SAVING NEWBORN LIVES
TOOLS FOR NEWBORN HEALTH

COMMUNICATION FOR IMMUNIZATION CAMPAIGNS FOR MATERNAL AND NEONATAL TETANUS ELIMINATION

A Guide to Mobilizing Demand and Increasing Coverage

Malia K. Boggs, Paul M. Bradley III,
Charlotte Z. Storti

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Saving Newborn Lives
Washington, DC

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Abbreviations

AFP	Acute Flaccid Paralysis
BASICS II	Basic Support for Institutionalizing Child Survival II
CBAW	Childbearing-aged women
DPT	Diphtheria, pertussis, and tetanus vaccine
IPC	Interpersonal communication
LHW	Lady Health Worker
MNT	Maternal and neonatal tetanus
MNTE	Maternal and neonatal tetanus elimination
MOH	Ministry of Health
NGO	Nongovernmental organization
NT	Neonatal tetanus
PATH	Program for Appropriate Technology in Health
SIAs	Supplementary immunization activities
SNL	Saving Newborn Lives
TBA	Traditional birth attendant
TT	Tetanus toxoid
TT2+	Two or more doses of tetanus toxoid
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Purpose of the Guide

The purpose of this guide is to describe how to design and carry out a social mobilization program to create demand and increase participation during immunization campaigns and routine immunizations, and thereby improve the health of communities in developing countries. The approach described here was developed and used by the Saving Newborn Lives initiative (SNL) of Save the Children/USA in maternal and neonatal tetanus (MNT) immunization campaigns in Ethiopia, Mali, and Pakistan. Communication and social mobilization activities helped these countries achieve high coverage by building community demand. This guide has collected the best practices and lessons learned from designing and carrying out the campaigns, focusing on communication activities, and presents these lessons here so they can be used in other immunization programs for women and children.

The primary audience for this guide is program managers and field staff who conduct or work on immunization campaigns in developing countries. Other potential audiences include:

- Maternal, child, and public health managers at national, provincial, and district levels
- Communication and social mobilization specialists who design strategies, and materials
- District supervisors who support staff
- Policymakers and donors

The communication and social mobilization approach described in this guide was designed and carried out as part of tetanus toxoid (TT) supplementary immunization activities (SIAs). However, the approach is also relevant to other immunization programs such as catch-up and follow-up measles campaigns. The central idea behind these activities is that campaigns and routine immunization activities are more effective (i.e., more people participate, thereby increasing prevention of illness and death) when program planners engage key groups and sectors in society to bring about collective change. Save the Children considers social mobilization to be a planned process to increase demand for and acceptance of immunization services, clean delivery, and other positive practices to improve maternal and newborn health.

> Social mobilization involves planned actions and processes to reach, influence, and involve all relevant segments of society from the national to the community level, in order to create an enabling environment and effect positive behavior and social change.
>
> *Igniting Change! The ENABLE Project*

While social mobilization—especially involving organized groups and individuals at the local level—is essential for a successful immunization campaign, it comprises only part of what is needed. Effective immunization campaigns also require other resources and services, such as an adequate amount of vaccines and supplies, a well-maintained cold chain, reliable transport, trained personnel to deliver quality immunizations, good planning, management and supervision of service delivery, and other resources not described in this guide. (For more information, see *Immunization Essentials: A Practical Field Guide*[1] and *Field Manual for Neonatal Tetanus Elimination.*[2]) Most of the communications resources needed for the campaigns in Ethiopia, Mali, and Pakistan were available locally. However, these resources may not be available in every setting. They may have to be found elsewhere or created by working with partners in other organizations.

As described in this guide, an effective social mobilization program has three phases:

Phase I. Gathering information
Phase II. Designing a social mobilization strategy
Phase III. Carrying out social mobilization activities

The centerpiece of a social mobilization program is the communication strategy: a comprehensive plan outlining strategic activities to provide information to target groups, create a supportive environment for individual and collective change, and promote and facilitate the adoption of specific positive behaviors. The target audiences include those who will be getting the immunization, health workers who will be vaccinating mothers, and people who work for organizations and government agencies that will be supporting the campaign. Yet another important target audience are people called "key influentials"—such as opinion and religious leaders, family members (especially husbands and mothers-in-law), close friends, and others women talk and listen to when making decisions about their health.

> A common factor in achieving great movements has been intensive communication, often using a variety of channels, but always using interpersonal channels. In fact, some of the most recent initiatives in developing countries that have brought major behavioural change have been based almost exclusively on interpersonal communication channels.
>
> *Harnessing the Power of Ideas*

Immunization campaigns often use a mixture of communication channels to reach these audiences: mass media, group and interpersonal communication (IPC). From Save the Children's experiences, IPC, which involves marshaling health workers and community volunteers to explain key messages, respond to questions, demonstrate skills, and negotiate doable actions with individuals and communities, is critical to changing behavior. IPC should be the backbone of all communication strategies.

Each of the three phases listed above consists of a number of steps, which will be described in some detail in this guide. There is, of course, no one right way to design and carry out a social mobilization program for an immunization campaign, and this guide does not proclaim to be a complete analysis of the subject (for which the reader is referred to *A Field Guide to Developing a Health Communication Strategy*[3]). The overall process and general principles described here should be adapted to the local context and will vary depending on available human and financial resources.

The Disease Burden

Tetanus, a disease that can be prevented through vaccination, is a public health problem in many of the world's poorest countries. Each year an estimated 180,000 newborns die from neonatal tetanus (NT).[4] Maternal tetanus also takes the lives of approximately 30,000 women every year.[5,6] Most infants who die from tetanus die at home without receiving care from a health worker and are not listed in a vital events registry at birth.[7] Because these deaths are not officially reported, the number of deaths from tetanus is higher than official government statistics. This is why tetanus is sometimes known as the "silent killer."

When tetanus is identified, it can be treated, but at a cost that is much greater than the US $1.34-$2.33 per dose needed to protect a mother and her newborn with the tetanus toxiod (TT) vaccine delivered through immunization during supplementary immunization activities.[8] Once newborns are infected with tetanus, more than two-thirds—about 70 percent—die.[9] Today only 52 percent of pregnant women in developing countries are immunized with two or more tetanus vaccinations (TT2+), which means that 100 million women are at high risk of getting the disease.[10,11]

Eliminating Tetanus Worldwide by 2005

The bacteria that cause tetanus are widespread in the environment, present in soil, ash, and human and animal feces. For this reason the disease can never be wiped out completely. With sustained effort, however, it is possible to prevent and control tetanus. In 1989 the World Health Assembly called for the global elimination of MNT, later defined as fewer than one case of NT per 1,000 live births in every district of every country.[12] Ten years later, global efforts had been successful in eliminating NT in 104 out of 161 developing countries.[13] In 2000, however, NT was still a significant public health problem in 57 countries, a fact that resulted in a renewed push by an international coalition including UNICEF, WHO, United Nations Fund for Population Activities (UNFPA), BASICS II (USAID), the Program for Appropriate Technology in Health (PATH), the Bill & Melinda Gates Foundation, Save the Children, and others to eliminate the disease by 2005. Twenty-seven of these countries, including Mali, Ethiopia, and Pakistan, account for 90 percent of all NT cases.

> Eliminating neonatal tetanus has been defined as having fewer than one case per 1,000 live births in every district of every country. Since maternal tetanus elimination has not been defined, success in eliminating neonatal tetanus is used as a substitute for eliminating maternal tetanus.
>
> *Maternal and Neonatal Tetanus Elimination by 2005: Strategies for Achieving and Maintaining Elimination*

From 2001-2005, Save the Children and UNICEF teamed up with the governments of Pakistan, Mali, and Ethiopia in large-scale campaigns to eliminate tetanus. In that time, over 12 million women in Pakistan and a million women in Mali received three doses of TT vaccine, and results from the Ethiopia campaign are being tallied. For Pakistan alone, NT deaths have been halved—from 28,000 annually to 14,000. During the same period, UNICEF, along with other partners, provided technical and financial support for MNT elimination activities in 38 other countries to reach the elimination goal by 2005. MNT can be eliminated through various strategies that have been proven to work and that are cost effective, such as: (1) immunizing pregnant women with TT; (2) expanding TT immunization to all women of childbearing age (CBAW) in high-risk districts; (3) improving clean delivery practices; and (4) increasing the regular immunization of children with three properly spaced doses of the diphtheria, pertussis (for whooping cough), and diphtheria, pertussis, and tetanus vaccine (DPT). Because immunizing pregnant women with TT is one of the most effective ways to protect women and newborns from the disease, it is important that health workers check the immunization status of pregnant women during routine antenatal care visits to health facilities. Eligible women who are immunized with TT2+ develop protective antibodies against tetanus for about three years; with three properly spaced doses, women are protected and pass the protection on to their newborns for up to three months.[14] With five properly spaced doses, women are protected for a lifetime (Table 1).

Table 1. Tetanus Toxoid Immunization Schedule

Dose	When to give	Expected length of protection for the woman
TT1	As early as possible in pregnancy, or at first contact when a girl reaches childbearing age	None
TT2	At least 4 weeks after TT1	1-3 years
TT3	At least 6 months after TT2 or in next pregnancy	5 years
TT4	At least 1 year after TT3 or in next pregnancy	10 years
TT5	At least 1 year after TT4 or in next pregnancy	All childbearing years

Source: Immunization Essentials, p. 247

The second strategy is to try to immunize all CBAW in high-risk districts through supplementary immunization

activities (in addition to routine TT for pregnant women). High-risk areas (areas of greatest need) are usually in remote parts of a country, where people have little access to and do not regularly use health services, a majority of women deliver their babies at home without any help from skilled attendants, and low levels of education are the norm.[15] An area or district is described as high-risk if it has one case or more of NT per 1,000 live births, when less than 80 percent of CBAW have received TT2+, or when less than 70 percent of deliveries occur under sanitary conditions.[16]

The high-risk approach to eliminating tetanus requires identifying such high-risk areas and carrying out supplemental immunization campaigns. The goal is to immunize at least 80 percent of all CBAW in these areas by providing them with three appropriately spaced doses of TT.[17] Once this goal has been reached, tetanus can then be controlled by increasing the routine vaccination of pregnant women, improving clean delivery and umbilical cord care practices, and increasing the regular immunization of children with three doses of DPT.[18]

Encouraging hygienic delivery and umbilical cord care practices is also an effective strategy for reducing tetanus. Women and their babies are much less likely to be exposed to the disease if skilled or trained birth attendants help with deliveries and provide clean cord care. Midwives or traditional birth attendants (TBAs) can talk with families about the importance of clean delivery practices: clean hands (washing hands with soap and water), a clean delivery surface, and the use of clean instruments to tie and cut the umbilical cord.

> Serious advances can be made only when large numbers of people begin to know more and care more and do more. Communication [is] an essential part of this process.
>
> *Harnessing the Power of Ideas*

The Role of Communication

While there are various strategies to eliminate MNT that are safe, effective, and inexpensive, there are still significant challenges to eliminating tetanus worldwide. These include limited access to routine care, geographical barriers to reaching high-risk women, and cultural barriers that make it more difficult to immunize these women. Even when vaccines are available to remote populations, local belief systems, cultural practices, and lack of information may prevent people from asking for and receiving immunizations. Communities may not recognize the link between unclean delivery practices and disease, for example, and incorrect ideas about the vaccines are common. Some people believe that convulsions are caused by witchcraft rather than from tetanus caused by unclean cord care, and in many countries the mistaken belief that TT vaccination is a family planning or sterilization method is prevalent.

An effective communication strategy can directly address many of these problems in at least three ways: by making more people aware of the benefits of immunization; by correcting false beliefs, rumors, or concerns that prevent people from getting immunized; and by informing people where and when to get immunized. Communication efforts are more effective in creating and maintaining demand, especially in the high-risk areas described above, when they are part of an overall social mobilization program to reach, influence, and involve a broad range of groups in support of immunization.

Creating Demand in Pakistan

When people get the message about the benefits of immunization and when communities are mobilized to seek health services, the results can be dramatic. This is illustrated by an MNT campaign in Pakistan—the country with the second highest neonatal mortality rate from tetanus in the world (28,000 deaths per year). The Ministry of Health (MOH) asked UNICEF, WHO, Save the Children, and the Japan International Cooperation Agency to join in an MNT campaign to help reduce the high mortality among mothers and newborns. The campaign focused on 61 high-risk districts across the nation where much of the population lives in remote communities with a conservative culture and very little access to public media.

Save the Children was specifically asked to help create demand for immunization so that CBAW (ages 15-45) would receive the three doses of TT necessary to protect them and their newborns from tetanus. With help from a private consulting firm, the MOH and Save the Children designed the communication and social mobilization strategy that used Lady Health Workers (LHWs) to deliver door-to-door vaccinations and local leaders and other community members to promote TT immunization. The messages and communication tools were designed to correct misunderstandings and eliminate concerns that in the past had discouraged women from seeking immunization. The three rounds of TT supplementary immunization activies (SIAs) conducted in 2001-2002 reached a total of 4.2 million out of 5 million CBAW targeted in high-risk districts—well over the international standard of 80 percent coverage. During the second phase of the campaign, conducted in 2002-2003, more than 80 percent of targeted CBAW in 61 districts received three doses of the vaccine.

Save the Children later used a similar approach successfully in Mali and Ethiopia. Although Save the Children has used this approach only with tetanus campaigns, the authors believe it will also be successful with other immunization programs and with other public health programs in developing countries. In designing the communication and social mobilization strategy, the key question for Save the Children was: What combination of strategic activities and communication tools is necessary to create demand for a health activity or service, especially one that the majority of the population may not perceive as either necessary or beneficial? This guide records how Save the Children answered that question.

When the Campaign Is Over

While the activities described in this guide took place during immunization campaigns, readers should remember that ongoing, routine immunization is very important for eliminating MNT. A campaign increases demand and coverage rapidly, thereby protecting as many women and newborns as possible, but when the campaign is over, mothers will still need to get additional injections. If the demand for injections stops when the campaign stops, then the campaign will have limited long-term benefits. One advantage of campaigns is that they can take some of the pressure off the health system and buy time for government and other partners to improve routine immunization; this buying of time was an important goal of the three campaigns described in this guide.

To the extent possible, social mobilization and communication activities should be designed not only to create demand during the campaign period, but also to create demand for routine immunization. One of the best ways to do this is to involve the community and various local and regional partners in all aspects of the campaign. When the campaign is over, the community and different partners will still be there. Together they can help keep the messages of the campaign alive.

We must never lose sight of the fact that at the end of the day the real goal of social mobilization is to create a world where immunization is so common that campaigns are no longer needed.

Notes

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1: Gathering Information

Designing a social mobilization strategy begins with a thorough needs assessment, which involves gathering as much information as possible on both the health issue and the environment in which the immunization campaign is going to be carried out. At a minimum, program planners need to gather information on:

- The health problem (how common and how severe) addressed by the campaign
- The problem's main causes
- Government policies affecting the campaign
- Target audience(s) for the campaign
- Beliefs, knowledge, attitudes, and practices of target audiences regarding the problem and seeking and accepting TT
- The actions or behavioral changes that will be the focus of the campaign
- Any resources, including possible partners, that are available for carrying out the campaign
- Any obstacles to carrying out the campaign

> Social mobilization represents the first practical recognition and operational strategy to take into account the essential human nature of development and, furthermore, to acknowledge that social progress can take place only as a result of attitudinal and behavioral change across broad sectors of society.
>
> *Harnessing the Power of Ideas*

This needs assessment or information-gathering phase usually proceeds in three steps:

Step 1: Collect and review existing information

Step 2: Identify gaps and conduct additional research

Step 3: Identify partners and begin to advocate for change

Step 1: Collect and Review Existing Information

Information can be gathered from several sources: documents, the government's health information system, and people. For documents and information systems, possible sources of published and unpublished information about tetanus include: government, donor, and nongovernmental organization (NGO) reports on tetanus and tetanus immunization programs; NT case records; unpublished reports; journal articles; demographic (population) and health surveys; ethnographic or anthropological reports; and qualitative and quantitative research studies.

Program planners should review these documents for statistics on a number of indicators (signs), such as the extent of clean delivery practices, reported number of NT cases, and the percent of pregnant women with TT2+ in each

Table 2. UNICEF Algorithm for Identifying Districts at High Risk for NT

- Number of reported NT cases
- Number of live births
- Reported NT incidence rate per 1,000 live births
- Number of health facilities conducting an annual register review for NT
- Percentage of reports received at the national level (out of reports expected)
- Active NT surveillance
- Clean delivery rate
- Proportion of pregnant women reached with TT2+
- TT2+ coverage of CBAW
- Percentage of pregnant women making antenatal care visits (> 1 visit)

Table 3. Example of spreadsheet to summarize core and surrogate indicators by district. Analysis of these data can be used to identify high-risk districts for MNT. Indicators can be changed/added/removed depending on the data that are available. Where only provincial level data are available, the cells of all relevant districts can be collapsed (per column), and the provincial figure can be added.

Serial number	Province name	District name	Algorithm - core indicators														
			Reported NT cases	Live biths	Reported NT rate per 1,000 live births	Zero reporting presence	% reports received at national level (out of reports expected)	Active surveillance (integrated with AFP)	Annual hospital register review	Adequate distribution of surveillance sites	Clean delivery rate	TT2+ coverage of pregnanct women	TT2+ coverage of pregnant women by survey (if done)	ANC (>1 visit)	DT P1	DTP 3	Drop-out
			number	number	rate	yes/no	%	yes/no	yes/no	yes/no	%	%	%	%	%	%	(DTP 1-DTP 3) DTP 1
Year of data →																	

district. Table 2 contains examples of indicators UNICEF uses to identify high-risk districts that you could also use in your country. In addition, the blank worksheet found on the previous page may help you summarize core indicators by district, think about the information, and more easily identify high-risk districts. Involving district-level managers and partners in the local area is an important step in understanding the problem. As you review the existing information, try to understand how widespread and how severe the tetanus problem is and identify any high-risk areas.

As part of this work, you should review research studies on local knowledge, attitudes, practices, and beliefs about health care issues and learn about the social, cultural, economic, and environmental factors that influence decisions to use immunization services. This kind of data is necessary to identify and understand current practices, obstacles to and supports for action, motivation, and practices to sustain in order to have a positive impact on the health problem.

In Pakistan, for example, program planners learned that men from outside the family are usually not allowed into the home if the husband is not present, and that CBAW are not permitted to bare their arms to male health workers. Moreover, the fact that there were not enough trained vaccinators (men or women) to work on such a large-scale effort, resulted in a key government decision to train LHWs (community-based government health promoters) as the main vaccinators for all three rounds of the immunization campaign. This action required special permission from the MOH to allow LHWs to give injections because they were not considered "professional" health workers; it also had consequences that go far beyond the immunization campaign and may make it possible for LHWs to give injections to babies at the household level.

Interviewing Stakeholders

People are the other source of information. As part of the process of gathering information, you will want to interview as many stakeholders as possible, people who have an interest in improving the immunization rate and whose experience and ideas will be useful in developing a social mobilization plan. These people usually understand the local situation very well, and they will also know about current and past immunization campaigns and health promotion programs. All of this information will be very important to you as you design your mobilization effort and communications campaign.

Table 4. Checklist for Reviewing Research Findings

- What do recent studies reveal about the knowledge, attitudes, practices, and beliefs of CBAW about general health issues, safe motherhood, or immunization? What do the studies show about tetanus and tetanus immunization? What are the needs, wants, desires, and fears of these women?
- What do studies show about the knowledge, attitudes, practices, and beliefs of husbands, other key family decision-makers, and community leaders about safe motherhood practices? What are their needs, wants, desires, and fears?
- How do certain behaviors prevent or cause disease?
- Are there cultural, social, political, or economic obstacles that prevent the use of services? Are people generally aware of the benefits of immunization, clean delivery, and umbilical cord care?
- In high-risk districts, what are common delivery and cord care practices?
- Do women have access to TT and clean delivery services?
- How can communication efforts help motivate and facilitate positive actions?

Key stakeholders include:

- MOH staff at national and district levels
- NGO, private voluntary organization, and community-based organization health professionals
- Local health workers
- Communication and social mobilization specialists
- Media experts
- Local leaders
- Partners such as UNICEF, WHO, etc.

(Many of these people can also be your partners in designing and carrying out the social mobilization strategy (see "Identifying Partners" at the end of this chapter).

Before conducting stakeholder interviews, you should develop an interview guide with open-ended questions such as those listed in Table 5. Keep in mind that the question guide is a tool to help you remember questions to ask, but informants should also be encouraged to go into detail and bring up new topics. Be sure to take notes during the interviews or use a tape recorder and type up your notes later. (For more information on interviewing techniques, see James Spradley's *The Ethnographic Interview*.[1])

Table 5. Sample Questions for Interviewing Stakeholders

- What organizations are currently involved in immunization programs or campaigns?
- Which individuals are most familiar with the programs?
- How has the immunization program or the Maternal and neonatal tetanus elimination program (MNTE) been developed to date?
- What, if any, communication and social mobilization activities have been conducted?
- What activities are taking place now?
- What are the specific objectives of the programs?
- How are the objectives of the programs measured? How often?
- What are the strengths/weaknesses of existing immunization or MNTE programs?
- What is the word for tetanus in the local languages and dialects?
- What target groups are being immunized with the TT vaccine?
- How many doses of TT do CBAW receive in high-risk districts?
- What TT services are available for pregnant women and CBAW in each district?
- Are clean delivery services available? Where and for whom?
- What messages about tetanus, clean delivery and cord care does the immunization program promote?
- What do women and communities know and believe about tetanus, immunization programs, clean delivery and cord care practices?
- What are the main reasons women decide to get or not to get TT immunization?
- Who influences women on health care issues (e. g., husband, mother-in-law, other family members, health care providers)?
- What do health care providers know and believe about tetanus, immunization programs, clean delivery and cord care practices? What counseling skills do they have?
- What other audiences need to be reached to best promote the immunization program and other related health messages?
- Which communication channels and media are most effective for reaching CBAW? For reaching husbands, other family members, and influential community leaders?
- Which channels are preferred by each group?

As part of collecting information, whether from people or from documents, you may also want to review the approaches used and the lessons learned in past health promotion programs in the country. Many health programs have already carried out some communication and social mobilization activities; if you become familiar with the successes and failures of these programs, you may be able to benefit from the strengths and avoid the weaknesses.

For example, in studying past MNT campaigns in Mali, UNICEF, Save the Children, and others learned that there were not enough trained health workers in hard-to-reach areas to give injections. To address this problem, the government trained TBAs to give injections, using a pre-filled device called Uniject™. (See Table 10, page 15 for details).

Table 6. Learning from Past Efforts

Understanding past communication programs: What health promotion or behavior change communication programs have been recently evaluated? What did the findings show? What communication and mobilization activities were used? How were communication channels and media used to promote feasible practices? How successful were these programs? How were the positive behaviors sustained after these earlier promotional campaigns?

Understanding past immunization campaigns: Are there any studies of previous immunization campaigns? How effective were the campaigns? What materials have been produced on tetanus or other vaccine-preventable diseases? Have these materials been pre-tested? Do the materials and messages address barriers? What was the impact of past programs; what worked, and what didn't work?

Understanding the media environment: What potential channels—radio, television, billboards, posters, group, and IPC—are available for communication? Which channels of communication were used by existing or past programs? Which combination of channels was most effective? Why?

Understanding media use by the target audience: What are the media viewing habits of the target audience? What kind of entertainment, films, or music do they enjoy? At what times are they exposed to specific media or channels?

Assessing the resources required to implement the campaign: What financial and human resources are available for communication and other campaign activities? How many staff will be required to oversee materials and media production, staff training, and other campaign requirements? What support can be provided by government agencies, partners, communities, consultants, and other sources?

Table 7. Sample Worksheet for Studying Health Communication Programs

Name of program and dates implemented	Organizations involved	Description of program	Communication channels used	Evaluation results

Step 2: Identify Gaps and Conduct Additional Research

After you have collected and studied information about the health problem in your country, you may discover that you do not know enough about the causes of the problem or the people affected by it to develop a good communication and social mobilization strategy. When you do not have important information, you may need to conduct additional research to fill any gaps. This is called formative (or qualitative) research and will help you answer such questions as who needs to take action, what changes are most realistic and will have the most impact, what would motivate community members and health workers to adopt and maintain positive practices, and what is preventing them from doing so (see Table 8).

> At the community level in many countries, the village leader, the schoolteacher, and the religious leaders [form] the trio of people who, once convinced, [are] the most effective promoters of expanded programs for immunization.
>
> *Harnessing the Power of Ideas*

Identifying Primary and Influencing Audiences

Before you can carry out any formative research, you will need to identify the primary and "influencing" audiences for your program because these are the people whose beliefs, attitudes, and practices you will need to understand as part of this additional research. The primary audience for your communication strategy should be the people who are at highest risk or most affected by the disease.[2] In the case of MNT, women of reproductive age are the primary audience since they are at risk, along with their babies.

A successful immunization campaign also requires the support and participation of influencing audiences or "key influentials"—people who influence the primary audience and help create a supportive and enabling environment for the campaign. When key members of the community become involved with the campaign, their positive reputation encourages other people to listen to them and follow their advice. Thus, the campaign can change attitudes not only among the general population, but among health workers, working around the social, cultural, and individual barriers that keep women from getting immunized.

In the case of the MNT campaign in Pakistan, influencing audiences consisted of: husbands, fathers, mothers-in-law, religious leaders, health care providers (especially doctors), LHWs, TBAs, vaccinators, councilors, government officials, supervisors of union councils, district-level health office staff, elders, and school teachers. In the campaign in Ethiopia, key influentials included community, tribal, and religious leaders; health care providers and health facility staff; national, regional, zonal, and district government workers; school teachers; and the staff of NGOs and other community-based organizations.

Table 8. Checklist for Key Influentials

- Whose active support is needed to influence the success or prevent the failure of an immunization program?
- Who do we want to encourage to take action?
- How might key influentials affect family decision-makers who may prohibit or encourage women to receive the vaccine?
- What communication channels and media are most effective for reaching influentials?
- What are the messages we want to communicate?
- What types of activities will help to engage people and create a positive environment for the immunization program?

Conducting Formative Research

After you have thoroughly reviewed existing information, identified key gaps, and selected your primary and influencing audiences, you will know what information you will still need to collect to design an effective social mobilization program. At this point you can begin the search for a government agency, research firm, NGO, or individuals who will plan and conduct the formative research.

The campaigns in Ethiopia, Mali, and Pakistan used different strategies to collect additional information. In Ethiopia, campaign organizers used an international market research firm to conduct formative research, but a company like this may not be present in every country or may be too expensive. Program planners in Mali worked with researchers from the Government's Office of Health Education, and in Pakistan the research was conducted by Save the Children staff with help from local NGOs. In some cases, staff members from your own organization may have the knowledge and skills to plan, manage, and conduct the research and analyze the findings.

Documenting Health Care Practices and Behaviors

Often the additional research involves using different methods (in-depth interviews, observations of behavior, and focus group discussions) to collect information. It should focus on documenting relevant maternal and newborn care practices, including:

- Use of health services
- Social, cultural, economic, and environmental factors that explain these practices
- Roles of different household members in providing care and making health decisions

Identifying Actions and Messages

The research also aims to:

- Identify the most realistic and culturally appropriate actions to eliminate MNT
- Examine obstacles to and supports for behavior change
- Determine the best communication channels and messages for each target audience

It is not the purpose of this guide to describe the details of designing and carrying out formative research. For more information on this topic, see *Research methods in anthropology: Qualitative and quantitative approaches*,[3] *Qualitative Research to Improve Newborn Care Practices*,[4] or *Designing by Dialogue: A Program Planners' Guide to Consultative Research for Improving Young Child Feeding*.[5] Meanwhile, it is important to remember that good formative research is the foundation that supports the entire communications and social mobilization strategy; you should, therefore, make sure that you devote enough time and resources to carrying out this important step.

Table 9. Formative Research in Pakistan

In Pakistan, the formative research was carried out in eight districts. The people who mattered most in the successful implementation of the MNT campaign were targeted for focus group discussions. At the community level this included all women (unmarried girls, mothers, mothers-in-law), TBAs, fathers, and opinion and religious leaders. At the health facility level this included health care providers, LHWs, and vaccinators. At the district level this included the district health officer, the deputy district health officer, the district coordinator of the national program for primary health care and family planning, and the district superintendent for vaccination. There were focus group discussions in all eight districts. The research was conducted with the active participation of the local health managers who identified the high-risk area within the district and assisted in arranging the focus groups.

Summary of Maternal, Neonatal Tetanus Elimination Activities in Pakistan, November 2001, Save the Children, Pakistan/Afghanistan Field Office

Step 3: Identify Partners and Begin to Advocate for Change

Another key element of developing a social mobilization program is to identify and involve other organizations as partners in this effort. Whether they help with the communications campaign--designing, pre-testing, producing, distributing, or delivering the key messages—or in other parts of social mobilization, such as providing money or materials, partners can play a key role at every stage of the effort.

Usually, finding partners is not difficult. As you gather information and interview stakeholders, you are meeting potential partners, learning about their abilities, and informing them about the program you want to carry out. If people are interested, they may ask if they can participate, or you can ask them if they would like to help with the immunization campaign, either now or later.

Table 10. The Power of Partnerships: Extending Coverage and Building Capacity in Mali

During Mali's recent MNT elimination campaign, the government, in collaboration with UNICEF and Save the Children, enlisted a cadre of TBAs to help in the task of immunizing women. The shortage of health workers was a potential roadblock to reaching the target audience of CBAW, most of whom live in hard-to-reach areas. But with the introduction of a pre-filled injection device called Uniject™, the campaign offered the opportunity to evaluate the capacity of TBAs to take on this role in antenatal care.

BASICS II conducted a training program for 650 TBAs in the use of Uniject™ prior to the launch of Mali's MOH-run MNT campaign, and a study of the TBAs' effectiveness was conducted as a follow-up. Between October 2002 and February 2003, BASICS II also designed and conducted a survey of 404 of the 650 TBAs participating in the program. The data was collected in interviews and focus group discussions.

The results showed that TBAs, many of whom had no formal schooling or literacy skills, correctly administered injections and used safe injection practices. All of the women vaccinated said they would return for vaccinations given by the TBAs and that they felt comfortable with the use of the Uniject™.

Other results showed:

- Nine out of 10 TBAs completed at least five of eight observed tasks correctly: reading the vial monitor, using prescribed sterile technique, injecting at the right location, and safely disposing the device.
- Tasks executed with less efficiency related to physical manipulation of Uniject™—specifically, opening the package and activating the device, which is time-consuming but not critical to proper immunization.
- Complete emptying of the vaccine reservoir was not achieved in some cases, but Uniject™ is overfilled to ensure delivery of a sufficient dose.

In focus group discussions with health staff and TBAs, it was generally agreed that TBAs were capable of administering TT using Uniject™ in routine vaccination programs. An additional advantage to the TBAs is the increase in their social status and trust among women and community leaders—assets that may help reduce social resistance to vaccinating women in Mali's remote areas in the future.

SNL Newborn News, 2:2, February 2004. Save the Children.

In general, partnering with other organizations in any kind of community-based health effort offers a number of key advantages:

- The more groups involved in a program, the more likely the results will be maintained after the campaign ends.
- Participation by many groups helps increase awareness of the problem and create demand.
- More partners can lead to increased coverage.
- Donors and other aid organizations are more likely to support a program with partners than a program carried out by just one organization.
- Working with partners helps build the capacity (knowledge and skills) of the community.
- Program quality is potentially higher; it is difficult for one organization to do everything well.

The best time to identify and involve partners is in the very beginning of your effort. This is also the time, early on in the planning stage, for your organization to identify and contact key officials and opinion leaders to advocate for (speak in favor of) the immunization campaign. Advocacy can be carried out at all levels—national, provincial, district, and in the local community—and at every step of the process, but the sooner you begin, the more time you will have to build support for your campaign.

Notes

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3. Bernard HR. 1994. *Research methods in anthropology: Qualitative and quantitative approaches*. Second edition. Thousand Oaks: Sage Publications.
4. Parlato RP, Darmstadt GL, Tinker A. 2004. *Qualitative Research to Improve Newborn Care Practices*. Washington, DC: Save the Children USA.
5. Dickin K, et al. 1996. *Designing by Dialogue: A Program Planners' Guide to Consultative Research for Improving Young Child Feeding*. Washington DC: SARA Project, HHRAA Project, USAID.

Reference for sidebar quotes:

Fraser C. 2003. *Harnessing the Power of Ideas: Communication and social mobilization for UNICEF-assisted programmes. A case study*. New York: UNICEF.

2: Designing a Social Mobilization Strategy

After you have completed the information-gathering phase of your effort, including formative research, it is time to use key insights to design a social mobilization strategy. This process typically includes the following steps:

Step 1: Analyze the information and identify key findings
Step 2: Design the social mobilization strategy
Step 3: Design the communications campaign

Step 1: Analyze the Information and Identify Key Findings

Your first task involves reviewing and analyzing all the information you have gathered to identify key findings that will affect the immunization campaign and the social mobilization and communications strategies. As you analyze the information, you should be looking in particular for anything that helps you understand the following:

- The main causes of the health problem (why coverage is low)
- The target audiences (primary audience and influencing audiences)
- The specific behaviors for each target group that will be promoted by the communications strategy
- The main obstacles to and motivators for behavioral change
- The resources (especially communication resources) available to support the campaign
- Key district and community-level leaders and officials whose support you will need for carrying out the social mobilization strategy
- Key health staff or community volunteers to deliver messages
- The obstacles to overcome in conducting the campaign
- Communication channels to be used

Table 11. "From Insight to Impact," Analyzing Research in Ethiopia

In Ethiopia, program planners sponsored a one-day workshop entitled "From Insight to Impact," bringing together a group of stakeholders from UNICEF, WHO, the MOH, and partner NGOs. The group analyzed and discussed findings from the formative research, and participants made presentations on the wants and needs of the key audiences.

"The purpose of the workshop," the facilitator observed, "was to understand the findings [in order to use] the information to guide the planning of the communications and social mobilization strategies. In general, the key findings included a lack of understanding among the targeted beneficiaries (women of childbearing age) and those who influenced them of the value or benefit of the TT vaccine. There was also a misunderstanding of tetanus disease, who is at risk, how it is acquired, and how it can be prevented." (16 April 2003 Trip Report, p. 3)

Key Findings from Pakistan
The information gathered from … focus groups was used for overall program planning as well as for developing specific messages and strategies to increase awareness of and demand for MNT immunization. It became quite clear that a door-to-door campaign, conducted by female vaccinators, would be needed to reach most women effectively. Furthermore, it would not be enough simply to raise demand among women themselves; fathers and husbands, mothers-in-law, community leaders, religious leaders, and teachers would all need to be mobilized in support of the campaign.

Shaping Policy for Maternal and Newborn Health: A Compendium of Case Studies, 2004. JHPIEGO.

If you can, you should carry out your analysis with interested stakeholders and possible (or actual) partners in a meeting or series of meetings or, as in Ethiopia, in a formal workshop.

Step 2: Design the Social Mobilization Strategy

After you have identified the key findings, the next step is to use them to design the social mobilization strategy. The place to begin is to decide on the overall goals of the immunization campaign (see Table 12) and then to develop the specific objectives of the strategy. In many cases the goals of the campaign will have been set by others, such as the MOH or some other government entity, as was the case in Ethiopia, Mali, and Pakistan.

Table 12. Sample Immunization Campaign Goals

Ethiopia:
To eliminate MNT by the year 2005
To vaccinate all women of reproductive age (15-49)
To promote clean delivery practices
To promote knowledge of information and care-seeking behaviors among target groups
Mali:
To expand local understanding of MNT
To involve local communities in the immunization campaign
To immunize at least 80 percent of the target population of CBAW against tetanus
Pakistan:
To immunize pregnant women with the TT vaccine
To immunize all CBAW (15-45) in high-risk areas with three properly spaced doses of TT
To promote clean delivery and cord care practices
To conduct effective NT surveillance

Identifying Objectives

The objectives of your plan (see Table 13) are the tasks you will have to complete to reach your goals. To identify these objectives, you will need to look again at the key findings from the information-gathering phase—what you learned about the needs and behaviors of the primary and influencing audiences—and then decide how to accomplish your goals with these particular audiences. You should try to keep the objectives as specific and concrete as possible because they will form the core of the communications strategy.

Table 13. Social Mobilization Objectives: Ethiopia

- To increase awareness of the importance of immunizing CBAW and pregnant women against tetanus
- To promote a positive attitude among health workers and communities about TT immunization
- To establish the relationship between tetanus, a preventable disease, and the vaccine in terms of healthy births and maternal health
- To promote tetanus prevention as a safe motherhood practice
- To promote messages on the benefits to the newborn and mother (passing on antibodies to protect children from tetanus)
- To position the value of tetanus immunization to counter cost barriers such as the inability to take time from farming or the cost of transportation
- To inform the population on the necesary amount and schedule of dosage required to fully immunize a woman
- To encourage follow-up doses by informing users about the importance of receiving all immunizations on schedule
- To identify locations where immunizations are given
- To address quality of care concerns
- To candidly address normal side effects
- To dispel myths and misperceptions related to the use of the vaccine as a contraceptive
- To create the understanding that tetanus is not linked to evil spirits

Table 14. Worksheet for Designing a Social Mobilization Strategy

Target audience: _____

Behavioral Analysis					Strategic Plan						
Ideal practice	Current practice	Feasible practice	Barriers and constraints	Supports and motivators	Key messages	Communication media	Training/ activities needed to get messages to audiences	Resources needed for activities	People who will carry out activities	Timeframe	Indicators of success (for M&E)

Designing the Strategy

Now it is time to design the social mobilization strategy. In many ways, this design step is the most important part of the entire process. If you design your strategy carefully at this stage, using precise, detailed descriptions of each activity and how it will be accomplished, then carrying out the plan will be much easier. If your strategy is too general, however, and lacks details and specifics, then it will be much more difficult to implement.

You should also be sure to include all of your partners in this planning process. If they are involved at this important stage, they will feel that the program is theirs, take responsibility for it, and continue to participate as the campaign moves forward and after the campaign ends.

Table 14 (previous page) will help you design the strategy. The left side outlines the behavioral analysis and the right side lays out a strategic plan of activities. Use the left side of the worksheet to identify the positive practices you want to encourage and facilitate in your program, as well as the factors that prevent people from doing these things (barriers and constraints), those factors that make these things easier (supports) and those that encourage people to do these things (motivators). You should remember here that you will need to develop specific messages for different audiences,

Table 15. Highlights of the Social Mobilization Strategy in Pakistan

1. With the advertising agency, partners, etc., develop the communications campaign: determine key messages; produce and pre-test communication tools (for mass media, group, and interpersonal channels); arrange for any training in use of the tools; arrange for distribution and/or roll-out of tools.
2. Identify and train a focal person for each district/area.
3. Set up a district working group (focal person, educational development officer, Expanded Program for Immunization coordinator, district coordinator for National Program and District Superintendent Vaccination) to coordinate all activities and assign responsibilities.
4. Contact district management authorities to enlist their support and involvement.
5. Meet with district and local health officials to secure their support; as necessary, arrange for and train staff in key messages and communication tools.
6. Orient the district education department, especially the district officer/education (female section), to involve teachers of womens schools and college professors.
7. Identify and contact influential persons (religious leaders, politicians, opinion leaders, policymakers, teachers) to facilitate their involvement.
8. Identify villages and communities with high potential for refusal and identify a local influential person to act as a motivator.
9. Conduct training sessions for all groups contacted as part of 2-7 above. Topics to cover include: key campaign messages; how to get, distribute, and use all communications tools; clarification of individual roles and responsibilities; logistics for the campaign; trouble-shooting (how to handle problems as the campaign unfolds).
10. Ensure the distribution of all communication tools/materials at the community and village level two weeks before start of campaign.
11. Ensure the display of banners and posters at all targeted villages and localities one week before the start of the campaign.
12. Arrange for the display of docudramas to small groups in villages through local cable operators.
13. Ensure vehicle announcements through loudspeakers two days prior to the start of campaign.

and hence, should use one sheet for each target audience. While many messages will be appropriate for both the primary and influencing audiences, it is also helpful to "segment" your audiences (divide them into categories or subgroups) and to adjust your message for each segment according to what action each can take. Using the right side of the worksheet, your team can identify the specific activities that will need to be carried out—at the household, community, regional and/or national levels—in order to achieve the objectives of the program, and you can plan exactly how these activities will be accomplished.

In Pakistan, the social mobilization strategy was developed at the same time as the communications campaign. The strategy, which involved activities at the community, district, provincial, and national level, is summarized in Table 15 (previous page).

As illustrated by Table 15, many of the planned activities at this stage will involve district or regional leaders, local leaders, and other community members. You should be sure to consult these people as soon as possible in the planning process to see if they are interested in helping, to agree on what their duties and responsibilities will be, and to decide what kind of support or training they might need.

Save the Children found that it is very important to involve community members in the strategy to serve as what are sometimes called community change agents, or community mobilizers. Formally and informally, these volunteers motivate target audiences to adopt positive practices to prevent MNT. These volunteers are carefully selected by the program or the community; trained in communication techniques such as counseling, negotiation, and group discussion; and supported by program staff during regular supervisory visits. These individuals also play a key role in sustaining the program and supporting the all-important follow-up rounds of immunization. If your mobilization strategy or communications campaign is going to use volunteers to carry out any of the activities, then you will have to select them now and begin to prepare them for their duties.

> In Bangladesh, the lead channel was "jiggasha," a Bangla term used to signify a community social networking meeting, because this was the channel capable of reaching [the primary audience] at a place where they would be most receptive and responsive to the messages. "Jiggasha" was reinforced by radio broadcasts and print materials.
>
> *A Field Guide to Designing a Health Communication Strategy*

Step 3: Design the Communications Campaign

As you and your partners are developing the social mobilization strategy, you will also want to begin working on the centerpiece of that strategy: the communications campaign. Developing a campaign involves three tasks:

1. Creating the messages
2. Producing the communications tools (TV and radio spots, print media, banners, etc.) that will contain the messages
3. Planning the campaign: the activities, events, etc., that will deliver the messages to the target audiences

Before you begin, you and your partners will need to consider which communication channels are the most appropriate for the audiences and particular context in which the campaign will be conducted. A channel is a way of delivering messages to an audience, and there are three kinds of channels used in most campaigns:

Mass media: This channel delivers messages through various types of mass media, whether electronic (TV, radio), print (newspapers, leaflets, posters), or other (banners, films).

Group: This channel delivers messages through interaction with groups, such as group discussions, workshops, religious services, community meetings, dramatic performances, and celebrations.

IPC: This channel delivers messages through direct, one-on-one contact with an audience member, such as communication between a client and a health care worker, one family member to another, or peer to peer—in short, any face-to-face contact that fosters dialogue between two people.

The group and IPC channels involve direct interaction with the audience, which allows them to ask questions, express fears or concerns, or have a discussion about the message—all of which are usually not possible with the mass media channel. Mass media is a very efficient way to inform people about MNT because it reaches many people very quickly and repeatedly and reinforces messages delivered through other channels. But the group and IPC channels are most critical to convince and encourage mothers to get immunized. This is why the best communications campaigns use a combination of channels. In Pakistan, for example, a post-campaign survey found that 43 percent of CBAW said they came to know about the MNT campaign from health workers, 20 percent said they learned about it from mosque announcements, 16 percent from banners, and 15 percent from posters.[1]

> In most countries the media [offer] the quickest and easiest way to reach people with information that could create awareness on a massive scale. However, actual behavioural change almost always requires personal contact—from a development worker, an influential member of the community or someone else who has experience of the proposed new behaviour. The media will still play a supporting and reinforcing role, however, facilitating the interpersonal communication work and giving it legitimacy and credibility.
>
> *Harnessing the Power of Ideas*

Creating the Messages

The messages of the communications effort will come from and be based on both the findings of the formative research and the objectives of the immunization campaign. Effective messages are developed with the participation of target populations and take into account local traditions, culture, and values. Campaigns are more effective when they promote simple messages that state what the target groups can do, state the beneficial reasons for making changes, and suggest ways to overcome barriers.

At this point, if you or your partners do not have the knowledge and experience to develop the messages and materials on your own, then you may need to hire an advertising or public relations agency. To hire an outside agency, begin by submitting a request for proposal—or creative guidelines—to various agencies and ask them to describe in writing what messages they would create for the campaign and how they would create them.

Table 16. Selecting an Ad Agency: Ethiopia

In Ethiopia, after a review of the responses from the best, or "short-listed," agencies, it became clear that capabilities for designing a full campaign were very limited. None of the agencies had experience in designing or directing an indigenously planned national campaign that used integrated mass media, outreach materials, and events at both the national and regional levels. Instead, most of the agencies had worked on an ad hoc basis to fulfill requests for commercials, posters, and flyers, relying on their clients' marketing managers for guidance on how to direct and manage the campaigns.

Given the capacity of advertising agencies in Ethiopia, the decision was made to hire three agencies, each with a particular area of expertise. One agency would be responsible for the graphic design of the logo, the layouts, the production of printed materials such as flip charts for health workers, and the various promotions that would provide incentives for the target audience to get immunized. Another agency would be responsible for producing the radio and TV commercials and TV and radio dramas. The third agency would implement community-based activities, including the management of a mobile video unit and activities in market places and in schools.

Your request should contain the following information:

- The goals of the immunization campaign
- The primary and influencing audiences
- The desired communication tools
- Your strategy, including information on barriers, supports, and motivators from the formative research

If you give your request for proposal to more than one agency, then you may need to put together a selection committee to review and evaluate the proposals and choose the best one. This is another chance to work with your partners and continue to build support for social mobilization efforts.

Choosing an ad agency usually involves reviewing the proposals and listening to a "pitch"—a formal presentation to the selection committee from each agency. The purpose of the pitch is to explain how the agency would carry out the campaign. The presentations often include examples of "creative executions" using various images and messages for the target audiences (or sometimes just one "big" idea) in different media told on "story boards." The agency with the best pitch (or highest evaluation marks) is chosen to produce the campaign.

An in-house group rarely has the skills and experience to develop and implement a comprehensive communication campaign that includes creative materials, development, production, media buying, and other advertising agency functions. Experience has demonstrated the advantage—almost always—of having the lead organization select and contract with an advertising agency to carry out this work.

A Field Guide to Designing a Health Communication Strategy

Working with the Advertising Agency

In most cases you will want to work closely with your selected agency/agencies to help them create the messages and materials. Even the most experienced and capable agencies may not have worked in the area of public health, and they will need your advice and as much information as you can provide about the immunization program.

Be sure to give the agency all of the information you gather in Phase I, as well as any other documents that may help staff come up with creative ideas; this could include any materials the immunization program may already be using and materials developed for other public health promotions.

Table 17. Instructions to the Ad Agency: Pakistan

1. Develop an umbrella campaign identity: prepare logo options that represent the end benefit of the vaccine, expressing the idea of "healthy mothers mean healthy babies."
2. Test logo options with focus groups representing the target audiences of the campaign and develop graphic images based on their reactions and recommendations.
3. Identify a well-known, credible campaign spokesperson, if feasible.
4. Plan in coordination with district launch events to create awareness and excitement about the immunization (e. g., parades, festivals, performers' folk dances).
5. Develop banners and flag lines with the logo and campaign theme for use on launch day.
6. Develop radio scripts or jingles supporting the above.
7. Develop TV scripts or treatments supporting the above.
8. Develop a series of newspaper layouts supporting the above and related to the primary influencing audiences (husbands, fathers, mothers-in-law).
9. Develop layouts for billboards, banners, flag lines, and bus and auto rickshaw signage using logo and theme.
10. Develop leaflets.
11. Develop signboards (if appropriate) for fixed vaccination points.
11. Develop a draft media plan and dissemination plan.
12. Develop a plan for tailoring materials to each district if necessary.

Table 18. Sample Creative Advertising Brief: Ethiopia

<table>
<tr><td colspan="2">WHAT IS REQUIRED (radio spot, TV spot, etc.)?</td></tr>
<tr><td colspan="2">1. What do we expect this material to do? And who does it target?</td></tr>
<tr><td colspan="2">2. What helpful insights do we have about our audience (behavior, beliefs, and feelings)?</td></tr>
<tr><td>3. What response do we want from this material?</td><td>4. What could be the best evidence to help stimulate this (emotional, sensual, or rational)?</td></tr>
<tr><td colspan="2">5. What aspects of the brand's (or product or services') personality are important to this material? (product features, benefits)</td></tr>
<tr><td colspan="2">6. What is the Brand Vision and what does it mean? (lifestyle benefits)</td></tr>
<tr><td colspan="2">7. What is the Creative Idea and how does it work to support the Brand Vision? What are the creative elements that help support the creative idea? (music, lighting, talent choices)</td></tr>
<tr><td colspan="2">8. Any specific requirements?</td></tr>
</table>

SIGNATURE OF AGENCY

SIGNATURE OF CLIENT

In addition, you should make arrangements for agency staff to visit the field to see the program (or a similar program) in action and understand how it works. You should also encourage agency staff to talk to program personnel, stakeholders, recipients of the vaccine, and people who have not been immunized; the better they understand the immunization program, the more likely they are to produce a successful communications campaign.

You may also want to work with agency staff to help them develop a creative brief, a document that outlines the material to be developed (see the sample brief on the previous page). Creative briefs are designed to make sure that the communication tools reflect the findings of the formative research and the goals and objectives of the immunization program, and that they are effective in achieving those goals in a measurable way. Creative briefs are useful written documents that are best completed by program planners together with the agency's creative staff.

Producing the Communication Tools

After the messages have been created, it is time to produce the various communication tools that will be used to present the messages to target audiences and stimulate community discussion. Most campaigns use a variety of tools to ensure that messages are consistently conveyed and reinforced through different channels of communication. Table 19 lists some of the most common tools for each channel.

Naturally, some of the mass media tools—especially booklets, videos, flyers, and posters—could be used as part of group or IPC.

An important part of producing the tools is to create a campaign logo, a simple drawing or other graphic image, so that target audiences will associate MNT immunization with the positive message embodied in the campaign. This logo should then be used with all the tools, and it may also be accompanied by a slogan—a few words which briefly summarize the main message. The most successful communications campaigns are the ones which repeat the logo and slogan so often that it becomes a part of the culture. One example is the script used to write Coca Cola, another is the word Colgate that has become synonymous with toothpaste all over the world, and yet another example is Nike's memorable slogan, "Just do it." Be careful, though, because sometimes the creative people who work in advertising are so focused on being creative, especially with the logo and the slogan, they lose sight of the main message.

Figure 1. Pakistan's effective MNT campaign logo

Table 19. Communication Tools

Mass media tools	Group tools	Interpersonal tools
Radio ads and dramas	Role plays and community dramas	Counseling cards
TV ads and dramas	Songs	Flip charts
Videos and films	Baby shows	Stories and examples
Newspaper ads	Health fairs	Photographs
Booklets	Advocacy meetings	
Posters	Presentations	
Flyers, leaflets, fact sheets	Mobile vans	
Banners	Town criers	

Testing and Refining the Messages and Tools

After the advertising agency completes the tools, especially any logos and slogans, you should show them to members of the target audience and health workers to get their opinions. This pre-testing activity is a very important part of developing successful messages and tools. Pre-tests will show you which messages and tools are most effective, appealing, and understandable to the target audience. Most importantly, they pinpoint which ones will stimulate the desired audience actions.

If you (or the advertising agency) are using computers to create the tools, then it will be possible to pre-test them in almost final form with national-level health staff. You can use a laptop computer and color printer or projector to test tools such as the logo, slogan, leaflets, posters, signs, and print ads. Radio and TV messages are more complicated and may be more expensive to test than logos and printed materials.

With TV, the simplest way to present the target audience with a "spot"—a TV commercial, video, TV serial, or short film—is to use a set of storyboards (drawings) that show the scenes of the story. In the case of radio, you may be able to produce a recording of actors reading the text of a proposed segment of a radio commercial or serial episode. You can then play this recording to the target audience during the test. In general, if the ads are in their almost final form, the results of the test will be more helpful to you.

Cost is usually an important factor in deciding what to test and when to conduct the tests. If possible, you should try to include enough money in your TV and radio budget for at least one pre-test and one set of changes.

You should conduct your pre-tests with the target audiences, the primary audience and the key influentials, and this should include the same people you interviewed during the formative research. Two different methods are used for pre-testing: focus group discussions and in-depth interviews. You will show the sample tools (slogans, logos, ads, TV spots, print media, etc.) to a group of six to 12 people in order to get their reactions and suggestions for how to make the tools more effective.

Select the participants of the focus group carefully according to certain criteria, such as age, gender, socio-economic status, religion, ethnicity, previously immunized or not immunized, or other factors that may be important for your program. The more similar your participants, the more likely they are to feel comfortable speaking up and giving their opinions during the discussion. In many cultures, for instance, men and women should not be in the same focus group, or the same group should not have young mothers and a group of mothers-in-law. After the focus group discussions, you may decide to conduct a series of individual interviews with the

Table 20. Developing and Pre-Testing the Tools: Pakistan

[In Pakistan] social mobilization material was designed, developed, and pre-tested for the districts by Spectrum Advertising Agency. [Materials] consisted of banners, posters, leaflets for mosques and the general population, school advocacy kits, and advocacy kits for influential persons in the district (government officials, elected representatives, opinion leaders). In addition caps and scarves were designed for all the vaccination teams.

Communication tools and messages developed for the MNT elimination campaign in Pakistan were pre-tested with informants from three target audiences: the husbands and in-laws of CBAW, CBAW, and key influentials. Whenever feedback from the first two audiences was contradictory or inconclusive, feedback from husbands and in-laws was given greater weight when revising the media, because the main objective of the advertising campaign was to leverage their influence on the behavior of the immunization program's primary audience—CBAW—to get immunized with two doses of TT.

same people; this will give them a chance to talk in more detail about certain topics or to say things they did not want to say in front of the group.

Remember to share the results of the pre-tests with the advertising agency and MoH so they can make any necessary changes. Once the changes are made, a second round of pre-testing should ideally be conducted. While your budget will determine how much pre-testing you can do, you should aim to pre-test several versions of all messages and tools to ensure that they are as compelling as possible before they are finalized.

Planning the Communications Campaign

While the various communications tools are being produced, you will need to start planning the communications campaign—all the events and activities that will be necessary to deliver the messages to the target audiences. One place to begin is to identify the activities for each communications channel, some examples of which are listed below.

The next step in planning your campaign is to identify all the tasks (see Table 22 on the next page) that will have to be completed in order to accomplish each activity. An ad agency can do most of these things.

Figure 2. Woman getting a TT immunization
Credit: Michael Biscelgie, Save the Children

Table 21. Common Activities for a Communications Campaign

Mass media channel	Group channel	IPC channel
Show radio and TV spots	Address public meetings	Orient and train health care providers
Run ads, announcements, articles in print media	Present at schools	Orient and train IPC community volunteers
Displays signs, banners, posters	Present at religious venues	Make telephone calls
Distribute flyers, leaflets, fact sheets	Sponsor seminars, workshops	Make house calls in the neighborhood
Show videos and films	Organize theatrical performances	Talk to peers (friends, coworkers, clients, customers)
Conduct national launch	Send out town criers and gong beaters	Talk to own family members
	Operate loudspeakers and mobile vans	

Table 22. Tasks for Implementing Communications Activities

Sample tasks for mass media activities:

- Select electronic media outlets
- Arrange for electronic media "buys"
- Select print media outlets
- Coordinate print media "buys"
- Arrange printing of all print tools
- Organize distribution of all media tools to all outlets
- Manage distribution of leaflets, flyers, posters, banners
- Set up loud speakers, mobile vans, town criers, banner and poster displays
- Orient and train all those who will be using the tools
- Monitor distribution of all tools

Sample tasks for group activities:

- Select most appropriate venues for group communication (schools, mosques, markets, community meetings)
- Contact key people and arrange for the presentations
- Prepare any materials and resources needed for presentations (role plays, docudramas, print materials, visual aids)
- Elect, train, and orient presenters
- Arrange for food, equipment, and other logistics
- Conduct group presentations

Sample tasks for IPC activities:

- Select best opportunities for IPC
- Prepare materials and resources needed for the various opportunities (especially at health clinics)
- Distribute materials to IPC volunteers, health workers, etc.
- Select and train people in the campaign messages and in the use of IPC materials
- Plan and coordinate volunteer activities

Integrating the Communications and Social Mobilization Activities

As you plan the communications campaign, you must be sure to integrate it into the overall social mobilization strategy (which you designed in Step 2 above) so that all activities are closely coordinated. One of the main purposes of all the tools you have produced and all the activities you have designed is to support your social mobilization effort. Many people at all levels will be using these tools and carrying out the activities, and you will need to manage this process, making sure the right tools are distributed to the right people at the right time in the right amounts. You will also need to make sure that people at all levels understand what they are supposed to do with these tools and that they receive orientation or training if necessary. Table 23 on the next page provides guidance for coordinating these activities.

Table 23. Coordinating the Communications Campaign and the Social Mobilization Plan

Social mobilization activity	Communications tools needed	Distribution details: amounts, locations, dates	Staff or people responsible	Arrangements for use of tools (including training)

Table 24 illustrates how the partners in Ethiopia integrated the communications tools into the social mobilization plan, and how the campaign used all three communications channels.

Table 24. Spreading the Word in Ethiopia

Implementing the social mobilization plan in nine geographically expansive zones in Ethipia was a challenge, requiring close collaboration between the MOH, Save the Children and UNICEF. Print materials first had to be distributed to zonal health facilities by Save the Children, and then to sub-zonal facilities by the MOH. Health managers and staff at all levels were oriented on the effective use of materials. Meetings were held with community and religious leaders to secure their active participation in community-based activities and support of the immunization campaign. Messages and materials also had to reach schoolgirls. At the same time, newspaper ads, television and radio spots promoting clean delivery practices and TT immunization were simultaneously broadcast nationally to increase awareness and create consumer demand.

In addition to ensuring the timely distribution of print materials to all target audiences, group communication activities were launched in each district two months prior to the launch of the immunization campaign. In the streets of regional cities, zonal and district towns, mobile video vans announced the debut of a short daytime play promoting the immunization of schoolgirls and an hour-long film called "Asenkitab." Usually shown outdoors in market places and other open areas after nightfall, the film addressed traditional practices such as early marriage and witchcraft and promoted the importance of education for girls, clean delivery practices, and TT immunization. A question-and-answer session following the film allowed the audience to ask questions and enter a contest to win a free jeri can.

Notes

1. Chaudry H. 2002, January. *Post Evaluation Survey for MNT-SIA*. Islamabad: Save the Children USA, p. 20.

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Fraser, C. 2003. *Harnessing the Power of Ideas: Communication and social mobilization for UNICEF-assisted programmes. A case study*. New York: UNICEF.

O'Sullivan GA, Yonkler JA, Morgan W, Merritt AP. 2003. *A Field Guide to Designing a Health Communication Strategy*. Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

3: Carrying Out Social Mobilization Activities

After you have designed the social mobilization strategy, including the communications campaign, you will take steps to carry it out. This phase of the program typically involves four basic steps:

Step 1: Orient district and community leaders and target key influentials
Step 2: Plan the launch of the immunization campaign
Step 3: Carry out the social mobilization activities
Step 4: Monitor communications and social mobilization activities

> Perhaps the most important consequence of social mobilization for immunization [is] that for the first time in history and on a massive scale, action for health became the concern and the property of large sectors of the population, and not the sole responsibility of the Ministry of Health. Just as important has been the increased community level interest and involvement in, and assumed responsibility for, practical health actions. This results from the realization even among the poorest, the illiterate and the most marginalized, that better health for their children—even survival—lies to a large extent in their hands.
>
> *Harnessing the Power of Ideas*

At this time, before the official start of the immunization campaign, you will begin to target key influentials with the messages you have created for them. These people should be aware of the campaign and convinced of its benefits well before the campaign starts so they will have time to talk to and influence the primary audience to get immunized. It is especially important to communicate with health care workers at this time so they can tell all the people they see about the campaign.

Step 1: Orient District and Community Leaders and Target Key Influentials

If the social mobilization strategy is going to succeed, you will need the active support and participation of various district and community leaders and local volunteers. You have already identified many of these people earlier, either through your formative research (when you probably interviewed many of these people) or when you analyzed your research and noted key findings. You will also have contacted these people to ask for their help when you designed your mobilization plan (Step 2 in chapter two). At this point you should meet with them again to carefully explain the role they will play in the campaign, prepare them (if necessary) to carry out their tasks, and make sure they have the communications tools and any other resources or help they need.

Table 25. Pre-Launch Activities: Pakistan

Prior to launching the immunization campaign in a new community, social mobilization was used to create awareness and encourage acceptance of the TT vaccine. Health workers conducted meetings with community and religious leaders a week before the campaign. Religious leaders promoted the campaign by addressing common misconceptions of TT, and the mosque loudspeakers announced the date and time of immunization. Print materials such as leaflets, handouts, banners, and posters were distributed and displayed in the community, at health facilities, and in public places such as markets and mosques at least two weeks before the start of activities. Electronic media such as television and radio advertisements, as well as docudramas, aired a few weeks prior to and during implementation to raise awareness about tetanus and stress the importance of immunization. In each community, the vaccination team publicly launched the day's activities from a local leader's house and distributed leaflets to all households.

This is also the time to meet with community volunteers who will be carrying out many of the IPC activities. You should review their responsibilities, answer any questions, conduct last-minute training, and make sure they have the resources they need to carry out their tasks.

Figure 3. MNT campaign t-shirt, Mali

Step 2: Plan the Launch of the Immunization Campaign

While the media tools are being produced, it is important to begin detailed planning and scheduling to achieve a well-coordinated and effective launch that kicks off a successful campaign. The "launch" of a campaign usually refers to the initial broadcast of TV and radio spots. It is probably more realistic to talk about the launches of a campaign, since there are activities that must take place before, during, and often after the airing of the spots. These activities are part of the "roll out" of the campaign.

To give the campaign momentum, it is a good idea to hold a launch event that attracts the attention of the public to the health problem and the benefits of getting immunized. Launch events for public health promotions raise awareness of the messages, create excitement about the campaign, and reach out to key influentials.

A launch event usually consists of a keynote speaker or speakers who are well known and who will attract the attention of key influentials, especially from the media. For example, in Uganda, "Miss Uganda" (who is also a medical doctor) launched a TT campaign by being vaccinated. In Ethiopia, the Minster of Health and the representatives of UNICEF, WHO, and Save the Children spoke at the national launch. You should invite other key influentials to attend, together with partners and press who will report on the event.

The event should be interesting enough to attract the target audience—such events often include entertainment in addition to the presentations—but also reflect the seriousness of the health problem and the importance of the immunization program. Some campaigns have a series of launch events—a big event at the district or even national level and several smaller events at the local or community level.

Figure 4. MNT Poster, Ethiopia

Step 3: Carry Out the Social Mobilization Activities

In this step you will carry out the various activities according to the plan you designed in the previous section (step 2). If you designed that plan well and you have carefully briefed all the participants on their responsibilities, then carrying out the plan should not be difficult. There will always be some surprises, of course, and some things that do not go according to plan. In Pakistan, for example, some districts did not receive enough copies of some of the printed materials, which led to changes in the distribution strategy before the next round of the campaign.

Table 26. From the *Ethiopian Herald*:: Educational Film is Vital in Raising Public Awareness

Mizan (ENA)—An educational film entitled "Ashenkitab" aimed at raising public awareness of the prevention mechanism of tetanus has been shown to the public in Kefa and Sheka zones of the Southern Nations, Nationalities and People's State.

Some of the residents who watched the film said they were able to draw an important lesson about the disease that has been claiming the lives of their loved children. They said while it was possible to prevent the disease by applying simple and workable mechanisms, lack of awareness has been the major stumbling block to save the lives of innocent children. The residents said the traditional ways used during child delivery have been instrumental in spreading the disease.

They said if similar kinds of educational films were produced in HIV/AIDS and malaria as well as other contagious diseases' prevention, it would be possible to instill a great sense of responsibility and understanding into the minds of people.

Over 30,000 people watched the educational film jointly organized by Save the Children-US and the Ministry of Health.

Ethiopian Herald, October 20, 2004

As far as possible, you should try to be prepared for these problems. With a good monitoring system in place, for example, you will know almost immediately if anything goes wrong. If you are informed of problems regularly, you may be able to make changes quickly to prevent serious consequences. For this reason, it is very important as you carry out the plan to stay in close contact with all partners and participants.

Step 4: Monitor and Supervise Communications and Social Mobilization Activities

Monitoring will help you know if program strategies and activities are being carried out as planned and if the campaign is achieving its objectives. The information you receive through monitoring will also help you make decisions to improve activities as the program is carried out. A monitoring plan should be based on your program's communication strategy and should indicate:

- If you are reaching the target audiences
- If activities are being carried out as planned and materials are being distributed
- The quality of activities, services, and communication efforts
- The effectiveness of the communication channels used to reach target audiences
- Feedback about the campaign from the community and target audiences
- The effect of the campaign on the target audience's knowledge, attitudes, and practices
- The need for mid-course adjustments to address problems and improve implementation

The plan should also include information on the activities and indicators (signs of change) to be monitored, methods for collecting information, a schedule, the staff responsible for each activity, and how information may be used to make program recommendations. (For more information, see *Communication for polio eradication and routine immunization: Checklists and easy reference guides* developed by WHO, UNICEF, and USAID.[1])

Learning Lessons

The benefits of a campaign are measured not only by the number of people receiving injections, but also by what participants learn from the experience. No campaign will ever be perfect, but each new campaign can work better than the last one if you take the time to discover and apply any lessons you learn as you go along. After a campaign is over, then, it is important to sit down with your partners and other key participants to discuss what happened and how to improve the next campaign. Some of the information you collected through your monitoring activities will help you here, but you should also conduct an evaluation. You can apply these lessons to the next campaign, any follow-up activities to the present campaign, and other health activities you may carry out.

Beyond the Campaign

It is not possible to eradicate MNT, so the effort to fight the disease must continue after the campaign, especially in high-risk areas.

At a minimum, post-campaign activities should include:

- Strengthening routine antenatal care, including TT immunization
- Creating the conditions and resources for improved services, especially in remote and hard-to-reach areas
- Increasing the regular TT vaccination of pregnant women
- Increasing the regular immunization of children with three doses of DPT
- Improving clean delivery practices during and immediately after birth

Hard-hit districts need to set up ways to plan for and carry out routine immunization efforts. In the Pakistani version of the global Reaching Every District approach, MOH staff developed a district-level plan for reaching every pregnant woman and infant.[2]

Table 27. Lessons Learned in Pakistan

The first two rounds of the campaign revealed "inadequate capacity and enthusiasm at the district level to implement the social mobilization plan." Specific problems were: delayed information about the number of districts involved and, therefore, the amount of materials needed by each province; delayed receipt of materials by districts; mismanagement of materials distribution; and "problems with [conducting] the social mobilization activities."

In response, Save the Children revised its social mobilization plan as follows:

- Increase emphasis on social mobilization and communication skills while training health workers
- Revise and reprint guidelines for health workers (adding chapters on social mobilization and clean cord care) and emphasize proper planning
- Dispatch a package of information, education, and communication materials directly to the districts two weeks prior to the immunization activities
- Identify and pay resource persons to visit each district before the campaign to oversee the orientation of district officials
- Identify a focal person for each district to oversee the mobilization activities
- Pay for hiring a vehicle to make loudspeaker announcements
- Hold meetings at the national level before and after subsequent campaigns to better coordinate the activities of national and provincial health managers and other partners

The plan includes five components:

- Re-establishing regular outreach services for communities with poor access to services
- Providing good supervision or on-the-job training by supervisors
- Establishing links between the community and health staff through regular meetings
- Conducting regular monitoring and using the data for action
- Effectively planning and managing human and financial resources

Good supervision is important for increasing the quality of services provided by health workers. Regularly measuring dropout rates helps determine the quality of services provided and trends in coverage rates. Health workers can monitor coverage from time to time by reviewing data (TT immunizations given versus those that are targeted), reviewing the number of sessions conducted versus those that are planned, checking TT immunization status at the time of delivery, immunizing eligible mothers, or referring them to an appropriate health facility. A woman's TT immunization status may also be checked when her children are vaccinated. Other local data, such as community maps and vaccines in stock, should also be used to monitor and strengthen the routine immunization system.

A carefully planned and executed communication and social mobilization effort will continue to strengthen the immunization program long after the campaign is over. You can continue to use the messages and tools created for the campaign to sustain demand for TT immunization, clean delivery practices, and quality antenatal care services. The partnerships you established through social mobilization activities will continue to support the program as long as the partners stay in regular contact. Relationships with policymakers are important in order to stay informed of decisions and actions that may have a profound effect on the health of communities where your program operates.

If improvements in the health care delivery system cannot be achieved, targeting new groups of reproductive age women through subsequent campaigns is another way to sustain elimination. The lessons learned from one campaign can contribute to making each successive campaign more effective in improving people's lives. The strategies described in this guide may also be effectively applied to develop communication and social mobilization efforts that support other immunization or public health programs.

Notes

1. Favin M, Shimp L. 2002. *Communication for polio eradication and routine immunization: Checklists and easy reference guide*. Geneva: World Health Organization.
2. UNICEF. Maternal and Neonatal Tetanus Elimination Program Committee Meeting, May 6-7, 2003.

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Newborn health care poses unique problems for health professionals and program managers in developing countries, where most women deliver at home, and where health care for newborns is virtually non-existent. Improving household practices, introducing newborn health into pre- and in-service training for health workers at every level, and integrating newborn health care in the home and community with care in the facility require "fine-tuning" of established methodologies. In shaping solutions for the context of newborn health, Saving Newborn Lives (SNL) has come up with innovative approaches to qualitative research, evaluation methods, behavior change communication, and training techniques that are precisely tailored to meet the challenges of institutionalizing newborn health care.

The SNL Tools for Newborn Health Series is designed to share the innovative techniques used by SNL with policymakers, health professionals, and others who are working to improve newborn health care in developing countries.

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