

INDIA

COMMUNICATION UPDATE

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A railway transit vaccinator immunizing a child coming from the flood-affected Kosi River area.

A family from the Saupal District of the Kosi River area begins their journey back home. Reaching these families with quality immunization rounds is now a programme priority to halt Type I polio transmission in the state.

Prioritizing polio with flood rescue and rehabilitation in Kosi River area

With only 25 days before a crucial Sub-national immunization round in September, Bihar's Kosi river region found itself under water once again. This time, however, the damage was catastrophic: at least 3 million people were displaced and approximately 300,000 houses fully damaged. Despite the damage, however, community mobilizers of the SM Network needed to immediately jump to the frontlines to ensure polio immunization was high on the list of rescue and rehabilitation priorities.

In 2007, the Kosi River area reported 51 cases of WPV1 and WPV3. Of the 55 WPV1 cases reported nationally in 2008, genetic sequencing analysis of virus isolates show that all but two cases originated from the 2007 Kosi river outbreak. The Bihar state

government, in cooperation with Polio Partners, demonstrated encouraging success to curtail the virus and interrupt transmission. With only two Type 1 cases reported in Bihar to date this year, both before the onset of the high transmission season, it remains critical to the success of the programme not to allow the floods to undermine population immunity because of failure to vaccinate.

Over 300 Government-run camps sprung up in the Kosi districts following the floods, with increasing populations continuing to arrive daily. With disease outbreak identified as the largest threat in the camps, health managers quickly adopted a camp-based vaccination

strategy that included measles, vitamin A and Oral Polio Vaccine (OPV).

Operational constraints proved daunting. Reaching children in far flung flood-affected areas required intensive planning at the operational and communication level. A key challenge was getting communities – who had just faced incredible devastation – to quickly regroup and galvanize widespread support for polio vaccination efforts. Social Mobilization Coordinators and Block Mobilization Coordinators quickly engaged with camp and government officials and communities to develop a multi-pronged strategy that included:

- A transit strategy for critical cities where people are migrating through roads and railways.



Reaching every child with vital drop at Mega Relief camp Purnea.

- Immunization in camps.
- SNID for Bihar except for flood-affected districts.
- Special mop up rounds in the flood affected districts.

Given that 53 of the 55 P1 cases in India this year have originated in Bihar, the transit strategy was designed to prevent the spread of polio from Bihar to any part of the country or state. The 10 districts that house the major transit points adopted a unique “vaccination on wheels” approach. Hundreds of Block and Community Mobilizers were marshalled to develop microplans for the 10 “transit districts” and camps of the five worst affected districts. Communication was integral to the effort; Frequently Asked Questions (FAQs) and leaflets were distributed at all locations. Over 260,000 children and newborns were immunized in camps and transit points.

While the statewide polio round scheduled for 14 September was forced to shift its dates, the Government of Bihar still managed to complete the polio round for non-affected districts within two weeks of the initial planned date. Partners and Government mopped up approximately four flood-affected districts by October 20th. A third phase was ongoing until October 26th, which included the final district of Madepura, two blocks missed out in phase 2, and a catch up round.

Cut-off villages remain extremely difficult to access. Although a significant number

of boats have been supplied to affected areas, assessments will need to be made on what additional support is needed to reach these areas as water begins to recede in the coming weeks and travel by boats will no longer be possible. With people quickly returning to their homes, the communication strategy made quick revisions to reach as many people as possible in the 16 November SNID which will use only mOPV1 in order to consolidate progress against WPV1. One hundred twenty four BMCs and 14 SMCs have been deployed to support microplanning for the SNID. IEC materials, including 10,000 polio FAQs on polio are being distributed by the

teams conducting Routine Immunization and vitamin A.

The determination with which the Government and Partners have responded to the Kosi river crisis has been exceptional. With the success of the polio programme hinging on consolidating gains in Bihar, however, nothing less than these efforts will suffice. AFP surveillance must be reinstated and adapted to respond to population shifts in the flood affected areas to ensure that high sensitivity is maintained throughout the state. In this critical hot spot area, war-like momentum must be maintained.



Railway transit vaccinators immunizing missed children in the Kosi River area.

Strategic communication during one of Islam's most holy events

66% of Eidgahs reached in western Uttar Pradesh District

Although western Uttar Pradesh (U.P.) has been the most polio endemic area of the world, there are a few districts in the region that are even more prone to poliovirus transmission than others due to the convergence of a number of risk factors. In these districts, most notably Badaun, Moradabad, Bareilly and Rampur, the population immunity threshold needed to stop transmission and sustain its cessation is extremely high.

Epidemiological analysis suggests that WPV1 circulation in Badaun, where 50% of all UP WPV1 have been recorded, occurred due to a decreased immunity particularly among children under two years of age. The number of total mOPV1 rounds conducted in Badaun and a few adjoining districts in 2007 was less than other parts of western U.P. In addition, the longer intervals between rounds during 2007 and 2008 allowed accumulation

of susceptible children with insufficient mOPV doses, especially given the large size and rapid birth rate of Badaun. The findings indicate that frequent mOPV Supplementary Immunization Activities (SIAs) with short intervals need to be conducted in large and core endemic districts of western U.P. to stop WPV1 circulation and maintain immunity among young children.

It is for this reason that a carefully crafted series of communication interventions was implemented in the most high risk areas of UP during the holy month of Ramadan. Eid ul Fitr, celebrated this year on October 2, is one of the most important Muslim celebrations of the

year. Eid provided the polio programme with a unique opportunity to galvanize community support and leadership to stop transmission of the poliovirus at a critical juncture of the programme in India.

Efforts by the polio partners focused on advocacy for polio vaccination with prayer-goers attending Eid *namaz* (prayers) in 44 districts, mostly in western U.P. where Type 1 polio transmission has been re-established. Banners, posters and leaflets were strategically placed and distributed at over 1200 Eidgahs, the open-air mosques where Eid *namaz* are performed.

With millions of believers congregating for *namaz*, Eid marks an important



Namazis ready to perform Eid namaz at Eidgah at district Shahjahanpur, U.P.

opportunity to reach the underserved community – particularly those high-risk areas where the programme has focused much of the community effort.

With the help of local influencers and mosque *Mutwalli's* (managers), mosques and Eidgahs where Eid namaz were planned were identified, and Imams named. One week before Eid, District Underserved Coordinators (DUCs) and Block Mobilization Coordinators (BMCs) from the polio partnership met the Imams to personally request their assistance to incorporate polio messages in their Eid *Khutba* (sermon).

Out of 1937 Eidgahs planned for intervention, *taqreers* (sermons) were held in 1687. This marks 66% of all Eidgahs in the high risk areas, and coverage is estimated to have reached approximately 4 million people. The critical high risk districts of Moradabad, Bareilly and Aligarh reported the highest number of *taqreers* held indicating strategically targeted communication efforts. In these districts, where there was a slight decrease in the immunization coverage among children in the first half of 2008, there is a higher probability of virus circulation than other areas. Communication efforts are therefore most critical here.

Questionnaires were distributed randomly to prayer goers across the 44 districts in order to gauge perceptions about the polio programme and determine if messages were in fact reaching people. Of the 1,459 total respondents, 90% were positive about the polio programme. Twenty-



Polio promoting banners at Eidgah Fatehganj; district Bareilly.

two percent said they had received information about the programme from the *taqreer*, and 60% said they received information through banners.

Appeals by national and local religious leaders affirming their support for polio vaccination were printed in the form of handbills and distributed together with Eid greetings the local influencers could distribute personally. This was both an effective communication medium as well as an opportunity to recognize their effort and credibility in the fight against polio. The Jamia Militia Islamia (JMI) "Green Booklet" - which quotes several references from the Quran and Hadiths about the importance of health in Islam – was also distributed at the main entrance and exists of namaz sites.

A common greeting during the holiday is the Arabic phrase *Id Mubarak*, or Blessed Eid. In Uttar Pradesh this year, the phrase *Al'vida polio*, or "Goodbye Polio" was added to the Eid greetings.

The Eid communication efforts were expected to increase participation in the October mop up rounds currently underway in 17 priority districts of U.P. Influencers are continuing to help vaccination teams, and mosques are helping to spread the word on times and dates of vaccination activities in their nearby areas. With Hajj coming up in December, plans are underway to reach pilgrims making their way to Hajj, and to use their elevated status upon their return for community mobilization.

CORE review completed

Lessons for increasing effectiveness

A programme review of CORE's first funding cycle has found a decrease and interruption of type 1 Wildpolio Virus (WPV) in CORE-supported blocks from 1999-2007, coinciding with the overall dramatic drop in reported cases in the programme as immunization and communication activities intensified.

The review, conducted by a team from JSI/IMMUNIZATIONbasics, followed a multi-faceted methodology that included in-depth interviews with Government officials and the polio partners, district officials and community health and social mobilization workers. Interviews were conducted in New Delhi, Lucknow, Sitapur and Moradabad, and were analyzed together with coverage data and project reports from the same areas

to produce a comprehensive review of the programme over the last 8 years.

The review found that the Social Mobilization Network (SMNet) of CORE was a critical contributor to the marked reduction of WPV in Uttar Pradesh since 2002. Despite CORE's work in 10 of some of the most high-risk districts in Uttar Pradesh, the prevalence of WPV cases has generally been lower over time in districts where CORE has been working (see figure below).

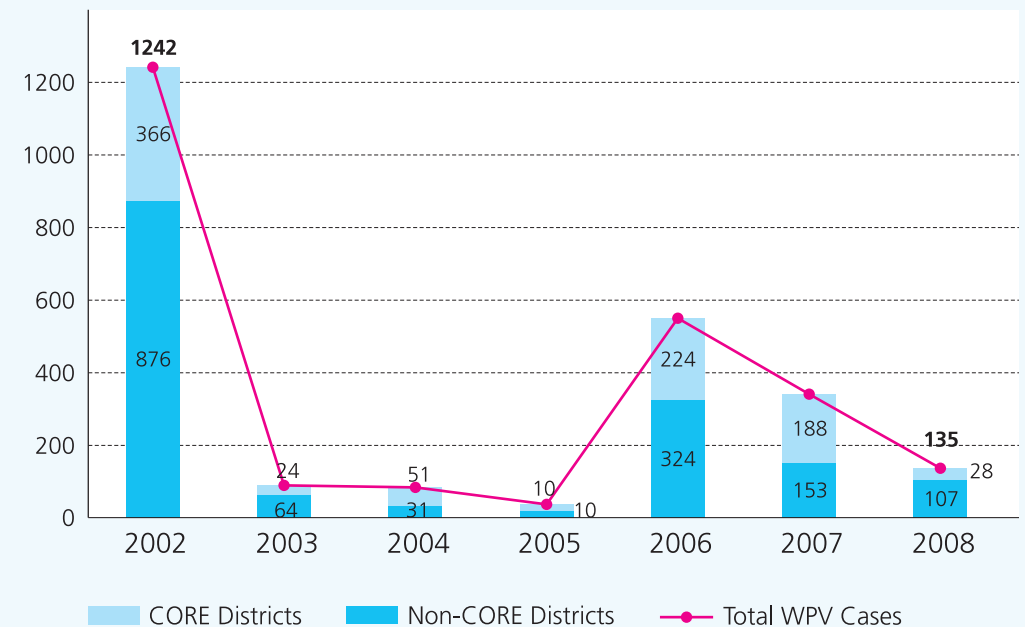
Community mobilization yields results

In high population districts such as Moradabad and Sitapur where CORE has been working since 2001 and 2006 respectively, intensified NIDs/SNIDs, coupled with strong community

mobilization in 2007 and 2008 have contributed to a decrease in cases. Based on reported data collected through the SMNet, 2005 booth coverage in CORE-supported areas was at an average of 55%. As polio rounds continued and PVOs (private voluntary organizations) and NGOs intensified their support, booth coverage rose to an average of 65-70% in 2007 and 2008.

The review found a positive association between the active presence of Block Mobilization Coordinators (BMC) and Community Mobilisation Coordinators (CMCs) in communities, and the number of houses converted from "X" to "P". CORE facilitates hands-on training programmes for CMCs to ensure they have the skills to perform well. In these trainings BMCs are also present, and standardized tools

Wildpolio Virus cases in CORE and non-Core districts, 2002-2008



such as registers and planning sheets are introduced and explained to ensure optimal implementation and supervision.

Evidence based planning and action

Another lesson drawn from the review is the importance of generating and using timely data for planning and follow-up action. CORE's monitoring system tracks routine immunization (RI) indicators for children in each CMC's catchment area. The CMC registers track, data on newborns and all children receiving zero dose of OPV, and immunization coverage for BCG, DPT, OPV and measles. The data is then shared with the ANM and anganwadi workers in the same area and used by the CMCs to encourage parents to participate in RI to complete their child's vaccination series. Houses marked in the register as "X" receive follow up visits to ensure they are converted to "P".

Migratory populations have a special

tracking service which is undertaken together with UNICEF, NPSP and local government partners. Seasonal migration data is collected and registries are kept to track when families are present in their households and whether or not these are "X" houses. Data are then shared with block Medical officers, with special teams organized at village level to follow up on consistent cases of migration and/or resistance.

Engaging the influential

Engaging influencers to change opinions is a vital part of the social mobilization strategy. The involvement of religious leaders like Shahi Imam of Jama Masjid and Shahi Imam of Moradabad has been critical to overcoming religious resistance to OPV. Their participation has contributed to the release of polio fatwas (religious decrees) to encourage muslims to vaccinate their children. Special booths have also been set up during religious ceremonies or events to cover underserved communities.

Implementing Polio Review Phase I recommendations

The first phase of the 2008 Polio Communication Review has been completed in six sub regions of Uttar Pradesh (Meerut, Varanasi, Bareilly) and Bihar (Darbhanga, Khagaria, Patna). The review process, which was planned and implemented as per the December 2007 India Expert Advisory

Group (IEAG) recommendations, utilized various qualitative research methods such as in-depth interviews, focus group discussions, and one-to-one meetings to examine the issues over 14 days.

The teams reported overall high levels of commitment and motivation towards the programme at all levels, and generally found the quality of communication work to be of a high standard. They also appreciated the evident partnership and coordination among various partners.

Five teams of two consultants each conducted reviews on specific themes in each sub-region. The teams, drawn from diverse professional backgrounds like social marketing, media, development communication and academia, visited

50 villages and urban areas of 11 districts in the two states. Based on the epidemiological conditions, themes were identified for each sub-region and each team assigned to analyze one theme as follows:

Uttar Pradesh

- Meerut: Missed children due to migration.
- Varanasi: failure to immunize newborns.
- Bareilly: Engagement with underserved communities.

Bihar

- Dharbanga: Mobilization of Anganwadi workers.
- Patna and Kosi River: outreach and effectiveness of community mobilizers.



Communication review members Tapan Sen (above, right) and Chris Morrey (opposite, right) engage with villagers in a relatively remote area of Khagaria district, Bihar after travelling for more than six hours.

Through a participatory process, the review teams worked with the health department and polio partners at the sub-regional and district level to identify key actions with time-bound outcomes and clearly defined milestones to be achieved by December 2008. Forty-five specific, time bound and measurable recommendations have been identified and are currently being implemented. The table below shows the number of agreed recommendations against each of the themes reviewed.

Based on context-specific analysis, the recommendations are highly localized, with practical applications – such as specific approaches to improving newborn coverage in Varanasi through the mapping of private nursing homes. Other recommendations are more related to leveraging existing health systems, such as in Meerut where the team has suggested special immunization campaigns on certain days among populations known to be migrating back into the sub-region from neighbouring non-endemic states.

There were also some common issues and recommendations that emerged across the sub-regions – particularly around Routine Immunization and development of IEC materials.

Routine Immunization

Both Meerut and Varanasi identified poor immunization as a core reason for inadequate coverage of migrants and newborns during polio rounds. Epidemiological analysis suggests that migrants make up a significant portion of polio cases, both in U.P. and Bihar. Many of these families are missed both during migration as well as when they return to their houses. Routine immunization should be strengthened so that these groups carry immunization cards with them at all times. Special immunization sessions should also be held during the months that migrant families return. Likewise with newborns in Varanasi, children are often missed with routine immunization (RI) due to a high proportion of births taking place in the maternal grandparents' house. To combat this challenge, the Varanasi

review team echoed the recommendation made in Meerut – that is to identify areas with low RI coverage and organize special immunization sessions to cover all newborns in this area with the help of CMCs. Other recommendations included intensifying CMC visits to pregnant women likely to deliver in the parental house and undertaking a mapping all private nursing homes that offer delivery facilities to initiate immunization plans in these facilities as well.

Strengthening IEC materials and the role of influencers

The underserved areas of Bareilly and urban Patna both identified the need for more IEC materials targeted more directly to hardcore resistance, as well as development of these materials in Urdu. While there was no widespread resistance identified in either of these areas, both sub-regions highlighted persistent resistance in some pockets – particularly in urban Patna. Additional training was identified as a critical need for CMC workers to help them tackle hardcore resistance. Influencers should be recruited from wider cohorts and it was suggested to cast the net wider to local health workers. The performance of influencers needs to be more closely assessed, monitored and rewarded to sustain interest and high performance.

In Bareilly, it was suggested to include the Hindu underserved communities in the communication strategy. It

was recommended to conduct an analysis of these to identify potential activities required.

Next Steps

There was consensus from both the review teams and field staff that the process was helpful in looking at 'familiar' issues from a fresh perspective, and within the context of the current epidemiological conditions of the programme in India. Improvements in communication, as with operations, are now incremental and context-specific. However, it remains to be seen whether the recommendations themselves still have the specificity required to make a difference to outcomes; and as well to see if the recommendations or approaches tried are transferable to other sub-regions facing similar issues but where the context may be different.

Following the review teams' departure, a follow-up meeting was held with the sub-regional teams to finalize agreement around the teams' recommendations, and to ascertain accountabilities for their implementation. These final recommendations are outlined in a detailed spreadsheet, by sub-region.

In December, the second phase of the review process will begin, which will involve one person from each of the review teams revisiting the same six sub-regions to analyze the progress of implementation of the recommendations, and to arrive at a consensus for further action points.

	Review areas and themes	Sub-regional recommendations	State-level recommendations	National-level recommendations
1	Meerut, UP (missed children due to migration)	9	4	2
2	Varanasi, UP (failure to immunize newborns)	9	1	-
3	Bareilly, UP (engagement with underserved communities)	5	-	-
4	Patna/Kosi River, Bihar (outreach and effectiveness of community mobilizers)	10	3	-
5	Dharbanga, Bihar (mobilization of AWWs)	2	-	-
	Summary	35	8	2

Media coverage of polio in India

Comparison by year over the first three quarters

A comparative analysis of newspaper coverage of the polio programme in the first nine months of 2008 compared with the same period in 2007 highlights significant differences in media interest, approach to issues and frequency of reporting across the country.

Broadly speaking, media coverage in major markets has been less intense and less negative this year, with better journalistic attributes and more accurate reports. In local, district-based media reports, there has been a substantial increase in negative reporting, driven by specific events – such as the death of a child following immunization – than general criticism of the programme.

As a result, the communication strategy is adjusting to emphasize media

engagement at the district level in endemic states, where reporters are more likely to generate stories that negatively impact on community participation in the programme. Individual briefings have been organized with the main media houses in Aligarh and Agra to explain the programme and the impact of sensationalist and inaccurate reporting has on the immunization process. Larger briefings and media workshops have also been held strategically before the planned immunization rounds in June and July in order to proactively address media and community concerns.

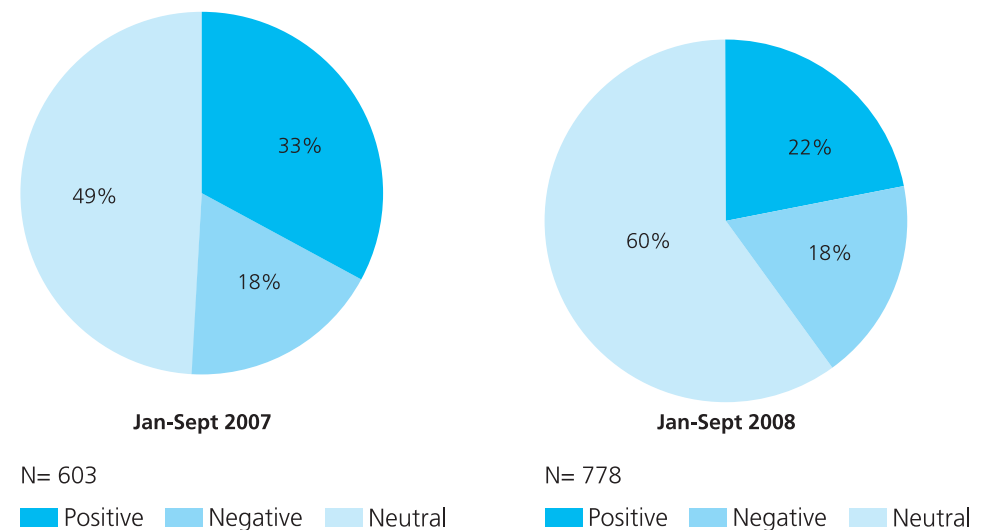
In the major media markets of Delhi, Mumbai and Lucknow, the number of polio stories has remained fairly consistent. But while there seems to be

little change in the overall coverage of polio in the major markets over the last year, the distribution of stories by tone is changing, with fewer positive stories, more neutral stories and approximately the same number of negative stories.

Lucknow media content to date shows an overall increase in the coverage of the polio programme compared with the same period in 2007, but the proportion of stories covering neutral content has increased more significantly - from 49% to 60% in the last year. Positive stories have dipped from 33% to 22%, and negative stories have remained at the same proportion.

In the high risk areas of western Uttar Pradesh, the number of stories doubled in

**Tone of polio news stories, Lucknow
Jan-Sept 2007 and 2008**



Source: Unicef & IMR

the first nine months of 2008, compared with the same period in 2007. But the distribution of stories in these markets is increasingly negative, with only 19% of positive stories to date compared to 29% in 2007.

Within the 'positive', 'negative' and 'neutral' categories, specific issues are tracked based on commonly recurrent themes. For example, the death of a child attributed to OPV would be classified as a negative story; news of an underserved community supporting the programme would be classified as a positive story. Journalistic practice is also assessed, based on balance, attribution and accuracy of headlines to story content.

Of the negative stories reported in both Lucknow and the high risk areas of western UP, the proportion of stories covering logistical failure have almost doubled this year. Negative stories about Muslim rejection, programme and vaccine failure have reduced by more than half in most cases, suggesting that negative media is at least becoming more focused around specific events as opposed to the programme in general. An almost three-fold increase in the number of stories politicizing polio seems to highlight the need to keep the media focused on critical issues of the programme.

The story from Bihar this year...

In Patna, between the second and third quarters of 2008, positive coverage of the programme has almost halved, falling from 30% to 16% in the most recent quarter. Among positive news stories,

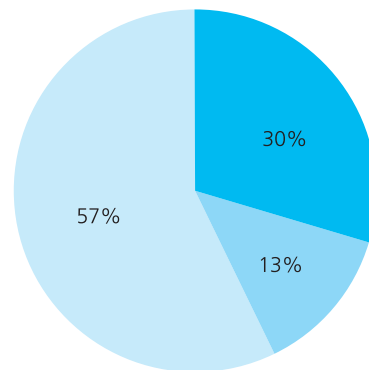
coverage of Muslim support has reduced from 50% in the second quarter to only 14% in the last 3 months. Support for Government, however, seems to have increased, as indicated by a rise in articles praising Government initiative.

The share of positive stories lost seems to have transferred to the "neutral" category, leaving open a window of opportunity to alter the mood. Although UNICEF, NPSP and Rotary have actively engaged with media at national, state and district levels to provide media training and support to health and government officials, an injection of additional support is required to reverse the negative trends coming out of this quarter's analysis.



Agra District Magistrate Anil Kumar addressing reporters at a media workshop organized in Agra in June 2008.

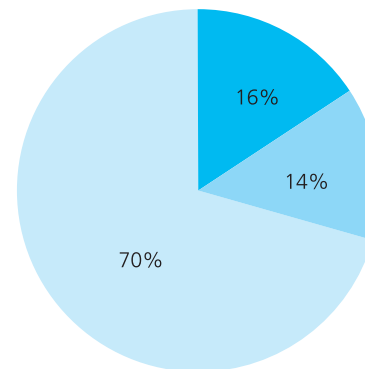
Tone of polio news stories, Patna 2nd and 3rd Quarters 2008



April-June 2007

N= 603

Positive Negative Neutral



July-Sept 2008

N= 778

Positive Negative Neutral

Source: Unicef & IMR