

**FOLLOW-UP CONSULTATION ON THE TFI
RECOMMENDATION
FOR COMMUNICATION FOR POLIO/EPI**

**05 AND 07 APRIL 2008
DAKAR – SENEGAL**

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Annex 1:Country communication indicators for Routine Immunisation and Polio

Annex 1: Agenda of the meeting

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Executive Summary – Paryss Kouta, UNICEF WCARO

The Follow up Consultation on the 2007 TFI in Madagascar was considered as an innovative action to follow up the communication recommendation made last December 2007 by the TFI members in Antananarivo. The organisation of this very important meeting by the UNICEF regional office for West and Central Africa was a response to a real need from countries to update and develop their communication indicators both for Polio and Routine Immunisation, in the light of technical norms. Four countries were invited in Dakar: Niger, the DRC, Chad and Nigeria. Three other countries attended the Follow up Consultation as observers; the Central Africa Republic, Liberia and Cote d'Ivoire.

The participation of key partners such as WHO (Geneva, Afro and Nigeria), IMMUNISATIONbasics (Washington), The Communication Initiative (Canada) and The International Red Cross (Geneva) was invaluable. Thanks to the excellent collaboration between UNICEF and these partners, the meeting was of good quality. The methodology which was used brought a real opportunity to participants from the above mentioned countries to present their respective experience and to be active part of discussion in plenary sessions as well as during group work sessions.

3/4 of invited countries (Niger, Chad and the DRC) updated their communication indicators for Polio and Routine EPI. Nigeria which has been represented only by one participant - the WHO Chief of Social Mobilisation in Lagos (and the UNICEF Chief of Programme Communication in Abuja, who attended the last afternoon session) was not able to undertake the work which was awaited in Dakar. Anyway, Nigeria' team did catch up with this exercise few months later, with the contribution of the members of the National Social Miobilisation Committee in Abuja.

The participant list was composed by social mobilization specialists and epidemiologists from interagency organisations and UNICEF regional and country office offices.

The lessons learned in Dakar are that (a) the combination of the two technical sectors (Programme Communication and Epidemiology) could be source of an obvious success within the area of communication for Polio and Routine Immunisation. The below indicators (specific country indicators and standard communication indicators) are the result of the work given by communicators' specialists and epidemiologist together and (b) the full engagement of the management (UNICEF WCARO) was key for a positive environment and the availability of budget which allowed covering cost for the organization of the meeting in Dakar.

On behalf of Mrs. Esther Guluma, the UNICEF WCARO Regional Director, we wish to thank all the facilitators of the Dakar meeting: Lora Shimp, Chris Morry, Liliane Boualam, Mbaye Salla, Kate Elder and Grace Kagondou. We wish to thank also all the

participants from Niger, the DRC, Chad, the Central Africa Republic, Liberia and Cote d'Ivoire

General meeting recommendations

1. Increase inter-agency technical support to countries to strengthen RI and polio communication strategic plans, including indicators. (Action: WCARO to liaise with partners and countries to set schedule for joint country visits by May/June 2008)
2. Advocate to priority country Ministries of Health for resource support in implementation of communication plans/indicators. (Action: WHO/AFRO and UNICEF/WCARO, by July 2008)
3. Common communication indicators for RI and polio to be finalized and tracked by countries and submitted to UNICEF for regional joint reporting for TFI. (Action: mid-year report in July 2008; end-year report by end October 2008)

Follow-up to meeting

- 1) Countries to complete their draft indicator tables developed during the meeting and submit them to UNICEF/WCARO by April 10. (Niger to organize an in-country meeting to finish their indicator table and send to UNICEF/WCARO by April 18. Nigeria to submit their final indicators by April 30.)
- 2) Facilitators to send draft base Standard Communication Indicators to WCARO for distribution to countries by end April. Countries to submit responses by end May.
- 3) Countries to send update on status of implementation of their indicators by end June and end October to UNICEF/WCARO.
- 4) WCARO to compile data and prepare report/presentation for TFI by end November.

Background

The 2007 TFI in Madagascar recognised the efforts made by countries (such as Nigeria, Niger, Chad, DRC, Angola and Namibia) in the field of communication for Polio Eradication. However, additional support is needed to intensify and expand communication activities that are data-driven and evidence-based for polio and routine immunisation. In response to this, the 2007 TFI recommended that: *“WHO, UNICEF and partners should support countries to intensify their communication activities and to develop communication indicators to be systematically used in polio eradication*

activities in all countries. Progress towards achieving these indicators should be presented at the 2008 TFI meeting”.

The purpose of the meeting was to review and update the four WCARO priority countries' communication indicators and to outline use of quality indicators to better measure progress. UNICEF and WHO should report on achievements at the next TFI in 2008. The selected WCARO countries for the meeting were Nigeria, Niger, DRC and Chad. (However, the delegation from Nigeria was unable to attend.)

The countries were sent an initial table of possible indicator categories and a presentation template by WCARO prior to the meeting. They completed these drafts and brought them to the meeting as reference materials. The countries also prepared a presentation on their country communication indicators and plans that were presented at the meeting.

The agenda and participant list for the meeting are attached in Annexes 1 and 2.

Objectives and expected outcomes

- To review and update priority countries' communication indicators
- To encourage countries to ensure a proper use of quality indicators in order to better measure progress
- UNICEF and WHO should report on achievements at the next TFI in 2008

In line with the objectives noted above, Standard Communication Indicators were developed and agreed upon at this meeting to enable some standardized tracking and reporting on communication in polio and routine immunization from the countries. These are illustrative indicators for the countries to use to demonstrate impact and are to be collected and reported, through UNICEF and partners, to enable cross-country comparison and for presentation to the TFI."

Standard Communication Indicators

A purpose of this meeting was to outline and suggest quality communication indicators that can be used throughout the AFRO region to better measure progress, per the recommendation from the 2007 TFI. The experiences from the three WCARO priority countries at this meeting were useful to provide some comparison on what communication indicators are being used and how they are being tracked. Although the fourth country, Nigeria, did not send a delegation to the meeting, they did provide a presentation on indicators being used in the country for polio and RI, which contributed to the discussion.

Based on the plenary and country presentations, discussions and group work, the facilitators, with input from the participants, outlined a potential framework for standardized polio and RI communication indicators that could be collected from the

countries in the region and adapted to help guide country programmes. It was determined that some baseline programme and communication data from all of the countries is needed as an initial step, similar to the strategic thinking that has guided communication strategy and implementation in DRC. (Refer to the “base communication indicators” noted in the DRC section of the Summary of Country Presentations and Indicators from this report).

As communication strategies and the indicators which track these differ between countries, the standardized indicators outlined below are to serve as overall communication programme indicators. These would be used by all countries for comparison purposes, with other communication indicators then linking to these to demonstrate country-specific outputs and impact. A first step is for all countries to collect and report on 2 key areas: communication planning and communication plan implementation. Once the “baseline” data are available and consolidated from countries, the communication indicators would then be used and adapted to set targets for measuring progress and contributing to polio and immunization impact. It is envisioned that the data collected from the indicators below will be graphed and presented to show regional trends as well as to show specific country communication monitoring.

This indicator template is to be sent out to countries in the WCARO region by the end of April. Follow-up on this is planned with ESARO and WHO/AFRO to ensure that the data are collected from all countries in the region for consolidation and comparison for presentation to the 2008 TFI.

Countries should complete the information from the 2 pages below and submit this back to WCARO and ESARO by the end of May 2008. If possible, country maps should be included to show high risk and priority districts for polio and routine immunisation. Also, as requested in indicator 2, countries should include accompanying data that show how communication activities, inputs, and outcomes are being tracked for polio campaigns and in support of routine immunisation activities in priority districts.

Communication planning (background data from country):

Polio

Polio high risk districts (HRDs) (#
(include national district map that shows location of these HRDs)



Existence of polio strategy for reaching these HRDs/populations (yes/no)



Existence of communication strategy specific to *each* of these HRDs (yes/no)? (If not in all HRDs, how many HRDs of total HRDs have a communication strategy (%) ?)

Existence of communication strategy specific to high risk populations in the country (yes/no)?

Indicator 1:

Polio

a) % of HRDs that include a polio communication strategy in their micro plan? (# districts with communication strategy in micro plan / # HRDs) [target ≥ 80%]

b) % of polio HRDs with specific communication strategy to address under-immunized (e.g. < 3 doses) for polio vaccination (# HRDs with under-immunized communication strategy / # HRDs) [target ≥ 80%]

Routine Immunization

Routine Immunization (RI) high risk districts (HRDs) (# *(include national district map that shows location of these HRDs)*



Existence of RI strategy for increasing coverage in these HRDs/ populations (yes/no)



Existence of communication strategy specific to *each* of these HRDs/populations (yes/no)? (If not in all HRDs, how many HRDs of total HRDs have a communication strategy (%) ?)

Routine Immunization

a) % of annual district micro plans in RI HRDs that include RI communication strategy (# districts with communication strategy in micro plan / # HRDs)

b) % of RI HRDs with specific communication strategy to identify and track newborns for vaccination (# HRDs with newborn communication strategy / # HRDs)

c) % of HRDs with specific communication strategy to reduce RI drop-outs (# HRDs with drop-out communication strategy / # HRDs)

Communication plan implementation (*background data from country*):

Polio

Under-immunized polio (< 3 doses) children by district.
(Show graph of districts with highest to lowest polio under-immunized for the year)



How many of these districts with high numbers of polio under-immunized are considered to be priority districts? _____ (#)

Indicator 2:

% of priority districts (with the most polio under-immunized children) that have at least 2 communication activities conducted per campaign district-wide _____ (# of priority districts with at least 2 communication activities / # of priority districts). List 2 activities and describe and show tracking data.

Routine Immunization

Un-immunized children by district.
(Show graph of districts with highest to lowest unimmunized for the year)



How many of these districts with high numbers of un-immunized are considered to be priority districts? _____ (#)

% of priority districts (with the most un-immunized children) that have at least 2 communication activities conducted monthly district-wide _____ (# of priority districts with at least 2 communication activities / # of priority districts). List 2 activities and describe and show tracking data.

Summary of plenary presentations

Opening Remarks – Barbara Bentein, Deputy Regional Director, UNICEF West and Central Africa Regional Office (WCARO)

In her opening remarks, Mrs. Barbara Bentein welcomed all the colleagues and indicated that the Dakar meeting was an innovative initiative which brought together communication specialists, epidemiologists, EPI program managers and other eminent experts. The meeting was a new opportunity to strengthen partnership with national and international coalitions and networks for more sustained and measurable communication interventions for EPI within the Child Survival and Development strategy implementation in WCARO.

Mrs. Bentein stressed that the outcomes as well as recommendations from the Dakar meeting would, undoubtedly, help to explore innovative programme communication approaches. Developing and managing strategic and more systematic communication interventions – including good and relevant indicators - are essential. Integration as well as long term, large scale and result-based communication might constitute important elements of the work in the coming months in each targeted country.

In her conclusion, Mrs. Bentein said that “we can achieve greatest advances by working closely and effectively together”. And she finished her opening remarks by hoping that thanks to the Dakar meeting strong progress report will be presented to the TFI members, at the end of 2008, with very positive results.

Regional Strategy: Programme Communication for Child Survival in West and Central Africa – Neil Ford

The presentation was focused on a key question: why are large-scale community-based-communication programmes necessary?

- Because child survival results depend on adoption of key behaviors at the household and community level, *not just in zones of convergence but across entire countries – 90 per cent coverage is necessary.*
- Large-scale behavior change in key practices can reduce child mortality by 40 per cent (Lancet) - MDG and AARM commitments can only be achieved if governments design and deliver nation-wide behavior change communication programmes.
- Key behaviors include exclusive breast feeding, hand washing, using an insecticide-treated net, treating diarrhea with ORS, caring for pneumonia

The presenter showed how

- family and community interventions are the most cost effective
- Programme Communication is organizing for Large-scale Results through integration of a) Participatory Research – baseline development, b) Interpersonal Communication, c) Community-based media, d) Mass

Media, e) Public relations campaigns – in partnership with the private sector and Impact evaluation – using community-based management of information

Participants were informed about the smaller basket of key behaviors that must be adopted at scale:

- Life-long changes (such as hand washing) instead of short-term interventions (such as immunization)
- Related to culture, gender relations, tradition and social practice. (The husband might sleep under an ITN instead of the mother and children. The mother-in-law might be a determining influence in breast feeding.)

Interventions based on adult learning principles and group discussions are more likely to produce results than strategies based on one-way delivery of health messages.

Other important points were developed:

- Increasing the Quality, Intensity and Coverage of Programme Communication
- Coordinating structures, channels and levels of government
- Re-enforcing Human Rights

Progress in Polio Eradication Initiative and Routine Immunisation Strengthening – Update in Africa – Dr Mbaye Salla (on behalf of AFRO)

Good progress has been made from 2006-2008:

- In 2006, a total of 1192 WPV cases were confirmed in 9 countries in African region with 1128 cases in Nigeria accounting for 94% of the total cases.
- Only 367 WPV cases with onset in 2007 have been confirmed in 5 countries (Nigeria, DRC, Angola, Chad and Niger), 70% of reduction in cases compared to 2006.
- 42% reduction in infected districts from 2005-2007
- As of 2nd of April 2008, 102 WPV cases were confirmed in 5 countries: Nigeria (95), Niger (3), Chad (2), DRC (1) and Angola (1).

Among strategies used in 2007 we note:

- Intensified activities in Nigeria through immunization Plus days (IPDs) focusing on very High Risk LGAs
- Use of monovalent vaccine type 1 and type 3 in Nigeria
- Polio outbreak response activities within 4 weeks following importation
- Implementation of new Lab algorithm with the confirmation of results within 21 days vs. 60 days

Importations contributed to the spread of WPV:

- 93 events occurred from 2003-2008 in 26 countries
- Outbreaks / importations are active in 5 countries within the last 6 months:
 - DRC (WPV since Feb 06): Latest 14/02/08
 - Angola (WPV since 2005): Latest 10/01/08
 - Chad (WPV since 2003): Latest 03/02/08
 - Niger (Repeated importations from Nigeria): Latest 23/01/08
 - Cameroon (recent importation from Chad details to be communicated)

Nigeria, the only endemic country made also good progress:

- The number of WPV dropped from 2006-2007 by 75 % (1125 in 2006 and 286 in 2007) while the reduction of WPV type 1 was 87%.

SIAs activities (NIDs/SNIDs) have been implemented in infected countries:

- Over 70 million children under 5 years were reached from an overall target of 75 million
- Independent monitoring data ranged from 87 to 97% in most countries.
- Despite good monitoring data significant numbers of children (5-23%) are still missed.
- In 2008, NIDS/SNIDs are planned to take place in Nigeria, Niger, Benin, Chad, CAR, Angola, DRC and Cameroon.

AFP Surveillance has improved from 2005-2007:

- Most countries met the 2 AFP operational indicators (NP-AFP rate $\geq 2/100,000$ and Stool adequacy rate $\geq 80\%$) in 2007 in West and Central while in South/East most countries met only 1 operational target indicator.
- Surveillance reviews were conducted with the involvement of key partners in 17 of the 20 surveillance reviews planned for 2007:
 - 4 comprehensive reviews (Angola, Namibia, Tanzania and Ghana)
 - 13 desk reviews

Certification of polio eradication:

- 21 reports accepted so far by ARCC and
- 8 countries are selected (Benin, Burkina Faso, Eritrea, Liberia, Mali, Madagascar, Mozambique and Namibia) to present in 2008 their complete documentation

Routine immunisation:

- DPT3 coverage improved in 2007 in DRC, NIE, in South/East and West countries

Challenges:

- Interrupting WPV transmission in Nigeria and other infected countries.
- Responding adequately to importations in countries with low population immunity
- Achieving and maintaining 2/100,000 non-polio AFP rate at sub-national level

- Consolidating the new accelerated laboratory testing algorithm
- Sustaining Political commitment for polio eradication

Priorities:

- Improve population immunity through supporting routine immunization delivery.
- Implement high quality SIA rounds in all infected countries until interruption is achieved
- Respond timely and adequately to any wild poliovirus importations
- Monitor the Operational NP-AFP target of >2/100,000 at sub national level and address gaps.
- Consolidate implementation of the new polio lab algorithm to support timely response.
- Continue certification activities as planned

TFI 2006-2007 Recommendations and Implementation Strategy in WCARO – Paryss Kouta

The presentation started with a reminder on the last TFI recommendations both in Maputo and in Antananarivo:

In 2006 in Maputo, the TFI members recommended that “WHO, UNICEF and partners should support countries to regularly collect, analyse and use communication data for accelerated disease control, routine immunisation and integrated child survival activities”

In 2007 in Antananarivo the recommendation on communication indicated that “WHO, UNICEF and partners should support countries to intensify their communication activities and to develop communication indicators to be systematically used in polio eradication activities in all countries. Progress towards achieving these indicators should be presented at the 2008 TFI meeting”

Related to the 2006 recommendation, the key question which was raised is why regularly collecting, analysing and using communication data? Data:

- Help us set objectives
- Direct efficient use of scarce resources
- Tell us if the programme is working
- Allow us to improve future programmes, etc.

About the 2007 recommendation, the presentation developed answers on the following question: Why developing communication indicators to be systematically used in polio eradication and Routine EPI? Indicators help to:

- Measure capacity/planning
- Measure activity implementation
- Measure results of communication activities
- Measure achievement of programme objectives

In terms of the implementation strategy in WCARO, a summary can be made as bellow:

- Identification of priority countries: Nigeria, Niger, DRC and Chad
- Missions in these four countries
- Technical advice through e-mail, conference calls, etc.
- Follow up of the implementation of the recommendations and progress in the field
- Dissemination of the TFI recommendations within the 24 UNICEF country offices in WCAR
- Promotion of long term and large scale communication data driven and development and use of communication indicators
- Organisation of the Dakar meeting in order to review and update the existing indicators in Nigeria, Niger, DRC and Chad
- Inter agency country support and joint missions

Bellow the perspectives 2008-2009 in WCAR

- Data (collection, analysis and use)
- Indicators (update and systematic use)
- Quality communication micro plans (social mapping, community participation...)
- Secured budget for long term and large scale communication interventions
- Budget for communication consultants in Chad and DRC
- Secured budget for regular country support from UNICEF Regional Office;
- Capacity Building workshops on Communication for CSD (including Immunisation) in WCARO
- Enhance of inter agency partnership

Communication Data Collection and Use (polio and routine immunization) – Lora Shimp

The presentation began with an overview on why there is need to monitor and evaluate immunisation communication programmes, including to:

- Support EPI technical initiatives (e.g. RED, 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

An example was then provided to outline how EPI data are used to analyze problems, using never-reached or drop-outs. This included an application of drop-out analysis that looked at how service delivery and communication can address the gaps:

Service delivery	Communication
<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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

This analysis was followed by some examples of how to use communication strategies and develop indicators to assist in improving a district immunisation programme and track drop-out with the community. It was highlighted that data collected should be useful and able to be organized for effective planning and decision-making. Collected and well-organized data provide a «snapshot» on what is being done and/or create a message that can be used to make decisions. To be most effective, a variety of data sets and presentations are needed to track and demonstrate progress.

The discussion was then followed by some country examples of data use and various ways to present data for improving immunization and communication within immunization programs, including:

- *Strengthening community linkages to help reduce drop-out (Madagascar).* This showed how Madagascar has used their DPTHePb drop-out data and RED approach to design and monitor their communication and community linkages strategy and interventions, which are tracked as part of the immunization programme.
- *Using communication data to demonstrate contribution to polio coverage increases (India).* Data from the Social Mobilization Network (led by UNICEF and CORE in India and linked with the government and WHO polio activities) was presented and discussed. The communication data collected from community mobilisers is used to monitor the work of the mobilisers as well as to demonstrate the contribution of their activities towards increasing coverage during polio rounds.
- *Incorporating communication indicators in routine immunisation supportive supervision and monitoring (India).* Communication indicators are included in routine immunization supervision checklists used in UP and Jharkhand States. The checklist data are entered into a tracking process (Excel-based) that presents spider and bar graphs on the supervision findings for left-out/drop-out and for IPC and

community mobilization that are then compared between districts and over supervisory rounds to monitor progress.

In summary, key program needs for communication were mentioned:

- Linkages: communication experts should use EPI data and EPI programs should include communication indicators in their monitoring and evaluation.
- Standardized indicators for immunisation communication help to guide countries and programmes.
- EPI and child health technical people need to be involved in communication monitoring and supervision.
- Use of qualitative and quantitative data can effectively and efficiently demonstrate communication impact.

Polio Communication Indicators: Reflections from Polio Communication TAG/Review Process - Chris Morry

This presentation was based on a discussion document developed by panelists and others involved in the Communication Review/Technical Advisory Groups and incorporates field experience, recommendations and presentations from various partners within the polio programmes of India, Pakistan, Afghanistan, Nigeria and several other countries where polio is no longer endemic.

Polio Eradication faces a number of challenges...

- Need to maintain overall awareness.
- Need to respond to issues within specific groups or localities (fatigue, refusals, miss-information, gender relations, cross border coordination, nomads, security, access etc)
- Need to maintain morale and commitment among communities, teams, local and national leaders, global donors.
- Need to do all of this in the context of diminishing resources.

These challenges and the polio communication experience are related to routine immunization...

- The eradication of polio has been a huge effort and there are lessons to be learned across many sectors of health including communication
- The ultimate success of PEI (global certification) depends on successful RI
- Successful RI will depend in part on strong communication both in terms of national awareness and in terms of building political commitment, accessing local and global resources, building demand and ownership amongst disparate communities
- Many of the indicators that make sense for Polio will make sense for RI

Developing polio communication indicators in this context should be considered in light of a series of questions...

- Are key programme messages being heard and are they resonating with caregivers, health professionals and community leaders across a range of cultural, religious, ethnic, urban and rural differences.

- Is the programme building an environment of ownership and trust?
- Does the programme have the people in place to do the work?
- Is the programme well planned and monitored?

The 5 indicators mentioned below were designed to...

- Facilitate discussion within countries seeking to strengthen their own indicators
- Utilise data collected from campaigns, surveillance and programme research effectively from national to lowest administrative level.
- Guide planning, monitoring and resource allocation.
- Ensure a flexible approach focused on needs of high risk areas while maintaining high general awareness.
- Establish trend data related to strategies and activities.
- View communication as an ‘internal’ tool for improving operations and maintaining morale etc as well as an ‘external’ tool for building ownership, demand and immunization seeking behaviour.

The 5 indicators presented were...

- Percentage of high risk areas/population groups have been reached with communication strategies specifically designed to respond to problems in those areas (i.e. reaching underserved populations, increasing newborn vaccination or reducing low dose children). Target = 100%.
- Percentage of areas with coverage <95% in previous round that have updated social maps to track conversions by reason in subsequent round. Target = 100%.
- Percentage of households that know about the round before by source of information. Target 80%. Plus the percentage of households that can recall at least 2 of 3 key messages. Target = 80%.
- Percentage of non-converted refusal households in prior round visited by an influential person between rounds. Target = 80%.
- Percentage of media stories by tonality. Target = 80% positive or neutral. Plus percentage of media stories with one or more error of polio fact. Target = Less than 5%.

Measuring Communication Contribution in Polio/EPI: Lessons learnt from Afghanistan, India and Pakistan – Liliane Boualam, WHO - Geneva

The presentation was jointly developed by UNICEF and WHO headquarters. The aim of this presentation was to share with the audience, the assets of using data in communication programmes and the different type and groups of communication indicators illustrated by examples. The presentation highlighted the importance of linking these indicators with epidemiological data as well social data in order to develop specific indicators relevant to the situation that the programme is facing.

Some other examples of other standard studies or surveys that could be used to monitor the progress of communication programmes as KAP studies or SOSEC were presented and discussed and their utilization recommended.

The audience benefited of the country programme experience by some examples of polio communication programme indicators, their analysis, and the communication strategy used in Pakistan programme

Indeed, a tool, the social map including social and epidemiological data in the specific area which is developed and used in some advanced communication strategy as the Pakistan was presented and explained during the meeting. Its development and utilization was encouraged to illustrate the inclusion of adequate and relevant information needed to link communication strategy to the challenges of the high risk populations and high risk areas.

Key Criteria/Principles to Determine/Select Communication Indicators – Grace Kagodu, WHO Nigeria

The presentation started with pointing out the purpose for monitoring communication activities as primarily to

- help identify programme strengths and weaknesses and
- show trends over time. Communication indicators are used to collect data on communication related aspects of the EPI programme.

The following key principles were highlighted:

- Monitoring of communication activities should be done in conjunction with other EPI monitoring therefore adding communication indicators to existing immunization monitoring forms at all levels
- Many other indicators specific to communication are tracked by communication specialists. EPI and communication officers therefore need to agree on the key communication indicators to integrate into EPI monitoring activities
- Indicators are based on planned activities. Therefore, a communication plan with clear objectives must be developed first, then the types of indicators are determined and reflected on the plan. The programme should be clear on the method that will be used to collect the data on the indicators
- Before selecting an indicator, the universe from which comparisons will be made should be defined. Every indicator is expressed as a fraction of that universe (denominator)
- The usefulness of monitoring data is to show trends over time. Taking measures only once is not useful at all because there is no point of comparison. Monitoring can be done weekly, monthly or quarterly depending on programme needs.

Indicators should satisfy the following criteria:-

- Relevant: must address the issue you are concerned with
- Specific: to reflect a specific objective or target
- Feasible to collect: data available, accessible and reliable
- Simple and understandable: for the user
- Verifiable: data collected can be verified

Types of Indicators

- **INPUT:** measure the quantity, quality and timeliness of **resources** provided/available for a project or programme e.g. funding; human resources; equipment; materials; or organizational capacity. They are a pre-requisite to implementation
- **OUTPUT:** measure activity **implementation** or immediate results. Tracking these indicators should be specific to what communication activities were planned.
- **OUTCOME:** measure **results** of communication activities e.g. behavior change of caretakers and family, knowledge of caretakers, etc.
- **IMPACT:** measure **achievement of programme** objectives. Communication’s contribution can only be inferred because many other factors influence programme impact.

The following example was given to illustrate the different types of indicators;

Activity: Briefing of Religious Leaders

Input Indicator	Amount of funds provided
Output indicator	$\frac{\# \text{ of religious leaders attending meeting}}{\# \text{ of religious leaders in district}}$
Outcome Indicator	$\frac{\# \text{ of religious leaders who incorporate EPI in X\% of sermons}}{\# \text{ of religious leaders attending meeting}}$
Impact Indicator	Increased # of attendance at vaccination sites

Summary of country presentations and indicators – See Indicators Annex 1

General summary from presentations and discussion

- Each country group submitted their overall priority communication strategy for polio and RI in addition to presenting their priority indicators. The discussions after the country presentations enabled a good exchange of information between the countries as well as with the facilitators.
- There was an overall time challenge in the meeting to properly develop indicators. Also, there is a need to work within each country to ensure that the baseline data and/or resources to collect the data are available

- Concern was raised by the participants with follow-up on this meeting to ensure that indicators are completed and that the associated activities are supported
- Need to continue and follow-up these discussions in-country, as some indicators not fully discussed (e.g. communication related to surveillance)

Summary of Country presentations

DRC presentation

The DRC' presentation was divided into two parts: (a) Communication for Polio eradication and (b) Communication for Routine Immunisation

a) Communication for Polio eradication/ Process in place

- development of the communication macro plan at the national level
- validation of the communication macro plan by Inter-agency
- micro planning in 236 health Zones
- consolidation of the provincial and national of communication plans
- independent Monitoring during the Polio campaigns
- end of the campaign, mid-term and annual evaluation

Below, the actors involved in the development of the indicators

- Provincial level (provincial focal points communication/health, members of provincial communication and social mobilisation sub committee, UNICEF Communication officers)
- Health Zones level (community animators, nurses, Members of the health committees)

Some key indicators in Polio communication which are used in the DRC:

- proportion of parents knowing the disease against which the child is vaccinated during the polio campaign
- proportion of parents informed by at least one of the channels hereafter: mobilisers, vaccinators, radios/TV, churches, posters...
- proportion of parents having refused to get vaccinated their children
- proportion of parents informed of the date of next vaccination

(b) Communication for Routine Immunisation

In terms of process being in place:

- consolidation of the provincial and national communication plans
- monthly monitoring at the Health Zones for corrective actions
- data collected by the central level and feedback towards the provinces
- data collected by the provincial level and feedback towards the health zones

Key communication indicators:

- proportion of drop out children
- # of children recovered by community animators
- # of health zones with trained local animators in communication for EPI

Next steps

- present the results of this meeting to the ICC
- integrate the collection of these indicators into the implementation plan of the communication consultants and provincial Soc Mob focal points
- prioritize the indicators and integrate them into the management tools
- integrate the priority indicators in the 2009 communication micro-plan
- ensure the effective data collection for these indicators

Nigeria presentation

In Nigeria, the aim is to have an integrated data management system for all EPI components for both polio and routine immunization (data collection, analysis and feedback). Communication indicators are integrated in the various data collection tools. Additional data is collected through special surveys, notably two key surveys are the KAP annual survey since 2006 which collects both qualitative and quantitative data and the Community Dialogue Audit conducted in 2007. Focus has been on 20 priority states in the north of the country that are still polio endemic.

The National Social Mobilisation Working Group (NSMWG) works closely with the Monitoring and Evaluation Working Group (MEWG) which has overall mandate for monitoring and evaluation. At state and LGA (district) levels, Health education officers and social mobilization (SM) consultants in the teams ensure SM data is used to improve the programme. At national level, a data Focal person at UNICEF has overall responsibility for analysis. Feedback and guidance is provided through state consultants (partners) and during review meetings after every round.

Communication data collection and analysis for the polio programme is well established and systematically implemented as part of the integrated M&E system. On the other hand, systematic and integrated communication monitoring and evaluation for RI needs to be strengthened. Communication data on RI is collected during the annual KAP survey and with the recent introduction of REW, are being made to integrate into ward micro plans. Some data (on IPC) is collected during supervisory visits

The following are the key indicators being systematically tracked for polio communication:-

- % reduction in Non Compliance Households (trends analysis)
- % reduction in missed children (trend analysis)
- % reduction in Zero dose children

- Trend analysis of sources of information
- Trend analysis of knowledge of campaign

Some indicators for RI being collected through annual KAP

- % of caretakers who can state benefits of immunisation
- % of caretakers who can state the vaccine preventable diseases
- % of caretakers who can state number of DPT doses required before child's 1st birthday
- % of caregivers who can state correct age for measles vaccination

Challenges include:

- Inadequate Capacity of personnel at ward, LGA and state levels to analyse social mobilization data to guide planning of interventions
- Weak feedback from states on linkages between epidemiological and SIA data and targeted communication interventions
- Inadequate data is received at national level (gaps or non-availability) from some states
- Weak capacity of vaccination team personnel to collect social mobilization data at household/settlement level
- Weak capacity of NPHCDA monitoring and evaluation personnel to support SMWG in data analysis in the absence of UNICEF personnel
- Weak supervisory system for RI especially for RI health education
- No social mobilisation personnel at community and ward level

Lessons Learnt

- Profiling and disaggregated analysis of non-compliance communities and households has now led to better understanding of reasons and therefore better response
- Data analysis and use helps to pin point problem areas requiring priority attention
- HR analysis is key to deployment of Human and Financial Resources

Way Forward

- Retain position of EPI Social Mobilization Data Specialist in new UNICEF Country Programme
- NPHCDA to assign staff from the data department of the agency to NSMWG to help build capacity and to share workload
- Need for specialized personnel at all levels for data analysis and its use.
- NSMWG and MEWG to harmonise tools for state-specific and agency-specific initiatives and then ensure partners regularly share their data. Provide orientation on use of current tools for all partners
- Strategic communication planning for RI needs to be put in place including:
 - indicators and tools
 - training
 - data collection, analysis and systematic use

- Challenge of existence of micro-plan, but even when have this, not always funded nor monitoring its implementation. Plans are also not always updated.
- Sometimes have some activities of micro-plan implemented but not all. Need to report on this and use indicators to follow-up.

Niger presentation

Niger's team presented the challenges that the communication component of the immunization programme: is experimenting with insufficient involvement of the traditional and religious leaders, lack of commitment of local authorities and absence of available qualified communication expertise.

The current communication indicators used at country levels were defined as under used due to irregular collection and analysis.

The details of the source of information per region were presented to the audience and the current challenges that the programme is facing due to the residual negative rumors that were impacting the neighboring country Nigeria in addition of poor team performance in high risk areas which are still suffering of chronic polio virus re-importations.

In order to tackle this situation, the country team has organized a national workshop to validate the national integrated strategic communication plan for polio and routine immunization programmes.

The need to extend the current strategy to lower levels was expressed by the national team, and the need of external technical support was highlighted in order to be assisted to implement the defined urgency plan.

Next steps

- Use of micro-plan to address issues of refusal and unvaccinated
- Addressing issue of communication for cross-border transmission (in micro-plan and implemented)
- Elevated drop-out rate – need to use data from HRDs and work with HCs to ensure implementation of activities for addressing drop-outs

Chad presentation

Chad's team presented the communication indicators they are using for Polio eradication and routine programmes. Most of these indicators are process indicators. The team recognized the need of baseline indicators in order to improve the evaluation process and adjust their plans accordingly.

Some additional challenges due to insufficient and adequate human resources and technical support were mentioned regarding the irregular collection and analysis of the data. The presenters mentioned the challenges to implement many activities that could explain the poor involvement of the beneficiaries the last years that might have negatively impacted the programme performances.

The team mentioned as well some difficulties to developed adequate strategic plan and to implement them due to inefficient integration of the epidemiological information that could drive the national strategy. The team shared their successful experiences in terms of resolving the refusals cases using some special influential local people ("mobilisateurs").

The national team highlighted their wiliness to improve the current situation by reviving the social mobilization sub committee and requested some technical support to reinforce their communication plan in order to address the current challenges that the country programme are facing in this difficult political context.

Next steps

- Organize a briefing with the ICC to present the results of the workshop (15 April)
- Elaborate a specific communication plan for the high risk zones (begin process in mid-April)
- Support implementation of the polio communication urgency plan developed by the country team.

Country recommendations

DRC

- 1) Ensure that approximately 10-15% of GAVI funds are allocated to activities related to community linkages for routine EPI.
- 2) Ensure the quality and financing of communication micro-plans for polio and routine EPI.
- 3) Initiate a joint, inter-agency mission (WHO, IMMUNIZATION basics, UNICEF, GAVI, IFRC, Communication Initiative) to reposition EPI communication and respond to the needs identified during this meeting.

Chad

- 1) External technical assistance by inter-agency communication specialists to assist with implementation of the 6 month urgent communication plan for polio as well as longer-term communication plan for high risk zones (e.g. WHO, UNICEF, IFRC, IMMUNIZATION basics).
- 2) Plan regular external communication specialist support for the NIDs (UNICEF).

Niger

- 1) Organize, with support from UNICEF, an external technical assistance mission to revise and reinforce the vaccination communication strategy (May 2008).

2) To government and technical and financial partners

- Advocate and ensure better coordination of activities for cross-border polio vaccination with Nigeria, with a focus on integrating communication strategies.
- Implement a national evaluation mission of social mobilization to obtain baseline data.

Nigeria

Joint mission of national and external EPI communication partners to provide support to the Nigerian team in the implementation of an evidence-based communication strategy and plan for routine immunization. (July/August 2008)