ORIGINAL ARTICLE

Reaching the Unreached - Special Emphasis on the Communication Challenge in Zambia's Immunisation Programme

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ABSTRACT

Immunisation is a proven cost effective strategy in promoting child health and one of the greatest medical achievements of our time. Along with advocacy, social mobilisation, and other important aspects of immunisation programmes, *communication* should be an inherent part of the programmes. Effective communication activities complement immunisation technical components. This paper provides an overview of the existing communication component in the Expanded Program on Immunisation (EPI) training in Zambia and critically analyses the need for a humane touch in the communication process so as to reach the target audience effectively. Interpersonal Communication (IPC) in Zambia has been shown to be effective. We recommend continuous multi modal communication with deliberate emphasis on IPC including attention to care givers or parental concerns.

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INTRODUCTION

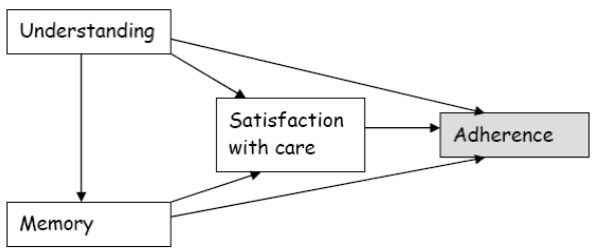
The World Health Assembly of the World Health Organisation established the Expanded Programme on Immunisation (EPI) in 1974 and the 40 years of its existence has witnessed many strategies and innovations.[1] The success of universal childhood immunisation has showed that most children and their mothers in less-developed countries could be reached by immunisation[1] and tremendous progress has been made though there is a great number of children that still die from vaccine preventable diseases.[2] Since the Alma Ata declaration in 1978, when universal immunisation was introduced in Zambia, communication has gained status in the last decade as a cross cutting strategy to be used for both programmatic and client needs.[3] Often muffled in Information, Education and Communication (IEC), the holistic needs are still yet to be achieved. Aspects such as clients, health provider and health system will often manifest with one dominating the others in the communication process.

Key words: *Immunisation, Interpersonal Communication, Five key questions on vaccines*

Communication is a two-way process. It involves the exchange of information and the sharing of ideas and knowledge. Communication is a skill. Just as both good coaching and regular practice are essential to developing excellence in skills such as sport, music or dance, so it is with communication.

Good communication promotes patient adherence to treatment and prevention in a number of important ways.[4] Firstly the individuals are more likely to understand information if it is presented clearly in a way which meets their needs. Information which is understood is also more likely to be recalled accurately thus facilitating compliance. A satisfied individual will be more motivated to follow the health practitioner's advice. This is summarised in the model below.[4]

Ley's Model of Compliance[2]



Traditionally it was the health practitioner who played a dominant role during consultations, often paying little attention to the individual's concerns and understanding, and not involving them in decisions about immunisation. But now, most of the individuals want to know more about immunisation, want to be involved in decisions concerning themselves and their family (patient-centred consultation). There is evidence to show that patient-centred style of consultation leads to greater satisfaction and compliance. Building relationship is an important aspect of patient-centred consultations.[5]

Building a relationship with the patient is important both for patient satisfaction and adherence. Very often this task is taken for granted and forgotten. Without paying attention to building relationship, the other tasks of a health worker can become difficult. Building a relationship is an essential means of achieving all three goals of medical communication: accuracy, efficiency and supportiveness. Skills for building relationship include: Non-verbal communication, developing rapport and listening.[6]

The most recent WHO Middle Level Managers (MLM) communication module (2007) attempts to touch every aspect of what the ideal communication strategy should include: namely *advocacy, social mobilisation and behavioural change (WHO, 2004 and Healthy People, 2010.*[7] Interestingly, there is silence concerning interpersonal communication of health practitioners among themselves, with parents/care givers and specifically with the children themselves. Coverage can only improve through reaching every child both physically and in understanding the importance of immunisation, and this can be greatly improved through effective communication.[8] Furthermore, families around the world should be acknowledged for their part in the chain of immunisation – hearing and understanding the truth, placing trust and faith in their public health workers, and translating that truth into action.[9] This paper is based on the gaps identified during needs assessment, training and how the communication module can be adapted to cover these identified communication needs.

METHODOLOGY

The communication module is the corner stone of the MLM training. Therefore, ample time was given to this fundamental component during training. The facilitator started with the introduction of the module, integrating it with 'Amsterdam experience', which emphasises on the interpersonal communication on the five key questions (listed in the overall comments section). The participants were grouped into five groups, to discuss and identify the challenges they face at the district level. Group presentations followed and were made in a participatory manner. The facilitator closed the session with a summary of the module, addressing and referring to the challenges identified by the participants.

Independent assessors were also handy as they conducted a pre-and post-test assessment on the participants regarding their knowledge levels in communication. Coupled to other checklists, the data was analysed and median, standard deviation and P-values calculated as reported previously.[10]

COMMUNICATION MODULE

The unreached maybe nearer than we think or realise. Some of the children are not reached, not only because of geographic distance or that parents/care givers are reluctant in any way to bring their children for immunisation, but because they remain in the dark about what is happening, why it is happening and what their responsibility as caregivers should be. Children often are the silent participants in their own health matters, depending entirely on the caregiver to provide for them. *Do children need messages tailored for them? Do they need to know anything about immunisation? Do health workers know what to ask of the client?*

Feedback on EPI Communication module

Feedback is based on:

i) `Observations made during the delivery of the module during the MLM trainings conducted by MVN-Zambia and

ii) Written material on Communication for Immunisation programmes that was distributed to the participants

Overall comments:

i) This module was projected as the mother of all modules – this was very encouraging since it was recognised that communication is an integral part of immunisation programmes. Communication activities complement immunisation technical components such as quality of service; cold chain and logistics; surveillance, reporting, and data management; training, supervision and monitoring.

ii) Components of communication plan or strategy emphasised – good planning was essential and communication was integrated in the action plan at a national level. The need to involve media was also highlighted. These strategies discussed are indeed essential in improving the communication process. There would be a need to identify some of the barriers that may hinder this process. For example, participants highlighted that the *news letter from* Ministry of Health (MOH) was not being received by several districts. The quarterly news letter brings health information as close to the people as possible and the last quarter for 2009 focused on partnerships, system strengthening and the much needed public health.[11]

iii) Communication assessment dealt with in detail – the need for assessment to identify the target audience, to assess the current strategy, to define objectives, to identify information gaps and to identify indicators for Monitoring & Evaluation (M&E) was stressed. Reviewing drop out scenario and identifying behaviour change was identified to be an indicator for M&E. Financial constraints were identified as a major constraint in these processes. It may also be important to discuss the reasons for drop outs, how behaviour change could be assessed and the difference between observed and perceived behaviour change.[7]

iv) Communication to support Reaching Every District strategy emphasised –The community is the recipient, therefore its involvement, especially the leaders, cannot be over emphasised. Achieving community ownership for the programme is an excellent strategy which can be achieved through effective communication. Although a mention was made about ensuring health workers are communicating appropriately, a discussion on how this could be achieved needs to be stressed.

v) Multimodal continuous communication efforts are necessary to capture the client - In Zambia, literacy rates are high among men, 82%, and low among women 64% and yet it is mostly women who are caregivers.[12] The fact that Africa is still an oral communication culture[13] also indicates to us to encourage interpersonal communication using the following five key questions

a) What vaccine their child has received
b) What disease/s is being vaccinated against
c) How many doses have been received and remaining
d) What are the possible side effects to look out for and
e) When to come back for the next dose

Parents/caregivers may have more questions than these but generally have no opportunity to express their concerns.[8]

Content of the training: There seemed too much content covered in too little time. While various aspects on the content of EPI communication was dealt with, the aspect of how to communicate was totally ignored. Some suggested topics that could have been included are:

- *Non-verbal communication*
- *Persuasion*
- *Establishing rapport*
- *Participative decision making*
- *Involving the child*
- *On being a reflective practitioner*
- *Barriers to effective communication*

It has been demonstrated that lapses indicate the need for multidimensional and multichannel continuous approaches in communication, with specific channels of communication for specific target groups.[14] In this study communication strategies highlighting interpersonal approaches seem to be favoured. Lusaka communities responded well to Community Based Agents in their immunisation seeking behaviour.[14]

Suggestions for improvement of the module;

- Communication was well dealt with as a process – who will communicate, to who, what, planning, Monitoring and Evaluation.
- Not much on how to communicate – on **the human aspect** such as being sensitive to the client and their emotions, personality etc; active listening, non-verbal communication; individual and contextual barriers of communication and motivation.
- Need to differentiate between efficient and effective communication. Emphasis needs to be on effective communication.
- Communication with clients at interpersonal level needs to be emphasised. This can be done easily by the use of the five key questions. The five questions were recommended to be added on the under five card as a reminder for the health worker and the client.

Why is good communication important?

The first step to achieving excellence is to appreciate why good communication is essential in any medical practice. Often health workers argue that there is not enough time to pass on the basic information on immunisation to the client because of understaffing. Although the study recognises this challenge, it must be underscored that good communication is irreplaceable and doing without it does more harm than good.[6]

Effective communication can be achieved through:

- Making time to discuss vaccination and answer questions
- Being well-informed, confident, empathetic, open and honest
- Recognising factors affecting an individuals' decision making and explore any specific concerns
- Communicating existing knowledge taking into account what the individual already knows and
- Providing written information leaflets and recommend other reliable sources of information

CONCLUSION

Parents/care givers make decision as to whether to immunise their children based on personal experiences, attitudes and beliefs; knowledge levels; information about the diseases vaccinated against and the trust in the health workers. In the absence of disease, perceived threat of disease disappears and anxieties about vaccine safety increase, therefore it is imperative that health workers are able to respond to parental concerns and correct misconceptions and myths about diseases and vaccines. And this can only be achieved through effective communication and availing opportunity for IPC and client concerns. The five key questions are recommended to be added to the under-5-card as a reminder to both parents/care givers and the health workers.

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