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INDIA

COMMUNICATION UPDATE



RI session in progress in Nomadic settlements: Bareilly District.

CONTENTS

New Focus Areas for Eradicating Polio **P2**
*Tracking and Mobilization of Vulnerable
Social Groups*

Polio Social Mobilization Network
supports Vitamin A Campaign **P5**
Fighting for Children's cause in Bihar

An Update on Media Tonality on Polio
in Bihar **P7**

Vaccinator to Mukhiya **P8**
Journey of a Polio Vaccinator in Bihar

Analysis of Print Media in UP **P9**
Quarter 1 and 2 (2009)

New Focus Areas for Eradicating Polio

Tracking and Mobilization of Vulnerable Social Groups

The focus and management of the polio programme since 2006 has undergone strategic shifts. A number of factors have contributed to these shifts leading to changing priorities of the communication and operation perspectives. The current epidemiological profile of Polio is characterized by diverse reservoir-based patterns of relatively small-scale, local circulation. With SIA (supplemental immunization activity) coverage, averages are increasing in most cases, however, the epidemiological data shows continuing WPV transmission. These epidemiological patterns are leading to the exploration of new focus areas and vaccination efforts such as vulnerable social groups. This in turn has affected the social mobilization pattern which has consequently changed the communication focus as well.

The objective of the program is to ensure mapping and vaccination of all the under-5 year old children belonging to the vulnerable social groups. This requires high quality of planning (*mapping and micro planning*), implementation (*effective mobile teams*), and monitoring of the polio programme.

Social, economic and environmental factors increase susceptibility of a community to infectious diseases. Such communities have been termed as “vulnerable social groups”. Based on field observations and experiences three major groups have been identified as vulnerable social groups in Uttar Pradesh. These include 1) *Nomads* 2) *Slum population* and 3) *Migrant population of a given geographic area*. Unhygienic living conditions along with the inability to afford and access health services that are essential, make these groups extremely vulnerable to infectious diseases. As a result urban slums, temporary settlements (*deras*) of nomads and migrant settlements provide a fertile ground for polio among children aged 0-5 years.

Communities which travel from place to place for livelihood, setting up home whenever and wherever they find work have been identified as **nomads**. Mobility is the basic economic strategy of nomads. As occupational groups of hunters, trappers, blacksmiths, basket weavers and entertainers like puppeteers, acrobats, fortune-tellers, singers and dancers, the nomads share

a symbiotic relationship with settled people. In return for their services, they are allowed to use the village grounds for living and use resources like water and pasture lands for grazing their cattle till they move on to the next *dera*.

In Uttar Pradesh nomads comprise 0.7% of the total population¹. The number of polio cases reported from these groups has been disproportionately high compared to the total population of Uttar Pradesh. (Some common nomadic groups of UP are listed in the box below).

Rapid industrialization and growing urbanization has led to the emergence of **slums** in most urban areas. In Uttar Pradesh, 6.2% of the total population resides in 7121 slums². The UN has defined slums as those communities which are characterized by insecure residential status, poor structural quality of housing, overcrowding, and inadequate access to safe water, sanitation, and other infrastructure. The determinants of slum health are too complex to be defined by any single parameter. The ill effects of poverty, unhealthy environments, and marginalization from the formal sector all affect the health of slum dwellers.

- **Kanjars** are widely dispersed endogamous population of nomadic artisans and entertainers. Owing to their living pattern, they find it difficult to settle down in one place and get permanent jobs. Their nomadic life style has branded them as a criminal community.
- **Gadia Lohars** are recognized as Rajasthani owing to their features, and upright postures. Small Lohar groups can be seen on the outskirts of most large cities in north UP. They live in small settlements centered on their beautiful carts. Low mud walls enclose each cart, demarcating a place of residence but not ownership. Even their name Gadia originates from the bullock carts which are their homes. Gadia Lohar, literally means metal workers of the bullock cart.
- **Nat** are acrobats generally living in Badi of West UP. Their livelihood comes from performing dangerous acrobats in the streets or at religious and social congregations.
- **Gandhiley** are an extremely adaptive group of nomads. They don't have any specific religion or culture and are mostly involved in criminal activities, poaching, prostitution, begging etc.
- **Banjara** are groups who make their living by door to door selling in villages. Generally their women buy goods in bulk and sell it in the villages.

¹ Census of India

² SUDA 2003-04

Western UP with high percentage of slum population poses a threat in terms of WPV infection. Districts like Meerut, Aligarh and Saharanpur have high concentration of slum population – 44.2%, 45.4% and 35.54% respectively. To counter this most of the slum units in Meerut urban and Aligarh urban have been mapped. A blend of communication as well as operational activities are being carried out.

Another group with more complexities is that of **migrants** who move in large groups from one locality to another over long distances. According to

experts, a significant number of cases are being reported from the migrant population in the state. Owing to this, the health agencies are now geared up to figure out better ways to monitor the immunization status of the migrant population who frequently keep moving out from Uttar Pradesh.

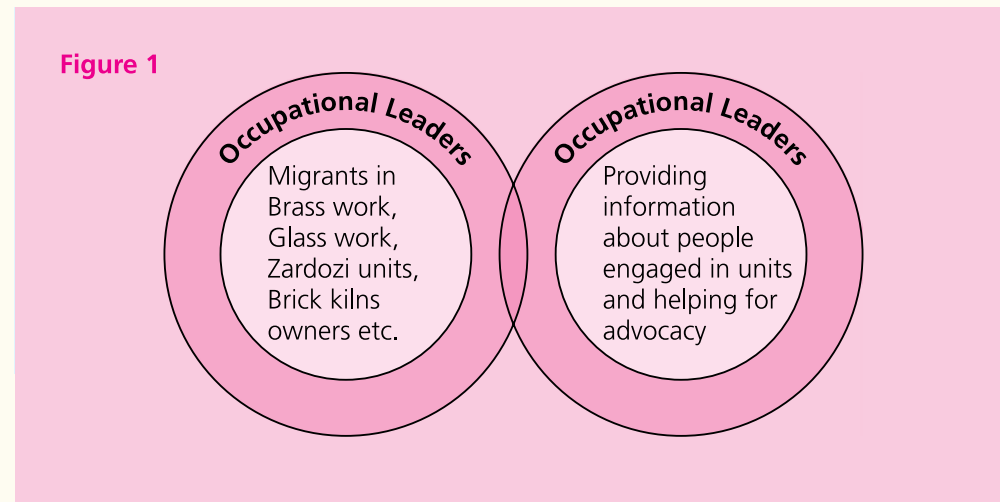
In mid 2008 one of the most virulent strains of P1 was reported from Delhi. The proximity of the city to western Uttar Pradesh and migrant population from UP has been considered as the main cause for the escalating P1 cases.

Geographical spread of vulnerable social groups

Nomads	Slums	Migrants
<p>Geographical spread Evenly spread all over the state in two forms -Small groups; comprising of 5-15 families -Large groups; comprising of more 25 and more families</p> <p>Possible sites Peri urban areas, outskirts of a town, along the high ways etc.</p>	<p>Geographical spread Meerut, Aligarh, Ghaziabad, G.B.Nagar, Moradabad Saharanpur, Bareilly, Varanasi, Agra, Kanpur urban and all other big cities in the state and district HQs.</p> <p>Possible sites Along the big drains, next to Industrial setup.</p>	<p>Geographical spread Muzaffarnagar, Etah, Firozabad, Kanpur, Moradabad, Farrukhabad, Ghaziabad, NCR and other prominent districts of West UP.</p> <p>Possible sites Construction sites (Construction workers), Brick kilns, rented houses among settled population.</p>

Some migratory groups of western UP

- **Brick kiln workers:** Most of the workers at brick kilns in UP are from MP, Bihar and some are from different districts of UP.
- **Construction labour:** With growing urbanization more and more structures are under construction especially in NCR region. Large work force in the form of construction labour migrates from Bihar, MP and eastern UP to these areas and are residing near construction sites in temporary settlements.
- **Skilled Labour:** Skill is a measure of a worker's expertise, specialization, wages, and supervisory capacity. Skilled workers are generally more trained, with higher pay and more responsibilities than unskilled workers. Most of the workers are from Bihar and eastern UP migrating to districts in West UP to find work in glass industries of Firozabad, Brass industries in Moradabad, Zardozi work in Farrukhabad and Bareilly etc.



A number of factors influence the health of children in a family including the level of education of the mother, the family income, sanitation, hygiene and access to healthcare. Low female literacy rate among these vulnerable social groups is one of the major contributors to poor healthcare and low immunization levels of children. Improving conditions of these communities is a long term developmental process; however, the polio eradication programme is trying its best to prevent polio among them. Underserved communities are being persuaded to participate in the polio eradication initiative despite poor civic amenities. It has been observed that these communities are best persuaded by religious institutions they respect; employers and contractors they work for. These form potential allies who can be taken on board to help persuade communities and individuals to change their attitude towards polio vaccination³.

Figure 1 (previous page) shows that occupation-based leaders within migrants groups can also be helpful for reaching children.

The mapping and tracking of vulnerable social group's project has short listed 7 districts for a pilot study. The districts selected were Ghaziabad, Firozabad,



Block Mobilization Coordinator enlisting nomadic families in Ghaziabad.

Bareilly, Badayun, Muzaffarnagar, Moradabd and Meerut. Seven special purposes block mobilization coordinators were deployed for tracking and mapping of these groups. The high risk areas CMC and concerned BMC are responsible for ensuring proper mapping and sharing of information with partners and health departments. Reports are shared with District Underserved Coordinators (DUCs) and District Mobilization Coordinators where DUCs are not designated.

The overall inclusion of all these groups comes under the expansion of underserved strategy and endorsement of the same by the recently concluded Indian Expert Advisory Group June 2009. To build an understanding of the subject, a series of workshops were organized in 10 sub regions of Uttar Pradesh where all the block mobilization coordinators, district coordinators, training coordinators along with sub regional coordinators were briefed regarding the inclusion of these high risk groups.

³ Underserved strategy document for district level functionaries

Polio Social Mobilization Network supports Vitamin A Campaign

Fighting for Children's cause in Bihar

Global estimates indicate that almost 140 to 250 million children under five years of age suffer from vitamin A deficiency, making them vulnerable to blindness, illnesses like measles and diarrhoea, and even death. Provision of high-strength vitamin A supplements (VAS) is recognized as one the most cost-effective ways to improve child survival. Elimination of vitamin A deficiency by 2010 was one of the goals set by the UN Special Session on Children (2002). The strategy to achieve this goal was by ensuring adequate intake of vitamin A by children through a combination of breast feeding, dietary improvement, food fortification, **and supplementation**, especially among those living in areas where the intake was low. Research shows that when children get an adequate amount of vitamin A supplement, the child mortality rate drops by almost 23% in vitamin A deficient populations⁴.

UNICEF is committed to VAS advocacy for the children of Bihar. Vitamin A is administered to children as a part of the routine immunization program by the

Ministry of Health and Family Welfare, with UNICEF and other agencies providing technical support. In addition, biannual and catch up rounds are also conducted to cover the missed children. Vitamin 'A' Supplementation Program was initiated as a campaign by the State Health Society, Government of Bihar for the month of July 2009 in all the 38 districts of Bihar with support from UNICEF.

The campaign

The campaign was planned in two phases:

- First phase: 15-18 July 2009 (covering 27 districts)
- Second phase: 22-25 July 2009 (covering 11 districts)

Table 1: Vitamin A administration points

Day	Vitamin A administration at
Wednesday	Aanganwadi Centre (AWC), Health Sub – Centre (HSC), Immunization Centre
Thursday	Activity at Village, <i>Toila</i> level to cover remaining children
Friday	Aanganwadi Centre (AWC), Health Sub – Centre (HSC), Immunization Centre
Saturday	Activity at Village, <i>Toila</i> level to cover remaining children



Jay Kumar Jha, BMC, monitoring an AWC at the rural block of Araria district, Hayatpur, Madhya Goli Toila . AWW- Rmmi Saba can also be seen in Picture.

Strategy

The campaign was a mix of mobile and booth approach with the aim to cover maximum number of children. Table 1 shows the entry points identified for vitamin A administration for the four days. The health centers and the *Tolas* were targeted.

The Social Mobilization Network of Bihar for Polio Eradication

UNICEF's Social Mobilization Network (SMNet) for Polio Eradication program

in Bihar covers 33 districts. The SMNet communication activities include social mobilization, advocacy with stakeholders and behavior change communication. Direct contact with families and religious leaders in communities is also used for supplementary immunization coverage. The network communicates directly with civil society to allay their fears regarding the side-effects of immunization, answers questions regarding the administration of the poliovirus, and engages in trust building exercise to ensure that families are committed towards vaccinating their children.

Involvement of SM Network in VAS

The VAS campaign in Bihar was fully supported by the SMNet. The July 2009 "Vitamin A Campaign" was the second instance when SMNet supported this campaign. To maximize the output of SMNet's involvement, a strategy was

⁴ <http://www.who.int/vaccines/en/vitamina.shtml>

delineated at UNICEF Patna by the CDN (Child Development and Nutrition) and the Polio Units. It was decided that SMNet will support the campaign with all the sub regional, district and block level coordinators, that is, Sub Regional Coordinators (SRC), Social Mobilization Coordinator (SMC), Additional Social Mobilization Coordinators (ASMC), Block Mobilization Coordinators (BMC) and other functionaries. It will also provide support for session monitoring. A standard Operation Procedure was developed for the complete understanding of everybody's role and processes. Orientation workshops were conducted for the above-mentioned personnel at state and district levels respectively.

As per the standard operation procedure following activities were decided:

- Training/orientation of SRC, SMC at state level
- Training/orientation of BMCs at district level

- Field level planning for session site monitoring
- Effective monitoring and regular feedback to government health officials
- Information to be shared with the UNICEF Patna office regularly.

Orientation of SMC and SRCs at state level

An orientation workshop of all the SMCs and SRCs of SMNet was conducted at Patna on 7th July 2009. All the components related to planning, monitoring and sharing of feedback was covered during the session. This was jointly facilitated by Polio Unit and the CDN cluster.

Orientation of BMC at district level

As planned a one day orientation workshop of BMCs was conducted at district level. This was facilitated by SMCs and DFM (district level focal person from CDN). This opportunity

was also used to make a comprehensive monitoring plan for each block which was also shared with the government counterpart.

Effective monitoring and regular feedback

As envisaged the campaign was monitored by the BMC and SMCs. The BMCs also shared the daily feedback with the Medical Officer in Charge of their respective PHCs and simultaneously with SMC/ASMC. The SMCs shared the overall feedback with the DFM (focal person at district for this campaign) and at times directly with Patna UNICEF control room, if the feedback was critical.

According to the reports received after the completion of the campaign in phase one districts, SMNet was successful in fulfilling the assigned responsibilities. Regular feedback was provided at the block and district level, which facilitated

Special Effort at Sitamarhi
At Sitamarhi two unplanned areas were also covered with the direct intervention of the SMC. These were Sitamarhi Jail and the Red Light area. A total of 30 children who were likely to be missed otherwise, were given the Vitamin A dose. This was achieved with the support of the District Immunization Officer, Jail Superintendent, DFM, BMC and local influencers.

the health department to take the required corrective measures.

The Polio Unit and its network worked at all levels to make the campaign a success. A total of 261 coordinators of SMNet were involved in the campaign with 213 Block Mobilization Coordinators, 41 Social Mobilization Coordinators and 7 Sub-Regional Coordinators (Table 2).



Pappo Kumar, BMC, Hajipur urban of Vaishali district monitoring during the Vitamin A campaign at AWC, Ram Prasa Chowk. AWW Ms. Renu Kumari administering Vitamin A dose to a child.

Table 2: SMNet Involvement

SMNet Coordinators	Number
Block Mobilization Coordinators	213
Social Mobilization Coordinators	41
Sub-Regional Coordinators	7

An Update on Media Tonicity on Polio in Bihar

The second quarterly content analysis of media for 2009 in Bihar shows similar results as those of the months of January and February. The analysis of these months indicated support for the programme in terms of neutral stories. Stories that could be classified under 'neutral' had increased from 39 percent in January to 81 percent in

February, 2009. The second quarterly analysis also shows that 78.6% of the stories for the months of April, May and June were neutral. The neutral stories have also increased in comparison to those in 2008. Out of the 300 stories evaluated in 2008, 54.3% were neutral, 13.3% were negative and 32.3% positive (Figure 1). In actual numbers

there were 163 neutral stories, 97 positive and 40 negative.

In comparison, in 2009, 78.6% reporting was neutral, 16% negative and 5.3% positive (Figure 2). There were 236 neutral stories, 48 negative and 16 positive in April, May and June. The drop in positive reporting was largely

due to cases of VDPV reported in Bihar, which were highlighted and speculated upon by the media. However, the 2009 second quarter reports have also seen an encouraging rise in neutral stories as compared to the same quarter in 2008. This can be attributed to the one-on-one interaction with the local media, as well as media persons in remote districts.

Figure 1: Media polio tonality (April-May-June 2008)

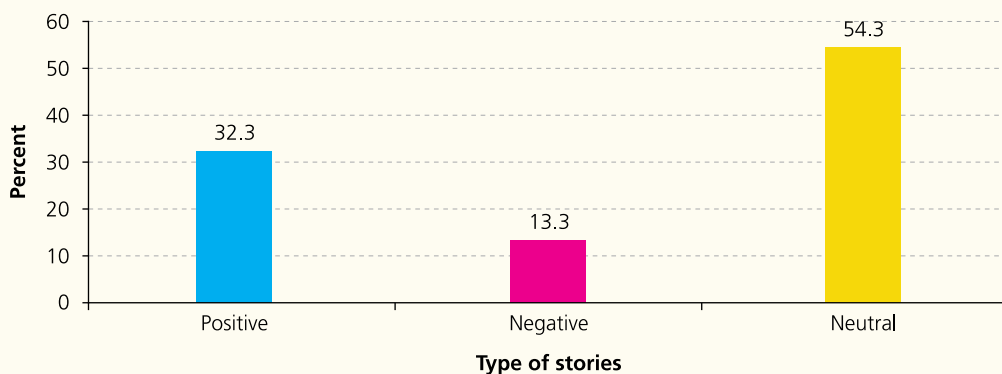
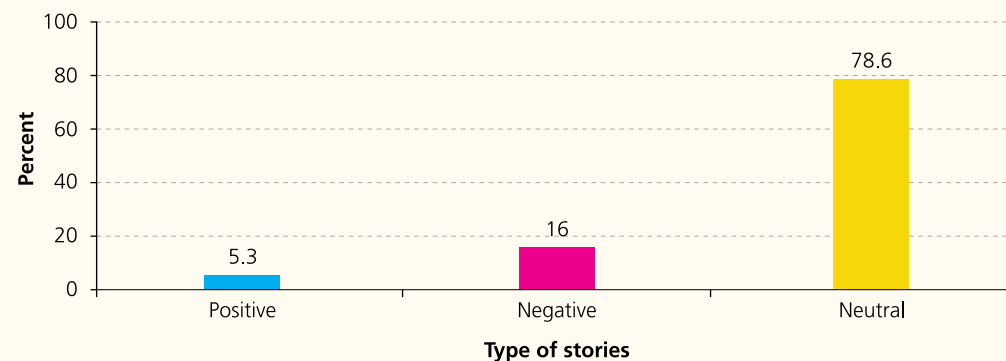


Figure 2: Media polio tonality (April-May-June 2009)



Vaccinator to Mukhiya

Journey of a Polio Vaccinator in Bihar

“Whether permanently paralyzed or not, polio is the end of many a childhood. A bright future is replaced with the specter of disability, heartbreaking struggle and lifelong dependency. I couldn’t bear to watch the way people suffering from disabilities brought on by polio are treated and that motivated me to become a polio vaccinator. The polio programme has played a critical role in my becoming a people’s representative”, says a smiling Dukhni Devi, *Mukhiya* (President) of Sughrain Panchayat, Kusheshwarsthan Block in Darbhanga district of Bihar.

Lakshminia village, situated 12-km from the block headquarters, is a dusty, non-descript village in Kusheshwarsthan block of Darbhanga district in Bihar. It has a population of 1,750, comprising mostly of Mallahs, Kurmis, Telis and Poddars. There is little to differentiate Lakshminia from any other village in Kusheshwarsthan block, except that it is one of the toughest and hard-to-reach blocks in Bihar. If there’s anything remarkable, it is the way people of the village lead their life of great toil and hardship with recurrent floods every year.

The story of Dukhni Devi is inspiring and humbling at the same time. She has unflinchingly stood by her commitment to the polio programme, and despite being childless continues to work relentlessly for polio eradication. In a village that is flooded with an alarming regularity every 6-months in a year, and where boats are the only medium of conveyance, Dukhni Devi did not hesitate from taking charge of the polio campaign in this area and bring about changes in people’s attitudes.

Dukhni Devi married Bhuneshwar *Mukhya* of Lakshminia in 1970 and subsequently moved to her marital village. She fondly recalls her association with the Polio Eradication programme. Her compassion for children motivated her to take up work as a vaccinator for a then-royal sum of Rs 20 per day in 1995. Braving all odds – including the vagaries of nature – Dukhni Devi ensured that no household in her village -and surrounding villages – were ever missed during polio immunization rounds.

Starting her work in the villages of Laxminia, Baghmara, Jirauna, Navtolia and Simraha, she graduated to becoming

a Polio Supervisor in 1997. According to her “the people of the village were initially critical of a *bahu* (daughter-in-law) ‘working’. I had to bear quite a few taunts and comments, but people soon changed their views after they saw me working selflessly with the poorest of the poor”. Her husband, Bhuneshwar *Mukhiya*, is the village *pujari* (priest), who is also highly respected by the villagers and he too has worked as Polio vaccinator from 1995 to 2008. They work together to lessen the cultural unease about discussing the disease which often compounds the suffering of the victim.

Dukhni Devi was elected *Mukhiya* by the people of her *panchayat* in June 2006 *panchayat* elections. Being the *Mukhiya* conferred her with new responsibilities and she was compelled to forgo her work with the Polio programme. Nevertheless, her passion for working with children

and serving people in need remained intact and she became associated to the programme as a third team member, in her capacity as a Panchayati Raj Institution (PRI) representative. She has involved herself with polio advocacy and organizes meetings with community members and helps them understand the significance of getting children vaccinated.

Her sustained effort has resulted in a drastic reduction in the number of Polio cases in her block. Only two P3 Polio cases have been reported from this block in 2009, which had reported 66 cases in 2007 (Table 1). All villages in Kusheshwarsthan block now avail Routine Immunization services as a rule. Infrastructure is also being improved. A new road connecting the block with rest of the district is also amidst construction, which will bring much-awaited relief to the villagers.

Table 1: Polio Cases

Year → Area ↓	2007		2008		2009 *	
	P-1	P-3	P-1	P-3	P-1	P-3
Darbhanga	5	66	0	23	0	2
Bihar	46	459	3	230	3	9

* Data as on 01 May, 2009

Analysis of Print Media in UP

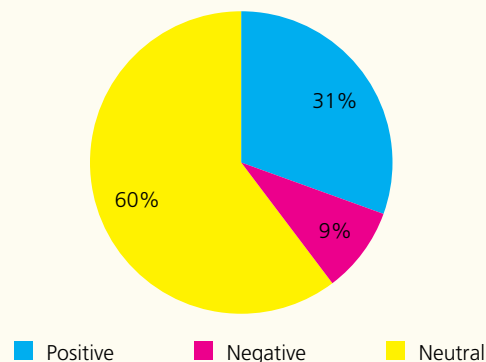
Quarter 1 and 2 (2009)

In order to outline a comprehensive understanding of media reporting on polio related issues, UNICEF has undertaken to systematically analyze print media in the state of UP.

Content analysis of 13 Lucknow based newspapers under review, during the first quarter of 2009, reported 98 stories on polio related issues. Thirty one percent of these stories were positive, 9% were negative while 60% were neutral (Figure 1).

Figure 1: Print media coverage, by tonality, Lucknow Jan – Mar 2009

N=98



Source: Unicef & IMR

In comparison the second quarter had 69 stories related to the issue with 22% positive stories, 13% negative and 65% neutral stories (Figure 2). During the first quarter the negative stories (11) revolved around programme failure, vaccine failure, logistical failure, politicization of polio and death of a child. The number of negative stories in the second quarter also remained at 11 with stories revolving around similar issues of programme and logistics failure, politicization of polio, polio teams being beaten and doctors being recalled.

The positive stories (30) in the first quarter covered the success of the programme, government and partner initiatives, donor and community support and Muslim support to the programme. There was a significant drop in the number of positive stories in the second quarter – only 13 - with reports covering the same issues as the first quarter, that is, the success of the programme, government and partner initiatives, community and Muslim support, action against lax health workers and work on a new vaccine.

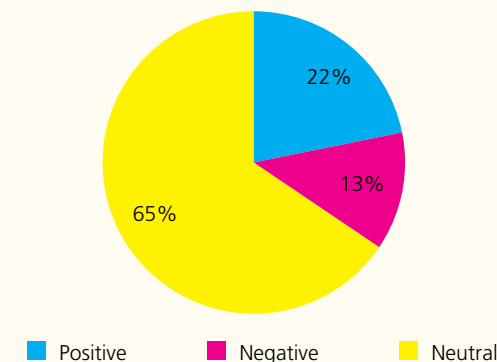
In both the quarters the percentage of neutral stories were much higher

compared to positive and negative ones. The first and the second quarter neutral stories, 57 and 45 respectively, covered issues relating to number of cases, polio meetings and government rallies, date notification, government action against health workers, number of children immunized and routine immunization.

Seven newspapers were tracked across 14 western UP districts. For the first quarter 636 stories were reported.

Figure 2: Print media coverage, by tonality, Lucknow April to June 2009

N=69



Source: Unicef & IMR

The number of negative stories increased in the second quarter as compared to the first quarter. The coverage in the second quarter also saw a drop in positive stories as compared to the first quarter. There were 150 positive stories in the first quarter as against 61 in the second quarter. The main reason behind this was the high number of polio cases reported. The negative coverage highlighted programme, vaccine and

logistics failure; politicization of polio; teams being chased and beaten; children missed during the vaccination rounds; communities refusing the vaccine; low booth coverage and Muslim community members rejecting the OPV. Fifty percent of the stories reported in Meerut were negative. A high percentage of negative reporting also occurred in Aligarh (36%), Muzaffarnagar (34%) and Bareilly (32%) in the second quarter (Figure 4).

There were 379 neutral stories in the first quarter. Muzaffarnagar took the lead with 78% of stories being neutral, followed by Agra with 71% and Aligarh with 64% (Figure 3). The second quarter reported 239 neutral stories. The coverage highlighted the number of cases, polio meetings and government rallies, date notification, government action against health workers and the number of children immunized. During the second quarter,

73% of the stories reported in Ghaziabad were neutral. More than 50% of the stories reported in other districts like Agra (68%), Muzaffarnagar (59%), Aligarh and Moradabad (55%) and Bareilly (53%) were neutral (Figure 4).

The positive stories covered the success of the programme, government initiatives, partner support, donor's support, community support and Muslim support.

Figure 3: Tonality of polio news stories, district wise Jan – Mar 2009

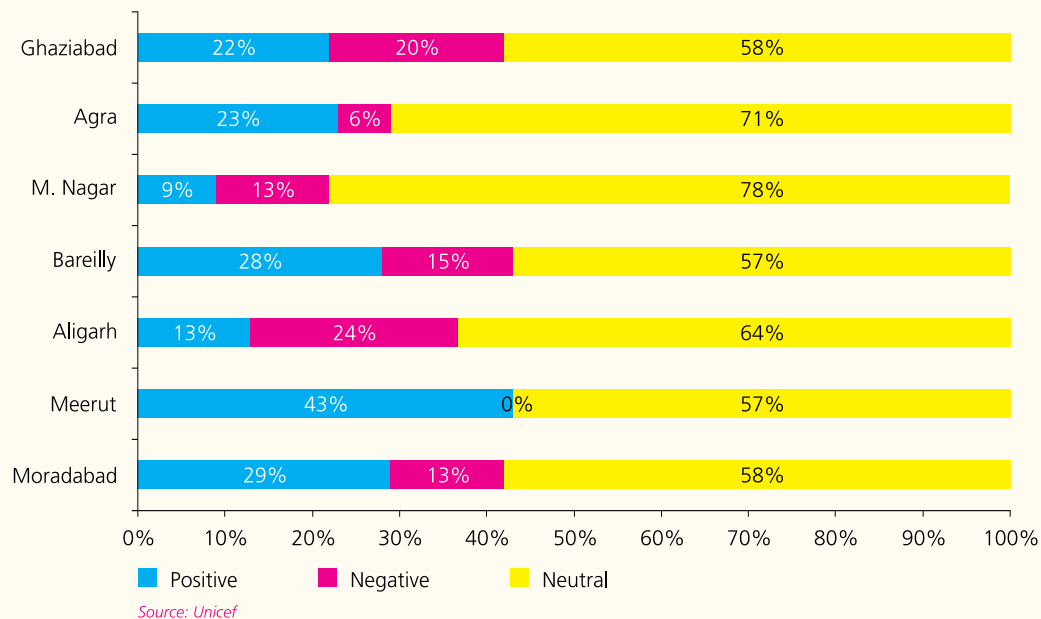


Figure 4: Tonality of polio news stories, district wise April – June 2009

