

Achieving immunisation outcomes through Gavi investments

This document is intended for use by Gavi-eligible countries to help guide the development of proposals to increase community acceptance of and demand for immunisation. There are three main parts to this document:

- *A summary*
- *An overview of demand generation and its key elements*
- *Guidance on the country dialogue and process for developing the demand generation component of Gavi HSIS proposals*

1. Summary

1.1 Why invest in demand generation?

Demand generation is a vital and integral component of national immunisation programmes. It aims to ensure that parents, caregivers, communities and other key in-country stakeholders:

- value immunisation;
- trust the safety and efficacy of vaccines;
- have confidence in the quality and reliability of the services and the authorities providing them;
- have the necessary information, capacity and motivation to seek out immunisation and complete the schedule on time.

Demand related barriers are emerging in many countries as a major reason for zero dose or under immunised children. There is growing recognition of the role that demand generation interventions can play in helping countries increase the coverage and equity of immunisation, as well as making progress towards the universal health coverage targets in the Sustainable Development Goals.

Well designed and executed demand generation interventions for immunisation engage and mobilise caregivers, communities and other key in-country stakeholders to:

- increase coverage and equity
- reduce dropout
- increase timeliness
- reduce missed opportunities to vaccinate
- build population resilience against vaccine safety scares, rumours and misinformation

1.2 What are the key considerations when planning investments in demand generation?

Demand generation is a relatively new area for many countries to be investing in systematically for routine immunisation, new vaccine introductions, supplementary immunization activities and innovative delivery strategies. It is therefore important to ensure that:

- demand generation is **fully integrated** into the design, implementation and evaluation of overall efforts to improve coverage and equity for immunisation
- demand generation interventions are **prioritised, targeted and tailored effectively** to reach under-immunised communities by collecting, analysing and using available evidence
- sufficient **expertise and capacity** for demand generation is available in country to meet country needs. This can include skills for social and behavioural science, qualitative research, capacity building, advocacy, communications, public relations and social marketing

- the necessary **human and financial resources** are available at national and subnational levels to implement and evaluate demand activities
- the programme can **monitor and evaluate** the progress of demand generation activities, **making adjustments and course corrections** if necessary

1.3 What are the key areas of investment?

Depending on the challenges that countries are facing there are a range of investments that can help increase vaccine acceptance and generate demand for immunisation. Some examples include:

Enhancing service quality and accountability

- Equipping frontline workers with interpersonal and community engagement skills
- Providing recognition and performance support to frontline workers to improve motivation
- Tailoring service delivery to meet local community needs, in partnership with community representatives

Engaging communities and shaping social norms

- Increasing community and caregiver knowledge, attitudes, and intentions to vaccinate
- Creating or reinforcing social norms for immunisation and other health seeking behaviours
- Providing timely behavioural nudges or prompts to caregivers, such as through SMS and interactive voice response (IVR) messaging

Managing risks and building resilience

- Increasing national capacity in risk and crisis communications, to ensure effective and timely responses to AEFI, vaccine related events and [vaccine hesitancy](#)
- Building systems for media monitoring and social listening
- Engaging proactively with media, including briefings on any important announcements or changes to the immunisation programme

Building social and political will

- Mobilising parliamentarians, paediatricians, key influencers and media as well as traditional and religious leaders to advocate for immunisation and help generate demand, as well as influencing national decisions about prioritisation and adequate resourcing
- Working with CSOs to help increase community engagement as well as advocating for immunisation in the social and political spheres
- Ensure that policies designed to increase uptake are ‘community friendly’ and rights-based

Using social data for learning and decision making

- Using available tools, including rapid surveys, to better understand barriers and enablers to uptake, and to design effective evidence-based interventions
- Integrating social data collection into routine monitoring systems wherever possible
- Monitoring implementation systematically, if necessary investing in the required human resources at national and/or sub national levels

1.4 How do we measure demand generation?

There are a range of indicators that can be used to measure demand generation as outlined below.

Outcome indicators	<ul style="list-style-type: none"> • Coverage: DTP3 and MCV1, Source: WHO/UNICEF Joint Estimates • Dropout: DTP1 compared to DTP3, Source: WHO/UNICEF Joint Estimates • Timeliness: E.g., Measles Containing Vaccine 1 (MCV1) vaccine given within 1 month after the time when the child becomes eligible according to the country’s immunisation schedule, Source: MICS/DHS
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<p>Examples of potential intermediate outcome indicators</p>	<ul style="list-style-type: none"> - % of facilities that have a functioning health committee (or similar) that includes community members and meets at least quarterly - % of facilities that involve communities in the microplanning process - % of interviewed health workers having the minimum required interpersonal communication skills for immunisation services - % of caregivers with knowledge about vaccines and the schedule - % of caregivers that can name at least one benefit of immunisation for their children - % of caregivers who report that it is a social norm in their community to vaccinate children - % of caregivers who trust the safety and efficacy of vaccines - % caregivers satisfied with the quality of the service experience - % of caregivers that have confidence in their service provider - % of caregivers that trust the authorities providing immunisation services - % of districts where CSOs conducted community awareness / mobilisation sessions - % of EPI budgets and/or HSIS funds allocated to Demand Generation - Implementation of activities to prepare for or to communicate about adverse events following immunisation or other vaccine related events (JRF)
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2. Introduction to demand generation

2.1 Overview

Demand generation aims to ensure that parents, caregivers, communities and other key in-country stakeholders value immunisation, trust, and actively seek immunisation.

***Demand** is the action to seek, support, and/or advocate for vaccines and immunisation services.
Demand is dynamic and varies by context, vaccine, immunisation services provided, time, and place.*

Effective demand generation interventions use tailored, evidence-informed and data-driven strategies to maximise immunisation uptake in the target population. Demand generation is a key component of overall strategies to engage communities and increase uptake of services, particularly among under-immunised groups.

In addition to social and behaviour change communication, many interventions to generate demand will also involve making adjustments on the “supply side,” including enhancing the quality and acceptability of services, building the capacity of front line health workers to communicate more effectively with caregivers and communities, and involving communities in the planning and delivery of services so they are responsive to local needs.

Effective demand generation is ultimately demonstrated by:

- parents and caregivers that **seek and use** immunisation services;
- households, communities and civil society organisations that **accept, support and advocate** for immunisation as a social norm; and
- a health system and services that **enable** all families to realise their right to immunisation.

2.2 Why is it important?

Assessments of reasons for missed children have shown that as many as two thirds of missed children in some countries are due to demand-related barriers¹. Therefore, demand generation interventions developed in partnership with communities are sound investments to help **increase and sustain high**

¹ Routine Immunisation concurrent monitoring, India Jan to June 2015; Analysis of 2016 MICS Data, Nigeria

coverage; reduce drop outs; improve timeliness; reduce missed opportunities to vaccinate; and increase community ownership of and trust in immunisation.

Demand generation interventions help build public trust and community resilience which can mitigate the potential impacts of vaccine-related events (such as AEFI's) or rumours and misinformation. Strong links between service delivery and demand generation activities are also vital to ensure equitable access and utilisation of immunisation services across all social and economic groups.

2.3 What are the key questions for demand generation?

Many of these questions are central to the design of coverage and equity interventions at country level. Therefore, demand generation experts should be fully involved in related processes of research, analysis, design, and implementation and evaluation processes at every stage. **(See also the related programming guidance on urban immunisation and gender-related barriers)**

- **Where** are children under-immunised or being missed?
 - o Are they concentrated in urban settings, conflict-affected or remote areas? The more precisely this can be answered, the better any research or interventions can be targeted.
- **Who** are the missed children?
 - o Are they ethnic minorities, migrants, nomads, displaced by conflict or affected by disaster?
 - o What is already known about their context and influences? What are the knowledge gaps?
- **What** are the **root or underlying causes** of why they are missed?
 - o What is known about the **access, quality and acceptability of the nearest immunisation services**?
 - o What **demand-related barriers** need to be overcome (including trust issues, perceptions about the convenience and acceptability of services, and socio-economic, cultural, religious, behavioural and/or gender-related barriers)?
 - o What additional studies or rapid research are required to offer a complete understanding of barriers and enablers to vaccination for a specific population?
- **What** are the **best strategies to engage parents, caregivers and communities** in these local contexts?
 - o Who do people currently **trust** for decisions about health?
 - o Who are the **top influencers** (individuals and groups/CSOs) in the local community?
 - o How could services be better **tailored** to meet the needs of a specific community?
 - o What media or communication **channels** (including interpersonal communication, and newer channels like social media and mobile phones) are best suited to engage and mobilise them?
- **What is** the **optimal mix** of demand generation strategies and activities in terms of cost-effectiveness, impact and reach?

2.4 Areas of intervention

Vaccine Alliance partners have developed a framework for demand generation. It encompasses five key intervention areas which work seamlessly together to promote acceptance and stimulate demand.



Enhancing service quality and accountability

High quality service delivery is vital to ensure that parents and caregivers have a positive experience at the health facility, and are motivated and able to return. It is critical that health workers and other front-line workers routinely practice the necessary technical, communication and community engagement skills to build strong dialogue, partnership and confidence with the communities they serve.



Engaging communities and shaping social norms

Evidence based social and behavioural change activities focus on improving community awareness and knowledge, creating and continually reinforcing positive social norms towards immunisation, as well as providing individualised reminders on where/when to go for services and timely motivational ‘nudges’ (e.g. through positive messaging and motivational content through SMS, social media and interpersonal communication) to help bridge the *‘intention to action’* gap.



Managing risks and building resilience

Sustaining public trust and confidence in immunisation is a key objective of national immunisation programmes, but certain events can erode confidence in vaccines, and in the authorities delivering them. Some are related to vaccine safety and adverse events, some to changes in the programme, and others to the dynamic nature of the public and media debate on vaccination. It is essential that countries communicate proactively about the value of vaccines, but also to prevent and mitigate the negative impact of any event, have robust coordination mechanisms, preparedness and rapid response plans in place. Ongoing media monitoring and social listening will also help to alert for risks and rumours, and proactive media engagement and public relations will contribute to maintaining a supportive information environment.



Building social and political will

Immunisation programmes benefit from building social and political will from the grassroots level upwards. This helps ensure that national policies and immunisation programmes are adequately prioritised, resourced (at all levels), rights based, equity driven and designed to increase uptake. This requires working closely with national and sub-national policy-makers and government officials, as well as local traditional and religious leaders. Decision-making processes should be transparent and evidence-based, informed by the recommendations of national immunisation technical advisory groups (NITAGs, or the local equivalent). Civil society organisations can play a key role in channelling information on public needs and priorities to the relevant sub-national and national policy and decision-making levels



Harnessing social data for learning, planning, and decision making

Strategic and effective use of quantitative and qualitative data is vital for the success of demand generation efforts and provides a strong foundation for monitoring, learning, making adjustments and communicating the success of interventions. Countries should develop the capacity to characterise and understand vulnerable populations (e.g. in urban slum, conflict and remote areas) as well as demand-related barriers and solutions, inform and tailor implementation and monitoring of interventions; and be able to monitor trends in vaccine acceptance.

3. Guidance on the country dialogue

This section of the document is intended to provide some practical guidance and checklists to help prepare the demand component of Gavi proposals.

3.1 Be prepared

Colleagues managing and/or supporting the planning and implementation of country-based demand generation activities should be well-coordinated and prepared well in advance to be able to provide expert, evidence-informed inputs throughout the country dialogue and proposal development processes. The following data sources are likely to be helpful in considering the answers to the key questions found in Section 1, and can be referenced in a proposal for demand generation:

- Coverage data and any vaccine preventable disease surveillance data
- All relevant social research, including any recent formative research or Knowledge, Attitudes, Beliefs and Practices (KABP) studies that include MNCH, PHC and/or immunisation;
- Equity Assessment² and/or use of [MOV](#), [TIP](#), [HCD](#) tools³;
- The latest MICS and DHS;
- EPI/NIP reviews; [SARA](#) assessments;
- The MOH Health Promotion Unit's annual work plan;
- Existing strategy documents like EPI Communication and Social Mobilisation strategies or broader Health Promotion or MNCH Communication Strategy;
- Recent Joint Appraisal Reports, CSO reports, and any other qualitative assessments and situational analyses on reasons for missed children, including 'Service Availability and Readiness' (SARA) and other health facility assessments.

If the above data sources are not sufficient to reveal the underlying reasons for under-vaccination and related behavioural barriers and enablers, additional focused studies should be conducted. These will not only offer a sound basis for the design of related interventions but also serve as a baseline for later monitoring and evaluation. Also, cMYPs should be reviewed and potentially flagged for revision, in order to ensure there is sufficient budget available to fully implement demand generation plans.

Going forward, increasing access to smart phones and digital apps both by providers and community members makes it easier to consider more innovative ways of collecting and analysis data. For example, exit interviews, feedback pools, and online, social media and SMS surveys may be considered.

3.2 Involve all relevant stakeholders

The strongest proposals will be those that are able to draw on the best in-country demand generation expertise. In designing the proposals, core EPI staff and partners are urged to involve and work with the following:

- Health Promotion or Health Education Staff of MoH and staff from other Ministries involved in health promotion such as Ministries of Education, Women, Social Welfare and or Social Protection;

² The [WHO Health Equity Monitor Database](#) provides disaggregated data, which can be used to segment and prioritize population groups for Demand Generation strategies. The health equity data can reveal differences between sub-groups that overall averages mask. The data provide an evidence base for equity-oriented interventions, and are a key component of mainstreaming gender, equity and human rights as well as equity-oriented progress towards universal health coverage and immunisation coverage and equity targets.

³ Missed Opportunities for Vaccination (MOV) Strategy; Tailoring Immunization Programmes to diagnose and address behavioural barriers; Human Centred Design for Immunization

- UN demand generation specialists including UNICEF Communication for Development (C4D) and Innovation staff, WHO and other UN Agencies engaged in health such as UNFPA;
- Representatives from organisations like JSI, JHU, FHI 360, PATH, Gates Foundation, USAID-funded projects (like MCSP or in-country MCH bilaterals etc);
- Relevant civil society organisations and platforms at national and subnational levels (CSOs) working in areas such as service delivery, social mobilisation, capacity development, policy and advocacy;
- Members of communication or social mobilisation committees for child health/health; and
- Private sector partners if actively engaged in immunisation (e.g., telecommunications providers, advertising agencies, media companies, etc.).

Countries that do not have a communication and social mobilisation working sub-group of the ICC should be encouraged to establish one and set up regular (at least quarterly) meetings.

3.3 Prepare the plan and / or proposal

During the dialogue, the following steps may be considered:

- Understand key findings from recent studies/survey and assessment reports, triangulating qualitative and quantitative data;
- Identify, segment and prioritise population groups that require special attention, including carrying out a gender analysis. This work may best be carried out at the subnational level;
- Deepen your understanding of the socio, economic and gender barriers to immunisation (**see the related programming guidance on gender related barriers**) and identify potential ways to overcome them;
- Agree on the objectives and scope of an integrated and multi-pronged demand generation strategy, ensuring alignment with broader health promotion plans and policies and work at subnational level;
- Propose effective demand generation activities and interventions. These may include making service delivery improvements and addressing health workforce capacity development needs;
- Propose activities that build or strengthen partnerships with civil society organisations;
- Agree on outcome indicators, type of data to be generated, data collection processes and the reporting system, and establish a robust and responsive monitoring framework to regularly measure process/outcomes/impact indicators and make adjustments to plans as needed.

3.4 Consider different types of interventions

There is a growing evidence base of established and promising best practices. The following table provides a flexible menu of interventions that countries may wish to consider and choose from, prioritising the most relevant approaches to address their needs.

Please note that the different types of interventions available are not limited to the examples shown below, and any intervention should always be adapted to the local setting.

Investment area	Successful approaches and innovations	Country examples
 <p>Enhancing service quality and</p>	<ul style="list-style-type: none"> - Explore existing knowledge, attitudes and practices of health workers, as a basis for the design and evaluation of trainings and tools - Improve frontline worker skills in interpersonal communications and ability to answer caregiver's questions, including providing counseling on minor side effects 	<p>UNICEF-JHU toolkit - coming soon : India</p>

<p>accountability (linking to service delivery and HR improvement efforts)</p>	<ul style="list-style-type: none"> - Build capacity in managing pain during vaccination and in engaging in difficult conversations with hesitant caregivers, - Use 'Reach Every District' approaches to address service quality issues such as poor-quality district planning, low quality and unreliable service, inadequate monitoring and supervision of health workers - Tailor the hours and location of service delivery to ensure acceptability of services and to meet the needs of caregivers - Understand levers to improve quality and build innovative systems for in-service learning and performance management built on intrinsic motivational rewards - Engage community leaders and influencers more meaningfully in immunisation, including engaging them in line-listing of new-borns and involve them in the design of local services - In fragile settings, identify CSOs, national Red Cross/Red Crescent Societies, and humanitarian organisations with access to the community to help provide services as well as demand generation interventions 	<p>Madagascar</p> <p>Haiti</p> <p>Global</p> <p>India</p> <p>Nigeria</p> <p>Multi-country</p>
 <p>Engaging communities and shaping social norms</p>	<ul style="list-style-type: none"> - Use Tailoring Immunisation Programmes or Human Centred Design toolkits to involve communities in the design of culturally sensitive social and behaviour change interventions to reach the under-immunised in urban slums, remote, marginalised and/or conflict affected communities - Design targeted and tailored behaviour and social change interventions to reach your priority missed or under-immunised groups, and tailor your strategies, approaches and messaging accordingly - Develop specific strategies to address equity barriers and challenges related to conflict affected areas, moving population, hard to reach population, urban poor and for illiterate or low educated caregivers - Engage community leaders and volunteers in monitoring the vaccination status of individual children to help guide reminder and motivational visits - Engage with religious and community leaders to establish trust in the government system in socially distanced communities - Consider introducing digital systems such as mobile phone reminders. These have successfully increased uptake and reduced drop out in several low- and middle-income contexts and are particularly effective when linked to a national electronic immunisation registry - Find creative ways to increase immunisation card retention, and/or use culturally appropriate 'wearables' such as bangles to serve as schedule 	<p>Bulgaria</p> <p>Bosnia and Herzegovina</p> <p>Nigeria</p> <p>Timor Leste and Malawi</p> <p>Examples from Sierra Leone, Angola and India</p> <p>Pakistan</p> <p>Madagascar and Ethiopia</p> <p>Afghanistan</p>

	reminders, helping to remind mums to vaccinate on time	
 <p>Managing risk and building resilience <i>(linking to overall vaccine safety surveillance efforts)</i></p>	<ul style="list-style-type: none"> - Build and restore confidence in vaccines and vaccination, both in ongoing work and during crises - Develop and update communication plans to address Vaccine Related Events (VRE) - Build routine systems for media monitoring and social listening that can pick up events, rumours and misinformation to guide quick response by partners in country - Build strong relationship with journalists and editors in country and help build their understanding of and capacity to report on immunisation and child health - Build the capacity of Ministry of Health and partners to engage effectively with the media - Develop a range of effective communication tools that promote the value and benefits and immunisation for a wide range of stakeholders and media channels 	<p>Bosnia and Herzegovina</p> <p>Global lessons</p> <p>Indonesia</p> <p>India</p>
 <p>Building political will <i>(linking to overall advocacy and political will building efforts)</i></p>	<ul style="list-style-type: none"> - Undertake targeted evidence based and systematic outreach and engagement at national and local levels to engage parliamentarians, traditional, religious and other civil society leaders to facilitate social acceptance, political prioritisation as well as adequate resourcing of immunisation - Work with CSOs to advocate for immunisation in the social and political spheres (see this Advocacy and Accountability Module and the more general advocacy toolkit) - Ensure that the development of any policies to prioritise immunisation and optimise vaccination coverage and close gaps, e.g. vaccination requirements for school entry are rights-based, 'community friendly' and unlikely to generate resistance 	<p>Global lessons</p> <p>Immunisation evidence tool</p>
 <p>Using social data for learning and decision making <i>(if possible integrated)</i></p>	<ul style="list-style-type: none"> - Regularly conduct or update your situational analysis, if possible on an annual basis⁴ - Conduct periodic larger scale surveys, or build questions into broader health surveys (eg KAP for caretaker attitudes or SARA for HW knowledge) to ensure there is an up to date understanding of priorities and needs for demand generation - Between formal surveys, use lighter rapid or participatory assessment approaches (including TIP and HCD) to understand specific community needs, particularly if you need to address urgent or developing situations 	

⁴ This kind of situational analysis should segment and prioritize population groups based on data; analyse supply- and demand-related factors; assess environmental, social and behavioural barriers; identify channels and trusted sources of information; and points to key gaps in evidence, coordination, capacity, management, human resources, or implementation that require programmatic response.

<p><i>into overall data systems and approaches)</i></p>	<ul style="list-style-type: none"> - Integrate social data collection into existing surveys and routine monitoring systems - Develop and adjust strategy and plans as needed. Use the TIP and HCD toolkits and the planning guide to help guide you through the process. - Monitor implementation progress systematically. This may require investment in human resources at national and/or sub-national levels with expertise on demand generation who can design, actively manage, monitor and adjust interventions. 	
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 The Vaccine Alliance working group on Demand Generation is currently developing [a repository of resources](#) to be updated periodically and to share good practice examples and lessons learned. If you have interesting data driven experiences and learnings to share please contact smackay-external-consultant@gavi.org

3.5 Checklist for success

Before submitting your proposal you will want to ensure that the investments you propose:

- Are based on a clear, recent, data-informed analysis – with a special focus on identifying and understanding the socio, economic and gender barriers to immunisation (see programming guidance on urban immunisation and gender)
- Are part of a clear, multi-year demand or communications strategy that is well integrated into other EPI processes at policy (national health policies), strategic (CMYP), and operational (EPI work plan and budget) levels
- Are evidence informed (unless the pilot or exploratory nature is specifically mentioned)
- Go beyond focusing on increasing “awareness” to addressing specific demand-side or informational barriers (unless awareness is diagnosed to be part of the fundamental problem)
- Are differentiated and don’t take a “one-size-fits-all” approach
- Have already been pre-tested/validated with the target populations, or that there is a clear plan to do so as part of the proposed intervention, and before wider scale-up
- Include a plan for monitoring, learning, and evaluation.

We recommend that you avoid

- Conducting larger scale surveys without a clear pathway to make sure the data and evidence generated is swiftly put into use
- Un-strategic activities that are not tailored to the needs of specific groups such as developing posters or T-shirts rather than overcoming demand side barriers, and / or unlocking social and behavioural change
- Scaling up activities that have not been properly tested or evaluated
- Increasing demand without ensuring that the necessary quality services are in place and available. In many cases it will make sense to link plans to expand access and availability of services to demand generation plans to ensure communities are informed and motivated to seek services.

3.6 Links with the Gavi Grant Performance Framework

Gavi’s [Grant Performance Framework \(GPF\)](#) is an upfront agreement between a country and Gavi on the key metrics used to report on and monitor grant performance during implementation. Each of the indicators in the GPF includes agreed baselines, target, data source and reporting schedule.

As you design your GPF, you must ensure that suitable performance indicators for demand generation are included (see section 1.4 for illustrative indicators). These will help you measure progress in addressing the specific challenges identified and objectives set out in your Demand Generation strategy and plan.

In addition to GPF monitoring of key indicators, you should also consider monitoring the achievement of specific relevant deliverables for demand generation through regular workplan monitoring. You may consider including some of the following priority activities in your workplan:

- existence of a risk or crisis communications plan, to support a rapid and well-coordinated response to any safety events or otherwise
- whether or not the plan is implemented and mainstreamed in the annual EPI work plan,
- inclusion of civil society organisations (CSOs) in national immunisation plans with clearly stated activities;
- defined allocations in the EPI budget for CSO plans and activities; and documented evidence that CSO plans have been completed and/or are being implemented

Practical guidance to help you develop and refine your monitoring framework is currently being developed.

3.7 Additional opportunities for Gavi support

Types of support	Input (include links to reference documents where possible)
Vaccine introduction grant	New vaccine introductions are a great opportunity to reinforce communication about the benefits of routine immunisation as well as other complementary messages for child health. See this guide on Global Routine Immunization Strategies and Practices (GRISP) ; the Communication Framework for New Vaccine and Child Survival website ; and the WHO Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD) .
Operational support for campaigns	Any applications for demand/communications-related support for campaigns should clearly specify how they will also be used to strengthen demand for routine immunisation, with strategies and interventions that are consistent with and complimentary to the approach described in the HSIS section.
Product or presentation switch grants	If a change in presentation presents risks that could impact demand (for example increased health worker hesitancy to open multi-dose vials, leading to children being turned away and decreasing demand), strategies to address this (for example via health worker training) should be specified.



For feedback and further information, please contact:

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