About this Field Aid

This field aid will help you engage community stakeholders to support vaccination in general and measles and rubella vaccination specifically. It was designed to be used on both the district and community levels and should be modified and adapted to each level’s specific needs.

Overarching Community Engagement Objective

The goal is to build dialogue and trust with communities so that vaccination activities in general (and measles and rubella vaccination activities specifically) are designed in a way that is collaborative, making them more valuable and likely to be used by target populations. Remember, community engagement is meant to be a consistent, ongoing process. It’s a natural part of service delivery, not a one-off activity to undertake when campaigns are running.

Overview

In order to promote measles and rubella vaccination and increase immunization coverage, it is essential that the community trusts the vaccination program. As an established and already trustworthy source in many communities, health workers are uniquely able to facilitate trust-building through community engagement.

In addition to maintaining regular dialogue with community leaders and caregivers, health workers can participate and lead community engagement by:

- Giving community members the opportunity to voice their thoughts and concerns about health issues
- Allowing community members to participate in the actions taken to resolve issues
- Involving community members in the decision-making and planning process that leads to solutions
- Allowing community members to take responsibility for the progress achieved

Community engagement is initiated and guided by the district-level managers and communication teams, but is facilitated and implemented on the community level by health workers. Thus, this field aid is broken into two sections, district level and community level.

Note: Community engagement is an important channel reaching all of your audiences, especially socially distant, vulnerable, and at-risk groups. It will allow us to promote and implement measles and rubella vaccination through credible, trusted community stakeholders. Ensure that you identify and engage community leaders in these priority communities.
OBJECTIVE:
At the district level, EPI managers and communication teams will work to understand and identify the community context, behaviour change objectives, and opportunities and barriers surrounding vaccination. This information will help design an effective community engagement plan. With the plan in hand, the next step is to give health workers the tools (e.g. data recording template) and skills (e.g. data collection) to carry out the community engagement plan on the ground.

There are three key district level objectives:

- Understand the communities to be included in the district plan and identify potential community partners
- Develop an engagement plan, engaging the community in its development
- Share the community engagement plan with community-level health workers and regularly update the plan

The community engagement plan should be consistently updated with feedback from health workers and community members.
Understand the communities to be included in the district plan and identify potential community partners

The first step of developing a community engagement plan is deciding who to engage. In order to identify key community members and segments, district-level managers and communication teams should work with community-level health workers to answer key questions about their individual communities, such as who are key influencers in the community. Keep in mind that most of this information might already be available in existing community survey reports and KAP studies and that, as much as possible, responses should be categorized by audience.

The key questions to answer are:

**How is ‘community’ defined?**
Communities are usually defined by their geographic boundaries, but they can be defined by other characteristics too. Defining factors for communities could be social, linguistic, or cultural characteristics. You could also consider dividing communities by economic, political, professional, or religious differences, or by the community’s priorities.

**Who are the people we are trying to influence?**
It is important to be specific about the primary audience you are hoping to engage through your community engagement plan. Some common audiences include mothers, fathers, grand parents, other caregivers, or community influencers.

**Who influences these communities?**
Working with influencers can help your community engagement efforts. Note that influential people could be different for each group. You should consider people and groups with both formal and informal community roles as you identify influencers.

**How and where does communication take place for each target group?**
In order to engage communities, you have to understand how they communicate with each other. For example, women might have different communication sources and channels than men, and young people might communicate differently than elders. It is usually more effective to use existing channels for communication or engagement rather than creating new ones.

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Are any community members already involved in providing or promoting healthcare?
If so, you will want to factor them into your community engagement plan because they are already involved in healthcare in the community. They may be enthusiastic about having new topics to discuss, and can offer a link into the community through an already established network.

What are the main barriers to vaccination in the community? Why?
You will want to be as specific as possible and answer these questions for each key stakeholder. Some examples include:

• **Service delivery.** Is the clinic within walking distance? Do users see it as trustworthy? Is the clinic culturally appropriate (i.e., is service fair and equitable for all)? Are the clinic’s hours aligned with the needs of the community? Are vaccines readily available? Are they free?

• **Social factors.** Are communities aware that vaccination services exist? Do they think that vaccinations are important for the health of their children? Do all members of a family or community support vaccination? Are there rumours or trust issues surrounding vaccinations, health services, or health workers? What other factors might influence social norms among a community?

**Note:** In some cases, barriers will be a mix of both social factors and service delivery factors, particularly among hard-to-reach and vulnerable populations. These populations lack access to vaccination services and will likely not receive any vaccine-related communication. Engagement through key community stakeholders and community dialogues will be essential.

What other opportunities could be optimized for greater coverage?
Think about both service delivery and social factors when answering this question as well.

• **Service delivery.** Perhaps mobile clinics could be established to make services more accessible, or clinic hours could be adjusted to better fit the needs of a community. Maybe the health center could be staffed by someone who speaks the same local dialect as the highest risk groups. Think about how service delivery could be improved.

• **Social factors.** There might be cultural or religious beliefs, events, or places that can be leveraged to help meaningfully explain the importance of immunization and health. Consider whether or not there are events where key groups might already be gathering that could be used to promote immunization.
Once you have the answers to these questions, use them to determine which individuals or organizations would be valuable community partners in your vaccination efforts.

Common community partners to consider include:

- **Formal health providers** such as physicians, pharmacists, midwives, community health workers, or nurses
- **Traditional health practitioners** such as traditional healers
- **Local media** such as journalists and news outlets
- **Social groups** that could include mother’s groups, youth groups, or occupational groups
- **Local influencers** like artists, musicians, religious leaders, athletes, or celebrities who can help draw a crowd or facilitate activities
- **Other organized groups** like health or community committees
- **Educational resources** like teachers, parent-teacher groups, and school health programs
- **Social leaders and youth**
- **NGOs or CBOs** and groups of agriculture workers
- **Any other locally relevant stakeholders**

**Develop an Engagement Plan**

Now that you have identified the community segments that need to be engaged, the next step is to make a plan for how to effectively engage them. Your engagement plan should be broken down by month, include specific activities for each month, and detail the community engagement role that each partner will play in supporting measles and rubella vaccination work.

There are three stages to a community engagement plan: planning, implementation, and monitoring and evaluation.

**Planning activities include:**

- Identifying both the broad immunization objectives, as well as specific measles and rubella objectives, for each district. It is important to make a note of the groups that are underserved or often overlooked.
- Identifying both the barriers, the root causes of these barriers and the opportunities that exist for immunization coverage by each group. Make sure that communication goals are defined by each group and aligned overall.
- Identifying partners, influencers, or groups that can help to address the social challenges to vaccination.
- Identifying the best times to conduct meetings and hold events.
- Identifying activities that are good opportunities for vaccination events.
- Identifying and procuring the materials required for communication events and contributing to their development if they do not already exist.
- If possible, engaging a few health workers and community members in a consultative design process to ensure that activities are realistic and incorporate local knowledge from the outset.
Implementation activities include:
• Promoting vaccination coverage and vaccination events by
  - Organizing visibility and/or media coverage during the launch of new vaccines, booster doses, or the second year of life vaccination.
  - Providing accurate and timely information to the public. This information should encourage vaccination and the use of measles and rubella vaccination services. Particularly, ensure you provide accurate and timely information about:
    - Encouraging caregivers to bring their children to get vaccinated.
    - Communicating why vaccination is important and the benefits of the measles and rubella vaccination.
    - Additionally promote the importance of vaccination cards and remind caregivers to bring to every visit to a health facility.
• Assisting in vaccination events by helping provide outreach and visibility for them.
• Distributing appropriate communication materials.
• Engaging caregivers and influencers in dialogue.
• Engaging in respectful, empathetic communication with caregivers during and after vaccination, particularly to explain side effects and provide information on follow-up visits.

Monitoring activities include:
• Understanding who is chronically missed by outreach or vaccination by
  - Identifying the localities and children who have not been vaccinated each month.
  - Understanding whether these families have been reached with communication activities.
  - Revisiting the communication plan to see how communication activities can be improved or added to reach those who need to complete their vaccinations.
• Creating a list of infants, mothers, newborns, and pregnant women who need to be added to immunization registers.
• Making home visits to share the times and dates of vaccination session and encourage attendance.
• Working with health workers to keep track of both new infants and defaulter children who need to complete their immunizations.
• Identifying suspected cases of reportable diseases and referring them to local health facilities.
• Collecting community feedback on vaccination and health services, the efficacy of communication materials, and outreach activities.

Once the community engagement plan has been created and finalized, the next step is to formally brief community-level health workers on the plan so they understand the activities they will be facilitating.
This is where the plan comes to life, and where community engagement actually takes place. It is where the important connections between health workers and communities occur.

OBJECTIVE:
Engage community partners to foster community ownership of, and participation in, vaccination efforts at the community level. There are five steps to community engagement.

1. Engage potential partners, establish a relationship, and agree upon roles
2. Maintain a continuous dialogue with community partners and acknowledge the value of their support
3. Schedule and facilitate community dialogue
4. Help community leaders to promote vaccination
5. Regularly monitor and report progress to the district level
Engage potential partners, establish a relationship, and agree upon roles

By using the engagement plan handed down from the district level as a guide, the first step in community engagement is reaching out to the potential community leaders, influencers, and partners (for example, community service organizations) identified in the plan. The goal of these meetings is to inform potential collaborators about routine measles and rubella vaccination and its benefits, understand what their needs are throughout the process, gauge their willingness to participate, and, if they are interested, establish a clear role for their partnership. Community partners can be engaged in three different stages of vaccination prevention—the planning, implementation, or monitoring/evaluation stages.

While interacting with potential leaders, community members, and partners, these are the essential elements to cover:

1. Ask questions to understand their needs
2. Share information about measles and rubella vaccination and its benefits
3. Ask for honest feedback and suggestions about the immunization program
4. Invite them to share any questions or concerns they might have about immunization
5. Discuss ways that vaccination promotion can be strengthened through their participation
6. Using the engagement plan from the district level, agree upon the role that the community partner will take on and how it will be implemented moving forward

Be sure to establish how communication with the community partner will be handled moving forward and be clear about the immediate next steps.
Maintain a continuous dialogue with community members and partners and acknowledge the value of their support
While the specifics will vary based on each community member, partner, or leader’s exact role, you should hold regular meetings with them in order to:
1. Continue the dialogue around measles and rubella vaccination and update them on the immunization progress
2. Receive feedback from community members, partners, and leaders regarding their interactions within community and any concerns they have
3. Learn about the activities they have been participating in
4. Determine if there are any next steps and what they are
5. Acknowledge the value of their support and encourage them to continue

Schedule and facilitate community dialogues
Community dialogues consist of regular meetings with community members, groups, health committees, and leaders. They often focus on due lists and missed populations and are a form of partnership that helps to ensure service delivery and quality. These dialogues provide you with the opportunity to learn about a variety of community factors, such as the perception around health services in general and around immunization specifically. Community dialogues can also be used to inform members about the status of immunization in their communities. Dialogues allow for members to actively participate in their own healthcare while addressing their needs and concerns.

Community dialogues can involve just one target group (i.e., mothers, influencers, caregivers, educators, and more) or multiple target groups at the same time, but they should all be represented somewhere. It is important to include everyone’s opinion and reach an agreement about what the objectives of the dialogue will be. Ask the community members you know to tell others about the dialogue.

The next step is running the dialogue. Health workers can facilitate the dialogue alone or with one or two community leaders. All facilitators should be sure to respect community members and engage actively in engage them in discussion.
In general, all community dialogues should:

1. Regularly involve community members, leaders, caregiver influencers (e.g. grand parents), and volunteers.

2. Work with local leaders to invite everyone with an interest to participate. A special effort should be made to ensure that women and other often-marginalized populations are engaged and invited.

3. Ask for honest feedback and suggestions and ask members to share any questions or concerns they have about immunization. Some key questions to ask include:
   a. Would outreach sites reach more children if they were moved? Should they be moved?
   b. If caregivers are not able to attend routine vaccination times, should special sessions be held during the evenings or weekends?
   c. Are there any seasonal factors like heavy rains and mud, high water levels, or snow that need to be kept in mind when scheduling vaccination times?
   d. Could vaccination times leverage other convenient gathering times like market days to increase attendance?

4. Discuss ways to strengthen vaccination partnerships.

5. Promote what community members can do to help, including the following key community actions:
   a. Make sure every child gets vaccinated.
   b. Identify drop-outs and ensure they are taken to be vaccinated.
   c. Ensure that every child completes the vaccine schedule.

**Note:** Consider delegating the responsibility of these three community actions to a willing group or community members. Equip these volunteers with appropriate tracking instruments and train them to respond to common objections. A **Community Vaccination Tracker Template** should be provided to community volunteers to help them track vaccination in their community.
**BEST PRACTICES FOR RUNNING A COMMUNITY DIALOGUE INCLUDE:**

### Setting Up
- Arrange seats or participants in a circle or a similar way so that everyone can see, hear, and participate. Facilitators should be sitting in the same arrangement and on the same level as participants.
- If it is culturally acceptable, encourage women to participate actively with the rest of the group. Men’s opinions are important, but women are likely to have more experience with immunization services. Have a separate meeting just for women if necessary to get participation.
- The selected venue should either be a neutral place or one that is strongly associated with community leadership such as a chief’s palace or a centrally-located school building.

### Starting the Dialogue
- Open by thanking everyone for organizing and attending the meeting.
- Clearly explain the goals of the meeting.
  - The general objective is to improve measles and rubella immunization coverage, so make sure people understand the benefits of both immunization in general and the measles and rubella vaccination. More specific goals include gathering feedback or deciding on tasks during the meeting.
- Ask participants if the objectives are clear. Ask for comments and suggestions for additional meeting goals.
- Emphasize that the goals can only be reached if everyone participates. Explain that all opinions are welcome and will not be judged.

### During the Dialogue
- Ask someone from the community as well as someone from health services to take notes, if appropriate. After the meeting, they can create official meeting notes together.
- Speak loudly and clearly in the language that participants feel most comfortable using. Avoid medical or public health terms that may be confusing.
- Ask questions and encourage participation, especially from groups or people that seem shy or reluctant to participate, in order to gather well-rounded feedback. Allow people to discuss freely.
- Consider activities, games, or exercises that can be used to keep the conversation fresh and useful since meetings will be taking place regularly and may often include the same people.

### Some Group Discussion Techniques
- Ask the group what they know about vaccination to assess their existing knowledge and open up a discussion.
- Ask the group what questions and concerns they have about vaccination.
- Find out what barriers people have to vaccination.
- Allow the group to come up with their own solutions to some of the barriers, questions, and concerns they have raised. Invite them to be involved in problem-solving dialogue.
- Make use of visual aids to illustrate some of the topics of discussion.
- Make the dialogue interacting and entertaining through the use of storytelling, songs, or short plays.
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<th>Ending the Dialogues</th>
<th>After the Dialogues</th>
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<tr>
<td>• Right before the meeting ends, ask volunteers to summarize what was said and agreed upon.</td>
<td>• If notes were taken, make sure they are finalized and shared.</td>
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<td>• Review all of the comments that were made, as well as how they will be monitored moving forward.</td>
<td>• Make sure activities related to the comments made at the meeting are being monitored.</td>
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<td>• Agree on times and possible themes or topics for a follow-up meeting.</td>
<td>If problems arose at the meeting, try to address them as soon as possible with micro-plans or actions by health staff and community partners. Ensure that the district and national levels are aware of any problems that they might need to help address or any activities they might need to support.</td>
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<tr>
<td>• Thank everyone for attending and participating.</td>
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Help community leaders to promote vaccination

Community leaders can help bring visibility to important vaccination events like campaign launches, immunization weeks, or other important days. If you have identified an influencer such as an artist, musician, athlete, politician or other leader who has the ability to draw a crowd, ask that person to make an appearance at your event. Ideally the influencer would participate in a community engagement activity during the event as well.

You can work with these influencers to create visibility by:

1. Identifying and mark important days, events, or milestones in advance. It is best to plan events three months in advance so that you have enough time to identify the most influential person to have at the event.

2. Meeting with the influencer before the event to discuss the goals for the event and how to make their participation as useful as possible. Influencers can participate in events in a variety of ways like giving a speech, making an appearance at a health clinic, leading a game or activity during a meeting, or giving a motivational speech to key people like health workers, parents, or community members in general. Influencers can also be asked to do a visible endorsement of vaccination, such as signing an endorsement alongside other community leaders, having their child vaccinated at the event, or pledging to support future immunization sessions.

3. Identifying offerings and recognitions that can help attract people to an event and leave a lasting impact. Giveaways such as magnets with a personalized message, an autographed cricket bat, a certificate for the parents, or a mobile phone ringer that can be downloaded can add a lasting impression to a one-time event.

4. Inviting the press so that those who cannot attend the event in person can still receive the message. Additionally, you can video tape the speech or record main comments on a phone and share them on social media if appropriate. If you use video, make sure to have the participants on the video sign a video release.

Regularly monitor and report progress to the district level

The district level will continuously revise the community engagement plan based on feedback from the community level to determine if any changes need to be made. Regular communication with the district level can also help keep partners and community members informed about changes and updates at the district level.
# How to use this Community Vaccination Tracker

1. Visit all the houses assigned in your community, and inform parents or caregivers of the purpose of your visit.
2. Ask them for any vaccination record that they have.
3. Fill out tracker template using vaccination records and by asking them questions.
4. Note any additional remarks in the last column of the template.
5. Once you have covered all the necessary home visits, return the filled-out tracker template to your supervisor or related health facility.
6. Follow-up identified children with missed doses after 30 days to check if they have been vaccinated.

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## COMMUNITY VACCINATION TRACKER

*(Prepare as per National Vaccination Schedule)*

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Child</th>
<th>Child Age</th>
<th>Date of Birth</th>
<th>Name of Father/Mother/Grandparents</th>
<th>Address or house number</th>
<th>Check if the vaccine has been given</th>
<th>Check if mother recalls TT doses</th>
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**Name of Health worker/Volunteer:**

**Date of completion:**

**Name of Community:**

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The development of global MRI Communication field resources was the result of collaboration among many individuals and organizations who gave their time and expertise as well as their support. The following individuals contributed substantially to the project and their input is gratefully acknowledged: Elisabeth Wilhelm, Laura Conklin, Aaron S Wallace, and Mawuli Nyaku (CDC); Stephanie Shendale, Karen Hennessey, Mable Carole Tevi Benissan (WHO); Lora Shimp and Rebecca Field (JSI); Yodit Sahlemariam, Robert Kezaala, and project leads Suleman Malik and Imran Mirza (UNICEF).