

Vaccination Week in the **Eastern Mediterranean**

**Guide to planning,
implementation
and evaluation**



Regional Office for the Eastern Mediterranean

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Guide to planning, implementation
and evaluation



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Introduction

Vaccines and immunization have played a remarkable and important role in the health gains over the past century. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert millions of deaths annually. More than three decades has passed since the eradication of smallpox, the first disease of humankind to be eradicated through vaccination. Since 1988, the number of cases of poliomyelitis has dropped significantly. Moreover, global measles deaths have dropped remarkably through vaccination. Finally, the benefits of immunization are increasingly extended to adolescents and adults, providing protection against life-threatening diseases such as influenza, meningitis and cancers that occur in adulthood.

The WHO Eastern Mediterranean Region in particular has experienced salient success in reducing morbidity and mortality due to vaccine-preventable diseases. Vaccination coverage with three doses of diphtheria–tetanus–pertussis vaccine (DTP3) has increased to more than 80%, up from 18% in 1980. Significant achievements also include reaching the measles mortality reduction target well ahead of schedule; maintaining polio-free status in majority of countries; strengthening surveillance networks and national decision-making process to introduce new vaccines; and organizing Vaccination Week, an annual advocacy, education and communication initiative which celebrates and promotes the value of immunization.

Despite extraordinary progress in immunizing more children over the past decade in the Region, millions of infants do not receive their third dose of DPT by their first birthday. In addition, the Region continues to face daunting challenges such as the interruption of polio transmission from Afghanistan and Pakistan, and elimination of measles and maternal and neonatal tetanus. Moreover, the majority of the vaccine-preventable disease-related deaths are due to pneumococcal disease and rotavirus diarrhoea, some of which can be prevented through vaccination with newly available vaccines. But introducing these vaccines into national immunization programmes will require additional technical and financial commitment from countries, donors and partners. Working together to reach the unimmunized, increase access to new vaccines, and finish the unfinished agenda in a diverse and complex region is essential if Millennium Development Goal 4—to reduce under-five mortality by two thirds between 1990 and 2015—is to be equitably met.

A recent publication of peer-reviewed literature¹ found that the structural determinants and conditions of daily life responsible for the unimmunized children are primarily related to parental attitudes and knowledge, such as perceived benefits and threats and group pressures for or against vaccination; communication and information, such as rumours and misinformation; immunization system, such as health care worker attitudes and knowledge; and family characteristics.

In response to the remarkable opportunities and daunting challenges, the WHO Regional Office for the Eastern Mediterranean and partners are organizing **Vaccination Week in the Eastern Mediterranean** every year during the last week of April, coinciding with several similar events globally. Vaccination Week is an annual initiative celebrating and promoting immunization through advocacy, education and

¹ Rainey JJ et al (in press). Reasons relating to non-vaccination and under-vaccination of children in low and middle income countries: findings from a systematic review of the published literature, 1999-2009. *Vaccine*. doi:10.1016/j.vaccine.2011.08.096

communication activities. Vaccination Week activities require collaboration among the private, nongovernmental and governmental sectors such as education, youth, sports, police and culture.

The goals and objectives of the initiative are in line with the regional slogan adopted in 2005, “No child should die from vaccine-preventable diseases”, and those set out in the Global Immunization Vision and Strategy (GIVS) – developed jointly with UNICEF – which calls for countries to improve communication and dissemination of information; increase community demand for immunization; ensure adequate and sustainable financing of national immunization programmes; define and recognize the roles, responsibilities and accountability of partners; and use a combination of innovative approaches and solutions to protect all people at risk against vaccine-preventable diseases.

The first Vaccination Week in the Eastern Mediterranean, launched in 2010, witnessed the unprecedented participation of all countries in the Region. The success of the event was largely due to its flexibility, as countries designated their own national objectives based on priorities and evidence, and decided on which key activities to implement. The WHO Regional Office anticipates similar country commitment and leadership each year with the involvement of key partners such as UNICEF, nongovernmental organizations, media and the private sector.

Goal

- Protecting all people at risk against vaccine-preventable diseases.

Objectives

- Increasing stakeholder awareness of the value of immunization.
- Promoting and maintaining immunization as a priority for policy- and decision-makers.
- Advocating for and mobilizing human and financial resources.
- Improving access to immunization for marginalized populations and hard-to-reach areas.

Strategies

- Strategic advocacy and partnership.
- Targeted education, communication and media activities.
- Expansion of immunization services.

Definitions from a public health perspective

- **Advocacy:** Actions by an individual or a group that normally aim to influence public-policy and resource allocation decisions within political, economic, and social systems and institutions. These efforts aim to create social pressure and political accountability required for attracting resources, shaping policy agendas and removing socio-cultural barriers from select issues. They are usually focused on affecting the behaviours of decision-makers and politicians and stakeholders at every level of society.
- **Communication:** a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public. It is intended to champion, introduce, adopt, or sustain a behavior, practice or policy that will ultimately improve health outcomes. (Schiavo R. *Health communication: from theory to practice*. San Francisco, Jossey-Bass, 2007.)
- **Education:** Any combination of learning opportunities designed to facilitate voluntary adaptations of behaviour that are conducive to health. Public health education interventions are designed to inform, elicit, facilitate and maintain positive health practices in large numbers of people. (Novick LF, Morrow CB, Mays GP. *Public health administration: principles for population-based management*. Second edition. Jones and Bartlett Publishers, 2008.)

About this guide

What is the purpose of this guide?

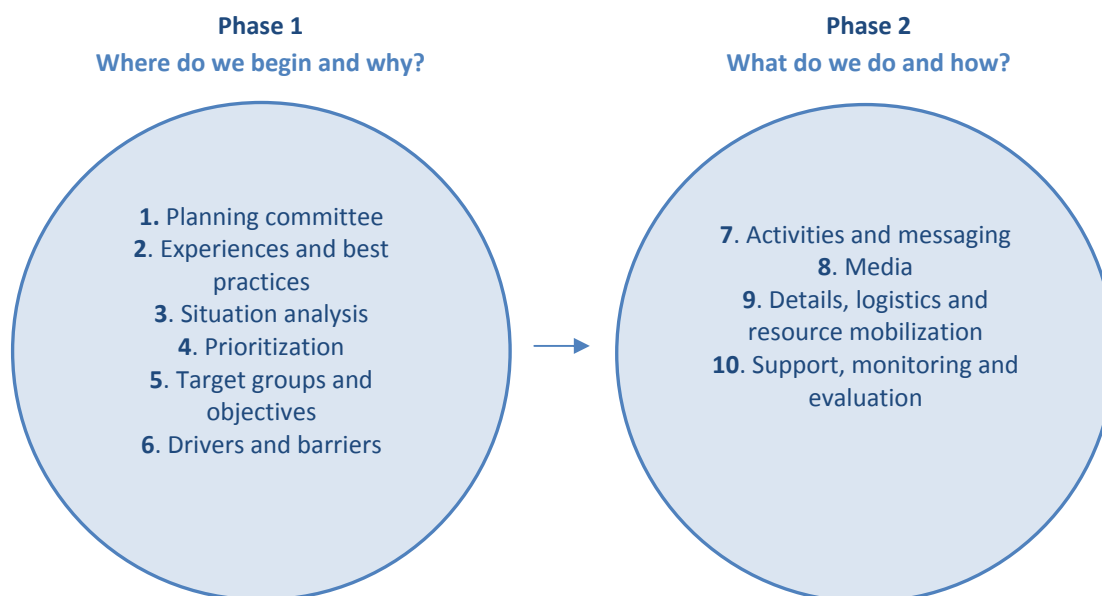
This document aims to provide direction and assistance in planning, implementing and evaluating national activities within the framework of Vaccination Week in the Eastern Mediterranean.

Who can use this guide?

Any planner or coordinator, including immunization managers at national or subnational level, involved in Vaccination Week can use this guide in planning, implementing and evaluating the initiative.

What is the structure of this guide?

The guide comprises 10 sections, organized into 2 phases.



Phase 1

Where do we begin and why?

- 1. Planning committee**
- 2. Experiences and best practices**
- 3. Situation analysis**
- 4. Prioritization**
- 5. Target groups and objectives**
- 6. Drivers and barriers**

Section 1 Committee and macro-planning

This section aims to provide guidance on establishing a national planning committee. Depending on the size and scope of your national Vaccination Week, start the process 6–9 months in advance to ensure ample time to involve partners, mobilize resources, analyse problems and plan activities.

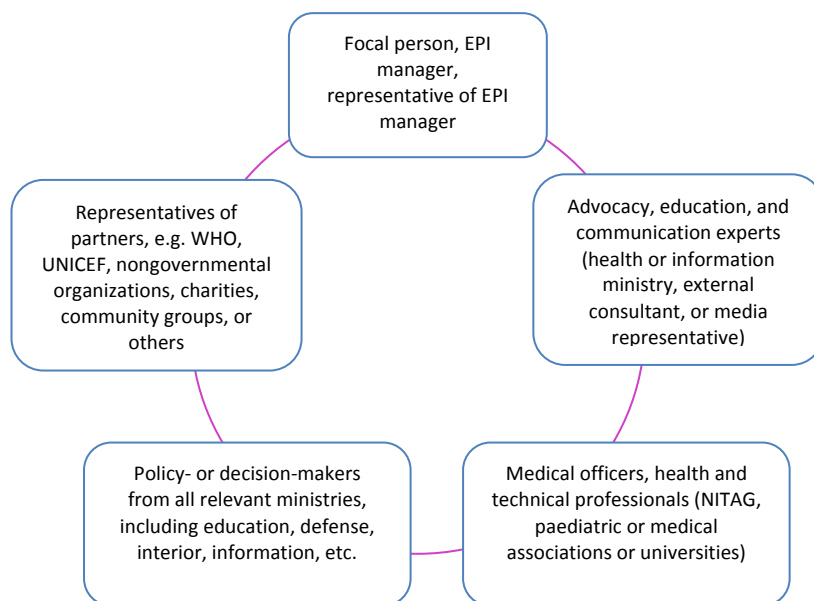
Step 1.1 Identify partners and enablers

Form a national planning committee and, if relevant, corresponding committees at subnational level.

Include all stakeholders who have demonstrated knowledge, skills and abilities to assist you in the process. Think of partners who can provide:

- National visibility and political commitment
- Financial, human and information resources
- Knowledge and experience (logistics, special events, fundraising, publicity, media relations)
- Access to specific groups or areas.

The national planning committee may include the following members:



It is suggested that a working group be created within the National Immunization Technical Advisory Group (NITAG) specifically reviewing and contributing to the technical information and issues related to Vaccination Week. This working group would be different from the abovementioned planning committee.

Use [Work Station 1.1](#) to insert your potential planning committee members. Appoint a strong leader as the chair.

Work Station 1.1 Planning committee members

Who? Persons or agencies you would like to invite to become members of your planning committee	Why? Strengths, resources and other reasons taken into consideration

Tip

Terms of reference of the planning committee may include the following.

- Taking responsibility for the planning, implementation and evaluation of the national (and subnational) activities – perhaps through a working group meeting monthly or bi-weekly.
- Ensuring ownership and involvement of all relevant stakeholders.
- Assigning the roles and responsibilities of all stakeholders involved.
- Providing information to all relevant stakeholders throughout the process, including subnational level, partners, WHO and others.
- Providing the necessary guidance and technical support to local levels.

It may be a good idea to prepare terms of reference for all members or representing agencies of the planning committee.

Example of timetable for the planning process of Vaccination Week

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE			
Liaising with partners	[Light blue bar]											
Milestone 1: Planning committee formed		[Dark blue bar]										
Conducting meetings in planning committee		[Light blue bar]	[Light blue bar]	[Light blue bar]	[Light blue bar]	[Light blue bar]	[Light blue bar]	[Light blue bar]				
Exploring experiences and best practices, conducting situation analysis	[Light blue bar]											
Milestones 2: Best practice reviewed, situation analysis finalized		[Dark blue bar]										
Conducting prioritization		[Light blue bar]										
Milestone 3: Prioritization completed		[Dark blue bar]										
Analysing target groups, including barriers and drivers		[Light blue bar]	[Light blue bar]									
Milestones 4: Target groups defined, barriers and drivers analysed			[Dark blue bar]									
Developing objective and performance measures			[Light blue bar]	[Light blue bar]								
Milestone 5: Objective and performance measures developed			[Dark blue bar]									
Selecting and planning activities and messages			[Light blue bar]	[Light blue bar]								
Milestone 6: Activities and messages selected and planned				[Dark blue bar]								
Planning details and logistics				[Light blue bar]	[Light blue bar]							
Developing overview of resource needs				[Light blue bar]	[Light blue bar]							
Milestones 7: Details and logistics planned, resources mobilized					[Dark blue bar]							
Preparing for the implementation of activities, including media plan				[Light blue bar]								
Milestones 8: Activities implemented, media mobilized							[Dark blue bar]					
Gather information and feedback from district level							[Light blue bar]	[Light blue bar]				
Develop evaluation report								[Light blue bar]	[Light blue bar]			
Milestone 9: Evaluation conducted, lessons learned documented									[Dark blue bar]			

Vaccination Week

Step 1.2 Prepare a timeline for the planning process

During the first meetings with the planning committee, prepare a realistic planning schedule. The timetable below may provide some guidance. Use **Work Station 1.2** to develop your own timetable.

Section 2 Experiences and best practices

This section aims to consolidate information and lessons learned from previous experiences or relevant best practices. Information about past experiences will lay the foundation for the next steps in the planning of your Vaccination Week. It will assist you in defining what may work when promoting immunization.

Step 2.1 Explore experiences and best practices in your country

Consult your planning committee, partners and subnational health staff to discuss experiences and best practices in your country. Discuss the following questions and use **Work Station 2.1** below to organize the input.

- What vaccination week activities or equivalent were carried out, nationally or subnationally, during the past years?
- Which advocacy, education, communication or media activities were implemented to promote vaccination, at national or subnational level?
- Which entity or agency has implemented activities to promote vaccination? Nongovernmental organizations? Charity organizations? Subnational units? Others?
- What advocacy, education, communication or media activities were successfully implemented with relation to *other* health issues?

Also discuss:

- What were the results?
- What worked? What did not work?
- What were the important lessons learned?
- What were the most significant challenges, barriers and adversaries?
- What were the most important opportunities, enablers and positive representatives?
- Were there challenges or opportunities related to specific population groups or geographical areas?

Step 2.2 Explore experiences and best practices in other countries and regions

Consult your planning committee and focal points of other countries to understand:

- What were the results and lessons learned from vaccination week activities in neighbouring or surrounding countries?
- Are there any collaboration opportunities?

Tip

Request the WHO Regional Office to facilitate contact and information sharing with other countries.

Use **Work Station 2.1** to organize your collection of experiences and best practices.

Work Station 2.1 Experiences and best practices

Activities	Details	Results
Advocacy, education and communication	Who? When? Where?	Lessons learned, barriers, enhancers, collaborating opportunities

Tip

Due to programmatic realities, cultural sensitivities, political climate, etc., you may want to consider changing and adapting a best practice model, project or activity to your specific situation.

Section 3 Situation analysis

This section aims to provide guidance on conducting a situation analysis. To plan effectively you should be aware of the baseline status. Understanding the challenges and opportunities helps you to prepare an efficient and effective plan, including identification of target groups, areas, and partners and selection of appropriate activities.

Tip

Inspiration for your situation analysis: go to www.izta.org/toolkits.cfm.

Step 3.1 Brainstorm immunization-related challenges

Work with your planning committee to analyse the current situation, based on existing data and evidence.

- Compile data from the national immunization programme, surveillance monitoring, WHO and UNICEF Joint Reporting Forms and from various partners.
- Complement the data gathered with qualitative or anecdotal input.

Study the data at both national and subnational levels. High national coverage may disguise serious problems in some districts. Use **Work Station 3.1** to organize the information.

Work Station 3.1 Challenges

Check relevant indicators and concerns related to vaccine-preventable diseases in your country or subnational area:

- Low immunity profile (national and/or subnational)
- Low political commitment to national, regional or global immunization targets
- Low, declining or stagnating vaccination coverage
- High drop-out rates or low utilization
- Low compliance regarding recommended schedule
- Low access or low DTP1 coverage
- Outbreaks of vaccine-preventable diseases
- New vaccines not introduced
- Special population groups with low vaccination coverage, high drop-out, untimely immunization and/or outbreaks. Who?

- Geographic areas with low vaccination coverage, high drop-out, untimely immunization and/or outbreaks. Where?

Consider other indicators:

Step 3.2 Ask “Why?”

Now focus on the reasons behind the challenges. As Vaccination Week is an advocacy, education and communication initiative, focus especially on the reasons which relate to knowledge, attitudes and practices (KAP).

The “Why?” exercise – simply asking the question “Why?” four or five times – can shed some light on the underlying factors.

Example

The “Why?” exercise

Even though immunization facilities and services are readily available in area XYZ, a large number of XYZ sub-population is not vaccinated.

Why are they not vaccinated?

→ Because parents choose not to take their children for vaccination.

Why do they choose not to do so?

→ Because parents are afraid and distrustful of the facility and staff.

Why are parents afraid?

→ Because parents believe that vaccination can cause infertility.

Why do parents believe that?

→ Because village leaders told them so after hearing it on the radio.

What can we do?

Tip

If up-to-date information on knowledge, attitudes and practices is not readily available, it is highly recommended that the programme, in consultation with WHO and UNICEF, undertake quantitative and/or qualitative information gathering through KAP surveys, focus group discussions, and/or interviews to better understand the reasons behind low coverage, high drop-out, low utilization, etc.

Participatory approaches increase the likelihood of gathering relevant and accurate information, as well as ensuring buy-in or commitment to the proposed activities.

Use **Work Station 3.2** below to ask “Why?” for the challenges checked earlier. Use existing data and discuss with the planning committee and other relevant stakeholders.

Work Station 3.2 Why? Why? Why? Why? ...

Challenges	Why?
	Why? _____ Why? _____ Why? _____ Why? _____ _____
	Why? _____ Why? _____ Why? _____ Why? _____ _____
	Why? _____ Why? _____ Why? _____ Why? _____ _____
	Why? _____ Why? _____ Why? _____ Why? _____ _____

The following box provides some examples related to knowledge, attitudes and practices.

Examples

Consider the following issues which are all related to knowledge, attitudes and practices.

Knowledge

- Recipients are not aware of the importance of vaccination, e.g. possible consequences of vaccine-preventable diseases.
- Recipients are nomadic or migrants and therefore have little contact with the health system and little knowledge about the health services provided.
- Recipients believe that one vaccination shot is sufficient to fully immunize a person.
- Recipients do not know about the national recommendations for immunization, including national immunization schedule and recommended ages.
- Recipients believe that serious adverse events following vaccines are very frequent.
- Health personnel do not have sufficient knowledge about the importance of timely immunization and follow-up immunization and provides inadequate guidance to recipients.
- Health personnel lack proper education in registration and data collection and therefore are less able to ensure correct follow up measures, esp. for high-risk and hard-to-reach groups.
- Decision makers (political, managerial) are not fully informed about the cost-effectiveness and benefits to immunization: costs saved, averted cases/deaths, costs of vaccinations compared to costs of treatment, hospitalization, etc.
- Decision makers (political, managerial) are not fully informed about the continued challenges related to immunization: high-risk groups, outbreaks, risk of declining coverage etc.

Attitudes

- Recipients refuse immunization for religious or cultural reasons.
- Recipients believe that diseases strengthen their immune system and therefore refuse the vaccines which protect them from diseases.
- Recipients do not trust the health system, e.g. safety or quality of services.
- Health personnel have difficulties in understanding and communicating with a specific population group and therefore do not provide the right counselling and guidance in relation to immunization.
- Immunization is becoming a victim to its own success: due to decreasing incidence, all stakeholders deem immunization less relevant.
- Decision-makers (political, managerial) find other health priorities more important.

Practices

- Recipients are used to seeking medical assistance for treatment, not for prevention.
- Clinic hours are inconvenient for recipients.
- Recipients live in geographic areas which make it difficult to reach a health unit.
- Recipients have experienced inadequate or unsafe services at the health unit, preventing them from returning.
- Health personnel are not used to provide education and guidance as an integrated part of administering the vaccine.
- Decision-makers (political, managerial) do not allocate additional resources unless there is a crisis or strong media attention.

Step 3.3 Explore immunization-related opportunities

Now focus on the successes, strengths and opportunities which should be tapped, reinforced or promoted to support immunization efforts in your country. Use **Work Station 3.3** to organize the information.

Work Station 3.3 Opportunities

Check relevant opportunities related to vaccine-preventable diseases in your country or subnational area:

Introduction of new vaccines

Changes in policy, strategy, or schedule

Population groups and geographic areas with high coverage

Reaching eradication or elimination goals

Private–public partnerships

Integration with other interventions

Existing or planned activities (supplementary immunization activities or similar)

Others/details: _____

Section 4 Prioritization

This section aims to provide guidance on prioritizing the opportunities and challenges specified in Section 3. Early in the planning process you should decide on and prioritize the few and specific opportunities and challenges you wish to draw attention to during Vaccination Week. The key is to recognize how the selected opportunities and challenges can be addressed through changes or reinforcements in knowledge, attitudes and practices, and thus how advocacy, education and communication activities can be leveraged for the desired outcome.

Step 4.1 Identify priority challenge and/or opportunity

Apply 'high,' 'medium' or 'low' to the following criteria when prioritizing the challenges and opportunities.

- **Impact:** What is the effect of the challenge or opportunity on the health of population, on inequity and on inequality (male, female, family, community, etc.)? What is the number of people affected? What are the vulnerability and needs of people affected? What is the gravity of the issue: consequences if we pursue the issue – and consequences if we do not?
- **Commitments and agreements:** Are there any formal or informal commitments which must be taken into account? National, regional; global priorities; treaties; Governing Bodies resolutions; legislations; mandate?
- **Demand:** Who else is addressing this issue? Is there a public demand? Is the timing right? What is in the news? Are there other issues, e.g. pandemic, that should be taken into consideration?
- **Capacity:** Do we have the human, financial, time, infrastructural resources to address the challenge or opportunity? Could the National Immunization Technical Advisory Group be involved and endorse this initiative? Is there a potential to tap into the volunteer pool of agencies and individuals?
- **Feasibility:** Is there a realistic solution to the challenge? In other words, can we do anything about the challenge or opportunity? (for feasibility, you can respond 'Yes' or 'No')

Use **Work Station 4.1** to apply the criteria for prioritization and then make your decision on which challenge or opportunity to address during Vaccination Week.

Decisions should ideally be based on evidence and objectivity. Consult your planning committee. To select a challenge or opportunity, consider the following.

- Does a solution exist? If not, it should be dropped for the time being.
- If there is a solution, the challenges or opportunities with the highest scores should be selected.
- In case of a tie, discuss further with the planning committee.

Section 5 Target groups, objectives and measures

This section aims to provide guidance on specifying the target groups, objectives and measures. So far, you have carefully analysed the situation, specified the opportunities and challenges in relations to knowledge, attitudes and practices and prioritized them based on impact, commitment, demand and capacity criteria. Now determine your target groups and desired outcomes, as well as your measures of success.

Step 5.1 Identify your target groups

You have identified the challenges and opportunities which you wish to address through the Vaccination Week. For each opportunity or challenge, now define your target groups. Find out:

- Who do you need to advocate, educate or communicate with in order to address the selected challenges and opportunities?

These target groups, among others, may include:

- Parents and caretakers.
- Vaccine recipients.
- Policy- and decision-makers.
- Private sector.
- Health care providers.
- Academia and the scientific community.
- Government agencies.
- Civil society.

Please note that for any particular opportunity or challenge, there may be primary and secondary target groups. For example, in order to change the attitudes of some *parents or caretakers*, you may need to improve the knowledge level of certain *journalists or media* and to provide them with inspiration to cover the issue of immunization.

Use [Work Station 5.1](#) to identify your primary and, if relevant, secondary target groups.

Work Station 5.1 Target group identification

Challenge or opportunity	Primary target group	Secondary target group

Step 5.2 Explore your target groups

The defined target groups are broad categories. You need to further specify and define them by considering their various characteristics, for example:

- Geographic areas.
- Race/ethnicity.
- Socioeconomic status.
- Age.
- Languages.
- Roles and responsibilities.
- Views and opinions – knowledge, attitudes and practices.

Tip

From the "Why" exercise in Section 3, you may determine that you should focus on parents: Increase their awareness and improve their attitudes towards vaccination. However, given your resource availability, you may not be able to reach all parents. Select your key target group using the priority criteria from Section 4.

Use **Work Station 5.2** below to specify and define characteristics.

Work Station 5.2 Target groups analysis

Primary and secondary target groups	Geographic areas	Race/ethnicity, if relevant	Age and socioeconomic status	Roles and responsibilities e.g. in the family or the community	Languages	Views and opinions Knowledge, attitudes, practices

Step 5.3 Prepare SMART objectives

Now that you have an understanding of your target group, you can determine your objectives. In other words, consider how or what your target group should change as a result of your Vaccination Week activities.

Typically, objectives are related to changes in:

- **Knowledge:** What people learn or know about an issue.
- **Attitudes:** What people believe or feel toward an issue.
- **Competency:** What skills people should have or develop.
- **Practices:** What actions people should take.

Tip

Specifying the *changes* you expect in the target group informs the type of *activity* you should select.

Objectives should be SMART – specific, measurable, achievable, relevant and time-bound.

S Specific	Identifies the nature of the expected change, the target groups, the target area, etc.
M Measurable	Can be measured in some way.
A Achievable	Is realistic given the likely available resources.
R Relevant	Responds to the identified challenge or opportunity and is within mandate.
T Time bound	Can be achieved in a stated timeframe or specific planning period.

Tip

An objective should specify:

- *What* will change
- For/by *whom*
- By how *much*
- By *when*

Scenario

In 2008, the drop-out rate $[(DPT1-DPT3)/DPT1]$ in district XYZ was 35%. From a KAP survey conducted among parents/caretakers of undervaccinated children in this district in early 2009, it was determined that only 25% of parents/caretakers were aware of the importance of completing the immunization schedule.

Given the availability of your financial and human resources, you have decided to develop some activities (more on activity selection in Section 7) to increase their awareness of the importance of immunization schedule completion.

What is the desired outcome of your activity? “Parents/ caretakers of undervaccinated children in district XYZ have become aware of the importance of immunization schedule completion”

The dos and don'ts in preparing an objective for this scenario are as follows.

	DO	DON'T
Specific	During the Vaccination Week in April 2011, at least 50% of <u>parents/caretakers of undervaccinated children in District XYZ</u> become aware of the importance of immunization schedule completion.	During the Vaccination Week in 2011, at least 50% of <u>people</u> become aware of the importance of immunization schedule completion.
Measurable	During the Vaccination Week in April 2011, at least <u>50%</u> of parents/caretakers of undervaccinated children in District XYZ become aware of the importance of immunization schedule completion.	During the Vaccination Week in 2011, <u>many</u> parents/caretakers in District XYZ become aware of importance of immunization schedule completion.
Achievable (feasible)	During the Vaccination Week in April 2011, at least <u>50% of parents/caretakers</u> of undervaccinated children in District XYZ become aware of the importance of immunization schedule completion.	During the Vaccination Week in 2011, <u>all parents/caretakers</u> in District XYZ become aware of the importance of immunization schedule completion.
Relevant	During the Vaccination Week in April 2011, at least 50% of parents/caretakers of undervaccinated children in District XYZ <u>become aware of the importance of immunization schedule completion.</u>	During the Vaccination Week in 2011, at least 50% of parents/caretakers in District XYZ <u>will attend the Vaccination Week launching session.</u>
Time-bound	<u>During the Vaccination Week in April 2011</u> , at least 50% of parents/caretakers of undervaccinated children in District XYZ become aware of the importance of immunization schedule completion.	At least 50 % of parents/caretakers in District XYZ become aware of importance of the immunization schedule completion.

Use **Work Station 5.3** below to insert your objective(s) for the Vaccination Week.

Work Station 5.3 SMART objectives

Insert your SMART objectives:

In determining your objectives, it is important to consider your baseline or situation at the beginning of planning period. If you do not have a baseline and have limited time or resources to perform a survey, consider:

- Estimating the baseline based on consultation or on national and subnational studies and/or
- Conducting an evaluation after your Vaccination Week and use the information to determine the baseline for future planning purposes.

Tip

If you are engaged in subregional or cross-border activities, your objectives may have some commonalities, but may not be exactly the same.

Tip

There are typically two types of objective.

- Outcome objectives.
- Process objectives.

This section focuses on developing objectives based on **outcomes**. Section 7 will go into detail with objectives which reflect the process or the specific activity.

Step 5.4 Develop performance measures

Now develop your performance measures: **How do you know whether you have achieved your objective?**

A performance measure provides (numerical) evidence that a certain condition exists or certain results have or have not been achieved.

Key features of performance measures are:

- **Relevant** to the stated objective.
- **Reliable signals** that inform about real change (address target groups).
- **Objectively verifiable** and not subjective in their nature.
- Quantifiable with **reasonable cost and effort**.

Technical and practical qualities of performance measures include:

Technical qualities	Practical qualities
→ Valid (it represents what is it intended to measure).	→ Simple (consensus on meaning, easy to interpret, to assess and to use).
→ Reliable (it is consistent and comparable across time and place).	→ Practical (timely data collection at reasonable cost).
→ Sensitive (it can detect the extent and direction of the change during the required timeframe).	→ Useful (for decision-making and learning for better planning and implementation).

Tip

Performance measures will help with the monitoring and evaluation of your Vaccination Week.

More on monitoring and evaluation in Section 10.

Example

Millennium Development Goal (MDG) 4: Reduce child mortality.

Measures include:

- 4.1 Under-five mortality rate
- 4.2 Infant mortality rate
- 4.3 Proportion of 1 year-old children immunized against measles.

Tip

When developing performance measures, also consider how the measurement will be done.

- Data required.
- Sources of data.
- Methods of collection.
- Frequency.
- Responsibilities.

Use **Work Station 5.4** to develop your performance measures for the objective(s) prepared in Step 5.3 above. Get inspiration from the first row example.

Work Station 5.4 Performance measures

Objective	Performance measure	Data required	Data sources	Collection method	Frequency	Responsibility
<p>Example: During the Vaccination Week in April 2011, at least 50% of parents/caretakers of undervaccinated children in District XYZ become aware of the importance of immunization schedule completion.</p>	<p>% of District XYZ parents/caretakers of undervaccinated children who receive at least 80% mark on their post-KAP survey.</p> <p>Target: 50%</p>	<p>Responses to important reasons for completing the immunization schedule.</p>	<p>KAP Survey</p>	<p>Cluster sampling</p>	<p>One time</p>	<p>NGOn or UN agency (decided and identified by planning committee)</p>

Section 6 Drivers and barriers

This section aims to provide guidance on identifying what is important to your target groups and the barriers and drivers to increasing their awareness, changing their attitudes and ultimately altering their behaviours. Identifying the barriers and drivers helps in the selection of activities and appropriate messaging.

Step 6.1 Define the key concerns of your target groups in relation to immunization

Considering your objective, identify what matters to your target groups. Appreciate the key concerns of your target groups in the context of immunization and your objectives by asking:

- What is most important to them?
- What are their concerns and fears?
- What are their hopes and wishes?

Work Station 6.1 Concerns of target groups

What is most important to them?
What are their concerns and fears?
What are their hopes and wishes?

Examples

Issues that matter to target groups may include the following.

Vaccine recipients, parents, or caretakers

- Safety, well-being, prosperity and a healthy life for themselves and their family.
- Responsibility to protect themselves and their family.
- Responsibility for the community – herd immunity.

Health personnel

- The safety, health and well-being of themselves and the persons they care for.
- Professional responsibility to protect children and adults through disease prevention.

Decision-makers (political and managerial)

- Responsibility to protect the country and its people, including children and high-risk groups.
- Financial gains of immunization – effectiveness and cost-effectiveness.
- Political responsibility not to export cases to other countries or regions.
- Political interest in positive media coverage.

Step 6.2 Define the drivers and barriers of your target group

To communicate effectively, you need to understand the barriers of your target group – and to use the drivers effectively.

- **Barriers:** Circumstances or persons which may influence the knowledge, attitudes and practices of your target groups in a negative way.
- **Drivers:** Circumstances or persons which may influence the knowledge, attitudes and practices of your target groups in a positive way.

Consult with your planning committee and district staff and review existing studies and recent media coverage to determine the drivers and barriers of your target groups and organize them in **Work Station 6.2** below.

Work Station 6.2 Drivers and barriers

	Drivers		Barriers	
		Influencing knowledge, attitudes and practices in a positive way		Influencing knowledge, attitudes and practices in a negative way
Circumstances	<ul style="list-style-type: none"> • What can increase the knowledge levels of your target groups? • What can change their attitudes in a positive way towards immunization? • What kind of information is needed to change their practices in relation to immunization? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • What are the barriers that must be taken into account when approaching your target groups? • Are there competing messages or concerns? • Are there historical experiences or cultural aspects related to immunization? • Are there challenges within the immunization system, such as vaccine supply and safety? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Persons	<ul style="list-style-type: none"> • Who is respected and trusted in your target groups? • Are there any opinion leaders, celebrities, community leaders, religious leaders or others who could act as a spokesperson, delivering the messages of the Vaccination Week? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Who are the spokespersons agitating against immunization? • Who is respected and trusted in your target groups and may speak against your messages? • Are there any opinion leaders, celebrities, community leaders or others whose negative views on immunization you need to affect before you are able to reach to your target groups? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Phase 2

What do we do and how?

7. Activities and messaging

8. Media

**9. Details, logistics and
resource mobilization**

**10. Support, monitoring and
evaluation**

Section 7 Activities and messaging

This section aims to provide guidance on your selection of activities and appropriate messaging in relation to your objective. The information on target groups, barriers and drivers collected in Sections 5 and 6 can guide your selection of activities. These activities should at a minimum include some form of advocacy, education or communication. Vaccination Week, however, can also be a pretext to expand immunization services to high-risk populations or hard-to-reach areas, conduct campaigns, Child Health Days, trace defaulters, etc.

Tip

Refer to Section 2 to learn from delineated activities and lessons learned.

Step 7.1 Select activities

Select appropriate activities, focusing on how to achieve your objective(s). Take into consideration the information you have collected thus far.

- Address the key concerns of the target groups.
- Find ways to minimize the barriers and enhance the drivers.
- Plan according to the financial and human resources available.

Tip

It is essential to select and design activities based on your knowledge of the target groups. Once this criterion is met, then it is important to identify activities which are considered best practices.

Why?

- To ensure results.
- To be cost effective.
- To attract donors.

However, best practices should be adapted, among others, to ensure cultural/ political sensitivities and fit programmatic realities.

There are several possibilities or approaches in terms of planning Vaccination Week activities.

- Plan only advocacy, education and communication activities, or
- Plan advocacy, education and communication activities and expand immunization services (e.g. outreach, measles campaign, NIDs, etc), or
- Align an already-planned immunization activity (e.g. outreach, measles campaign, NIDs, etc) with advocacy, education and communication activities during the Vaccination Week

Find inspiration from the box below!

Samples of Vaccination Week activities

National and/or local level launch activities

Launchings provide a critical political commitment for the vaccination week and for the immunization programme. Launch activities could include the following.

- High level representation or celebrities to attract attention.
- Press and media attention.
- Involvement of policy- and decision-makers, giving their commitment to support.

Mass communication

- Distribution of information and promotional materials (pamphlets, reports, books, baby blankets, calendars, mugs, t-shirts, key rings, bracelets, etc).
- Billboards or paid advertisements, public service announcements.
- Radio and television spots, CDs, audio tapes, or video spots.
- Text messages on mobile phones, direct mailing, newsletters.
- Telephone hotline or internet chat room.
- Displays and exhibits.
- Media activities (refer to Section 9).

Social mobilization

- Awareness events in high-risk communities.
- Concerts.
- Walks.
- Public meetings.
- Activities in schools, kindergartens, health centres, community centres and similar.
- Peer to peer activities.

Training

- Training or meetings for health personnel.
- Training for other professionals in contact with young parents, e.g. primary school teachers.
- Training for medical students, nursing students, or others.

Meetings/policy work

- Editorial round-table meetings with national or subnational policy- and decision-makers.
- Development of strategies, action plans, policy papers and advocacy papers, including surveys or analyses to support arguments.

Activities integrated with other services

Vaccination or information activities performed in collaboration with relevant other services, such as:

- Other health related programmes such as HIV/AIDS, family planning, nutrition, food safety.
- Border/emigration services.
- Airport services.
- Educational facilities.
- Workplaces.
- Participation in already planned community activities.

Vaccination

- Extending opening hours.
- Child Health Days or campaigns.
- Outreach activities in high-risk communities/territories.
- Mobile vaccination teams.
- Vaccination in relevant locations (schools, community centres).

Example

Referring to the scenario provided in Section 5, your objective is, “During the Vaccination Week in April 2011, at least 50% of parents/caretakers of undervaccinated children in District XYZ become aware of the importance of immunization schedule completion.”

Your target group is around 1000 parents/caretakers – so your objective is to ensure that at least 500 parents/caretakers become aware of the importance of immunization schedule completion.

But how do you increase the parents/ caretakers’ awareness?

Given your planning committee’s analysis and knowledge of the target group, drivers and barriers, desired outcome and availability of financial and human resources, the committee decides to design and conduct informational sessions for the target population. You review several best practices and select an existing curriculum, which you adapt to your situation.

Activities carried out: **Informational sessions** are conducted for around 600 parents/caretakers (just to be on the safe side). You decide to complement these informational sessions with the distribution of 1000 **brochures, posters and pamphlets**.

Tip on Integration

A recent literature review by Wallace et al showed that “when integration is done carefully, there appears to be decrease in competition for resources and duplication of health systems.”

Therefore, during Vaccination Week, if you decide to focus on high-risk populations or difficult-to-reach areas, it may be advisable to integrate your immunization services with additional and compatible interventions.

For example, Child Health Days have been successful in delivering and integrating a plethora of interventions, such as measles and polio vaccines, vitamin A, deworming, ORS promotion, nutrition screening, etc.

Wallace A, Dietz V, Cairns KL. Integration of immunization services with other health interventions in the developing world: what works and why? Systematic literature review. *Tropical Medicine and International Health*, 2009, 14:1–9.

Use **Work Station 7.1** below to organize your activities.

Work Station 7.1 Activities

Objective	Target group	Activities
Insert from Section 5 - add more activities to one objective, if relevant	Insert from Section 5	

Step 7.2 Develop process objectives and measures

As mentioned in Section 5, there are typically two types of objectives: outcome and process. In this section, we will develop objectives which reflect the *process* or the *activity* that we intend to implement.

Process objectives concern the desired output or product of your activity. They ensure that the activity you planned was actually implemented, that it was on-time, done well or with quality and reached the group it was intended for.

Tip

Refer to Section 5 for descriptions of objectives and performance measures.

Examples

Process objectives and measures for the example provided above.

Process objective: During the Vaccination Week in April 2011, at least 600 parents/caretakers of undervaccinated children in District XYZ participate in informational sessions.

Performance measure: Number of parents/caretakers of undervaccinated children in District XYZ participating in informational sessions.

And

Process objective: During the Vaccination Week in April 2011, at least 1000 brochures, posters and pamphlets are distributed to parents/caretakers of undervaccinated children in District XYZ.

Performance measure: Number of brochures, posters and pamphlets distributed to parents/caretakers of undervaccinated children in District XYZ.

Use **Work Station 7.2** below to develop process objectives and measures.

Work Station 7.2 Objectives and measures

Insert your process objectives:

Insert your performance measures:

Step 7.3 Prepare key messages

Work with your planning committee, partners, nongovernmental organizations and communication experts to determine the most appropriate messages and delivery channels.

Prepare messages which the target group can relate to. Use your knowledge about drivers and barriers. The message must use the drivers proactively. Use the knowledge from previous sections: Who is your target group? What are their characteristics? What and who may affect the knowledge, attitudes or practices of your target group?

Analysing the target groups further can help with preparation of appropriate messages.

- What is the most important information for the target group? Do you need to correct some misperceptions, myths or misunderstandings? If there is a persistent misunderstanding?
- What overall tone would affect the target group best? Negative or positive messages? Shock or surprise? Or the personal and near message?

Tip

Sometimes the target group may reject fearful or negative messages – whereas positive identification may change their attitudes.

Then work with a communication expert to:

- Develop key messages.
- Transform messages into slogans/headlines as well as shorter or longer texts for information materials, press releases, posters, web site texts and other communication products.
- Pilot or test for acceptance.

Use **Work Station 7.3** below to organize overall messages.

Work Station 7.3 Messages

Target groups Insert from Section 5	Key messages

Step 7.4 Select relevant channels of communication or media

Discuss with your planning committee and communication experts which media are relevant to approach. The media include newspaper, radio, television, periodical, journal, newsletter, web-based or any other public or private news communicator – at both national and subnational level. Use [Work Station 7.4](#) below to organize the input.

Discuss:

- Which media focus on your target group?
- Which media do your target group have access to?
- Which media have a strong opinion maker power among your target groups?
- Which media normally cover health topics or family/child issues?
- Which media have previously responded positively to your contacts?

Example

Target group:

Migrant group living in border area. Low literacy levels. Some only speak their native language.

Do not focus on these media:

Newspapers and other written media, including the internet. Media targeted at urban city audience.

Focus on these media:

Radio and television. If possible, media using the native language of the target group.

Work Station 7.4 Channels of communication or media

Target group focus	Target group access	Opinion makers power	Health focus	Previous contacts
Which media focus on your target group?	Which media do your target group have access to?	Which media have a strong opinion maker power among your target group?	Which media normally cover health topics or family/child issues?	Which media have previously responded positively to your contacts?

Step 7.5 Plan for contingencies

Some persons or groups may not agree with your Vaccination Week activities or messages and may express opposition through media or during the course of activities. This can have serious implications for the success of your Vaccination Week. Therefore, before getting into the actual planning of details, take some time to prepare for contingencies.

Discuss with your planning committee **what could go wrong**. Review Section 6: Drivers and Barriers to identify the factors that, directly or indirectly, may influence programme delivery and achievement of results. Also identify the individuals, groups, organizations and any other partners who have an important role in the area or field where the interventions are directed.

Once you have identified the important factors, variables and individuals, then consider the following.

- **Probability:** Likelihood of the risk occurring. Rate: 'high,' 'medium' or 'low.'
- **Impact:** Potential intensity of the adverse effect on the stated result. Rate: 'high,' 'medium' or 'low.'
- **Solutions/preparations:** Avoiding problems related to the planning and implementation of the activities and being able to quickly respond to criticisms or allegations by:
 - Listing all possible problems related to the planning and implementation of activities that may arise and developing solutions to these.
 - Preparing detailed planning schedules and clearly designating roles and responsibilities to all stakeholders involved.

Examples of what can go wrong!

- There may not be sufficient vaccine stock to provide for the renewed demand.
- Anti-vaccination groups or opponents may send out press releases, shows, or seminars and publicly voice their concerns against the initiative (see page 37).
- Stakeholders may not be well-informed and prepared for their roles and responsibilities.
- Very few participants may turn up for the events.
- Weather conditions may prevent mobile teams from reaching some geographic areas.
- Materials may be developed in a format which does not fit the target group (language, written texts for illiterate target groups).
- Financial resources may not be sufficient or may not have reached all districts.

Organize the input in **Work Station 7.5** below.

Work Station 7.5 What can go wrong!

What could go wrong?	Probability (Rate high, medium or low)	Impact (Rate high, medium or low)	Solutions or preparations Include roles and responsibilities

Examples of arguments raised by vaccine hesitancy groups

- A child suffering from disability due to an adverse event following immunization could get attention in the media and public.
- Another important health issue could divert the attention of the media as well as of the target audience away from immunization.
- The cost-effectiveness and safety of immunization could be questioned.
- Opponent groups could contact media to provide “evidence” of the dangers of vaccines.

Plan for responses or counter-arguments:

- Prepare answers to possible critical questions. Make sure all relevant stakeholders (partners, health authorities and others) are informed and know the good answers as well.
- Compile facts, data, and evidence – ready to show in a format easy to understand.
- Gather case stories – children and families affected by diseases easily preventable by vaccines.
- Keep yourself well informed about serious adverse events following immunization, especially in the areas where activities will take place.
- If deemed necessary, designate a spokesperson and make sure no one else answers critical questions (e.g. from the press).

Tip

Below are issues and facts which need to be explored when preparing for arguments raised by opponents. It is important to have all data and arguments readily available to respond to criticism.

Vaccine safety

- Gains and advantages of immunization compared with adverse events and risks, e.g.:
 - Number of adverse events following immunization (AEFI) compared with number of vaccines given.
 - Number of AEFIs compared with averted deaths/cases – and reasons behind AEFIs.
- Overview of potential side effects and overviews of vaccine contents.
- National initiatives to ensure safety and quality in vaccines.

Necessity of immunization

- Overview of potential consequences of diseases – disease side effects and risks.
- Number of averted deaths/cases due to immunization.
- Facts and data about the situation before routine immunization.
- Facts and data about outbreaks.

Cost-effectiveness of immunization

- Facts and data about averted cases/deaths compared to cost of vaccines.
- Cost to fully immunize a child in country/region.
- Costs of health interventions compared to cost of vaccines.

Section 8 Media

This section aims to provide guidance on building relations with and mobilizing the media. The media can disseminate Vaccination Week messages and reach the general populations and target groups. It is critical to work with partners and experts in developing a communication and media plan of action. In most countries in the Region, media provide free-of-charge spots for public service announcements.

Step 8.1 Develop overarching points

Journalists need a core message, an *angle* for their story. By thinking like a journalist you can assist the journalist – and at the same time you may have some influence on the way immunization and the Vaccination Week is presented.

Work together with your planning committee and a communication expert to articulate your overarching points for press conferences, interviews and articles:

- Develop three selling points which communicate your overarching points. These should be consistent with the prioritization and messages developed in Sections 4 and 7.
- Keep the selling points simple and short.
- Use the three selling points as a reference point in all media products – too many selling points confuse the receiver.

Develop supporting materials for each selling point. This assists the journalist and enhances your chances of obtaining media coverage.

Supporting materials may include:

- Personal stories – examples.
- Visuals.
- Quotes.
- Endorsements by third parties.
- Links to additional information.
- Data and evidence.

Example

Selling point: Immunization saves lives.

Supporting materials:

- Graph comparing disease burden and vaccination coverage over time – showing a clear link between decreased burden and increased coverage.
- Personal story of a mother who lost her child to a vaccine-preventable disease.
- Story of a school which experienced a disease outbreak.
- Highly estimated doctor explaining the life-saving effects of vaccines.
- Celebrity picture and quotes in support of immunization.

Step 8.2 Define your approach to work with the media

Now it is time to explore the media system in your country. Discuss with a communication expert:

- How media are normally approached in your country. Partnership, personal contact?
- Is there a difference between government and independent media?
- Which media products are more common in your country?

Based on above information, work with communication experts to identify how you should approach the media. Sometimes personal contact is the best ways to get your message through – sometimes the media or journalists prefer to receive written facts, data or narratives. Below are short descriptions of possible approaches to build relations with and mobilize the media.

Possible media approaches

Note to the press

Short text to inform media that an event will take place (half page). Include background information about the event: What will take place, who will attend, and why it is important to attend. Do not reveal too many facts – in that case journalists will not need to show up to obtain the information. Make the event seem newsworthy and inform them about the possible photo opportunities.

Press release

A more detailed text to deliver your selling points (one page). Focus on the actions being taken and the problems which these actions are a response to. Include information about the current situation in the country/district, the concrete activities, and desired outcome of this. Include quote(s) of relevant spokespersons (including, if relevant, credible third parties). Include relevant visuals.

Fact sheets

Fact sheets may supplement the press release or note to the press. These provide background information and data about the issue and/or about a specific event taking place. This is important for the journalist to fully understand the issue. Contrary to the press release or note, this document is often fairly technical and can contain more complex information.

Press conference

A press conference should only be held if you have a substantial message to convey – and relevant surroundings and circumstances making the conference special enough for journalists to attend. The launch of your Vaccination Week or the release of a particularly interesting report may be a cause to hold a press conference. Make sure to prepare good photo opportunities. Prepare a press kit (press release and fact sheets and Vaccination Week materials) and distribute to attending journalists.

Personal contacts

Often, the written information is not enough. You can follow up press releases or press conferences with personal phone calls to ask if they would like to know more. Explore which journalists cover health and vaccination issues and call them directly, rather than calling the front desk. There may also be an opportunity to involve certain media as partners in the planning committee or planning process.

Media interviews

Designated spokespersons may give interviews. This provides an opportunity to present your messages in-depth. Agree with the interviewer beforehand what the scope and purpose of the interview is. Prepare by developing a few talking points and by making sure you have all data and arguments ready.

Top tips for radio interviews

- Project your voice and put energy into it. Radio has the effect of diluting the human voice and reducing its impact. (Those hand gestures you are making in the radio studio are lost on the audience.)
- Don't hum and hah and go "mmm" or "uh-huh". Obvious, but it takes a little self-control at first.
- Use short, declarative sentences. Radio is merciless to wafflers.
- It is often easier to use notes, but avoid rustling papers.
- Radio producers working in the field are very keen on "background" or "ambient" sound that illustrates a topic. When being interviewed by radio reporters keep this in mind. For example, the buzz of a health clinic during an immunization campaign might illustrate a story about an immunization drive.

WHO communications unit

Television: Body language

Media researchers have proved conclusively that television audiences remember not so much the content of what interviewees say but their manner and their appearance. Body language is crucial.

- Television interviews are now much more likely to be live or "as-live", given the growth of 24-hour satellite and cable channels. Speaking to an automated camera responding to questions fed through an earpiece is one of the key media skills of the age!
- Seemingly trivial issues suddenly take on huge prominence in the world of television. Like dress. Many reporters have made the mistake of appearing in wildly inappropriate clothing for the subject: appearing on camera in a lounge suit from a refugee camp is the example often quoted within the industry.
- Embrace live interviews as a chance for the audience to have unfiltered access to your message, but be cautious of agreeing to a live interview on a negative or controversial subject.
- Stay engaged at all times. Lean forward a bit. Sit or stand up straight.
- Use words that speak directly to the audience, such as "your families, friends and neighbours". Look at the reporter, not at the camera unless you are in a studio with no reporter present, in which case look directly at the camera.
- Assume the microphone is always on. There is absolutely no such thing as "off the record" anywhere near a microphone.
- Above all, relax. Nothing is more readily apparent on television than tension and nervousness. The main priority of media training courses is always to iron this out of budding interviewees.

WHO communications unit

Section 9 Details, logistics and resource mobilization

This section aims to provide guidance on planning the details and logistics of implementation as well as mobilizing the necessary resources for the selected activities. Particular attention should be paid to the planning of details and logistics for the opening or launching ceremony. Usually, this event draws great media interest, especially if high level officials or celebratory figures are involved. This opportunity should be leveraged to achieve the desired outcomes for your initiative.

Step 9.1 Develop planning schedules for each activity

Start by reviewing the planning committee composition to see if all skills relevant and necessary for the selected activities are represented. If not, explore possibilities to include additional members.

Then prepare a detailed plan for each activity or event:

- **When:** Define date and time of day. How many hours/days?
- **Where:** Identify the location of events. Region, community and actual venue place.
- **What:** Plan the activity or event minute-by-minute, hour-by-hour. Include some extra time for unforeseen events.
- **Who:** Clearly designate roles and responsibilities. Keep all partners informed – this makes people more open-minded to last-minute changes.
- **How:** Develop a timeline for the planning process. Identify key milestones in planning and set specific dates for each (use the timetable in Section 1 as a reference).

Tip

- Planning includes outlining activities, staffing, locations, and timelines and stating up front what you expect in terms of attendance, duration of activities and resources needed.
- The programme will fit your community better if you pay attention to the cultural relevance of programme materials, staff, language, and even any food offered.
- Include and inform everyone who has an interest in the programme, including funders.
(More on getting to outcomes: http://www.rand.org/pubs/technical_reports/2007/RAND_TR101.2.pdf)

Tip

If you are planning a launching ceremony:

- Use your knowledge of barriers and drivers in the target groups to identify relevant speakers for your event. Identify speakers who will participate for free – but give them due recognition for their support.
- Book the venue and invite all relevant stakeholders in due time.
- Remember to think of decoration, foods and drinks, papers, pens, white boards, transportation for all participants and accommodation.
- Book audio and television equipment in due time and organize for a technician. Make sure to test all technical equipment before the event and prepare what to do in case it does not work.
- Consider which information it would be relevant for participants to receive beforehand.
- If there are high-level speakers, there may be security issues. If speakers must travel to participate, plan the event according to their travel schedule.

Use **Work Station 9.1** to prepare your implementation details.

Work Station 9.1 Planning details

Activity	When Date and time of day. Number of hours/days	Where Location of events. Locality, community and venue	What The activity minute-by-minute, hour-by-hour	Who Roles and responsibilities
→				
→				
→				
→				

Step 9.2 Prepare cost estimates for each activity

Work together with the planning committee and district staff to create an overview of all costs related to the planned Vaccination Week activities.

Tip

Include all costs related to each activity. Examples of important budget lines are as follows.

Information materials

- Text.
- Layout.
- Print.
- Distribution.

Events

- Venue rental.
- Food and drinks.
- Television screens and video rent.
- Decoration.
- Press kit materials.
- Transportation/ accommodation for key note speakers.

Training

- Training materials (text, print, distribution).
- Participants: Food, drinks, accommodation.
- Trainers: Salary, food, drinks, accommodation.
- Transportation.

Door-to-door home calls

- Per diem and accommodation for volunteers.
- Print materials.
- Training and guidance of volunteers.

Pre- and post-testing

- Developing, printing, and distributing questionnaires.
- Compiling completed questionnaires.
- Analysing completed questionnaires, developing report.

Step 9.3 Prepare a resource mobilization plan

You should plan according to the resources available. However, there may also be an opportunity to obtain additional funds, services or goods for your Vaccination Week activities. Therefore, resource mobilization is another important step in the planning process.

Compare your resource availability to the total cost estimate for all planned activities in order to see if you need external funding. Use [Work Station 8.2](#) to organize your overview of resource needs.

Work Station 9.2 Resource needs

	Amount
Total cost estimate	_____
<i>Subtract:</i> Resources available	_____
Total (deficit)	_____
Possible partner/donor	_____
Possible partner/donor	_____
Possible partner/donor	_____
Total, donor contributions	_____

} Amounts must correspond

Consult your planning committee to explore which partners are willing to contribute. Develop a list of possible sponsors and the kind of support you hope to obtain from them. Refrain from sponsors with values or products which may conflict with your Vaccination Week messages.

Tip

Possible sponsors may include the following.

Financial resources

- National or international foundations, nongovernmental organizations or charity organizations.
- National or local health departments.
- Town council or board of supervisors.
- Insurance companies and other private companies.
- International organisations.

In-kind or services

- Local nongovernmental organizations may support your activities with volunteers or meeting space.
- Toy or baby supply industries may provide 'message products' to hand out to target groups: baby blankets, bottles, pacifiers, toys with Vaccination Week logo and messages.
- Stores or pharmacies may display posters or handing out information materials.
- Advertising or printing companies may support your activities with layout, production, and/or printing of information materials at low or no cost.
- Media specialists may provide media training of spokespersons at low or no cost.
- Restaurants or hotels may provide meeting space and/or foods and drinks at low or no cost.

Use **Work Station 9.3** to brainstorm a list of potential donors or sponsors.

Work Station 9.3 Sponsors

Person, company or agency	Financial resources	In-kind or services

Then consult your planning committee and communication experts to discuss how sponsors are normally approached in your country. Below are some examples of how you can prepare for your first contact with a possible sponsor.

- First impressions last, so be sure to approach the possible donors in the right way. Some sponsors (nongovernmental organizations, charity organizations) may have application forms. Some may just need a phone call, while others may prefer a more formal letter.
- Prepare a short presentation on the Vaccination Week and activities. Focus on the gains for the people who are targeted; sometimes a case story tells so much more than statistics and data.
- Be specific in your request to a potential sponsor. Let them know if you are asking for money (amount) or goods or services (which kind). It may be a good idea to suggest different scenarios.
- Flag the benefits for the potential sponsor: improved image, image linked to health/child issues, community recognition, increased customer support, media visibility, etc.
- Think of ways to recognize the sponsors – and make sure to tell them that you intend to do so.
- Follow up, but do not be pushy.

Tip

If your sponsors are satisfied with the outcome of the activity, they may support you again. Make sure to give your sponsors full recognition and keep them well-informed.

- Add their names/logos to all printed materials, website, etc.
- If relevant, invite them to participate in your Vaccination Week activities.
- Send them a thank you letter and an evaluation summary, emphasizing the importance of sponsor support, after Vaccination Week.
- Keep them informed about the planning for next year's Vaccination Week.

Section 10 Monitoring, supporting and evaluating

This section aims to provide guidance on monitoring, supportive supervision and evaluation at all phases of implementation (i.e. pre, during and post). Monitoring and supportive supervision ensure that you are on track and *doing things right*. Evaluation of the activities provides you with insight and lessons learned, justifies the efforts and resources for participating in this initiative, and ensures that you did the right things.

Step 10.1 Monitor and provide supportive supervision

Monitoring attempts at answering the question: “Are we doing things right?” In other words, it looks at whether or not the initiative is being implemented as planned and with quality.

Key components of monitoring:

- Objectives, measures and targets.
- Data collection.
- Data analysis.
- Supportive supervision (taking action and feedback).

Tip

Monitoring your initiative includes regular reviews.

- To make sure that everybody keeps the plan: Review your **timeline** (Section 1) and **planning schedules** (Section 8).
- To make sure that you are prepared for any practical issues that may arise: Review your **contingency plan** (Section 7).

Also, make sure that you are sufficiently updating the planning committee, partners and stakeholders of the progress towards and challenges of implementing this initiative.

Supportive supervision refers to the process of monitoring activities, detecting problems and identifying solutions by working with staff. It also concerns recognizing achievements and avoiding blame and criticism, while working towards ultimately improving performance.

Key characteristics of supportive supervision:

- Focusing on problem-solving.
- Participatory decision-making and communication.
- Building team approaches.

Key components of supportive supervision:

- Setting expectations.
- Monitoring and assessing performance.
- Identifying problems and opportunities.
- Taking action and following up.

Quote

“Monitoring is the systematic and continuous process of examining data, procedures and practices. It is used to measure progress, identify problems, develop solutions and guide policies and interventions.”

(WHO Mid-level Management, Module 5)

Refer to Mid-level Management Training for more on supportive supervision.

Step 10.2 Evaluate the Vaccination Week initiative

Preparing a brief evaluation report is very useful in documenting your experiences and lessons learned and for advocacy purposes. Evaluation is a systematic method of collecting, analysing and using information to determine whether or not the initiative achieved the desired outcomes. Evaluation can be both qualitative and quantitative.

- **Qualitative:** Focuses on words, stories, experiences, reflections.
- **Quantitative:** Focuses on numbers, figures, statistics.

Both evaluation strategies are equally useful in answering your main question: “Did we do the right things?” In the other words, did the initiative make a difference?

Key components of evaluation are:

- **Engage stakeholders:** Planning committee, partners, staff, target group, community leaders, primary users of the evaluation.
- **Describe the initiative:** Challenge and opportunities, activities, resources, context.
- **Focus the evaluation design:** Purpose, users, uses, questions, methods, agreements.
- **Gather credible evidence:** Measures, sources, quality, quantity, logistics.
- **Justify conclusions:** Standards, analysis/synthesis, interpretation, judgement, recommendations.
- **Ensure use and share lessons learned:** Design, preparation, feedback, follow-up, dissemination.

Tip

Always base your evaluation on the **objectives** you have set – and measure your successes using the **performance measures** you have defined. Also, use your baseline studies and measure your results against these data.

Tip

Standards for effective evaluation

- **Utility:** Serve the information needs of intended users.
- **Feasibility:** Be realistic, prudent, diplomatic and frugal.
- **Propriety:** Behave legally, ethically and with regard for the welfare of those involved and those affected.
- **Accuracy:** Reveal and convey technically accurate information.

[<http://www.cdc.gov/eval/framework.htm>]

Tip

Examples of evaluation tools or methodologies

- KAP studies. Door-to-door surveys.
- Questionnaires. Registration sheets and data from vaccination units.
- Feedback from health professionals, district coordinators, or partners.
- Registration sheets and data from vaccination units.
- Participants’ lists from trainings, round-table meetings, etc.
- Feedback sheets from partners and staff (what went well? what needs to improve? etc.)
- Feedback/assessments from persons who distributed materials.
- Media clippings.
- Your own assessments.

Annex 1 Vaccination Week Guide Summary Page

Phase I Where do we begin and why?	
<p>Planning committee</p> <p>Who and which agencies are included in the planning committee?</p>	<p>National:</p> <p>Provincial:</p>
<p>Experiences and best practices</p> <p>What are some of the important experiences and best practices to consider?</p>	<p>National:</p> <p>Neighbouring or regional countries:</p>
<p>Situation analysis</p> <p>What are some of the key immunization-related challenges and opportunities?</p>	<p>Challenges:</p> <p>Opportunities:</p>
<p>Prioritization</p> <p>What are your selected priority challenges and/or opportunities and why?</p>	<p>Challenges:</p> <p>Opportunities:</p>
<p>Target groups and objectives</p> <p>Who is your primary target group? What is your objective? What are the measures?</p>	<p>Primary target group:</p> <p>Objective:</p> <p>Measures:</p>
<p>Drivers and barriers</p> <p>What and who are important barriers? Drivers?</p>	<p>Barriers:</p> <p>Drivers:</p>

II. What do we do and how?	
<p>Activities and messaging</p> <p>What activities are selected? What are the key messages? What are the relevant channels of communication? What are the key considerations in your contingency planning?</p>	<p>Advocacy, education and communication activities:</p> <p>Vaccination services (e.g. campaign, outreach, etc):</p> <p>Key messages:</p> <p>Relevant communication channels or media:</p> <p>Contingency plan:</p>
<p>Media</p> <p>What are your overarching points? Which media approaches will you use?</p>	<p>Overarching points:</p> <p>Media approaches:</p>
<p>Details, logistics and resource mobilization</p> <p>Have the details, including the budget breakdown, been specified? Is there a budget gap? Who are the main partners specified in your resource mobilization plan?</p>	<p>Details and logistics (<u>including Launching Ceremony</u>):</p> <p>Budget and resource availability:</p> <p>Resource mobilization:</p>
<p>Support, monitoring and evaluation</p> <p>Are there support, monitoring and evaluation plans in place? Have targets, measures and data collection methods been defined? What will be the main purpose of your evaluation?</p>	<p>Plan:</p> <p>Targets, measures and data collection methods:</p> <p>Evaluation purpose:</p>

