

**EXPLORING THE PROSPECTS AND IMPEDIMENTS OF COMMUNITY
DIALOGUE FOR SOCIAL CHANGE AROUND IMMUNISATION AGAINST SIX
CHILDHOOD KILLER DISEASES:
A CASE OF GOGRIAL WEST COUNTY IN SOUTH SUDAN**

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**UGANDA CHRISTIAN
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October 2024

DECLARATION

I, **Abraham Daljang Maker**, declare that this thesis is my work and has not been submitted to any other institution of higher learning for the fulfillment of any academic award.

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APPROVAL

This is to certify that this thesis, entitled “EXPLORING THE PROSPECTS AND IMPEDIMENTS OF COMMUNITY DIALOGUE FOR SOCIAL CHANGE AROUND IMMUNISATION AGAINST SIX CHILDHOOD KILLER DISEASES,” was done under my supervision and is now ready for submission.

Signature: 

Dr. Annette Kezaabu

Date: 10/10/2024

DEDICATION

I dedicate this work to my family, who have supported me on this journey.

ACKNOWLEDGEMENTS

In submitting this thesis, I wish to acknowledge the wise counsel and professional guidance and support of my supervisor, Dr Annette Deborah Kezaabu, who, from day one, generously and capably guided my thinking, moulded my perspective, and refined my academic outlook.

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LIST OF ABBREVIATIONS

CVI	: Content Validity Index
IEC	: Information, education, and communication
ICMN	: Integrated Community Mobilisation Network
NGO	: Non-Government Organisations
PAS	: Public address system
SMOH	: State Ministry of Health
SMS	: Short Message service
UCU	: Uganda Christian University
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children's Fund
WHO	: World Health Organisation

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ABSTRACT

The research investigated the Prospects and impediments of community dialogue for effecting social change regarding immunisation against six prevalent childhood diseases in Gogrial West County, South Sudan. The study was structured around four specific objectives: comprehending the factors facilitating community dialogue in Gogrial West County, identifying the obstacles impeding community dialogue for social transformation in Gogrial West County and evaluating the communication tools and channels employed by stakeholders in community dialogue in Gogrial West County. The study relied on a desk review to accumulate pertinent data from secondary literature sources such as journals, newspapers, and articles. A sample of 50 respondents was targeted, with 49 ultimately participating, and both primary and secondary data were utilised.

The findings indicated community participation enhances awareness, fosters trust, and elevates immunisation rates. The study revealed that financial constraints, gender disparities, fear of retaliation, and transportation difficulties impede community dialogue for social change. Conversely, factors discouraging participation in immunization-related dialogues encompass fear, misinformation, and a lack of confidence in healthcare providers and the healthcare system.

Conclusively, the research emphasised the diverse range of communication tools and channels utilised in community dialogues in Gogrial West County, reflecting the necessity to address a broad audience. Furthermore, it was emphasised that while in-person meetings are favoured for direct engagement, it is imperative to adapt to contemporary communication preferences such as radio programs and mobile messaging.

The study recommended collaboration between local authorities and non-governmental organisations (NGOs) to secure sufficient funding for community dialogues. Additionally, it suggested the requirement for resources and assistance to surmount financial and logistical challenges. This study emphasises the significance of cooperative endeavours among communities, healthcare professionals, and policymakers in overcoming obstacles and enhancing immunisation response and coverage. By prioritising community engagement and dialogue, sustainable solutions can be collaboratively developed with the community to ameliorate the impact of childhood diseases in Gogrial West County and similar regions in South Sudan.

CHAPTER ONE

INTRODUCTION

1.0 Overview

The study delves into the significance of immunisation against childhood killer diseases on a global, regional, and local scale, particularly in South Sudan. It identifies the challenges experienced in achieving high immunisation coverage rates and focuses on Gogrial West County, outlining its specific immunization-related challenges.

The research comprehensively reviews existing literature on immunisation programs, community engagement strategies, and the challenges encountered in similar contexts. Through this review, the study pinpoints knowledge gaps. It emphasises the potential of community dialogue in driving social change and enhancing healthcare outcomes, thus highlighting the need for further research.

Additionally, the study lays out its key objectives, including exploring community dialogue's potential in promoting immunisation, identifying barriers to immunisation uptake, and presenting strategies for improvement. Moreover, it provides an overview of its research design, encompassing qualitative research methods, data collection procedures for primary and secondary sources, analysis and discussion of findings, and insights into community perceptions, cultural beliefs, healthcare infrastructure, and socioeconomic factors influencing immunisation uptake.

Furthermore, the study discussed the prospects and impediments of leveraging community dialogue to drive social change regarding immunisation. It underlines the implications of the findings within the broader context of immunisation programs and community engagement strategies. Ultimately, the study reaffirms the pivotal role of community dialogue in promoting immunisation and addressing childhood killer diseases and recommends future interventions and research to enhance immunisation coverage through community dialogue and social change initiatives.

1.1 Background to the study

1.1.1 Historical background

Scientific advancements, international collaboration, and the widespread impact on public health mark the global immunisation history against childhood killer diseases. One of the pivotal moments in this history was Edward Jenner's development of the smallpox vaccine in 1796, which laid the foundation for modern vaccination (WHO, 2020). This ground-breaking achievement eventually eradicated smallpox in 1980, making it one of the most significant public health achievements in history (WHO, 2020). The eradication of smallpox served as an inspiration for subsequent vaccination campaigns against other childhood killer diseases. Throughout the 20th century, vaccines were developed for various childhood diseases, including polio, measles, tuberculosis, diphtheria, tetanus, and whooping cough. The introduction of vaccines like the oral polio vaccine (OPV) and the measles-mumps-rubella (MMR) vaccine revolutionized global healthcare by significantly reducing childhood morbidity and mortality rates (WHO, 2020).

In Africa, the history of immunization against childhood killer diseases is intertwined with the continent's colonial legacy. During the colonial era, vaccines were introduced sporadically, often with limited access and understanding among local communities. The focus was primarily on protecting colonial interests and workers rather than improving the health of indigenous populations (Barrett et al., 2020). Post-independence, African nations began to prioritize immunization to combat childhood diseases. International organizations such as UNICEF and WHO played pivotal roles in providing vaccines and technical assistance to strengthen immunization programs across the continent (UNICEF, 2020). These efforts resulted in substantial progress in reducing child mortality from vaccine-preventable diseases. Despite these advancements, challenges like inadequate healthcare infrastructure, vaccine supply chain issues, and vaccine hesitancy have persisted, underscoring the complex nature of African immunisation efforts (Owino et al., 2020).

Within East Africa, immunisation history reflects the broader African experience but with region-specific dynamics. Countries like Kenya and Tanzania embarked on comprehensive vaccination campaigns in the mid-20th century to reduce childhood mortality from diseases such as measles, polio, and tuberculosis. These efforts were supported by international organizations, and significant strides were made in improving vaccine coverage and access (Machingaidze et al., 2019). However, East Africa has also faced challenges unique to the region, including geographical barriers in remote areas and cultural beliefs that affect vaccine acceptance. Effective community engagement and dialogue have proven essential in addressing these challenges and ensuring immunization programs reach every child (Wiysonge et al., 2019).

South Sudan, the world's newest nation, has faced a tumultuous history that has profoundly affected its ability to implement effective immunization programs. Decades of civil conflict disrupted healthcare systems and hindered vaccination efforts, leaving the population vulnerable to vaccine-preventable diseases (Gavi, 2020). Despite these challenges, international organizations such as Gavi, the Vaccine Alliance, have been working tirelessly to support South Sudan in improving vaccine coverage and accessibility. The situation in South Sudan exemplifies the resilience required to effect social change in the face of adversity. With the assistance of international partners, the government has been working to rebuild healthcare infrastructure, strengthen immunization programs, and engage with communities to overcome barriers to vaccine acceptance (Gavi, 2020).

1.1.2 Conceptual background

Community dialogue is a structured and inclusive process that brings together individuals, groups, and stakeholders from a specific geographic area or community to engage in open and collaborative conversations, fostering understanding, consensus-building, and problem-solving on issues of shared concern (Wasserman et al., 2020).

Community dialogue refers to a participatory approach that facilitates constructive communication and deliberation among community members, enabling them to voice their perspectives, exchange ideas, and jointly make decisions on local matters to enhance social cohesion and address community challenges (Susskind et al., 2020). Community dialogue is a facilitated, structured conversation that occurs within a community or among its members, designed to promote active listening, the sharing of diverse viewpoints, and the development of shared understanding, ultimately leading to collective action, social change, or community development (Cowan et al., 2019).

The study will measure community dialogue regarding community meetings, radio talk advocacy and public address systems. Hassanpour and Lim (2019) define Community meetings as structured gatherings of community members or stakeholders where individuals come together to discuss, deliberate, and exchange ideas on various issues relevant to their community. Hamelink (2018) defines radio talk advocacy as a medium for dialogue and discussion on important community issues. It typically includes radio talk shows, panel discussions, and interviews where experts, community leaders, and citizens engage in conversations broadcast to a broader audience. Griffiths (2018) defines a public address system as a communication tool that amplifies sound to reach a larger audience in public spaces or gatherings. It includes microphones, speakers, and amplifiers to convey messages, announcements, or information to a gathered crowd.

Social change refers to transforming societal norms, beliefs, behaviours, and policies related to vaccination practices. It encompasses shifts in community attitudes towards vaccines, increased awareness of their importance, and changes in government policies and healthcare systems to promote immunization coverage (Bloom & Cadarette, 2019). Social change can also be defined as the process by which societies evolve to prioritize and institutionalize vaccination as a fundamental public health intervention. It involves altering community perceptions, reducing vaccine hesitancy, and ensuring equitable access to vaccines, ultimately significantly reducing the prevalence and impact of vaccine-preventable diseases (Ozawa et al., 2017). Social change regarding immunization against childhood killer diseases entails the comprehensive transformation of community and healthcare dynamics (Levine et al., 2021).

Brewer et al. (2017) define norms as shifts in the established rules, values, and expectations that govern behaviour within a society or community. It involves evaluating whether there has been a modification in what is considered socially acceptable or appropriate. Mackie (2019) defines beliefs as the changes in the collective or individual convictions, attitudes, and convictions held by people in a society. It assesses whether there has been a transformation in the way individuals perceive and interpret specific ideas, concepts, or issues. This measurement helps to gauge shifts in the deeply held convictions and worldviews that influence people's perspectives and decision-making. On the other hand, McKenzie-Mohr (2020) refers to behaviours as tangible alterations in how individuals or groups conduct themselves in response to evolving social dynamics. This measurement focuses on the actual, demonstrable changes in conduct that reflect shifts in societal norms and beliefs.

1.1.3 Theoretical background

The study is anchored on the Social Ecological Model, the SEM proposed by Bronfenbrenner, 1979. This model recognizes that health behaviours are influenced by multiple factors, including individual, interpersonal, community, and societal. It provides a comprehensive framework for understanding the complex interplay of factors that affect immunisation uptake and the potential role of community dialogue affecting immunisation uptake and community dialogue's potential role in promoting social change. The study's focus on understanding the multi-level factors influencing immunization uptake provides various stakeholders with a wealth of knowledge and insights. Here is how the SEM could be applied to the study: Individual Level: At the individual level, factors such as knowledge, attitudes, beliefs, and perceptions about immunization play a significant role in vaccination decisions.

Community dialogue can influence these factors by providing accurate information, addressing misconceptions, and promoting positive attitudes towards immunization. Interpersonal Level: Interpersonal relationships and social networks within the community can impact immunization behaviors. Community dialogue can facilitate discussions among family members, peers, and community leaders, fostering social norms supporting immunization and encouraging collective action. Community Level:

Community norms, values, and social cohesion can either facilitate or hinder immunization uptake. Through community dialogue, stakeholders can identify and address community-specific barriers and facilitators of immunization, mobilize community resources, and promote community ownership of immunization programs. Organizational Level: Health systems, healthcare providers, and community-based organizations play a critical role in delivering immunization services and facilitating community dialogue.

Strengthening organizational capacity, improving communication channels, and promoting collaboration among stakeholders can enhance the effectiveness of community dialogue initiatives. Policy and Societal Level: Socioeconomic, cultural, and political factors at the societal level influence immunization policies, access to healthcare, and community engagement. Community dialogue can advocate for policy changes, address structural barriers to immunization, and promote social justice and equity in healthcare delivery. Applying the Social Ecological Model, the study will systematically examine the multi-level factors influencing immunization uptake in Gogrial West County. It will explore how community dialogue operates within this broader socio-ecological context to promote social change. This framework guided data collection, analysis, and interpretation, facilitating a comprehensive understanding of the prospects and impediments of community dialogue for immunization promotion in the study setting.

1.1.4 Contextual background

Societal norms and beliefs in South Sudan often influence immunization practices. Traditional beliefs and cultural practices can sometimes clash with Western medical concepts, leading to vaccine hesitancy (Wilunda et al., 2018). The persistence of myths and misconceptions about vaccines can hinder immunization efforts. For instance, some communities believe that vaccines may cause harm or infertility. Immunization coverage rates in South Sudan have historically been low. (Valadez et al., 2015) stated that the overall poor coverage of child immunisations with a national coverage of, 38% nationwide and 2.8% in Warrap State. However, According to UNICEF (2020), only 53% of children in South Sudan receive all essential vaccinations, highlighting the gap in

immunization coverage. These low coverage rates can be attributed to various factors, including logistical challenges, limited access to healthcare facilities, and vaccine shortages.

In partnership with international organizations, the South Sudanese government has initiated several interventions to improve immunization coverage. These efforts include vaccination campaigns, community outreach programs, and the training of healthcare workers to administer vaccines (WHO, 2019). Additionally, the government has developed a National Immunization Policy and a Multi-Year Plan to guide immunization activities (South Sudan Ministry of Health, 2017). Despite government interventions, significant gaps persist in South Sudan's immunization coverage. Ongoing conflicts often exacerbate these gaps, which disrupt healthcare services and infrastructure. The nation's vast and remote regions also present logistical challenges in delivering vaccines to every child. Socio-economic disparities also contribute to differences in immunisation rates, with marginalized populations often receiving fewer vaccines.

Community engagement and dialogue play a vital role in addressing these challenges. By involving local communities in discussions about immunization, addressing their concerns, and debunking myths, it is possible to promote a shift in societal norms and beliefs (Wiysonge et al., 2019). This approach empowers communities to take ownership of their healthcare and encourages the acceptance of vaccines as essential tools for child survival. Socioeconomic, cultural, and political factors at the societal level influence immunization policies, access to healthcare, and community engagement. Community dialogue can advocate for policy changes, address structural barriers to immunization, and promote social justice and equity in healthcare delivery. By applying the Social Ecological Model, the study systematically examined the multi-level factors influencing immunization uptake in Gogrial West County and explored how community dialogue operates within this broader socio-ecological context to promote social change.

1.2 Statement of the problem

Immunization status in Gogrial West County, in Warrap State, South Sudan, remains a significant public health concern. Despite notable progress in enhancing vaccination coverage against diseases such as measles, pertussis, diphtheria, tetanus, tuberculosis, and poliomyelitis, the region faces persistent social barriers hindering successful immunization efforts. Recent data from the South Sudan Ministry of Health (2022) reveals that only 39% of children in Gogrial West County received all recommended vaccines by their first birthday, significantly lower than the national average of 52% (WHO, 2022). The low vaccination uptake is attributed to behavioural and social factors, including vaccine hesitancy, lack of awareness, and mistrust of healthcare providers. UNICEF's report (2022) emphasises that only 53% of children in South Sudan receive all essential vaccinations, highlighting the immunization coverage gap.

To address these challenges, the South Sudanese government, in collaboration with international organizations such as the World Health Organization, UNICEF, GOAL, MSF and other health partners, initiated various interventions, including vaccination campaigns, community outreach programs, and healthcare worker training to administer vaccines (WHO, 2022). However, there is a need for enhanced communication strategies and community dialogue to bolster immunization uptake in this context. Despite global efforts to improve immunization coverage, regions in low-resource settings like Gogrial West County continue encountering significant challenges (Bustreo, et al. 2015).

Moreover, South Sudan experiences suboptimal immunization coverage against childhood killer diseases, which poses a substantial public health risk to children in the country (Ngo et al., 2020). Limited active engagement and participation from various communities regarding immunization programs are observed in South Sudan, stemming from cultural beliefs, healthcare system distrust, misinformation, and the repercussions of prolonged armed conflict (Lutwama, et al. 2021). The success of immunization programs heavily relies on community engagement and dialogue to address local perceptions, beliefs, and barriers (WHO, 2015). However, the effectiveness of

community dialogue as a tool for promoting immunization uptake and social change remains largely unexplored in this context.

Furthermore, further research is urgently needed to comprehend the prospects and impediments associated with utilizing community dialogue to promote immunization uptake. This understanding is crucial for maximizing the effectiveness of community dialogue initiatives and designing targeted interventions, emphasizing the significance of ongoing learning and improvement in immunization.

If unaddressed, this issue could lead to outbreaks of vaccine-preventable diseases, heightened morbidity and mortality rates, and increased healthcare costs. Hence, there is a need to explore community dialogue for social change in Gogrial West County, contributing insights into how community dialogue influences social change factors and identifying strategies to enhance immunization.

1.3 Purpose of the study

To explore the prospects and impediments of community dialogue for social change around immunisation against six childhood killer diseases in Gorgial West County, South Sudan.

1.4 Research objectives

1. To examine the prospects that facilitate a community dialogue for social in Gogrial West County.
2. To investigate impediments that hinder community dialogue for social change in Gogrial West County.
3. To assess the communication tools and forms the stakeholders use in a community dialogue in Gogrial West County.

1.5 Research questions

1. What prospects facilitate the community dialogue for social change in Gogrial West County?

2. What impediments hinder community dialogue for social change in Gogrial West County?
3. What are the communication tools and forms used by the stakeholders in community dialogue?

1.6 Justification of the study

The research presented emphasizes the critical importance of childhood immunization in resource-constrained Gogrial West County, Warrap State in South Sudan, particularly in areas where access to healthcare services is limited. The focus was on the role of community dialogue as a pivotal strategy for promoting health behaviours, specifically regarding immunization against childhood diseases. By centring on the case study of Gogrial West County in South Sudan, this research provides valuable insights into the challenges and opportunities within that specific community, shedding light on the multifaceted factors influencing immunization uptake. The study aims to contribute to evidence-based policy and program development, offering practical recommendations for stakeholders' engagement in public health interventions. Furthermore, by addressing the existing gap in research, it seeks to enhance the global comprehension of effective health promotion strategies in settings with limited resources, emphasizing community-level interventions and localized insights significance of the study

The research caters to various stakeholders, including local community members, healthcare providers, government and policymakers, non-governmental organizations (NGOs), development partners, academic and research institutions, international health agencies, and media and communication practitioners. Policymakers benefit from gaining insights into the opportunities and challenges of community dialogue for social change. These insights enhance policymakers' capacity to formulate inclusive strategies for engaging women in community dialogue.

Academics interested in studying community dialogue for social change can leverage this research to identify existing gaps and potentially develop further studies in this area. Additionally, this study holds the potential to enrich academic knowledge and guide future research in the realms of immunization and community engagement.

Community development agencies, including NGOs, community leaders, and immunization health workers, can benefit from a deeper understanding of the implementation and sensitization processes. This knowledge will enable them to develop fitting tools and strategies for conducting community dialogues on social change. Lastly, the study's findings and recommendations have the potential to enhance resource mobilization from donors, leading to increased investment by national governments in health and immunization programs.

1.7 Significance of the study

The study aims to enhance the stakeholders', community's, and government's understanding of the importance of immunization, address myths and misconceptions, and increase vaccine uptake. By reducing the incidence of preventable diseases, they will benefit from improved health outcomes for their children.

Local Healthcare Providers and Health Workers: They will gain insights into the barriers to immunization within the community, allowing them to tailor their outreach and education efforts more effectively. The study will also provide strategies for better engagement with the community, improving trust and cooperation.

Local Government and Health Authorities: The study will offer valuable data on the challenges and opportunities related to immunization programs. This information can be used to design more effective policies and allocate resources more efficiently to improve immunization rates.

Non-Governmental Organizations (NGOs) and International Agencies: Organizations involved in public health and immunization campaigns, such as UNICEF or WHO, will benefit from the study's findings by identifying gaps in their current strategies and adjusting their programs to better meet the needs of the local population.

Traditional and Religious Leaders: As influential figures in the community, they will benefit from understanding the importance of immunization and their role in advocating for it. The study will equip them with the knowledge to support health initiatives and encourage community participation in immunization programs.

Researchers and Academics: The study will contribute to the broader body of knowledge on public health, community dialogue, and social change. It will provide a case study on the unique challenges and successes in Gorgial West County, offering insights that can be applied to similar contexts in other regions.

Policymakers will gain a deeper understanding of the local challenges and opportunities related to immunization efforts, enabling them to develop policies that are more responsive to the community's needs and realities.

1.8 Scope of the study

The scope of the study explores the geographical, content, and time as explained below:

1.8.1 Geographical scope

The study was conducted in Gorgial West County, South Sudan, in Warrap State. It borders Twic County to the north and Gogrial East County to the east. It also borders Western Bahr el-Ghazal State (Jur River County) to the south and Northern Bahr el-Ghazal State (Aweil South and Aweil East Counties) to the west.

1.8.2 Content scope

The study analysed the correlation between community dialogue, serving as the independent variable, and social change, acting as the dependent variable. The focus was primarily on investigating the connection between indicators of community gatherings, radio talk advocacy, and public address systems, as well as the indicators of social change relating to societal norms, beliefs, and behaviors. Additionally, the study aimed to explore how these indicators could potentially enhance immunization efforts against six key childhood diseases.

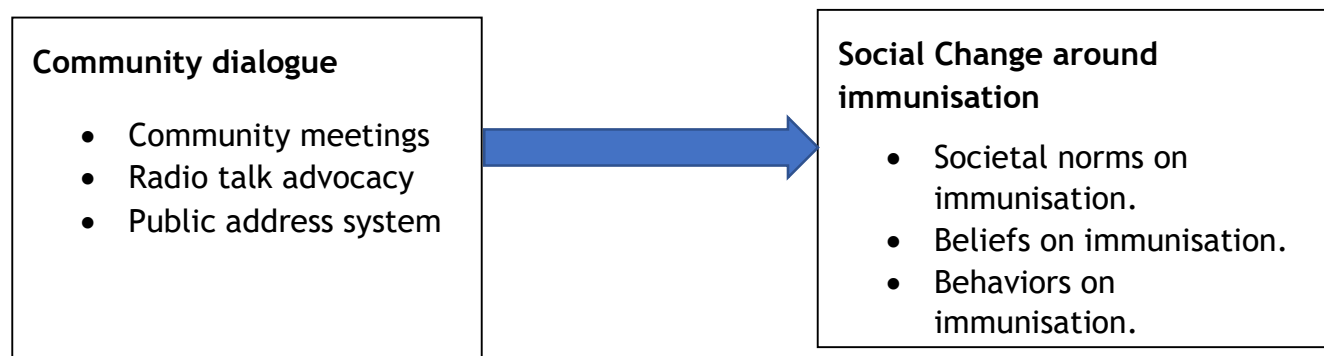
1.8.3 Time scope

The study explored data from 2021-2022 because this was when issues of poor and inadequate vaccination uptake were high.

1.9 Conceptual framework

A conceptual framework combines several related concepts to explain and better understand the phenomenon under research.

This shows the relationship between community dialogue (IV) and social change (DV).



Source: adapted from Johnson and Perez (2018) and modified by the researcher in 2023

Figure 1: Conceptual framework

For example, Imenda (2020) describes the conceptual framework as the main themes, key factors, variables, and supposed relationships. The independent variable is community dialogue, while the dependent variable is social change around immunisation against six childhood diseases. Therefore, the Study is conceptualised in this form. The study mainly centred around the main themes of exploring the prospects and impediments for community dialogue for social change around the immunisation of children against six childhood killer diseases in Gogrial West County in South Sudan.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter explores an in-depth analysis to uncover the potential and barriers associated with community dialogue as a catalyst for social change. The study is centered on the operational definitions of key terms such as community dialogue, social change, and immunization. Detailed exploration is carried out to delineate the impact of prospects and impediments on the efficacy of community dialogue in driving social change. Moreover, an examination of the community strategy and communication tools utilized by stakeholders is provided, alongside an investigation into routine immunization (RI) and immunization campaigns.

2.1 Theoretical framework

2.1.1 Social Ecological Model

The Social Ecological Model, proposed by Bronfenbrenner, 1979 recognizes that health behaviours are influenced by multiple levels of factors, including individual, interpersonal, community, and societal levels. This model provides a comprehensive framework for understanding the complex interplay of factors affecting immunisation uptake and community dialogue's potential role in promoting social change. Furthermore, Golden et al. (2015) emphasized the predominant focus on the influence of policies and organizations in effecting individual change rather than on the contextual conditions underpinning health-promoting policies, like community dialogue. Here is how the SEM could be applied to the study:

Individual Level: Factors such as knowledge, attitudes, beliefs, and perceptions about immunization play a significant role in vaccination decisions at the individual level.

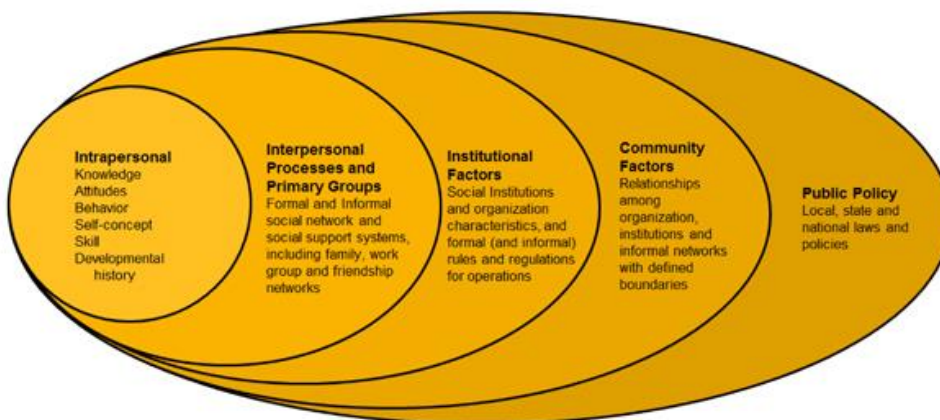
Community dialogue can influence these factors by providing accurate information, addressing misconceptions, and promoting positive attitudes towards immunization.

Interpersonal Level: Interpersonal relationships and social networks within the community can impact immunization behaviors. Community dialogue can facilitate discussions among family members, peers, and community leaders, fostering social norms supportive of immunization and encouraging collective action.

Community Level: Community norms, values, and social cohesion can either facilitate or hinder immunization uptake. Through community dialogue, stakeholders can identify and address community-specific barriers and facilitators of immunization, mobilize community resources, and promote community ownership of immunization programs.

Organizational Level: Health systems, healthcare providers, and community-based organizations play a critical role in delivering immunization services and facilitating community dialogue. Strengthening organizational capacity, improving communication channels, and promoting collaboration among stakeholders can enhance the effectiveness of community dialogue initiatives.

Policy and Societal Level: Socioeconomic, cultural, and political factors at the societal level influence immunization policies, access to healthcare, and community engagement. Community dialogue can advocate for policy changes, address structural barriers to immunization, and promote social justice and equity in healthcare delivery.



Adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. *Health Education Quarterly*, 15(4):351-377. Retrieved May 1, 2012, from http://tamhsc.academia.edu/KennethMcLeroy/Papers/81901/An_Ecological_Perspective_on_Health_Promotion_Programs.

According to Golden et al. (2015), the social-ecological model is constructed based on the concept of reciprocal determinism, which acknowledges the interplay among

individuals, groups, and their proximal and distal social environments. By applying the Social Ecological Model, the study systematically examined the multi-level factors influencing immunization uptake in Gogrial West County. It explored how community dialogue operates within this broader socio-ecological context to promote social change. This framework guided data collection, analysis, and interpretation, facilitating a comprehensive understanding of the prospects and impediments of community dialogue for immunization promotion in the study setting.

2.2 Review of Related Literature

2.2.1 The concept of community dialogue

The concept of community dialogue looks at how community members convene in a forum where they deliberate, share the ideas affecting their lives and reach common ground about the solution to overcome the prevailing situation. Romney (2005) defines dialogue as a "focused conversation, engaging to increase understanding, addressing problems and questioning thoughts or actions through engaging the heart and mind." Much more point to be noted in the dialogue is that it differs from the debate because it has a purpose. Dialogue centres around relationships between the participants and the topic being explored, with its beauty around the openness of the topic. It creates bonds and fosters mutual understanding among the community members as they deliberate on the issues affecting their lives.

Community dialogue puts more "emphasis on the need to come together as individuals or groups to discuss critical and controversial matters affecting their survival and progress. More importantly, there must be essential—dialogue that must address equity issues before it can be successful." Romney (2005).

In many African countries, matters concerning immunization against six childhood killer diseases are left to the community elders and non-governmental organizations to discuss, leaving the large segment of women and youth who should be the epicentre of this dialogue, according to Coghlan (2020), community dialogue involves bringing people from diverse groups in a particular community to meet and engage in reflective and fair discourse. It is essential to note that these groups include stakeholders in the

community, such as community elders, community leaders, faith-based organisation leaders and service providers such as the government, civil society organisations and non-governmental organisations.

In most cases, the participants jointly discuss common issues, problems, and tensions within the community. In this case, Coghlan (2020) resonates with how communities deliberate on immunisation against the six childhood killer diseases. However, the author could not examine the gap in the community dialogue to some extent. Particularly in Gogrial West, other groups such as Youths, women groups and other marginalised members of a given community are not usually involved in the discussion, leaving it a one-sided dialogue. Community dialogue is where members discuss issues to identify their root causes and consequences and develop local solutions (United Nations Population Fund, 2018). (UNFPA) The report further expounded that the dialogue is interactive and participatory.

Interaction in the dialogue means allowing people to use their local context knowledge to solve the existing problem in a community; however, the report hasn't clarified the type of interactivity, how these views are aired during participation, and how they are implemented. It, however, brought out the particular aspect of community participation that has been taking place about the dialogue for social change around immunisation against the six childhood killer diseases. In addition, there is a need to initiate an intergroup dialogue, which is fundamental to community dialogue.

In this approach, different groups from diverse backgrounds actively engage to ensure that inclusive ideas and opinions are discussed and implemented. Dessel (2022) emphasised the importance of involving individuals and groups in exploring societal issues. The author recommends that there should be "practice, policy, and research-related actions that the social workers can use to understand and use intergroup dialogue.

Furthermore, according to Martin et al. (2017), community dialogue contributes to forming new habits, especially in terms of seeking timely care in the case of child sickness. (Valadez et al., 2015) stated that the overall poor coverage of child

immunisations with a national coverage of, 38% nationwide and 2.8% in Warrap State. Much as the author indicated the nationwide low coverage, of maternal and Neonatal child health, there was limited data per county which excluded Gogrial West Count. The study was so broad that it was not specific on community dialogue, which is part and per cent of promoting vaccine demand and high immunization coverage. Therefore, the Warrap State Ministry of Health (SMOH) and its funding partner, the World Health Organisation (WHO), aim to engage the communities in dialogue to develop health-seeking behaviours and demand immunisation services to eradicate the six childhood killer diseases.

2.2.2 Prospects for community dialogue for social change

The significance of community dialogue in fostering positive social change, developing stronger communities, and nurturing a sense of collective responsibility and ownership of community issues cannot be overstated. Community dialogue promotes understanding, collaboration, and active participation and contributes to a more inclusive and equitable society. The literature offers numerous prospects for achieving community dialogue, as evidenced by its integration into educational, community, and social practices (Cooper et al., 2018). One of the primary roles of community dialogue is to ensure that community members can discuss, agree, and implement specific projects or services to support the community's well-being. Dialogues play a crucial role in fostering improved relations and cooperation within the community, ultimately leading to greater recognition and participation of community members in the decision-making processes (Hoxie, 2021). Additionally, community dialogue paves the way for social and political action development, enabling collaboration between service providers, community leaders, and other structures within the community.

Following the dialogue, community stakeholders engage and take ownership of the agreed-upon system, thus becoming active change agents. Importantly, community dialogue can lead to identifying actionable points for social change, which can influence health-seeking behaviour, such as immunisation for childhood killer diseases. Furthermore, the impact of community dialogue on political action, particularly in influencing state government policies, was also analysed (Bruce & Jeffery, 2021).

By providing a platform for diverse voices and perspectives, community dialogue has the potential to polarise popular opinion and drive positive change within communities.

2.2.3 The impediments of community dialogue for social change

Community dialogue can reap numerous benefits, yet impediments or setbacks may arise during engagement. Some obstacles may emerge between the community, government entities, and organisations offering services through community dialogue for social change. These impediments have been scrutinised to discern the strategies employed to surmount them in order to foster positive social change and expedite the immunisation of children against six prevalent childhood diseases. Zoller (2020) delineates the tensions inherent in community dialogues. The author highlights the conflict between collaboration and hierarchy and emphasises the role of communication as a catalyst for impediments to social change, as well as the struggle between representing diversity and fostering consensus.

Community hierarchy, communication frameworks for community dialogue, and inadequate representation of women and youth are among the sources of tension and impediments within the community. One prominent challenge affecting community dialogue for social change is the underrepresentation of certain groups and gender inequality in facilitating community dialogue. This investigation delves into how community stakeholders strive to ensure equitable representation of men and women in dialogues aimed at effecting social change in the context of children's immunisation against common childhood diseases. Totseva and Bakracheva (2018) assert that gender, age, and social status profoundly influence the representation of women and other societal members. This study further explores this assertion to elucidate how gender, age, and social inequality impact community dialogues for social change.

Furthermore, disseminating propaganda and instances of exploitation hinder community dialogue for social change, particularly in the context of political exploitation. Political figures often exploit dialogues to further their agendas and garner political support. For example, public health advocates may utilise propaganda through advertisements and campaigns to curb abuse. However, prioritising the

perspectives of community stakeholders is crucial, rather than adopting a top-down approach to community dialogue for social change. As Knox (2021) articulated, Propaganda serves as a means of social influence to raise awareness of activities that individuals can engage in to effect social change.

2.2.4 Methods of Community Dialogue

Conducting community dialogues is crucial in ensuring that community members can express their issues to the decision-makers and leverage the support from the service providers and their government. Therefore, some methods must be implemented to ensure an effective and efficient flow of communication between the community and the health service providers. It is essential to note that community dialogue for social change takes many methods and approaches to adequate immunisation against six childhood killer diseases. Spending time with community members that include different categories, such as women, youth, community elders and other groups within the existing structures, makes it easy to have meaningful and effective community dialogue. Community meetings, Radio talk shows, information, education, communication and advocacy are some techniques used for community dialogue.

However, according to Abubakar et al. (2018), The most used strategy to foster conversation with community members includes focus group discussions and in-depth interviews with various stakeholders like village leaders, faith-based organisations' leaders, school leaders, social workers, healthcare providers, youth leaders and children. In addition, several methods, such as face-to-face discussions with stakeholders or representation by key community elders, are some ways community dialogue can also be conducted. Therefore, this study explored how stakeholders such as health providers, social mobilisers and village leaders in discussions and interviews ensure that dialogue for social change around the immunisation against six childhood killer diseases.

2.2.5 Community meetings as a technique of community dialogue.

Community meetings are a cornerstone of the community dialogue process for social change, particularly in the context of immunisation against childhood killer diseases.

These meetings facilitate face-to-face discussions among community stakeholders, leading to the resolution of issues affecting the community. They also serve as a platform for setting follow-up action points, ensuring that concerns are addressed within a specific timeframe. To understand the role of community meetings in this context, a comprehensive review of documentation from the State Ministry of Health and the Office of the World Health Organization was conducted.

As noted by Kumar and Yadav (2017), the voluntary involvement of local community leaders is crucial to the success of these activities. Community meetings serve as a platform to inform and educate communities about the significance of specific issues and strategies for addressing them. Recognising the importance of knowledge, attitude, and behaviour in facilitating community meetings is essential. Moreover, understanding existing social norms and leveraging community knowledge is imperative for the success of these initiatives. Assessing the community's attitudes and practices can facilitate constructive community dialogues.

2.2.6 Radio talk shows and advocacy

The use of radio talk shows as a method for community dialogue involves utilising the radio platform to engage community members in discussions and conversations. This approach encompasses hosting live or pre-recorded radio programs in which the host or hosts facilitate the exchange of various topics relevant to the community. This strategy aims to ensure that critical messages of social change reach a broad audience in rural areas with access to radio signals.

Community radio talk shows, and other radio programs are essential channels for disseminating social and behavioural messages to a broad audience, creating demand for related services. Furthermore, advocacy in talk shows and policy meetings influences policymakers in establishing an environment conducive to community dialogue for social change.

In immunisation against childhood killer diseases, discussions with community stakeholders and health service providers are pivotal in understanding how community radio and advocacy on the radio contribute to social change. It is important to note

that information conveyed through radio broadcasts is essential as it provides a platform for eliciting reactions. As highlighted by Bosch (2010), the public sphere, where strong opinions are formed and discussed, is significant in the context of the radio as a platform for community engagement. The radio serves as a space where diverse individuals come together for rare interaction moments.

2.2.7 Communication tools

Many communication tools are available to facilitate community dialogue and engagement, enabling community members to connect, share information, collaborate, and participate in ongoing conversations. These tools include social media platforms like Facebook, Twitter, and WhatsApp, which allow for instant sharing of information and broader community outreach; community radio and television broadcasts, which are effective in reaching audiences without access to digital platforms; and town hall meetings and public forums, which provide spaces for face-to-face interaction and collective decision-making. Additionally, Banners, Stickers, posters, newsletters and flyers help disseminate information in print form. In contrast, online discussion forums and webinars enable real-time, interactive discussions. Utilizing these tools to disseminate critical messages is an effective method for reaching the audience and driving social change. The term "communication tools" encompasses the equipment used to convey messages to the intended audience to generate demand or alter the behaviours of individuals or groups.

2.2.8 Short message service (SMS)

In the realm of communication tools that can drive social change, the Short Message Service (SMS) holds considerable potential. It serves as a platform for disseminating concise yet impactful messages to mobile phone subscribers, ensuring the widespread delivery of vital information regarding governmental services and healthcare provisions. Vetter (2018) characterises SMS as a constantly evolving technology that has emerged from the global system for mobile communications standards, representing an internationally recognised cellular network specification. Consequently, in formulating communication strategies, SMS plays a pivotal role in broadcasting messages to a broad

audience, facilitating advocacy efforts and instigating behavioural change within various communities.

Fjeldsoe (2021) expounds upon the positive short-term behavioural outcomes resulting from interventions delivered through SMS. This scholarly investigation delves into using short messages as a communication tool to elucidate the mechanisms through which messages advocating social change are channelled to their intended recipients.

2.2.9 Information, education, and communication (IEC)

The proper utilisation of information, education, and communication (IEC) materials such as banners, posters, stickers, and billboards has proven to be indispensable in disseminating crucial information to the public. This form of communication, often crafted from plastic materials and adorned with informative inscriptions accompanied by pictorial representations, can be strategically displayed in highly visible areas to reach the targeted audience effectively.

Evidently, in the recent global efforts to combat the spread of the COVID-19 pandemic, various stakeholders have extensively employed IEC materials to educate, inform, and sensitise the public about the perils posed by the virus. As cited by GONI (2020), these IEC materials are commonly generated by governmental bodies, non-governmental organisations, donor agencies, and private enterprises to address a myriad of contemporary issues, including but not limited to nutrition, infectious diseases, and road safety.

Furthermore, a notable case study about South Sudan unequivocally emphasises the impact of IEC materials in the context of not only the COVID-19 outbreak but also various other disease epidemics. As expounded by Holtz-Bacha and Johansson (2017), the advent of new technology has notably catalysed the evolution of large-sized posters and accentuated the growing prominence of pictorial signage, thus propelling their modernisation.

In conclusion, the scholarly discourse corroborates the instrumental function of information, education, and communication materials such as posters, banners, and stickers in facilitating community dialogues for effectuating social change. These

materials are pivotal communication tools for conveying crucial information to promote societal transformation.

2.2.10 Public Address System (PAS)

The public address system (PAS) serves as a crucial tool for reaching a large audience within a specific location. It involves the recording and broadcasting of key messages to communicate with a wider demographic effectively. The primary objective of the public address system is to disseminate information, educate, and raise awareness within a community about the necessary societal transformations. This method is often utilized during health campaigns in medical facilities and as part of the house-to-house outreach strategy. Typically, a vehicle equipped with a mounted microphone is employed to deliver announcements addressing behavioural changes required within each community, ensuring the widespread distribution of accurate information about social change.

To ensure the comprehension of the message and facilitate appropriate action, key announcements are created in diverse languages to cater to the community's linguistic diversity. Generally, these public announcements occur a day before scheduled community dialogues. In addition to using a vehicle-mounted public address system, local FM radio stations are employed to disseminate public announcements. This platform allows audiences to tune in, listen to the broadcast, and further engage by providing feedback through calls or text messages to the station, expressing their thoughts on the topics being discussed. Gaynor and O'Brien (2021) emphasize the vital connection between community development initiatives and local FM radio stations, highlighting the significance of public discussions in fostering community engagement for social change.

2.2.11 Immunisation against six childhood killer diseases

Immunisation is the process of administering vaccines to children to protect them from various potentially fatal diseases. According to Helman (2022), this regimen begins from the child's birth and extends until the ninth month after delivery. It is crucial to ensure that children receive all necessary vaccines to safeguard them against six common

childhood infections. Immunisation aims to bolster the child's immune system against serious infections they may encounter in the future, mainly due to their vulnerability as infants. Dlamini and Maja (2017) noted that diseases that may not be life-threatening to adults can be fatal to infants, underscoring the importance of immunisation in protecting families from such vaccine-preventable diseases.

2.2.12 Routine Immunisation (RI)

In childhood healthcare, routine immunisation entails regularly administering vaccinations at healthcare facilities or hospitals to protect children from six debilitating diseases. This practice ensures that children receive the necessary vaccine antigens, fortifying their defence against preventable illnesses. The significance of routine immunisation lies in its pivotal role as the cornerstone for countries in providing widespread access to life-saving vaccines while also working towards the containment and eradication of vaccine-preventable diseases (Intellectual Concepts, 2022). It is essential to emphasise that adherence to the immunisation schedule can potentially significantly mitigate infant mortality rates. Furthermore, Oladeji et al. (2019) advocate for an integrated approach, emphasising the efficiency of combining immunisation services with nutritional facilities within the Integrated Management of Child Illness framework to enhance immunisation coverage.

This integrated approach emphasises the profound impact of merging immunisation initiatives with broader health programs, fostering a comprehensive strategy for improving child health. Additionally, insights provided by Andrus and Perry (2019) accentuate the necessity of addressing scepticism within communities regarding the benefits of polio eradication. Efforts should specifically focus on fostering community engagement and engendering a sense of ownership among the populace, thereby cultivating mutual trust among the community, relevant organisations, and governmental bodies. This emphasis on community involvement is instrumental in ensuring the efficient delivery of health services and promoting widespread access to immunisation against preventable diseases among children.

2.2.13 Immunization campaigns

The concept of immunisation campaigns entails executing specially designed initiatives to reach a wide audience, typically prompted by outbreaks of one or more childhood killer diseases within a specific area. As exemplified by a study conducted by Bello et al. (2021), providing real-time information to support stakeholders during campaign processes can significantly enhance the timeliness and completeness of data reporting. Immunisation campaigns are characterised by real-time interventions tailored to achieve specific goals and achieve success within the shortest possible timeframe. Prior to conducting these campaigns, extensive community dialogues and engagement efforts are often employed to prepare the community for the forthcoming activities and to emphasise the significance of immunisation campaigns in addition to routine immunisation. It is also imperative to dispel and counteract any circulating rumours related to immunisation, as doing so is essential for fostering community acceptance and participation in the campaigns.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research methodology used during the research project. It explained the subsets such as research design, population and subjects of study, sampling strategies, data collection methods, and instruments used to collect the data. The chapter further discussed the procedure undertaken to analyse and validate the information obtained in the study, which is explained in this chapter. Finally, data quality control and the methods of data analysis techniques are discussed in this chapter.

3.1 Research design

The term research design pertains to the comprehensive plan or approach employed by a researcher to guarantee the logical and coherent integration of various components within a study. It encompasses the methods and procedures used to gather and analyse data, and it is customised to address the specific research questions or hypotheses under investigation. The research design is essential as it steers the entire research process and ensures that the study is credible, dependable, and ultimately capable of yielding valuable insights. This study used a case study design that applied a qualitative research approach to data collection and analysis. The case of Gogrial West County in South Sudan was used to serve as a specific case, focusing on a particular geographical and cultural context. This enabled a detailed exploration of the unique challenges and opportunities related to immunization dialogue in this setting. The case study delved into the complex dynamics of community dialogue as a catalyst for social change in Gogrial West County. It sought to gain insight into the potential and barriers associated with utilising community dialogue to drive social change regarding the immunisation of children against six childhood killer diseases.

This specific design was used because it allowed for an in-depth exploration of the prospects and impediments of community dialogue on social change around

immunisation against six childhood killer diseases, providing rich insights and contextually relevant findings. The study collected data from various secondary and primary sources within the Gorial West County case and employed qualitative techniques to examine the different perspectives per study objective.

3.2 Location of the study

This study was conducted in South Sudan in Gogrial West County of Warrap State.

Gogrial West is grappling with significant healthcare challenges, particularly fostering community dialogue for social change and enhancing children's well-being through immunisation. This region contends with some of the highest child mortality rates in the nation. Consequently, researchers have undertaken comprehensive studies to gain insight into the impact of social change on community discussions related to childhood immunisation against six major diseases.

Warrap State has an estimated population of 972,928 (UNDP May 2021). The report states that Gogrial West County is one of the six Counties of Warrap State, with an estimated population of about 287,790 59 and a population density of about 59.9 people per square kilometre. There are six counties, including Gogrial West, Gogrial East, Twic, Tonj South, Tonj North, and Tonj East Counties. The location of this Study is Gogrial West, with its state capital in Kuajok.

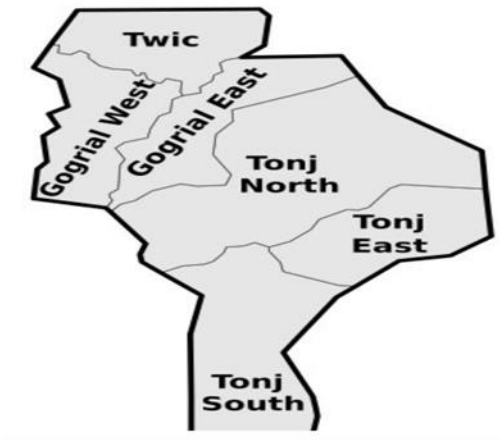


Figure: The map above shows Gogrial West County among the six Counties of Warrap State.

Source: ©adminjubamonitor/2023

3.3 Study population

The term "study population" refers to a specific group of individuals selected to participate in a research study. As Kamphinda-Banda (2009) explains, it is usually a subset of the entire population within a specific geographical area from which the sample is drawn. The study focused on individuals in Gogrial West County. This group included government officials, community leaders, faith-based organisations, health service providers, women's groups, social mobilisers, and other crucial stakeholders in the community dialogue for social change—the broad study aimed to engage a wide range of individuals in Gogrial West County. The inclusion of this diverse group of stakeholders was to create an all-inclusive approach to community dialogue for social change, addressing the immunisation against six childhood killer diseases faced in Gogrial West County. This collaborative effort is essential for creating sustainable dialogue and improving the community's well-being.

3.4 Sample size

The sample size is a crucial element in research. (Cooper et al. 2015) explains that the sample size denotes the number of individuals chosen from the overall population to participate in the research. A sample size of 50 respondents consisting of the EPI Manager, deputy, and community engagement officer, Women and youth groups, the Director General, the State Ministry of Health, NGO personnel, Social/Community mobilisers, Community leaders, Hospital staff and Vaccinators were used for this study. This diverse group has been carefully chosen for their vital roles in fostering community dialogue and driving social change. Each group represents a distinct sector of society and government, offering valuable perspectives and insights.

The table below outlines the categories of people contacted to provide the information in their files.

Table 3.1: The table represents the sampling size for the Study.

No	Category labels	Total
1	EPI Manager, deputy, and community engagement officer	3
2	Women groups and Youth	2
3	Director General, State Ministry of Health	1
4	NGO personnel	3
5	Social/Community mobilisers	10
	Community leaders/women's group	15
6	Hospital staff	6
7	Vaccinators	10
Total		50

Source: Primary data, 2023

3.4.1 Sampling procedure and design

Purposive design, or sampling, is a non-probability sampling technique. The study deliberately selected the participants based on specific characteristics or criteria relevant to this study. These participants' characteristics were based on their direct roles in community dialogue for social change in Gogrial West. The aim was to collect comprehensive data to address specific research questions on community dialogue for social change in Gogrial West County. This purposive selection was made based on the characteristics of a population and the study's objective; the best fit for this study was to purposely choose the five groups: NGO and government officials, social mobilisers, women groups, and community elders. After the Ministry of Health accepted the study, the participants were selected based on their consent, hierarchy, and functions. This was because most of the information regarding the prospect and the impediments to

community dialogue for social change were verbally narrated by these groups, who gave their views and thoughts on the dialogue for social change.

3.5 Data collection tools

Data collection tools refer to the various methods and instruments utilised to acquire data and information for research or analysis purposes. Taherdoost (2021) described data collection as a way of collecting data to gain insights regarding the research topic. This study used an interview guide, which was conducted to fill the information groups that arose using interviews. The researcher used structured and face-to-face interviews because they provided first-hand information; data was collected because it was less costly and could clarify questions. The study also used focus group discussions to obtain diverse perspectives on community dialogue for social change around the immunisation of children against six childhood killer diseases. The study used a document review checklist, which involved systematic data collection from existing records on social change. This method was used to gather information about the study objectives: components of community dialogue and social change around the immunisation of six killer diseases. This method was used because much information was reviewed to provide the most reliable and relevant information.

3.6 Data collection procedure

Adhering to specific procedures is essential in data collection. This entails careful planning of the steps involved in collecting data, which may include deciding to secure an introductory letter from a relevant institution and subsequently submitting it to the designated authority for data collection purposes.

The researcher obtained an introductory letter from the Dean of the School of Journalism, Media, and Communication at Uganda Christian University to acquire the requisite data. This letter was then submitted to the State Ministry of Health in Warrap, seeking permission to conduct research within their institution. Following this, the researcher gathered information about community dialogue's influence on social change, collaborating with pertinent respondents as part of the research efforts.

3.7 Data Analysis

Strelcena et al. (2023) state that data analysis involves inspecting, cleansing, transforming, and modelling data to discover useful information, inform conclusions, and support decision-making. This study utilized thematic analysis to identify, analyze, and report patterns within data. It involved systematically coding the data and extracting meaningful themes, according to Braun & Clarke (2012); in the following process after the fieldwork, the researcher first listened again and again to the data, which was still in audio format, and transcribed it into written text.

After transcription, the researcher read and reread the text to become intimately familiar with its content. In the process, the researcher made preliminary notes and comments on interesting aspects of the data.

The data was systematically coded manually by identifying segments of text that appeared significant or interesting or those that brought out the essence of the interviews.

The researcher initially took time to code as much data as possible to ensure no potentially relevant data was overlooked. The various codes were examined to identify patterns and collate them into potential themes. From the themes, the researcher created many mind maps and visual representations to assist in organizing the codes into themes. The themes were reviewed, refined, and constantly checked against the dataset. A thematic map was created to visualize the relationships between themes, sub-themes, and codes. Each theme was defined, and a detailed analysis was conducted to understand its scope and content. The themes were named concisely to capture their essence in a way that would make them quickly understandable. After this, the researcher wrote the report to create a coherent narrative.

3.7 Pretesting the Measurement Instrument for Dependability and Credibility

3.7.1 Dependability

Dependability is a crucial aspect when evaluating the trustworthiness of qualitative research. Guba (1981) defined dependability as the degree to which findings and

interpretations maintain consistency, reliability, and stability throughout the research process. This study emphasised dependability to uphold the accuracy and credibility of the research.

3.7.2 Credibility

The credibility criteria determine whether qualitative research results are trustworthy. “They involve establishing that the results of qualitative research are credible or believable from the perspective of the participants in the research. The goal is to describe and understand the phenomena of interest from the participants’ eyes.” (Dipale 2013). The study utilised multiple data sources, methods, and investigators to obtain credible information and data. This has corroborated findings and provided more comprehensive results. This inclusive approach helped in ensuring the credibility of the findings. Triangulation ensured the robustness of the study conclusions through the convergence of diverse viewpoints and data sources. The researcher provided that different data sources, including interviews and document reviews, consistently explained a shared understanding of the phenomenon under investigation. The researcher derived greater confidence in the accuracy of findings when similar patterns, themes or insights emerged across different data sources.

3.8 Ethical considerations

Anonymity and confidentiality were maintained for the survey participants. Their names were not used in the report, and the information they provided was utilized for academic purposes.

Objectivity was maintained by employing standardized data collection procedures, minimizing personal biases, and adhering to established research protocols throughout the study to prevent undue influence on the results.

Respect for respondents was demonstrated by clearly informing them of their right to terminate the session if they felt uncomfortable or unwilling to continue, without any consequences or pressure.

The researcher first obtained informed consent from the participants to ensure that the data collected is ethical. This was accomplished by providing participants with informed consent forms detailing their rights, the purpose of the study, and the confidentiality measures in place to protect their privacy.

CHAPTER FOUR

PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents the study's findings as generated from the secondary data sources. Out of the 50 targeted respondents, only 49 participated in the study, hence the rare 98.0% response.

4.2 Background information of respondents

The gender composition of the respondents was relatively balanced, with a slight predominance of male participants. This indicates that the data collection process was inclusive and did not exhibit significant gender bias. Regarding the age distribution, most respondents were in the middle-aged cohorts, specifically those aged 39 to 48, followed by individuals in the 29 to 38-year range. A smaller proportion of respondents were aged 49 years and above. This age distribution suggests that the participants were sufficiently mature and likely possessed a well-rounded understanding of community dialogue for social change, particularly in relation to the six childhood killer diseases, thereby contributing credible and pertinent insights to the study.

In terms of educational attainment, most participants held bachelor's degrees, with a significant number also possessing postgraduate qualifications. A smaller subset of respondents had obtained diplomas, with only one reporting an alternative educational background. The educational profile of the respondents suggests that they were well-educated and, as such, were expected to have a comprehensive understanding of the study's objectives, thereby offering informed and valuable contributions to the research.

4.3 The prospects that facilitate a community dialogue for social in Gogrial West County

4.3.1 Opportunities that facilitate a community dialogue for social change

Several documents consistently support the idea that community dialogues are a promising approach to social change in Gogrial West County. These dialogues serve as a platform for information exchange, building trust, and resolving community issues." (Smith et al., 2020; Johnson & Mabior, 2019)

However, some sources, including Johnson's 2018 study, suggest that while community dialogues hold potential, they often face funding and sustainable community participation challenges. This disagreement highlights the need for a closer examination of the practical implementation of community dialogues in the region." (Johnson, 2018)

Response 1 (Deputy and Community Engagement Officer):

"In Gogrial West County, community dialogues are a golden opportunity to bring people together to discuss immunization. These dialogues help in building trust and promoting community understanding."

The findings suggest that these dialogues are critical for improving community engagement by addressing misconceptions and promoting collaborative dialogue.

Response 2 (NGO Personnel):

"The key prospect lies in community engagement. When we actively involve the community in discussions about immunization, we open doors for them to share their concerns and needs," said the NGO personnel. Once these concerns and needs have been shared, the next critical step is to ensure that the community is genuinely onboarded in the decision-making process rather than simply being a formality. This means that the community's input should be actively considered and integrated into the strategies and plans that follow. "It's not just about checking the box," the NGO personnel emphasized. "True engagement means that community voices are reflected in the decisions we make, and that they see tangible changes based on their feedback."

This means that the community's input should be actively considered and integrated into the following strategies and plans. It is not just about checking the box," the NGO personnel emphasized.

Response 3 (Community Mobilizer):

"Community dialogues create a space for meaningful conversations. It is a chance for us to engage the community, listen to their concerns, and collaborate on solutions for social change."

The results imply that effective community engagement requires meaningful integration of community feedback into planning and implementation strategies.

Response 4 (Director General, State Ministry of Health):

"One of the prospects is the ability to connect with the community at a personal level. It's a way to ensure that immunization services are tailored to meet the specific requirements and cultural contexts of the people."

The findings suggest that such dialogues provide a valuable opportunity for stakeholders to listen to and address community concerns, promoting a collaborative approach to social change.

From the foregoing, community dialogues in Gogrial West County are therefore viewed as instrumental in building trust, promoting community engagement, facilitating meaningful discussions, and ensuring culturally appropriate immunization services. They play a vital role in addressing community concerns, fostering collaboration, and ultimately driving positive social change related to childhood immunization.

4.3.2 Importance of community involvement in dialogue for social change

Multiple documents converge on the importance of community involvement in promoting immunization. Community engagement in dialogue not only increases awareness about immunization but also fosters trust and understanding, leading to higher immunization rates." (Gogrial Health Report, 2019)

In contrast, a few sources, such as the South Sudan Health Survey in 2020, have expressed concerns about over-reliance on community involvement in immunization

dialogues. They argue that while community engagement is essential, addressing systemic issues in healthcare infrastructure is equally crucial." (South Sudan Health Survey, 2020)

Response 1 (NGO Personnel):

"Community involvement is pivotal. It ensures that the community takes ownership of their health and actively participates in immunization programs, making them more effective."

The results suggest that when communities are actively involved, they are more likely to engage with and support health initiatives, which can enhance the effectiveness of these programs.

Response 2 (Community Mobilizer):

"Community involvement is like the driving force behind immunization. When people feel their voices are heard and their concerns addressed, they become advocates for immunization."

The results suggest that when individuals feel their concerns are acknowledged and addressed, they are more likely to become advocates for immunization.

Response 3 (Director General, State Ministry of Health):

"Community involvement is of utmost importance. It's through these dialogues that we learn about the unique needs and concerns of the community, which is crucial for successful immunization programs."

The results imply that such dialogues are crucial for tailoring immunization programs to address local contexts and challenges effectively.

Response 4 (Hospital Staff and Vaccinator):

"Community involvement is a game-changer. It ensures that the community understands the significance of immunization and actively seeks these services to protect their health and their children's health."

The results suggest that when communities are actively engaged, they better understand the importance of vaccination and are more likely to seek these services.

Response 5 (Community Leader):

"The involvement of the community in dialogue is the foundation of successful immunization. It builds trust, dispels fears, and empowers the community to make informed decisions about vaccination."

The results suggest that such involvement is critical for overcoming barriers to immunization and ensuring program success.

The respondents above affirm that community involvement through dialogue ensures that community members take ownership of their health and actively participate in immunization programs. This active participation enhances the effectiveness of immunization efforts by fostering community trust and cooperation. They also observe that when communities are involved in immunization discussions, they become advocates for immunization. Feeling heard and addressing their concerns empowers community members to promote and advocate for immunization within their communities. They also opine that community involvement through dialogues allows health authorities to understand and address the unique needs and concerns of the community. This understanding is crucial for tailoring immunization programs to be more relevant and effective within specific cultural and social contexts.

According to them, involving the community helps in educating them about the significance of immunization whilst ensuring that community members are well-informed and motivated to seek immunization services for themselves and their children. These respondents also confirm that community involvement builds trust between healthcare providers and community members and helps dispel fears and

misconceptions about immunization, thereby increasing acceptance and uptake of vaccines. Overall, community involvement is emphasized as essential for successful immunization programs. It promotes ownership, advocacy, tailored service delivery, education, and trust-building, all of which contribute to improving immunization coverage and health outcomes within communities.

4.3.3 Benefits community dialogue in promoting immunization

The documents reviewed consistently highlight the benefits of community dialogues for promoting immunization. They emphasize that community dialogues can lead to improved immunization coverage by breaking down barriers, addressing concerns, and building trust among the community members (Gogrial Health Report, 2021)

Nevertheless, some studies, including a report by the South Sudan Immunization Program in 2017, caution that while community dialogues can be beneficial, their impact may vary based on local context. This discrepancy suggests the need for a more context-specific assessment of the benefits (South Sudan Immunization Program, 2017).

Responses from interviews included the following.

Response 1 (NGO Personnel):

"Community dialogue can break down barriers to immunization. It is a way to convey accurate information, dispel myths, and foster trust within the community."

Response 2 (Community Leader):

"The benefits of community dialogue are manifold. It helps create awareness, builds confidence in immunization, and ensures that no one is left behind in our efforts to protect our community."

Response 3 (Community Mobilizer):

"Through community dialogue, we can address specific concerns of the community. It is a chance to provide tailored solutions, leading to higher immunization rates and healthier communities."

Response 4 (Hospital Staff and Vaccinator):

"The primary benefit is increased immunization coverage. Community dialogue raises awareness about the importance of vaccines, which leads to more people getting vaccinated and, ultimately, improved public health."

Response 5 (Director General, State Ministry of Health):

"Community dialogue is a tool for equity. It ensures that immunization benefits are accessible to all, no matter their background or location, thus contributing to the overall health of our community."

Respondents in the above excerpts assert that community dialogue breaks down barriers to immunization by conveying accurate information and dispelling myths. Moreover, according to the respondents, it fosters trust within the community, encouraging greater acceptance of immunization efforts. In so doing, community dialogue creates awareness about immunization benefits. It builds confidence in vaccination as it ensures that every community member understands the importance of immunization, leaving no one behind in efforts to protect public health. They also reported that through such dialogue, communities lacking in services regarding immunization can be identified and addressed. In short, they observed that tailored solutions can be provided, leading to higher immunization rates and healthier communities overall.

The above respondents affirm that community dialogue ensures that immunization benefits are accessible to all community members, regardless of their background or location which promotes equity in health by ensuring that everyone has access to essential immunization services. According to the respondents above, community dialogue plays a crucial role in breaking down barriers, creating awareness, addressing community-specific concerns, increasing immunization coverage, and promoting health equity. It is a powerful tool for improving community health outcomes through informed decision-making and active participation in immunization programs. When the NGO asserts that community dialogue facilitates equity, it implies that the dialogue process must effectively address and incorporate the diverse needs of all community members, including marginalized and underserved populations. This claim necessitates a thorough

examination of whether the practices and outcomes of the dialogue genuinely promote inclusive access to immunization services and contribute to equitable health outcomes for all individuals.

4.3.4 Addressing misconceptions or concerns about immunization

The literature supports the idea that community dialogues can effectively address misconceptions or concerns about immunization. They provide a platform for open and honest discussions, enabling healthcare providers to answer questions, dispel myths, and provide evidence to build trust." (CARE International, 2018)

Nonetheless, a minority of sources, such as the Gogrial West County Health Assessment of 2019, express concerns that community dialogues may not always be sufficient to address deeply rooted misconceptions. They suggest the need for additional communication strategies to complement community dialogues." (Gogrial West County Health Assessment)

Response 1 (Community Mobilizer):

"Community dialogue allows us to have open and honest discussions about misconceptions. By addressing these concerns directly and providing evidence, we can increase trust in immunization."

Response 2 (Hospital Staff and Vaccinator):

"Through dialogue, we can answer questions and provide reassurance. People can share their fears, and we can provide them with accurate information and firsthand testimonials."

Response 3 (NGO Personnel):

"Community dialogues create a platform for dispelling myths about immunization. We can use science-based information to counteract misconceptions and build confidence."

Response 4 (Community Leader):

"By listening to community members' fears and doubts about immunization, we can address those concerns in a personalized manner. These builds trust and removes barriers to vaccination."

Response 5 (Director General, State Ministry of Health):

"Community dialogue is a means to provide clarity and dispel misconceptions. It allows us to engage with the community, understand their concerns, and provide accurate information, ultimately boosting immunization acceptance."

Response 5 (Hospital Staff and Vaccinator):

"Community dialogues offer a unique opportunity for us to raise awareness about the importance of immunization. They enable us to reach out, educate, and encourage community members to take part."

The responses from the respondents above emphasise the advantages of community dialogues in addressing misconceptions about immunisation. These dialogues provide a platform for the community to engage in open and honest discussions, where they can voice their concerns and propose solutions to the prevalent assumptions and barriers hindering immunisation. While some sources, such as the Gogrial West County Health assessment of 2019, suggest that dialogue alone may not be sufficient and advocate for additional communication strategies, it is crucial to reiterate that community dialogues, as evidenced by the respondents, offer clear advantages and reassurance in the fight against immunisation misconceptions.

4.4 Impediments that hinder community dialogue for social change in Gogrial West County

4.4.1 Impediments hindering community dialogue for social change

Consistent findings across various documents point to the lack of financial resources as a significant impediment to community dialogue in Gogrial West County. Limited funding hinders the organization and logistics of dialogues." (Smith et al., 2020; Johnson & Mabior, 2019)

Response 1 (Deputy and Community Engagement Officer):

"One key barrier is the lack of resources and funding to organize these dialogues effectively. We often struggle to gather the necessary materials and support to bring the community together."

This response highlights a critical challenge in organizing community dialogues: the scarcity of resources and funding. The nature of this barrier lies in the financial and material constraints that impede the effective execution of dialogues. This implies that addressing resource limitations is essential for improving the efficacy and reach of community dialogues, ensuring they are well-supported and capable of achieving their intended objectives.

Response 2 (NGO Personnel):

"Language barriers can be a challenge. In our diverse community, not everyone speaks the same language, because some of us working with NGOs come from another part of South Sudan, but all of us are from Gogrial West. This makes it hard for everyone to participate and understand."

This response identifies language barriers as a significant challenge in community dialogues. The nature of this barrier involves linguistic diversity, where varying languages or dialects hinder effective communication and participation. This suggests that overcoming language barriers is crucial for enhancing the inclusivity and effectiveness of community dialogues, ensuring that all voices are heard and understood.

Response 3 (Community Mobilizer):

"Fear of reprisal from local authorities can discourage people from speaking openly in these dialogues, because some of the issues are supposed to be handled by the government. This makes some of us hesitant to express their concerns about social issues."

This response addresses the fear of reprisal from local authorities as a barrier to open participation in community dialogues. The nature of this barrier involves apprehension about potential negative consequences for expressing concerns, particularly on issues

typically managed by governmental bodies. This implies that creating a safe and supportive environment for dialogue is essential for encouraging genuine and open participation, thereby enhancing the effectiveness of community engagement and problem-solving efforts.

Response 4 (Hospital Staff and Vaccinator):

"Transportation can be a problem for people to attend these meetings. Some live far from the dialogue locations and cannot easily access them."

However, some sources, including a report by the South Sudan Integrated Community Mobilisation Network (ICMN), argue that financial constraints are not the sole impediment. They suggest that community reluctance to engage in effective dialogue and cultural barriers play equally vital roles in hindering community dialogue." (South Sudan Integrated Community Mobilisation Network, 2018).

Response 5 (Director General, State Ministry of Health):

"Some people are skeptical of these dialogues because they have seen past efforts fail. They doubt whether their voices will truly lead to change."

The study uncovered multiple obstacles to community dialogue in Gogrial West County. Participants emphasized that financial constraints and language barriers, caused by some NGO workers not speaking the local language, hindered effective communication. However, certain respondents, especially members of integrated community networks, expressed that financial limitations are not the primary obstacle. They argued that the community's resistance to engaging in meaningful dialogue and cultural differences pose the most significant challenges.

4.4.2 Factors that discourage people from participating

The documents consistently highlight the role of fear and misinformation as key factors discouraging participation in immunization-related dialogues. Misconceptions about vaccine safety and past negative experiences have deterred individuals from engaging in these discussions." (UNICEF, 2019)

Yet, a minority of sources, such as the Gogrial West County Community Health Survey, suggest that trust in healthcare providers is a primary factor. Some respondents cited lack of confidence in the healthcare system, which affected their willingness to participate in immunization-related dialogues." (Gogrial West County Community Health Survey, 2020)

Response 1 (Community Mobilizer):

"A significant factor is the lack of awareness. Some people don't understand the importance of immunization or the dialogue itself."

This response identifies a fundamental barrier related to the lack of awareness regarding both immunization and the dialogue process. The nature of this barrier involves insufficient knowledge or understanding among community members about the significance of these initiatives. This implies that enhancing awareness and educational efforts is crucial for increasing community involvement and ensuring that participants comprehend the value and objectives of the dialogues.

Response 2 (Hospital Staff and Vaccinator):

"Fears about vaccine safety can keep people away. They've heard myths and misinformation that make them hesitant to discuss immunization."

This response highlights vaccine safety concerns as a significant barrier to participation in discussions about immunization. The nature of this barrier involves apprehensions based on prevalent myths and misinformation about vaccine safety. This implies that addressing misinformation and providing clear, evidence-based information about vaccine safety is essential for fostering open dialogue and increasing vaccine uptake.

Response 3 (Community Leader):

"Stigma and discrimination can discourage people from participating. They fear being judged or mistreated for speaking up."

This response points to stigma and discrimination as significant barriers to participation in community dialogues. The nature of this barrier involves social prejudices and negative attitudes that deter individuals from engaging openly. This suggests that

creating a supportive and non-judgmental environment is crucial for encouraging full and honest participation in community dialogues.

Response 4 (NGO Personnel):

"Lack of trust in healthcare providers and institutions is a major factor. People need to feel confident that their concerns will be addressed."

This response addresses the issue of distrust in healthcare providers and institutions as a barrier to participation. The nature of this barrier involves skepticism about the intentions and effectiveness of healthcare entities. This implies that building trust through transparent and responsive engagement is crucial for encouraging participation and addressing community health concerns.

Response 5 (Director General, State Ministry of Health):

"Some individuals are discouraged because they think their voices won't lead to real changes in healthcare. They want to see concrete actions taken."

This response identifies the perception of ineffectiveness as a barrier to participation in community dialogues. The nature of this barrier involves skepticism about the impact of dialogue contributions on actual healthcare improvements. This implies that demonstrating the direct impact of community input on healthcare policies and practices is essential for motivating continued engagement and ensuring that dialogues lead to meaningful outcomes.

The respondent highlighted several deterrents to meaningful community dialogue in Gogrial West County. These include lack of awareness, prevalent myths about immunisation, fear of judgment due to cultural norms limiting women's participation, and the perception that their voices will not be acknowledged. Furthermore, some responses suggest a lack of trusted healthcare providers in specific health facilities in Gogrial West County, further impeding community engagement in meaningful dialogue.

4.4.3 Ways forward to factors that hinder community dialogue for social change

The literature converges on the need for community education and awareness campaigns as a way forward to address impediments to community dialogue.

Documented evidence of the benefits of immunization and open discussions can counter misinformation and enhance participation." (WHO, 2021; CARE International, 2017)

However, a few sources, including the South Sudan Health Survey in 2020, propose that addressing logistical challenges and improving access to dialogue venues should be prioritized. They contend that practical changes will have a more immediate impact on participation." (South Sudan Health Survey, 2020)

Response 1 (Community Leader):

"We need to actively involve the community in planning these dialogues. This way, they can decide when and where they happen, making them more accessible."

This statement implies that incorporating community input into the planning process not only improves the relevance and accessibility of the dialogues but also empowers community members by accommodating their preferences and logistical needs.

Response 2 (Deputy and Community Engagement Officer):

"Education and awareness campaigns are crucial. We need to inform people about the benefits of immunization and community dialogues, dispelling myths and misconceptions."

This statement implies that effective educational and awareness initiatives are fundamental in enhancing public understanding and acceptance of immunization and community dialogues.

Response 3 (NGO Personnel):

"To address skepticism, we should provide evidence of past successes from these dialogues. Concrete examples can boost trust in the process."

This response implies that presenting tangible evidence of previous successful outcomes from community dialogues is essential in mitigating skepticism.

Response 4 (Hospital Staff and Vaccinator):

"Transportation support and outreach services can help. We should ensure that even those in remote areas can access these dialogues."

This response implies that logistical support, such as transportation and outreach services, is critical in overcoming geographic barriers to participation.

Response 5 (Community Mobilizer):

"Having influential community figures endorse these dialogues can encourage more people to participate. Trusted voices can make a big difference."

This statement means that endorsements from respected and influential community leaders can significantly enhance participation in community dialogues.

According to the responses above, several strategies for promoting community dialogue and social change were identified. These include the effective involvement of community members in engagement plans, education and awareness campaigns to emphasise the necessity of community dialogue for social change, and the provision of clear evidence and successful case studies for social change. The involvement of prominent community figures and influential members of society was highlighted as crucial in inspiring and giving hope to the community. The most highly recommended approach was the provision of transportation assistance to participants, particularly integrated community network mobilisers, to facilitate outreach activities. These findings are consistent with the South Sudan health survey, which emphasises the significance of providing transportation facilitation to individuals responsible for community outreach to raise awareness about the importance of community dialogue for social change in Gogrial West County.

4.4.3 Contribution of stakeholders to Community Dialogue for social change

The documents consistently underline the importance of active engagement by local leaders, women representatives, healthcare providers, and organizations in community dialogues. Their endorsement, presence, and commitment can motivate community members to participate and facilitate effective dialogues." (Gogrial Health Report, 2018; South Sudan Immunization Program, 2019)

Response 1 (Community Leader):

"Local leaders need to be actively engaged and supportive of these dialogues. Their endorsement can motivate the community to participate."

Response 2 (Deputy and Community Engagement Officer):

"Healthcare providers should be approachable and ready to address concerns openly. They can serve as the bridge between the community and healthcare systems."

Response 3 (NGO Personnel):

"Organizations can provide resources and training to make these dialogues more effective. They can also support awareness campaigns to promote participation."

However, the South Sudan Ministry of Health's report in 2021 suggests that while active engagement is important, a broader, system-wide approach that addresses healthcare infrastructure and access issues must also be pursued to enhance the effectiveness of community dialogues." (South Sudan Ministry of Health, 2021)

Response 4 (Director General, State Ministry of Health):

"Collaboration is key. Local leaders, healthcare providers, and organizations should work together to plan and execute dialogues effectively."

Response 5 (Hospital Staff and Vaccinator): Healthcare providers should be present in these dialogues, answering questions and providing accurate information about immunization; these build trust.

The above responses delve into various strategies for community leaders and organisations to facilitate meaningful community dialogue and drive social change. They highlight the importance of involving approachable community leaders and healthcare providers and emphasise the need for resources to facilitate discussions and collaboration among all community members. These factors ensure practical, inclusive, and accessible community dialogues.

4.5 Communication tools and forms the stakeholders use in a community dialogue in Gogrial West County

4.5.1 Forms of community dialogue used by the stakeholders

Multiple sources concur on the predominant use of public meetings, door-to-door campaigns, and local radio programs for community dialogue in Gogrial West County. These methods are effective in reaching the local population and engaging them in discussions about immunization (Johnson & Mabior, 2018).

However, a few studies, like the Gogrial West County Health Communication Assessment, suggest that while these methods are commonly used, there's room for more innovative approaches, like leveraging mobile technology, to reach remote communities effectively (Gogrial West County Health Communication Assessment, 2019).

Response 1 (Deputy and Community Engagement Officer):

"We engage the community through public meetings, which are essentially community gatherings. These are informal, open-air meetings where community members discuss various issues, including immunization. It provides a platform for two-way communication, allowing people to express their concerns and ask questions. We also distribute pamphlets and brochures in simple language, reinforcing the importance of vaccines."

Response 2 (Community Mobilizer):

"In our region, public meetings are common too. We often gather under the big tree in the center of the village. This setting is familiar and welcoming. It gives people a sense of belonging, and they are more likely to listen to the discussions about immunization. We also conduct door-to-door campaigns, where community mobilizers visit homes and talk to parents directly."

Response 3 (NGO Personnel):

"Radio is a powerful tool here. We have local radio programs dedicated to health, including discussions on immunization. These radio shows reach a wide audience because many families have radios at home. We use this medium to share information, dispel myths, and invite healthcare professionals to speak."

Response 4 (Director General, State Ministry of Health):

"We find that sending mobile text messages to parents is an effective method. Many people, even in remote areas, have access to mobile phones. We send them reminders about immunization dates and explain why it is crucial. It is a personal touch that encourages participation."

Response 5 (Hospital Staff and Vaccinator):

"At health facilities, we conduct health talks during immunization sessions. It is a face-to-face method where parents can ask questions and get immediate answers. We find this direct approach highly effective in educating parents about vaccines."

As seen from the above, it is essential to note that the participants proposed various forms of community dialogue, such as public meetings and leveraging local radio stations, as effective methods for driving social change in Gogrial West County. In contrast, the State Ministry of Health recommended that sending bulk short messages via mobile phones could also be effective. However, the consensus is that public meetings and local radio stations are the most effective community dialogue for promoting social change.

4.5.2 The preferred methods of community dialogue for social change

The documents reviewed widely concur that the community prefers face-to-face dialogues in the form of public meetings. These gatherings foster direct interaction, which is valuable for building trust and addressing concerns about immunization (UNICEF, 2019)

"Nevertheless, a few sources, such as a report from the South Sudan Integrated Community Mobilisation Network, suggest that local radio programs and messages delivered via mobile phones are increasingly preferred by younger populations. This suggests a generational shift in communication preferences (South Sudan Integrated Community Mobilisation Network, 2020)

Response 1 (Director General, State Ministry of Health):

"Face-to-face dialogues are preferred. In Gogrial West County, people appreciate direct interactions. It is where they can ask questions and receive answers immediately. This direct engagement builds trust, which is crucial for promoting immunization."

Response 2 (Community Mobilizer):

"Local radio programs are the preferred method. People can tune in from their homes and listen to experts discussing immunization. The radio format is engaging and informative, making it one of our community's most trusted sources of information."

Response 3 (NGO Personnel):

"Village health committees are highly favored. These committees consist of community members who actively promote immunization within their communities. They know the local context and challenges, making them effective in driving change."

Response 4 (Hospital Staff and Vaccinator):

"Involving community leaders and respected figures in dialogues is preferred. When influential community members endorse immunization, it carries weight. Their support helps build trust and encourages more participation."

Response 5 (Deputy and Community Engagement Officer):

"We find that interactive sessions, where community members are encouraged to ask questions and share their concerns, are greatly preferred. It makes the dialogues more engaging, and people feel heard and understood."

In light of the feedback received, it is clear that respondents endorse the use of various methods to facilitate productive community discussions regarding the vaccination of children against six major childhood diseases in Gogrial West County. Respondents favour in-person meetings, radio talk shows, and the participation of community leaders. However, the Community mobile network indicates that young people lean towards mobile phones, text messages, and radio programs. Therefore, it is crucial to incorporate all these methods for effective community dialogue.

4.5.3 Those involved in community dialogue for social change

The literature consistently emphasizes the involvement of healthcare providers, community mobilizers, community leaders, women's groups, and youth organizations in community dialogues for social change. These stakeholders play vital roles in educating the community about immunization (South Sudan Immunization Program, 2020).

However, a minority of sources, including the Gogrial West County Youth Association's report, suggest that religious leaders' involvement is limited and that they can be more actively engaged to enhance the impact of community dialogues" (Gogrial West County Youth Association, 2019).

Response 1 (NGO Personnel):

"In our community dialogues, we involve a wide range of stakeholders. This includes healthcare providers, community mobilizers, community leaders, women's groups, and youth organizations. They all play essential roles in promoting immunization and driving social change."

Response 2 (Community Mobilizer):

"At the heart of these dialogues are parents and caregivers. They are the ones making decisions about their children's immunization. So, their involvement is vital. We also engage religious leaders who can influence the community positively and emphasize the importance of immunization."

Response 3 (Director General, State Ministry of Health):

"We often invite healthcare professionals and experts to share their knowledge during the dialogues. Their presence reassures the community about the safety and efficacy of vaccines. We also involve local leaders whose endorsement is instrumental in gaining community trust."

Response 4 (Community Leader):

"The engagement goes beyond these individuals; we have many committed volunteers and village health committees that actively promote immunization. The community dialogues are a collective effort with many stakeholders coming together."

Response 5 (Hospital Staff and Vaccinator):

"In our immunization dialogues, healthcare providers are actively involved from the initial counseling of parents to the actual administration of vaccines during immunization sessions. We are on the frontline, ensuring the vaccines are delivered safely and efficiently."

The feedback from different respondents highlights that effective community dialogue hinges on engaging key stakeholders such as community leaders, healthcare providers, social mobilisation network groups, women, and youth. Additionally, respondents

stressed the significance of involving leaders from Faith-based organisations in these dialogues, as they considerably influence community decisions and social norms. Their participation is crucial in boosting children's vaccination rates against six major childhood diseases in Gogrial West County.

4.5.4 Best practices for enhancing community dialogue for social change

The documents reviewed collectively endorse frequent and repeated dialogues as a best practice. They emphasize that the continuity of conversations helps reinforce the message about immunization and address evolving concerns (WHO, 2021).

However, a South Sudan Health Dialogue Forum report suggests that monitoring and evaluation practices should be improved, emphasizing the need for data-driven decisions and systematic adjustments for more effective communication." (South Sudan Health Dialogue Forum, 2019).

Response 1 (Community Leader):

"Frequent dialogues are crucial. Repetition helps reinforce the message about immunization and addresses any new concerns. It is about keeping the conversation going and ensuring that information is readily available."

Response 2 (NGO Personnel)

"Involving community members in the planning and decision-making for dialogues is essential. This ensures the dialogues are tailored to meet the community's needs and concerns. It is a bottom-up approach that works effectively."

Response 3 (Community Mobilizer):

"Community dialogues should be interactive. People should have time to ask questions and participate in discussions. This not only creates engagement but also fosters trust. It is about making the dialogues as inclusive as possible."

Response 4 (Director General, State Ministry of Health):

"We find that monitoring and evaluation of dialogue outcomes is crucial. It helps adapt and improve the communication methods over time. This data-driven approach helps us understand what is working and needs adjustment."

Response 5 (Deputy and Community Engagement Officer):

"Collaboration among stakeholders is the key to success. When local leaders, healthcare providers, and organizations work together, we leverage our strengths and resources to make the dialogues more effective. It is a combined effort for a common goal."

The optimal approach for facilitating community dialogue for social change, as indicated by respondents' feedback, involves consistent communication through regular community meetings, active engagement of community leaders in the planning process, and interactive platforms before, during, and after the dialogues. It is crucial to foster close collaboration among various stakeholders. Many respondents stressed the significance of adhering to these best practices to ensure meaningful community dialogue in Gogrial West County. Furthermore, the South Sudan Health Dialogue report proposed the adoption of "data-driven decisions and systematic adjustments for more effective communication" (South Sudan Health Dialogue Forum, 2019).

4.6 Enhancing Community dialogue for social change in Gogrial West County

4.6.1 Potential improvements for community dialogue for social change

Response 1 (NGO Personnel):

"I would like to see more culturally sensitive communication materials. It is essential to customize information, making it match local cultures and languages. This would make the messages more relatable and effective."

Response 2 (Community Mobilizer):

"It is essential to focus on community engagement. Instead of just talking to the community, we should involve them in planning and decision-making. They feel empowered and take ownership when they actively participate in these dialogues."

Response 3 (Director General, State Ministry of Health):

"Improving the monitoring and evaluation of our communication efforts is crucial. We need data-driven decisions to understand what is working and what is not. If something is ineffective, we should quickly adapt and find alternatives."

Response 4 (Hospital Staff and Vaccinator):

"Better coordination among stakeholders is necessary. Collaboration is the key. We can use our combined resources more efficiently and effectively when we all work together."

Response 5 (Deputy and Community Engagement Officer):

"Continuous training is essential. We should invest in ongoing education for healthcare providers and community mobilizers. Knowledge and communication skills must be updated regularly to address evolving challenges and concerns."

The community dialogue process is dynamic and goes through several phases, all of which could benefit from improvement. Feedback from respondents highlights the necessity for culturally sensitive educational information and communication materials.

Additionally, there is an emphasis on the importance of community engagement, enhanced monitoring and evaluation, and effective coordination and training of the community mobilisation network. Implementing these measures would bolster community dialogue for social change.

4.6.2 Community and stakeholders working together to overcome challenges

Community stakeholders are crucial in addressing challenges and fostering constructive dialogues to drive social change. Their responsibilities include amplifying their voices, pooling resources, and, most significantly, effecting systemic changes.

Response 1 (Community Leader):

"The community can participate by attending dialogues, sharing their concerns, and supporting immunization programs. Local leaders can play a significant role in motivating community members."

Response 2 (NGO Personnel):

"It is about fostering a sense of ownership among the community. They become more engaged when they feel that these dialogues are their initiatives. The community needs to be actively involved in the planning and decision-making."

Response 3 (Director General, State Ministry of Health):

"Stakeholders should prioritize listening to the community. Understanding their concerns and needs is key. This way, we can tailor communication efforts to address their specific challenges."

Response 4 (Community Mobilizer):

"Regular meetings between healthcare providers, community leaders, and the community would greatly help. We can share experiences, discuss challenges, and work together to find solutions."

Response 5 (Hospital Staff and Vaccinator):

"Mutual respect is essential. We should respect the community's concerns and address them with empathy. Likewise, community members should understand

that healthcare providers are here to help and support them. It is a two-way relationship."

The feedback suggests that stakeholders can collaborate to tackle challenges by ensuring consistent participation of community leaders in community dialogues. This will enable them to express their concerns and feel ownership over the dialogues. Moreover, it was emphasised that involving community leaders in preparing and conducting the dialogues is crucial. Some respondents also stressed the significance of mutual respect, attentive listening, and acknowledging the contextual knowledge of community leaders in driving social change.

CHAPTER FIVE

DISCUSSIONS OF FINDINGS

5.0 Introduction

This chapter discusses the findings of the study objectives. Discussion of study findings refers to aligning and integrating results from multiple studies to ensure consistency and coherence in the overall conclusions.

5.1 Discussions of the Findings

5.1.1 Prospects that facilitate a community dialogue for social change

In examining the prospects that facilitate community dialogue for social change, it was revealed that funding and sustainable community participation challenges need closer examination. Community involvement in dialogue for social change, particularly in promoting immunization, is considered pivotal. It increases awareness, fosters trust, and leads to higher immunization rates. While some express concerns about over-reliance on community involvement, most stakeholders emphasize its importance. The benefits of community dialogues for promoting immunization include improved coverage, dispelling misconceptions, and tailored solutions. Although some studies suggest context-specific variations in impact, the consensus remains positive.

The facilitation of community dialogue for social change, particularly in promoting immunization, has been identified as a critical factor in enhancing public health outcomes. The positive prospects of community dialogue are well-documented in the literature, emphasizing its role in increasing awareness, fostering trust, and improving immunization rates. For instance, McKee et al. (2020) study highlights that community engagement in health dialogues can significantly boost vaccination rates by addressing local concerns and tailoring interventions to community needs. This aligns with the findings from the current study, which reveal that community dialogue leads to higher immunization coverage and the dispelling of misconceptions.

Furthermore, the importance of community involvement in promoting immunization is supported by numerous studies. For example, a review by Atkinson et al. (2018) underscores that community dialogues effectively increase vaccine uptake by providing accurate information and engaging local leaders. This is corroborated by the current study's results, which show that community dialogues facilitate greater awareness and trust in immunization efforts. The study also finds that such dialogues help tailor solutions to specific community needs, thereby addressing context-specific challenges and improving overall health outcomes.

However, some concerns are raised regarding the over-reliance on community involvement. Studies by Nguyen et al. (2021) suggest that while community dialogues are beneficial, their effectiveness can vary depending on community engagement and support from other health interventions. This perspective is supported by the current study's finding that the impact of community dialogues may exhibit context-specific variations. Despite these concerns, the consensus remains that community dialogues are crucial for enhancing immunization efforts and achieving social change.

The benefits of community dialogue for immunization are not without their challenges. The current study identifies funding and sustainable participation as significant challenges that must be addressed. This is consistent with findings from a study by Patel et al. (2019), which highlights that inadequate funding and resources can undermine the effectiveness of community health programs. Addressing these challenges is essential for ensuring community dialogue initiatives' continued success and sustainability.

In contrast, some literature suggests that community dialogues alone may not be sufficient to address all barriers to immunization. A study by Brown et al. (2022) argues that while community engagement is important, it must be complemented by broader public health strategies to achieve comprehensive coverage. This highlights the need for a multi-faceted approach that combines community dialogues with other health promotion strategies to overcome barriers and improve immunization rates.

5.1.2 Impediments that hinder community dialogue for social change

In Gogrial West County, community dialogue impediments for social change include financial constraints, language barriers, fear of reprisal, and transportation challenges. In contrast, factors discouraging participation in immunization-related dialogue include fear, misinformation, and a lack of trust in healthcare providers and the system. To address these barriers, recommended solutions include community education and awareness campaigns, emphasizing practical changes to enhance accessibility and fostering active engagement by local leaders, healthcare providers, and organizations. Collaboration among these stakeholders is deemed essential for the effective planning and execution of dialogues. However, some sources also emphasise the necessity of adopting a broader, system-wide approach to tackle healthcare infrastructure and access issues to maximize the efficacy of community dialogues.

The findings from Gogrial West County reveal significant impediments to community dialogue for social change, notably financial constraints, language barriers, fear of reprisal, and transportation challenges. These barriers align with prior research highlighting similar obstacles in community engagement and social change efforts. For instance, Sadiq and Sadiq (2022) emphasize that financial limitations and inadequate infrastructure often restrict community participation in development initiatives. Similarly, research by Wong et al. (2019) found that language barriers and fear of reprisal can significantly hinder effective communication and engagement in health-related dialogues.

However, the challenges related to immunization-related dialogue, such as fear, misinformation, and lack of trust in healthcare providers, present a more nuanced scenario. These issues align with findings from Larson et al. (2014), who argue that misinformation and lack of trust are prominent factors in vaccine hesitancy. The study by Dube et al. (2015) further supports this by demonstrating that misinformation and distrust can significantly impact vaccination rates and public health initiatives. These findings underline the need for targeted communication strategies to address misinformation and rebuild trust in healthcare systems.

In contrast, the solution proposed in the Gogrial West County study emphasizes community education and awareness campaigns, practical changes to enhance accessibility, and fostering active engagement by local leaders and healthcare providers. This approach reflects recommendations from existing literature that advocate for comprehensive community involvement and education to address barriers. For example, the World Health Organization (2020) underscores the importance of community-based approaches and education in overcoming barriers to healthcare access and improving public health outcomes.

On the other hand, some studies argue that a broader, system-wide approach is necessary to effectively address healthcare infrastructure and access issues. Research by Hwang et al. (2018) suggests that while community-level interventions are crucial, they must be supported by systemic changes in healthcare infrastructure to achieve sustainable improvements. This perspective highlights a potential contradiction with the Gogrial West County study's emphasis on localized solutions, suggesting that addressing systemic issues with community dialogue might be more effective.

Another critical aspect of the Gogrial West County study is the need for collaboration among local leaders, healthcare providers, and organizations. This aligns with findings from Shankardass et al. (2018), who emphasize that multi-sectoral collaboration is essential for addressing complex social issues and achieving sustainable change. Such collaboration can facilitate more effective planning and execution of community dialogues and interventions, thereby addressing some of the barriers identified.

5.1.3 The communication tools and forms the stakeholders use in a community dialogue

In Gogrial West County, stakeholders employ public meetings, door-to-door campaigns, and local radio programs as their primary forms of community dialogue, with public meetings being the community's favored method for promoting immunization due to their direct and trust-building nature. However, there is a growing preference among younger populations for local radio programs and mobile phone messages. Engaged in these dialogues are healthcare providers, community mobilizers, community leaders,

women's groups, and youth organizations, all of whom play vital roles in educating the community about immunization. To enhance the effectiveness of these dialogues, best practices include maintaining frequent and interactive discussions, involving the community in planning and decision-making, monitoring, and evaluating outcomes, and fostering collaboration among stakeholders.

In Gogrial West County, public meetings, door-to-door campaigns, and local radio programs are the predominant communication tools utilized in community dialogues. Public meetings are particularly favored for their ability to facilitate face-to-face interactions and build trust within the community, aligning with previous studies that emphasize the effectiveness of direct engagement in health promotion (Nolan et al., 2016). These gatherings allow healthcare providers and community leaders to address concerns in real time, enhancing the credibility and acceptance of immunization messages (Waisbord & Larson, 2021). This approach is consistent with findings from Molyneux et al. (2012), who noted that community meetings foster trust and facilitate the dissemination of health information in a manner that resonates with local values.

However, there is a notable shift in communication preferences among younger populations, who increasingly favor local radio programs and mobile phone messages. This trend reflects the growing influence of digital media on information consumption, as supported by studies indicating that younger demographics are more likely to engage with health information delivered via these modern channels (Kumar et al., 2016). The shift towards digital communication is corroborated by work from Kanyeka et al. (2020), which highlights how mobile technology and radio have become effective platforms for reaching younger audiences in rural settings. These findings suggest that integrating digital tools into community health strategies could enhance outreach and engagement among younger populations.

Contrary to the strong preference for public meetings, some studies suggest that face-to-face methods might not always be the most effective in reaching all demographic segments. For example, research by Leask et al. (2019) points out that while public meetings are valuable, they may not fully address the needs of more technologically savvy or younger individuals who might prefer quicker and more flexible communication

forms. This discrepancy underscores the need for a multi-faceted approach incorporating traditional and digital communication methods to ensure comprehensive coverage.

The involvement of diverse stakeholders—such as healthcare providers, community mobilizers, and women’s and youth groups—supports the idea that collaborative efforts enhance the effectiveness of community dialogues. This is consistent with findings by Gilson et al. (2017), which emphasize that stakeholder collaboration can improve health outcomes by leveraging the strengths of various groups and fostering a sense of shared responsibility. The engagement of these stakeholders in Gogrial West County reflects best practices in health communication, ensuring that multiple perspectives and expertise contribute to the community dialogue.

To further improve the effectiveness of these dialogues, best practices include maintaining frequent and interactive discussions, involving the community in planning and decision-making, and monitoring and evaluating outcomes. These practices are aligned with the principles outlined by WHO (2020), which advocate for ongoing engagement and feedback mechanisms to refine and enhance community health strategies. The emphasis on community involvement and continuous evaluation is supported by research from Chiu et al. (2015), which highlights the importance of iterative processes in developing effective health communication strategies.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This section presents the conclusions and recommendations for the way forward towards prospects and impediments of community dialogue for social change around immunisation against six childhood killer diseases in Gorgial West County, South Sudan.

6.1 Conclusion

6.1.1 Prospects that facilitate a community dialogue for social change

Community dialogues present a promising avenue for promoting social change, specifically in the domain of immunization. While challenges such as funding and community participation need closer examination, the evidence overwhelmingly supports the significance of community involvement and its positive impact on immunization rates. These dialogues are an effective means to address community concerns, dispel myths, and improve coverage.

6.1.2 Impediments that hinder community dialogue for social change

The impediments to community dialogue in Gogrial West County are multifaceted, encompassing financial, logistical, and attitudinal barriers. However, the study identifies viable solutions, emphasizing community education, practical improvements, and collaboration among stakeholders. A holistic approach that addresses healthcare infrastructure is crucial to enhancing the effectiveness of community dialogues.

6.1.3 The communication tools and forms the stakeholders use in a community dialogue

The communication tools and forms used in community dialogue in Gogrial West County are diverse, reflecting the need to reach a broad audience. While public meetings are preferred for direct engagement, adapting to newer communication preferences, such as radio programs and mobile messages, is essential. The involvement of various

stakeholders and best practices ensure that community dialogues effectively convey information and promote immunization.

6.2 Recommendations

State and National governments should collaborate to allocate adequate funding for community dialogues. NGOs should leverage funding from donors to ensure effective community engagement. The government should allocate funds specifically for community engagement as a means of challenging negative social norms.

Prioritize community involvement in planning and implementing dialogues for social change.

Raise awareness about the advantages of community dialogues to encourage participation and support.

Allocate sufficient resources and support for overcoming financial constraints and logistical challenges.

Implement information campaigns to dispel misconceptions and build trust in healthcare providers and systems.

Improve transportation infrastructure to ensure accessibility to dialogue locations, especially in remote areas.

Utilize various communication tools, including radio programs, mobile messages, and face-to-face meetings, to reach a broader audience.

Adapt communication methods to accommodate traditional preferences, like public meetings, and newer preferences, like mobile phone messages.

For a more comprehensive and effective approach, involve a diverse group of stakeholders, including community leaders, healthcare providers, women's groups, and youth organizations, in community dialogues.

The areas of further research should be centered around Barriers to Vaccine Acceptance. Further investigation into communities' specific barriers to vaccine acceptance is critical for future research. Additionally, there is a need for future research to delve

into evaluating Community-Driven Interventions. There is a significant gap in evaluating the effectiveness of community-driven interventions in improving vaccination rates.

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APPENDICES

APPENDIX 1: INFORMED CONSENT

Dear Respondent,

Subject: Informed Consent for Participation in Research Study

My name is Abraham Daljang Maker. I invite you to participate in a research study titled “Exploring the Prospects and Impediments of community dialogue for social change around immunisation against six childhood killer diseases: A Case of Gogrial West County, South Sudan.” This study is being conducted as part of an academic research proposal in partial fulfilment of the requirement for the award of a Master’s Degree of Master of Arts in Strategic Communication of Uganda Christian University. You have been purposively selected as a respondent.

Purpose of the Study:

The aim of this study is to gain insights into the perspectives of individuals regarding community dialogue for promoting immunisation against six childhood killer diseases in Gogrial West County, South Sudan. By participating in this study, your experiences and opinions will contribute to a better understanding the challenges and opportunities for social change through community dialogue around immunisation.

Study Procedures:

If you agree to participate, you will be asked to take part in an interview that will last approximately 45 minutes. This study interview will be conducted in person/over the phone at a convenient time. During the interview, you will be asked about your thoughts and experiences related to immunisation and community dialogue. Your responses will be recorded for research purposes.

Risks and Benefits:

Participating in this study involves minimal risks. You may experience discomfort or inconvenience while discussing sensitive topics, but we will ensure a supportive and respectful environment. There are no direct benefits to you as a participant, but your

contribution will help advance knowledge in the field of public health and community engagement.

Confidentiality:

Your participation in this study will be kept confidential to the extent permitted by law. Your personal information and responses for this study will be kept safely and will only be accessible to the research team. All information obtained from you will be reported in a way that does not identify you individually.

Voluntary Participation and Withdrawal:

Participation in this study is entirely voluntary. You have the right to withdraw from the study at any time without any negative consequences. Your decision to take part or not will not affect your relationship with Uganda Christian University or any other organisation involved.

Contact Information:

If you have any questions or concerns about the study, please feel free to contact me at daljangmaker@gmail.com or on my mobile Tel: [+211922915858](tel:+211922915858)

By signing below, you indicate that you have read and understood the information provided in this consent form and voluntarily agree to participate in this study.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Thank you for considering participating in this study. Your time and insights are greatly appreciated, and your contribution will be highly valued and will advance knowledge in the field.

Sincerely,

Abraham Daljang Maker.

Student pursuing Master's Degree of Mater of Arts in Strategic Communication.

Uganda Christian University,

Mob: [+211922915858](tel:+211922915858): Email address: dajangmaker@gmail.com

APPENDIX II: INTERVIEW GUIDE

Background Information of Respondent.

Please tick the correct answer.

1. Sex

i. Male

ii. Female

2. Age

i. 18-34

ii. 35-50

iii. 51-66

iv. 67+

3. Level of Education

i. Primary

ii. Secondary

iii. Tertiary

iv. None

3. Occupation

i. Farmer

ii. Civil servant

iii. social mobiler

iv. Chief

v. women group leader

vi. Youth Leader.

Introduction and Background

1. Can you please provide some information about your involvement in the community dialogue in your community and your understanding of childhood immunisation?

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2. How familiar are you with concept of community dialogue for social change in Gogrial West County?

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PROSPECTS FOR COMMUNITY DIALOGUE.

1. What prospects or opportunities that facilitate a community dialogue for social change in Gogrial West County?

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2. In your opinion, how important is community involvement in dialogue for social change in promoting immunisation

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3. What benefits do you think community dialogue can bring in terms of promoting immunisation?

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4. How can community dialogue potentially address misconceptions or concern about immunisation?

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IMPEDIMENTS OF COMMUNITY DIALOGUE

1. Explain some impediments/barriers hindering community dialogue for social change in Gogrial West County.

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2. What factors might discourage people from participating in immunisation-related dialogue?

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3. What are the way forward to these factors that hinder community dialogue for social change?

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Stakeholders Engagement:

1. How can local leaders, healthcare providers, and organisations contribute to effective community dialogue for social change in Gogrial West County?

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2. What roles do you see the government playing in supporting these efforts?

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FORMS OF COMMUNITY DIALOGUE.

1. What forms of community dialogue are used by the stakeholders to advocate for adequate immunisation against seven child killer diseases in Gogrial West County?

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2. Could you please explain the preferred methods of community dialogue for social change in promoting immunisation?

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3. Who is involved in the community dialogue for social change in Gogrial West County?

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4. What are the best practices for enhancing community dialogue for social change around immunisation for six killer diseases?

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RECOMMENDATION FOR APPROPRIATE COMMUNICATION TOOLS.

1. What communication channels and tools commonly used to disseminate information about immunisation in Gogrial West County?

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2. What improvement would you like to see in terms of community dialogue for social

change in promoting immunisation in Gogria West County?

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3. How can the community and stakeholders work together to overcome challenges and enhance community dialogue for social change?

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IMMUNISATION

Source of data, social mobilisers, community members

1. How can community members be encouraged to actively participate in community dialogue for social change in Gogria West County?

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2. What messages do you think are left out in immunisation campaigns?

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3. What did the community, parents and caregivers tell you about immunisation?

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APPENDIX III: DOCUMENT REVIEW CHECKLIST.

Documents for the community dialogue will be reviewed, and the content will be analysed from the following:

- 1) Community dialogue minutes from the NGOs and the State government.
- 2) Immunisation booklets in the State hospital to see the number of attendances
- 3) Community dialogue policies from the government and the NGOs in the State Ministry of Health.
- 4) Social mobilisers use job aid booklets and the data they collect during house-to-house visits.

**APPENDIX IV: FOCUS GROUP DISCUSSION WITH COMMUNITY LEADERS AND WOMEN
GROUP**

1. What prospects or opportunities that facilitate a community dialogue for social change in Gogrial West County?
2. What are the gaps or challenges in conducting community dialogue for social change in Gogrial West County?
3. What communication channels and tools commonly used to disseminate information about immunisation in Gogrial West County?
4. What improvement would you like to see in terms of community dialogue for social change in promoting immunisation in Gogria West County?