

MESSAGE 1: POLIO

BEHAVIOUR TO PROMOTE

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Children should now receive both oral polio vaccines and an injectable polio vaccination, to better protect them against polio.

CONTEXT

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Poliomyelitis (polio) is a highly contagious disease, caused by a virus infecting the nervous system. It can cause paralysis and crippling for life and can even cause death. There is no treatment for polio but it can be prevented through vaccination.

There are two vaccines that protect a child against polio:

1. The Oral Polio Vaccine (OPV) is administered orally in the form of drops. This is the main preventive measure against polio.
2. The Inactivated Polio Vaccine (IPV) which is administered by injection, by a trained health worker, usually into the child's left thigh. **IPV does not replace OPV, but is recommended in addition to OPV** to strengthen and enhance a child's immunity and better protect them against polio.

Unvaccinated children under 5 tend to be at greatest risk of polio. OPV vaccine should be given as soon as possible after birth, to protect vulnerable young babies. IPV is given to children at age 14 weeks (three and a half months).

*Figures* - According to the 2013-14 DHS report for DRC, only 66% of children aged 12 to 23 months have received all three main doses of OPV vaccine.

BARRIERS TO BEHAVIOUR CHANGE

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Logistical and operational challenges can prevent vaccination teams from getting to their designated health facility, village or households.

A profound belief in divine intervention against polio, among other religious and cultural beliefs, has contributed to parents' refusal of the polio vaccine. The two main reasons that children have not received OPV regularly in DRC are refusals and children's absence. In some cases, reporting of child absence has been found to conceal vaccine avoidance behaviour, rooted in religious beliefs or distrust of government health services.

Rumours about the safety of OPV and possible side effects (such as reduced fertility) have also affected OPV uptake. Among many rural communities there is also a deep-rooted cultural rejection of 'western medicines'.

FACILITATING FACTORS AND LEVERS FOR BEHAVIOUR CHANGE

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IPV is being introduced in DRC from April 2015, to protect against all types of the microbes that cause polio. During its launch, health workers will be receiving additional training and some social mobilisation activities should be occurring.

There have been no wild polio virus cases in DRC since 2011. 92% of children receive the first dose of OPV at 6 weeks and 85% receive the second dose at 10 weeks (2014 DHS).

## MESSAGE 2: ROUTINE IMMUNISATIONS

### BEHAVIOUR TO PROMOTE

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**Children should receive all their routine immunizations at the health centre, to protect them against dangerous diseases that can cause poor growth, illness or death. Before their first birthday, they will need to go to the health centre 5 times to receive different vaccines.**

### CONTEXT

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A child is immunized by vaccines, which are injected or given by mouth. Vaccines work by building up the child's defences against diseases (such as tuberculosis, polio, tetanus, diphtheria, pneumonia, whooping cough, hepatitis, measles, and yellow fever). Immunization only works if given before the disease strikes.

Every child should complete the recommended series of immunizations, getting the full number of recommended vaccines and at the right time. Some vaccines require multiple doses for full protection. These are most effective when given at the ages specified by health workers.

Before their first birthday children should be taken to a health facility 5 times, following the recommended vaccination schedule (at birth: BCG / Polio 0, at 6 weeks: polio 1 and pentavalent 1, at 10 weeks: polio 2 and pentavalent 2, at 14 weeks: polio 3 and pentavalent 3, around 9 months: measles and yellow fever). It is safe for children to receive more than one vaccine during a visit to a health centre.

*Figures* - According to the 2014 DHS report, 45% of children aged 12-23 months living in the DRC have received all recommended vaccines (one dose each of BCG and measles and three doses each of DPT/ pentavalent and polio), while 6% have not received any at all. Coverage is higher in urban areas (53%) than rural areas (42%).

### BARRIERS TO BEHAVIOUR CHANGE

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There are many reasons why children may not receive all recommended immunisations. Vaccination teams may not get to their designated health facility, village or households, due to poor performance or logistical constraints. When teams do arrive, parents may refuse the vaccines or a child may be absent. Distance to a vaccination site can be another barrier to attendance.

Refusals can be due to deeply entrenched religious and traditional beliefs, as well as a strong distrust of government health services. Among many rural communities there is a deep-rooted cultural rejection of 'western medicines'.

Many parents do not take a child to be immunized because the child has a fever, cough, cold, diarrhoea or some other illness. However, it is safe to immunize a child who has a minor illness or is malnourished.

After an injection, a child may cry or develop a fever, a minor rash or a small sore. This is normal and shows that the vaccine is working. In this case, children under 6 months should be breastfed frequently and older children given plenty of liquids and food.

### FACILITATING FACTORS AND LEVERS FOR BEHAVIOUR CHANGE

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The vaccination card of a child should be presented to the health worker before every immunization. Parents should follow the advice of a trained health worker on when to complete the required immunizations.

Immunizing a child in their first year of life helps protect them from dangerous diseases, so that they can grow to be stronger, healthier adults.