



Ministry of National Health Services
Regulations & Coordination
Government of Pakistan



Expanded Program on Immunization
Government of Pakistan



ASIAN DEVELOPMENT BANK



A Communication and Outreach Framework for Pakistani Society

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About this Proposal

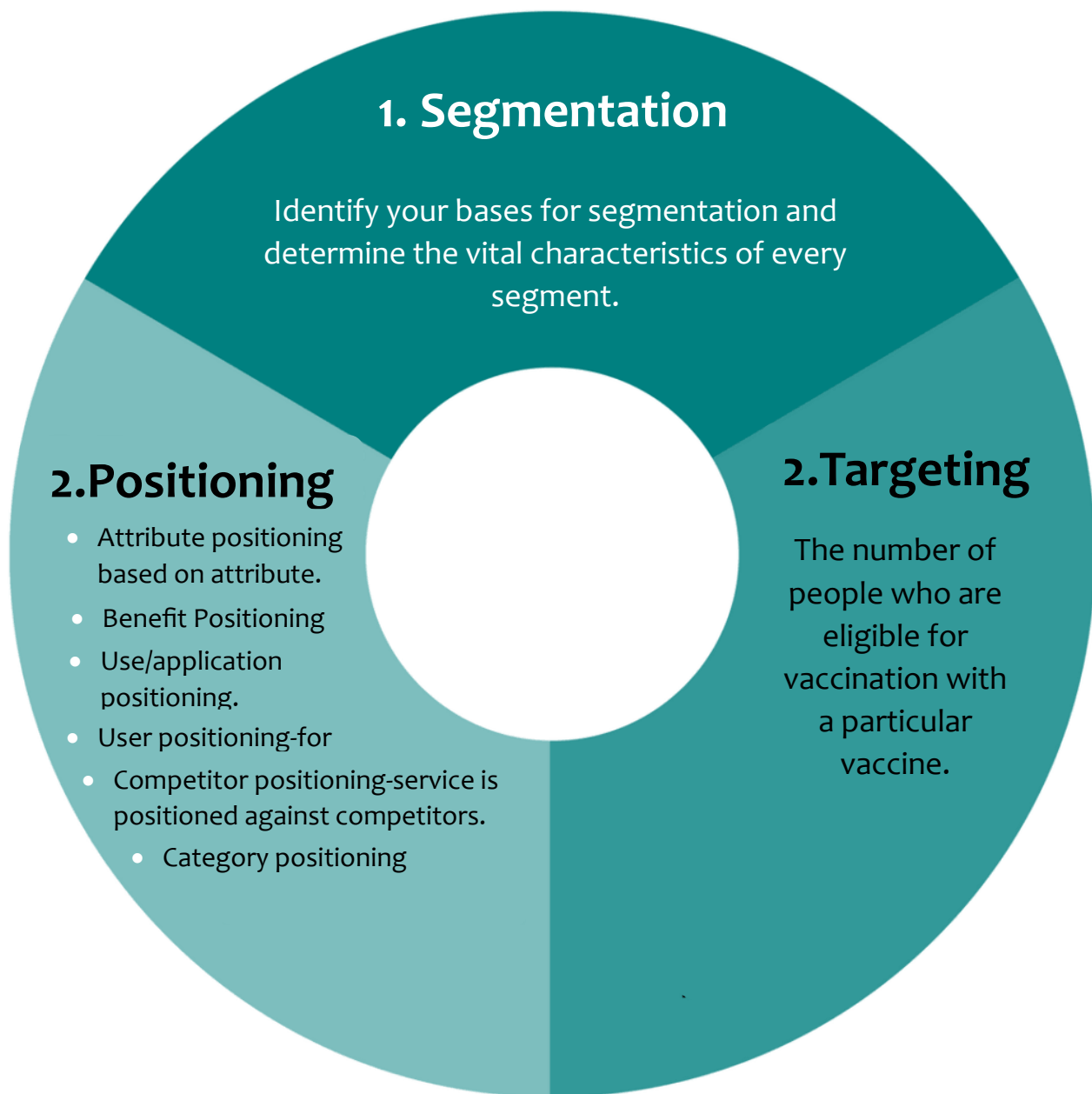
The main objective of this communication plan is to effectively reach poor and vulnerable communities, including slum areas and refugee camps in Pakistan, and to facilitate their understanding of the benefits of vaccination, address vaccine hesitancy, and provide clear guidance on the procedures before, during, and after vaccination. Special focus will be placed on engaging illiterate women to ensure equitable access and positive vaccine experiences.

Target Audience Ensuring Vaccine Equity

1. Poor and vulnerable communities, particularly those residing in slum areas and refugee camps.
2. Illiterate women who may have limited access to information.

Segmentation and Targeting

To pinpoint specific underprivileged areas, vulnerable neighborhoods, urban slums, and areas with refugee condensation. This is the main purpose of this communication effort. Accordingly, tailored approaches shall be incorporated by considering details like age, gender, education levels, local customs, and challenges these communities might face when it comes to administration of vaccination. This will ensure timely and effective communication is reaching out to the common citizen of Pakistan.



Message Development

Vaccination for all is a crucial step towards the strong and healthy development of Pakistan. Vaccination protect and prolong immunity development with manageable side effects.



Key Elements of Federal Directorate of Immunization's Core Message:

Ideally, developing key messages should be done through a three-phase process:

Phase 1: Brainstorming Key Message Concepts

During the initial step, key ideas and concepts for the core messages are collected. It involves creating a list of important points for discussing immunizations.

Phase 2: Refine Draft Key Messages

After generating initial ideas, the focus shifts to enhancing and polishing them. The goal is to ensure that the messages are clear, easily understandable, and effectively convey the desired information.

Phase 3: Test, Finalize, and Routine Updates to Key Messages

This stage involves evaluating the effectiveness of the messages. And to ensure that the basic idea of immunization has been communicated to the locals. Any necessary adjustments are made based on feedback.

Significantly, the process involves designing the key points, modifying them according to the target's need, testing their effectiveness, and updating to ensure accurate and clear information about immunization is provided to all.

Language and Format

Local language and oral communication play a vital role in effectively reaching and engaging communities, especially in regions like Pakistan. Using local languages ensures clear comprehension and fosters a sense of familiarity and trust among the audience. Here's a strategy to enhance understanding:

a. Language Proficiency: Train community health workers and communication teams to be proficient in the local language. This ensures accurate and relatable information delivery.

b. Cultural Context: Understand cultural nuances and idiomatic expressions to convey messages in a context that resonates with the community.

c. Peer-to-Peer Engagement: Encourage peer-to-peer communication, where community members share accurate information and dispel misconceptions among themselves.

d. Community Influencers: Collaborate with respected local figures and influencers who can effectively communicate in the local language to relay accurate information.

e. Tailored Content: Develop content that addresses specific concerns and misconceptions within the local context, making it more relevant and relatable.

f. Feedback Mechanism: Establish open channels for community members to share their understanding and ask questions, facilitating a continuous learning process.



Using the 7 Cs of effective communication, as shown in the infographic below, will facilitate further enhanced communication proficiency and lead to greater success in interpersonal interactions.



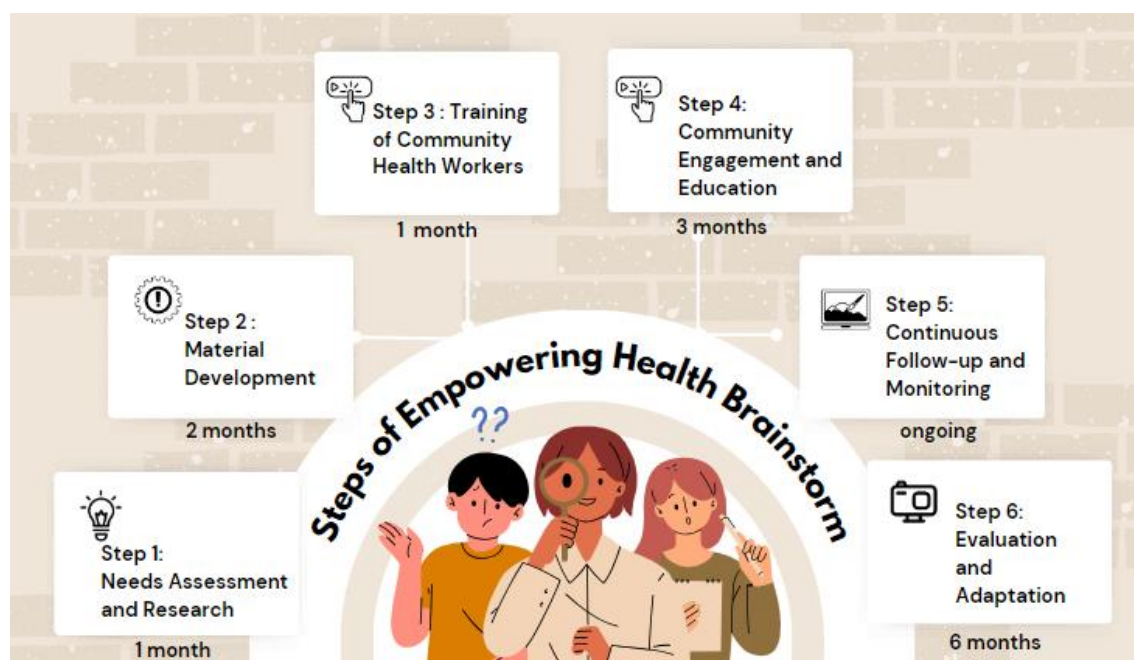
Community Engagement Activities

- a. Identify Community Leaders:** Collaborate with community/tribal leaders, local imams/religious figures, and influential local leader to disseminate accurate information about vaccination and build trust within the community.
- b. Engage Community Health Workers:** Recruit and train community health workers from within the target communities to serve as trusted sources of information and support for vaccine-related concerns.
- c. Form Health Committees:** Establish committees comprising community members, including women, to mobilize and support vaccination efforts tailored to the specific needs of each community.
- d. Develop Culturally Sensitive Materials:** Create easy-to-understand posters, flyers, and leaflets in local languages, using visuals and minimal text to convey vaccination benefits and safety information in local context.
- e. Use Visual Media:** Develop short, animated videos and audio-visual content that demonstrate the vaccination process and its benefits, with a focus on illiterate women and their families.
- f. Community Tents and Meeting Points:** Set up community tents and meeting points within the slum areas and refugee camps to provide information and answer questions related to vaccination.
- g. Conduct Interactive Workshops:** Organize workshops with interactive sessions where community members can ask questions, and misconceptions can be addressed by healthcare professionals.



Empowering Health: Bridging Vaccine Knowledge for Illiterate Women

To effectively address vaccine hesitancy and facilitate the understanding of vaccination benefits among illiterate women, it's essential to create targeted and accessible educational materials and interventions. Here's a comprehensive plan that outlines the steps, strategies, and timeframe to achieve this goal:



Step 1: Needs Assessment and Research (1 month)

Gather Data: Collect information about the target population, their concerns, beliefs, and reasons for vaccine hesitancy.

Cultural Sensitivity: Understand the cultural nuances and barriers that may affect communication and education.

Step 2: Material Development (2 months)

Simplified Visual Aids: Create visually engaging and simple illustrations or pictorial guides that explain the vaccination process, benefits, and potential side effects. Visual aids can transcend language barriers.

Audio Resources: Develop audio recordings or podcasts explaining vaccination concepts in local languages, ensuring accessibility for those who cannot read.

Storytelling Approach: Craft relatable stories that showcase positive vaccination experiences and outcomes within the community.

Step 3: Training of Community Health Workers (1 month)

Select and Train CHWs: Identify and train community health workers (CHWs) who are respected and trusted within the community. Train them to use the developed materials effectively.

Communication Skills: Equip CHWs with effective communication skills, including active listening and addressing concerns empathetically.

Step 4: Community Engagement and Education (3 months)

Home Visits: CHWs visit illiterate women in their homes, using visual aids and audio resources to explain vaccination benefits and procedures.

Group Sessions: Organize small group sessions in community centers where CHWs engage with women, answer questions, and address concerns collectively.

Local Events: Participate in local events or gatherings to provide information, address misconceptions, and distribute educational materials.

Step 5: Continuous Follow-up and Monitoring (Ongoing)

Regular Check-ins: CHWs maintain regular contact with women to provide support, remind them about vaccination appointments, and address any new concerns.

Feedback Mechanism: Establish a feedback system where women can share their thoughts and concerns, allowing for continuous improvement.

Step 6: Evaluation and Adaptation (6 months)

Evaluation: Evaluate the effectiveness of the intervention through surveys, focus groups, and feedback from women and CHWs.

Adaptation: Modify the educational materials and approaches based on the feedback and results to enhance effectiveness.

Timeframe Summary

Months 1-2: Needs assessment, research, and material development.

Month 3: Training of community health workers.

Months 4-6: Community engagement and education.

Ongoing: Continuous follow-up, monitoring, and adaptation based on evaluation.

Remember that the timeframe provided is a general guideline and can be adjusted based on the specific context and resources available. The key is to create a sustainable and culturally sensitive approach that empowers illiterate women to make informed decisions about vaccination while addressing their concerns and hesitancy.

Gender-Sensitive Messaging and Support

a. Inclusive Language: Develop messaging that considers gender-specific language and cultural sensitivities to ensure relevance and respect.

b. Gender Analysis: Conduct a thorough gender analysis to understand the distinct needs, roles, and concerns of men, women, and gender minorities in the target communities.

c. Female Representation: Ensure women's active participation in planning, implementing, and evaluating communication efforts to make them more inclusive.

d. Female Health Educators: Employ female health educators to engage with illiterate women in a culturally sensitive manner, addressing concerns and providing support.

e. Male Engagement: For male-dominant and conservative communities, for instance the Afghan Refugee camps, involve male family members and community leaders in supporting women's vaccination decisions.

f. Local Role Models: Highlight local female leaders and success stories to inspire and encourage community women to engage in vaccination activities.

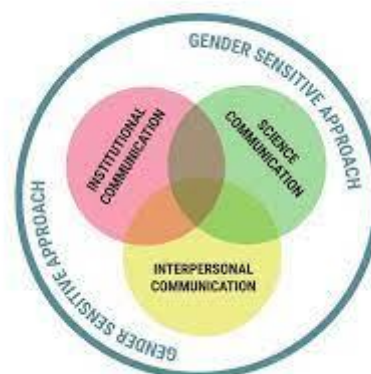
g. Safe Spaces: Create safe and accessible spaces for women to gather, discuss, and learn about vaccination, fostering open dialogue.

h. Cultural Sensitivity: Integrate cultural elements and traditions into communication materials to engage with local norms and values.

i. Feedback Loops: Establish feedback mechanisms that allow women to share their thoughts, needs, and concerns related to vaccination and outreach.

j. Monitoring and Evaluation: Regularly assess the effectiveness of gender-sensitive strategies in reaching and engaging both men and women.

By implementing these key points, the Gender-Sensitive Messaging and Support aspect of the Communication and Outreach Plan ensures equitable and meaningful engagement of all genders within poor and vulnerable communities in Pakistani society, fostering improved vaccination awareness, acceptance, and participation.



Monitoring and Feedback

a. Real-Time Monitoring: Frequent monitoring of these communities using the Kobo collect toolbox to assess the vaccination coverage of the communities and address any emerging issues promptly.

b. Community Feedback Mechanism: Establish feedback mechanisms, such as suggestion boxes or mobile numbers, to collect feedback from vaccinated individuals and their families.

c. Continuous Evaluation: Regularly evaluate the effectiveness of communication strategies and adjust it based on community feedback.

Communications Strategy Road Map (Ensuring Equity Coverage)

EPI Communication Strategy Roadmap to reach poor and vulnerable communities, particularly illiterate women, and address their concerns about COVID-19 vaccination aims vaccine acceptance and equitable access. Following is the roadmap with strategies to achieve these goals:

Goal: In the light of Equity Coverage Fundamentals laid down by the Asian Development Bank and taking a Gender Based Perspective. As an assistance to the National Command and Control Centre (NCOC), promote COVID-19 vaccination among poor and vulnerable communities, especially illiterate women, by providing clear information about its benefits, addressing vaccine hesitancy, and guiding them through the vaccination process.

Audience: Poor and vulnerable communities, with a specific focus on illiterate women.

1. Conduct a Situation Analysis:

- Identify the specific barriers and concerns that illiterate women and vulnerable communities face regarding COVID-19 vaccination.
- Understand the local culture, language, and healthcare-seeking behaviors within the target communities.
- Assess the existing communication channels and influencers within the community.

2. Communication Objectives:

- Increase awareness of the importance of COVID-19 vaccination.
- Build trust and address vaccine hesitancy within the target population.
- Ensure that individuals understand the vaccination process, from registration to post-vaccination care.

3. Key Messages:

- If you're a female or a male, COVID-19 Vaccine is for ALL.
- Vaccine is Free, Life is precious. Take Vaccine Now.
- COVID-19 vaccines are safe and effective.
- Getting vaccinated protects you, your family, and your community.
- Vaccination is free and accessible to all, regardless of socioeconomic status.
- Clear, easy-to-follow instructions on how to get vaccinated and what to expect.

4. Communication Strategies:

- Community Engagement:
 - Train and deploy community health workers and local leaders to engage directly with the target population.
 - Conduct community meetings, town halls, and focus group discussions to address concerns and answer questions.

- Localized and Culturally Relevant Materials:
 - Develop simple, visual materials that use local languages and illustrations to convey vaccine information.
 - Ensure materials are culturally sensitive and respect local customs and traditions.
- Mobile Vaccination Clinics:
 - Set up mobile vaccination clinics in easily accessible locations within communities.
 - Provide information and registration services at these clinics.
- Trusted Messengers:
 - Collaborate with local community leaders, religious figures, and influencers to endorse vaccination and share information.
 - Encourage testimonials from individuals who have already been vaccinated.
- Hotline and Helpline:
 - Establish a toll-free hotline or helpline with operators who speak the local language.
 - Address questions, provide information, and assist with registration.
- Home Visits:
 - Arrange for healthcare workers to conduct home visits, especially for elderly or disabled individuals who may have difficulty attending vaccination sites.
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- Social Media and Radio:
 - Use social media and local radio stations to broadcast vaccine information, interviews, and success stories.
 - Encourage listeners to call in with questions and concerns.
- Monitoring and Evaluation:
 - Regularly assess the reach and impact of communication efforts.
 - Conduct surveys and interviews to gauge changes in vaccine acceptance and hesitancy.
 - Adjust the communication plan based on feedback and emerging challenges.
- Partnerships:
 - Collaborate with local NGOs, community-based organizations, and government agencies to pool resources and expertise.
 - Leverage international organizations and donor support for funding and resources.

- Crisis Communication Plan:
 - Prepare for addressing any vaccine-related adverse events or emergencies transparently and effectively.

This comprehensive communication plan will be flexible and adaptable to the specific needs and dynamics of the target communities. Regularly assess its effectiveness and make adjustments as necessary to ensure that poor and vulnerable populations, especially illiterate women, have the information and support they need to make informed decisions about COVID-19 vaccination.

The idea is to assist the decision making entities (NCOC, MoNHSR&C, NDMA etc.) with a mix of communications interventions capitalizing on messages/approach pertaining to Community Outreach and Education, Local Language and Dialects, Trained Community Health Workers, One-on-One Conversations, Mobile Vaccination Clinics, Assistive Devices and Technology, Simplify Registration, Free Vaccination, Extended Clinic Hours, Transportation Support, Community Outreach, Trained Healthcare Workers, Mobile Vaccination Teams, Assistive paperwork Services, Community Partnerships, Targeted Communication, Vaccine Equity Initiatives and Address Vaccine Hesitancy.

Recommendations and Conclusion

In crafting a comprehensive communication plan, several key strategies emerge to ensure equitable access to vaccination and address hesitancy among marginalized communities. Tailored messaging stands as a cornerstone, aimed at developing culturally-sensitive content that speaks directly to gender-specific concerns and underscores the benefits of vaccination. Of particular importance are illiterate women residing in slum areas and refugee camps, requiring messages that resonate with their unique circumstances.

Community engagement emerges as a potent force, where interactive workshops led by local influencers facilitate accurate information dissemination, dispel misconceptions, and forge trust within the community fabric. Local languages and visual aids form a powerful alliance, ensuring crystal-clear comprehension across varying literacy levels and aligning with diverse cultural intricacies.

In parallel, the creation of inclusive spaces emerges as a vital component. By establishing safe and open environments, women from slums and refugee camps find avenues to voice concerns, pose questions, and engage actively in constructive dialogues.

Sustaining this dynamic process, continuous adaptation takes center stage. Regular feedback review paves the way for agile adjustments to messaging strategies, rooted in real-time insights and nurturing an ongoing, meaningful dialogue with the community. In this symphony of efforts, the communication plan harmoniously addresses unique challenges, amplifies community voices, and paves the road to enhanced vaccination accessibility and acceptance.