



USAID
FROM THE AMERICAN PEOPLE

Immunization
basics

Communication Data Collection and Use (polio and routine immunisation)

Lora Shimp
Senior Technical Officer
JSI / IMMUNIZATIONbasics

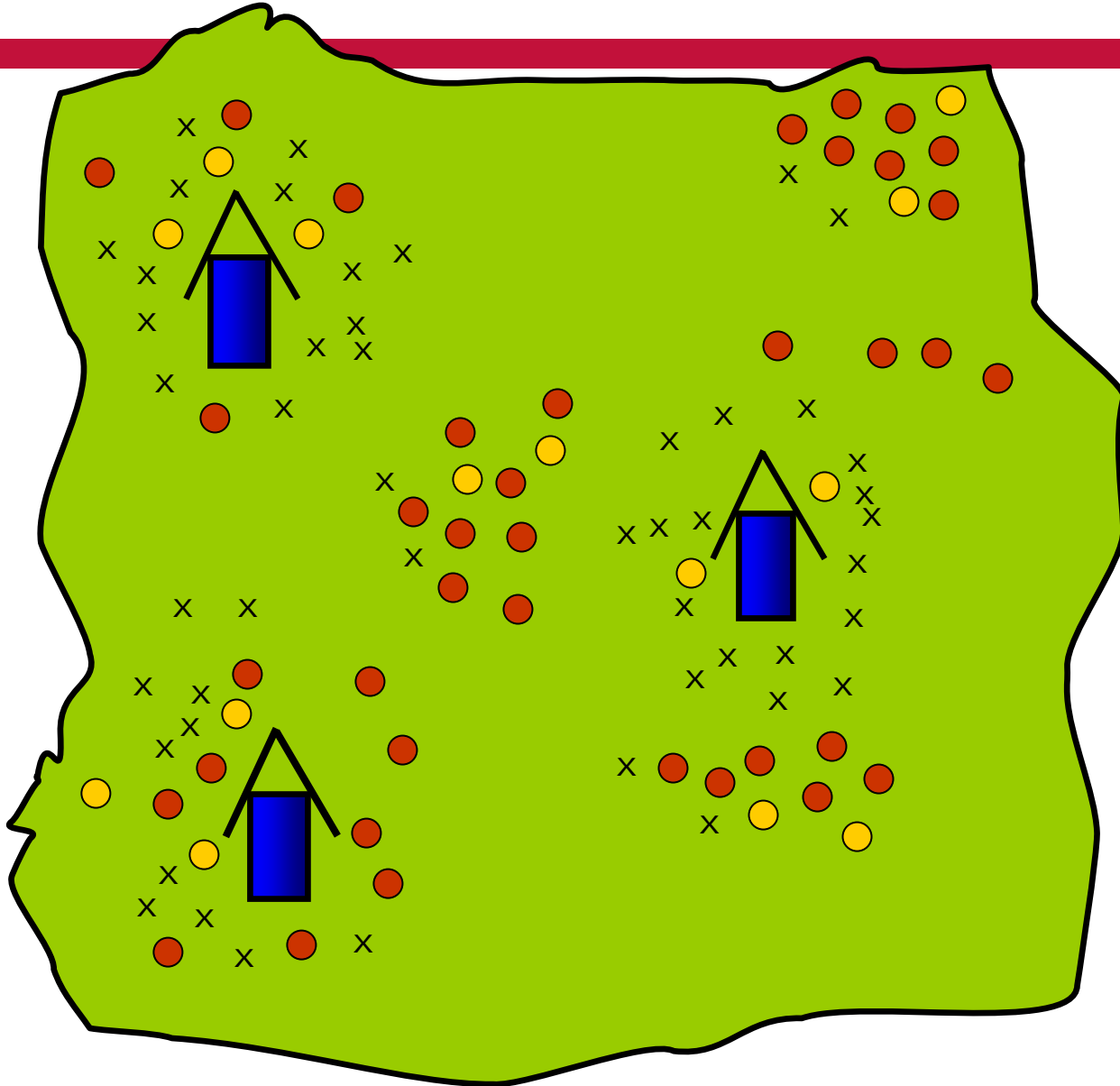
presented at:

*Follow-up Consultation on TFI Communication Recommendation
Dakar, Senegal, 5-7 April 2008*

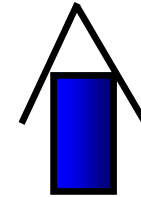
Overview: Why monitor and evaluate immunisation communication programs?

- Support EPI technical initiatives (e.g. Reaching Every District, polio eradication, child health days)
- Use EPI data for programming and communication strategies to assist in addressing coverage and drop-out
- Demonstrate communication contribution to programme: input, output, outcome, impact
- Use existing monitoring and country assessment tools (e.g. EPI reviews, KAP studies, qualitative assessments) to integrate communication indicators for monitoring and reporting

Determining where to target and focus your interventions



KEY



Health
Facility

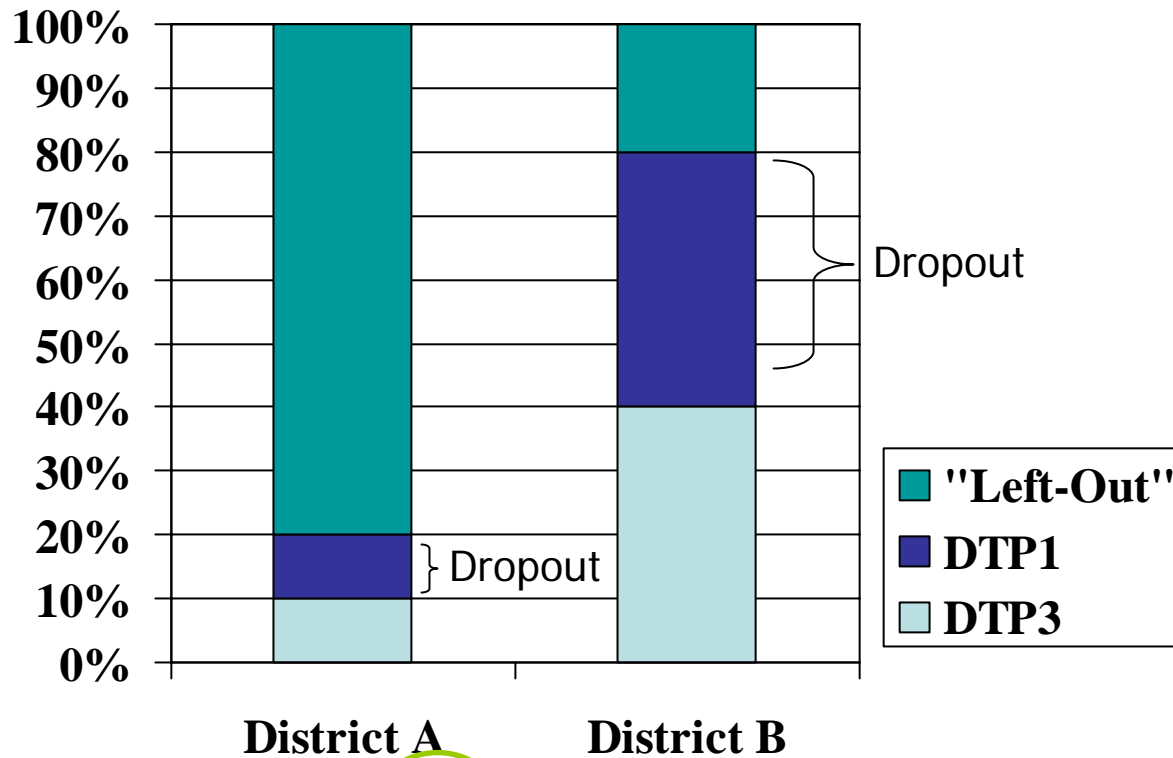
● Not immunized

× Immunized

● Temporarily
ineligible for
immunisation*

* Children are ineligible if they:
- are too young
(< 9 months for measles)
- have valid contraindications

Understanding EPI problems: never-reached or drop-outs?



District A: Left-out = $100\% - 20\% = 80\%$
Drop-out: = $\frac{20\% - 10\%}{20\%} = 50\%$

District B: Left-out = $\frac{100\% - 80\%}{80\%} = 20\%$
Drop-out = $80\% - 40\% = 50\%$

* In both districts, drop-out is 50%. But left-out bigger problem in District A (not received DTP1). In District B, reducing drop-out will increase coverage dramatically.

Application of drop-out analysis

Service Delivery

- Improve policy
- Improve data reporting, timeliness, and tracking of defaulters
- Improve screening of sick children (avoid false contraindications)
- Reorganize vaccination session times/days with communities

Communication

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

Communication for improving a district immunisation programme

- Link communication to program strategies to improve immunisation at the district level.
- Define communication support to address challenges for different levels of coverage and drop-out.
- Use social and coverage data to develop communication responses (vis-à-vis service delivery).
- Make effective immunisation a shared health system / community responsibility.
- Ensure capacity-building for communication and EPI staff (e.g. MLM training, inter-personal communication training, supervision and monitoring, surveillance)

Community involvement in tracking dropouts: Indicator example

Activity: *Community mobiliser uses list of late children from health facility and visits households of children on list.*

Output Indicator:

households visited (of children on list)
Total # children on list

Outcome Indicator

children(on list) vaccinated
Total # households visited (of children on list)

Key concepts in data collection and use

- Data should be useful to YOU
- Avoid collecting data that you will not use
- In most cases, unorganized data do not provide sufficient information for decision-making
- Collected and well-organized data provide a «snapshot » and/or message that can be used to make decisions
- Various data sets and presentation are needed to track and demonstrate progress

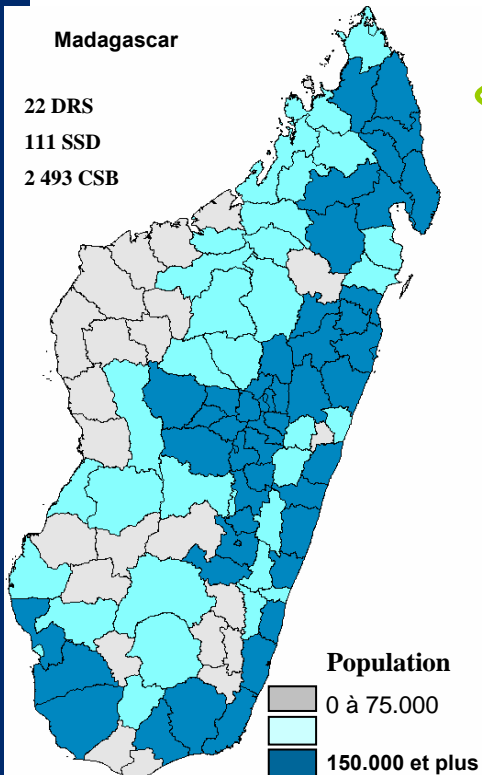
Country examples of data use

- 1. Strengthening community linkages to help reduce drop-out (Madagascar)***
- 2. Using communication data to demonstrate contribution to polio coverage increases (India)*
- 3. Communication indicators in routine immunisation supportive supervision and monitoring (India)*

Évolution de la situation

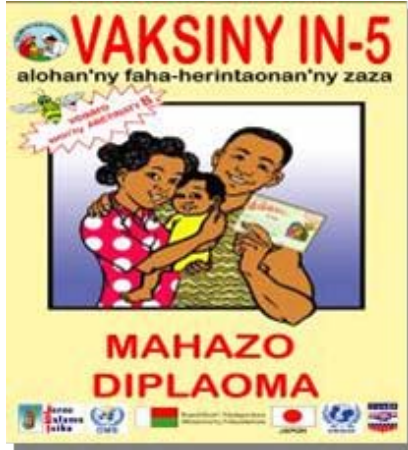
Madagascar

22 DRS
111 SSD
2 493 CSB



	2002	2004	2006
Population (en millions)	16	17	18
Districts à faible accès (nb = 111)	79	15	20
Districts à faible utilisation (nb = 111)	25	26	41
<i>Offre de service: Qualité du système</i>			
Taux de couverture en DTC ₃ HépB ₃	43,3%	79,0%	94,8%
Disparité, incohérence des données à tous les niveaux	++	+	+
Gestion de la logistique: Approvisionnement en vaccins, en pétrole, et en pièces détachées	faible	faible	Moyen
<i>Demande: Lien avec la communauté</i>			
Taux d'abandon	18%	10%	10%
Participation Communautaire	---	+	++

Apprôche communautaire/communication pour renforcer le Diplôme et vaccination complet



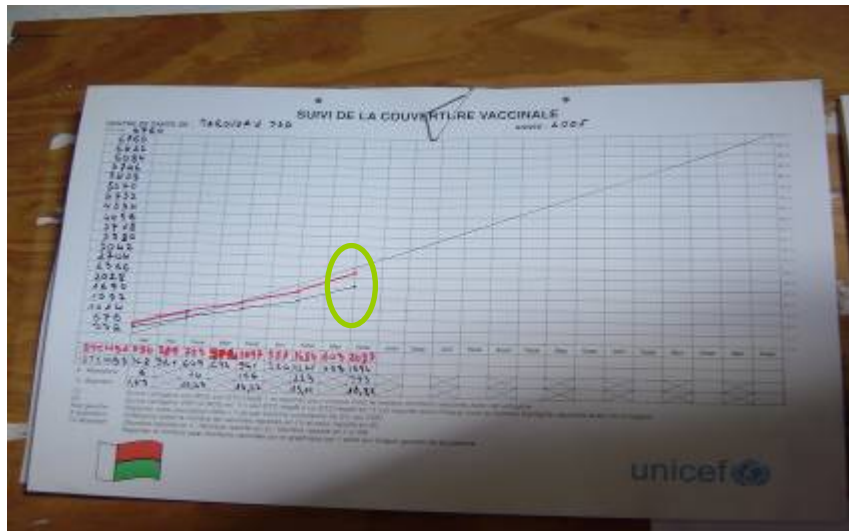
Affiches



Carnet de Santé



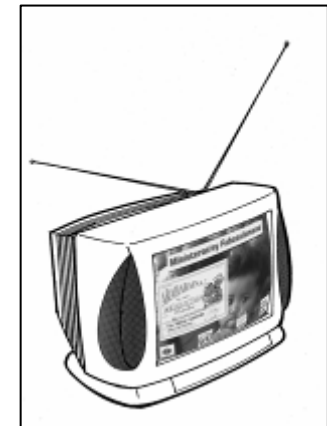
Diplôme



Impact

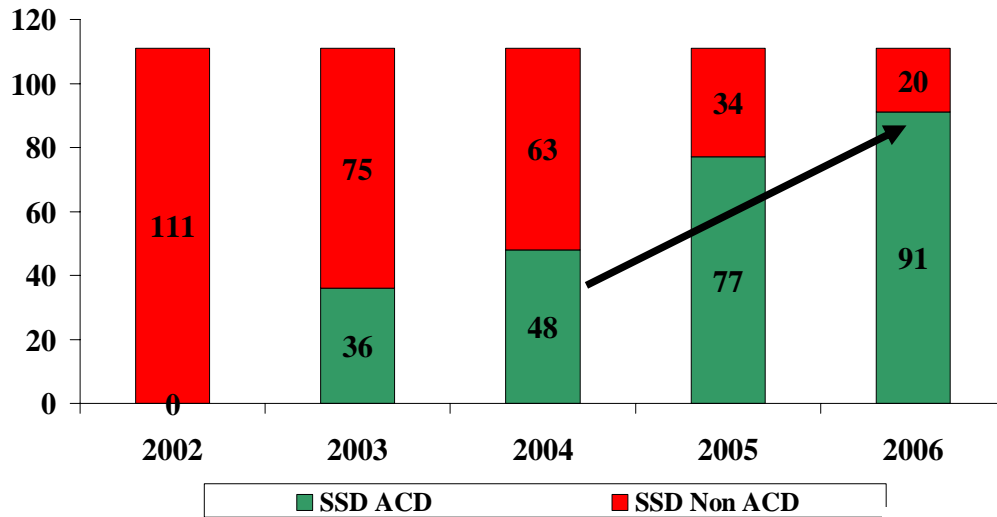


Bulletin



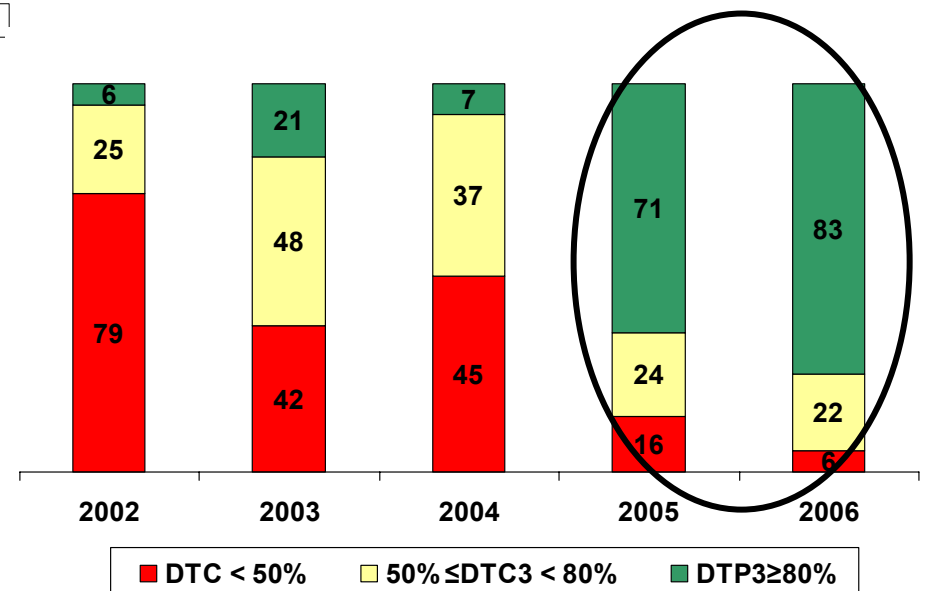
TV/radio

Résultats: Mise en oeuvre ACD 2002-2006

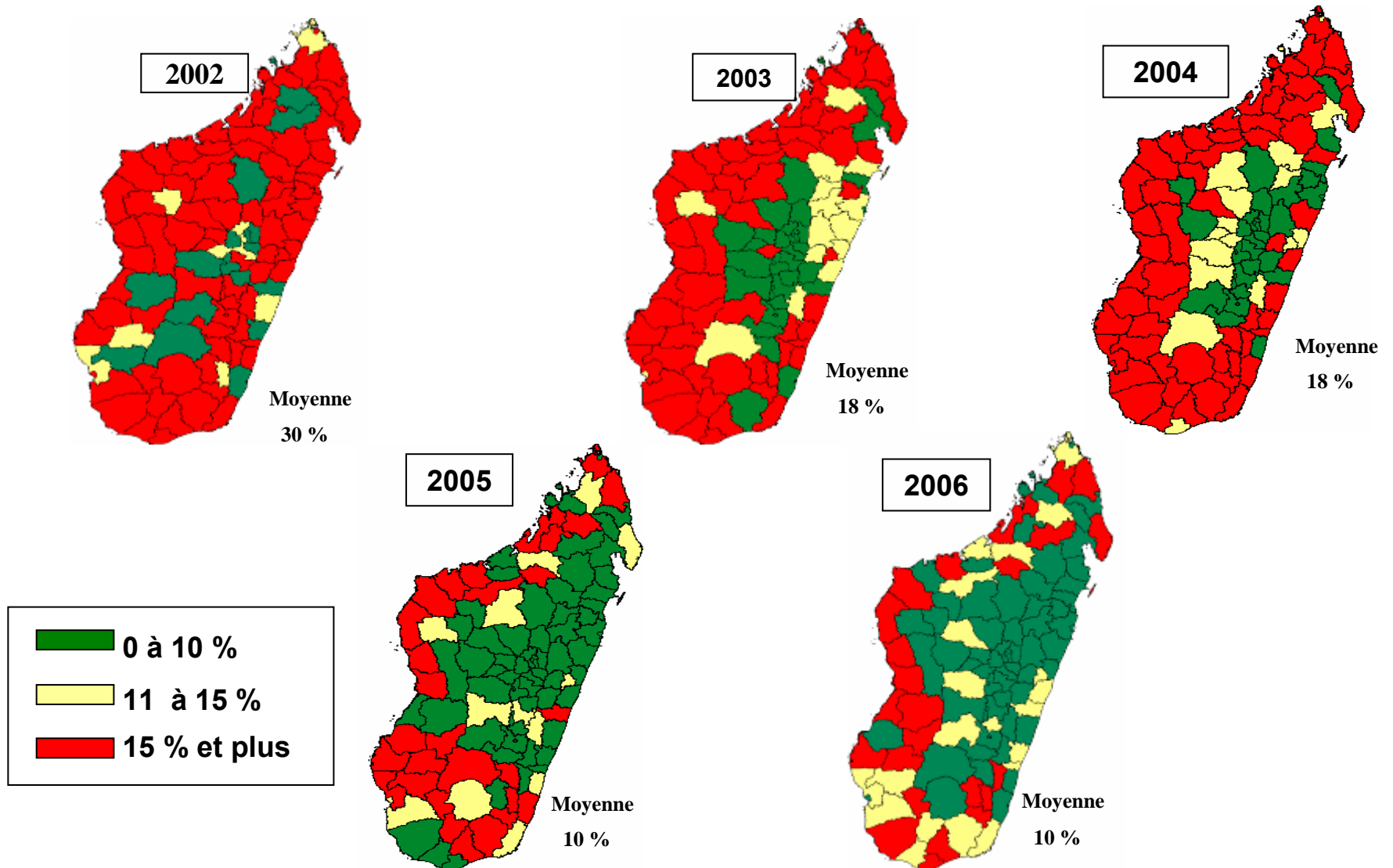


Extension de l'approche ACD

Évolution de la couverture vaccinale DTCHep3 par district (2002 – 2006)



Résultats: Évolution du Taux d'Abandon DTC1Hép1 et DTC3HépB3 (2002 – 2006)



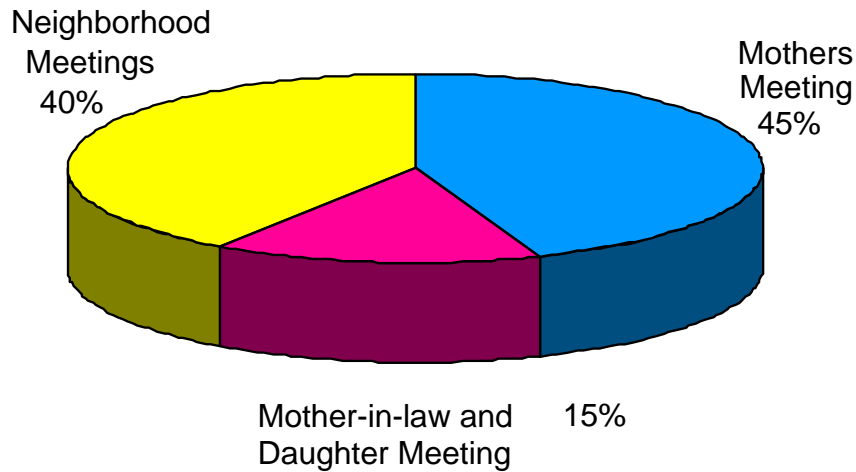
Country examples of data use

1. *Strengthening community linkages to help reduce drop-out (Madagascar)*
2. ***Using communication data to demonstrate contribution to polio coverage increases (India)***
3. *Communication indicators in routine immunisation supportive supervision and monitoring (India)*

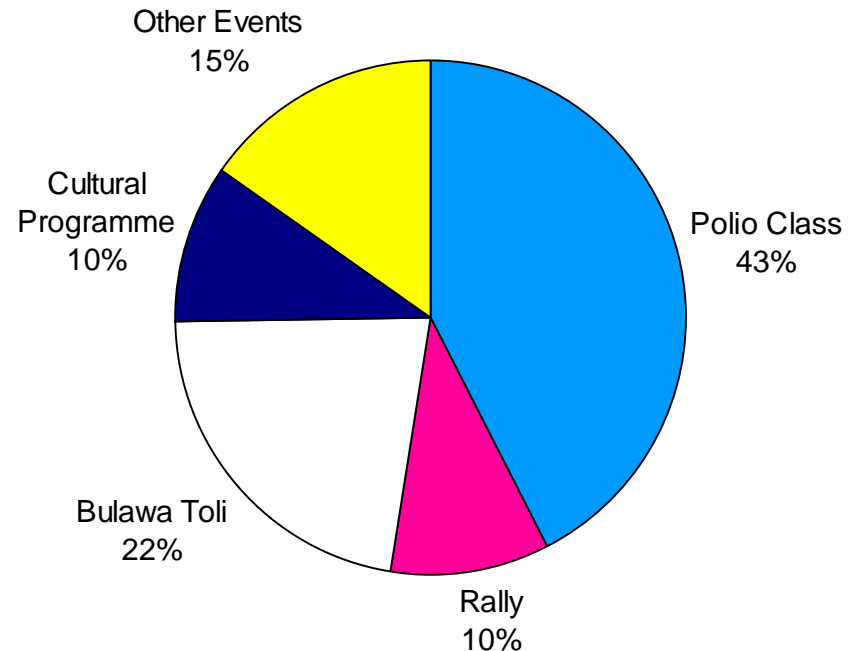
Role of Mobilisers: community meetings and activities



Total Community Meetings	12,107	Average Meetings per CMC	3.4
Total Participants	203,770	Average Participants	16.8
Total X house participants	34,635	Average X house Participants	2.9



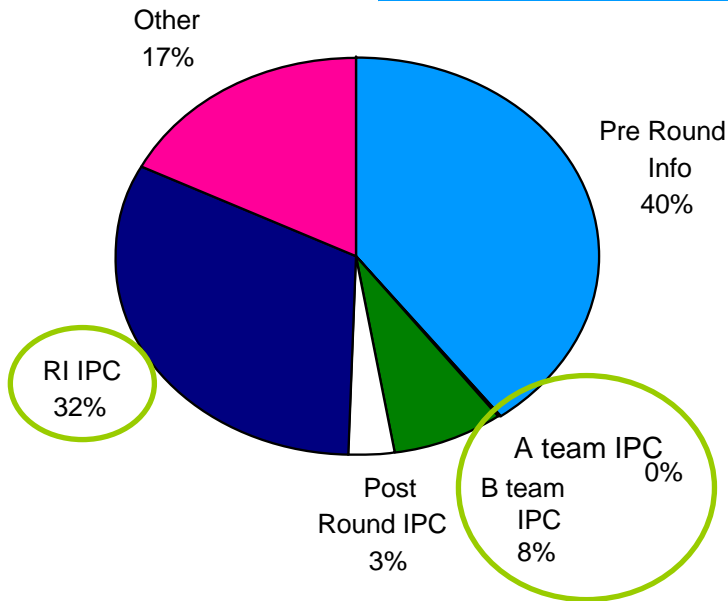
Average Mothers Meeting / CMC	1.5
Average Saas Bahu Sammelan / CMC	0.5
Average Neighborhood Meetings / CMC	1.4



Number of CMC Areas having		
Mosque Announcements	902	29.6%
Drum Beating	108	3.5%
Wall Writing	907	29.8%

Door to Door Counseling and tracking

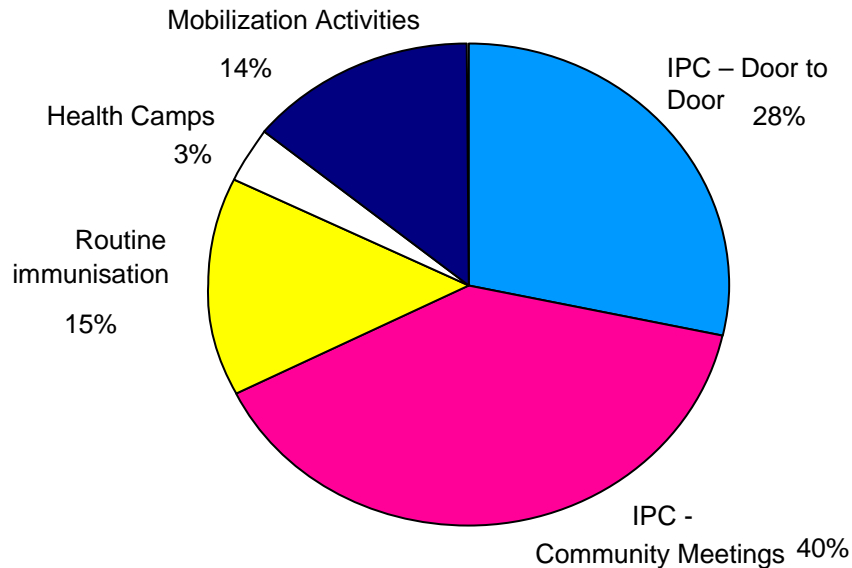
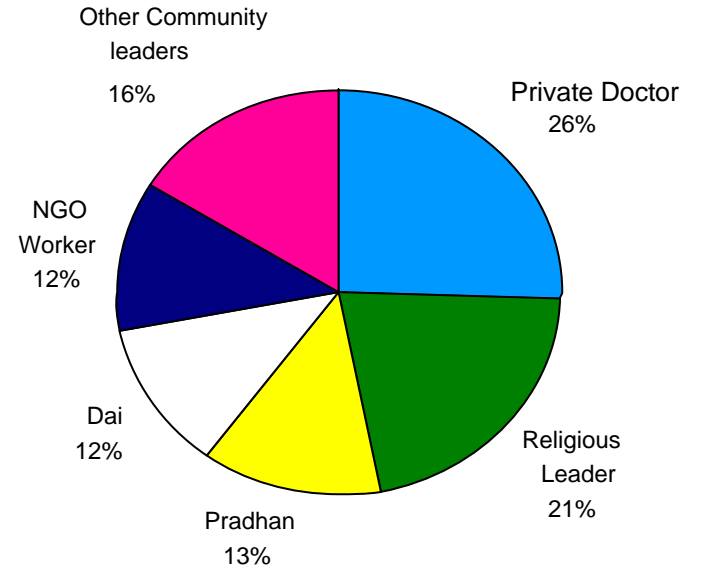
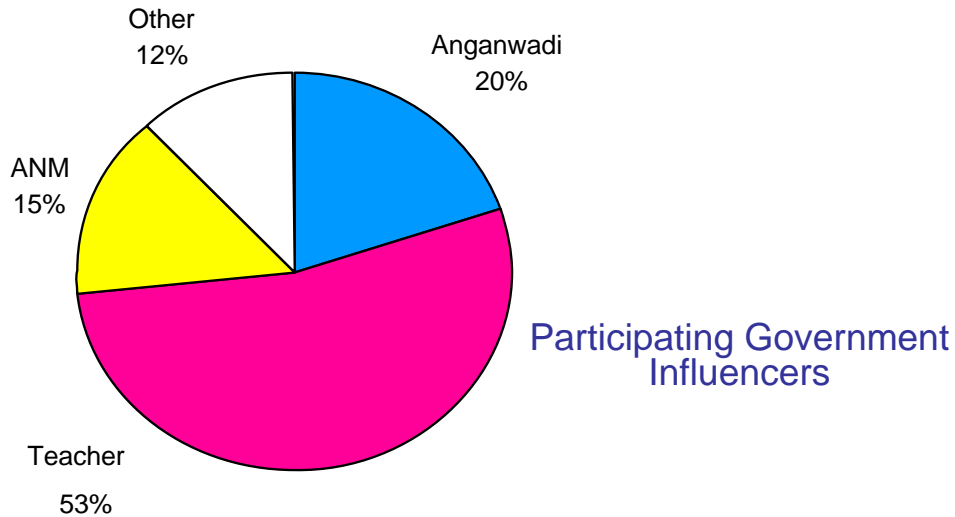
Total Houses Visited	1,060,749
Average Houses Covered / CMC	358.1
Average Houses Visited / CMC	279.8
Influencers Participating / CMC	3.3
Average Houses Visited for Pre Round Info	126.6
Average Houses Visited for A team IPC	0.8
Average Houses Visited for B team IPC	24.2
Average Houses Visited for Post Round IPC	8.8
Average Houses Visited for Routine Immunization	102.9
Average Houses Visited for Other reasons	55.7



Purpose of Door to Door IPC

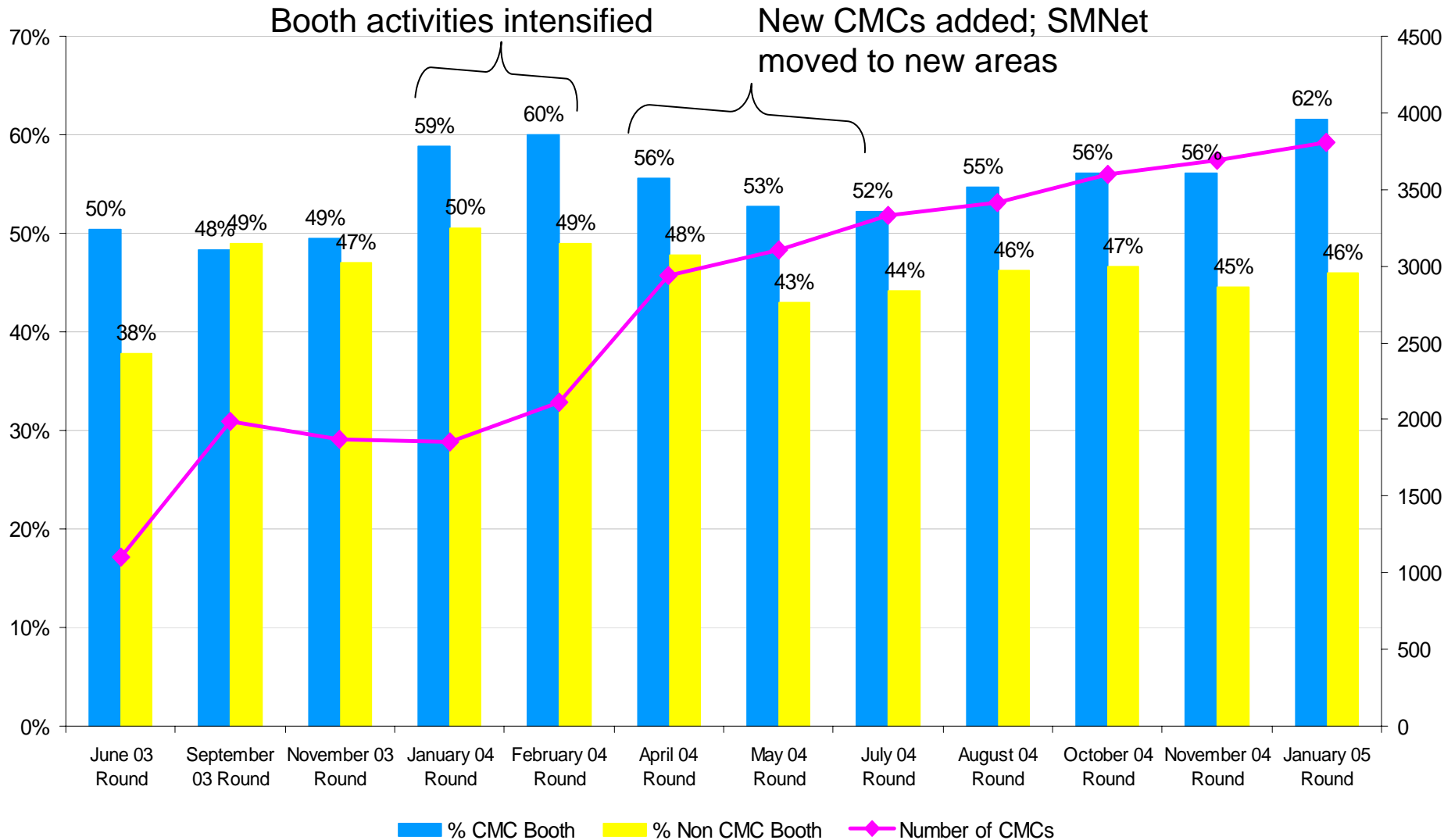


Partnerships with Mobilisers



The network works -
showing outcome:

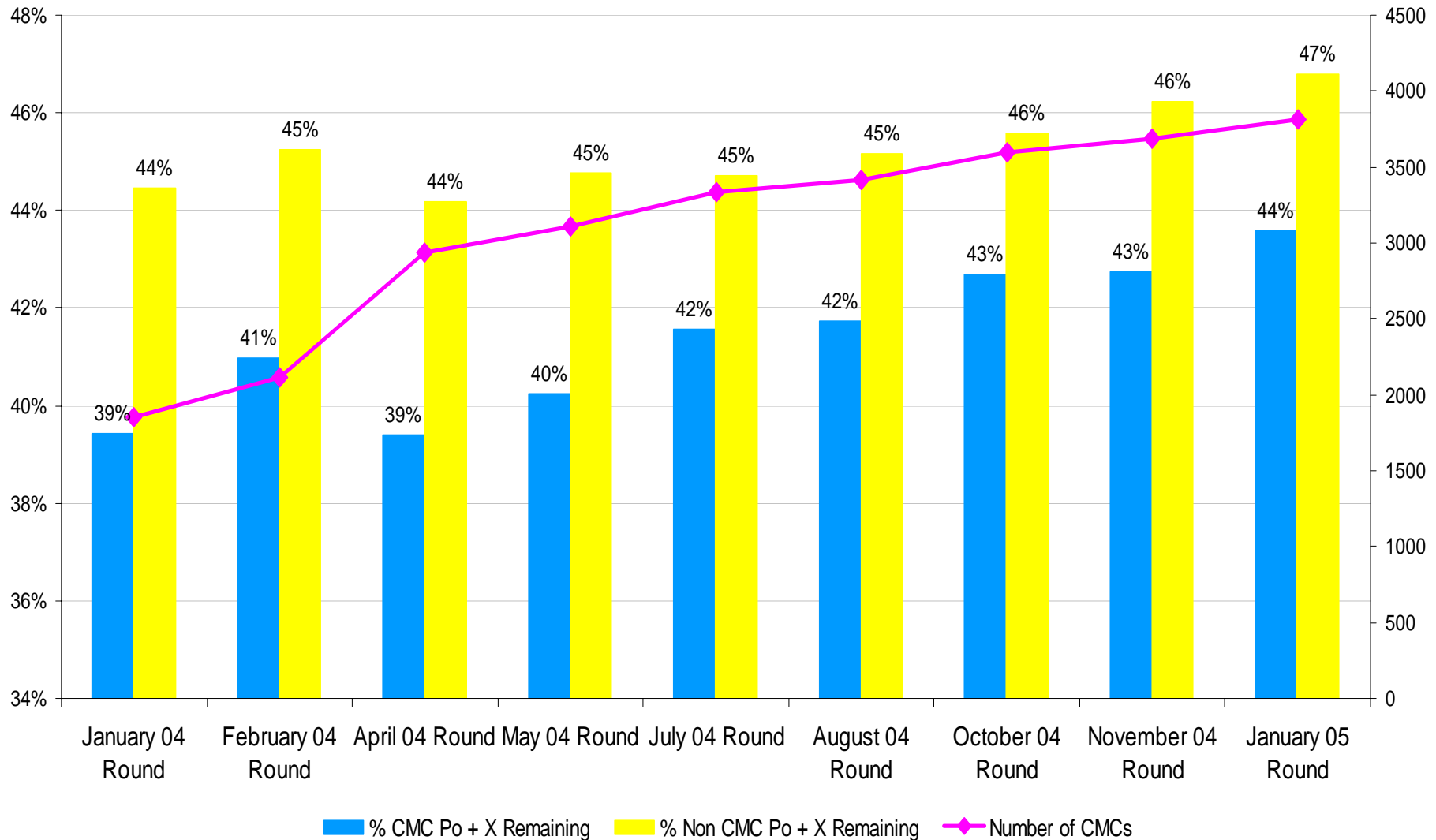
% Booth Coverage



The network works –
showing impact:

Po + X Houses Remaining

Houses where no vaccination was carried after B team



Country examples of data use

1. *Strengthening community linkages to help reduce drop-out (Madagascar)*
2. *Using communication data to demonstrate contribution to polio coverage increases (India)*
3. **Communication indicators in routine immunisation supportive supervision and monitoring (India)**

Communication indicators in supportive supervision checklist

Tracking Left Outs/ Drop outs and Missed Opportunities

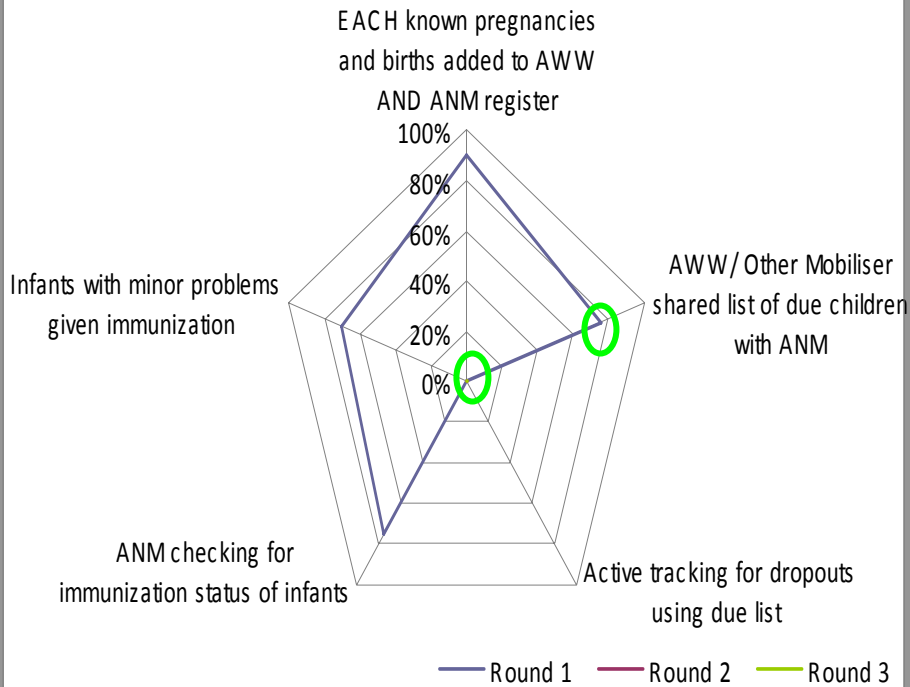
34. EACH of known pregnancies and births in the AWW catchment area over the past 3 months added to AWW and ANM register, even if they have not yet come for vaccination.
35. AWW/ other Mobiliser shared list of children due for vaccinations on that day with ANM
36. Active tracking for dropouts using due list of beneficiaries
37. ANM checking for immunisation status of infants brought to session for other ailments
38. Infants with minor problems like headache / diarrhea being given immunisation

IPC and Community Mobilization

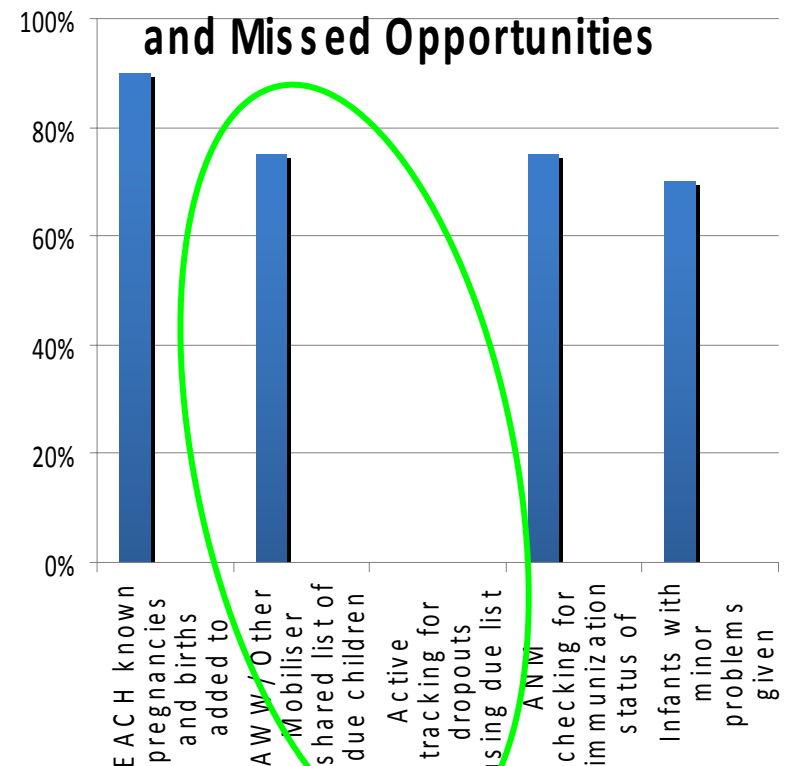
39. ANM is giving 4 key messages on immunization to parent/care taker of child
40. Presence of Anganwadi (nutrition extender) worker in immunisation session
41. Presence of ASHA/Link worker/mobilizer in immunisation session
42. IEC/BCC materials displayed at site
43. Supervisory visits by district/block level Medical Officer to ANMs sub-center area in last 3 calendar months

Presenting supervision findings for left-out/drop-out

Tracking Left Outs/Drop outs and Missed Opportunities



Tracking Left Outs/Drop outs and Missed Opportunities



Source: Gumla District Supportive Supervision Visit, 13 March 2008

Communication indicators in supportive supervision checklist

Tracking Left Outs/ Drop outs and Missed Opportunities

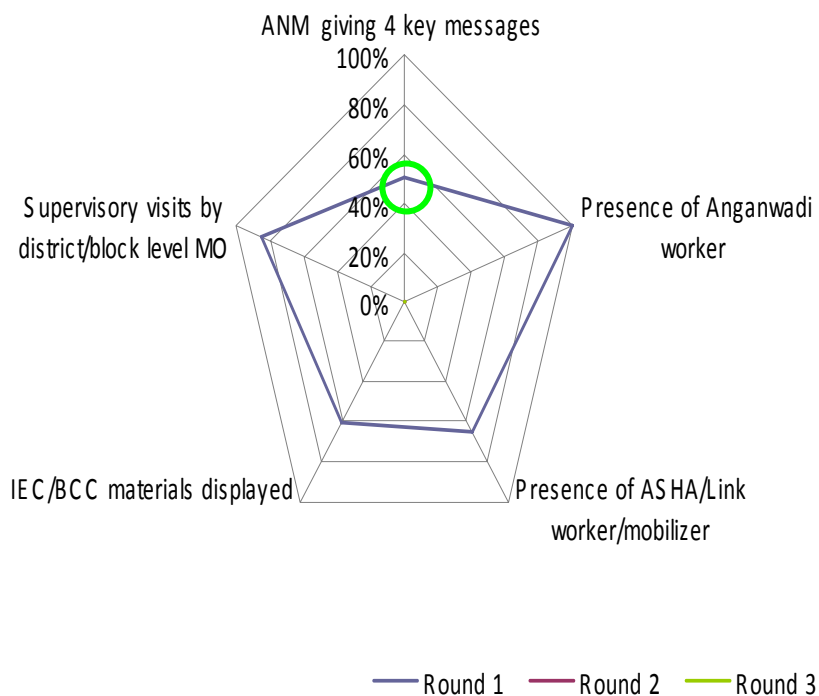
34. EACH of known pregnancies and births in the AWW catchment area over the past 3 months added to AWW and ANM register, even if they have not yet come for vaccination.
35. AWW/ other Mobiliser shared list of children due for vaccinations on that day with ANM
36. Active tracking for dropouts using due list of beneficiaries
37. ANM checking for immunisation status of infants brought to session for other ailments
38. Infants with minor problems like headache / diarrhea being given immunisation

IPC and Community Mobilization

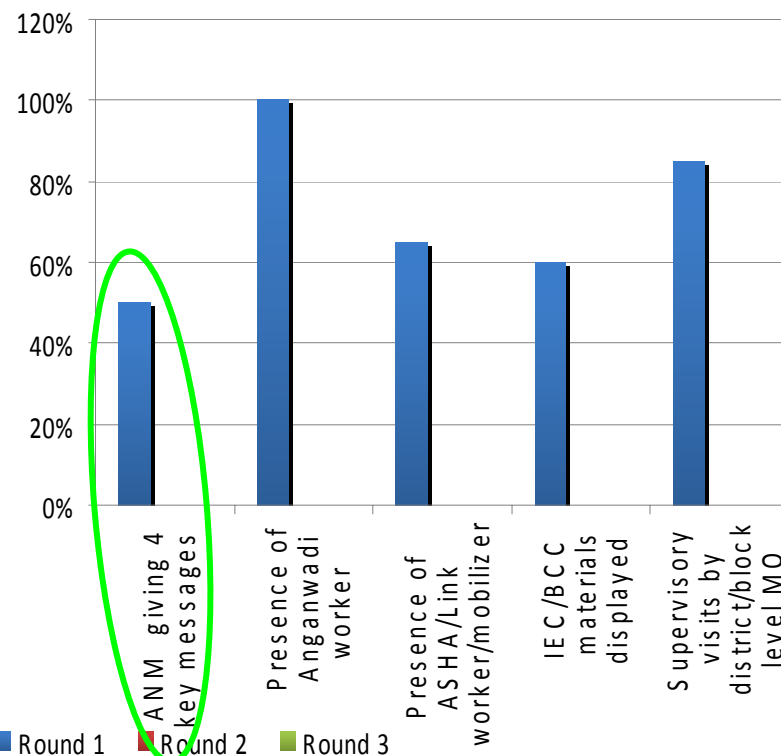
39. ANM is giving 4 key messages on immunization to parent/care taker of child
40. Presence of Anganwadi (nutrition extender) worker in immunisation session
41. Presence of ASHA/Link worker/mobilizer in immunisation session
42. IEC/BCC materials displayed at site
43. Supervisory visits by district/block level Medical Officer to ANMs sub-center area in last 3 calendar months

Presenting the supervision findings for IPC and community mobilization

IPC and Community Mobilization



IPC and Community Mobilization



Source: Gumla District Supportive Supervision Visit, 13 March 2008

Key program needs for communication

- Linkages: communication experts to use EPI data and EPI to include communication indicators in M & E
- Have standardized indicators for immunisation communication to help guide countries and programmes
- Involve EPI and child health technical people in communication monitoring and supervision
- Use qualitative and quantitative data effectively and efficiently and demonstrate communication impact