



Immunization Mainstreaming through School Systems

Implementation Guide

December 2016

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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 Schools. This guide assists to understand the process to implement immunization mainstreaming through primary school second cycle (grade 5 - 8). This process includes; Consensus Building, Identify schools, teachers and school health related clubs, 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 across the project areas. Consequently, those trainees are expected to deliver the training to teachers 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 through primary school second cycle (grade 5 - 8).

The implementation guide contains six main components; Introduction, Consensus Building, Identify target schools and teachers, training on EPI Mainstreaming, approach and monitoring and evaluation. Each component has details of:- 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 2nd 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 have 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, school enrollment is increasing from time to time. There are different school grades i.e. primary first cycle, primary second cycle, secondary and preparatory school. In these schools, children are drawn from different segment of the population. Specially, the primary second cycle students can understand what they have been told, eager to learn, and have high communication with their parents and community.

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 schools structure to promote immunization using the available outlets. Therefore, mainstreaming immunization in to the primary second cycle will reach most of the households and it is possible to bring the intended changes.

II. Rationale

Schools teachers have deep and trusted relationships with the school community and often have strong linkages with most of the local community. 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.

Teachers can influence behavior, foster dialogue and help to set priorities for members of the community. Therefore, using schools system to mainstream EPI will gain success at all levels.

- They can shape social values and promote responsible behaviors that respect the dignity.
- Teachers are skilled and influential communicators who can reach the hearts and minds of people.
- Schools have been established up to the grass root level.
- They can act on their own with minimum support

III. Process of Immunization mainstreaming

1. Consensus Building

1.1. Introduction

Several 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, schools institutions and the community). Knowing and identifying the existing school system, health related clubs and teachers is the first step.

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, education bureau.

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 school 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 teachers to address the problems related to the above issues.
- Identify the schools, their clubs and teachers 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 teachers

2.1. Introduction

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

2.2. Purpose

The purpose is to select teachers and school clubs to be involved as key actors and to integrate EPI mainstreaming activities in the school system.

2.3. Participants

- Woreda education office – planning expert/school supervisor
- Schools - director, teachers leading health club

2.4. Methods

Discussions will be held with woreda education office: to select the teachers 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/education offices 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 teachers 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:*

Teachers 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 school system to promote immunization. To ensure the integration, capacity building training on VPDs, EPI, basic communication skills on EPI mainstreaming is crucial. So that, using this implementation guideline a two days training will be provided for teachers at woreda level.

3.2. *Purpose:*

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

3.3. *Participants:*

- Woreda education office – planning expert/school supervisor
- Schools - director, teachers leading health club

NB. The number of participants per session shall not exceed 35.

3.4. *Methods:*

The training uses methods like self-assessment and reflection related to EPI, Power Point presentations, small group discussion and plenary discussions.

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, mode of transmission, signs and symptoms and prevention, (refer annexs)
- Prepare presentation on EPI (status of immunization coverage, available vaccines, immunization schedule, site of administration, and key messages to mothers) (refer annexs)
- Prepare presentation on Basic Communication Skills (definition, components, benefits, effectiveness, barriers, target audience, key messages, advocacy & social mobilization) (refer annexs)
- Facilitate to develop implementation plan and reporting – where, when, how, to whom

3.7. *Expected Outputs:*

At least two teachers from primary school second cycle and one from woreda education office will be trained. The trainees will be equipped with knowledge and skills related to VPDs, EPI, basic communication skills. Moreover, they will develop strategies to deliver key messages and report the activities.

4. Implementation approaches

4.1. Introduction

Schools systems can be used as best channels to disseminate health information to the wider community by using different educational and social gatherings. This gives chance to reach significant number of students, families and local communities.

4.2. Purpose

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

4.3. Participants:

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

4.4. Methods:

EPI key message can be delivered during any educational and social gathering such as classrooms, flag ceremony, mini-media, peer education, parents day, health clubs, festivals and entertainment programs,.

4.5. Owners of the process

- Woreda education office – planning expert/school supervisor
- Schools - director, teachers leading health club,
- PIPs, Woreda Health Office, HEWs

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 schools institution/, time, number of audience /male & female/, name/s of educator/s, type of IEC materials/key messages used)
- Link the activity with HEWs, Woreda Health Offices, Health Center

4.7. *Expected Outputs/outcome:*

- schools conducting EPI mainstreaming will be established/increased
- knowledge of teachers on immunization will be increased
- people reached with EPI mainstreaming key messages will be increased
- involvement of school clubs in immunization mainstreaming will be increased
- knowledge and practice of mothers/fathers/caretakers and the community at large on immunization will be improved
- knowledge of students on immunization will be increased
- immunization coverage will be increased

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 is done as per the standard/plan.

5.3. *Participants*

- Woreda education office – planning expert/school supervisor
- Schools - director, teachers leading health club,
- PIPs, Woreda Health Office, HEWs

5.4. *Methods*

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

5.5. *Owners of the Process:*

CCRDA/CORE Group, RHBs, ZHDs, woreda education office and PIPs.

5.6. *Process and Tasks*

- Supportive supervisions using checklists (interview, on site observation, document/record review, discussions with teachers, students and PIPs and feedback)
- Monthly reports (to be submitted to PIPs field offices by teachers)
- 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

Annex1. ToT on school immunization communication mainstreaming and social mobilization activity in the school systems

Date	Time	Activity	Responsible Person	
			Presenter	Facilitator
Day one	8:00-8:30 Am	Registration		
	8:00-8:35 Am	Welcoming Speech		
	8:35-8:50 am	Opening Speech Objective of the Orientation		
	8:50-9:00	Self-Introduction		
	9:00-10:30	Over view on - Maternal and child health burden - Immunization and its schedule in Ethiopia Over all discussion		
	10:30-11:00	Coffee Break		
	11:00-12:00	Group work, presentation and discussion on the presentation		
	12:00-1:30	Lunch		
	1:30-2:30	Overview about mainstreaming		
	2:40-3:00	Group work and Presentation on the group		
	3:00-3:30	Coffee break		
	3:30-4:30	Overview of basic health Communication Advocacy Program communication		
	4:30-5:30	Group work and Discussion on the presentation		

Date	Time	Activity	Responsible Person	
			Presenter	Facilitator
	8:30-9:00	Social mobilization		
	9:00-10:00	Group work on ways of mobilizing the Public for EPI		
	10:00-10:30	Tea Break		
	11:00-11:45	Presentations on ways of mobilizing the public for EPI		
Day two	11:45-12:00	Group work on how to integrate to health system How to monitor implementation of activity at school level		
	12:30-1:30	Lunch		
	1:30-2:00	Discussions and Reflections		
	2:00-2:30	Highlight on key messages		
	2:30-3:00	Planning		
	3:00-3:30	Tea break		
	3:30-4:30	Presentation on planning		
	4:30-5:00	Reporting format		
	5:00- 5:30	Over all comment and way forward		

Annex 2. Immunization Mainstreaming Reporting Format (School 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 Level

Region _____ **Zone** _____ **Woreda:** _____

S.N.	Number of institutions reported	Topics Covered	Number of sessions conducted	Number of attendants			Remark
				M	F	Total	
1							
2							
3							
4							

Name of PIP _____

Annex 4 . PowerPoint presentations

EPI Mainstreaming in the School 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 – School grade systems in Ethiopia

- primary first cycle,
- primary second cycle,
- Secondary and preparatory school.

5

Introduction

- In these schools,
 - children are drawn from different segment of the population.
 - Specially, the primary second cycle students can understand what they have been told, eager to learn, and have high communication with their parents and community.

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 everyone
- Schools can easily reach every home through students
- Teachers and school leaders are good Communicators they know well how to disseminate information to the children

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 teachers and students for the improvement of EPI program

10

Section 2 – Vaccine Prevention Diseases

11

Start with self assessment and reflection about EPI in Etrhiopia

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

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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

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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

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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

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

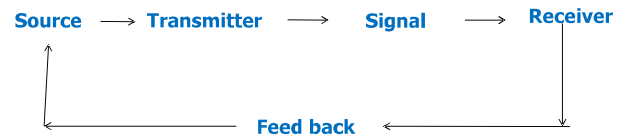
30

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

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Model of Communication



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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

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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

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Barriers of Communication

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

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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

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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

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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

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Communicating to whom?

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

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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

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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

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Session 5 – Developing Key Messages

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Parent responsibility

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

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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.

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Group Work

- Advantages of immunization

THE END

Advocacy

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

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Key ideas

-
-

Key Ideas

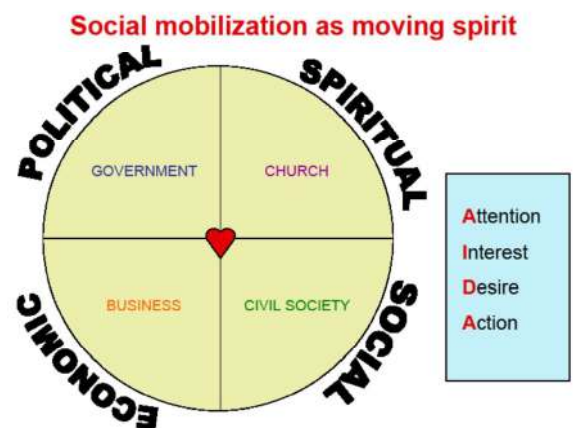
- **Influencing** engagement vs. confrontation
- **Deliberate process:** involving intentional actions
- **Know who you are trying to influence and what policy you wish to change**
- **policy makers can encompass many types of decision makers**

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Social Mobilization

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

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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

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Thank U

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