Positioning Demand Generation in national EPI planning and implementation processes

A quick guide to assist immunisation and communication planners and managers

In this guide:

- Overview of Demand Generation within the EPI Programme
- Checklists to position Demand Generation in the EPI Review
- Checklists to position Demand Generation in comprehensive Multi Year Planning
- Checklists to position Demand Generation in GAVI Health Systems and Immunization strengthening applications

This guide was initiated by
- o UNICEF WCARO (West & Central Africa Region)
- o WHO AFRO (Africa Regional Office)
- o UNICEF ESARO (East and South Africa Regional Office)

January 2017

CONTENTS

Overview of Demand Generation within the EPI Programme

The EPI structure

The Expanded Program for Immunization (EPI), often referred to as the National immunization programme (NIP), is designed with a systems approach, so that all aspects of delivering immunization are connected and coordinated. Our role is to understand the strong synergies, tensions and identify important opportunities that arise from improved cross-integration and coordination between components.

The 7 EPI programme components

Each component has core areas of work and a specific function, but none are independent. Each should be systematically planned and implemented to enable or support the others. See Figure 1

The 7 EPI programme components are interrelated

Each component has core areas of work, and a specific function, but none are independent. Each should be systematically planned and implemented to enable or support the others. See Figure 2

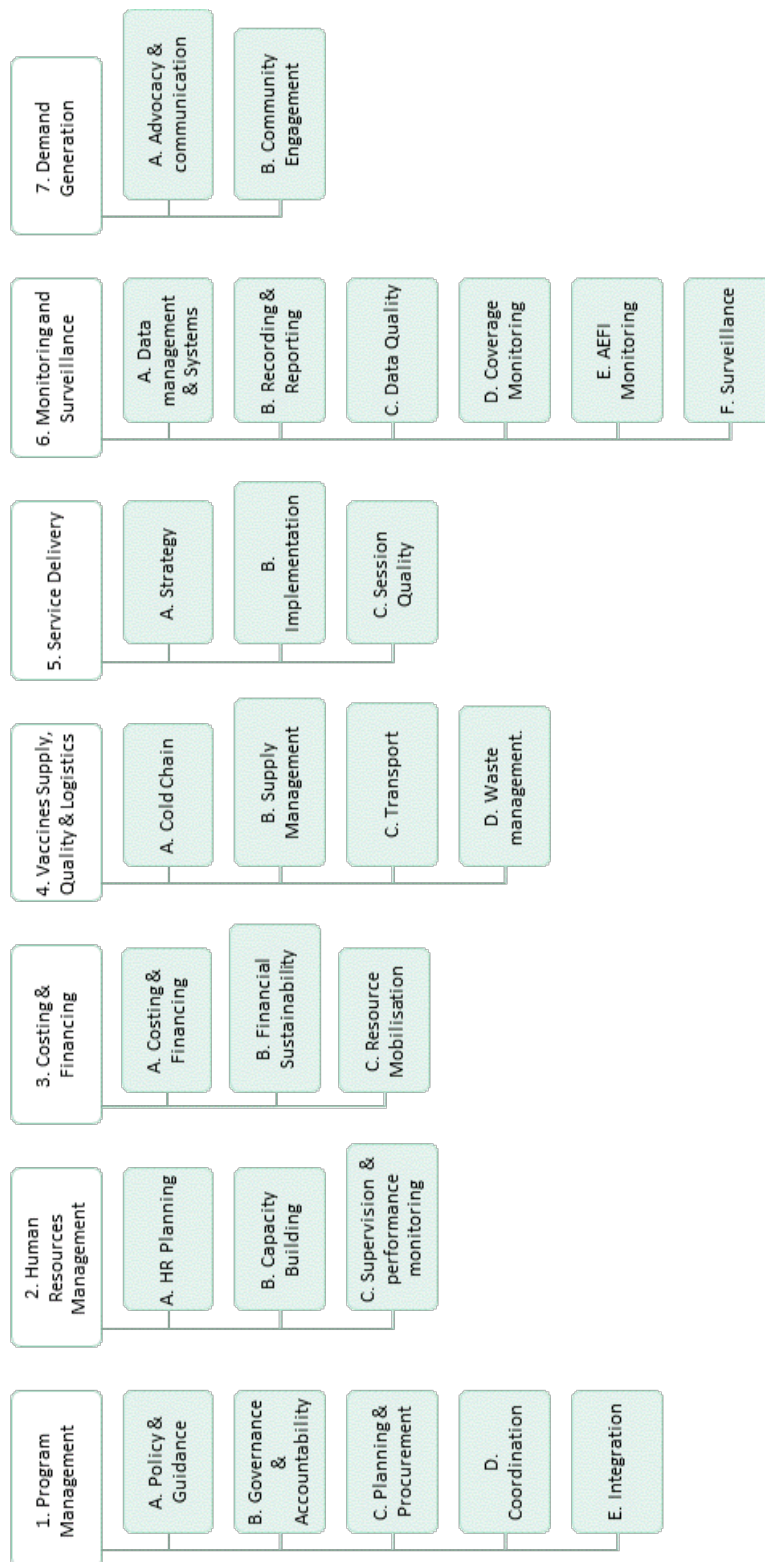*Figure 2*: The 7 basic components of a national immunization programme, showing core activities under each component.
Source: Draft Guidelines for Conducting a National Immunization Programme Review. JSI, UNICEF, CDC, Immunization Practices Advisory Committee, GAVI, 2015

Demand Generation

Demand Generation is a process of communication and engagement to enable, inform, motivate and empower specific groups to access a health service, and to claim their right to do so.

Strategic Objective 2 of the Global Vaccine Action Plan emphasises the need for demand generation for immunization: *"Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility."*

EPI programmes use different terms to describe this area of work, for example "Communication", "Advocacy, Social Mobilisation and Behaviour Change Communication", "Community Engagement and Risk Communication" or "Communication for Development". In developing a well-planned national strategy, all of these are complimentary and play critical and different roles. In this document, the **Demand Generation** term is used to encompass all these terms.

Traditional Communication for Development approaches, based on the Socio-Ecological Model (SEM) and proven communication theories, are used to generate demand for immunization services and increase immunization uptake. These approaches are:

- **Advocacy:** building coalitions and communicating evidence to influence decision makers, stakeholders and relevant audiences to change law, policies and administrative practices.
- **Social Mobilisation:** uniting partners at national and community levels through dialogue, coalition building and group activities to create an enabling environment for positive health behaviours.
- **Social Change Communication:** enabling interpersonal communication and community dialogue to allow groups of individuals to engage in a participatory process to define their needs, demand their rights and transform their social system
- **Behaviour Change Communication**: implementing interpersonal communication and mass/social media campaigns to change individual knowledge, attitudes, motivation, self-efficacy and behaviour. [1]

- **Capacity building and motivation** of EPI staff and managers, Health Workers (HW), Community Health Workers (CHW) and CSOs to enable them to implement and manage Demand Generation activities and effectively link immunization services to communities.

---

[1] Guidelines for Developing a Communication/Social Mobilization Strategy for Routine Immunization. Prepared by UNICEF WCARO, UNICEF ECARO, WHO AFRO. pg 4

The EPI planning process

Each of the main national EPI review and planning processes present an opportunity to strengthen and resource Demand Generation activities.

Ideally, evidence to inform planning for Demand Generation and a national EPI communication strategy should be ready in advance to inform the different EPI plans. Should evidence or a strategy not be available, then urgent steps need to be taken to bridge this gap, and to ensure that the EPI programme plans incorporate these bridging processes. (See cMYP below, and detailed Checklists for assistance).

Figure 3. Ideal sequence of main national EPI planning processes

The National Review of the EPI Programme (EPI Review) provides a comprehensive assessment of the programme at national, sub-national and operational levels, as well as evidence for future strategies and actions. National EPI Reviews integrate other review findings, such as from Joint Appraisals or evaluations of the introduction of new vaccines, immunization coverage and data quality, KAP studies and socio-anthropological research.

The EPI review findings and recommendations should inform the *national EPI Communication strategy* and/or preparations for the *cMYP.*

The national EPI Communication Strategy is a critical national planning strategy, based on the analysis of the local context. It comprises a multi-year strategy to communicate and engage with stakeholders to stimulate demand for immunization, and detailed annual plans that specify requirements for implementation. These requirements include costing and funding, capacity building of EPI staff or partners, supervision, coordination and the data and indicators required for monitoring and evaluation.

The national EPI communication strategy guides all core activities of the Demand Generation component and programme in the cMYP. The strategy is developed vertically, ideally after an EPI review and before a cMYP process.

Comprehensive Multi-Year Planning (cMYP) is the central process for planning and costing a 5 year plan for a national immunization programme, including the Demand Generation component. The DG component in the cMYP should be informed by the recommendations of the National EPI communications strategy. The 5-year cMYP is then divided into Annual Plans, to enable regular review and adjustment and integrate specific action plans, such as for the introduction of new vaccines.

If the National EPI communications strategy is not present or updated when the cMYP begins, then an urgent situational analysis should be planned for as soon as possible and agreed on by the EPI Manager and concerned stakeholders.

There is a strong tendency to accept "business as usual" communication activities in the cMYP, because of irregular and superficial discussions on Demand Generation throughout the year, as well as the ambitious cMYP workshop structure. These pressures must be addressed if planners and managers are to effectively identify evidence based drivers that inform why certain regions have lower coverage than others, and to strengthen implementation of Demand Generation. This includes by assessing national capacity and CSO coordination gaps, identifying innovations and new opportunities for communication, as well as lessons learned on strengthening immunization and health in existing community platforms, and ways to increase accountabilities.

GAVI Health Systems and Immunization Strengthening (HSIS) support is a leading source of additional vaccine and financial support to help countries ensure that the priorities and targets of the cMYP, and sustainable improvements in coverage and equity, are achieved.

The process to access GAVI financial and vaccine support is now guided by the GAVI Country Engagement Framework (CEF). Under the CEF, countries engage in a process of dialogue and desk review to develop one integrated operational budget and workplan for all GAVI support for the EPI programme for 3 to 5 years. The integrated plan is described in a Programme Support Rationale (PSR) and is closely aligned with national health plans, as GAVI views the effective and efficient delivery of immunization services as a means of strengthening the health system as a whole. It is essential that Demand Generation activities, which have a role to play in strengthening health services for all immunization and key family practices are prioritised and fully mapped and budgeted for in the PSR.

Planning and resourcing the EPI Demand Generation component

The EPI Demand Generation component is responsible for the systematic programming of all interventions to engage and communicate with stakeholders. Programming is generally done vertically, through the development of a National EPI communication strategy and action plan.

Programming for Demand Generation requires systematic and cyclical planning and implementation. It needs to progressively build evidence, capacities and assets; to pilot-test approaches, and to focus on priority areas and increasing the scale of

activities. Cyclical planning is achieved by applying well-established communication for development planning frameworks such as P-Process or ACADA [2].

Cyclical planning for Demand Generation requires core areas of work, namely:

- **Evidence and Analysis**: generating reliable qualitative and quantitative evidence to inform planning, to monitor progress and to show impact of communication
- **Design and planning:** identifying all stakeholders to engage, specific change objectives for each group, the combination of communication strategies required, the most appropriate communication activities for the context, and the resources and requirements for implementation
- **Implementation:** conducting, coordinating, and monitoring the planned communication, engagement and capacity building activities, and sustaining platforms for community engagement
- **Stakeholder Capacity Building:** enabling health services, civil society organisations, community and faith based leaders, journalists and other communication and sectoral partners to implement specific EPI communication activities
- **Monitoring and Evaluation:** collecting and tracking routine data on implementation/supervision activities and behavioural indicators, and conducting surveys or other evaluations to assess behavioural shifts.
- Costing and funding is required for each activity in these core areas of work.

Planning for Evidence in the EPI Demand Generation component

To effectively generate demand, a range of data is needed. This includes:
- **Evidence to inform planning:** factors that influence the decisions by parent or caregivers around whether or when to access immunization, key influencers in the community (people), communication behavioural patterns such as media use and trusted sources of information, and existing capacities to manage and implement communication activities

---

[2] P Process: a tool for planning strategic, evidence-based communication programmes developed in 1982 by Johns Hopkins University Centre for Communication.
http://www.thehealthcompass.org/sbcc-tools/p-process.
ACADA: UNICEF's strategic communication planning process developed in 2008 to enable the development of integrated, evidence-based communication strategy, that considers individuals, families and communities within their environment and from their perspective.

https://www.k4health.org/sites/default/files/UNICEF%20ACADA%20communication%20planning%20and%20implementation%20process.png

- **Evidence to monitor progress:** routine supervision and data collection of data on process indicators to track implementation of communication activities, and, ideally, of behavioural indicators.
- **Evidence to show impact:** data from behavioural indicators, collected in routine processes, participatory action research, surveys or through other evaluation approaches suitable for the context.

The integration of Demand Generation in other EPI programme components

Programming for the Demand Generation component takes place vertically but the critical support required for implementation of Demand Generation strategies, and the function and intended impact on EPI goals, are firmly integrated with other EPI programme components. These details need to be identified in the national EPI communication strategy:

- **Critical support required for implementation:** For effective implementation, the Demand Generation programme requires operational support from the EPI Programme Management, Human Resource Management, Service Delivery, Costing and Funding and, ideally, Monitoring and Surveillance components. These are to be positioned and prioritized as critical and necessary conditions for the DG vertical component to function.

- **Impact on EPI goals:** The function of the Demand Generation programme is to enable the EPI Service Delivery, Vaccine Supply, Costing and Funding and Monitoring and Surveillance components to achieve their objectives. The Demand Generation component enables social accountability through maintaining integrated platforms for community engagement and community feedback loops.

Figure 4 illustrates the relationship between Demand Generation and other components of the EPI system.
Figure 5 summarises the critical support required for the Demand Generation component, and the specific EPI programme objectives it helps to achieve.

> *See Checklists for details on embedding Demand Generation requirements and links to programme objectives in national planning processes*.

Bridging the gap between Supply and Demand

EPI service providers and managers are not always aware of the extent to which supply-side concerns like stock-outs, health worker attitudes or vaccine side effects

influence the perceptions, understanding, motivation and agency of parents and caregivers to access the immunization services.

An essential part of Demand Generation strategies is addressing the elements of parent and caregiver behaviour that are determined by such supply-side factors. But communication, on its own, cannot resolve all supply-side barriers to access. **Supply** determinants which are not considered the responsibility of the Demand Generation component include: lack of vaccine supplies, vaccination schedule, cost of vaccines/vaccination, lack of natal care, access to services, distance travelled to reach services, living in a rural or an urban area, missed opportunities and poor interpersonal communication skills of vaccination service providers.

Demand determinants which can be effectively addressed through communication and demand generation include: parental attitudes and knowledge, (e.g. on the importance of vaccination and when to vaccinate), fear of side effects, motivation to access services, (e.g. related to previous bad experiences with the clinic), social pressure, gender issues which determine a mother's autonomy/decision making and the status of the female child, health beliefs, religious or cultural beliefs and political stance.

Other issues which influence demand include family characteristics such as: marital status, occupation, mother's age/education, caregiver's literacy levels, and social economic status, including being part of a minority group or migrant.
Effectively addressing the barriers to uptake requires the EPI programme to address the *combination* of demand and supply side barriers to uptake for a specific population.

Bridging the gap between supply and demand requires:
- Consistent collaboration between all EPI programme components
- Responsive management, able to address supply and demand-side barriers as they are identified
- Joint programme planning, especially to extend coverage in socially excluded groups
- Systematic and participatory micro-planning
- Sustainable platforms for community engagement and feedback.

Planning for other health sector convergence and equity

Strategic Objective 3 of the Global Vaccine Action plan emphasises the need for equitable access to immunization services: *" The benefits of immunization are equitably extended to all people".*

Planning to address inequity

Gaps in coverage can be identified from, amongst others, immunization coverage reports, disease outbreak reports, and drop-out rates. Inequities can be identified by assessing whether underlying geographic, socio-economic or gender issues pose barriers to access, for example seasonal flooding or the remoteness of a rural area (geographic), migrant status, or rich or poor groups in urban areas (socio-economic) or women in religious groups (gender).

Planning effective Demand Generation strategies to address these inequities requires additional research and/or information, including:

- Which groups are affected
- The size of each group (to help prioritise intervention)
- The accessibility and reliability of services
- The levels of knowledge about immunization, the value placed on immunization, and motivation to access services in each group
- The factors that influence the decisions of parents or caregivers in each group on whether or when to access immunization (these can be different for different groups in the same area, e.g. rich, migrant or religious groups living in the same urban area)
- The influential people in each group
- The trusted sources of information
- The communication behavioural patterns
- The levels of engagement with health services and inclusion in immunization service planning and monitoring
- The capacity of health services and partners and to implement/manage communication activities

Strategies developed in the national EPI communication strategy for Demand Generation among groups affected by inequities need to be closely co-ordinated with the strategies to address the supply side barriers developed by other EPI programme components.

Planning to enable convergence
Immunization and other Key Family Practices to improve child survival and development are closely linked. The health behaviours of parents and caregivers are similar, the health services are provided by the same health worker and/or community health worker, and community engagements function through the same community platforms.

EPI planning processes therefore need to take account of the fact that the same health system resources and convening skills are used for immunization and key family practice programmes

The national EPI Communication Strategy needs to ensure that Demand Generation for messaging and activities for immunization are coordinated and converged with those of other programmes for key family practices. This includes engagement with the Ministry of Education, as immunization schedules extend beyond childhood, and school-going adolescents are future young parents.

The need for effective coordination mechanisms

To maximize synergies and effectively generate demand for vaccination services, government-led communication and social mobilization coordination mechanisms should be in place at national and subnational levels.

To be functional, coordination mechanisms have to be costed and funded, meet on a regular basis, include all relevant stakeholders and be appropriate to reaching communities.

Adverse Events Following Immunization (AEFI) and Vaccine-Related Events (VRE)

Public trust in vaccine safety is key to the success of vaccination programmes, therefore national and subnational capacities have to be in place to manage the communication response to adverse events that occasionally occur following vaccination.

Crisis communication plans have to be developed and/or updated to effectively identify an unexpected immunization situation, evaluate its potential impact, and design and manage an appropriate communication response.

Consideration for new focus areas

Strengthening the implementation and impact of Demand Generation strategies requires investment and planning in a number of important focus areas:

- **Management** as it is recognised that immunization programmes have insufficient communication/demand generation leadership, staff, or capacity to coordinate and build the local coalitions needed to expand coverage. Planners need to design and fund activities to build partner and CSO capacity in coalition building, advocacy skills and leadership. Accounting and managing needs to be

strengthened at all levels, including reporting, documentation, coordination, monitoring, evaluation and building accountability structure.

- **Mobile Technologies** as these are a cost-effective and accessible tool to enable better messaging/reminders, increased reach, monitoring, social accountabilities, and polling or surveys. Research into communication behaviours and environments must include the analysis of cell phone use and network capacity, and – where appropriate – planners should use mobile technologies to enable specific communication strategies and activities.

- **Social accountability** as enabling individuals and communities to demand immunization, and balancing this demand with supply, requires stronger ties between communities and health managers. This means planners need to engage and negotiate with health managers around what how they can begin to plan with communities, listen to each other's concerns and jointly identify hard to reach populations. This includes increasing the community's responsibility to contribute to EPI goals, and manager's responsibility to adapt strategies to what is best for community members.

- **Urbanization** as more than 70% of people in the region are expected soon to be living in urban structures. Planners must in invest in research to generate a better understanding of the factors influencing immunization behaviours, the key people with the power to influence, communication behaviours and trusted sources in these areas.

Figure 4. The relationship between the Demand Generation component and other components of the EPI programme

Critical support required for implementation

To effectively implement its core activities the Demand Generation component needs actions and operational support from these components of the EPI programme:

- **EPI Service Delivery**

- **EPI Programme Management**

- **EPI Human Resource Management**

- **EPI Costing and Funding**

- **EPI Monitoring and Surveillance**

Demand Generation

Impact on EPI goals

Effective implementation of the Demand Generation strategy enables and contributes to achieving the objectives of these components of the EPI strategy:

- **EPI Service Delivery**

- **EPI Monitoring and Surveillance**

- **Vaccine Supply**
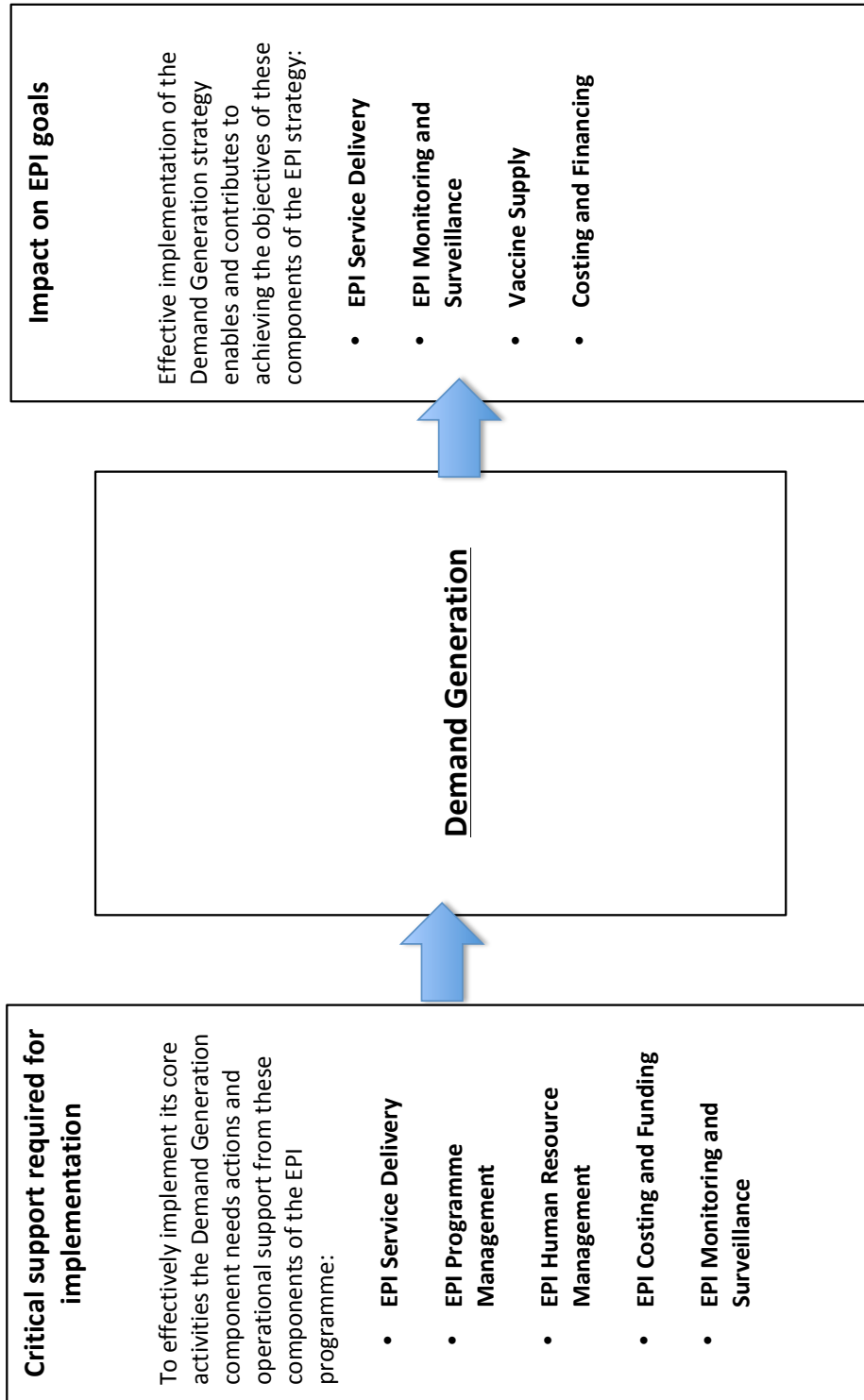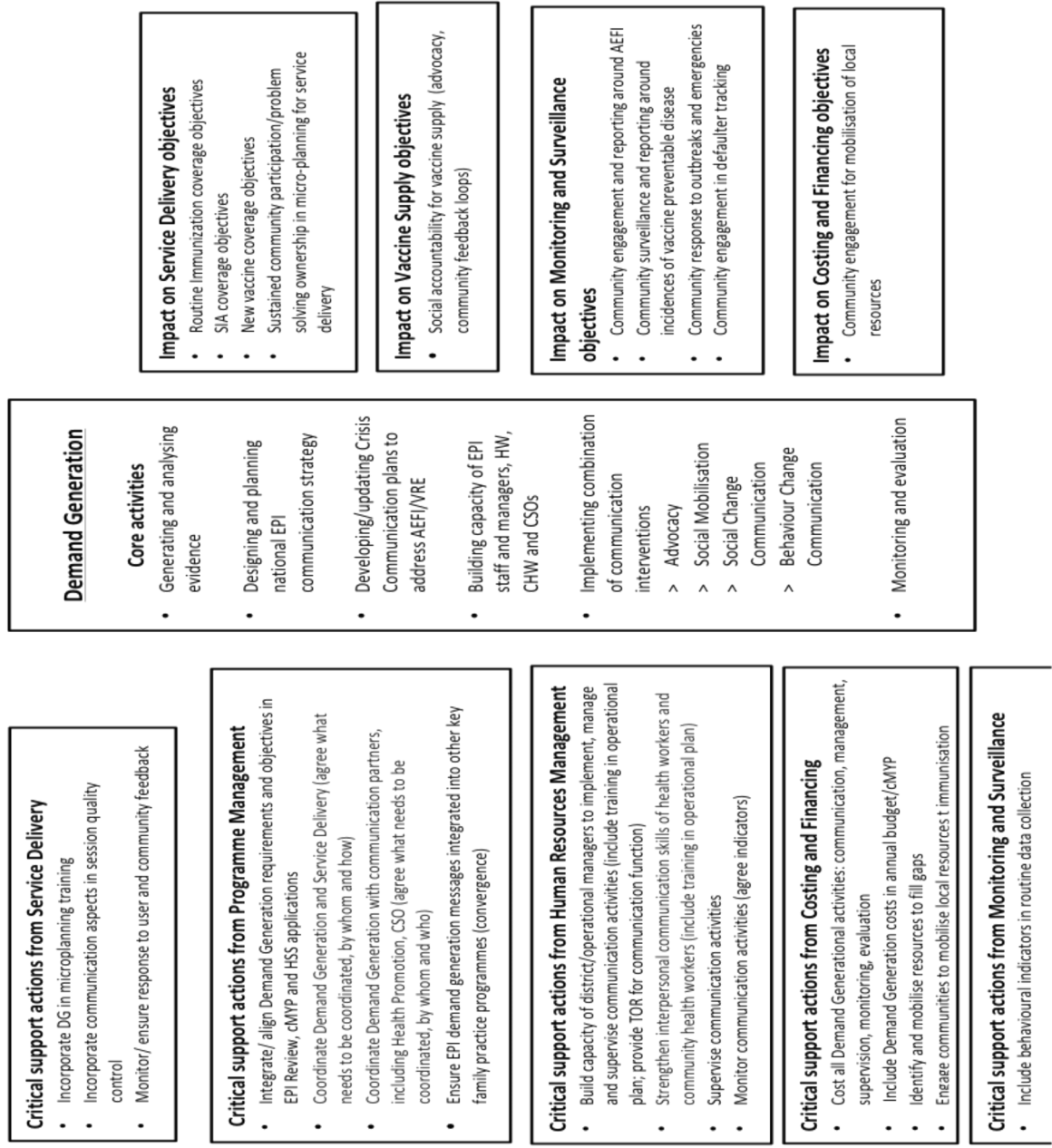
- **Costing and Financing**

Figure 5. Critical support actions required by the Demand Generation Component, and specific impact on EPI programme objectives
See Checklists for further guidance

Demand Generation

Core activities

- Generating and analysing evidence
- Designing and planning national EPI communication strategy
- Developing/updating Crisis Communication plans to address AEFI/VRE
- Building capacity of EPI staff and managers, HW, CHW and CSOs
- Implementing combination of communication interventions
  - ➢ Advocacy
  - ➢ Social Mobilisation
  - ➢ Social Change Communication
  - ➢ Behaviour Change Communication
- Monitoring and evaluation

Critical support actions from Service Delivery

- Incorporate DG in microplanning training
- Incorporate communication aspects in session quality control
- Monitor/ ensure response to user and community feedback

Critical support actions from Programme Management

- Integrate/ align Demand Generation requirements and objectives in EPI Review, cMYP and HSS applications
- Coordinate Demand Generation and Service Delivery (agree what needs to be coordinated, by whom and how)
- Coordinate Demand Generation with communication partners, including Health Promotion, CSO (agree what needs to be coordinated, by whom and who)
- Ensure EPI demand generation messages integrated into other key family practice programmes (convergence)

Critical support actions from Human Resources Management

- Build capacity of district/operational managers to implement, manage and supervise communication activities (include training in operational plan; provide TOR for communication function)
- Strengthen interpersonal communication skills of health workers and community health workers (include training in operational plan)
- Supervise communication activities
- Monitor communication activities (agree indicators)

Critical support actions from Costing and Financing

- Cost all Demand Generational activities: communication, management, supervision, monitoring, evaluation
- Include Demand Generation costs in annual budget/cMYP
- Identify and mobilise resources to fill gaps
- Engage communities to mobilise local resources t immunisation

Critical support actions from Monitoring and Surveillance

- Include behavioural indicators in routine data collection

Impact on Service Delivery objectives

- Routine Immunization coverage objectives
- SIA coverage objectives
- New vaccine coverage objectives
- Sustained community participation/problem solving ownership in micro-planning for service delivery

Impact on Vaccine Supply objectives

- Social accountability for vaccine supply (advocacy, community feedback loops)

Impact on Monitoring and Surveillance objectives

- Community engagement and reporting around AEFI
- Community surveillance and reporting around incidences of vaccine preventable disease
- Community response to outbreaks and emergencies
- Community engagement in defaulter tracking

Impact on Costing and Financing objectives

- Community engagement for mobilisation of local resources

World Health Organization

unicef

Checklists to position Demand Generation in the EPI Review

What is an EPI Review?

An EPI review is a comprehensive assessment of strengths and weaknesses of a national EPI programme, at national, sub-national and service delivery level. The review provides evidence for strategic directions and priority actions in the next programme planning cycle.

Opportunity for developing a shared understanding

An EPI review process is an opportunity for EPI and Communication managers to develop a shared understanding of:

Supply and demand side influences on uptake, and the relative weight of each

Existing systems or processes of communication and community engagement and their performance: who does what, with what funding, coordination, supervision and reporting

The objectives and activities identified in the national EPI communication strategy, if this in place.

The level of achievement of the objectives and efficacy of the activities for demand generation within the cMYP

How is an EPI Review structured?

An EPI Review is ideally structured according to 'topics':
*   *Seven universal 'topics'*, covering the seven components of the immunization system, as per global planning guidelines, i.e. Programme Management, Human Resource Management, Costing and Financing, Vaccines, cold chain and logistics, Immunization Service Delivery, Monitoring and Surveillance and Demand Generation
*   *Additional special 'topics'*, covering country priorities, especially those related to issues to of *equity.* Special topics are often related to health systems or the external environment, and address critical barriers to uptake, such as socio-economic status and gender, and special areas of focus, such as urbanisation. Technical experts are assigned as team leads for specific areas.

What happens in an EPI Review process?

There are five common stages in an EPI Review process
1. Concept development, including desk review
2. Planning and preparation
3. Field Review
4. Synthesising and presenting findings
5. Translate to planning and action

How to review the Demand Generation component[3]

Checklist: Reviewing operational requirements

Both the Desk and Field Review need to assess whether the EPI Programme Management, Human Resource Management, Service Delivery, Costing and Funding and Monitoring and Surveillance components are meeting the *management, capacity* and *funding* requirements of the Demand Generation component.

These critical support actions required for Demand Generation must be specified when developing the EPI Review Concept note, the terms of reference for the desk review, and the data collection tools for the field review. The questions to consider are:

Service Delivery:
- Is Demand Generation (e.g. social mobilisation) incorporated into microplanning?
- Is communication considered in vaccination session quality control?
- Is there functional mechanism to ensure a response to user or community feedback?

Programme Management
- Is there a functional central level management structure for communication and community engagement?
- Is there a functional central level coordinating mechanism for communication and community engagement in place? eg: health promotion team, communication/social mobilization committee?
- How often does it meet?
- Are there minutes available?
- Who are the members in the committee?
- Are there functional coordinating mechanisms in place at decentralized and operational levels, so that it is clear what needs to be coordinated, by whom and how? [4]
- Is there vertical consistency between the coordination mechanisms at different levels?

---

[3] See 1C Desk Review: Checklist and Resources by Topic. Guidelines for Conducting a National Immunization Programme Review for more details

[4] *For example:* How do Demand Generation activities such as development of messages and materials, community dialogues, community media broadcasts and IPC by health service providers link to each other, and how do these activities link to a specific immunization services, and microplanning for service delivery

.

- Is it clear how EPI communication messages are to be integrated with other programmes for key family practices (hand washing, nutrition, MCH) and how demand generation interventions will contribute to achieving other health and development related goals (i.e. birth registration)?

Human Resources Management
- Is there sufficient and quality technical capacity for communication and community engagement at central level?
- Is there data available on the numbers/distribution of PHC and mid-level management staff able to support communication and community engagement interventions?
- Are there job descriptions and performance standards for the national immunization programme's communication services at each level of management?
- Does the operational plan include capacity needs assessments and training plans to strengthen capacity for planning and implementing communication and community engagement activities?
- Is there systematic supervision of communication and community engagement activities, so that it is clear what needs to be supervised[5] by whom and how?

Costing and Funding
- Does the cMYP and annual work plan include the costs and the resources required for demand generation activities, and critical support actions?
- Does the cMYP and annual work plan provide the resources required for demand generation activities and/or identify the financial gaps?
- Does the cMYP explain the main sources and trends in financing the Demand Generation component of the national immunisation plan?
- Are the planned but unfunded Demand Generation activities included in proposals to mobilise additional resources?

Monitoring and Surveillance
- Are indicators for communication and community engagement included in routine data management systems, recording and reporting tools?
- Are behavioural indicators included routine data management systems, recording and reporting tools?

---

[5] *For example*: content, quality and frequency of the communication

Checklist: Reviewing core activities

The EPI Desk and Field Review needs to assess the performance of each core area of activity in the Demand Generation component, namely *Generating and analysing evidence*, *Designing and Planning the national EPI communication strategy, Developing/updating Crisis Communication plans, Implementation, Stakeholder Capacity Building,* and *Monitoring and Evaluation.*

Generating and analysing evidence
- What research or reliable evidence of demand side factors is available? i.e. of factors that influence the decisions by parent or caregivers around whether or when to access immunization, of key influencers, and of communication behavioural patterns (i.e. use of media and communication means)
- What are the evidence or research gaps that need to be addressed?
- Has the evidence been used to conduct a situation analysis?

NB The review is an opportunity to generate evidence to inform strategic planning: The Demand Generation technical lead should actively include/expand on questions related to Demand Generation during the Field Review, or coverage/other surveys conducted as part of the Review process.

Designing and planning:
- Is there a costed national EPI communication strategy?
- Does the strategy include Routine Immunization, SIAs, AEFI, community monitoring of incidences of vaccine preventable disease?
- Does the strategy include crisis communication related to emergencies, AEFI or disease outbreak, or is there a separate Crisis Communication plan?
- Is the strategy aligned with the timeframes and activities of the cMYP?
- Are the communication priorities aligned with the EPI programme priorities, including immunization equity priorities?
- Does the strategy have SMART objectives for each participant group of stakeholders?
- Do the objectives align with objectives of the EPI Service Delivery and Monitoring and Surveillance components?
- Does the strategy identify communication interventions at multiple levels – individual, interpersonal, community, policy?
- Does the strategy identify a combination of communication activities/channels – e.g. interpersonal, group, community and through media?
- Does the strategy harmonise EPI communication and community engagement activities and messages with other health promotion activities, especially programmes promoting key family practices?
- Does the strategy include capacity building activities for communication partners, such as CSOs, community leaders and journalists?

World Health Organization

unicef

- Does the strategy include capacity building requirements for EPI/health promotion staff and managers to implement and manage the Demand Generation programme?
- Are there measurable indicators to monitor the communication, community engagement and capacity building activities?
- Are there measurable behavioural indicators to monitor changes for each participant group?
- Does the strategy define coordination structures, implementation modalities and support requirements from other EPI components?

Implementation:

- Are there complete and clear technical guidelines for implementing the specified combination of communication and community engagement activities?
- Are there clear guidelines for partnering with communities and community service organisations?
- Is there a policy/guidelines to develop messages and communication materials, and for their adaptation at operational level?
- Are there integrated platform, with a minimum floor of activities, for community engagement around micro-planning of service delivery, participation in demand generation, feedback and social accountability?
- Are demand generation activities integrated in microplanning?
- Is there a minimum floor of on-going regular activities to sustain these community platforms for engagement?
- Are there feedback mechanisms to specific systems of service delivery?

Stakeholder Capacity Building

- Have the planned capacity building activities taken place?
- Have the implemented capacity building activities addressed health service, civil society organisations, community and faith based leaders, journalists and other communication partners?
- Has capacity building addressed gaps in designing, planning, monitoring and evaluating demand generation activities?
- Has capacity building addressed gaps on interpersonal communication and community engagement at grassroots level?

Monitoring and Evaluation

- Is there a system/process and tools to collect and analyse the indicators/data?
- Are behavioural indicators included in routine data for collection?
- Are there plans and resources for mid and end-line surveys and impact evaluation?

Checklist: Reviewing function and impact

The EPI review is an opportunity to strengthen the gathering of evidence of impact of Demand Generation, and clarify its contribution to the EPI programme.

- Have the data/indicators for the demand generation activities and behaviours been collected and analysed?
- To what extent have the planned communication and community engagement activities taken place?
- Have the behavioural indicators demonstrated any shifts on the behavioural pathways to increased uptake of services, or community responses to AEFI, surveillance, defaulter tracing or outbreak?

Technical essentials for the Demand Generation Review process (according to the five common stages of a EPI review process)

Concept development
- ✓ Communication managers or communication/demand generation partners are included in the team developing the concept note for the review
- ✓ A communication specialist is appointed as team lead for Demand Generation
- ✓ The terms of reference for the Desk Review includes the *core activities, requirements, and function* of the Demand Generation component (as per checklists)
- ✓ Desk review includes all documentation relating to demand for immunization services including KAP surveys, socio-anthropological research, cMYP mid-term or end review, GAVI HSS Bottleneck Analysis, Joint Appraisals or Joint Appraisals, Post Introduction Evaluations
- ✓ Desk Review recommendations identify research gaps and priorities related to Demand Generation

Planning and Preparation
- ✓ Field Review tools address the ***requirements, core activities***, ***function/impact*** of the Demand Generation component
- ✓ Team training includes conducting observations, open-ended un-biased interviews, and/or facilitating focus group discussions
- ✓ Review plan allows adequate time for engaging local communities and partners outside of the health facility, including communities located far away from the health facility that should be reached by services
- ✓ Sites selected for the Field Review enable the review team to address knowledge gaps and priorities related to Demand Generations (e.g. gaps on social data in socially excluded areas, on vaccine refusals in specific groups, or on job descriptions and management/supervision of community engagement by CSOs)

✓ Sites selected for the field review allow for community level engagement *outside* of the health facility, e.g. with parents and caretakers, volunteers, communication partners, community media and community leaders

✓ If a coverage survey is coupled with the external review, KAP related questions/indicators are included in the questionnaire and analysed

Field Review

✓ Field team briefed on priority areas and knowledge gaps for the Demand Generation component

✓ Field team briefed on possible questions and areas to explore for solutions to barriers to uptake

✓ Field team briefed on the need to include the client exit interviews as part of the EPI Review

✓ The demand generation technical lead supports and oversees the field review

Synthesising Findings

✓ Findings cover strengths, weaknesses, conclusions and recommendations of the *requirements, core activities and function/impact* of the Demand Generation component

✓ Findings identify gaps which can be addressed by other funders or partners

✓ Findings include at least 3 priority recommendations for the Demand Generation component

Translating to Action

• Recommendations are broken down into actionable steps, with timelines, focal persons and costs

• Recommendations are linked to the timelines, budget and content of the cMYP

• There is an advocacy plan, with actionable steps, timelines, focal persons and costs to follow up on identified gaps partners or funders

Checklists to position Demand Generation in comprehensive Multi-Year Planning

What is comprehensive Multi-Year Planning (cMYP)?

Comprehensive Multi-Year Planning (cMYP) is the central process for planning and costing a 5-year plan for a national immunization programme. The 5-year plan is divided into Annual Plans, to enable regular review and adjustment and integrate specific action plans, such as for the introduction of new vaccines.

How is a cMYP structured?
A cMYP is ideally structured as 7 sections, in line with the recommended 7-step planning process. These sections are:
- Situation Analysis
- Objectives and milestones
- Planning strategies
- Links to national, regional and international goals
- Activity timeline, monitoring and evaluation
- Costing, financing and resource mobilization
- Putting cMYP into action

Developing the cMYP requires that each of these 7 planning steps is followed for each of the 7 components of the EPI programme. This planning generates the detailed workplan for achieving the national goals, objectives and milestones.

How is the national EPI communications strategy linked to the cMYP?
The national EPI communication strategy guides all core activities of the Demand Generation component and programme in the cMYP, and specifies the critical support actions required for implementation. The strategy is developed vertically, ideally after an EPI review and before a cMYP process.
The EPI review findings and recommendations should inform the strategy and/or preparations for the cMYP. This
The cMYP is a critical opportunity to:
- Secure resources to implement the Demand Generation programme designed in the national EPI communication plan, and the required critical support actions
- Advocate for Demand Generation management/coordination/integration to be prioritised to help meet GVAP, regional and national objectives in activating demand and addressing equity
- Align Demand Generation with other EPI programme components timelines and objectives.

World Health Organization

unicef

Figure 6. Ideal sequence of main national EPI planning processes: cMYP is opportunity to secure resources/align implementation and management of Demand Generation

| National EPI Review Every 5 years | National EPI communication strategy Multi-year, with annual plans | cMYP5 Every 5 years with annual plans | GAVI HSS Every 5 years or as required |

How to prepare for the cMYP

It is essential that EPI and Demand Generation managers, partners and stakeholders to meet in advance to prepare for planning the Demand Generation component during the cMYP.

If there is a *current* national EPI communication strategy/plan ensure the plan specifies the critical support actions required for implementation, i.e:
- Service Delivery
- Management/coordination/integration
- Human resources and capacity building
- Monitoring and evaluation
- Costs and resources for every communication/community engagement and management, supervision, capacity building and monitoring/evaluation activity.

If the national EPI communication plan is *outdated,* assess the content and quality of the plan i.e. the:
- Evidence
- Design and objectives
- Communication strategies and activities
- Capacity building requirements
- Monitoring and Evaluation framework
- Coordination and management requirements
- Costs and resource requirements

If the plan is strategically sound, revise and update the requirements, budgets, timelines and activities for discussion and finalisation in the cMYP. If the plan is too vague or old to be of value, proceed as below.

If the national EPI communication strategy *does not exist:*
- Review available evidence and identify gaps
- Develop a draft situation analysis
- Specify the research and planning actions needed to develop a comprehensive national EPI communication strategy and plan (i.e. a programme for the Demand Generation component)

- Specify required costs/resources and timelines for completion of the plan.

During the cMYP process:
- Ensure that the Ensure that the costs and work to complete the EPI communication plan are specified in the first national annual plan
- Ensure that subsequent annual plans include cost estimates and activities for implementing the Demand Generation programme, as per CMYP checklists. [6]

During the cMYP: how to plan and for the Demand Generation component[7]

Checklist: Planning for the critical support actions required by the Demand Generation component

The critical support actions for Demand Generation that are required from other EPI programme components need to be specified and costed in the cMYP process and plans for each of these components, (I.e. Service Delivery, Programme Management, Human Resource Management, Costing and Funding and Monitoring and Surveillance.)

Service Delivery
- Incorporate demand generation (e.g. social mobilisation, social change communication) in microplanning training activities
- Incorporate aspects of communication (e.g. informing, motivating through interpersonal communication) in quality control for vaccination sessions
- Ensure systems to monitor and respond to user and community feedback

Programme Management
- Agree and specify what needs to be co-ordinated, by whom and how in order to integrate Demand Generation activities with other EPI components, communication partners (including Health Promotion) and with programmes for key family practices.
- Align timelines and specify Demand Generation programme management/coordination and integration requirements as objectives and activities for the Programme Management component, included in the activity timeline, and annual operational plans
- Specify Demand Generation management/coordination /integration activities in subnational plans

---

[6] The EPI Review checklists and the UNICEF/WHO Guidelines for Developing a Communication/Social Mobilisation Strategy for Routine Immunization will assist in a review and assessment process.

[7] See WHO-UNCIEF Guidelines for Comprehensive Multi-Year Planning for Immunization, Update September 2013, for more details

- Articulate relationships and lines of reporting/budgeting with other departments involved in community engagement, especially health promotion and CSOs

Human Resources Management
- Assess and describe the programme's leadership, staffing and capacity to manage, coordinate, supervise and integrate Demand Generation, at central and at operational level
- Align timelines and specify requirements for Demand Generation leadership/staffing, capacity needs assessment, training and supervision as objectives and activities for the component, included in activity timelines and annual operational plans
- Specify Human Resource Management activities in sub-national plans

Costing and Funding
- Explain the main sources and trends in financing the Demand Generation component of the national immunisation plan
- Cost and budget for communication strategies and activities identified in the EPI communication plan, over the five year period and in each annual operational plan
- Cost and budget for on-going Demand Generation programme management, human resource and monitoring requirements over five year period and in each annual operational plan
- Cost and budget for Demand Generation evaluation activities in the 5 year period
- Identify funding/resource gaps and potential partners to fill these gaps
- Include planned but unfunded Demand Generation activities in proposals to mobilise additional resources

Monitoring and Surveillance
- Assess and describe systems to gather indicators/data for Demand Generation activities and behavioural shifts
- Specify monitoring of Demand Generation as an objective and collection of indicators/data in activity timelines and annual operational plan

Checklist: Planning for core activities of the Demand Generation component

Core activities for Demand Generation are identified in the national EPI communication strategy. These need to be specified and aligned with the activity timeline of the cMYP. If a national EPI communication/activity plan does not exist, a process to develop one needs to be specified and costed.

Generating and analysing evidence

- Assess and describe available evidence to inform Demand Generation planning, to monitor progress and to show impact
- Identify gaps in understanding and data
- Specify actions and timeframes to address these gaps, including social research to identify barriers to access

Designing and planning:

- Align communication priorities with the EPI programme priorities, including equity and social accountability priorities
- Align Demand Generation objectives (i.e. behavioural objectives for each participant group of stakeholders) with Service Delivery objectives for routine immunization, SIA, introduction of new vaccines, risk communication and micro planning)
- Align Demand Generation objectives with Monitoring and Surveillance objectives for community responses to AEFI, defaulter tracking, surveillance of vaccine preventable disease, and outbreaks/emergencies
- Specify communication strategies to be applied (advocacy, social mobilisation, social change communication, behaviour change communication)
- Specify communication activities and timelines for each communication strategy and align with Service Delivery (including microplanning) and Monitoring and Surveillance (including community involvement)
- Specify minimum package of on-going activities to motivate communities and sustain platforms for community engagement
- Specify capacity building activities for communication partners (CSOs, community leaders and journalists) in the annual operational plans

Developing/updating Crisis Communication plan

- Specify and cost process to develop or update Crisis Communication plan
- Align activities with on going implementation of Demand Generation activities

Implementation:

- Specify communication and community engagement activities in annual operational workplan and sub-national plans
- Circulate technical guidelines for implementing communication and community engagement activities and for partnering with communities and community service organisations
- Advocate for integrated platforms for community engagement, i.e. around micro-planning, surveillance/tracking, feedback loops and social accountability

Checklist to position Demand Generation in applications for GAVI Health System and Immunization Strengthening (HSIS) support

What is GAVI HSIS support?

GAVI support for health system and immunization strengthening aims to help GAVI-supported countries reach every child, regardless of geography, socio economic status or gender related barriers. GAVI regards effective and efficient delivery of immunization services as integral to strengthened health systems. HSIS support therefore includes:

- Health systems strengthening (HSS) support to address health system bottlenecks in supply chain, data availability and use, community engagement and leadership/management and coordination
- Vaccine introduction grants to help cover pre-introduction activities and to effectively integrate new vaccines into routine immunization
- Operational support for campaigns to facilitate timely and effective delivery of vaccines to communities targeted by campaigns.

How can GAVI HSIS support be accessed?

The newly-developed GAVI Country Engagement Framework (CEF) allows for a swifter, streamlined process of applying for HSIS support. Previously countries developed separate proposals for financial and vaccine support, and had no interactions with the GAVI secretariat or other partners. Under the CEF, the process of accessing HSIS support begins with an initial period of engagement and dialogue between country and the GAVI secretariat, leading to the development of an integrated workplan and budget for both vaccine and financial support.

Figure 7 GAVI Country Engagement Process
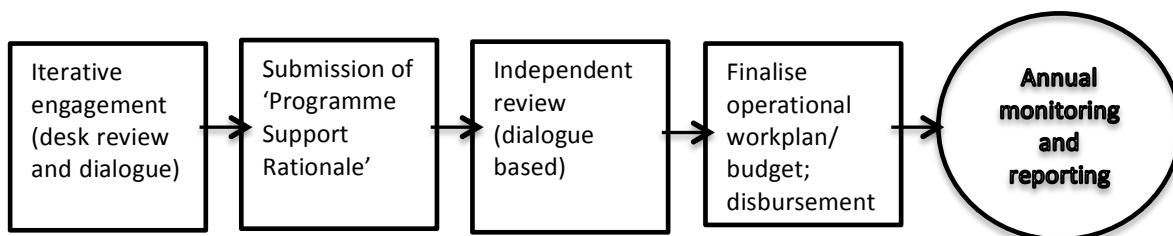
Source: GAVI Country Engagement Framework: Workplan 2016-17. August 2016

The new process is intended to reduce the timeline between the submission of the application, or Programme Support Rationale, and the disbursement of GAVI support and implementation.

What happens in the initial process of engagement?

The first step to access HSIS support is an iterative process of engagement and dialogue between countries, the GAVI secretariat and partners around country priorities and objectives. This takes place every 3 to 5 years, in line with cMYP planning processes, and involves:

- A desk review of available evidence, country strategies/plans, recent reviews and assessment, through which the country, GAVI secretariat and partners establish bottlenecks, gaps and country needs.
- In-country multi-stakeholders discussions to establish a 3 to 5 year view of integrated financial and vaccine support from GAVI
- The development of a Programme Support Rationale (PSR), and an evidence-based integrated workplan and budget, to outline GAVI's total financial and vaccine support to the national EPI programme.

What details are required in the Programme Support Rationale (PSR)?

Details required in the PSR can be drawn from the cMYP and fleshed out in the process of operational planning and budgeting with the GAVI Secretariat, partners and stakeholders.

Broadly, the PSR needs to summarizes the country's performance against GAVI's key immunization indicators – including equity indicators – and to set out the priority country needs regarding vaccines and improving the performance of the EPI programme for the upcoming period. The PSR should give an overview of plans to both introduce new vaccines, and/or conduct specific campaigns, and the priority programmatic interventions and objectives for which GAVI support is required.

Details on vaccine introductions/campaigns need to cover:

- Vaccine, month/year of introduction and whether it is a routine vaccination or a campaign and co-financing required
- Rationale for inclusion and timing, including how these can be used to strengthen the immunization system
- Major programmatic challenges to be addressed prior to introduction or campaign

For each of the priority interventions, the PSR should indicate:

- The estimated timeframe for completion
- The health system bottlenecks, and how the key activities to achieve the objective will increase immunization coverage and equity
- The key activities and the rationale for prioritising these, including rationale for targeting specific geographic areas or populations
- How the government will ensure that results achieved with GAVI support are sustained
- Indicators for each objective
- Technical support required

World Health Organization

unicef

- Budget requested

How to position Demand Generation in GAVI HSIS/PSR process

There is a strong case to be made for prioritising the Demand Generation component ain the process to secure HSIS support:

- Demand Generation strategies and core activities are designed to promote uptake and address barriers to access, and so address inequity and expand coverage

- The critical support actions required for effective implementation of Demand Generation activities addresses bottlenecks and helps strengthen the health system's capacity to lead, manage and coordinate, to bridge the gap between supply and demand, to communicate and sustain platforms and systems for community engagement, and to collect and analyse data.

The change objectives, the core activities and critical support actions for Demand Generation that are specified in the national EPI communication strategy and cMYP need to be considered in the process of developing the PSR.
However the HSIS/PSR process is also an opportunity to adjust and strengthen the national EPI communication strategy, and planning for Demand Generation; additional strategies or activities that may be identified through the process will need to be integrated into the cMYP and the national EPI communication strategy.

Checklist: Positioning Demand Generation in the HSIS dialogue and development of the PSR

- Advocate for Demand Generation to be a priority need and objective for the PSR
- Involve EPI management and communication/demand generation partners from the first stage of the dialogue and engagement
- Include the national EPI Communication Strategy, or the situation analysis developed for the cMYP process, in the desk review as well supporting evidence where necessary (e.g. social research reports, KAP surveys, EPI Review report identifying factors that influence the decisions by parent or caregivers around whether or when to access immunization, of key influencers, and of communication behavioural patterns)
- Describe evidence relating to groups affected by inequity, and the barriers they face to access
- Discuss how Demand Generation strategies, activities and change objectives developed to address behaviour-related barriers will help address inequity and help expand coverage, and achieve EPI programme goals

- Discuss the Demand Generation strategies and activities to build capacity of health workers, community health workers and CSOs, and therefore to strengthen the health system's capacity to communicate and engage
- Discuss the critical support actions required from other components of the EPI programme and how these address bottlenecks and strengthen the health system
- Explore Demand Generation strategies and activities required for the introduction of new vaccines or campaigns and for using these as an opportunity promoting routine immunization
- Describe planned but unfunded communication activities and critical support actions for Demand Generation
- Consider and include adjustments or additions to the strategies and activities emerging from the HSIS process of dialogue and development of the PSR , and update the cMYP and national EPI communication strategy
- Align GAVI HSIS indicators and implementation, supervision and monitoring activities and cycles with the cMYP and national EPI Communication strategy.