, attitudes, and practices
- Selecting audience specific influencers

In addition, determine if there are any other organizations or initiatives that are also trying to reach these populations and consider how you can integrate communications approaches to increase the efficiency and efficacy of outreach activities.

### Communication activities for special populations and high-risk groups:

- **Participatory mapping of hard-to-reach groups**
  Engage groups of community stakeholders through their respective health centres or local health committees to map out populations within the community that they feel are not being reached.

- **Engaging community leaders/influential persons**
  In many special populations, there are key community leaders that occupy a central role and are consulted on a wide range of subjects. They can play a significant role in establishing and upholding key community norms and beliefs, and therefore can be key in reaching and influencing special populations.

- **Small group discussions**
  Health workers, social mobilisers, or trusted community volunteers can conduct small group discussions to address questions or concerns about vaccination as well as reinforce positive attitudes and enabling behaviours.

- **House-to-house visits**
  House-to-house IPC visits are particularly useful for raising awareness and for diffusing individual level barriers. Train and equip IPC staff with discussion guides that highlight the responses they can give to frequently asked questions or concerns.

- **Local News Outlets**
  Consider how you can leverage local newspapers, weekly fliers, town criers, or public-address systems to announce the vaccination schedule.

- **Recognizing completion role models**
  Parents within special populations whose children are fully immunized can be tapped as role models for social mobilisation and community engagement activities.
DEVELOPING AND TESTING MESSAGES AND MATERIALS

OBJECTIVE:
In order to create the most effective communications possible, developing messages that are based on evidence and testing them to see if they really work is essential. The result you want to see is an increase in demand for and utilization of vaccination in the second year of life among caregivers.

KEY ACTIVITIES:

Review the findings recorded in your Strategic Plan. You will use the information in your Strategic Plan to decide what your messages should focus on for each target audience. The activities outlined in the Strategic Plan will dictate how the messages will reach their audiences (i.e., which tactics, channels, and materials you will use and develop).

Develop key messages for each target audience. Make sure that the messages you create address the needs of your specific target audience, but also that they are as aligned as possible with national messages.

In general, effective messages:

- Reinforce the positive elements of research
- Address misinformation and a lack of knowledge with facts and a positive focus
- Appeal to social norms and shared values
- Highlight the benefits of the promoted behaviours
- Provide specific actions to take

Messages about vaccinations in the second year of life should:

- Clearly communicate when caregivers should take their children for vaccinations in the second year of life
- Communicate the return date for the second dose as well as provide reminders for it
- What caregivers should expect during the visit
- Position vaccination in the second year of life visits as part of the care that children should get during their first five years of life
- Be transparent about the side effects of vaccines, both not uncommon (minor side effects) and rare (extreme side effects)
- Emphasize the importance of home-based records
- Include information about other vaccine-preventable diseases
- Communicate where to find services
- State where to find help if necessary
- Address barriers to action
- Highlight other services available to children beyond just vaccination when they come to immunization appointments
Develop materials based on the Strategic Plan.
It’s important that all of the materials you develop express ideas in a clear, simple, and direct way. They should use languages, images, and examples that will be familiar to your audience and include a clear call for action.

Test your messages and materials before launching.
Use a sample audience (a focus group) and refine your messages and materials based on the results of your test. Focus groups work best with 6 to 8 participants. It’s important to conduct multiple focus groups in order to get feedback from a variety of community members, such as mothers, fathers, elders, and social influencers. The makeup of each session should be homogeneous (i.e., a focus group comprised entirely of mothers). The facilitator leading the focus group will share the materials with the participants and get their feedback about them based on whether the materials are:

- **Understandable**
  Is the message clear and easy to understand?

- **Attractive**
  Are your materials visually appealing enough to hold attention and be remembered?

- **Acceptable**
  Does the material contain anything that is culturally offensive, off-putting, or false?

- **Engaging**
  Does your audience feel like the message is relevant to them?

- **Persuasive**
  Is the audience convinced to take action?

Additional Communications Resources
To supplement your communications development, visit these courses on AGORA’s website:

- **Communication for Immunization.**
  This course outlines how communication impacts immunization programs and outcomes as well as how effective communication activities are planned, executed, supervised, and monitored.

- **Adverse Events Following Immunization (AEFI) Communication.**
  This course prepares learners to be better prepared to communicate in response to safety concerns.

- **Measles Control in Emergencies.**
  This course covers measles risk assessments and helps learners familiarize themselves with investigating a suspected outbreak. The course also covers planning and implementing responses to outbreaks.

- **High-Quality Measles and Rubella Supplementary Immunization Activities (SIAs).**
  This course covers planning and implementing high-quality supplementary immunization activities for injectable vaccines, using measles and rubella vaccines as an example.
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