



NATIONAL IMMUNIZATION PROGRAM
MANUAL OF OPERATIONS

BOOKLET 8

CHAPTER 9
Health Promotion

CHAPTER 10
Mobilizing Community Support

Chapter 9

HEALTH PROMOTION

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Health Promotion

A. Rationale

Barriers to accessing immunization services identified in the previous chapters are related to lack of information, wrong information and other socio-cultural and political factors. Knowing the principles, key steps and tools in behavior change communication help us deal with these issues and come up with local solutions to improve the health-seeking behavior of clients, as well as our own attitudes and practice in dealing with them and in mobilizing other stakeholders to support the NIP.

B. Objectives

Chapter 9 familiarizes us with the desired supportive behaviors of every stakeholder to increase the coverage and reach of immunization services. After reading this chapter, we will be able to:

1. Recognize the different demand-related barriers to accessing immunization services and the desired behaviors of clients, partners and health providers to improve access;
2. Identify and describe the role, processes and strategies in effecting behavior change toward improving immunization service coverage; and
3. Select the right tools and channels to communicate information on immunization to targeted audiences.

C. Scope and Coverage

Chapter 9 covers the following topics:

- Demand-side barriers to immunization;
- Desired behaviors each group of stakeholders must practice and demonstrate to improve their access to immunization services;
- Common strategies to trigger, support and sustain behavior change; and,
- Tools, materials and channels to communicate information on immunization

D. The Role of Behavior Change

D.1 Barriers to Immunization Services

Immunization services are less likely to be used by people who are:

- **Uninformed**
- **Poor and powerless**
- **Dissatisfied**
- **Misinformed**
- **Too busy**
- **Distant**

D.2 Desired Behaviors

Achieving immunization goals is affected by the behavior of many groups, including politicians, community leaders, health providers, managers and supervisors and the clients themselves. Below are some desired behaviors of stakeholders related to immunization services:

Desired Immunization-Related Behaviors

Mothers and Other Primary Caretakers

- Bring eligible children to health centers and vaccination sites during immunization campaigns.
- Bring the child's vaccination card during the visit.
- Bring the child to the health facility if s/he shows any side-effects (such as fever, soreness, difficulty of breathing).
- Undergo Td immunizations for themselves, if they are women of childbearing age.
- Prepare their children for vaccination when home visits are conducted by health workers during immunization campaigns.

Fathers

- Bring eligible children to health centers on immunization days and vaccination sites during immunization campaigns, or encourage their mothers to do so.
- Provide mothers with money for transport or other expenses related to immunization.

Health Workers

- Perform immunization tasks correctly, including safe injections.
- Give mothers and other caretakers essential information.
- Schedule and organize services that are convenient for parents.
- Congratulate families whose children are fully immunized by one year of age.

Political and Public Health Leaders

- Allocate sufficient financial and human resources for immunization services.
- Show personal support for immunization services.

Community Leaders

- Inform community residents about the benefits and safety of vaccines.
- Remind families of vaccination schedules of their children
- Encourage families to complete their children's basic immunization in the first year of life.
- Inform families about outreach services, supplemental immunization activities, new vaccines and improvements in the immunization program.
- Assist health facility staff in planning and monitoring services.
- Provide logistical support, for example, by transporting vaccines, supplies, and staff.

D.3 Desired Behaviors

When clients and stakeholders do not practice desired behaviors, these are reflected in low immunization coverage, high drop-out rates and increased disease incidence.

Additional information gathering must be done to understand these gaps between desired and actual behavior and action. Methods that can help identify these causes include:

- a. Focus Group Discussions, which are in-depth discussions usually lasting one to two hours. These are usually composed of six to ten participants, who have the same characteristics as the client or target audience. The participants talk about their experiences, attitudes, perceptions and feelings regarding a focused topic under the guidance of a facilitator.
- b. An In-depth Interview is a one-on-one conversation between an interviewer and a respondent, held in a private, confidential setting.



D.4 Analyze Behaviors

Identify the barriers to a desired behavior and analyze the factors that support and motivate it.

D.5 Behavior Change Strategies

The information gathered and analysed as described above can give a good picture of barriers that must be overcome, and the positive knowledge, perceptions, and circumstances present to overcome the barriers. Based on these, appropriate action can be carried out to promote the desired behaviors. These actions include communication, training, service improvement, enactment of policy and other activities.

1. Communication

Communication and sharing of information can help raise awareness, increase knowledge and motivation, and facilitate people's actions. Communication activities include behavior change communication, social mobilization, and advocacy.

- a. **Behavior Change Communication (BCC)** encourages action among target populations that directly support more effective immunization coverage and disease control;
- b. **Social Mobilization (SM)** aims to involve a broad range of groups or sectors in collective activities (such as holding meetings with representatives of private companies, government agencies, and NGOs on how to support polio eradication and routine immunization). Social mobilization also includes engaging the public to participate in immunization activities.
- c. **Advocacy** focuses on gaining and maintaining the support of political leaders, opinion leaders, and other decision-makers.

2. Training to Improve Knowledge and Skills

Improving our communication skills can contribute to behavior change on the part of parents. Activities that can help improve our capacity include:

- Training to improve our knowledge and technical and communication skills, reinforced by supervision and reporting requirements;
- Special training that addresses educational, cultural, and economic barriers preventing effective communication between health workers and community members; and,
- Training that can help improve the conduct (such as the organization and client flow) of vaccination sessions.

2.1. Knowledge

We also need to constantly update and upgrade our technical knowledge. This can be done in our work environment and updated regularly through learning sessions about new evidence and protocols related to immunization. The new knowledge can also address the most common misconceptions, which include:

- Giving children antibiotics on the same day as a vaccination will destroy the vaccine's effectiveness.
- The vaccination series has to start all over again if a child comes late for a dose.
- Some health workers fail to provide vaccinations because of false contraindications.

We need to be familiar with key immunization messages and apply them continually. We also need to be confident that the health system in our locality will support our efforts to put these correct knowledge into practice.

2.2. Communication Skills

Effective communication begins when a health worker starts thinking about what prevents people from visiting a health facility. As mentioned, people may not get the information they need or had unpleasant experiences with health workers. To address these:

- a. We need to develop skills in listening, asking questions, giving instructions, and checking if people understood what we said.
- b. These skills are best learned by observing good models of communication and through role playing and simulations.

3. Other Strategies to Support Positive Behavior

Reinforcement and reassurance are needed for people to continue acting in positive ways. For example, if health workers discard vaccine vials because VVMs have changed color, they should be reassured that they will not be punished for it and instead recognized for taking the correct action. If they immunize a slightly ill child, they should know that national immunization policies and their own supervisors will support them.

3.1. Supervision

Supervision plays a major role in supporting positive performance. Supervisors can monitor performance and identify successes and problems and help plan corrections. These can help monitor the impact of activities. Supervisors also can make sure that support systems are in place. They should provide feedback to health workers, coach them, model positive behavior, and include interpersonal communication skills in performance evaluations.

3.2. Recognition

Parents and health workers alike feel motivated when others notice and praise good performance. Tokens of appreciation for a fully immunized child like a seal of completion on the child's vaccination card can go a long way to motivate the child and his / her parents or caregivers.

3.3. System Support

Individual behavior changes do not result in improved services and higher coverage without supportive elements in other parts of the health system. For example, managers must make sure that vaccines, injection equipment, and other supplies are available to meet increased demand created by social mobilization and health promotion activities. The table shows how communication activities and other interventions interact to solve the drop-out problem discussed earlier.

TABLE 17.
Comprehensive Approach to Reduce Drop-Outs

Communication	Advocacy	Social Mobilization	Training	System Support
<p>HWs learn how to give clear information to parents on when to bring their children back for the next dose(s).</p> <p>Supervisors provide job aids to remind HWs of key messages.</p>	<p>Local Health Management Team persuades local politicians to publicly state the importance of completing the immunization schedule by the child's first birthday.</p>	<p>HWs organize women's groups to visit families that have dropped out of the immunization program.</p>	<p>HWs arrange for training to improve HW communication skills, knowledge, and behavior toward families.</p>	<p>HWs organize facility operations to enable them to spend more time with each client.</p> <p>Health management at higher levels plan and implement timely deliveries of vaccines and supplies.</p>
<p>Parents learn how to use vaccination cards as reminders about next dose(s).</p>	<p>HWs persuade local politicians to provide financial support for outreach visits.</p>	<p>HWs routinely review progress toward targets with community leaders.</p>	<p>If language is a barrier, HWs find and train community volunteers to help HWs communicate with families</p>	<p>Budget planners include transport and allowances for outreach in budget.</p>
<p>HWs explain at every opportunity the importance of completing the immunization schedule.</p> <p>HWs and communities publicly recognize families whose children are fully immunized by their first birthday.</p>				<p>Supervisors monitor and reward good HW communication</p> <p>HWs and their own supervisors use data to guide appropriate actions.</p>

E. Tools and Channels for Communicating Information on Immunization

E.1 Selecting Communication Tools and Channels

Different communication can reach parents and other target audiences with key immunization message. These include radio, television, folk media, community events, and counselling sessions at health facilities.

1. Experience and research evidence are important inputs on which to base decisions about which communication channels and tools to use. Communication experts recommend that the best channels for reaching rural people include:
 - Health workers (through face to face, or interpersonal communication)
 - Local leaders
 - Community groups and volunteers
 - Radio/TV/Facebook – mass media and social media
2. Small group discussions involving parents can be conducted as part of immunization sessions, as well as on other occasions in and outside a health facility to:
 - Address people’s doubts about immunization;
 - Identify and fill in information gaps and correct misinformation;
 - Respond to participants’ questions; and,
 - Reinforce positive attitudes and behaviors
3. A recommended approach is to conduct the discussion interactively, with full audience participation, rather than the typical “health talk” or lecture.

E.2 Adapting Key Immunization Messages for the Community

Interpersonal communication, particularly one-to-one counselling, is an effective way to share information with parents or caregivers on when and where to bring children for the next vaccination. However, simply giving people information is not enough. The message must be UNDERSTOOD and REMEMBERED.

1. Remind health workers to always ask mothers or parents to repeat the information they received in order to increase the chance of remembering when to return.
2. Make sure that parents and the community understand the following key information.
 - What vaccine(s) are to be given and what they are for (e.g. OPV protects the baby from polio);
 - Possible minor adverse-effects of each vaccine and how to manage them;
 - The place and time of the next immunization;
 - Mildly ill children can be vaccinated; and,
 - Parents should keep the immunization cards in a safe place and always bring them on the next vaccination visit.

E.3 Materials for Education and Promotion

Complementary materials are needed to reinforce information on immunization shared with different target audiences. In this regard:

1. Materials from the DOH Central or those developed locally can be used for education, promotion, or advocacy. These materials can be tailor-made for different audiences, such as parents, LGU officials or communities in general.
2. In developing materials, pay attention to their quality (including use of photographs, graphs, charts, and word content). Test these materials with the intended audiences before they are printed and distributed.
3. The production and distribution plan and budget for the materials should be closely linked to an analysis of who will use them, and how they will be distributed.
4. The number of materials to be produced should also follow the local health office's dissemination guidelines.
5. The following are examples of materials you can use:

FIGURE 26.
Sample Materials for Communication for Immunization



Printed collateral – tarps, posters



Audiovisual presentations



Social media cards



T-shirts and other merchandise

Chapter 10

**MOBILIZING
COMMUNITY SUPPORT**

Mobilizing Community Support

A. Rationale

Increased utilization of immunization services is an interplay of both supply and demand. A successful Immunization Program depends on the effective vaccine supply and logistics including the availability and proficiency of health staff in delivering immunization services. At the same time, utilization of immunization services is also affected by the community's willingness to seek the needed vaccination and their confidence on the safety and quality of services they are availing. Knowing how the community perceives immunization and how they can be mobilized to participate in the Immunization Program will greatly help in generating demand for immunization services.

B. Objectives

Chapter 10 serves as a guide in building support of communities to improve access to and utilization of immunization services in the locality. After completing this chapter, it is hoped that we will be able to:

1. Characterize your community and identify the key stakeholders and potential partners to improve immunization coverage;
2. Describe how to mobilize community members and leaders in planning, implementing and monitoring the delivery of immunization services in the community; and,
3. Enumerate immunization-related messages that can be shared with members of the community.

C. Scope and Coverage

This chapter covers the following topics:

- Importance of community participation in the Immunization Program;
- Key areas in the NIP in which the community can actively participate;
- Guide for planning with the community;
- Guide for implementing and monitoring immunization service delivery; and,
- Key messages regarding immunization that can be shared with health staff, community leaders and members and how to disseminate these messages.

D. Building Community Support for Immunization

Community participation in the Immunization Program results in higher coverage, thus reducing the VPD incidence. An informed community is more likely to actively avail of services. It is important therefore to:

- Define the community being served, being aware of their characteristics and the dynamics involved in relating and interacting with them;
- Identify the specific components or aspects of the Immunization Program where the community can be involved;
- Establish a close partnership with them using effective communication skills and tools;
- Keep the catchment population informed about services; and,
- Continuously engage local decision makers, religious leaders, community influentials and parents.

D.1 Know the community

It is important to be familiar with the key features, characteristics and dynamics among the various segments of the community that could influence the process of engaging and relating with them.

D.2 Identify Program Aspects for Community Involvement

Availment of immunization services is more likely to rise if the community actively participates in planning, implementing and monitoring the program in their locality. It is therefore essential to identify in which aspects of the program the community may become involved and the extent of their involvement.



D.3 Steps in Establishing Links with the Community

For mothers and their children to avail of immunization services, they must first be aware of their immunization needs, what services are available and where these are offered. In addition, they must trust in the quality of services they would receive. To address these requirements, undertake the following steps:

1. Improve the awareness of community members of the immunization services provided by the health facility;
2. Identify the reason/s for low coverage using the available data and information, particularly among targeted clients who can access but are not availing of the services; and,
3. Assess the quality of communication approaches and strategies being employed in micro-planning and other components of the Reach Every Purok Strategy.

E. Plan with the Community

There are three major steps involved in developing the immunization plan with the community's participation.

E.1 Analyze the Situation

The first step is to conduct a situation analysis. Pay particular attention to the awareness and perception of community members on immunization, especially among such stakeholders as private practitioners, parents, special groups, and influential or opinion leaders among faith-based groups, educators and civic organizations, among others.

Important

The key to effective communication with groups is to identify and address the shared interest of the group members.

E.2 Identify Measures to Improve Immunization Coverage in the Community

Hold group discussions with community representatives to come up with ways to better plan and carry out immunization services.

Important

When planning services, unmet needs and costs should be clearly quantified and described in discussions with communities early in the planning process as possible. The community's contributions should be documented and reported and their participation and support should be acknowledged.

E.3 Hold a Community Planning Meeting Community

Community planning meetings can provide information on available services, on the progress and challenges in meeting immunization goals and targets. The meetings can also serve as avenues for public input and involvement in improving these services. Take into consideration the following steps in holding a community plan meeting. Facilitate the planning session guided by the following tips:

Tips for Group Discussion Methods (As a means of Information Exchange with the Community)

1. Remember: We are not giving them a test.
2. Let the participants discuss freely.
3. Encourage participation from as many people as possible.
4. Use visual aids such as pictures to illustrate what we are talking about.
 - Ask people what they see happening in the picture.
 - Ask what they like about what they see happening.
 - Ask how this relates to immunizations.
5. Involve groups in as many ways possible to improve their understanding, and to make the discussion fun and interesting.
 - Tell stories and ask people what they think happened, and why.
 - Sing songs, or encourage people to make up their own songs.
 - Put on short plays about immunization and encourage group members to create their own.
6. Allow participants to come up with their own solutions to the problems. Let them be part of the problem-solving discussions.
7. Thank individuals for their responses.

F. Implement and Monitor Immunization Services with the Community

Communities that are informed about services can help immunization services function properly and encourage community members to use these services.

- The community can play an active role in raising awareness of the importance of immunization and in informing members about when and where to go for services.
- The community can contribute significantly in tracking each child's immunization from birth until completion of all required vaccinations according to the recommended schedule. The same process can be applied to women to complete their tetanus vaccination during her reproductive years and particularly during pregnancy.
- Community members are central in combating rumors and correcting misconceptions about immunization.
- Community members are helpful informers and providers of feedback especially about adverse effects following immunization.

Key Messages for Clients/Parents for the Full Protection of Children against VPDs

1. Explain what vaccine is to be given and the disease that this vaccine will prevent. Tell the mother/parent/guardian:
 - She is a responsible and loving parent by bringing her baby and herself for immunization;
 - Which vaccine is to be given;
 - Which illness the vaccine protects against.

In subsequent visits:

- Give the mother / parent / guardian a sense of accomplishment by praising them for the vaccines they have already received;
 - Emphasize the need to complete the schedule to ensure full protection for their children and themselves;
 - Tell the mother / parent / guardian that the baby will receive an immunization certificate (as applicable) when the full series of immunizations is completed before his / her first birthday.
2. Explain what side-effects may occur and how to treat them. Explain to the mother/ parent:
 - The expected side-effects for each vaccine given and that they are normal;
 - That side-effects are usually mild compared to the disease the child can get if not immunized ;
 - What to do in the event of side-effects.
 3. Tell the mother / parent / guardian the place and time of the next immunization session. It is important that they remember the place and time for the next immunization session, especially if the next session is a mobile, outreach session. Ask them to repeat the time and date back to you so that you know they understood and remember the information:
 - The place or venue of the next immunization session;
 - The exact day and time of the next session. Use time references familiar to them (such as, "on the next market day or on Monday four weeks from now").
 4. Tell the mother/parent/guardian to bring the child for immunization even if he/she is mildly sick. Immunization is important even for a sick child. Inform the parent:
 - if child has a cold or is not feeling well, he/she should still be brought to the health worker
 - it is especially important to immunize sick or malnourished children because they are most vulnerable to catching serious childhood diseases.
 5. Tell the mother/parent/guardian to take good care of the immunization card and to bring it every time the mother and/or child come to a health facility. The vaccination card should be kept safe like a birth certificate. Remind the clients/parents:
 - the importance of the immunization card/home health booklet;
 - that immunization card is a record of services provided and the services still needed to fully protect the client

Note: Each of the 5 messages should be given more than once. The likelihood of them being remembered increases if different health workers give said information to them, e.g. the one giving immunizations and the one completing the paperwork at the exit point. Check clients' understanding by asking questions that require answers other than the yes or no.

TABLE 18.
Comprehensive Approach to Reduce Drop-Outs

Strategies to Enhance Communication with the Community	
Share clear, simple, accurate information	<ul style="list-style-type: none"> • Strive to communicate openly and professionally when sharing information with communities. • Impart correct, technical, practical and motivational information in a way that can be easily understood by the different audiences at different times. • Be accurate and clear with your messages to avoid misinterpretation. Use clear, simple language and not scientific terms.
Share information relevant to their needs and situations	<ul style="list-style-type: none"> • Provide information on the vaccine(s) received, when they should come back for the next dose, and what to do if side-effects occur and reassure them that side-effects are rare. • Encourage parents to complete the immunization schedule of their children. • Show concern for the parents' particular situation. • Correct any misconceptions the parents may have.
Keep information simple and clear. Be straightforward.	<ul style="list-style-type: none"> • Use simple language understood by the parent. • Summarize key information. • Thank the parent for bringing the child.
Solicit feedback about what they have heard to make sure they have fully understood the information.	<ul style="list-style-type: none"> • Ask parents to repeat what they heard to check for understanding. • Congratulate them for remembering the information correctly.
Strategies to Build Rapport	
Establish a good relationship with the community.	<ul style="list-style-type: none"> • Be warm, friendly and welcoming. • Show respect for the community members. • Praise and encourage the parents for bringing their children to be vaccinated.
Listen to the community and be mindful of their needs	<ul style="list-style-type: none"> • Find out what the community members already know, using terms they understand. • Respond to concerns about immunizations. • Conduct meetings and home visits in settings where they can be at ease.
Provide information on the services available and the status of the Immunization Program.	<ul style="list-style-type: none"> • Encourage input on priority health services and service delivery mechanisms and preferences. • Provide information on coverage, disease cases and progress, using their language and non-scientific terms. • Show concern for the community's situation. • Talk to caregivers about the importance of immunization for them and their babies.

Important

Effective communication means listening to, understanding, encouraging, and working with individuals and communities to improve their health and the services available to them. Simply giving people information, without soliciting questions and feedback, is not enough.

F.1 Prevent Misconceptions and Rumors with the Community

Though reports and studies show there is a general understanding among parents/mothers that vaccination is important to protect the health of their children, existing misconceptions, inaccurate information, superstitions and taboos about vaccines can affect the success of the Immunization Program.

The following steps can help address rumors and misconceptions about immunization:

1. Take the time to deal with rumors. React and respond swiftly to address the rumors.
2. Impart clear and consistent messages.
3. Develop strong relationships and trust with the community at the outset, especially with influentials and opinion formers (such as religious, social, political and media leaders and other health workers).
4. Train and educate community mobilizers to provide information addressing misconceptions or rumours about immunization.

Examples of Rumours and Misconceptions

- “Vaccines are contraceptives to control population or to limit the size of a certain ethnic group.”
- “Vaccines are contaminated by the AIDS virus or other disease causing agent.”
- “Children are dying after receiving vaccines.”

G. Effective Communication for Community Involvement

Effective communication can mobilize resources for the Immunization Program and encourage the community and other partners to participate in immunization activities. It can also help dispel misinformation and doubts, and assist caregivers in understanding where and when services are available and what they need to do to use these services and to follow the immunization schedule.

The table below addresses the most Frequently Asked Questions about vaccines and immunization.

TABLE 19.

Guide in Addressing Questions and Concerns about Immunization

Question	Response
<p>Are childhood diseases not part of the normal process of a child's development? Why should I prevent this by having the baby immunized?</p>	<p>Some people believe that childhood diseases are a normal part of growing up. What many people do not realize is that before immunization was available many more children died or were crippled by vaccine-preventable diseases. Even today, some children who are not fully immunized die from these diseases. Others are maimed, crippled, made blind or deaf, or are weakened for life. This suffering could be prevented by immunization.</p>
<p>Some children still become sick with measles after getting the measles vaccine, so what is the value of such immunization?</p>	<p>Although the great majority of children respond to measles immunization and are fully protected, it is also true that a small number still get the disease afterward. Measles immunization still offers excellent protection against contracting the disease. However, the protection offered by a vaccine varies slightly among individual children, for the following possible reasons:</p> <ul style="list-style-type: none"> • If the child is not well fed, his/her resistance will be lower, so s/he may still get the disease; • If the child has lowered resistance to infections due to a disease such as tuberculosis, HIV/AIDS, or diabetes, s/he may still contract the disease; • If the child has vitamin A deficiency, s/he may still contract the disease; and, • It is important to note that measles cases in immunized children are much more likely to be milder, so even those few children who are immunized but still get the disease are benefited by the immunization.
<p>My husband refused to let me bring the baby back for vaccination because the last time the baby received one dose of vaccine, s/he fell sick.</p>	<p>It is true that sometimes a baby develops a mild fever after receiving a vaccine. This is an adverse-effect of immunization rather than real sickness. Adverse-effects are milder and much safer than an actual attack of the diseases that immunization prevents. Almost all adverse-effects disappear within a short time. Make your baby more comfortable by giving him/her tepid baths or paracetamol to bring down the temperature.</p>
<p>After my friend's baby was given the first injection in the upper arm, the child developed a small sore at the site of the injection. Is this something to worry about?</p>	<p>Most children have a reaction at the injection site. Normally, when BCG vaccine is injected, a small raised lump appears. This usually disappears within 30 minutes. After about two weeks, a red sore about the size of the end of an unsharpened pencil forms. It remains for another two weeks and then heals. A small scar, about 5 mm across, remains afterward. This is a sign that the child has been effectively immunized.</p>
<p>I didn't bring my baby for the immunization appointment because he had diarrhea.</p>	<p>Immunizing a child who is slightly ill will not harm the child and will not make the illness worse. In fact, the weak condition of a child who is malnourished, or ill with cough, cold, diarrhoea or fever, makes him/her particularly vulnerable to disease. Immunization is therefore both important and urgent in sick children.</p> <p>Note: The health worker should postpone immunization only when s/he observes that the illness requires the baby's admission to hospital. WHO recommends that immunization should NOT be postponed because of minor illnesses. Health workers should encourage mothers to keep their immunization appointment even if their children are sick.</p>
<p>You said the baby's immunization should start at birth. Since I couldn't bring the baby at birth, can I still bring him for immunization later?</p>	<p>Yes, the parent / caregiver should still bring the baby for vaccination as soon as possible. While it is best to follow the ideal immunization schedule, on no account should the baby be denied complete vaccinations. The baby should receive all of the vaccinations due, based on the age and number of previous doses received. Inform the client/parent that every effort must be made to complete full immunization before the baby is one year old, when s/he is still very vulnerable VPDs.</p>

Question	Response
<p>What should I do if I miss my child's immunization appointment?</p>	<p>The parent / caregiver should be encouraged to bring the child to the health facility on the next immunization day. If an immunization appointment is missed but the child is brought for immunization at a later date, the health worker should not reprimand but affirm the mother. The health worker should remind the parent / caregiver about the schedule and encourage her to keep future appointments.</p> <p>Note: A baby over nine months old can safely be given one dose of each of the vaccines at the appropriate injection sites on the same visit. It is not necessary that measles vaccine be the last to be received. As long as the baby is nine months old, s/he can have the measles vaccine.</p>
<p>I don't think I will continue to visit the clinic for immunization because the last time I visited there, I wasted the whole day.</p>	<p>It is true that mothers may wait too long in some clinics to have their babies immunized. Health workers should be ON TIME, be as friendly and efficient as possible, and provide parents with information on the vaccine being given.</p>
<p>Some time ago when I visited the clinic, I forgot to bring my child's immunization card, and the health worker was angry with me.</p>	<p>The health worker was probably expressing the importance of the child's health record. But the health worker needs to find a way to show how important the card is in a friendly way, while ensuring that the parent has one. The card tells parents and health workers the vaccines the child already received, the time he/she received them, and the date of next appointment when vaccines will be due and given. Encourage the parent to keep the card in a safe place like a birth certificate, and to always bring it when s/he brings the child to the clinic for immunization, and other visits.</p>
<p>I have already brought my baby for three (3) immunization visits. Isn't that enough to protect him?</p>	<p>Three visits are not enough to fully protect a child, unless the baby started the immunization when s/he was much older than recommended. For babies who follow the recommended schedule immediately after birth, complete protection from VPDs requires five or more visits.</p>
<p>Why do the health workers give me the tetanus toxoid injection when they say it is for the protection of the baby?</p>	<p>Many things that affect the mother during pregnancy also affect the baby. The TT/Td vaccine given to the mother protects her from this disease and also protects her newborn baby. Women need to receive five properly spaced Td injections to ensure full protection for themselves and their babies throughout their childbearing years. For multiple-dose vaccines, such as Td and HepB, full protection requires that all the doses are received. It is thus very important that parents should bring their babies for vaccination as close as possible to the correct time. Health workers should try to make sure that all the vaccinations are given as soon as the babies are due to receive them.</p>
<p>My baby has received several doses of vaccine during campaigns, why do I need to take him to the clinic?</p>	<p>The baby needs to be immunized, that is s/he needs all the different vaccines at the right age. At the clinic, a vaccination card will be given and to the health worker can make sure that all the necessary vaccines have been given.</p>
<p>We are told that vaccines contain some prohibited materials. Why should I allow my child to receive such vaccines?</p>	<p>Vaccines are not made from prohibited materials. They are derived mainly from germs that cause the diseases, but they are treated so that the germs are no longer harmful. To ensure that vaccines remain sterile, potent and safe, they require very small amounts of certain chemicals which have been tested and proven to be safe.</p>

