



# **Immunization Mainstreaming through Religious System**

## *Implementation Guide*

**December 2016**

# Table of Contents

<b>TABLE OF CONTENTS .....</b>	<b>2</b>
<b>ACKNOWLEDGMENT .....</b>	<b>3</b>
<b>ACRONYMS.....</b>	<b>4</b>
<b>ABOUT THE MANUAL.....</b>	<b>5</b>
<b>INTRODUCTION .....</b>	<b>6</b>
<b>RATIONALE .....</b>	<b>7</b>
<b>PROCESS OF IMMUNIZATION MAINSTREAMING .....</b>	<b>8</b>
<b>I. CONSENSUS BUILDING.....</b>	<b>8</b>
1.1. INTRODUCTION.....	8
1.2. PURPOSE.....	8
1.3. PARTICIPANTS .....	8
1.4. METHODS .....	8
1.5. OWNERS OF THE PROCESS .....	8
1.6. PROCESS AND TASK .....	9
1.7. EXPECTED OUTPUTS: .....	9
<b>II. SELECT RELIGIOUS LEADERS.....</b>	<b>9</b>
2.1. INTRODUCTION.....	9
2.2. PURPOSE.....	9
2.3. PARTICIPANTS .....	9
2.4. METHODS .....	10
2.5. OWNERS OF THE PROCESS .....	10
2.6. PROCESS AND TASK .....	10
2.7. EXPECTED OUTPUTS: .....	10
<b>III. TRAINING ON EPI MAINSTREAMING .....</b>	<b>11</b>
3.1. INTRODUCTION.....	11
3.2. PURPOSE: .....	11
3.3. PARTICIPANTS: .....	11
3.4. METHODS:.....	11
3.5. OWNERS OF THE PROCESS: .....	11
3.6. PROCESS AND TASKS:.....	12
3.7. EXPECTED OUTPUTS: .....	12
<b>IV. IMPLEMENTATION APPROACHES .....</b>	<b>12</b>
4.1. INTRODUCTION.....	12
4.2. PURPOSE.....	12
4.3. PARTICIPANTS: .....	13
4.4. METHODS:.....	13
4.5. OWNERS OF THE PROCESS.....	13
4.6. PROCESS AND TASKS.....	13
4.7. EXPECTED OUTPUTS/OUTCOME:.....	13
<b>V. MONITORING AND EVALUATION (M&amp;E) .....</b>	<b>14</b>
5.1. INTRODUCTION.....	14
5.2. PURPOSE.....	14
5.3. PARTICIPANTS .....	14
5.4. METHODS .....	14
5.5. OWNERS OF THE PROCESS: .....	14
5.6. PROCESS AND TASKS.....	14
5.7. EXPECTED OUTPUTS/OUTCOME.....	15

## Acknowledgment

Consortium of Christian Relief and Development Associations (CCRDA)/CORE Group Polio Project (CGPP) would like to extend its sincere gratitude to The Federal Ministry of Health (FMoH) and GAVI Alliance for financing the development of this Immunization Mainstreaming through Religious System implementation guide.

The names of people who were intensively involved in developing this draft guide are listed below. Without them, this guide would not exist; therefore we are grateful for their contributions.

Filimona Bisrat (MD, MPH)	Director, CGPP Ethiopia
Legesse Kidanne (BSc, MSc)	CGPP Deputy Director
Bethelehem Asegedew (BA, MA)	CGPP Communication Officer
Solomon Zeleke, (BSc, MPH)	CGPP Program Officer
Muluken Asres, (BSc, MPH)	CGPP Program Officer
Asrat Assres (B.Pharm., BSc, MPH)	GAVI Program Officer

Last but not least, we would like to thank all other CCRDA/CGPP staff, GAVI CSO project implementing organization staff and all others who overtime gave us invaluable inputs for improving this manual.

## Acronyms

AFP	Acute Flaccid Paralysis
BCG	Bacillus Calmette- Guerin
BCC	Behavioral Change Communication
CBS	Community Based Surveillance
CCRDA	Consortium of Christian Relief and Development Associations
CGPP	CORE Group Polio Project
CSO	Civil Society Organization
CV	Community Volunteers
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Program of Immunization
FMoH	Federal Ministry of Health
GAVI	Global Alliance for Vaccine and Immunization
HDA	Health Development Army
HepB	Hepatitis B
HEW	Health Extension Worker
Hib I	Homophiles' Influenza
IEC	Information Education Communication
IPV	Inactivated Polio Vaccine
NGO	Non-Government Organization
OPV	Oral Polio Vaccine
PCV	Pneumococcal Conjugated Vaccine
PIPs	Project Implementing Partners
RHB	Regional Health Bureau
RI	Routine Immunization
TT	Tetanus Toxoid
VDP	Vaccine Derived Polo Virus
VPD	Vaccine Preventable Diseases
WoHO	Woreda Health Office
WPV	Wild Polio Virus
ZHD	Zonal Health Department

## **About the Manual**

This implementation guide is designed to be used by organizations who are implementing Immunization Mainstreaming through Religious System. This guide assists to understand the process to implement immunization mainstreaming through different religious systems. This process include: Consensus Building, Identify religious institutions and leaders, training on EPI Mainstreaming, implementation approach and monitoring and evaluation of EPI mainstreaming.

This guide will be used by implementers after a central level training organized for CCRDA/CGPP staff, PIPs head and field office staff, RHBs and ZHDs in order to make the EPI mainstreaming training program uniform all over the project areas. Consequently, those trainees are expected to deliver the training to religious leaders at the target areas at the woreda level and monitor the implementation.

The objective of this guide is to provide a standard package of EPI mainstreaming implementation.

The implementation guide contains six main components; Introduction, Consensus Building, Identify religious institutions and leaders, training on EPI Mainstreaming, implementation approach and monitoring and evaluation. Each component has details of:- eaming Introduction, purpose, participants of the process, methods to be used, owners of the process, process and tasks, and expected outcomes/outputs.

## **I. Introduction**

Ethiopia with an estimated population of over ninety-six million is the 2<sup>nd</sup> most populous country in Africa. About 85% of its population is a rural resident. A substantial number of people are known to live in the underserved and least developed semi- pastoral and pastoral hard-to- reach area of the country. Ethiopia has a considerable number of young population. Children under five years are about 15% and those under fifteen years of age form about 45% of the population.

Morbidity, disability and mortality among young infants and under five children due to vaccine preventable diseases are major public health problem in the country. Out of the expected under-five deaths per year, vaccine preventable diseases account for a substantial portion of under-five mortality. Pneumonia and Measles are among the leading causes of under-five mortality.

Immunization against vaccine preventable diseases is a potent public health intervention in reducing child morbidity, disability and mortality. The National immunization program recommended schedule for infant routine vaccination is: BCG at birth (as soon as possible), three doses of DPT, with hepatitis B (HepB) and hemophilus influenza type b (Hib) (DPT-HepB-Hib) at 6, 10 and 14 weeks of age; at least three doses of oral polio vaccine (OPV) at birth, and at 6, 10 and 14 weeks of age and one dose measles vaccine at 9 months of age. In the National immunization program, three doses of pentavalent (DPT-HepB-Hib) has replaced DPT in 2005. In subsequent years, new vaccines has been introduced such as Pneumococcal Conjugate Vaccine (PCV) in 2010 and Rota virus vaccine in 2013 and Schedule for PCV 6, 10 and 14 weeks, Rota virus vaccine 6, and 10 weeks.

In Ethiopia, there are different religious institutions such as Ethiopian Orthodox Church, Islam, Ethiopian Evangelical Church Mekane Yesus, Catholic Church and Protestants are the main ones. These institutions have structures and systems from national to the community grass-root level. They are all operating in different hierarchy, position, status, mission, role, location, capacity, etc. Religious communities may also join together in formal or informal groups and gathering that go beyond their own religious duties. These gatherings leverage the social, spiritual, moral and other assets of different religious communities to align around common problems and accomplish positive change by harnessing their collective and complementary strengths.

CGPP is well informed that, the support of religious institutions is essential in achieving its goals. One way of eliciting such support is mainstream immunization into religious systems. Mainstreaming is the process of making something a principal, dominant or widely accepted practice of a group or community. EPI Mainstreaming is the integration of activities undertaken for immunization into the ongoing functional religious structure to promote immunization using the available outlets.

## **II. Rationale**

Religious leaders have deep and trusted relationships with their followers and often have strong linkages with the most disadvantaged and vulnerable members. As such, they are particularly well placed to address issues related to social factors such as social norms, behaviors and practices that affect access to services and thus facilitate efforts towards the realization of the positive actions.

Religious leaders can influence thinking, foster dialogue and set priorities for members of their communities. Therefore, using religious system to mainstream EPI will gain success at all levels.

- They can shape social values and promote responsible behaviors that respect the dignity and sanctity of all life.
- Many religious leaders are skilled and influential communicators who can reach the hearts and minds of millions of people in ways that humanitarian actors cannot.
- Religious institutions have already established social, organizational and physical structure reaches from the national up to the grassroot level.
- They can act on their own with minimum support

### **III. Process of Immunization mainstreaming**

#### **1. Consensus Building**

##### ***1.1. Introduction***

Multiple factors play major role in low immunization coverage and occurrence of vaccine preventable diseases (VPDs). Improving the immunization coverage to prevent and control VPDs require strong commitment and collaboration among all stakeholders (the government, non-Governmental organizations, religious institutions and the community). Knowing and identifying the existing religious institutions, their structure and the leaders at all levels is the first step. If there are more than one religion existed; prioritize the dominant religion in the target areas.

##### ***1.2. Purpose***

The purpose is to understand the impacts of VPDs, the benefits of immunization and to build supportive environment for EPI mainstreaming activities. Furthermore, it is to discuss on factors affecting immunization program; identify all possible action points, define roles and responsibilities of stakeholders to EPI mainstreaming activities.

##### ***1.3. Participants***

Participants of consensus building are representatives from regional/zonal level, such as, cabinet members, immunization partners, UN agencies, religious Organizations (Synods for Christians and Islamic Affairs Supreme Council for Islam) and representatives of non-governmental organizations.

##### ***1.4. Methods***

Advocacy visits and discussions will be held with the above mentioned bodies on EPI activities, VPDs and how to mainstream immunization into the religious system.

##### ***1.5. Owners of the Process***

CCRDA/CORE Group Polio Project Secretariat, implementing partners and Regional/Zonal health offices are the process owners.



### **1.6. *Process and Task***

In preparation for consensus building, the following points should be taken in to consideration:

- Prepare discussion points on the regional/zonal status of immunization coverage, burden of VPDs and importance of involvement of religious leaders to address the problems related to the above issues.
- Identify the dominant religious institutions; their structures and religious leaders to be involved as key actors; to integrate EPI mainstreaming activities.
- Discuss and agree on the next activities i.e. training (participant, venue, date) implementation, monitoring and evaluation process of the mainstreaming activities

### **1.7. *Expected Outputs:***

Stakeholders will discuss the issues and make EPI mainstreaming their common agenda; define key actors and their roles and responsibilities and agreement will be reached on the next steps.

## **2. *Select religious leaders***

### **2.1. *Introduction***

To implement immunization mainstreaming in the religious systems, religious leaders are the key actors. Therefore, it is important to select the leaders based on their roles and responsibilities to communicate with their followers and their importance to implement EPI mainstreaming.

### **2.2. *Purpose***

The purpose is to select religious leaders to be involved as key actors and to integrate EPI mainstreaming activities in religious systems using the leaders.

### **2.3. *Participants***

#### **- *For Christians (Ethiopian Orthodox)***

- Regional holy synods (hagere sibket) - Holy Pops, evangelists/preachers
- Zonal and woreda (bête kihnet) - High priests, evangelists/preachers

- Churches – Administrators, Priests, Deacons, evangelists/preachers, Sunday school teachers
- ***For Christians (Protestants)***
  - Regional/zonal Synods – presidents, evangelists, women affairs
  - Presbyterians – leaders, evangelists
  - Churches/congregation - evangelists, reverends, pastors, women leaders,
- ***For Muslims***
  - Regional/Zonal – Islamic Affairs Supreme Council (IASC)
  - Woreda IASC- Sheria – Islamic Court , Shakes
  - Mosques– Imams,

#### ***2.4. Methods***

Discussions will be held with religious leaders: Synod (for Christians) and IASC (for Muslims) to select the religious leaders to work as key actors for EPI mainstreaming activity.

#### ***2.5. Owners of the Process***

CCRDA/CORE Group Polio Project Secretariat, implementing partners, Regional/Zonal health offices and Synod leaders and IASC leaders are the process owners.

#### ***2.6. Process and Task***

In selection process, the following points should be taken in to consideration:

- Prepare and discuss criteria to select religious leaders to be included in the EPI mainstreaming
- Discuss on the next activities i.e. planning, implementation, monitoring and evaluation process of the mainstreaming activities
- Agree on the training program, participants, venue, date,

#### ***2.7. Expected Outputs:***

Religious leaders to be involved as key actors will be selected; modalities to integrate EPI mainstreaming activities will be discussed and agreed.

### **3. Training on EPI Mainstreaming**

#### **3.1. Introduction**

EPI Mainstreaming is the integration of activities undertaken for immunization into the ongoing functional religious system to promote immunization. To ensure the integration, capacity building training on VPDs, EPI, Basic Communication Skills and EPI Message Development for religious leaders of EPI mainstreaming is crucial. So that, using this implementation guideline a two days training will be provided for religious leaders at woreda level.

#### **3.2. Purpose:**

The purpose of EPI mainstreaming trainings is to provide religious leaders with knowledge and skills related to VPDs, EPI, basic communication and how to develop and deliver key messages. Furthermore, it equips them with skills of planning, implementation, monitoring and reporting of EPI mainstreaming activities.

#### **3.3. Participants:**

- **Christians (Ethiopian Orthodox)** – evangelists, church administrators, Priests, Deacons, Sunday school teachers
- **Christians (Protestants)** – presidents, evangelists, women unit, Presbyterian leaders, reverends, pastors
- **For Muslims** – Imams

NB. The number of participants per session shall not exceed 30.

#### **3.4. Methods:**

The training uses methods like self-assessment and reflection related to EPI, Power Point presentations, small group discussion and plenary discussions. Referring Holy Bible/Holy Koran to extract articles related to maternal and child care.

#### **3.5. Owners of the Process:**

Regional/Zonal/Woreda Health Offices, CORE Group, UN Agencies and Implementing partners are the primary process owners in organizing and conducting training.

### **3.6. *Process and Tasks:***

In the implementation of the training, the following activities will be conducted:

- Prepare presentation on VPDs (disease burden and prevention), (refer annexes)
- Prepare presentation on EPI (status of immunization coverage, available vaccines, immunization schedule, site of administration, and key messages to mothers) (refer annexes)
- Prepare presentation on Basic Communication Skills (definition, components, benefits, effectiveness, barriers, target audience, key messages, advocacy & social mobilization) (refer annexes)
- Facilitate message development – group work to identify articles from Holy Bible/Holy Koran about children and mothers health care and the responsibility of parents and the community to protect the wellbeing of children and relate the articles with EPI key messages. (refer annexes)
- Facilitate to develop implementation plan and reporting – where, when, how, to whom

### **3.7. *Expected Outputs:***

At least one religious leader from each Dioceses, synod, church, Presbyterian, IASC and mosque will be trained. They will be equipped with knowledge and skills related to VPDs, EPI, Basic Communication skills and how to develop key messages. Moreover, they will develop key messages and plan how to deliver it and report the activities.

## **4. *Implementation approaches***

### **4.1. *Introduction***

Religious communities may join together in formal or informal groups and gathering that go beyond their own religious duties. These gatherings leverage the social, spiritual, moral and other assets of different religious communities to align around common problems and accomplish positive change by harnessing their collective and complementary strengths.

### **4.2. *Purpose***

The purpose of EPI mainstreaming is to reach communities using religious system with key EPI messages, so that, immunization uptake will be improved.

#### **4.3. *Participants:***

- Mothers/fathers/care takers
- Pregnant mothers and women in child bearing age
- The community at large

#### **4.4. *Methods:***

EPI key message can be delivered during any religious services i.e. preaching, prayer sessions, house to house religious services, mourning/funerals and holiday ceremonies, and persuasion of refusals.

#### **4.5. *Owners of the process***

- **Christians (Ethiopian Orthodox)** – evangelists, church administrators, Priests, Deacons, Sunday school teachers
- **Christians (Protestants)** – presidents, evangelists, women affairs, Presbyterian leaders, reverends, pastors, women leaders,
- **For Muslims – Imams**

#### **4.6. *Process and Tasks***

The following activities will be conducted:

- Identify topics to be addressed
- Make sure that relevant key messages and IEC materials are available
- Identify the place and allocate time to deliver the messages
- Invite relevant professionals to support the message delivery (if necessary)
- Deliver the message to target audience
- Encourage audiences to advocate the messages to others
- Document the activity (topics covered, date, place /name of religious institution/, time, number of audience /male & female/, name/s of educator/s, type of IEC materials/key messages used)
- Link the activity with HEWs and HDAs/CVs

#### **4.7. *Expected Outputs/outcome:***

- Religious institutions conducting EPI mainstreaming will be established/increased
- involvement of religious leader on EPI mainstreaming will be increased

- people reached with EPI mainstreaming key messages will be increased
- Knowledge and practice of mothers/fathers/caretakers, pregnant mothers and women in child bearing age and the community at large on immunization will be improved
- Immunization coverage will be improved

## **5. Monitoring and evaluation (M&E)**

### **5.1. Introduction**

Monitoring and evaluation is the process of ensuring the implementation of EPI mainstreaming activity is done as per the standard/plan which includes supervision, review meeting, reporting, assessments/studies and feedback.

### **5.2. Purpose**

The purpose of M & E is to ensure EPI mainstreaming activity is done as per the standard/plan.

### **5.3. Participants**

- Christians (Ethiopian Orthodox) – evangelists, preachers, church administrators, Priests, Deacons, Sunday school teachers
- Christians (Protestants) – presidents, evangelists, women affairs, Presbyterian leaders, reverends, pastors, women leaders,
- For Muslims – Imams
- PIPs

### **5.4. Methods**

Methods of M & E will include supervision, review meeting, reporting and assessments/studies.

### **5.5. Owners of the Process:**

CCRDA/CORE Group, RHBs, ZHDs and PIPs.

### **5.6. Process and Tasks**

- Supportive supervisions using checklists (interview, on site observation, document/record review, discussions with religious leaders and PIPs and feedback)

- Monthly reports (to be submitted to PIPs field offices by religious leaders)
- Quarterly/biannual review meetings (refresher training, review performance, plenary discussion, identify gap, re-planning)
- Assessments (baseline, operation, end term)

#### **5.7. *Expected Outputs/outcome***

- Ensure plan verses achievement as per the set standard
- Take timely corrective actions according to the gaps
- Share best experiences
- Re-plan

# ANNEX



# ***Annex 1. EPI Communication and Social, Mobilization Mainstreaming Workshop***

## **Training Schedule**

<b>Topics</b>	<b>Time (Ethiopian)</b>	<b>Presenter/s</b>	<b>Facilitator/s</b>
<b>Day 1</b>			
Registration	2:30 - 2:30		
Welcoming Speech	2:30 – 2:40		
Opening remark	2:40 - 2:50		
Self Introduction	2:50 - 3:10		
Zonal RI & Surveillance Updates	3:10- 4:00		
Tea Break	4:00 - 4:30		
Introduction to Immunization	4:30 -5:30		
Discussion on immunization	5:30am -6:00		
Lunch Break	6:00- 7:30		
Religious Leaders Role in Promoting Immunization	7:30 - 8:30		
Tea Break	8:30 - 9:00		
EPI Message development	9:00 - 9:30		
Group work on message development	9:30 – 10:00 pm		
<b>Day 2</b>			
Registration	2:30 - 3:00		
Delivering EPI message, (when, where, for whom, by whom, how...)	3:00-3:30		
Group work on delivering EPI message	3:30 - 4:00		
Tea Break	4:00 - 4:30		
Planning for cascading the training	4:30 -6:00		
Lunch	6:30-7:30		
Reporting EPI Communication activities	7:30-8:00		
General Discussion	8:00 - 8:30		
Tea Break	8:30 - 9:00 ጥ		
Closing	9:00-10:00		

## Annex 2. Immunization Mainstreaming Reporting Format (Church/Mosque Level)

Woreda: \_\_\_\_\_ Kebele: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

S.N.	Date of Session	Place	Topic	Key message	Number of attendants			Remark
					M	F	Total	
1								
2								
3								
4								

Reported by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Annex 3. Immunization Mainstreaming Reporting Format for PIPs and Woreda (Dioceses/presbytery/Mejlis)**

**Region** \_\_\_\_\_ **Zone** \_\_\_\_\_ **Woreda:** \_\_\_\_\_

**Name of PIP** \_\_\_\_\_

S.N.	Number of institutions reported	Topics Covered	Number of sessions conducted	Number of attendants			Remark
				M	F	Total	

## **Annex 4 - Key message development guide**

### **1. Parent responsibility**

- a. Please select one article and explain it in detail. (3 minutes)
- b. Use the following key messages and educate the crowd.

Immunization is one of the major responsibilities of Parents: Unimmunized children will be exposed to vaccine preventable diseases which result in illness, disability and deaths.

- Polio – Paralysis of legs and hands, -----;:- **Effects:** Lifelong disability and miserable life situation to the child and regrets and taking care of disabled children for parents.
- Measles – Rash on the skin, -----:- **Effects:** series Illness, blindness and death,
- Neonatal tetanus – Inability to suck, move neck ----- : **Effects:** Severe illness and deaths

**Prevention:** These and other vaccine preventable diseases can be prevented by vaccinating your child routine immunization program at health facilities and outreach programs for <1 year age children and during campaign for < 5 children.

Vaccination is safe and free. Life and particularly health of your child is on your hand. Fulfill responsibility given from god on your children by helping them to complete get their vaccinations. So that you can protect him/her from such disabling and deadly diseases and yourself from lifelong regret and pains and ensure his/her healthy growth and future as well as happy and productive adult in the future.

**For further questions and queries consult health workers in your areas.**

**Any other information regarding upcoming campaign, outreach programs and others**

### **2. Child Birth**

- Please select one article and explain it in detail. (3 minutes)
- Use the following key messages and educate the crowd.

Children are precious gifts of God. God expect us to protect them from harms, above all diseases. Therefore, child health is the first priority issues of child birth and growth. Is he or she health or what shall I do to grow help him grow healthy are the major questions that should be raised by parents starting from the first days of birth. ----- % of children will not stay up to their first birth day. ---- % of children born does not reach their fifth Birth day.

Vaccine preventable diseases are the major cause of morbidity and Mortality in children.

Immunization is one of the most effective prevention methods to protect our children from vaccine preventable diseases. If our children are not immunized they will be exposed to these diseases which result in illness, disability and deaths.

- Polio – Paralysis of legs and hands, -----, :- **Effects:** Lifelong disability and miserable life situation to the child and regrets and taking care of disabled children for parents.
- Measles – Rash on the skin, -----:- **Effects:** series Illness, blindness and death,
- Neonatal tetanus – Inability to suck, move neck ----- : **Effects:** Severe illness and deaths

**Prevention:** These and other vaccine preventable diseases can be prevented by vaccinating your child routine immunization program at health facilities and outreach programs for <1 year age children and during campaign for < 5 children.

Child birth is one of the major phenomena in the life of parents not because of having a girl or a boy but the vision and hopes of parents of healthy and productive adult that will support them in their old age. Both your hopes and vision will be materialized only if you can give a healthy growth and life to newly born child, which strongly demands your efforts to protect him from harm and diseases. Life and particularly health of your child is on your hand. Fulfill responsibility given from god on your children by helping them to complete get their vaccinations. So that you can protect him/her from such disabling and deadly diseases and yourself from lifelong regret and pains and ensure his/her healthy growth and future as well as happy and productive adult in the future. Vaccination is safe and free..

**For further questions and queries consult health workers in your areas.**

**Any other information regarding upcoming campaign, outreach programs and others**

**3. Child care and wellbeing - Immunizing children one mechanism of Ensuring child care and wellbeing**

4. Healthy Environment
5. Mothers health
6. Child Health - Immunizing children ensures children's health by protecting them from vaccine preventable diseases
7. Illness - Prayer, Prevention and care
8. Diseases - Vaccine preventable Diseases
9. Disability - Polio
10. Death - Vaccine preventable diseases particularly

## **Annex 5: Draft criteria for the Identification and Selection of Community Based Surveillance Focal Persons**

- *CBSFPs must be Member of the village where they are supposed to be assigned*
- *CBSFPs are identified and selected by and from the village community in the presence and under the facilitation of Woreda Group.*
- *CBSFPs are people respected by the community members and are influential and kind.*
- *They must be willing and committed to provide voluntary services for their villages.*
- *CBSFPs should have feeling of belongingness about their community*
- *CNSFPs must be able to read and write*

## **Annex 6. Power Point Presentation on VPDs, EPI and Communication**

# EPI Mainstreaming in the Religious System

## Session 1 - Introduction

2

- Introduction to Mainstreaming
- VPDs
- EPI
- Communication,
- Key Message Dev't

3

Start with self assessment and reflection about vaccine preventable Diseases

4

## Introduction – Major religions in Ethiopia

- Ethiopian Orthodox Church (xx),
- Islam,
- Ethiopian Evangelical Church Mekane Yesus,
- Catholic Church and
- Protestants

5

## Introduction

These institutions

- Have structures and systems from national to the community grass-root level.
- Operating in different hierarchy, position, status, mission, role, location, capacity, etc.
- Religious communities may also join together in formal or informal groups and gathering that go beyond religious duties.
- Leverage the social, spiritual, moral and other assets of different religious communities to align around common problems and accomplish positive change by harnessing their collective and complementary strengths.

6

Definition: EPI Mainstreaming is the integration of activities undertaken for immunization into the ongoing functional religious system to promote immunization using the available outlets

7

## Why?/Rationales

- Caring health and wellbeing of children is spiritual duties
- The church can easily reach every home and soul
- Church priests, pastors and preachers are good communicators, dedicated and highly practical people

## Why?/Rationales (Cont)

- Words of men/women of God are easily accepted, trusted and implemented
- Little and no infrastructure and investment needed
- The church has experiences of mainstreaming other development issues such as HIV/AIDS

**Goal:** Contribute for the Improvement of EPI Coverage of the region

### General Objectives

To increase the role of religious leaders for the improvement of EPI program

### Specific Objectives

10

## Section 2 – Vaccine Prevention Diseases

11

Start with self assessment and reflection about EPI in Ethiopia

12



## Introduction

- Nearly 9 million children died in 2008 from preventable illnesses before reaching their fifth birthday – more than two thirds of them during the first year of life.
- Millions more survive only to face diminished lives, unable to develop to their full potential.
- One in every 17 Ethiopia children die before the first birth day and one in every 11 children dies before the fifth birth day
- Infant mortality- 59 deaths per 1,000 live births

## Introduction

- Infant mortality and under five mortality rates in Ethiopia are among the highest in the world.
- Diarrhoeal diseases, vaccine preventable diseases (VPDs) and malnutrition are responsible for a majority of childhood deaths in Ethiopia
- It is possible to save lives and greatly reduce human suffering by expanding low-cost prevention, treatment and protection measures.
- The challenge is to ensure that this knowledge is shared with parents, caregivers and communities, who are the first line of defense in protecting children from illness and harm.

## Introduction...

- According to 2011 EDHS result
- Under five mortality rate-88 deaths per 1,000 live births
- Neonatal mortality rate-37 deaths per 1,000 live births
- Five diseases – pneumonia, diarrhoea, malaria, measles and AIDS – together account for half of all deaths of children under 5 years old.
- Under nutrition is a contributing cause of more than one third of these deaths.

## Basic Facts About Diseases

- Diseases can be broadly classified as
  - communicable/infectious and
  - non communicable/non infectious
- Communicable diseases are diseases that can be transmitted from an infected person to a healthy person
- The causes of communicable diseases can be virus, bacteria, parasite, ...
- Examples of communicable diseases are HIV, diarrheal diseases, TB, Malaria, Measles, Polio, ...
- COMPARE AND CONTRAST COMMUNICABLE VS NON COMMUNICABLE

## Cont'

- Non communicable diseases are diseases that can not be transmitted from person to person
- The causes of non communicable diseases are associated with life style, environment and hereditary
- Examples of non communicable diseases are Hypertension, Diabetic Mellitus, Cancer
- Communicable diseases are the prevalent diseases in poor countries like Ethiopia while non communicable diseases are more prevalent in rich countries

## Concepts of Diseases Prevention

- Millions of children ,women and men are dying from communicable diseases every year ;however , It is possible to prevent diseases before they occur
- There are different ways to prevent diseases and examples of disease prevention methods are
  - Vaccination
  - Hygiene and Sanitation
  - Use of Latrine,
  - Eating safe food and Drinking safe water,
  - Use of bed nets,
  - Physical Exercise ...

## Vaccine Preventable Diseases in Ethiopia

- Diseases that can be prevented by vaccination are called Vaccine Preventable Diseases (VPDs)
- Examples of VPDs that are common in Ethiopia are
  - Polio,
  - Measles,
  - TB,
  - Tetanus,
  - hepatitis,
  - Meningitis and influenza,
  - pneumonia,
  - Pertussis,
  - Diphtheria
  - Diarrhoea
- Children must get vaccinated to be protected from these diseases

## Session 3 – EPI in Ethiopia

20

### EPI Facts

- Most vaccines are provided free of charge to all eligibles,
- All children should take all vaccines before the age of one year,
- Women of childbearing age are given tetanus toxoid vaccine to protect their unborn babies from tetanus,
- The mothers and their future babies obtain full protection after completing the TT schedule.

### Strategies for Routine vaccination delivery

- Static
- Out reach
- Mobile

22

### Route of Administration

S.N	Type of Vaccine	Route of Administration
1	Oral	Polio, Rota vaccine
2	Intradermal	BCG
3	Intramuscular	Penta, PCV, IPV
4	Sub-cutaneous	Measles

23

Vaccine	Site of administration	Schedule	Disease to prevent
BCG	Right Upper Arm (shoulder)	At birth	Tuberculosis
OPV	Oral (mouth)	At birth, 6, 10 & 14 weeks	poliomyelitis
IPV	Right Upper thigh	10 weeks	poliomyelitis
DPT-HepB-Hib1	Left Upper Thigh	6, 10 & 14 weeks	Diphtheria, Pertussis, Tetanus, Hepatitis B, Hemophilus Influenza Type B infection
PCV	Right Upper Thigh	6, 10 & 14 weeks	Pneumococcal pneumonia, meningitis
Rota	Oral (Mouth)	10 & 14 weeks	Diarrhea
Measles	Left Upper Arm	9 month	Measles
TT	Right/Left Upper Arm	at any time, 4 weeks, 6 month, every year for two years	Tetanus

## Session 4 – Selected Key Messages

25

1. Immunization is urgent. Every child should complete the recommended series of immunizations. Early protection is critical; the immunizations in the first year and into the second year are especially important. All parents or other caregivers should follow the advice of a trained health worker on when to complete the required immunizations.
2. Immunization protects against several dangerous diseases. A child who is not immunized is more likely to become sick, permanently disabled or undernourished, and could possibly die.

3. It is safe to immunize a child who has a minor illness or a disability or is malnourished.
3. All pregnant women and their newborns need to be protected against tetanus. Even if a woman was immunized earlier, she needs to check with a trained health worker for advice on tetanus toxoid immunization.
3. A new syringe must be used for every person being immunized. People should demand a new syringe for every vaccination.

6. Disease can spread quickly when people are crowded together. All children living in congested conditions, particularly in refugee or disaster situations, should be immunized immediately, especially against measles.
7. The vaccination card of a child (or an adult) should be presented to the health worker before every immunization.

## Session 4 – Basic communication

29

**Communication: Transfer, exchanging and Sharing of ideas, opinions, feelings etc between or among people at a given time to create common understanding and action**

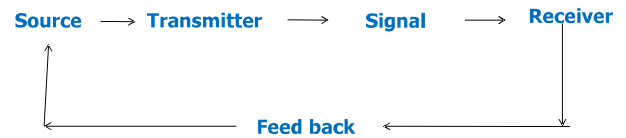
30

## Benefits of EPI Communication

- To create awareness and trust
- To bring attitude change
- To create demand on immunization service
- To avoid rumors and misinformation
- To gain /build strong community support
- To enhances community ownership and support
- To improve the interaction between health workers and client

31

## Model of Communication



32

## Essential of Communication

### 1. Sender

- Knowledge of the Subject Matter
- Knowledge of the Receiver
- Credibility Before the audience
- Attitude towards the subject matter
- Attitude towards the Receiver
- Communication skills
- Appreciating Feedback

33

### 2. Message

- Need based, Timely, Appropriate, Relevant
- Supported by factual Materials
- Must be clear, simple and to the point
- It should be Treated;
  - Repetition for emphasis
  - Contrast of Ideas and Comparison
  - Logical Sequence

34

## Barriers of Communication

- |  |                            |
|--|----------------------------|
| • <b>Misconception about communication</b> | • <b>Economic Barriers</b> |
| • <b>Language Barriers</b>                 | • <b>Time Barrier</b>      |
| • <b>Education/Knowledge Gap</b>           | • <b>Place Barrier</b>     |
| • <b>Cultural Barriers</b>                 | • <b>Channel Barriers</b>  |
| • <b>Social Barriers</b>                   | • <b>Sender Barriers</b>   |
|  | • <b>Receiver Barriers</b> |

35

## Seven Cs of Effective Communication

- Command attention/stand on in a cluster
- Cater for the heart and head
- Clarify the message
- Communicate a benefit
- Create trust
- Call for action
- Consistency count

36

### **Ten Commandments of Effective Communication**

1. Clarify your ideas before communicating
2. Examine purpose of each Communication
3. Consider Physical and Human setting
4. Consult others in planning communication
5. Be mindful of overtone and basic content

37

### **Ten Commandments ....**

6. Take opportunity to convey Something that helps the receiver
7. Follow up your communication
8. Communicating for tomorrow as well as today
9. Be sure your action support your message
10. Seek not only to be understood but to understand- be a good listener

38

### **Communicating to whom?**

- Mothers
- Fathers
- Caretakers
- Politicians and administrators at all level
- Health workers
- Religious leaders
- Cultural leaders
- School teachers and children

39

### **What to Communicate?**

- What Immunization is and its advantage?
- What is the problems of not immunizing a child?
- Who should get immunization?
- Where to get the service (RI, Outreach, SIA and Enhanced/
- Detail program for full immunization of a child
- The need for return after the first time to the final shot of the immunization
- Mild illnesses related to immunization
- Temporary pain reaction of the immunization on a child

40

### **How to Communicate?**

- Through communication materials (Posters, leaflets, billboard,
- Drama and road show
- Meetings and community dialogue
- Public announcement
- During religious program in Mosque and church
- Person to person in health institution
- House to house communication
- Special educational programs in health institution and other places
- Media

41

### **Session 5 – Developing Key Messages**

42

## Parent responsibility

- Please select one article and explain it in detail. (3 minutes)
- Use the following key messages and educate the crowd.

43

## Prevention:

- These and other vaccine preventable diseases can be prevented by vaccinating your child routine immunization program at health facilities and outreach programs for <1 year age children and during campaign for < 5 children.

44

## Child Birth

- Please select one article and explain it in detail. (3 minutes)
- Use the following key messages and educate the crowd.

45

## Group Work

- Bible and Children

**THE END**

## Why through religious systems?

- ❖ Caring health and wellbeing of children is spiritual duties

❖ **Psalm 127:3-5**

*Children are a heritage from the LORD, the fruit of the womb a reward. Like arrows in the hand of a warrior are the children of one's youth. Blessed is the man who fills his quiver with them! He shall not be put to shame when he speaks with his enemies in the gate.*

#### John 21:15

- So when they had finished breakfast, Jesus said to Simon Peter, "Simon, son of John, do you love Me more than these?" He said to Him, "Yes, Lord; You know that I love You." He said to him, "Tend My lambs."

He said to him again a second time, "Simon, son of John, do you love Me?" He said to Him, "Yes, Lord; You know that I love You." He said to him, "Shepherd My sheep."

He said to him the third time, "Simon, son of John, do you love Me?" Peter was grieved because He said to him the third time, "Do you love Me?" And he said to Him, "Lord, You know all things; You know that I love You." Jesus said to him, "Tend My sheep."

#### In Christianity,

human beings are created in the image and likeness of God. Care of children was central to the works of Jesus (Matthew 18:1-5), the disciples came to Jesus and asked who is the greatest in the Kingdom of Heaven and he said: "verily I say unto you, except ye be converted, and become as little children, ye shall not enter into the Kingdom of Heaven. Whosoever therefore shall humble himself as this little child, the same is greatest in the Kingdom of Heaven. And whoso shall receive one such little child in my name received me. But whoso shall offend one of these little ones which believe in me, it were better got him a millstone in his neck and that he were drowned in the depth of the sea. Jesus also said in Mark 10: 13-16 "let the little children come to me, and do not hinder them, for the Kingdom of God belongs to such as these. Truly I tell you, anyone who will not receive the Kingdom of God like a little child will never enter it."

## Advocacy

***ADVOCACY is the deliberate process of influencing those who make policy decisions***

52

- In **Islam**, the words of Quran and Prophet Mohammad contain the rights and responsibilities granted by God to Humankind. The unique rights mentioned in Islam also include the rights of children. Caring for and raising children in the proper manner is a duty on partners. God reminds us in the Quran that children may even be a great trial for parents. Throughout Islamic history and in Islamic literature the rights and responsibilities pertaining to children are clear cut. Parents, family and communities have certain responsibilities towards children. Many of them are obligatory, and on the Day of Judgment, God will question adults about the treatment of their children

## Key ideas

- **Policy makers are always human beings, not institutions.**
- **Influence the choices and actions of those who make laws and regulations, and those who distribute resources and make other decisions that affect the well-being of many people**

53

## Key Ideas

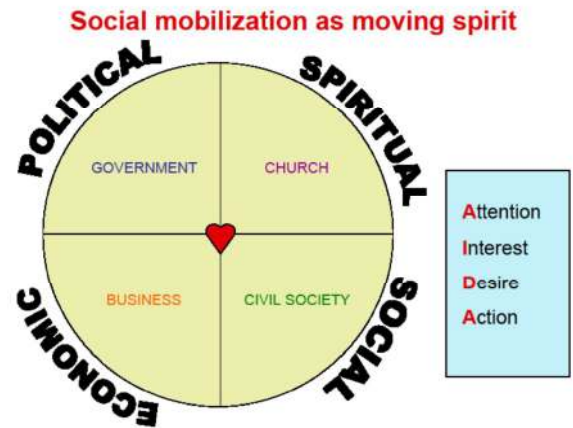
- ***Influencing*** engagement vs. confrontation
- ***Deliberate process:*** involving intentional actions
- **Know who you are trying to influence and what policy you wish to change**
- **policy makers can encompass many types of decision makers**

54

## Social Mobilization

A Strategy for encouraging or motivating public to fully participate in a given activity

55



56

## Guideline for Social Mobilization

1. Organize your planning efforts
2. Collect information
3. Develop key messages
4. Mobilize partners for action
5. Prepare materials
6. Assess the impact of your efforts

57

# Thank U

58