

Communication and social mobilization in yellow fever mass vaccination campaigns

—
10 points from field experience

THE YELLOW FEVER INITIATIVE



World Health
Organization

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Contents

Acknowledgements	v
Abbreviations and acronyms	vii
Introduction	1
1. Building small-scale activities	3
2. Planning advocacy, communication and social mobilization activities	5
3. Identifying the district communications focal point	7
4. Defining the main messages and the specific messages	9
5. Training mobilizers in social mobilization	11
6. Developing a local assessment and a local communications action plan	15
7. Getting the right media mix	17
8. Using banners, posters and radio	21
9. Working with networks	23
10. Monitoring and evaluating the social mobilization campaign	25
Annex 1 Example of an action plan at the local level	27
Annex 2 Example of radio transcript from Cote d'Ivoire	28
Annex 3 Specific messages for yellow fever	29
Annex 4 Sample form to monitor social mobilization	31

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Pandemic and epidemic diseases publications are available online at www.who.int/csr/resources/publications.

Abbreviations and acronyms

AEFI	adverse events following immunization
AIDS	acquired immune deficiency syndrome
CAR	Central African Republic
C4D	Communication for Development (model and methodology developed by UNICEF)
HIV	human immunodeficiency virus
IEC	information, education and communication
NGO	nongovernmental organization
SocMob	social mobilization
SMS	short message service
YF	yellow fever

Introduction

In 2006, the Global Alliance for Vaccines and Immunization (GAVI) Board approved the Yellow Fever Investment Case. A group of 12 yellow fever (YF) endemic countries with the highest epidemic risk in Africa were selected for mass preventive vaccination campaigns. As part of this initiative, an innovative strategy for the control of YF outbreaks was implemented in these high-risk countries. The objective was to control YF and reduce the risk of outbreaks by implementing a two-part strategy:

- inclusion of YF vaccine in routine infant immunization programmes for infants 9 months of age; and
- implementation of preventive mass vaccination campaigns to rapidly increase population immunity in high-risk areas and to protect susceptible older age groups.

As of December 2013, at least 88 million people have been vaccinated, with good coverage rates reported in all 12 of the high-risk countries.

Effective communication techniques – in the form of advocacy, social mobilization, and social and behavioral change – are key to a successful mass vaccination campaign. At a minimum, the Yellow Fever Initiative recommended that certain specific activities be included and budgeted for so that a good-quality campaign is conducted:

- distribution of vaccination cards for coverage monitoring;
- surveillance and treatment of adverse effects following immunization (AEFI);
- waste management;
- independent vaccine coverage survey; and
- social mobilization activities, which should focus on conveying
 - that the greatest number of people possible is needed to have good vaccine coverage
 - the people specifically targeted and specifically excluded for the campaign
 - the risks associated with not being vaccinated and with being vaccinated (e.g. AEFI)
 - how to cover areas of most difficult access, where the disease starts every year; and the most vulnerable populations which have very little or no access to health facilities.

It is important the social mobilization methods that are used during a mass campaign take into account the traditional channels and tools in the target area. Important considerations include the traditional way of communicating in rural areas or the language that is used.

The main objective of this document is to provide evidence-based guidance on conducting practical social mobilization and communication for a YF vaccination campaign, either preventive or reactive. Information is also given on the monitoring and evaluation of communication and social mobilization techniques. These 10 points from field experience will be especially useful for district-level planning.

We aim to impart knowledge from the field about using political structures, communication strategies and grass roots communications; sending key messages; dealing with the local media; training mobilizers; conducting a local assessment; and preparing a local plan. This can be used both in local assessments and district planning at a national level, and will help find the correct media mix in these contexts that balances the effective use of printed materials and social networks.

1 Building small-scale activities

A country can be divided into regions or states. Usually, a health campaign covers the whole country or a set of regions. The regions may be divided into departments, and the departments further divided into provinces or subprefectures. Finally, the provinces are divided into cantons. A health district may be at the level of a department or a province, depending on the country.

The district health center is the focal point for nurses and health workers to prepare before the campaign starts.

In a mass vaccination campaign, communication and social mobilization activities take place primarily at the district level. Local radio channels and town criers can be important factors in convincing the people of the community to get vaccinated.

To garner support, the vaccination team must communicate, as appropriate, with the chiefs, the traditional authorities and the district managers to ensure that these key figures are united behind the vaccination campaign. Not only does their participation in the vaccination campaign give a positive example, they may also provide or advise on important functions, such as security, or advocate for vaccination in their district meetings.

Each district also has town criers, whose function is to travel throughout the district's villages shouting the news, doing publicity, and communicating on issues of health, education, taxes, agricultural issues, politics, jobs and so on. Town criers are the world's oldest way of communicating; they existed in Europe during the Middle Ages (5th to 15th century) and the Renaissance (15th to 17th century), and in the Americas until the start of the 20th century. Field experience has shown that town criers are the most important channel of communication in rural societies that have low income and education. Half of town criers are illiterate or semi-illiterate.

Whereas mobilizers operate at the district and canton level, the town criers work at the village level. The mobilizers use town criers to get the messages to hard-to-reach areas. Town criers can go where the mobilizers cannot go and they can speak the local language. Importantly, they are well known in each village and people believe them.

2 Planning advocacy, communication and social mobilization activities

Changing a behaviour requires two steps: (a) creation or modification of the conditions present in the context to facilitate the change (e.g. providing mosquito nets to reduce the exposure to mosquitoes); and (b) communication of messages to the people to change their knowledge, attitudes and behaviours (e.g. implementing an advocacy, communication and social mobilization strategy).

An advocacy, communication and social mobilization strategy is a combination of messages and channels implemented by a specific organizational unit, which targets specific audiences or selected groups. These three different aspects (advocacy, communication and social mobilization), are all forms of communication.

Advocacy

The objective of advocacy activities surrounding a vaccination campaign is to ensure that government officers remain committed to implementing the campaign. Advocacy often focuses on influencing decision-makers through a variety of channels, including meetings between various levels of government and civil society organizations, news coverage, official memoranda of understanding, and other political events.

Programme advocacy targets opinion leaders at the community level on the need for local action. Media advocacy highlights the relevance of the campaign, puts issues on the public agenda, and encourages local media to cover related topics regularly and in a responsible manner, to raise awareness of possible solutions and problems.

Advocacy activities should also be directed at ensuring that national governments remain committed to implementing YF campaigns through a variety of channels, such as meetings with various levels of government and civil society organizations. It is common to plan meetings in the provinces and districts.

All the district managers, communication focal points, religious leaders, relevant non-governmental organizations (NGOs), educational staff, health staff and mobilizers should be invited to the provincial meetings.

All the canton chiefs, priests, imams and religious leaders, NGOs working there, educational staff, health staff, mobilizers, and town criers should go to the district meetings.

These are important meetings for the campaign. Sometimes, for financial reasons, these meetings are not held, but this omission should be avoided. It is crucial that funds are set aside to cover long-distance transportation and water for the guests. The average cost of a district meeting is US\$ 50, which covers water and transportation for all attendees. Local and religious leaders may be invited to speak about the YF vaccination campaign.

Some documents that may be helpful to organize and facilitate the meeting include:

- a letter from the Ministry of Health inviting all to support the campaign
- the main messages of the campaign
- how they could participate in the campaign
- frequently asked questions.

Communication

Behavior change communication aims to change knowledge, attitudes and practices among various groups of people. The messages should explore the reasons why people do or do not take action on the information they receive, then focus on changing the actual behavior by addressing the causes identified – for example, social norms or personal attitudes.

Communication methods include mass media channels, such as radio, posters, banners, flyers and cellular phones. In many of the YF vaccination campaigns, radios have been the main communication channel. Due to the nature of the countries involved in YF vaccination campaigns, radio – especially local radio – reaches more people than, for example, television. Radio has many formats, such as radio spots (from 20 to 60 seconds), radio microprogrammes (from one to ten minutes), news, health programmes, music, press releases and official communications.

The aim should be to get all the programmes involved in the campaign – the radio spot alone is not enough. Usually local radios commit themselves to produce information about the campaign when you include them in the publicity list – an example of effective synergy.

Social mobilization

Social mobilization brings together community members and other stakeholders to strengthen community participation for sustainability and self-reliance. Social mobilization generates dialogue, negotiation and consensus among a range of players, including decision-makers, local media, NGOs, opinion leaders and religious groups.

Social mobilization thus involves local authorities, leaders and social mobilizers. It reaches all members of the community through the traditional channels of the social networks, including via town criers.

3 Identifying the district communications focal point

Each department should have a communications focal point, who is a key person in the YF campaign. Remember, a region is divided into departments, so a region could have up to three or four communications focal points, one in each department. These communications focal points are key to the implementation of communication activities. The functions of a focal point include:

- planning communication activities;
- coordinating communication activities in each department, province and district;
- organizing communication committees at the provincial and district level;
- working with local radios to get them to talk about the campaign and inform the population;
- organizing advocacy and sensibilization meetings with the local authorities, religious leaders and opinion leaders;
- mobilizing social networks at the district and village level, including town criers;
- visiting local leaders and using the traditional communication channels;
- overseeing the mobilizers, community relays, members of the committees and town criers; and
- monitoring the process and outcomes of the communication activities, and applying the monitoring tool for community communication.

YF vaccination is only one of the many health campaigns on a district's agenda. Other campaigns include polio, measles, mosquito nets, HIV/AIDS and prevention. The communications focal point is, therefore, usually very busy with the demanding range of programmes. It is this person's duty to follow up on all of the communication activities for the health campaigns in the department, which would require them using a private vehicle or public transportation to move around. Therefore, it would be advisable to fund this position, which would normally comprise around one month of activities. An average of US\$ 200 for the focal point would be advisable, who will work on the YF campaign at the same time as other campaigns. The focal point will not work for the YF campaign full time, but their networks and contacts are very valuable to the campaign.

4 Defining the main messages and the specific messages

Main messages

In a campaign, it is very important to have a set of main messages. Experience from YF vaccination campaigns in some countries has shown that the following five main messages are most effective and should be communicated:

- There is a YF vaccination campaign.
- The vaccination against YF will be from _____ to _____.
- During the preventive campaign, all children older than 9 months and adults will be vaccinated, except pregnant women.
- Get vaccinated at the nearest health center or vaccination post.
- Vaccination cards and vaccines are free.

Specific or support messages – such as safety, mode of administration, mode of transmission and the vaccination calendar – should be administered through communication channels like radio programmes, theoretical questions and answers, social mobilization, home visits, town criers and/or interpersonal communications.

Specific messages

Campaign participants need a set of complementary information about YF and the vaccination process. Mobilizers need to explain the details of the vaccination campaign to the population when they visit schools, public places or homes. Journalists need to know what YF is, why the campaign is taking place and how the vaccines will be administered. Decision-makers, politicians and religious leaders need to understand the logistics of the campaign and why they are involved in it.

Experience shows that the best way to present this information is as frequently asked questions (please refer to Annex 3). Point number 8 also shows a reduced version of the poster with the five main messages.

5 Training mobilizers in social mobilization

Once the focal points, mobilizers and town criers have been recruited, it is necessary to train them to allow the campaign to run smoothly.

For focal points and mobilizers, the most effective training method is to use a training module with guidelines for social mobilization developed for this purpose. Such a module should include the following components:

- objectives of the campaign
- target group(s)
- main messages
- specific messages (as theoretical questions and answers)
- criteria for recruiting mobilizers
- functions of the mobilizers before, during and after the campaign
- sample of the poster
- samples of any other visual materials.

Town criers are best trained using a different method. It is better for the mobilizers to contact them and explain to them their responsibilities in one or two hours, which includes briefings on:

- the campaign objectives
- what YF is, how to prevent it and why vaccinate against it
- the target group that needs to be vaccinated
- the main messages that were developed at central level.

After they are briefed, town criers could decide on how they would express their oral message and agree on a common format. Remember, sometimes mobilizers and town criers are translating the main messages to a region's specific language.

Recruitment criteria (some recommendations)

Recruiting mobilizers is an important step that requires some consideration. The criteria applied to the recruitment process should be developed keeping in mind the functions of the social mobilizers.

To understand the recruitment criteria for mobilizers, we must think of a different society than what we may be used to. Messages must be expressed in a direct way. Therefore, the successful candidates should be:

- a resident in the locality
- literate
- credible and respectable to the local population
- an upstanding member of the community
- adept in verbal communication
- experienced in field work, and physically and mentally capable of completing the work
- humble, and not see themselves as superior to other members of the community.

Before the campaign, important activities for the mobilizers are to:

- communicate with each of the target villages, cantons and neighborhoods;
- identify key partners and stakeholders to mobilize, including community leaders, religious leaders, teachers and community health workers;
- fix monitoring indicators, define a timeline and responsibilities, and check implementation stages against the timeline;
- conduct advocacy meetings with local leaders;
- communicate with health personnel and school leaders (public and Koranic, where present);
- get input from individuals and groups on how to spread the campaign messages – they can make suggestions for spreading the word, such as announcing the campaign at major meetings and cultural events (traditional festivals, weddings, baptisms, funerals), and sporting events;
- prepare communication materials in advance so that they are distributed on time (some are produced at the central level, like posters, brochures, banners, which must be distributed). They must be displayed in front of health centers or on busy streets. Display the posters in health centers, schools, mosques, churches, markets and other relevant, visible public places;
- prepare a ceremony for the launch of the campaign in all prefectures, subprefectures, health centers and health posts;
- advocate to the local government authorities, to support the mobilization of the population to the vaccination posts;
- spread the word in partnership with associations, NGOs and other community-based organizations, community workers, and religious leaders;
- advertise the campaign in public places using town criers and megaphones;
- identify communication strategies to reach marginalized populations;
- establish a timetable for advocacy, social mobilization and communication activities; and
- estimate the technology requirements for the social mobilization campaign.

During the campaign, the mobilizers need to:

- strengthen the participation of organized community groups (e.g. women's and youth organizations);
- announce the contribution of different groups and organizations, which encourages continuing support for other national events;
- involve teachers, parents and children. Children are usually very effective in searching for other children who are affected by the campaign;
- inform the public through print media and radio programmes (e.g. provide radio stations with press releases); and
- hold a formal ceremony to launch the campaign.

6 Developing a local assessment and a local communications action plan

Local assessment

A local assessment is conducted by using available information to establish where the campaign stands in terms of communications in a specific district and to organize resources. The focal point must do the assessment before the microplanning so they can present this information at the meeting, and so it can be included in the general planning and budget of the campaign.

The following are examples of assessment questions:

- Who are the target groups? For whom do we have a message?
- What are the main messages to be conveyed?
- What are the objectives of the communications and social mobilization campaigns? Usually the objectives are defined in terms of behavioural change. What do we want them to do? What is the key behaviour we want to change? Are there any barriers?
- Who are the key stakeholders and implementers involved in the communication activities? What will be the role and participation of religious leaders?
- What kinds of communicators exist in the district? Focal points? Mobilizers? Town criers? What are the resources we need for the communication activities? How many mobilizers and town criers are needed?
- What is the political structure of the district, the province and the village? This will be a main communication channel. Is it important to have specific activities with local leaders and chiefs?
- How do communities participate in social mobilization? How do the social networks in urban and rural contexts work? Are there some special plans for hard-to-reach populations?
- How many units of each kind of communication pieces would we need (e.g. banners, posters, flyers, merchandising)?
- What are the three most important communications channels? What channels and media are the most efficient ways to address the people and motivate them?
- Are there efficient communications providers who can support us (e.g., community radio, theatre group)?

Local communications action plan

Usually, there are doubts about how to organize a local communications action plan. A local plan must have the following components:

- number of activities
- tasks for each activity
- target group or audience for each activity
- responsible person, organization or partnership for each activity
- outcome of each activity
- timelines for each activity.

Annex 1 provides a clear idea on how to produce a visual local plan and timeline.

7 Getting the right media mix

Media mix or channels mix is half of the strategy. The other half is the messages, but there are no general rules for this mix. We select a mix of media or channels based on different reasons:

- the characteristics of the channels (e.g. attractiveness, closeness, audiovisual)
- the population that they reach and the resulting impact
- how effective they are at delivering the messages
- the costs
- how frequently they can be used
- attitudes towards the channels
- technical feasibility.

Several learning points on media mix have been taken from experiences in YF vaccination campaigns in Sierra Leone, Guinea, Côte d'Ivoire and the Central African Republic (CAR), which are outlined below.

In countries that are mainly rural, and have very low income and low literacy, the most efficient channel mixes are town crier + radio + short message service (SMS). Other media or channels can act as a support.

SMS has been used to communicate details of vaccination campaigns during the measles campaign in Uganda, the polio campaign in Angola and the YF campaign in Guinea. In this most recent campaign, 2 million cellular telephones were reached. Some of these SMSs were sent at no cost due to the cooperation of Orange Company (1 200 000 telephones), whereas the rest were sent at low cost with help from Sotelgui Company (800 000 telephones). The target group comprised 6 million people, so when the users received the SMS, they relayed the message to other members of their families and friends, so that the campaign information reached a much wider group, including people without a cellular phone. Of course, SMS is only one component of the formula, but it is becoming a very important component. In many countries, cellular phones were developed before the national landline networks attained mid-level development. Therefore, the main phone is the cellular phone, with all the communicational advantages that it provides.

It is often necessary to allocate funds to ensure that SMS communication can be used, and doing so will allow 2–3 messages to be sent per week. Of course, the impact depends on the reach of the network and how the users employ the telephone, and the cost depends on local factors. The Ministry of Health sometimes has the capability to demand free transmission of SMS messages, but other times companies do the minimum to support government demands. Reserving money to pay for SMS messages can ensure more than one wave of messages. In CAR, the SMS messages reached around 600 000 telephones at no cost. All of the health campaigns in Chad include a SMS component.

Audio messages, recorded in local languages, may make up another important component of the communication campaign, a lesson learned during a campaign in Chad. Illiterate or barely literate people had cellular phones in rural areas. An SMS in French would not be understood by these people, but a short audio message in the local language allows it to be communicated as though the town crier had reached cellular phones.

Radio could be very flexible in broadcasting theoretical questions and answers during different stages of the campaign, such as:

- the definition of the vaccination and the five basic messages (see Section 4), plus messages such as “the last dates to vaccinate are ... ” and “use this opportunity to ... ”;
- secondary support messages (e.g. safety of the vaccine, mode of administration and why the vaccination campaign is happening);
- “target” messages, reinforcing the main message;
- why there is a mass YF vaccination, which can be incorporated into interviews, the news or microprogrammes; and
- messages about adverse events following immunization – for example:
 - in a few rare cases, adverse reactions may occur
 - most of the adverse reactions are harmless (benign), and may include fever, headaches, muscle pain, joint pain and itchiness
 - occasionally, there are severe allergic reactions, but they are rare (1 case for every 100 000 vaccines administered) and their onset occurs within minutes of immunization. Patients are advised to remain at the place of vaccination for at least 15 minutes after the administration of the vaccine, and the vaccinator is equipped to manage any such reactions
 - most benign adverse reactions can be treated at the nearest health center. A mechanism for investigating and treating suspected cases of severe adverse reactions has been set up in referral hospitals, regional and district hospitals, and in health centers.

Radio spots and microprogramme messages need to be short and straightforward to promote behaviour change. Instead of trying to explain the symptoms of YF, discuss all the arguments in favor of the campaign using radio panel programmes, social mobilization, interpersonal communication, news programmes and so on. The principle is simple: use short formats for key messages and long formats for supporting messages.

Do not use megaphones unless you have to, and do not use audio buses or t-shirts. Audio buses have been used by political groups as social mobilization channels, but they are noisy and unclear, and did not work well for vaccination campaigns). The megaphones are a waste of money in a society where valuables disappear very fast and become used in other unrelated activities, such as propaganda, parties and marriages. This publication refers to campaigns based on health centers and vaccinations posts. T-shirts are better for polio home-based campaigns, and are used to identify the person who visits the houses. Aprons are more adequate for this kind of campaign and could be reused for the next campaigns.

Equally important as production is materials distribution. It is important to make a distribution plan based on the population that needs to be reached and their geographical location, and to follow up its implementation in a specific timeframe. Ensure distribution of materials from district to the subdistrict. A campaign shows good distribution when all the districts and villages have materials.



SMS sent in the Central African Republic during a yellow fever vaccination campaign: “From 19 to 25 July 2010 get your free yellow fever shot at the health center, excluding pregnant women and children under 9 months old. UNICEF”.

8 Using banners, posters and radio

Banners can be used as signals – for example, in the health centers where vaccination posts are located. Banners can also be used as informational tools; they could be placed on the main road of the district, to spread the word about the vaccination campaign, as shown below in an example from Cote D'Ivoire.



Vaccination campaign against Yellow Fever

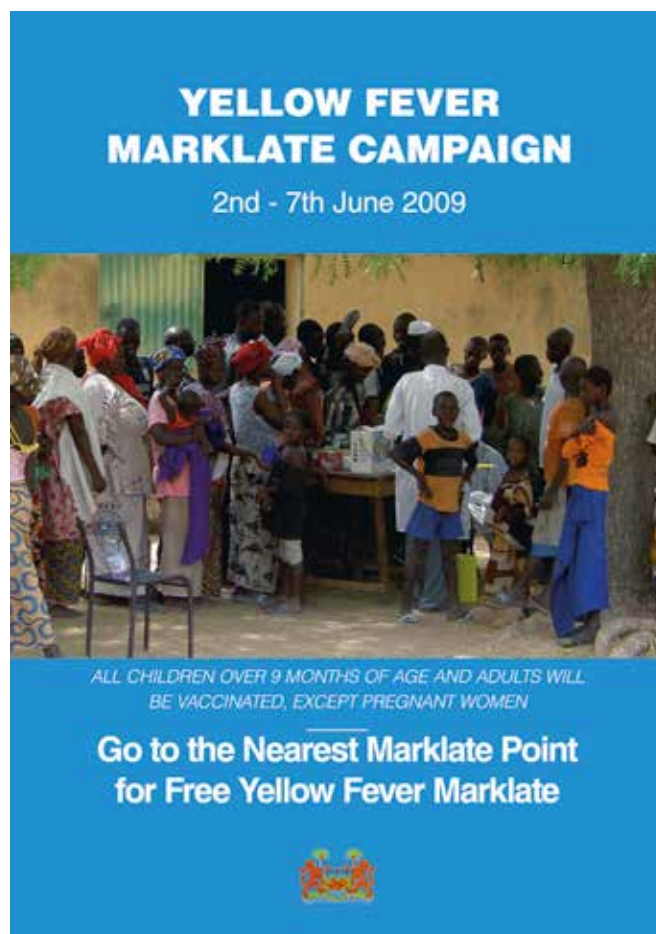
It is free! From December 10 to 17, 2010 It is free!

Go to the closest Health Centre or vaccination post

All children over 9 months and adults will be vaccinated, except pregnant women


Logos: Organisation mondiale de la Santé, UNICEF, GAVI, and a red cross symbol.

Posters, meanwhile, can be used as informational and motivational tools. They can be pasted in schools, mosques, churches, health centers, markets, shops and other public places. Usually, a poster shows the basic five messages (see Section 4) and invites people to get vaccinated, as in the below example from Sierra Leone. Posters can also be used as a signalization tool (e.g. posted on a tree behind the rural vaccination post).




**YELLOW FEVER
MARKLATE CAMPAIGN**

2nd - 7th June 2009



ALL CHILDREN OVER 9 MONTHS OF AGE AND ADULTS WILL
BE VACCINATED, EXCEPT PREGNANT WOMEN

**Go to the Nearest Marklate Point
for Free Yellow Fever Marklate**



For communication by radio, it is often best to provide the scripts to the radio stations at the regional level. Local radios have their own recording resources, their own voices and their own language style. They will produce their own versions in local languages. Only national radio will do some kind of standardization in English or French.

It is very important to respect the local radios, for they are opinion-leaders in their regions. If national standardized scripts are used, it is important that the language is appropriate. It is usually more cost-effective to produce a local version. The most effective approach has been found to be a regional campaign using local radios, and a mix of radio spots, microprogrammes and press releases. The microprogrammes could be useful for the local health authorities and leaders to show their support for the campaign. Local radio costs much less than national radio. The synergy between the two will impact not only the population, but the chiefs, religious leaders and decision-makers.

Annex 2 contains an example of radio transcript from Cote d'Ivoire.

9 Working with networks

Advocacy in social networks

Tips for advocating in social networks:

- Social networks are considered the main communication channel in many countries, but there is not much research about their structures. Therefore, it is necessary to assess social, political and religious networks in these countries.
- Despite how well social networks are working during a campaign, it is necessary to monitor the process.
- Get commitments from schools and the Ministry of Education. Keep schools involved in spreading immunization messages. Promote the dissemination of messages through teachers. Schools are ideal in reaching the target group.
- Involve schools and plan according to school hours. Crowds of young people and danger for children can be avoided if the campaign is done in line with school hours. The mobile posts should dedicate a certain amount of time to each school; in this way, thousands of children and young people can be vaccinated. It is cost-effective, as a large group of people can be vaccinated in a short amount of time. This channel has been used to good effect in Sierra Leone.
- Improve the sensitization of women and youth social groups as socially organized groups.
- One of the first products prepared for CAR was a training module for mobilizers based on the experiences of other YF vaccination campaigns. The Ministry of Health produced their own training module, called Mobilizers guide. Unfortunately, this module was a generic adaptation of their usual training module and did not communicate the correct package of basic messages. Not enough guides were produced, which meant that some mobilizers did not have any written instructions or advice. This was an important mistake, as the failure to deliver a module that was well resourced and specific to the campaign undermined the investment.
- It is important to continue outreach and sensitization activities into the hard-to-reach areas, to ensure that vulnerable populations are reached.

Advocacy with the political networks

Suggestions for advocating in political networks include:

- Sensitization must be directed at local authorities and councils, as these are important groups. There is a tendency to misunderstand these local advocacy meetings at different administrative levels.
- As well as sensitization, it is important for the authorities to be vaccinated themselves during the campaign. When people see leaders getting vaccinated, it reduces the risk of resistance or rumours about the quality of the vaccine.
- Regional advocacy meetings alone are not enough, for there are prefectures and cantons before you reach the village level, where the town criers should be found. They are the main communication channels in rural and low-literacy areas. This is the way information and commands spread in these societies; radios alone are not sufficient.

Advocacy with religious leaders

Tips for advocating with religious leaders are:

- Religious and cultural leaders should also be specifically targeted for sensitization through meetings and workshops. Muslim populations in many countries have been very receptive to the campaign messages thanks to this kind of advocacy.
- The Ministry of Health should be involved in this aspect of the campaign by issuing a communication to the religious leaders, showing the importance of the campaign and advocating for the involvement of their followers.
- If it is possible, religious leaders should be encouraged to talk about the campaign during religious services, on the radio and on television.
- Three channels that have been shown to work in a synergistic way are messages from priests and pastors, posters in churches, and mobilizers in churches, referring people to the vaccination posts.
- Usually Fridays and Sundays are religious days for Muslims and Christians. The campaigns should use this opportunity to establish vaccination centers in mosques and churches. A radio message stating that the vaccination will be held in the main mosques and churches would help the outreach of vaccinators and mobilizers.

Annex 3 provides specific messages in a frequently asked question format.

10 Monitoring and evaluating the social mobilization campaign

Monitoring and evaluation is an important part of the social mobilization campaign. The following table provides an example from Sierra Leone on how activities were monitored at district level.

Checklist of activities at district level

Activity	District 1	District 2	District 3
Translate information, education and communication materials/ messages into local languages	Well done At local radio	Well done At local radio	Well done Radio
Distribute IEC materials from the district to the subdistricts	Well done Posters and brochures	Well done Posters and brochures	Well done Posters and brochures
Sensitize religious/cultural leaders in meetings and workshops	Done	Done	Well done
Sensitize health subdistrict staff in meetings and workshops	Done	Well done	Well done
Sensitize councils	Done	Well done	Well done
Sensitize women and youth social groups	Done	Well done	Well done
Involve schools, disseminating immunization messages, and disseminate messages by teachers	Done	Done	Done
Organize outreach	Well done	Well done	Well done
Hold orientation workshops for health care workers to promote interpersonal communications	Not done	Not done	Not done
Conduct film show in every subcounty	Not done	Not done	Not done

IEC, information, education and communication.

Based on communication for development (C4D) templates, CAR developed a social mobilization monitoring tool to evaluate the effectiveness of social mobilization at the community level. The tool includes a methodological approach, a sample and a Microsoft Excel database. This database was used to enter the sample data. It included formulas that produced a set of automatic charts that contained basic information.

Annex 4 is a sample form that can be used to monitor social mobilization.

Annex 1 Example of an action plan at the local level

No.	Activity	Tasks	Target group	Responsibility	Output	Time schedule								
						26 Apr	3 May	10 May	17 May	24 May	31 May	7 Jun	14 Jun	
1	Define the communication responsibilities for each community	Select Recruit	Mobilizers	Focal point	IEC responsible by districts and villages	×								
2	Explain the message to disseminate to all of the mobilizers and town criers	Define main messages Produce print copies and distribute	Mobilizers and town criers	Focal point	Messages known and agreed to	×								
3	Social mobilization at district level	Organize meetings Recruit town criers Broadcast radio programmes	Communities	Mobilizers	Message transmitted to the population					×	×	×	×	
4	Involve local authorities in the organization of the campaign	Have IEC meetings	Local authorities	Regional authorities Focal point	Political support and active participation of the authorities			×						
5	Involve traditional chiefs and religious leaders	Make contacts Have meetings	Traditional chiefs and religious leaders	Focal point	Participation of traditional chiefs Advocacy from religious leaders				×	×	×	×		
6	Brief local media and channels	Identify local radios and channels Provide them with scripts and information Organize informational workshops	Local radio, theatre groups, social organizations	Mobilizers Focal point	Messages disseminated through local media, channels and organizations							×		
7	Town criers	Calculate how many town criers will be needed Recruit them Provide them with information and support Confirm the message to be transmitted	Communities	Local IEC committees	Communities will be informed about when and where to go to get vaccinated					×	×	×		
8	Batteries for megaphones	Calculate the needs. Enter them into the micro planning Fill the megaphones Distribute them in a strategic way	Mobilizers	Focal point	Town criers and mobilizers with functional megaphones		×	×	×	×	×			
9	Banners	Plan the quantity of banners necessary for the district Put them at the entrance of the district and in front of health centers	Communities	Mobilizers	Population will be informed about the date and the target group of the vaccination			×	×	×	×	×		
10	Disseminate information in national languages at local radios	Identify the radios Get the scripts translated into the local languages Disseminate	Local communities	Focal point Mobilizers	Population will be informed about the campaign			×	×	×	×	×		
11	Distribution of posters, flyers and other print materials	Paste posters Distribute flyers	Population	Mobilizers	Population will be informed about the campaign				×	×	×	×		

IEC, information, education and communication.

Annex 2 Example of radio transcript from Cote d'Ivoire

Sensibilization radio spot for the health care districts			
Characters	Text	Effects	Observations
Jingle		Jingle standard vaccination	
Town crier	Hey hey hey! Pay attention to the news!	Jingle on second level	
Woman	What news?	Jingle on second level	
Town crier	There is a big free vaccination campaign against yellow fever in 31 districts of Cote d' Ivoire from Friday 3rd to Thursday 9th December, 2010.	Jingle on second level	
Woman	Ah ok! It is free! Who will be vaccinated? Where is the vaccination taking place?		
Town crier	All children over 9 months and adults will be vaccinated, except pregnant women. Go get vaccinated at the nearest health center or vaccination post.	Jingle on second level	
Nurse	Yellow fever is a viral disease. It is transmitted by a mosquito bite. It manifests itself by fever, headaches, muscle pain, fatigue, nausea and vomiting. Complications develop in 15% of infected persons; these complications are jaundice, abdominal pain, bleeding and kidney involvement. Half of those who develop these complications die. There is no treatment for yellow fever. Immunization is the best form of protection from yellow fever. Immunized persons are protected for at least 10 years.	Jingle on second level	
Man (head of the family)	Madame!! Why do they provide a yellow card to those who have been vaccinated?	Jingle on second level	
Nurse	Yellow cards are free and they act as proof that you are vaccinated. Keep your yellow card in a safe place and produce it when requested, in health centers, schools or for travel.	Jingle on second level	
Man + woman + nurse + plus other family members	Together we will defeat yellow fever.	Jingle on second level	
Jingle up		Jingle standard vaccination	

Annex 3 Specific messages for yellow fever

Fact sheet: frequently asked questions

1. What is yellow fever?

Yellow fever (YF) is a viral disease. It is transmitted by a mosquito bite. Its symptoms include fever, headaches, muscle pain, fatigue, nausea and vomiting. Complications develop in 15% of infected persons; these complications are jaundice, abdominal pain, bleeding and kidney damage. Half of those who develop complications die. There is no treatment for YF. Immunization is the best form of protection from YF.

2. What type of illness does yellow fever cause?

Illness ranges in severity from fever to severe hepatitis and hemorrhages. Most YF infections show moderate symptoms, but the disease can cause severe, life-threatening illness.

Symptoms of severe infection are brown/red urine; in children, the disease mimics septicaemia.

3. Why organize an immunization campaign against yellow fever?

“N” cases of yellow fever have been registered in the communities of _____ and _____. To prevent epidemics in the country, from __ to __ of _____, the government is organizing, in collaboration with its development partners, a YF immunization campaign in “N” health districts in which there is a high risk of an epidemic.

4. Who will be vaccinated?

Everyone over nine months old.

5. Is the vaccine effective?

Yes. The YF vaccine is very effective. It provides protection against the disease after one week, and immunized persons are protected for life.

6. Is it possible to have the whole family vaccinated?

Yes. You must vaccinate all the members of your family who are over nine months old.

7. Who should not receive the yellow fever vaccine?

There are two groups of people who should not receive the vaccine unless the risk of YF disease exceeds the risk associated with the vaccine:

- infants under 9 months of age.
- pregnant women.

8. Should people with HIV infection receive the yellow fever vaccine?

People with asymptomatic HIV infection may be vaccinated. Only people with an immunodepressed condition associated with HIV and AIDS will not be vaccinated.

9. Is it possible for a malaria patient to be vaccinated?

Yes. Malaria is not a contraindication for the vaccine.

10. Are adverse reactions to be expected?

The YF vaccine is very well tolerated. In a few rare cases, adverse reactions may occur.

11. What kind of adverse reactions are possible?

Most of the adverse reactions are benign. They include fever, headaches, muscle pain, joint pain and itchiness.

12. Are severe allergic reactions possible?

Yes, but such reactions are the exception (1 case for every 100 000 doses of vaccine administered) and their onset occurs within minutes of immunization. Patients are advised to remain at the place of vaccination for at least 15 minutes after administration of the vaccine. The vaccinator is equipped to manage any such reactions.

13. What should be done in case of adverse reactions?

It is possible to treat most benign adverse reactions at the nearest health center.

A mechanism for investigating and treating suspected cases of serious adverse reactions has been set up in referral hospitals, regional and district hospitals, and in health centers.

14. Where will immunization take place?

In the health centers and at a number of temporary immunization posts set up in schools, and at markets, bus stations, churches and neighbourhoods in each of the _____ districts concerned by the immunization campaign.

15. What happens if a parent fails to bring their children or relatives for immunization?

The benefits of immunization should be explained to the parent, and their misconceptions dispelled.

16. What role does the community play in this campaign?

Follow the instruction to come with your family to the YF vaccination posts from the _____ to the _____.

The community provides information on the campaign, identifies immunization sites, directs people to the sites, and monitors and declares any adverse events.

17. As a citizen, what part am I able to play to ensure the success of this campaign?

Inform those around you about the campaign, identify immunization sites and get yourself, and your family, neighbours and friends vaccinated.

A message from the Ministry of Health.

Annex 4 Sample form to monitor social mobilization

Questionnaire code:	Subprefecture:
Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/>	Community:
Region:	Neighbourhood/village:
Prefecture:	Urban <input type="checkbox"/> Rural <input type="checkbox"/>

1. Will you vaccinate your family against yellow fever next week?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Did you vaccinate your family against yellow fever this week?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Have you received information about this yellow fever campaign?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. If yes, how have you received the information?	
Radio?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Television?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Newspaper?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Poster, banner, flyer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Town criers?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Churches/mosques?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Neighbours?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Social mobilizers?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SMS?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Others? What?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Do you know what disease they are vaccinating against in this campaign? <i>Y (if they say yellow fever) or N (if they say something else)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. How long will the vaccine protect one against yellow fever? <i>Y (if they say for life) N (if they say something different)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Did you know the mobilizer or the town crier who came to your home? <i>Y or N</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Did the mobilizer or the town crier have good behaviour? <i>Y or N</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Note: Y for yes and N for no.

Communication and social mobilization in yellow fever mass vaccination campaigns