

# **Promoting Demand for Malaria Vaccination:** *A Planning Guide*

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*The contents of this document do not necessarily reflect the views and opinions of the U.S. Agency for International Development (USAID) or the United States Government.*

## ACRONYMS AND ABBREVIATIONS

ACSM	Advocacy, Communications, Social Mobilization
BeSD	Behavioural and social drivers (of vaccination)
CHW	Community health workers
CSO	Civil society organization
EPI	Essential Programme on Immunization
IEC	Information, Education and Communication
IRS	Indoor residual spraying
ITN	Insecticide-treated bed nets
MVIP	Malaria Vaccine Implementation Programme
NMCP	National Malaria Control Programme
PMC	Perennial malaria chemoprevention
SMC	Seasonal malaria chemoprevention
SOP	Standard operating procedure
WHO	World Health Organization

# Objective and target audience

This document is intended to serve as a practical, how-to guide for immunization and programme managers, health promotion officers, and community and other implementing partners to successfully introduce and sustain within national immunization programmes high demand for malaria vaccination for children living in regions with moderate to high malaria transmission.

Companion publications and tools that compliment this guide include:

- The Malaria Vaccine Introduction Guide (1)
- A Risk Communication Strategies Guide (2)
- Health worker training modules (3)
- An Excel planning template (see Annex A)

## Background

The RTS,S/AS01 and R21/Matrix-M malaria vaccines (hereafter referred to as the malaria vaccine) are recommended by the World Health Organization (WHO) to prevent *P. falciparum* malaria, in children living in endemic areas, prioritizing areas with moderate to high malaria transmission.

The recommended and complete schedule consists of a 4-dose series in children starting from around 5 months of age. For further guidance on current recommendations and any updates see the most recent version (March 2022) of the [WHO position paper on malaria vaccine](#). (4)

**For further guidance on planning and implementation of malaria vaccines, please refer to the [Guide for introducing a malaria vaccine into the national immunization programmes](#).**

The additional visits needed to administer malaria vaccination, including during the second year of life, are opportunities to catch up on any missed vaccinations, and to provide other integrated and preventive child health services and malaria control tools or health information. Malaria vaccination should be implemented in the context of comprehensive national malaria control plans.

**Integration with child health, malaria prevention and care-seeking activities:** The malaria vaccine is recommended by WHO to prevent malaria and to substantially reduce illness and deaths from malaria in children. The vaccine's impact increases when it is combined with other malaria prevention activities, e.g., the use of insecticide-treated bed nets (ITN), seasonal malaria chemoprevention (SMC), perennial malaria chemoprevention (PMC) and indoor residual spraying (IRS). Malaria prevention behaviours should be promoted as part of vaccine demand promotion activities. As vaccinated children can still fall ill with malaria, it is crucial to emphasize the importance of prompt care-seeking for fever in all interactions with caregivers. Moreover, the high demand for the malaria vaccine and the required additional visits to clinics for the 4-dose schedule into the second year of life present opportunities to catch up on any missed childhood vaccinations or child health services, including but not limited to growth monitoring, de-worming

and Vitamin A, and ITN continuous distribution. The strong links to the National Malaria Control Programs (NMCP) are also an opportunity to integrate vaccine demand promotion with ongoing malaria prevention and control activities and vice versa.

## Coordination, planning and stakeholder engagement

In most countries, vaccine demand promotion and related communication activities are coordinated through advocacy, communication, and social mobilization (ACSM) subcommittees under the Ministry of Health (MoH) or Expanded Programme on Immunization (EPI). When a new vaccine is introduced in the country, various subcommittees are set up to work in specific topic areas including ACSM. In the context of malaria vaccine introduction, collaboration with NMCPs in these subcommittees is critical and was a key lesson learned in the Malaria Vaccine Implementation Programme (MVIP) in Ghana, Kenya, and Malawi.

The MoH-led ACSM subcommittee should have diverse representation of key immunization and malaria partners, including civil society organizations and media representatives. The subcommittee should be established at both national and subnational levels to ensure localization of demand promotion and communications planning and implementation where the vaccine will be introduced. Regular ACSM subcommittee meetings (quarterly, at minimum) help to align key priorities and plan and coordinate demand promotion activities; review data, documents, and communication messages; monitor to track progress; and approve related tasks. It is recommended that standard operating procedures (SOPs) be developed for the following areas: 1) outlining the roles and responsibilities of EPI, NMCP and partners in supporting vaccine demand promotion, including related coordination processes with relevant groups and structures; 2) providing quick clearance and approval of vaccine demand promotion activities; and, 3) managing risk communication.

Under the leadership of the ACSM subcommittee, countries should develop a costed comprehensive demand promotion plan, including risk communication (either as a standalone plan specifically for malaria vaccines, or integrated within overall national plan for demand promotion). The plan should be informed by local data (refer to Section 3 of this guide) and include an emphasis throughout on prioritized populations, particularly under-served, marginalized communities. Community stakeholders should also be involved in processes to develop and refine the plan. An Excel template to facilitate the planning process is available in *Annex A*.

The demand promotion plan may include the following sections:

- Gathering and use of behavioural and social data
- Behavioural interventions, including health worker support
- Communication and community engagement, with messaging tailored for specific audience groups
- Risk communication
- Monitoring and evaluation, including output and outcome measures.

**The overall demand plan should be integrated within a broader plan for the malaria vaccine introduction such that the timing and tailoring of demand-related activities can support and be aligned with other activities for introduction preparations and implementation.** In addition, it would be helpful to review how demand planning and monitoring are integrated into other relevant activities or recommended templates for local programme implementation (e.g., microplanning templates, supportive supervision forms, etc.). This will help to ensure that demand considerations are included or aligned as appropriate.

For more guidance on risk communication and preparations to respond to vaccine-related events or issues, refer to the WHO publication *Risk Communication Strategies for Malaria Vaccination: A Guide*. (2)

## Data collection and use

### Surveys and assessments

Local data on behavioural and social drivers (BeSD) should be gathered and used routinely to inform planning, implementation and improvements to interventions to increase uptake. These vaccine drivers are defined as beliefs and experiences specific to vaccination that are potentially **modifiable** to increase vaccine uptake. The [survey on the BeSD of childhood vaccination \(5\) has 20 validated questions](#) that can be administered to parents or caregivers, and a related [WHO Position Paper on BeSD \(6\)](#) recommends routine data collection on measures of BeSD. The items have been validated for routine immunization for children under age five years. BeSD proposes five of the best-performing questions with priority indicators for use in a short version survey or for tracking and evaluation purposes.

The BeSD framework provides standardized survey questions and priority indicators for data collection. It outlines four key domains that influence vaccination uptake:

- **Thinking and feeling:** the cognitive and emotional responses of people to vaccine-preventable diseases and vaccines
- **Social processes:** social norms about vaccination and receiving recommendations to be vaccinated
- **Motivation:** the intention, willingness and hesitancy of caregivers to vaccinate their children
- **Practical issues:** the experiences people have when trying to get vaccinated, including barriers faced, e.g., accessing the clinic or costs of transport to the clinic.

In addition to standardized survey questions, there are four corresponding qualitative interview guides for childhood vaccination to ensure an in-depth understanding of the experiences, perspectives and attitudes of:

- 1) parents and caregivers of vaccine-eligible children;

- 2) frontline health workers;
- 3) community representatives; and,
- 4) vaccination programme managers.

**To guide planning and implementation, there are three main ways that data can be used:**

- 1) During the planning process** as formative research or baseline data, to inform the design and tailoring of specific interventions;
- 2) During implementation**, where key indicators can be added or integrated to existing data collection processes, to track trends and understand changes in attitudes, intentions and behaviours, and to therefore guide improvements to implementation to increase uptake; and,
- 3) In the case of a vaccine-related event**, such as an adverse event following immunization, where confidence and uptake may be threatened, data collection activities may be intensified to better understand the impact of the event(s) or issue(s) and guide related actions.

Data may be used to segment populations based on their level of intention, by specific behavioural drivers, or even by specific demographics, such as gender and location. Data analysis can explore the correlation of receiving a first dose, or completing all doses, and findings used as a starting point to identify areas of intervention or guide further research. Such a stratified or segmented approach will help to ensure that interventions are responsive to specific identified barriers or drivers, and help improve the efficiency, impact and evaluation of interventions.

***Behavioural and social drivers of malaria vaccination: tools and guidance***

Annex B provides adaptations of the BeSD Childhood Vaccination priority indicator questions for malaria vaccination (Table 1) and suggested additional questions on malaria-specific issues such as dose timing and additional malaria prevention measures such as use of ITNs (Table 2).

## **Community feedback and social listening**

The introduction of new vaccines often triggers an increase in questions from communities, as well as rumours, misinformation and disinformation that can potentially erode public trust in vaccines, immunization programmes and health authorities. Existing mechanisms can be used or strengthened to monitor information environments for concerns, perceptions, rumours, information voids, misinformation and disinformation. Collecting social listening data using online and offline platforms, community feedback loops, and other tools such as surveys and studies will help to highlight public perceptions and fears towards vaccines so that they can be addressed rapidly.

Community feedback and social listening data should be analyzed and used to develop, continuously adapt and disseminate accurate communication content in the appropriate language, style and format. The content should be disseminated through robust community

mobilization and interpersonal communication at the community level. In addition, communication content should include information about the 4-dose schedule of the malaria vaccine. A strong community feedback and/or social listening mechanism will help to identify issues, fill information voids, mitigate rumours and misinformation and prepare for adverse events following immunization.

Community feedback and listening data can also be analyzed and used to identify prioritized populations and geographies, set objectives and guide the design of interventions and messaging in collaboration with national and subnational stakeholders. Findings from behavioural and social data should be used to refine and update plans regularly. The ASCM committee should use the available data to design the demand promotion and communication plans and interventions while continuing to collect data to refine such plans and interventions.

The WHO publication [How to build an infodemic insights report in six steps](#) (7) provides a step-by-step overview of how to develop an insights report based on multiple channels and sources of content in the information environment.

## Behavioural interventions

After identifying the BeSD of malaria vaccine uptake, tailored behavioural interventions should be developed and implemented to increase vaccine uptake. Measures of BeSD should also be integrated to generate insights about outcomes and to guide enhancements to interventions where needed.

Key considerations about the suggested interventions are detailed below. In the process of identifying and implementing tailored interventions, community representatives should be actively engaged and involved to guide design and implementation. Communities should also be engaged in providing feedback on interventions and contributing to shaping continuous improvements.

### **Thinking and feeling, and motivation**

If a lack of confidence in the malaria vaccine is identified in a community, then consider interventions that address what people think and feel, including:

- Health worker training about the malaria vaccine and interpersonal communication
- Dialogue-based interventions, such as interpersonal communications, particularly between health workers, caregivers and communities
- Information campaigns to inform and educate, with tailored messaging to address underlying questions and concerns
- Paired interventions that highlight the importance of preventive measures for optimal malaria prevention and child health and survival.

## **Social processes**

If the social norms of a community hinder malaria vaccine uptake, then consider interventions that address social norms. These might include:

- Engagement of trusted community champions
- Facility-based and community health workers (CHW) trainings, regarding:
  - How to give a vaccine recommendation
  - Motivational interviewing
- Messaging that promotes social norms and social responsibility to vaccinate, including promotion of trusted champions and related narratives.

## **Practical issues**

If practical issues hinder vaccine uptake, then consider interventions that address these practical elements in addition to behavioural interventions. These could include:

- Integrated service delivery at the point of vaccination
- Improvements to service experience, e.g., enhancements to timing and location to better suit community needs, including through outreach
- Default appointments (scheduling infants a proposed date and time for the next dose)
- Reminder-recall systems that can be SMS- or phone-based, or door-to-door
- Defaulter tracing
- Reduction of out-of-pocket costs associated with vaccination, such as free public transport.

## **Facility-based and CHW Trainings**

A training package for facility-based health workers and CHWs is available on key topics that can be downloaded and customized to meet specific country needs (3). This package includes training for facility-based health workers and CHWs to communicate effectively with caregivers about the malaria vaccine. Trainings can include guidance on sensitization of community health volunteers to support their community education efforts and to enable integration of the malaria vaccine into their household visits. Training should be reinforced through supportive supervision (detailed below).

## **Information Campaigns**

Identify trusted public figures, community leaders and optimal channels to deliver key messages that can encourage malaria vaccine uptake. Include mainstream, national-level media announcements, as well as tailored messages for communities eligible for vaccination. Key audiences in vaccinating areas include community radio stations. When identifying the optimal channels for a mass media campaign, consider the educational and literacy levels of the community of interest, their access to traditional and social media, the information sources considered trusted and reliable by the community of interest, and available budget to implement the campaign.

### ***Communications materials***

**Annex C** provides detailed guidance on communications, including examples of key messages, posters and flyers.

## **Community Engagement**

Community engagement activities are an integral part of malaria vaccine introduction and should be integrated into planning, implementation, monitoring and supervision. For new vaccine introduction, communities should be engaged in developing micro-plans, implementing and monitoring vaccination activities. By using people-centered approaches and rapid inquiry methods, barriers to vaccine uptake can be identified and analyzed together with communities. Local evidence and social data should be used to co-design and co-create locally tailored strategies, particularly to reach zero-dose communities.

Community engagement should include all social mobilization activities, and efforts should be locally tailored and made to engage community leaders, religious leaders, local community-based organizations, youth groups, caregivers, etc. Social mobilizers and community health workers will be key messengers to provide timely, accurate information to communities and inform health facilities of community concerns or needs related to the malaria vaccine. Community leaders and community health workers can play important roles in tracking eligible people in communities and encouraging them to go for vaccination and more importantly in tracking defaulters. Programme managers need to focus on underserved communities. Specific efforts will be needed to reach refugees, migrant populations and other vulnerable groups. It will be equally important to continue engaging with communities to promote preventive behaviours such as use of ITNs, SMC, PMC, and IRS. Communities play key roles in collectively promoting preventive measures.

### ***Community engagement for malaria vaccine introduction***

**Annex D** provides detailed guidance on community engagement, including examples of activities and practical tips for implementation

## **Service Experience**

Immunization service experience—that is, the factors within and beyond the interactions between a health worker and an immunization client that influence the delivery and experience of immunization services—is an important part of establishing and maintaining confidence, acceptance, trust and demand for vaccination. Creating positive service experiences can also contribute to health system resilience and improved compliance with immunization schedules.

Health workers are particularly effective at delivering health messages because they are trusted by caregivers. Because health worker-client interactions are critical to ensuring a positive service experience, it will be important to ensure health workers and vaccinators are empathetic and have the technical knowledge and interpersonal communication skills to communicate with confidence to caregivers about the vaccine. As such, interpersonal communication training modules for health workers should be integrated into their trainings and reviewed during supportive supervision visits. Any questions and concerns of the health workers and vaccinators should be adequately addressed during training, refreshers or other supervisory visits.

Training content for health workers and vaccinators should cover interpersonal communication and malaria vaccine-specific communication and should include opportunities for practice. For

example, training materials and job aids should support health workers interacting with caregivers and communities to communicate 1) in a respectful manner and with empathy; 2) positively about vaccination; 3) information about the vaccines or health services the child is due; 4) a reminder of when to come back for the next dose; and 5) a reminder to continue other malaria prevention activities (e.g., ITN use). Health workers should also provide opportunities to caregivers and communities to ask questions and address concerns, so that any lack of confidence or lack of motivation towards vaccination may be addressed. **Given the 4- or 5-dose schedule for the malaria vaccine, strong emphasis should be placed on the timing of doses and how to catch-up on any missed doses, including in the second year of life, and eligibility information within training.**

It is also important to ensure that health workers and vaccinators are kept updated on any changes in technical guidance and have opportunities to raise any questions or concerns to be addressed. Countries may consider establishing hotlines where health workers can access up-to-date information, bi-directional communication channels where health workers can access information and provide insights into community acceptance for the malaria vaccine, or community of practices where health workers can communicate in real-time on challenges faced and possible solutions, as well as innovations in demand promotion that may prove useful for others in similar situations. Such interventions can support more effective interpersonal communications with clients and communities and provide a foundation for workplace community among health workers.

Equally important to immunization service experiences are factors such as the health facility environment; ease of access to services (e.g., health facility location and hours of operation or timing of outreach sessions); the ability of communities to engage in the design, delivery and monitoring of immunization services and provide feedback; and the basic availability of, and access to, a reliable supply of vaccines, commodities and operational resources that affect the experience for health workers and caregivers.

It may not be possible to address each component that influences immunization service experience—some components rely on broader health system strength and functionality—but the available research identifies people-centered approaches which have exhibited some success, including community participation and ownership, group problem solving, and supportive supervision. For example, health workers may choose to work with trusted community leaders to determine service delivery approaches that best respond to community needs. This approach may be particularly important to “reach the unreached”, i.e., families who may be day laborers, migrants, nomads, minority groups or people who live in conflict-affected areas or urban settlements. Health workers, in collaboration with community health workers, may consider creating spaces for a plurality of voices, encouraging listening, dialogue, debate and the meaningful participation of caregivers and communities. Centering communities can result in more positive experiences with the immunization program, which is critical for continued participation in the health system and adherence to the malaria vaccine schedule.

## **Supportive Supervision and Demand Promotion**

Supportive supervision visits, including on-the-job mentoring and training, provide opportunities to strengthen demand promotion for malaria vaccine at the community level. Immunization programs should consider adapting existing supportive supervision job aids and/or checklist tools to include malaria vaccine demand promotion. Supervisors should allow enough time to interact with health workers to discuss best practices, challenges and overall vaccination programme factors that influence vaccine uptake.

The visits are an opportunity for supervisors to:

- Provide feedback and motivation, and identify any added training needs
- Emphasize the 4-dose schedule
- Review any questions on eligibility and catching up of any missed doses,
- Raise awareness of missed opportunities for other vaccines or missed opportunities for other health interventions (e.g., growth monitoring, receiving vitamin A and deworming)
- Link community representatives with the relevant sub-national planning processes
- Help refine demand promotion approaches based on the experiences of health workers and the communities they serve.

## **Default Appointments**

Health workers and vaccinators should be supported to carry out a range of demand-related activities to plan for each vaccination session. For example, if resources exist, health workers may reach out to eligible caregivers via phone, SMS or household visits to offer a prompt for the upcoming visit. The next visit date should be explained to the caregiver and documented as appropriate on a tally sheet, and eventually the home-based record. A reminder about other upcoming vaccines and child health interventions can also be included in the home-based record according to the immunization schedule. In addition, the health worker should be trained to remind the caregiver that the best protection from the malaria vaccine comes when the child receives all four vaccine doses.

## **Reminder-recall systems**

Consider developing systems to remind caregivers of an upcoming vaccination session for their child. Health workers can use community messaging, mobile phone texts to caregivers or other mechanisms to send reminders of the need to receive the next vaccine dose. Health facility staff can use monthly tracking to identify which children are eligible to receive their next dose of malaria vaccine. Reminder mechanisms should be frequently monitored to ensure the right contact information is used, and that reminders are reaching all population groups equitably.

Local approaches to deliver reminders or recalls for vaccination may be identified together with local community representatives, e.g., village chiefs who have been seen to keep their own immunization records for their village's children and work closely with the CHWs to follow-up with families and ensure timely vaccination.

More information on **reminder-recall systems** is included in Section 9.2 of the *Guide to introduce malaria vaccine into the national immunization programmes*.

### **Defaulter tracing**

Defaulter tracing is a crucial element of the Reaching Every Child (RED) strategy. When health workers and vaccinators have systems in place to identify children eligible to receive their next dose of malaria vaccine, it is also possible to identify if eligible children have missed receiving their vaccination during the recommended schedule. This may be especially relevant to ensure that children complete the 4-dose schedule that includes vaccination visits in the second year of life. Health workers, community health volunteers and/or community health assistants can identify and contact defaulters and arrange for them to receive the missing doses. More information on systems to identify defaulters can be found in Section 9.1.1 (Child health or immunization registers) of the *Guide to introduce malaria vaccine into the national immunization programmes*.

### **Integrated service delivery at the point of vaccination**

Consider opportunities to integrate the delivery of other health services at the point of malaria vaccination. These could include other vaccinations included in a country's EPI that the child or caregiver can receive in the second year of life, preventive care and treatment, malaria interventions, or information and life skills. Consider integrating malaria vaccination into other activities, including child health days, vaccination campaigns, ITN distributions, or SMC/PMC. This could promote sharing of resources and knowledge across programmes, optimize health worker training and service delivery costs and logistics, and integrate various activities and services in a more efficient, effective and sustainable way.

More information on **integrated service delivery** is included in Section 4.4 of the *Guide to introduce malaria vaccine into the national immunization programmes*.

## **Zero dose and special situations**

Most zero dose children and families are largely outside of the formal health system, and often experience multiple health and social deprivations due to conflict or other challenges. They often cluster in hard-to-reach communities across several types of settings (remote rural, urban poor, conflict settings and nomadic/migrant populations). Many families with zero dose children may have little to no experience with the health system and have limited access to information about immunization.

Applying principles of human centered design (a participatory problem-solving approach) to co-design demand promotion interventions with communities to address the BeSD of malaria vaccine may likely achieve greater impact. In particular, engaging with local influencers and community volunteers from the zero dose communities, using multi-sectoral approaches such as maternal and child health, malaria, water and sanitation, and education can have a better

impact to address community concerns holistically. Both access issues and demand-side issues are at play, and it requires political commitment and substantial resources to address the zero-dose challenge. Gender responsive approaches (e.g., targeted interventions to support female caregivers) to engage zero dose communities are needed to address this issue. Using community data sources, data from supplementary immunization activities, and creative approaches (e.g., cross-border data) can help supplement traditional data sources from health facilities.

Regular and systematic collection of social data (e.g., monthly or quarterly data may be gathered depending on the context and needs) to understand drivers of vaccine uptake and co-designing local solutions with communities can increase community ownership and accountability. Integrated demand promotion interventions to promote access to and uptake of services provided through primary health care is likely to increase acceptance of vaccines and other essential services.

## Monitoring, evaluation and learning

Measurement and monitoring of demand promotion activities will be important to show the effectiveness of demand promotion interventions during the vaccine introduction and rollout and to make course corrections as needed. Therefore, planning demand promotion interventions should not only be informed by local data, but also include a monitoring and evaluation plan with targets and milestones, and clear indicators of outputs and outcomes. A standardized and systematic approach to measurement using the BeSD tools and priority indicators will enable tracking of changes to inform course correction, iterative improvements and generate insights on effective interventions.

Illustrative examples of each type of indicator include:

- **Outcome:** Outcome indicators measure the prevalence of a specific behaviour in the target population. Relevant illustrative examples of outcome indicators include the proportion of eligible children receiving the first malaria vaccine dose, the proportion of eligible children completing malaria vaccine 4-dose series, etc.
- **Intermediate Outcome:** Intermediate outcome indicators measure the prevalence of a BeSD in the target population. Relevant illustrative examples of intermediate outcome indicators include proportion of caregivers who want their child to get all of the recommended vaccines, proportion of caregivers who think the malaria vaccine is important for their child's health, proportion of caregivers of eligible indicating a positive service experience, etc.
- **Output:** Output indicators measure the immediate results, including reach, associated with demand promotion activities. Relevant illustrative examples of output indicators include the number of caregivers of eligible children reached with demand promotion activities, the number of service providers who completed training, the proportion of health centers that involve communities in immunization microplanning processes, etc.

Routine measurement of outcome, intermediate outcome and output indicators are important to determine whether demand promotion activities contribute to addressing BeSD and ultimately resulted in increased vaccination uptake. If little or no change is determined, then it may be necessary to further assess whether the issue is due to implementation quality or fidelity, or whether another combination of interventions may need to be considered. Routine measurement also helps support adaptive management of demand promotion activities and to determine whether demand promotion activities support key malaria vaccine programme performance indicators.

### **Tips on monitoring indicators**

To assess the effectiveness of demand promotion activities, monitoring indicators require:

- A baseline to know the starting point against which to measure progress
- Setting priorities and identifying essential data to be collected: pick indicators that are realistic and a priority to monitor and will demonstrate progress and challenges
- A validation source: e.g., from supervisory reports, rapid surveys, monthly reporting
- A frequency for validation: e.g., quarterly
- Incorporation into existing EPI and malaria prevention reporting tools as much as possible. This could include administrative reporting tools, supportive supervision checklists and/or job aids; rapid exit surveys; coverage surveys; or post-introduction evaluations.

An independent external evaluation should be part of the monitoring and evaluation plan and budget. If this is not possible, an honest internal evaluation with partners could also be scheduled to determine challenges, successes and to map out a way forward. To assess outcomes, added data may be required, such as key informant interviews, coverage surveys, post-introduction evaluations, rapid exit surveys or other focused data collection efforts. Lessons learned from ongoing monitoring should be quickly adapted to adjust interventions, disseminated, and considered in any future vaccine introduction efforts.

### **Documentation on implementation and outcomes**

Finally, development and dissemination of documentation on the overall process of planning, implementation and evaluation will be important to capture and share successes and any lessons. Such documentation may elaborate on the initial overall objectives, context, planning process, baseline data or formative research, interventions and their implementation and evaluation, and lastly overall outcomes and conclusions. This documentation may benefit the scale-up of effective interventions, help to inform planning for other sub-national or national settings, support advocacy and resource-mobilization, and overall contribute to the evidence-base for vaccination demand promotion.

# References

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# Annexes

## Annex A: Planning template (Excel)

Corresponding to the guidance available in this document, an Excel template is available to facilitate specific planning. The template can be adapted and used to organize and implement the various demand promotion activities. The template includes columns for the category of activities, activities, target audience budget breakdown, timelines, and responsible entity/individual.

The budget template is available here as a linked file:



# Annex B: Behavioural and social drivers of malaria vaccination: tools and guidance

## Background

Data on the social and behavioural drivers (BeSD) of malaria vaccine uptake can inform programme implementation. The BeSD of vaccination are defined as beliefs and experiences specific to vaccination that are potentially modifiable to increase vaccine uptake.<sup>1</sup> The survey on the BeSD of childhood vaccination consists of 20 validated questions that can be administered to parents or caregivers. The items have been validated for routine immunization for children under 5 years of age. For brief formats, BeSD proposes five of the best-performing questions with priority indicators.

This document provides adaptations of the BeSD Childhood Vaccination priority indicator questions for malaria vaccination (Table 1) and suggested additional questions on malaria-specific issues such as dose timing and additional malaria prevention measures such as use of insecticide-treated bed nets (Table 2).

## Considerations for implementation

***Please note: The BeSD questions for childhood vaccination were tested and validated, and this document has adapted them for malaria vaccination. The new questions in table 2 have yet to be validated in their current form as applied to malaria vaccination.***

Therefore, pre-testing is recommended for adaptation and implementation. Furthermore, some questions in Table 2 (see notes in the right-hand column) have yet to be subject to any validation whatsoever and will require further work to ensure they reliably measure what they are intended to measure. Recommendations on pre-testing of questions are available in the [BeSD guidebook](#)<sup>2</sup> in section 3, 'Adapt and test the tools to match local needs and context'. More questions on childhood vaccination, which may be adapted for malaria vaccines, are available in the BeSD guidebook. Prior to implementing any survey, interviewers will need to be adequately trained to ensure quality data collection.

The questions below may be used in surveys or assessments before or after the malaria vaccine introduction, focusing on understanding the drivers of malaria vaccination. If the plan focuses on childhood vaccination overall (e.g., uptake of scheduled vaccines in the first 1-2 years of life), then the malaria-specific vaccination items may not be needed, and the original BeSD questions for childhood vaccination will be applicable. If malaria vaccination is part of the routine childhood schedule in the study setting and the specific focus of the investigation, then the questions below will assist.

For qualitative research, the BeSD guidebook also includes in-depth interview guides to support deeper exploration of the drivers of vaccination. The interview guides can be similarly adapted to offer a richer understanding of the drivers of malaria vaccine uptake that may not be possible with the survey alone.

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<sup>1</sup> World Health Organization. (2022). *Understanding the behavioural and social drivers of vaccine uptake*. WHO Position Paper – May 2022. Weekly Epidemiological Record, No 20, 2022, 97, 209–224. <https://apps.who.int/iris/bitstream/handle/10665/354458/WER9720-eng-fre.pdf>

<sup>2</sup> World Health Organization. (2022). Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake. World Health Organization. <https://apps.who.int/iris/handle/10665/354459>

Other practical recommendations for the use of the BeSD tools specifically for malaria vaccination:

- If using the BeSD questions before introducing the vaccine, the interviewer’s introductory comments can briefly explain the imminent launch to clarify vaccine availability.
- Retain the response options of no/yes, or not at all, a little, moderately and very. These have been tested in multiple populations and are generally understood. They enable grouping into two categories for ease-of-analysis. We recommend not adding a “don’t know” or “not sure” item unless there is likely to be high levels of uncertainty in the population in answering the question.
- Facility-based data collection methods will reach a biased sample (i.e., those already accessing vaccination and likely to be motivated towards vaccination) and thus should be used with caution.
- Data analysis can explore the correlation of receiving a first dose or completing all doses. Findings can be used as a starting point to identify areas of intervention or guide further research.

Added questions on childhood vaccination and guidance on methods and sampling are available in the [BeSD guidebook](#). Recommendations in the [WHO Position Paper on BeSD](#) may also be considered.

**Table 1. Adaptation of BeSD childhood vaccine questions from Table 1 on page 6 of the [BeSD guidebook](#)**

Domain/ construct	BeSD of malaria vaccination items and indicators	
	Priority question	Priority indicator
<b>Thinking and feeling</b> Confidence in vaccine benefits	How important do you think the <b>malaria vaccine</b> is for your child’s health? Would you say...  <input type="checkbox"/> Not at all important <input type="checkbox"/> A little important <input type="checkbox"/> Moderately important, <i>or</i> <input type="checkbox"/> Very important?	% of parents/caregivers who say that the <b>malaria vaccine</b> is “moderately” or “very” important for their child’s health
<b>Social processes</b> Family norms	Do you think most of your close family and friends want you to get your child vaccinated <b>against malaria</b> ?  <input type="checkbox"/> NO <input type="checkbox"/> YES	% of parents/caregivers who say most of their close family and friends want their child to be vaccinated <b>against malaria</b>
<b>Motivation</b> Intention to get vaccine	Do you want your child to get the malaria vaccine? Would you say...  <input type="checkbox"/> NO <input type="checkbox"/> YES	% of parents/caregivers who say they want their child to get the malaria vaccine.
<b>Practical issues</b> Know where to get vaccination	Do you know where to go to get your child a <b>malaria</b> vaccine?  <input type="checkbox"/> NO <input type="checkbox"/> YES	% of parents/caregivers who say they know where to go to get their child a malaria vaccine

Domain/ construct	BeSD of malaria vaccination items and indicators	
	Priority question	Priority indicator
<b>Practical issues</b> Affordability	How easy is it to pay for <b>malaria</b> vaccination? When you think about the cost, please consider any payments to the clinic, the cost of getting there, plus the cost of taking time away from work. Would you say...  <input type="checkbox"/> Not at all easy <input type="checkbox"/> A little easy <input type="checkbox"/> Moderately easy, or <input type="checkbox"/> Very easy?	% of parents/caregivers who say malaria vaccination is “moderately” or “very” easy to pay for
<b>Practical issues</b> Service satisfaction	How satisfied are you with malaria vaccination services? Would you say...  <input type="checkbox"/> Not at all satisfied, <input type="checkbox"/> A little satisfied, <input type="checkbox"/> Moderately satisfied, or <input type="checkbox"/> Very satisfied?	% of caregivers of children who say they are “moderately” or “very” satisfied with malaria vaccination services

**Table 2. Potential additional questions that have been adapted from validated measures of BeSD**

Domain / construct	Potential added question	Indicator	Comments	Source
<b>Practical issues</b> Know when to get vaccination	Do you know <b>when</b> to get a malaria vaccine for your child?  <input type="checkbox"/> NO <input type="checkbox"/> YES	% of parents/caregivers who say they know when to get their child vaccinated <b>for malaria</b>	Depending on the country’s schedule, the response will differ. There is potential for confusion when the interval between doses is more than one month.	THIS ITEM IS UNTESTED. It is adapted from the BeSD childhood vaccine priority indicator for knowing <u>where</u> to go for vaccine.
<b>Practical issues</b> Ease of access	How easy is it to get a <b>malaria vaccine</b> for your child? Would you say,  <input type="checkbox"/> Not at all easy, <input type="checkbox"/> A little easy, <input type="checkbox"/> Moderately easy, or <input type="checkbox"/> Very easy?	% of parents/caregivers who say it is “moderately” or “very” easy to get <b>malaria</b> vaccination for their child.	--	Adapted from BeSD childhood vaccine item for ease-of-access.
<b>Social processes</b> Mother’s travel autonomy	If it was time for your child to get their <b>malaria vaccine</b> , would the mother need permission to take your child to the clinic?  <input type="checkbox"/> NO <input type="checkbox"/> YES	% of mothers who say they do not need permission to take child for <b>malaria</b> vaccination	This question assesses freedom of women to leave the home to get the child vaccinated.  “Clinic” refers to the vaccination clinic, health centre or service that delivers the vaccines for the child.	Adapted from BeSD childhood vaccine item for mother’s travel autonomy.

Domain / construct	Potential added question	Indicator	Comments	Source
<b>Thinking and feeling</b> Perceived vaccine efficacy / need for other measures	How important do you think it is for your child to sleep under a mosquito net if they have been vaccinated against malaria? Would you say... <input type="checkbox"/> Not at all important, <input type="checkbox"/> A little important, <input type="checkbox"/> Moderately important, or <input type="checkbox"/> Very important?	% of parents/caregivers who say it is moderately or very important for their child to sleep under a mosquito net if they have a malaria vaccine.	It will be important to monitor for any changes to beliefs or use of other malaria preventive measures. Depending on the context and pre-existing beliefs and behaviours, the perceived need in the community to continue other measures may or may not shift, and should be tracked closely.	THIS ITEM IS UNTESTED. Question is adapted from the <a href="#">Malaria behavior survey</a> (standard women's questionnaire).  The adaptation is aligned with the question format and response options of BeSD.
<b>Thinking and feeling</b> Perceived vaccine efficacy / need for other measures	How important do you think it is for your child to take the medication to prevent malaria during the rainy season if they have had a malaria vaccine? Would you say... <input type="checkbox"/> Not at all important, <input type="checkbox"/> A little important, <input type="checkbox"/> Moderately important, or <input type="checkbox"/> Very important?	% of parents/caregivers who say it is moderately or very important for their child to take the medication to prevent malaria if they have had a malaria vaccine.	In each country, the question may be adapted to better align with the current country recommendations on SMC.	THIS ITEM IS UNTESTED. Question is adapted from the <a href="#">Malaria behavior survey</a> (standard women's questionnaire).  The adaptation is aligned with the question format and response options of BeSD.

## Annex C: Key messages and sample materials

The following messaging may be tailored, translated and used in a variety of products and activities.

### ***Messaging for caregivers and parents***

<p><b>MALARIA IS A SERIOUS DISEASE THAT CAN KILL YOUNG CHILDREN</b></p> <ul style="list-style-type: none"><li>▪ Malaria is a primary cause of illness and death among children under age five years.</li><li>▪ Malaria is both preventable and treatable.</li></ul>
<p><b>MALARIA IS PREVENTABLE</b></p> <ul style="list-style-type: none"><li>▪ Malaria can be prevented. Use available recommended preventive measures, including [AS APPLICABLE IN COUNTRY]:<ul style="list-style-type: none"><li>○ 4 doses of the malaria vaccine</li><li>○ Insecticide-treated nets (ITNs)</li><li>○ Indoor residual spraying with insecticides</li><li>○ Seasonal or perennial malaria chemoprevention</li></ul></li><li>▪ No one tool can do the job alone. A mix of tools is recommended for the best malaria prevention.</li></ul>
<p><b>MALARIA CAN BE TREATED</b></p> <ul style="list-style-type: none"><li>▪ Take your child with a fever to the nearest health facility for a malaria test and appropriate treatment.</li></ul>
<p><b>THE MINISTRY OF HEALTH HAS INTRODUCED THE MALARIA VACCINE INTO ROUTINE IMMUNIZATION</b></p> <ul style="list-style-type: none"><li>▪ The malaria vaccine is safe and effective.</li><li>▪ The malaria vaccine is being introduced here because children in this area are at high risk of getting malaria and of progressing to severe malaria.</li><li>▪ As more malaria vaccine is available the vaccine will be offered to more children in other areas.</li></ul>
<p><b>A VACCINE IS PART OF THE OVERALL MALARIA PROTECTION PACKAGE</b></p> <ul style="list-style-type: none"><li>▪ The malaria vaccine is part of the recommended malaria prevention package and offers protection against malaria.</li><li>▪ Vaccinated children should continue to sleep under insecticide-treated nets every night, throughout the night and use other recommended malaria prevention measures.</li></ul>
<p><b>THE MALARIA VACCINE REDUCES THE NUMBER OF MALARIA EPISODES IN CHILDREN</b></p> <ul style="list-style-type: none"><li>▪ The malaria vaccine reduces the number of times a child gets malaria, including severe malaria, and it reduces child deaths due to malaria.</li><li>▪ A child who receives the malaria vaccine may still get malaria. It is therefore important to continue with other recommended preventive measures.</li><li>▪ Even after vaccination, children may still become sick with malaria. Caregivers should seek care for a child with fever.</li><li>▪ The vaccine does not cause malaria.</li><li>▪ The vaccine can be safely given with other childhood vaccines at the health facility.</li></ul>

**FOUR DOSES OF THE MALARIA VACCINE = THE BEST PROTECTION AGAINST MALARIA**

- The malaria vaccine is given as an injection on [LEFT/RIGHT] thigh by a trained healthcare worker
- For the malaria vaccine, 4 doses provide the best protection against malaria and it can be given at the same time as other childhood vaccines
- Children can get the vaccine from the age of X months of age.
- The schedule is X months, X months, X months, and X months. Like other vaccines, children who come late for doses should still receive their vaccine.
- The minimum period between vaccine doses is 4 weeks.

**THE MALARIA VACCINE IS SAFE**

- The malaria vaccine saves lives and is safe.
- Nearly 2 million children in Africa have already received the vaccine (at the time of finalization of this guide). Its safety is confirmed.

**THERE MAY BE MILD SIDE EFFECTS**

- Some children may have mild side effects to the malaria vaccine. Some of the common side effects include fever and pain, redness and swelling at the injection site.
- Seek help from your health centre at once, if your child has a fever or shows other signs of sickness in the days following vaccination.

**VACCINES SAVE LIVES**

- Vaccines are among the safest and most effective ways to protect children from diseases that could kill them.
- Bring your child to the health facility for vaccinations and child health services, including growth monitoring, vitamin A or deworming, even if you miss a visit.
- Ask your health care worker when you should bring your child back for the next vaccination visit.
- Take along the **maternal/child health record book** any time you visit the health facility.

***Malaria messaging for health workers and supervisors***

These messages are intended to facilitate interpersonal communication with parents and other caregivers, including during one-on-one or group discussions, door-to-door visits, community dialogues and health talks.

- **Take the time to interact with caregivers before vaccination.**
  - As with other vaccines, treat fathers, mothers and other caregivers with respect.
  - Tell the caregiver that the child is due for the malaria vaccine.
  - Ask if there are questions or concerns and take the time to respond.
- **Take time after vaccination to remind caregivers about the next scheduled visit.**
  - Remind parents or other caregivers when to return to receive any needed vaccine doses.
  - Tell caregivers that the child will need 4 doses of the malaria vaccine. Like other vaccines, children who come late for doses can still receive the dose that is due.
  - For the malaria vaccine, 4 doses = the best protection against malaria and should be used with other preventive measures.
- **Record the dose and the date given** in the tally sheet, maternal and child health record book, and child health register.

THE MALARIA VACCINE IS RECOMMENDED TO REDUCE THE NUMBER OF TIMES A CHILD GETS MALARIA. THE VACCINE REDUCES SEVERE MALARIA AND SAVES LIVES

- Malaria is a serious disease that can kill young children.
- The malaria vaccine is recommended to reduce the number of times children get malaria, including severe malaria, and it reduces child deaths due to malaria.
- The malaria vaccine is recommended to protect children against malaria and should be used as part of the malaria prevention package. A child who receives the vaccine should continue to sleep under a mosquito net every night throughout the night or sleep in a room that has been sprayed with insecticide, as well as receive seasonal or perennial malaria chemoprevention [AS APPLICABLE IN THE COUNTRY].
- Even after vaccination, children may still become sick with malaria. Caregivers should seek care for a child with fever.

FOUR (4) DOSES OF THE MALARIA VACCINE = THE BEST PROTECTION

- Children benefit most when they receive all 4 doses of the malaria vaccine.
- The vaccine can be given at the same time as other childhood vaccines
- Children get the first dose from X months of age.
- The schedule is X months, X months, X months, and X months. As with other vaccines, children who come late for doses should still receive the dose and other child health interventions that are due, including growth monitoring, vitamin A and deworming.
- The minimum period between vaccine doses is 4 weeks.

THE MINISTRY OF HEALTH HAS INTRODUCED THE MALARIA VACCINE INTO ROUTINE IMMUNIZATION.

- The vaccine is given in all districts in the following districts/regions/counties:
- The vaccine is safe and effective. Close to 2 million children in Africa (at the time of finalization of this guide) are already benefiting from the vaccine's malaria protection.
- The malaria vaccine is being introduced here because children in this area are at high risk of getting malaria and of progressing to severe malaria.
- As more malaria vaccine is available, the vaccine will be offered to more children in other areas.
- The malaria vaccine is free of charge and is given to children to provide them with additional protection against malaria.

AS WITH OTHER VACCINES, SOME CHILDREN MAY HAVE MILD SIDE EFFECTS

- Common side effects include pain, redness and swelling at the injection site, and fever.
- In uncommon instances, children who get fever after vaccination have convulsions.
- Children with any of these signs or other side effects in the days after immunization should come to the health facility.
- As with other vaccines, these signs should be properly documented and reported through the existing reporting systems for adverse events following immunization (AEFIs).

*Sample poster*

# MALARIA VACCINE

Bring your child for  
**4 DOSES OF THE MALARIA VACCINE.**

Complete malaria vaccination  
= 4 doses

The **MALARIA VACCINE** is part of the package of recommended malaria **PREVENTION** practices.



In addition to vaccination, **CONTINUE TO USE OTHER METHODS** to protect your child from malaria.

\*\*\*

Sample flyer

# MALARIA VACCINE

Bring your child for **MALARIA VACCINATION**

Full malaria vaccination = 4 doses



Children get the vaccine from X months of age.

The schedule is X months, X months, X months, and X months.

**IMMUNIZATION CARD**

VACCINE	AGE										
	Birth	6 wks	10 wks	14 wks	5 mos	6 mos	7 mos	9 mos	12 mos	18 mos	24 mos
BCG	✓										
OPV	✓	✓	✓	✓							
DPT-HEP B-Hib (Penta)		✓	✓	✓							
PCV 10		✓	✓	✓							
Rota		✓	✓	✓							
IPV				✓							
MR								✓	✓		
Malaria vaccine											
Vit A						✓			✓	✓	✓

As with other vaccines, children who come late for doses can still receive their vaccine.

**ASK YOUR HEALTHWORKER ABOUT THE MALARIA VACCINE.**



## The VACCINE IS PART OF THE OVERALL MALARIA PROTECTION PACKAGE

**The malaria vaccine reduces the number of times a child gets malaria, including severe malaria, and it reduces child deaths.**

A child who receives the vaccine may still get malaria. It is, therefore, important to **CONTINUE WITH OTHER PREVENTION MEASURES.**



Take along your maternal and child health record book any time you visit the health facility. **Ask your health worker when to come for your next visit.**

If more information is needed, please call our hotline: *[insert number]*

\* \* \*

## Job aid for health workers

### MALARIA VACCINE: Who Gets the Vaccine and When

Dose	When to give
Dose 1	Give from X months of age. Dose 1 can be given through X months of age if the child is late.
Dose 2	Give a minimum of 4 weeks after dose 1.
Dose 3	Give a minimum of 4 weeks after dose 2.
Dose 4	Give at XX months. Dose 4 can be given up to XX of age if the child is late.

- Take time after vaccination to **remind caregivers about the next scheduled visit.**
- Tell caregivers that **the child will need 4 doses** of the malaria vaccine and remind them to continue using other malaria prevention measures.
- Like other vaccines, **children who come late for doses can still receive the dose and other child health interventions that are due**, including growth monitoring, vitamin A and deworming.
- Record the dose and the date given in the **tally sheet, maternal and child health record book** and child health **register.**

## Annex D: Community engagement for the malaria vaccine introduction

The purpose of this section is to put community engagement at the centre of malaria vaccine introduction. The section contains tips and discussion topics to promote demand for malaria vaccine uptake; other recommended preventive behaviours to protect children from malaria; and appropriate health seeking behaviours for fever or other malaria symptoms.

Malaria is both preventable and curable. Optimal malaria prevention for children is achieved when interventions are layered and used together.<sup>3</sup> In alignment with the WHO Guidelines for Malaria, it is recommended that National Malaria Control Programmes implement a package of malaria prevention, diagnosis and treatment interventions, including the malaria vaccine, to protect children from malaria. It is critical to ensure continued use of malaria prevention tools, primarily insecticide-treated nets, indoor residual spraying, and seasonal and perennial malaria chemoprevention.

The risk of misinformation and disinformation is high when a new vaccine is being introduced. Rumours and misinformation could be in both digital and offline media and spread verbally in communities. To help manage misinformation, engage communities in planning, and the design and delivery of local interventions to achieve high vaccine confidence and uptake. Community engagement will also play a crucial role in promoting vaccine safety, addressing vaccine-related events, and managing the communications response to possible adverse events following immunization.

For more guidance on risk communication and preparations to respond to vaccine-related events or issues, please see the separate document, “Risk Communication Strategies for Malaria Vaccination: A Guide” (2)

To inform planning, programmes may partner with communities to collect and analyse social data, including community feedback. Similarly, sub-national authorities responsible for leading and facilitating micro-planning should ensure that community engagement is well integrated. All plans should account for reaching the vulnerable and zero dose communities, children in areas affected by conflict, and areas with refugee and migrant settlements. Interventions must be tailored to specific contexts to address the needs of different populations. A combination of interventions based on evidence from behavioural and social science research will need to be implemented, including community engagement; mass, community, and social media campaigns; and healthcare provider and community worker training. Community engagement expands the influence of local actors, increases access to and understanding of information, facilitates feedback on services and builds on existing local capacities.

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<sup>3</sup> Guide to Introducing Malaria Vaccine into National Immunization Programmes

For community engagement plans to be successful, the response should also ensure a well-coordinated approach that enlists the support of community mobilizers from the community- and faith-based organizations; humanitarian organizations, such as National Red Cross and Red Crescent Societies; local community-based organizations, youth groups, mothers' groups and other community influencers.

### **Tips and discussion points for service providers, health and community workers, volunteers, civil society organizations and community networks**

In sharing accurate information about vaccination, involving service providers as a critical audience and as trusted champions will be important. In many communities, health workers are the only people available and able to engage community members and address any concerns about vaccination.

### **Tips for community engagement for malaria vaccine introduction**

- **Define:** Define and prioritize your key objectives and review them regularly to ensure they respond to your priorities depending on the prioritized population in the country, vaccine availability and protocols.
- **Coordinate:** Use existing coordination mechanisms such as ACSM committees at national and sub-national levels to plan and implement community engagement activities, including with the EPI and NMCP. Under the leadership of the Ministry of Health, coordinate with other ministries, including Education, Water and Sanitation, to leverage the relevant structures to implement community engagement activities. Engage with all relevant actors. Examples of such entities include local community- and faith-based organizations; fathers' and mothers' groups; and schools. In addition, it is essential to coordinate among partners under the leadership of national and subnational governments to avoid duplication, fill gaps and make the best use of resources. Develop and maintain an up-to-date contact list of all partners and their focal points and of local level actors.
- **Assess and collect:** If there is existing data from malaria programmes or other new vaccine introductions in the past, secondary data analysis on credible sources of information, key access challenges, rumours and misinformation from the past or previous AEFIs could be a helpful start. If it exists, data on malaria prevention and health seeking behaviours will particularly useful. To fill the information gaps, further assessments could be designed and undertaken. Collect social data using tools such as BeSD or rapid community assessments to understand public perceptions of malaria vaccines.
- In cases where there is a social data gap, work with health facilities, social workforce, community volunteers and civil society to conduct community mapping to identify:
  - social profile of the community, including the knowledge, perceptions and practices of communities about malaria prevention, health seeking behaviours and about malaria vaccines;
  - main communication patterns, channels and language(s) used to share information within the community, and;
  - religion, cultural traditions and practices.
- key audiences and influencers
- **Advocacy at the local level:** Communicate with and provide orientation to local level influencers, such as community leaders, religious leaders and local celebrities about malaria vaccines, and get their support for creating an enabling environment for vaccine introduction. Work with local media to promote positive messaging around malaria vaccine uptake but also about the importance of continuing the preventive behaviours. Advocate with local governments to garner support for vaccinators and health workers.
- **Develop a community action plan:** Based on the available social data and profile, jointly develop an action plan with communities. The community plan should be part of the overall micro-

plan. The plans can be adapted to fit the local context. Messages and materials should be tailored to reflect audience perceptions and knowledge at the local level.

- **Implement, monitor, evaluate, and adapt:** Implement the community action plan with relevant partners to engage with identified audiences and the community. This should include capacity building and ensuring participation and accountability mechanisms. Make sure to identify human, material and financial resource needs. Define staff and partners who will do the work (number of people required) and budget accordingly. Establish an adapt monitoring and evaluation framework, ensuring strong and regular supervision and coordination mechanisms. Close fieldwork monitoring is essential, and mechanisms should be defined before starting implementation.
- **Feedback mechanism:** Set up and implement a feedback and rumour tracking system to closely monitor community feedback, concerns, perceptions and misinformation and report to relevant technical partners and sectors. Make sure to respond to rumours and misinformation with evidence-based guidance. Adapt materials, information, methodologies and vaccination strategies based on community feedback and evolving perceptions and concerns.
- **Monitor and evaluate:** Establish a simple mechanism to assess the effectiveness of community engagement activities and their results. Simple checklists could be developed and used by health promotion staff or social mobilisers when they visit the field. A few indicators could be included in the supervision checklist of health workers when they go to monitor the implementation of programmes. Community surveillance systems can be useful in defaulter tracing.

### **Practical tips**

This section provides information that can be shared with those who are responsible for conducting community engagement activities. It is intended as guidance and should be adapted.

### **How to engage**

Community engagement is more successful when it is done within the community. Work with community and social mobilizers to meet with the community. Train community leaders and community and social mobilizers from civil society organizations, teachers, health workers and local groups to engage with communities and to communicate with communities about the malaria vaccines and the importance of preventive behaviours. Existing approaches and new platforms developed for COVID-19 vaccine could also be leveraged for malaria vaccine introduction and other new vaccines.

### **Listen to communities:**

- First, listen to understand their concerns and questions. Ask people what they already know, and want and need to know about malaria vaccine and other prevention measures.
- Community rapid assessments, rapid inquiry or structured surveys could be used to understand what communities perceive about malaria vaccines and preventive behaviours.
- Analyse and triangulate the data from various sources and use data for action to design interventions.

### **Ask questions:**

Begin by learning more about people's concerns and what questions they have. Make sure to answer questions. Guiding questions for starting a dialogue with people and communities include and can be:

- What have you heard about the malaria vaccine?
- What information would you like to have about the vaccine?
- Do you know how many doses of malaria vaccine a child should get?
- Do you have any concerns regarding malaria vaccine? If so, what are your concerns?
- What would prevent you from getting your child vaccinated against malaria?
- Do you trust health workers and vaccinators? If not, why?

### **Co-design plans with communities:**

- Involve communities in designing and delivering communication and community engagement activities, including in micro-planning
- Test solutions with community representatives and revise as necessary.

### **Engage with community actors:**

- Conduct face-to-face visits and community meetings, disseminate messages through community radio, SMS, print material such as flyers or job aids for health workers or other appropriate communication channels according to the local contexts. It will be important to note that messages through mass media would be best avoided as it can raise unnecessary expectation if there are supply constraints.
- Frontline workers, health and community workers, civil society representatives, faith leaders and others may interact directly with communities.
- Identify local influencers and champions and engage them in promoting malaria vaccines and positive behaviours.

When interacting directly with the community, explain who you are, which organization you work with, and what you do in the community. The steps include:

- Introduce yourself and show empathy. Give reassurance that you are there to help people understand the disease and the vaccines. Listen first to what they say about the malaria vaccine before sharing what you know. There will be a need to collect information from available social data to better understand the community and its concerns, so that activities and information can be adapted to meet their needs.

### **Communicate and disseminate Information:**

Information disseminated to communities should be simple and clear, and in local languages. Messages should be adapted to the context, and practical advice should be given that can be put into action. For example:

- Explain a few, clear and simple messages to the community (including families, caregivers and local leaders) in their preferred language and avoid using technical terms.
- Make sure everybody has understood information correctly. Ask questions to confirm levels of understanding.
- Get peers and community leaders to talk. People are more likely to pay attention to information from people they already know and trust, and who are concerned about their well-being.
- Explain:
  - Malaria vaccine: when and how it will be given; the number of doses and when to return for the next dose; reminders that children who miss their doses can still get the dose that is due; what to do and where to go to in case of mild side effects; what to do in case of concerning or severe side effects.
  - Eligibility for malaria vaccines: the vaccination schedule for 4 doses.
  - Benefit: the malaria vaccine for children reduces malaria episodes and deaths from malaria.
  - Safety: reassure caregivers that vaccines are safe. The malaria vaccine has a strong safety profile.
  - Behaviours to adopt: (1) get your child vaccinated with all 4 doses of malaria vaccine, use an insecticide-treated net all night, every night, or sleep in a room that has been sprayed with insecticide, and accept seasonal malaria chemoprevention or perennial malaria chemoprevention, if applicable; and, (2) seek care at the nearest health facility or from the nearest community health worker, if applicable, for fever or other signs and symptoms of malaria.
  - Information they can share with friends and family: where and when to access malaria vaccination services; and, what to do in case someone has symptoms of malaria. Promote health-seeking behaviours.
  - Information that addresses myths and misconceptions in the community: see positive key messages in the *Guide to introduce malaria vaccine into the national immunization programmes* and above.