

7 Partnering with communities

About this module...

This module aims to motivate health workers to partner with communities and improve access to and utilization of immunization services. It builds on the previous modules to provide additional details to guide health staff and communities as they work together to plan, provide services, promote these services, improve service quality, track eligible children and address resistance to immunization.

There is no single formula for establishing beneficial partnerships with communities. Partnering will and should be different in different places depending on local needs, resources and capabilities. This module is based on general principles and should be used as a guide to immunization service activities at the local level.

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1

Introduction

1.1 Definition of partnering

Partnering with communities for immunization refers to supportive, coordinated action that can be taken by health workers and community members towards achieving their shared goal of providing accessible, reliable and friendly services that are used appropriately by all. It is based on the principle that when communities are involved in planning, providing and evaluating services, they will develop stronger trust and ownership of those services.

The term community usually refers to a grouping of people by geography (such as a village) or choice (such as a religion). In this module, the term emphasizes the individuals and groups who should be involved in planning, providing and evaluating immunization services. This includes not only individual community members and leaders, but also community-based social or professional groups and nongovernmental organizations (NGOs).

1.2 Benefits of partnering with communities

Increased immunization coverage

Several studies, including the 2007 multiagency evaluation of the Reaching Every District strategy in Africa, have shown that community involvement can help immunization programmes increase their coverage and reduce dropout rates.

Greater equity for underserved populations

Immunization programmes need to provide more equitable access to services. This involves reaching out to under- or unimmunized groups and addressing such issues as:

- incomplete understanding of the purpose and importance of immunization, and when children should be taken for vaccination
- poor or disrespectful treatment from health workers during service contacts
- inability to pay transportation and/or other costs
- lack of available time during immunization hours, often due to other obligations to support the family livelihood and traditions.

To achieve the equitable utilization of services, health services and their community partners must make special efforts through strong community links to improve access for families who have little formal education; who are of minority, new immigrant or displaced status; and/or who are poor.

Satisfaction for health workers and community members

Partnering can increase job satisfaction and enthusiasm for the health professional. Positive feedback from the community is a personal benefit to staff. Any feedback – even complaints that may come up when communities are asked for opinions – can be used to continuously improve services to the benefit of all.

Building a sense of joint responsibility for child health can provide many psychological and practical benefits on the community members involved. People change from being passive recipients of services to partners who have a role to play in health service achievements. Community members have the opportunity to gain:

- knowledge and understanding of immunization, diseases and public health
- skills in collecting and analysing information, educating and counselling fellow community members, and facilitating discussions and meetings
- confidence from seeing how they can contribute to improving services and how they can effectively support programmes.

2

Get started

Microplanning activities and data analysis discussed in Modules 4 (*Microplanning for reaching every community*) and 6 (*Monitoring and surveillance*) are the starting steps for partnering with communities.

1. **Review your programme's immunization coverage.** Complete the exercise in Module 4, Section 2 (Table 4.3) to identify priority communities based on the number of unimmunized children.
2. **Analyse service accessibility, reliability and client orientation.** This will help better define whether children remain under- or unimmunized due to poor access and/or utilization and gives a starting point for the community partnering discussions given in Step 4 below. Refer to Module 4, Sections 2 (Table 4.3) and 3, and Module 6, Section 4 (Figure 6.12).
3. **Prepare an inventory of your potential community partners.** In addition to caregivers, community workers and community leaders, there may be others who are already involved in health services and interested in partnering. Examples include:
 - community-based traditional health providers
 - religious leaders and groups affiliated with religious institutions (mother's groups, youth groups)
 - other organized health groups (health committees)
 - teachers, parent–teacher groups, school health programmes
 - local staff or groups associated with other areas of social and economic development, such as agricultural extension workers
 - NGOs.
4. **Share immunization programme information.** Meet with the community partners who seem to be the strongest, most motivated and best able to help with immunization activities and ask them to comment on the findings obtained in Steps 1 and 2 above. Meetings can be organized specifically for this purpose or this can be done at scheduled health centre microplanning sessions. Note that while interacting primarily with formal leaders may be easiest and most convenient, relying only on leaders may be problematic because they may not represent the entire community. Formal leaders may not always prioritize the needs of all groups, including women and children. Evaluate this in the local context and act accordingly.

3

Learn about the community

Understanding the community and its needs is essential. Module 4 contains household and community discussion questionnaires to start gathering information to feed into the microplanning process. This section is a guide to more in-depth community discussion to complement the information from those questionnaires.

Effective partnering depends on clear and open communication between health staff and communities. As part of the initial engagement, and at least once a year afterwards, health centre staff should consult with community leaders and members in open meetings. This will increase opportunities for:

- gathering valuable community feedback on services
- assessing current collaboration
- exploring and planning new ways to partner
- preventing misunderstandings and/or rumours
- effectively addressing challenges to the programme, including rumours.

When community partners feel respected and listened to, they develop a growing sense of trust and ownership, and are more likely to increase their appropriate utilization of services.

3.1 Decide who to talk to

In planning information gathering, first consider who to talk to. Be sure to include people from different areas or groups in the catchment and include those that:

- have persistently low coverage and/or high dropout rates (for example, people in remote communities or in dense urban areas)
- are particularly difficult to reach (for example, nomads, migrant families, homeless families, street children, urban slum dwellers)
- are more likely to avoid some or all vaccinations (for example, highly educated people, religious or traditional sects, ethnic minorities, persons without proper official documentation).

It is often useful to plan separate meetings with caregivers whose children are fully immunized and those whose children are under- or unimmunized to try to understand the factors affecting each group.

3.2 Ask more questions

The following questions on community perceptions and experiences should add more information to the answers already obtained in the Module 4 questionnaires.

- What is the purpose of immunization?
- When should immunization be done?
- Do you consider it important to get your children fully immunized?
- Do you have any beliefs or concerns about immunization that you would like to discuss?
- If you (and/or others you know in the community) reject immunization, what are the reasons and where/to whom do you look for guidance on your decision?
- Do you think immunization services are easy to get to and to use? Why or why not?
- Do you think health workers explain immunization services and answer your questions well?
- How common are cancelled immunization sessions?
- Have you ever taken your child for immunization but then had to go home without all the vaccination doses being given? What was the reason for vaccinations not being given?
- Do you take your children back for vaccinations after a cancelled session or a missed vaccination?
- Where do unimmunized children/groups live?
- Do people move in and out of the community in ways that may make them miss immunization sessions? (Examples are seasonal workers, nomadic groups, returning refugees.)

3.3 Choose methods for information gathering

Different information gathering methods will give different data that can be compared to form a more complete picture of the community. Start with any past studies and social data that may apply to the local context and then complete the exercises given in Module 4. In addition, one or more of the following may be used:

- separate group discussions with men and women (if mixed groups limit participation)
- observation of vaccination sessions and interactions between health workers and caregivers and their children
- short exit interviews with caregivers for immediate feedback on their experience and their understanding of key information, such as the date of their next appointment.

Try to speak to people directly rather than having others speak on their behalf. For example, learn about mothers' current perceptions and experiences with immunization directly from mothers themselves rather than from community leaders. Try to limit group sizes to 12 people or less.

Refer to Annex 7.1 for more details on conducting a community meeting.

4

Plan services with communities

Community participation in immunization service planning is important for promoting a sense of ownership and accountability. Involve community partners in regularly scheduled programme microplanning and evaluations. Hold quarterly update and feedback meetings in larger communities and annual meetings in smaller communities. These provide opportunities to learn about current community perceptions of services, to inform community leaders about the programme and to plan activities that build community engagement while addressing relevant needs and concerns.

4.1 Invite participation in microplanning

Explain the purpose and importance of microplanning to community partners and invite representative caregivers, leaders, NGOs and others from the inventory given in Section 2 to participate.

For better microplanning, health workers should consult with communities on the location, schedule and services offered in fixed and outreach sites. Communities should be encouraged to give input on the following:

- Should outreach sites be moved to reach more children?
- Are special sessions (evenings/weekends) needed if caregivers are unable to attend during routine vaccination times?
- Do any seasonal changes (heavy rains/mud, high water, snow) need to be kept in mind for scheduling?
- Can convenient gathering points and times (such as market days) be used to maximize attendance at immunization sessions?

Microplanning should include budgeted activities to promote partnering; for example:

- information exchange with communities
- mobilizing families for immunization
- obtaining community feedback on immunization services
- providing non-financial incentives for community volunteers to assist in service provision and monitoring.

Microplans may integrate other high-priority services with immunization according to national guidelines and/or community needs (see Module 1 (*Target diseases and vaccines*), Section 18). These might include:

- vitamin A supplementation
- deworming
- trachoma diagnosis and treatment
- Integrated Management of Childhood Illness
- general diagnosis, treatment and referral
- child growth assessment, nutrition counselling and food supplement distribution
- distribution of insecticide-treated bed nets
- antenatal and postnatal consultations
- family planning services
- supervision and other support to community health workers.

4.2 Define respective responsibilities

Work with each community to agree on its responsibilities for managing outreach sessions. Community responsibilities may include mobilizing those on the due list and setting up the immunization site before the session; and recording data, providing health education and assisting patient flow during the session itself (see Module 5 (*Managing an immunization session*)). Community responsibilities should also be discussed during microplanning sessions and changes made as needed based on feedback.

Many NGOs can provide essential support for mobilizing and informing communities, session logistics and defaulter tracking. Community NGOs often provide services to marginalized and hard-to-reach populations and so can help ensure participation in immunization and other health care services. NGOs can also advocate for recognizing vaccination as a child right and for programme financing at different government levels. Annex 7.2 contains a checklist for the evaluation of NGO activities and to help define their possible responsibilities in assisting immunization services.

4.3 Make arrangements to inform all community members

Health staff, community representatives and caregivers should plan how to inform community members about important information. This includes the following.

- Upcoming outreach services. For example, one country developed an effective community awareness system using flags, putting up three flags three days before the immunization session, two flags two days before, one the day before, and finally a vaccination flag on the actual day.
- Changes in outreach or facility-based service schedules. For example, if outreach services must be postponed or rescheduled, SMS or mobile phone calls to community workers may be the fastest way to spread the message. A hand-written note sent with a mini-bus or taxi driver to a community leader may also be effective. Timely communication about cancelled or postponed sessions is essential for maintaining public confidence and use of services.
- The start of a session. Use any methods that are appropriate and practical locally, including SMS alerts, whistles, horns, drums, megaphones and loudspeakers, to inform the community that the session is about to start.

5

Involve communities in monitoring and surveillance

In addition to microplanning and outreach session management, health workers should involve community members in monitoring and surveillance of services. This usually requires the following steps:

- identifying community volunteers
- defining their responsibilities (in collaboration with them)
- training them and providing the required tracking or teaching materials
- providing supportive supervision and mentoring, as needed
- giving them feedback on the impact of their efforts
- providing needed incentives (for example, badges, caps, thank-you letters, appreciation festivals).

This section describes the monitoring and surveillance activities that can be part of efforts to partner with communities.

5.1 Track children and their immunization status

Community members can play an extremely useful role in tracking children's immunization status and in alerting and motivating caregivers. They can:

- identify target populations in collaboration with health workers
- list infants and mothers (including newborns and pregnant women) who need to be added to immunization registers (see Module 6 (*Monitoring and surveillance*), Section 1)
- make home visits to give dates and times of fixed and outreach sessions and encourage attendance
- explain the importance of immunization and help caregivers interpret immunization cards
- collaborate with health workers to keep track of new and defaulter infants who need to complete immunization series (see Module 6 (*Monitoring and surveillance*), Section 1).

5.2 Report diseases

Community members can also contribute by identifying and referring suspected cases of reportable diseases to their local health facilities (see Module 6 (*Monitoring and surveillance*), Section 2 for details on reporting vaccine-preventable diseases). Health care facilities should provide clear aids to support this function.

5.3 Exchange monitoring and surveillance information with communities

Community feedback on services

Establish systems for collecting feedback from the community. These may include exit interviews, quarterly or annual meetings to discuss immunization and other health services or, in some settings, a feedback box, website or mobile phone number for comments and suggestions by text. Community feedback can reveal and help correct health worker practices that discourage caregivers (see box below and Module 5 (*Managing an immunization session*), Section 2). Feedback can also help to highlight health system problems that result in missed opportunities, leaving children unvaccinated and caregivers frustrated. Examples of such problems include:

- too many attendees at a session or too few children present to warrant opening a multi-dose vial
- vaccine stockouts
- restricted dates/times for offering vaccines
- health workers postponing vaccination of a mildly ill child or hesitating to give multiple injections at the same visit.

Health staff can immediately address such problems when they are identified, discuss issues further with community representatives in microplanning sessions, and provide feedback on planned and achieved improvements.

Health service feedback to communities

It is essential to give feedback to communities to promote effective partnering. This should be given regularly in meetings, and should include information on coverage and dropout rates as well as notifying cases of vaccine-preventable diseases in the community and/or district.

Feedback meetings provide opportunities for health centres to acknowledge and thank the community for their contributions, as well as for the community to acknowledge and thank the health workers. These meetings also provide opportunities to acknowledge caregivers whose children are fully immunized.

The importance of respect

Treatment of and communication with caregivers at the time of vaccination can significantly affect their willingness to return for subsequent doses. Some points on encouraging caregivers are mentioned in Module 5 (*Managing an immunization session*), and are worth reviewing here.

Health centre staff can help improve immunization coverage by:

- beginning and ending vaccinations at scheduled times
- shortening waiting times as much as possible (see if community volunteers can help)
- attending to all children and caregivers who come during normal vaccination hours
- showing respect and courtesy to children and caregivers
- giving information or advice in a language that is easy for the caregiver to understand
- listening to concerns with empathy.

Be careful to avoid criticism of the caregiver verbally and/or with body language.

Treating people respectfully and kindly can be difficult if a health worker:

- feels overworked, underpaid and/or underappreciated
- perceives her/himself as different from the community, perhaps because of professional or educational status and/or being from another ethnic group
- considers some caregivers to be ignorant, lazy and/or illiterate.

6

Inform and engage community members

6.1 Inform caregivers

In effective immunization programmes, caregivers have a basic understanding of the purpose of immunization, its importance and where and when it is available. They should also have basic information on possible adverse events and how to handle them. This understanding can be built through education at health facilities and in communities. Information can also be passed on via radio, print and other mass media. Although caregivers do not need to become immunization experts to have their children vaccinated, they should have the opportunity to learn more about immunization, vaccine-preventable diseases and any related concerns.

Communication during immunization sessions is discussed in Module 5 (*Managing an immunization session*). The immunization card itself can be used as a teaching aid as well as a vaccination due date reminder.

6.2 Engage community members in communication roles

Well-oriented community members can play a key communication role, especially during busy immunization sessions. For example, trained community volunteers can staff an information table at which caregivers stop after their children are vaccinated. Volunteers can reinforce key information about return dates and possible adverse events, and respond to any questions or concerns.

Organized community groups (health volunteers, teachers, religious groups, youth groups) can play a particularly useful role in reminding others about immunization sessions and mobilizing families whose children are due or overdue for vaccinations.

Health facility staff should support community educators by training them on key information and providing support materials, such as question and answer booklets, flip charts or, if appropriate, PowerPoint presentations and links to reliable, science-based websites. The box below suggests key information that should be made available to community members so they can make an informed decision about vaccinating their children.

Key information about immunization

Besides basic information on the purpose and benefits of immunization, the vaccines and diseases, and the days, times and places where vaccination is offered, communities should understand the following points.

- Every child has a right to be immunized and it is the duty and responsibility of parents to take their children for immunization.
- Immunization saves the lives of millions of children every year by preventing serious illnesses.
- Immunization is free and available at health facilities and outreach sites (specify all relevant sites, including NGOs, if applicable).
- Immunization is an easier step than treatment of any vaccine-preventable disease.
- Immunization helps caregivers since they do not have to take time off work to care for a child sick with a preventable disease.
- Vaccines are safe and effective and have been tested and approved by regulatory authorities, ministries of health, WHO and the United Nations Children's Fund.
- It is safe to vaccinate a child who has a mild illness, a disability or malnutrition.
- Caregivers should take the immunization card every time they take their children to a health facility or outreach site. A child's immunization status should be reviewed every time they have a health care visit for any reason.

6.3 Engage traditional and religious leaders

Traditional and religious community leaders can promote immunization and provide practical information, such as session locations and schedules. Provide written information on immunization and other health topics for these leaders to read during community announcements and after religious services. In places where there is resistance to vaccination based on traditional or religious beliefs, it is essential to engage these leaders since their cooperation is usually needed to help improve acceptance of services (see Section 7 of this module).

6.4 Engage schools and other potential collaborators

The school system and teachers should be engaged to teach children about immunization for several reasons:

- older, school-age children are the target for some vaccines (for example, HPV vaccine) and campaigns
- students who are well-informed about immunization are more likely to have their own children immunized when they become parents
- well-oriented, older students can check the immunization cards of younger children in their own and neighbouring families and urge the caregivers to take their children for any missing vaccinations.

Parent–teacher association (PTA) meetings or similar occasions can provide opportunities for health staff and community educators to remind parents about the importance of immunization and to relay practical information. Where active, PTAs may help track and follow up children who have missed vaccinations or those who have dropped out of school, but may need follow-up.

In some countries, tetanus, diphtheria, HPV and some other vaccinations are given in schools. This requires good coordination between education and health officials for the delivery of both information and vaccination. Education officials and teachers may also serve as volunteers during national or subnational vaccination days or campaigns.

6.5 Engage the media

Health staff (often from district level) can actively engage with local mass media (radio, television, mobile phone companies) to inform people about the availability and impact of immunization services. Media can be responsible, proactive partners for health services. Health staff and community members can discuss immunization in the local media; for example, community leaders can promote immunization and parents can share experiences with vaccine-preventable diseases in unimmunized children during radio interview shows.

It is important to note that the media is usually most effective as a secondary channel of information to build on information provided through personal communication with trusted individuals, as described above. Ideally, mass media messages should be tested and validated using appropriate research methods before being spread widely.

7

Address resistant groups

In many places throughout the world, the most common reasons for children not being vaccinated are service-related: services are difficult to access, offered at inconvenient times, unreliable and/or unfriendly, and caregivers often lack specific information on when and where to take their children for vaccination. When vaccine resistance or hesitancy is the reason children remain unvaccinated, this needs to be addressed immediately.

7.1 Understand reasons for resistance

Resistance may be based on religious beliefs, anti-vaccination information (disseminated via the Internet, in print and/or interpersonally), lack of understanding of the benefits of vaccination, rumours based on misinformation or false assumptions, or publicity on deaths or other serious events that are assumed to be related to vaccination. Anti-vaccination information may be disseminated by people with political or economic motives as well as by people who simply mistrust science or the government. Vaccine refusal or hesitancy may also result from a negative experience (personal, family or friend's).

7.2 Respond to resistance

Accurate, positive information should be given in response to resistance. Avoid repeating misinformation since some people may misinterpret it again. Where there is widespread or growing fear or rejection of immunization, a prompt, strong, well-grounded response is essential. The first step is learning about the issue(s) at hand:

- What people or types of people are rejecting immunization?
- For what reason?
- Who or what is influencing them?
- What is motivating those influencers?

Regardless of the cause, significant resistance is a situation that often requires the local health facility to seek assistance from the district or national health authorities. Under the direction of these authorities, health centre staff can:

- meet with key opinion leaders (politicians, traditional and religious leaders, community leaders, other health workers)
- organize meetings at sites where the individuals or groups are comfortable and feel at ease to ask questions
- encourage community members to watch and talk about any national mass media response.

In many cases, communication activities must be complemented by actions to make vaccination services more friendly, acceptable and convenient, and to increase the involvement of leaders from resistant groups.

Immunization programmes should have procedures and plans ready for adverse events and crises in public confidence. Any serious illness or death following vaccination should be thoroughly investigated as quickly as possible and the public should be urged not to jump to the conclusion that the vaccination was the cause (see Module 6 (*Monitoring and surveillance*), Section 2.4).

The more trusting the relationship is between health services and communities, the less likely that the problem of resistance will arise. But if it does, a trusting relationship will make it easier to respond to community concerns or vaccine resistance.

How to respond to rumours and misconceptions about immunization

- Act swiftly to identify the source of the rumours and understand their contents. Listen to what they are saying. Try to understand their starting point.
- Identify the people and organizations responsible for fabricating and spreading the rumours and design strategies to interact with them.
- Collect good data and facts about immunization to prepare responses to rumours.
- Determine the reasons behind the creation of these rumours (for example, is it lack of information, religious/cultural opposition, specific beliefs or mere propaganda?).
- Turn the rumour around by going to the source and asking the people what solution they can offer to dispel the rumour.
- Target key and credible opinion leaders in the affected area (community leaders, religious leaders, elders, clan leaders), inform them about immunization and seek their support for the promotion of services.
- Identify appropriate occasions on which to disseminate facts about immunization (for example, village meetings, religious gatherings, cultural and social functions such as fundraising).
- Involve NGOs, civil society organizations and respected leaders to disseminate accurate information on immunization.
- Coordinate with the district health authority to conduct a mass media campaign to spread accurate information on immunization (via radio, for example). In particular, seek out media that have already misinformed the public and involve them in an accurate campaign.
- Train community members who can support the dissemination of accurate information at various places/events.

Annex 7.1

Community meetings

In addition to involving community leaders, volunteers and others regularly, health centre staff should meet at least once a year with as many catchment area communities as possible. Work with local leaders to invite everyone with an interest in child health and to ensure that women and religious and ethnic minorities attend. The purpose of these meetings is to exchange information. This includes providing updates on the immunization programme and the importance of using its services, ask for honest feedback and suggestions, and invite any questions or concerns about immunization. Discuss ways to strengthen partnering for immunization. Adapt the advice below as needed based on local factors.

Scheduling the meeting

- Propose a meeting and explain its purpose to different community leaders and groups. If they agree, ask them to suggest the best time and place. Try to ensure that different community subgroups (for example, men or women or particular political parties, religions, social classes or ethnic groups) are represented, either in combined or separate meetings, as appropriate.
- Discuss and reach agreement on the objectives of the meeting. For example: to get their feedback on health services; to inform people about immunization and what it takes to protect their children; and/or to discuss how they might assist with promoting, providing or evaluating immunization services. Invite their suggestions.
- Ask the community representatives to inform others about the meeting and let them know what you will provide (for example, health education materials on immunization and drinks or snacks).

Facilitating the meeting

A health worker can facilitate the meeting, either alone or together with one or two community representatives. The facilitators should dress appropriately for the community setting.

- Have everyone sit in a circle or in a similar arrangement that allows participants to see each other. The group can sit on chairs, benches, the ground or any appropriate seating. The facilitators should sit in similar seating and on the same level as the community participants.
- If culturally acceptable, encourage women not to stand at the back of the crowd but to come forward and participate actively. While men's opinions are important, women are likely to have greater experience with immunization services. In some settings, separate meetings with men and women may be necessary.

- Open the meeting by thanking people for organizing it and attending.
- Explain the objectives clearly. The general objective is to improve immunization services and their use to keep the community's children as safe from vaccine-preventable diseases as possible. There should also be more specific objectives, such as gathering feedback or choosing tasks during immunization sessions. Ask if these are clear. Ask for comments and suggestions for additional objectives.
- Explain that the objectives will be achieved only when everyone participates. Emphasize that all opinions are welcomed without judgment.
- If appropriate, ask someone from the community and someone from the health services to take notes. After the meeting, they can sit together to make the official notes for future reference.
- Speak loudly and clearly. Avoid medical or public health terms and speak in the language that the participants are most comfortable using.
- Do your best to get everyone to participate, particularly groups or individuals who seem shy or possibly afraid to speak up.
- Ask a lot of questions and encourage wide participation to gather feedback on services.
- If informing the community about immunization or services, be sure to confirm people's understanding and encourage them to express their doubts and ask questions. Ask them questions too and then add to what the participants say without moving into a lecture.
- If exploring whether the community can assist with some aspect of immunization services, first encourage brainstorming on various ideas. Ask how many people agree or disagree with certain points or ideas. Ask if informal voting is needed to clarify the majority opinions or suggestions.
- Just before ending the meeting, ask for volunteers to summarize what was said and agreed.
- Review the specific commitments made by both the health services and the community.
- Review how the commitments will be monitored.
- Agree on a time or tentative times for a follow-up meeting.
- Thank everyone for attending and participating.

After the meeting:

- If notes were taken, arrange for them to be finalized and disseminated.
- Be certain to monitor the commitments made at the meeting.
- If particular problems – either in health services or in community perceptions – emerge from the discussions, try to address them as soon as possible in microplans and/or in actions for health staff and community partners. Make the district/central levels aware of any problems that they may need to help address or activities that they may need to support.

Annex 7.2

Checklist for NGO involvement in immunization

NGO involvement in immunization

NAME OF NGO: _____ **DISTRICT:** _____

For routine immunization services at fixed or outreach sites (NOT for polio national immunization days or other supplemental immunization activities [SIAs]).

Does the NGO:	Circle Y (yes) or N (no)	
Organize and directly immunize at NGO immunization sessions at fixed or outreach sites?	Y	N
Advocate with government for delivery of immunization services?	Y	N
Coordinate with government health facilities about schedule of outreach services?	Y	N
Announce visits of immunization teams (e.g. "town-criers", flags)?	Y	N
Maintain/update community-held registers (lists) of newborns?	Y	N
Use community-held registers (lists) to record each child's immunizations?	Y	N
Use registers (lists) to identify defaulters to reduce drop out?	Y	N
Target/educate individual community members to get their children immunized?	Y	N
Publicly recognize parents of children who complete immunizations?	Y	N
Monitor immunization coverage in geographic catchment areas (e.g. community, parish)?	Y	N
Provide in-kind or financial support for government immunization (e.g. transport, salary top-ups, lodging, meals)?	Y	N
Provide other technical support for government immunization (e.g. cold chain, logistics)?	Y	N
Discuss the immunization programme and its progress with community committees or members, including families who have concerns about immunization, how people feel about services?	Y	N
Describe other involvement:		