



## IEAG recommends more intensive communication support during mop-ups outside endemic states

NEW DELHI

As polio eradication shifts to a decisive phase, Government and polio partners will

need to act quickly on India Expert Advisory Group (IEAG) recommendations that call upon them to intensify communication support for mop-ups and other

immunization activities in non-endemic states. The IEAG met on 28-29 May in New Delhi.

While endorsing the current communication strategy, the IEAG recommended that communication needed to be an integral part of the mop-up response to Type 1 cases outside endemic states. It also encouraged the Social Mobilization Networks to further intensify its work of tracking on the immunization status of children of migrants returning to their homes in Uttar Pradesh and Bihar. The IEAG felt a focus on these strategies would be an important contribution to closing some of the last chains of transmission quickly. The IEAG remained confident that India was on track to stop Type 1 transmission in 2008 and Type 3 transmission in 2009 and recommended measures to make this happen.

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The IEAG during its final session in New Delhi on May 29. Seen on the dais are (from the right) WHO Representative Dr. Salim Habayeb, Health and Family Welfare Secretary Mr. Naresh Dayal, Additional Secretary Mr Girish Chaturvedi, Joint Secretary Ms. Aradhana Johri, IEAG Chairperson Prof. Jacob John, UNICEF India Officer-in-Charge Ann Hasselbalch and Rotary International's Deepak Kapoor.

## Communication efforts revived for West Bengal to respond to P1 transmission

Kolkata

Concerns about possible on-going, low-level transmission of Type 1 poliovirus in West Bengal have resulted in a reversal of a programme decision to reduce communication activities in 2008. Communication and social mobilization activities are now being revived in the state with a particular focus on the district of South 24 Parganas. This shift in strategy reflects the need for a fine balance between ongoing flexibility in the programme as it closes the final chains of Type 1 transmission while retaining a strong focus on the endemic states of Uttar Pradesh and Bihar. With the monsoon expected in June, West Bengal faces a heightened risk of virus transmission and needs an urgent response.

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## Annual haj provides critical advocacy opportunity for polio

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## Communication to address 'refusal' issues in Bihar

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## The Vital Drop – set for release in July

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A six-year overview of the contribution of strategic communication to polio eradication in India is set to be released in July.

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**IEAG recommends more...**

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Data was presented at the IEAG on nine Type 1 mop-ups carried out between July 2007 and May 2008 outside of Uttar Pradesh and Bihar. The average size of the first round (of three) was 1.8 million children, which was below global standards for the size of a mop-up. During the

communication presentation at the IEAG, it was pointed out that communication support to mop-ups was relatively weak and sporadic.

The situation in Mahestala municipality, outside of Kolkata in West Bengal, was examined in some detail. Mahestala, which reported a P1 polio case in late

2007, demonstrated the difficulty in mounting an effective communication response quickly in areas where the programme has historically faced opposition at the community and household levels. As demonstrated by the data presented at the IEAG meeting, regaining trust and acceptance is a time-consuming and intensive process, often at odds with the pace and scale required for a mop-up.

Between January and May 2008, four polio rounds were held in that part of West Bengal with little reduction in the generation and conversion of households refusing to accept Oral Polio Vaccine. In January, 1,329 houses in the municipality refused OPV and that absolute number increased to 1,571 in the May round – accounting for 31 per cent of all houses with an eligible child counted as not immunized that month. More intensive efforts are underway in Mahestala, particularly through the mobilization of faith-based NGOs, occupational groups and community meetings (see ‘Communication efforts revived for West Bengal’).

The IEAG has recommended: “The programme needs to enhance its capacity to provide

rapid, effective communication support to non-endemic states in the event of large-scale mop-up campaigns outside of Uttar Pradesh or Bihar.” Partners are considering different approaches, including options to keep a small team of communication professionals on stand-by to respond to emerging epidemiological situations with a ‘pre-packaged’ set of communication materials and the ability to implement rapidly processes of community engagement, media advocacy and communication training for front-line workers.

The SMNet in U.P. is also supporting the strategy to immunise the children of migrant families. All children in CMC areas in three districts – Badayun, Muzaffarnagar and Etah – who left U.P. in 2007 are being tracked. Between January and April 2008, 668 returned. Of these, 22 per cent of returning children had not been immunised at all while around 78 per cent had been immunised at least once outside the state. The CMCs have been recording in their “CMC registers” the situation of migrant families (whether they are in or out of the village), meeting them on return and linking them to the health department for their immunisation. Data from the three districts –

which have reported the highest migration among CMC areas – demonstrates the risk of infection migrant children face, as well as the potential role they play in continuing to harbour the virus when they return to their home states. As the programme reaches out to the migrant families’ children, social mobilization will play a critical role in connecting families to immunization.

The IEAG also endorsed the communication response to the emerging needs of the programme in endemic Uttar Pradesh and Bihar. This year there has been a significant increase in the deployment of village-based community mobilizers in Bihar (614 up from 295 in 2007). As many as 200 community mobilizers have been deployed as part of the Kosi river plan which aims at increasing access in the highest-risk areas. In U.P. the SMNet expanded to 44 districts – up from 40 – since late last year and now includes Allahabad, Kanpur, Bahraich and Gonda. These districts either reported the poliovirus or had a high rate of refusal and thus needed a communication intervention.



*A newly recruited community mobilizer in discussion with a family in urban Patna. The IEAG in its recent meeting endorsed the strategy to expand the social mobilization network in Bihar to support programme priorities.*

# Annual haj provides critical advocacy opportunity for polio

## LUCKNOW/PATNA

India is changing procedures this year around the immunization of haj pilgrims against polio – providing an unprecedented opportunity to deepen and widen support for the programme if leveraged appropriately.

Unlike in other years, all prospective pilgrims first need to be immunized with OPV, after which they receive a certificate and make an application to go on the haj. Applications are then screened and approved, based on a maximum quota for each state. The result is that many

more people have the potential to be exposed to both the vaccine and polio messaging and over a longer period of time. In the past years, only those accepted for the haj were immunized, just prior to departure.

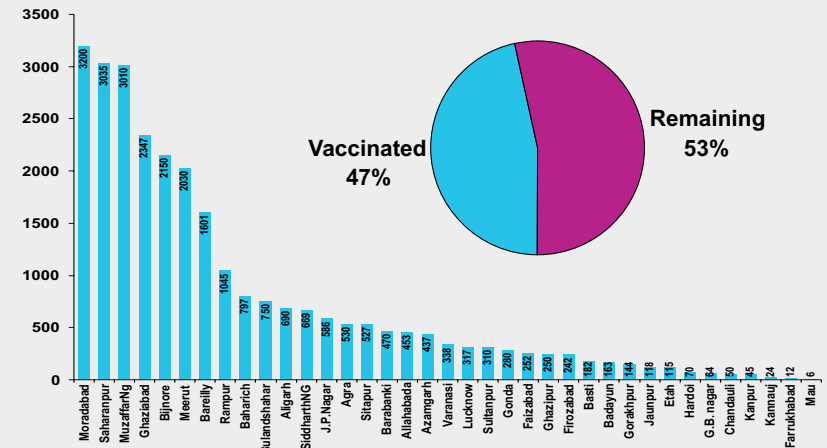
Data received by May 22 from Uttar Pradesh show that by May 22, more people this year (over 27,000 of 50,000 likely applicants) were immunised compared to last year (around 23,000) in the 44 districts where the social mobilization network (SMNet) works. The number is likely to go up as more prospective pilgrims are immunised in the districts.

Haj is the annual pilgrimage to the holy city of Mecca and a limited number of persons are allowed from India to visit Mecca in Saudi Arabia. The Haj Committee of India regulates this event and issues an allocation for each state in India. The pilgrimage takes place around the end of the year. However, the process starts many months ahead. The authorities in Mecca have since 2006 made immunisation against polio mandatory for those visiting from countries that have reported polio cases in the recent past (the list is revised every year).

For the polio eradication programme, the Haj pilgrimage offers a unique opportunity to interact with (very often) the senior members of the Muslim community and to discuss with them the importance of polio eradication and its endorsement by Saudi Arabian government. Immunization of pilgrims started earlier this month and concluded by end-May.

Another change this year is that people are being immunised in a more decentralised setting. In Uttar Pradesh, pilgrims are receiving polio drops for the first

**Polio immunization for Haj pilgrims, Uttar Pradesh 27,309 applicants vaccinated (as of 22 May 2008)**



time in the blocks. This has posed a communication challenge for the social mobilizers who, along with the health authorities, are communicating to the people the immunisation schedule and the locations. At the same time they are explaining to senior members of the community why they need to be immunised against polio “like children”.

Social mobilizers are also using this opportunity to advocate more widely for immunisation against polio as having the endorsement of the authorities who organise the holiest pilgrimage for Muslims. In the next stage,

as the orientation for selected pilgrims is organised in July and August, social mobilizers will participate in and conduct training sessions on polio. Even while that happens, appeals by senior community leaders publicising the directive of the Saudi Arabian government will be published in local papers and in the form of pamphlets and posters. Part of the strategy is working with the pilgrims when they return from the pilgrimage in February.

Last year, Haj pilgrims were mapped in CMC areas in 10

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Muslim women read the appeal by senior religious leaders on need to eradicate polio and the mandatory requirement for every pilgrim to be immunised before starting for the pilgrimage.

## Communication to address 'refusal' issues in Bihar

### PATNA

The polio programme in Bihar is shifting gears to address a problem that used to be more associated with the campaign in Uttar Pradesh – clusters of families and communities that refuse to allow children to be immunized with the Oral Polio Vaccine.

During the past six months, communication strategies in select pockets of Bihar – particularly in urban Patna, Munger and Bhagalpur districts – have been adjusted to respond more appropriately to fears, concerns and grievances being raised at the family level. As in Uttar Pradesh, the reasons why families say 'no' to immuni-

zation are complex and continually shifting. Often, refusals are linked to rumours about OPV safety, frustration at the household level about the lack of access to other health services and public amenities, and inaccurate media accounts of the campaign.

While in absolute terms, the number of families rejecting OPV in Bihar is low and sporadic, addressing the concerns of these parents is a prime concern of the communication strategy. Less than one per cent of missed houses (X remaining) belong to the "refusal" category (XR).

A range of initiatives as part of the 'underserved strategy' to reach

out to poor, marginalized Muslim and Hindu families is making a difference. The most critical input in the past few months has been the deployment of ward and village-based community mobilizers who can interact directly with 'refusing' families at the doorstep, to understand their concerns and to mobilize local community support for the polio effort. Of the 300 community mobilizers deployed by UNICEF since January, 100 are in 'underserved' districts, including Patna, Bhagalpur and Darbhanga while the others are in the hardest-to-reach Kosi region fed by Kosi and other rivers that cause flooding in Bihar and where social mobilization is designed to improve access to children. While efforts to date have focused on block and district levels to mobilize community leaders to get their support, the work at the household level has been intensified by community mobilizers.

A series of local activities such as mosque announcements, holding of iztemas (women's meetings in which religious instruction is given by women priests), local inauguration of rounds has helped in intensifying social mobilization. In areas reporting persistent refusal such as parts of urban Patna



*A meeting of vaccinators, supervisors and influencers in progress in Bihar. Such meetings have helped in increasing acceptance of the polio programme among communities.*

(Gulzarbagh, Patna city, Sabzi Bagh and Phulwari Sharif), health camps have been held by the local administration with community mobilizers playing a critical role in getting these organised.

Data indicate that persistent refusals in the districts where the underserved strategy is being applied have declined. Urban Patna, which has generated the largest number of households in the past has cut its remaining 'XR' numbers by half since early 2008. Patna district – the largest in Bihar – in January showed 1,400 families refusing immunisation. The number dropped to 856 in March and in the polio round recently concluded, it declined further to 771 – nearly a 50 per cent decrease since January.

Several other districts show similar trends. Gaya district has reduced refusal cases by half in this period – from 76 in January to 37 in April. Nalanda is left with 12 refusals (55 in January) while Munger in the April round recorded 29 refusal after reporting 386 refusal cases in January.

The trend however is not consistent across all the locations. Bhagalpur, for instance, has reported a higher refusal incidence in March and April (112 and 92 families) when compared with January and February (81 and 85 families). A scare caused by an identified person forcibly injecting children with a liquid has led to an increase in refusal. The community mobilizers are helping the district administration alleviate people's fears about immunization.



*A community mobilizer talks to a family in urban Patna. The district had 1,400 refusals in January this year which has been halved.*

**Communication efforts revived for West Bengal....**

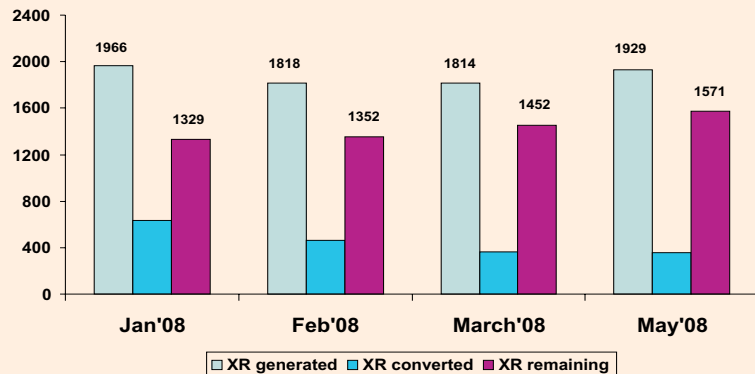
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After a polio outbreak in 2002 (48 cases), West Bengal followed up with an aggressive immunisation and social mobilization strategy. In the following years, the cases fell sharply – to 25 in 2003 and 2 in 2004. In 2005, West Bengal remained completely free of polio and over the next two years reported importations of one and two cases respectively. During this period, the intensity of supplementary immunization activities also wound down in West Bengal along with communication support. By the third quarter of 2007, UNICEF had begun to wrap up its polio social mobilization to direct

those resources to an increased effort in Bihar.

That decision is now being revisited given the again-changing epidemiology in West Bengal. A Type 1 polio case in March 2008 in Kultuli is genetically linked to the November 2007 case in Mahestala – a densely populated urban area outside of Kolkata. Both towns are in the South 24 Parganas district and are around 100 kilometres apart. The linkage between the two cases suggests the possibility of low-level transmission of the Type 1 virus despite considerable immunization activity in 2008. It also makes West Bengal the only place other than Bihar where ongoing transmission of Type 1 virus is suspected.

**Maheshtala municipality: XR trend, Jan-Apr. 08**



Source: NPSB



*An orientation of community leaders in progress in Mahestala in South 24 Parganas district of West Bengal.*

Although there have been five immunization rounds since December 2007, the evidence of ongoing virus transmission suggests that children have been missed – requiring renewed communication and answers to operational issues. With renewed efforts in the district – particularly the more vulnerable areas – gaps and quality issues in the programme in Mahestala have surfaced. For instance, a team was found to have covered 75 houses in 75 minutes, leaving inadequate time to carefully review each household. In the April polio round, out of the 42,000 children in the area, more than 4,000 children were found to have been missed – 1,765 children due to refusal to immunise. In May, the total number of missed children increased to 4,404 out

of which 1,957 were missed due to refusal.

Communication and social mobilization efforts are being concentrated in Mahestala and are expected to produce results over a period of time. To begin with, the partnership around polio eradication is being broadened even as polio is being discussed between the partners as a priority. West Bengal’s vulnerability – a change since 2005 – is being articulated for a reinvigorated response.

For its part, the Mahestala municipality is responding to the need to improve operations. At the same time, organisations such as the West Bengal Education Board and West Bengal Wakf Board are lending advocacy

support. Elected representatives have been brought in to participate in key meetings and polio-related activities. Even as core organisations responsible for polio eradication streamline their functioning, additional support for communication and social mobilization is being provided by experienced organisations such as the Amanat Foundation which had helped after the 2002 outbreak. Other community-based organisations – Engio and Palli Unnayan Samiti – have been roped in and as many as 150 volunteers are now in the field to help people appreciate the threat their children face.

While IEC material had never disappeared, they are now being re-designed for greater visibility as well as for more effective communication. Rotary International has undertaken a major part of the responsibility for providing banners, posters and other visibility and motivational material for the programme. In addition, communication options such as local cable televisions are being employed to air pro-immunization messages by known community leaders such as Dr. Zakir Naik, Maulana Anzal Shah Kashmiri and Mahmood Madni. The communication pitch in West Bengal is changing to respond to its latest challenge.

### Clerics commit themselves to polio eradication in meeting of Ulemas



A meeting of the religious leaders of 16 districts of western and central Uttar Pradesh was held in Agra. Approximately 120 Ulemas attended the meeting. Organised by Rotary International, the meeting comes at a critical time when efforts are being made to garner support from community leaders in the Agra sub-region which has reported refusals linked to statements against polio made by local clerics. Among those who attended was Rotary International Director Ashok Mahajan, Agra Commissioner Sita Ram Meena and District Magistrate Anil Kumar.

### The Vital Drop – set for release in July

LUCKNOW/PATNA

A six-year overview of the contribution of strategic communication to polio eradication in India is set to be released in July. *The Vital Drop, Polio Communication in India* is prepared by author Gitanjali Chaturvedi under commission from UNICEF, and is being published and marketed globally by Sage Publications.

The book outlines some of the key strategies and lessons learned from the polio communication effort since the Type 1 polio outbreak in 2002 until the end of 2007, when India was at the height of its largest Type 3 polio outbreak in a decade.

*The Vital Drop* examines the role of mass media, advocacy and partnerships in creating a supportive environment for the polio programme, and intensively reviews the large-scale grassroots social mobilization efforts across multiple states over time.

The book pays particular attention to the Social Mobilization Network in Uttar Pradesh, which over the years has included the work of UNICEF, CORE and Rotary, and at present involves some 6,000 community mobilizers working in villages and urban slums at highest risk of ongoing transmission of wildpolio virus.

*The Vital Drop* tells the story of some of these women, and the different strategies and approaches that have emerged to deepen the reach of the polio programme, especially in areas where there has been considerable levels of fear, suspicion and resentment around the programme. Some of the tools used by these mobilizers to record and tabulate information are examined, with a reflection on how they have served as a foundation for the evidence-based approach to communication that is the hallmark of the programme in India.

### Annual haj provides critical...

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high-priority districts and were invited to participate in local polio advocacy events. A total of 671 *hajis* attended the events where they narrated their experience of immunization (that this was mandatory) and their pilgrimage. Last year, *hajis* inaugurated 246 polio booths, increasing acceptance of the programme among people. Around 100 *hajis* also



News on prospective haj pilgrims being immunised has interested the media and has helped raise visibility of the polio eradication programme.

supported vaccination teams during house-to-house immunization activity in Moradabad, Meerut, Ghaziabad, Badayun and Bulandshahar in February 2008. Their involvement has helped in sustaining booth coverage and keeping up interest in immunization in some of the critical areas. A similar plan of action is being chalked out for the pilgrims of this year's pilgrimage as well.