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INDIA

COMMUNICATION UPDATE



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Strengthening RI through innovations in Bareilly

SMNet initiates ANM and mother interface meetings

Several innovative approaches are being evolved by the UNICEF SMNet to promote community acceptance and support to the on-going polio campaign. One of them is to provide health services that would encourage people to participate in the programme. In the Bareilly sub-region the SMNet identified routine immunization as a major neglected area and strategized to address the issue. Three major areas relating to routine immunization that required to be addressed urgently were:

- Poor coverage of RI in SMNet high risk areas (HRAs) especially in



Nomadic communities being urged to vaccinate their children under RI

Majhgawan block which was an underserved area. WPV-3 cases have been reported from Majhgawan over the past few years and this block was adjacent to Wazirganj block that had WPV - 1 cases.

- Presence of nomadic and migrant population in the area. This population was extremely vulnerable as RI sessions were held only on fixed days and at fixed sites or in places that were largely inaccessible for these families. The immunization status of children amongst these groups was nil, making them susceptible to the polio virus.
- Lack of awareness on immunization, pregnancy and new born care in the HRA communities. Children were not vaccinated under RI and there was no back up plan to vaccinate missed children.

Working towards better health indicators and getting marginalized population to access routine immunization was indeed a challenge in Bareilly.



BMC, CMC, ANM and AWW checking the RI card of a house to determine and mark the RI status (Majhgawan)

An awareness drive on routine immunization, care of pregnant women and lactating mothers was initiated by the SMNet in selected HRAs through mother and ANM interface meetings in February 2009. The team encouraged a direct link between the local health service provider (ANM) and mothers and helped immunize children who had missed the OPV. They also kept special track of migrant family children.

The Health Department ensured the presence of ANMs at the selected meeting place, availability of vaccine and provided information of available health services

within the existing government system. The initiative was also supported by the local NPSP team.

The SMNet identified target groups and invited them to attend the ANM and mothers meeting, facilitated the meeting and assisted the ANM to vaccinate missed children. SMNet also invited CORE participants such as female pradhans, ward member, mullani, aapas, ASHA, ICDS, TBA/DAI, and female teachers. The initiative helped increase the accountability of health workers to achieve the targets along with the CMC in these areas.

As a result of SMNet's efforts, 27 sessions were organized between end of March and 30th April 2009. Figure 1 shows the number of people benefiting from all the RI sessions. One hundred and sixty eight of the missed children were vaccinated. A number of children due for BCG, DPT 1, 2 & 3 and Measles were immunized and given vitamin supplements. Hundred and fifty mothers with 0-1 year old children were counseled on child care and immunization.

This joint initiative by the Health Department and SMNet has also evolved

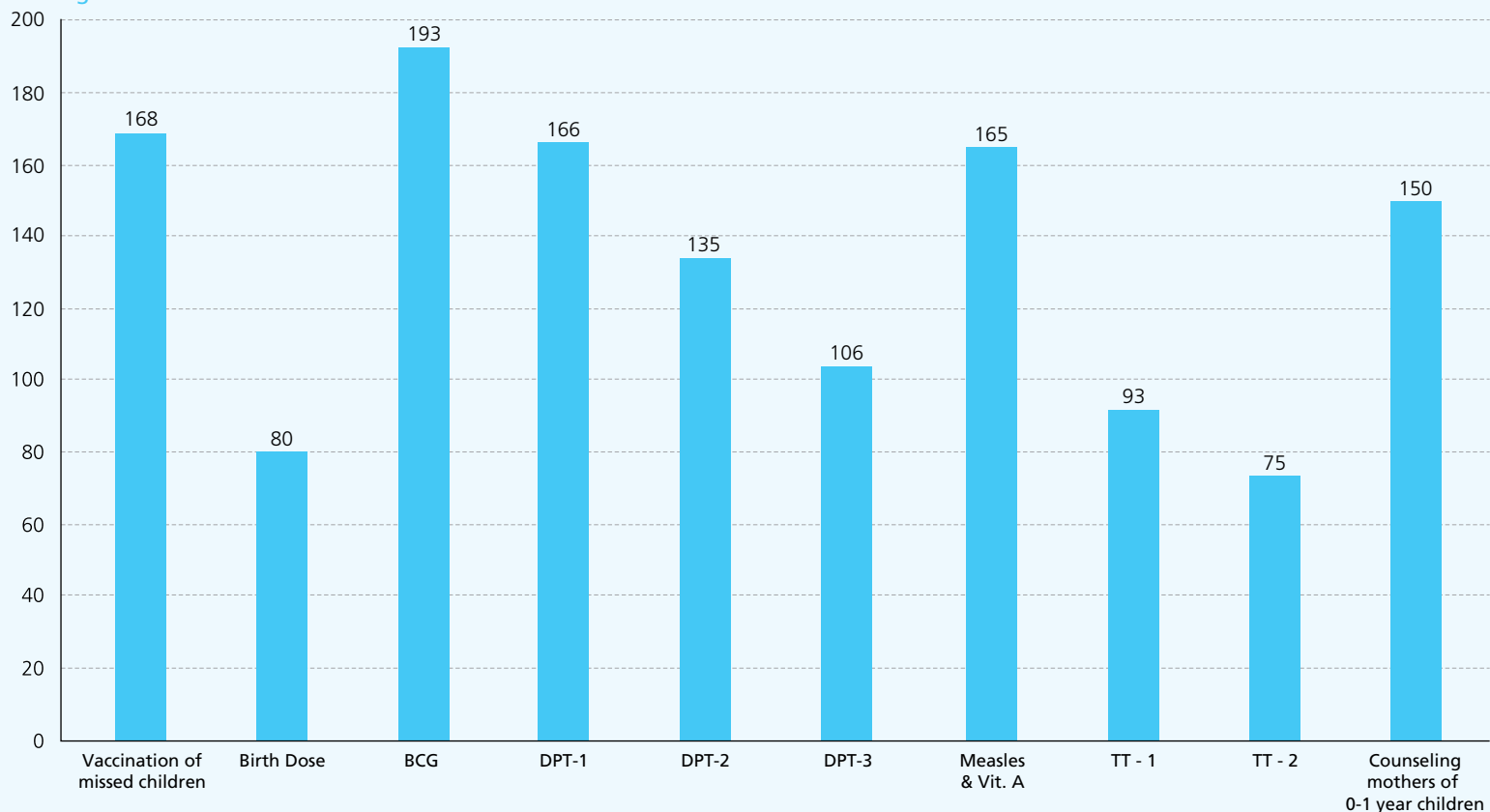
a code marking system for identifying the RI status of each household in the area. The houses have been marked with three colours into three categories according to their RI status. Red denotes nil immunization while yellow shows partial vaccination of children and pregnant mothers. Green denotes full immunization.

To sensitize the nomadic and migrant population about the importance of RI, community meetings were organized and "Facts for Life" (FFL) kit was used to convince the participants. Special RI

sessions were planned to facilitate the vaccination of children from the nomadic communities.

Innovative interventions like mother and ANM meetings by SMNet have enhanced the interactions between the service providers and the community members. This has enabled the ANMs to open a dialogue with communities and address their need based problems and concerns.

Figure 1: Beneficiaries of the 27 RI sessions held



Deoband reaches out to support the polio mission

Darul-Uloom-Deoband issues a new appeal in support of the polio programme

Ever since the polio eradication programme embarked upon a sustained behaviour change strategy, it has tried to build partnerships with a view to address the concerns of the people in relation to the socio-cultural realities. One of the key partnerships attempted by the programme has been to reach out to religious leaders in an effort to win the confidence of the minority groups.

Early this year UNICEF SMNet was successful in reinforcing an appeal that was issued by the much revered Darul-Uloom-Deoband in 2006. The Darul-Uloom-Deoband is an Islamic school located at Saharanpur, Uttar Pradesh and is highly respected across India and in other parts of the world. The institute had released an appeal in favour of polio in 2006 which was circulated before every polio round. The response was favourable and people looked forward to similar communication by the Darul-Uloom-Deoband.

Taking into account the community's need for reassurance from religious institutions, the SMNet team along with Underserved Coordinator in Lucknow and local BMCs met with the Chairman of Deoband Muslim Fund, Haseeb Sadique. After several rounds of discussion, the Lucknow polio unit and the district team/DUCs with the help of Haseeb Saheb prepared the new appeal. The document was submitted for approval to the head of the institution - Peshgar, Adnan Saheb Nayab Mohatmim.

Convincing Adnan Saheb was also a challenge as he was critical of the programme and raised issues regarding the scientific credibility of the vaccine. It took six months of SMnet team and BMC's sustained efforts to successfully convince Adnan Saheb to release the new appeal.

The new appeal was released on 22nd January, 2009 by the respected Nayab

Mohatmim, Maulana Marquburrehman. The highly revered 80-year-old Maulana's appeal emphasized that poliomyelitis can be eradicated through the simple process of vaccination which is safe (Mehfooz) and should be promoted. He called attention to the fact that there was a need to create awareness about polio and its effects.

The new appeal also helped the polio programme in the adjoining Muzzafanagar district. According to Shahabiddin Saheb of Kiwai Nagar, "Darul-Uloom-Deoband commands such respect that any information that is disseminated from there is always given due importance. It also has a great impact on the community." He further suggested that this appeal should be printed and circulated through local newspapers as its impact helped in rectifying misconceptions about polio.

Ruksana, who has a child less than 5 years of age agrees. "Everyone is aware of the Deoband Institution and we abide by whatever they issue. Earlier, my husband was against the vaccinators and resisted the child from being vaccinated. However, since the BMC/CMC has shown the appeal we have understood that the vaccine does no harm. Today I have no problem in vaccinating my child".

Profiling a P1 victim in Saharsa (Bihar)

Investigation report of Chandani - a P1 victim

The Government of Bihar in partnership with the Ministry of Health and Family Welfare, Government of India, has been conducting intensive immunization and surveillance activities aimed at the complete elimination of poliovirus and paralytic polio in the state. UNICEF provides technical and logistical assistance to the programme, working closely with the state government and a broad array of partner agencies. Data on polio cases from 2007 shows a drastic decline to 10 cases in 2009 (Table 1).

To achieve the goal of polio eradication in the state, each reported case is investigated thoroughly. A P1 case was reported on 12th April 2009. The victim was a girl child from the village Kathdummar (Raktwa Mushahari tola) in block Simari Bakhtiyarpur of Saharsa district.

Table 1: Polio cases in Bihar

Year (Polio cases)	2007	2008	2009
P-1	46	3	3
P-3	459	230	7
Total	505	233	10

To examine every facet of the reported case, a team visited the Kathdummar village on 26th April 2009. The team comprised of Dr. Azad Hind Prasad (CS Saharsa); Dr. SN Rai (DIO Saharsa); Dr. Banesh Jha (SRTL Kosi); Dr. Nitya Nand Thakur, Dr. Arvind Dewas, Dr. Anand Gautam and Dr. Sandeep Kumar Singh (SMOs Saharsa); Rajesh Kumar Singh (SRC Kosi); Amartya Lahiri (SMC Saharsa); Manoj Kumar Manoj (BMC Simari) and FVs.*

The following is the report given by the investigating team.

Demographic details

Kathdummar is a medium-sized village with 300 to 350 households. Raktwa Mushahari tola has about 65 houses. The village is inhabited largely by people belonging to the Rajput, Yadav, Sada and Tiwar castes, each residing in their own tolas (locality). Most people in the village are farmers and manual laborers. Some of them, especially those from the 'higher' castes hold government and private sector jobs as well.

Kathdummar is also a flood-affected village (the village still has large pockets water logged land). The village remains water logged almost three months in a year, and during this period the boats are the most common means of transport. Socially marginalized communities take advantage of the flooding by supplementing their income from fishing. Generally makka (corn) is the main crop cultivated in this area.

Almost the entire population of Mushahari tola is illiterate with the highest qualified person being a non-matric. In comparison, people belonging to upper castes are well educated holding jobs in public and private sectors. Migration to metros is common and almost 75% of the village population works as manual laborers. The village has a middle school, a health sub center and an Anganwadi center (AWC number 150).

The Anganwadi centre remains closed though the Anganwadi worker (AWW), Sandhya Kumari, and AWH, Shanti Devi, reside in the village. The hygiene level of the children and people in general is very poor. For the entire village the only source

Table 2: Details of the child

Name of the child: Chandani Kumari
Age: 14 months
Sex: Female
Father's name: Kapileshwar Sada
Mother's name: Triful Devi
Village: Kathdummar (Raktwa Mushahari Tola)
Panchayat: Kathdummar
Caste: Mushahar
OPV dose taken: Total eleven doses
Other vaccinations: Nil

of drinking water is a single hand pump which has a shallow boring of 35-45-feet. There is no sewer system as a result of which the sanitation status is very poor. In fact, not only the residents of Mushahari tola, but almost for the entire village (including upper castes), open defecation is a normal practice.

The family of Chandani (the victim) belonged to the socially excluded community of Mushahars. A farmer by profession, her father Kapileshwar Sada, owned a small piece of land from which he eked out a living supporting his six children and wife, Triful Devi. They lived in a kuccha (mud-brick) hut and had no material possessions.

Table 2 gives details of Chandani who was a little older than a year when she became a victim of the P1 virus. The child had no history of travel in the last six months. The case was reported (onset) on 12th April, 2009, by the local supervisor, Sunil Kumar Singh, to the Simari FV, who in turn reported it to the surveillance FV. The case was consequently investigated by the SMO, Dr. Anand Gautam, on 13th April.

*The team comprised of Dr. Azad Hind Prasad (Civil Surgeon, Saharsa); Dr. SN Rai (District Immunization Officer, Saharsa); Dr. Banesh Jha (Sub-Regional Team Leader, Kosi); Dr. Nitya Nand Thakur, Dr. Arvind Dewas, Dr. Anand Gautam and Dr. Sandeep Kumar Singh (Surveillance Medical Officers, Saharsa); Rajesh Kumar Singh (Sub-Regional Coordinator, Kosi); Amartya Lahiri (Social Mobilization Coordinator, Saharsa); Manoj Kumar Manoj (Block Mobilization Coordinator, Simari) and Field Volunteers.

SIA information

Team number four, comprising of local AWW, Sandhya Kumari, and local volunteer, Vipin Kumar, have been working for the last two years as vaccinators in the same village. Both were well trained vaccinators and adept in IPC. According to the April round micro plan the house-load of the team was 66 houses for the first day, 41, 66, 65 and 56 for the 2, 3, 4 and 5 days respectively. Table 3 shows the total number of houses covered along with the X-related information. Kapileshwar Sada's house (number 18) was a P house for all the three rounds (February, March and April). The village witnessed a good biphasic activity and there was no XR history in the village.

RI Status

Routine Immunization was found to be nil in the locality even though the village

health sub center with ANM Poonam Kumari, was only about a kilometer from the Mushahari tola. The village was missed again during the March (16-21) special catch up round.

SM Activities

Kathdummar is a CMC village and CMC Pramod Kumar's 0-5 survey was found to be updated for the March round. The SIA data was complete for every round, along with the identification and grading of influencers in the village. The SMNet activity format was used by the CMC and some SM activity had also been carried out in Mushahari tola (AWW and PRI joint meeting was held on 1 January, 2009; Polio class on 30 January, 2009; and Polio rally on 31 January, 2009). IEC displayed in the village was well done and was visible in the house of the victim as well.

Case-studies of victims like Chandani reveals a host of issues which are intricately related to the surfacing of a case. These include the involvement of Anganwadi workers (AWW), Panchayati Raj Institution (PRI) members, Routine Immunization coverage, involvement of mobilizers, hygiene and sanitation. The detailed analysis facilitates in developing a need-based communication strategy for polio rounds along with better planning of various round-related activities. It also enables training of stakeholders and vaccinators, enhancing involvement of stakeholders and mobilizers, and better coverage for routine immunization.

Table 3: Total number of houses covered during Dec 2008 - Mar 2009

Rounds	Total house covered	Total children covered	Total X generated	XH	XV	XL	XR	XO	Total X remaining after b team	XH	XV	XI	Xr	Xo
Mar. 2009	295	529	35	11	19	5	0	0	21	1	17	3	0	0
Feb. 2009	294	527	42	11	28	3	0	0	28	1	24	3	0	0
Dec. 2008	294	532	38	17	15	6	0	0	18	0	15	3	0	0

Reinforcing partnerships

NCC - UNICEF partnership meeting on polio eradication

“No stone will remain unturned by NCC for Polio Eradication in Bihar” affirmed Brigadier S. K. Aneja, Deputy Director General, NCC Directorate,

Bihar and Jharkhand. He was speaking at the state-level joint meeting between UNICEF and NCC organized at Hotel Maurya, Patna, on 1st May 2009.



Brig SK Aneja speaking to the delegates. With him is Bijaya Rajbhandari



Participants at the NCC-UNICEF partnership meet on polio eradication at Patna, Bihar

Lauding the efforts made by UNICEF in polio eradication, he reiterated that the NCC is committed to this national campaign and assured continued support at all levels to further strengthen the partnership.

UNICEF and NCC have been working in a partnership to eradicate polio from Bihar since 2005. The collaborative efforts have demonstrated impressive results in the field. The joint meeting was organized to review the current situation and work on a way forward strategy.

In his introductory address, Bijaya Rajbhandari, Chief of Field Office, UNICEF, Bihar, highlighted the immense contribution of NCC in polio eradication in the state. He thanked NCC for their continued support to the programme and stressed on the need for a sustained partnership between the two organizations.

Dr. Anisur Rahman Siddique, Polio Coordinator, UNICEF, apprised NCC officials on the current epidemiological situation of polio in the state. Nirbhay Mishra, Consultant, UNICEF Polio unit, highlighted previous year’s achievement on polio eradication. Areas of improvement and future strategies were also discussed.

The meeting was culminated by a formal vote of thanks by Sanjay Choudhary, Deputy Polio Coordinator, UNICEF. Other participants of the meeting included Col. GB Patel, Joint Director, NCC Directorate; Col. Ajit, Director (Training); Col. Prem Prakash, Group Commander, Patna GHQ.

USHA brings new life in urban bastis

Addressing civic issues to bring down resistance in Aligarh

The Social Mobilization Network in Aligarh supported by UNICEF has often encountered community resistance on the eve of polio rounds. The community has bargained for better civic amenities each time the teams have visited the area. This action of theirs has forced the district administration to address the issue time and again.

Like many cities in Western Uttar Pradesh, Aligarh faces poor sanitation services. There are few safe latrines and faecal matter is usually deposited in the open drain lining the street. Drains are clogged with refuse, leading to flooding during the monsoons. Poor drinking water facilities and lack of sanitation are known to be directly responsible for the transmission and spread of the polio virus in districts of Western Uttar Pradesh.

Taking into account the linkage between lack of proper sanitation facilities and polio, Moradabad, Firozabad and Aligarh

were identified for targeted interventions on urban sanitation and hygiene under the Urban Sanitation and Hygiene Action (USHA) in August 2007. USHA sought to address two basic assumptions, i) that sanitation improvements directly associated with the polio drive could reduce the resistance of parents in high-risk areas to get their children vaccinated; ii) improved sanitation and hygiene could also reduce children's exposure to the virus.

UNICEF interacted with the Municipal Office in Aligarh to draw its attention to the significance of improved environmental sanitation. Cleanliness campaigns were formulated with the assistance of community based organizations in the identified polio HRAs. Under the guidance of the Municipal Commissioner, cleanliness awareness drives were organized through the USHA Project team. The cleaning of drains, sweeping, transportation of garbage

etc. was executed by the Aligarh Nagar Nigam (ANN) staff.

Aligarh Nagar Nigam specially hired 80 sanitation workers for this project. Four teams of 20 workers each made two rounds every day in the identified 20 HRAs.

Since the launch of USHA project in 20 Polio HRAs, Aligarh Nagar Nigam has provided active support by deploying sanitary staff to cater to the needs of daily cleaning in the area. During the initial phase, ANN hired workers and made provision of 80 sanitary workers for 20 areas with two workers for each of the HRAs. The work was supervised by the Community Sanitation Mobilizers and Community Based Organisations (CBOs) established under the project.

The effective supervision and monitoring by CBOs and sanitation mobilizers helped ANN in creating a better and cleaner environment in these HRAs. It has also helped ANN in gaining the confidence and trust of people.

The number of sanitary workers was increased to 180 by the end of 2008. In 45 HRAs, Community Based Organisations were formed to strengthen and monitor the services of these sanitary workers. The network of Community Sanitation Mobilizers established an effective reporting system which facilitated ANN to monitor the daily sanitation work in the identified areas. Since one of the key objectives of USHA was to bring down the number of resistant houses, the USHA team of Community Sanitation Mobilizers moved along with SMNet's

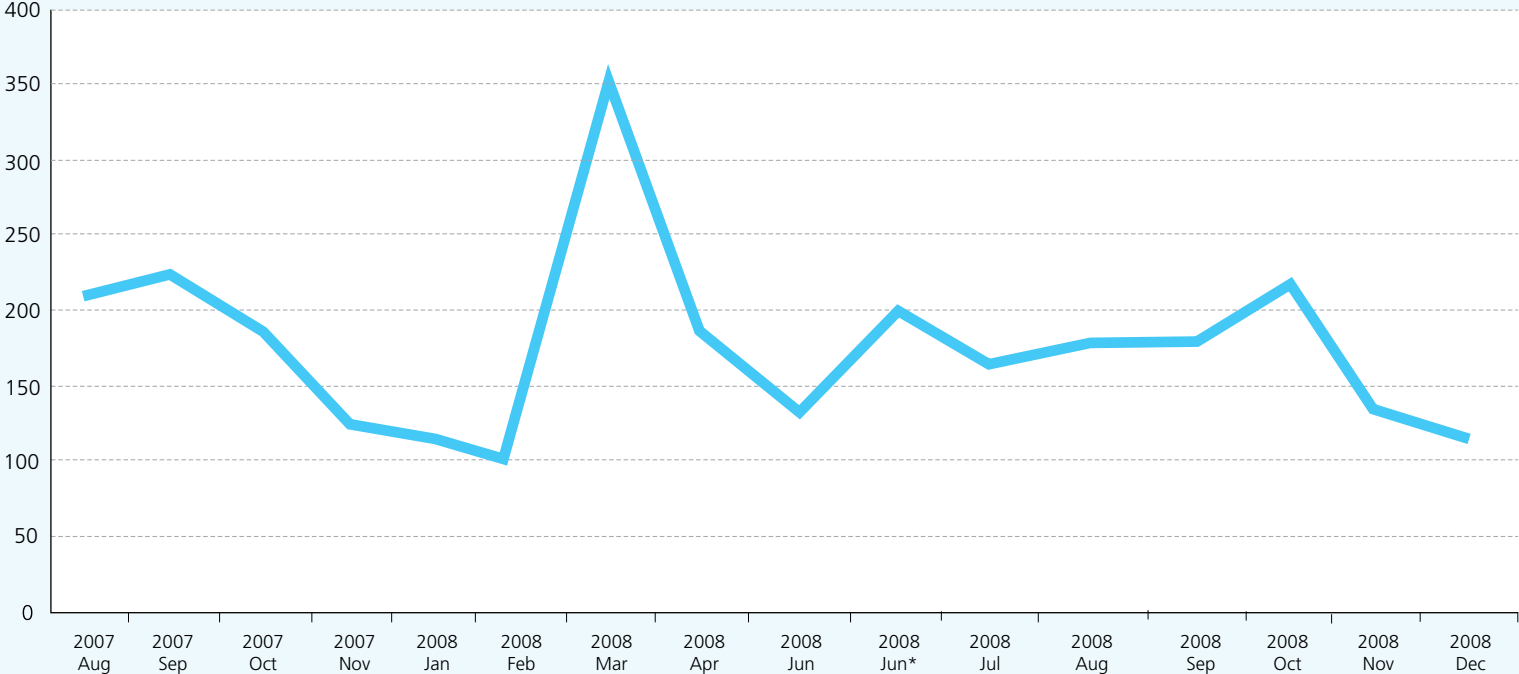


One of the streets in Abbas Nagar before the Urban Sanitation and Hygiene Action (USHA)



One of the streets in Abbas Nagar after the Urban Sanitation and Hygiene Action (USHA)

Figure 1: Resistant households in Aligarh Urban (August 2007 to December 2008)



*Two SIA round in June 2008

Source: Tallysheet

Block Mobilization Coordinators and Community Mobilization Coordinators to motivate people to participate during the polio rounds. They assured the community that sanitation improvement in polio HRAs would help reduce resistance of parents to vaccinate their children.

The USHA project established that integrated approaches linking health, environmental sanitation and hygienic practices in polio high risk areas contributed to polio eradication. The initiative saw the number of resistant houses coming down from 212 in August 2007 to 175 in August 2008 (Figure 1). However, there was a steep rise in resistant households in

the months of March, June and October 2008 due to gaps in the immunization programme. Nonetheless, the sustained efforts of the USHA project resulted in bringing down the number of resistant households. The drive also helped in quickly allaying fears and misconceptions associated with a child's death linked without reason to immunization.

The example of Abbas Nagar in Aligarh illustrates the success of the project. Today the area has clean lanes and there is no refuse in the narrow lanes. This is in marked contrast to a few years ago when people found it difficult to negotiate the lanes without covering their nose and fearing every step as

Abbas Nagar's lanes were strewn with filth, human waste and overflowing drains. Every monsoon the situation worsened and when the polio teams visited the area they faced a lot of resistance from the communities. Sustained efforts made by the USHA project and Aligarh Nagar Nigam has made the area a cleaner place to live.

Media tonality on polio remains neutral in Bihar

Tacit support to polio programme by Bihar media

UNICEF has played a proactive role in sensitizing the media and orienting journalists on the campaign to eradicate polio. Systematic content analysis of print media over a period of time in Bihar indicates a tacit support to the programme in the state. There was a time, however, when the media,

especially the Urdu press, was vocal and unrelenting in highlighting each act of omission and oversight with regard to the implementation of the programme. There was also incorrect and incomplete reporting about polio. Media sensitization workshops by UNICEF helped in opening channels of communication between the

media and key stakeholders involved in the programme, facilitating exchange of correct information.

This year's (2009) analysis of polio stories in English, Hindi and Urdu print media, for the months of January and February in Bihar, reveals support for the programme in terms of neutral stories. Figure 1 below shows that the stories that can be clubbed under 'neutral' have increased from 39 percent in January to 81 percent in February, 2009. However, there has also been a slight increase in the number of negative stories in this period from 7 percent in January to 12 percent in February. Although most of the negative stories pertained to minor issues like vaccine carriers being 'dirty' to callous disposal of used vaccine vials, it has had a diminishing effect on the positive coverage. The positive stories decreased from 9 percent in January to 6 percent in February.

enjoy in the community, even a small news item that questions the programme has far reaching implications within the community.

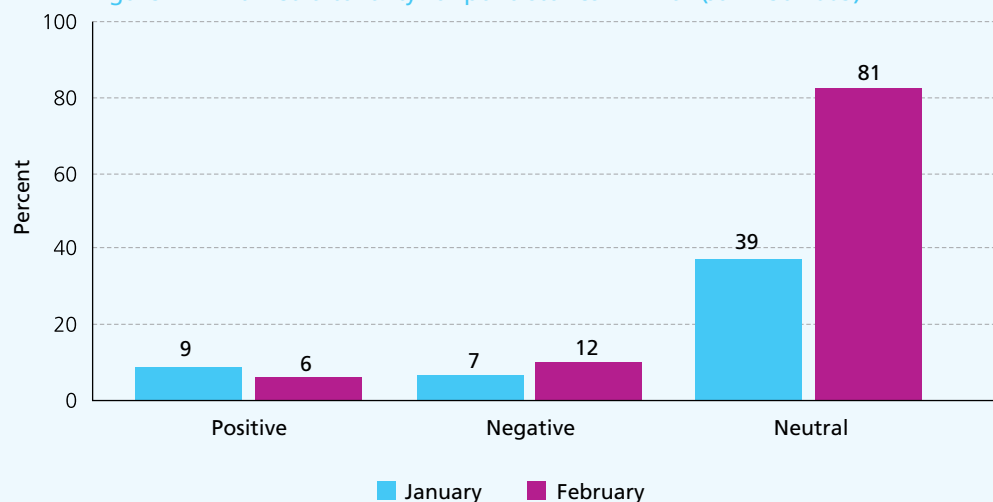
Positive, negative or neutral stories all impact the programme and have direct or indirect implications on the advocacy efforts at local, national and international levels. The media environment to a large extent determines the level of political commitment to the programme. It also guides the public perception and confidence in the existing system. The quality of partnership and participation by other stakeholders like that of the Government, WHO/NPSP and Rotary International, etc. is also ensured by the kind of media visibility a programme garners.

A significant aspect of coverage that needs to be analyzed in future are the news articles with erroneous reporting, i.e. news that distorts or inaccurately reports facts about polio/polio vaccine. This information could be critical in developing media management strategies that focus on building positive relationships with editors and journalists and facilitate accurate reporting.

The positive reporting in January included success stories covering different facets of the programme. There were four stories on the success of the programme in Bihar, along with stories on Government initiative and support of the Muslim community to the programme. Media reports in February were more broad-based covering the role of various indicators in the success of the programme.

The beginning of the year also saw the Urdu press supporting the programme. The number of positive stories outnumbered the ones raising questions about it. However, given the reach and the over-all credibility that Urdu newspapers

Figure 1: Print media tonality for polio stories in Bihar (Jan-Feb 2009)



Building advocates on polio eradication

Prasar Bharti & UNICEF launched Initiative



As a part of the joint-initiative for capacity/skills building of writers/producers, UNICEF and Prasar Bharti Corporation (PBC) organized a four day training workshop on electronic media programming on Polio eradication and the related issues. The training workshop was held from 19 to 22 May for UP based Prasar Bharti producers and writers. The 25 participants at the workshop included UP-based programme executives, producers, station directors of All India Radio and Doordarshan Kendras (largest network of state-owned TV in India).

The aim of the workshop was to orient the creative team, including the producers and directors of All India Radio and Doordarshan Kendras, in UP of the relevance of polio specific programming through the electronic medium. The objective was also to sensitize the professionals of the profound impact such programming had on the target audiences in UP keeping in mind the

penetration of the public broadcaster. Uttar Pradesh has 15 All India Radio stations reaching almost the entire population (99.9% coverage) and 7 Doodarshan Kendras covering 96.4% population of UP.

At the onset, UNICEF National Polio Coordinator Lieven Desomer gave an overview of the expectations from the workshop. To give the participants an idea of the ground that has been covered, Mr Desomer said, "relentless communication efforts are making strategic difference in mobilizing communities in understanding the crucial need for regular polio vaccination, as and when the vaccination rounds are announced. It has helped individuals in making informed-decisions for vaccinating under-5 children". He further added, "this progress clearly established that the programme was very close to succeeding in its mission – the total eradication of polio". He stressed that to achieve this goal, it was important

to have media-advocates within the PBC (radio and TV) and this workshop was a step in that direction.

According to him the workshop was the beginning of a very strategic partnership as it would lead to a closer interaction between PBC and the district teams of the Social Mobilisation Network. UNICEF, New Delhi's Specialist (Polio Communication) Deepak Gupta elucidated the objectives of the workshop. He highlighted that the Lucknow workshop was the first of the series of six workshops to be held around the country, with emphasis on endemic states and high-risk areas. These training workshops will enable PBC programmers to conceptualize polio related messages and features in a positive and individual/community-centric manner. Illustrating with examples, Mr. Gupta presented the strategic communication approaches and the most appropriate ways of addressing behaviour change, advocacy and social-mobilization issues surrounding polio.

Deputy Director-General Prasar Bharti Corporation Usha Purie, who also coordinated this initiative from the PBC, welcomed the participants and facilitated the programming aspects vis-à-vis electronic media programmes on polio. Eminent writer K. P. Saxena ("Lagaan" and "Jodha Akbar" fame) who has also been for long associated with radio and TV walked through the emerging creative scripts. Likewise, Mr. Naresh Saxena – eminent poet, critiqued the poetic scripts and the jingles.

The four-day workshop provided participants with a technical update on

the polio scene globally and specifically for Uttar Pradesh. The participants were taken on a community visit to understand the polio and its associated issues.