

INDIA

COMMUNICATION UPDATE

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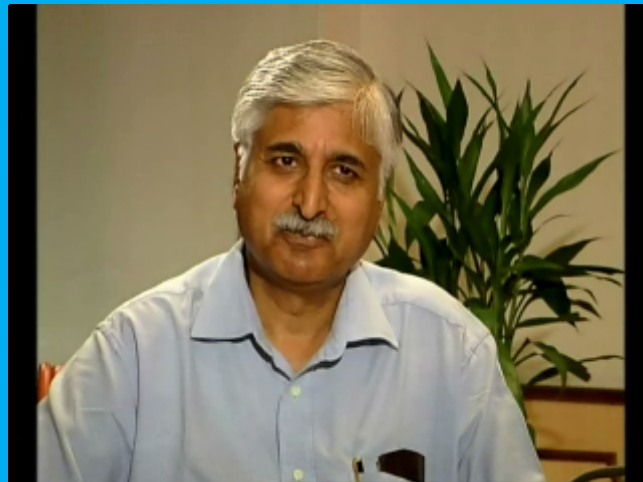
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India is committed to polio eradication:

An interview with Mr. Naresh Dayal, Secretary, Ministry of Health and Family Welfare, August 6, 2008



Thirteen month old Minakshi is the second child in Uttar Pradesh to contract Type 1 poliovirus this year. In this picture, she is with her mother in their village of Soli in the Wazeerganj block of Badaun district. Last week, a third polio case was reported in Badaun, in addition to two in the adjoining district of Kanshi Ram Nagar, indicating strong local transmission of the poliovirus.

Responding to a serious and complicated situation – P1 virus in western Uttar Pradesh

Joint review by partners helps identify ways to close communication gaps

NEW DELHI

The most critical and urgent problem facing polio eradication in India at the moment is the re-emergence of Type 1 virus in the high-risk region of western Uttar Pradesh—an area that had been free of the virus since November 2006.

As of August 8, 2008, three Type 1 cases have been reported in Badaun district with two cases reported in the adjoining district of Kanshi Ram Nagar. This localised outbreak began with the onset of paralysis in a 12-year-old girl in May 2008 following importation from Bihar and then spreading locally. Adding to this serious problem is the complication of continued circulation of Type 3 virus, especially in Badaun, which has continued to generate polio cases unlike other districts despite several rounds of mOPV3.

The polio partners recently conducted a programme review in Badaun, and the adjoining districts of Moradabad, Rampur and Bareilly to put operations and communication under closer scrutiny as immunization activities have clearly not been of sufficient quality with

an increasing number of missed children during polio campaigns. The review was undertaken jointly by the National Polio Surveillance Project (NPS), CORE and UNICEF. A number of recommendations have been made aimed at closing gaps in social mobilization. The review also focussed on surveillance and the operations of supplementary immunization activities (SIA).

A methodology had been drawn up for assessing social mobilization work in the four districts by CORE and UNICEF. A desk review of data, investigation of the field book maintained by the CMC and field

verification in addition to focused group discussions and in-depth interviews were the tools used for the assessment.

While overall the four review teams found the motivation levels of Community Mobilization Coordinators (CMCs) and the other SMNet members to be satisfactory, with good reach and appropriate use of monitoring tools, a number of measures have been suggested for further improvement. These are now under review by the implementing agencies – both UNICEF and CORE – and wherever possible, will be assimilated into the functioning of the SMNet.



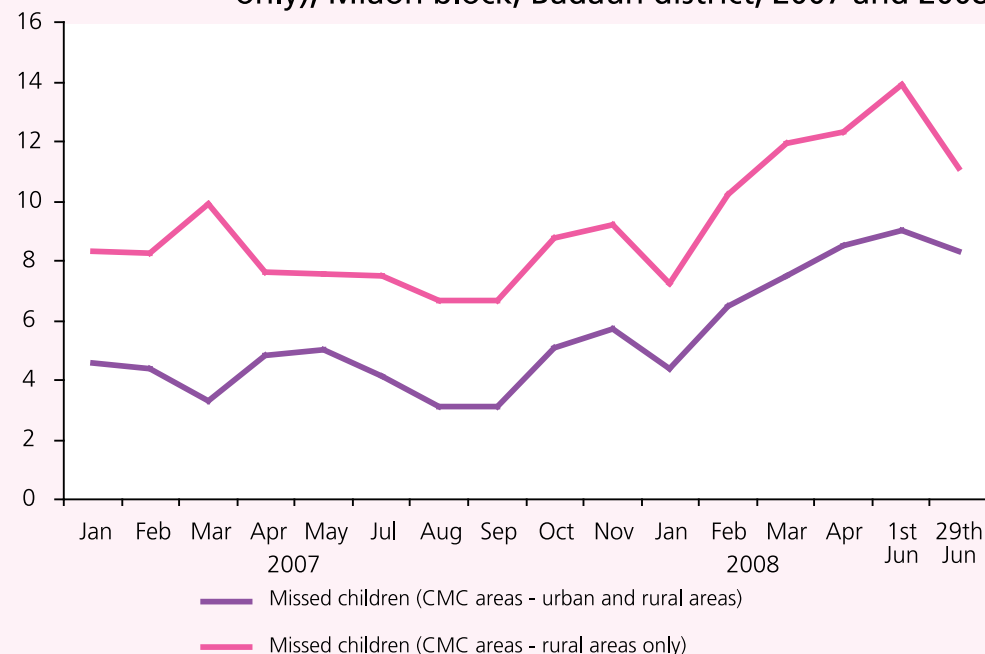
A discussion with a family refusing immunization reaches a standstill in Bareilly. Later, the family agreed to immunize the child. Improved training will help in equipping the CMC further in dealing with family concerns and reluctance to immunize.

In Badaun, 90 per cent of high-risk areas are covered by the SMNet. UNICEF works in all the 18 blocks of the district. The report points out that the utilisation of the CMCs' survey is substantially limited due to the existing sector approach.

Currently, as many as five teams of vaccinators work in a CMC area for one day and move on to non-CMC areas for the other days of the polio round. Instead, if team approach was followed, one team would work on all the days of the round in that village and the CMC would be able to help them on all these days. The report notes: "The utilization of community mobilizers is significantly limited by sector approach in the district. Even where the CMCs are present and collecting updated status of newborns, the newborn booklets did not have the listings as both highest risk blocks of Sahaswan and Dahgawan have a majority of CMC areas with sector approach." Recommendations include reviewing microplans to change from sector to team approach.

The review of available data found a substantial decrease in the numbers of children being immunized in Badaun, the location of the current localized P1 outbreak. Between 2006-2008, 12 of the 19 blocks in Badaun reported more than a 4% decline in coverage. In some blocks, the problem was acute. In Miaon block, for example, missed houses (a combination of monitoring and tally sheet data) indicate an increase from 6% to 8% during 2007 and 2008. Data from field books maintained by UNICEF CMCs in select villages and urban areas

% missed children in CMC areas (urban/rural, and rural only), Miaon block, Badaun district, 2007 and 2008



of the same block showed an increase of missed children at 9% in June 2008, and as high as 13.9% in rural locations covered by CMCs. These gaps are now being studied more closely to determine whether those children were available for immunization, had moved on with their families, or were missed because of poor quality immunization activity and poor social mobilization.

With regard to missed houses, the report observed that the lowest missed houses are reported in August due to the migratory trend. The X remaining (missed houses at the end of the immunization activity) peaks some time between March to June. The district has among the highest XL and XV houses

(missed due to the house being locked and the family being out of village) on account of migration. However, missed houses due to refusal (XR) is low at an average of eight houses per block in the CMC areas. The exception is Usawan block which has 24 missed houses due to refusal.

Reports from other districts have made recommendations for furthering programme effectiveness. These include building in mechanisms for measuring quality. In Bareilly, an emphasis has been placed on training. The report notes that the CMCs need to have refresher training in interpersonal communication as well as be oriented to handle the difficult questions they may face while dealing with

communities. The need was to get the CMCs to "truly assimilate knowledge on polio" so that they became spontaneous and effective communicators. Similarly, with the responsibility of training CMCs and vaccinators resting on the BMC (the BMC holds an IPC session during the vaccinators' training), the BMC must be trained to train so that the personnel he/she supports retain their cutting edge in the field.

Meeting communication and programme challenges in Bihar – *polio's critical battleground in India*

PATNA/KHAGARIA (Bihar)

Communication efforts are being refined and intensified in Bihar to respond to a confluence of factors that make Bihar one of the most significant challenges to polio eradication in India.



An imam prays for polio eradication and the well-being of polio workers after the launch of a campaign in the Gogri block of Khagaria.

Monsoon rains have reached the state, just as the second Type 1 polio case this year has been reported in the district of Saharsa, with onset of paralysis on 22 June 2008. Despite five mOPV1 rounds conducted since January, ongoing, low level transmission of the virus obviously continues, and poses a distinct threat to eradication efforts within the state, as well as neighbouring U.P., Delhi, Assam and West Bengal – all of which reported Type 1 virus with genetic linkages to Bihar. To this complicated scenario is ongoing, although reduced, transmission of Type 3 polio. 208 P3 cases have been reported in Bihar to date this year.

The threat Bihar poses to others has been felt most acutely in Badaun in western U.P., which reported a Type 1 case genetically linked to Bihar with a May 2008 onset. That case, in turn, is linked to two more children diagnosed with polio in Badaun and another one in Etah, suggesting re-established circulation of the virus in that part of U.P. which had not seen polio in more than a year.

In the past two months, social mobilization efforts has been directed towards mobilizing communities in Gogori block of Khagaria, Bihar, which has been most closely associated with the virus exported to U.P. Social mobilizers have also been engaged in making preparations along with partners to strengthen immunization activities during flooding. With the Type 1 case reported in Salakhua in Saharsa in the heart of Kosi River area (*also see Recent Bihar case exemplifies difficulty in reaching children*), social mobilizers already positioned in Saharsa are undertaking targeted interventions aimed at protecting children, especially newborns.

Taking each challenge as it comes...

Intensive social mobilization activities have been carried out in Bihar's high-risk Gogri block and its adjoining Parbatta block in Khagaria district following the surfacing of a Type 1 case in the Badaun district of Uttar Pradesh. Investigations had shown a connection. The child who contracted the poliovirus belongs to a family from Gogri and is believed to have contracted the virus while she was in her native village.

Khagaria is one of the highest-risk districts in Bihar and is part of the Kosi sub-region where a special strategy to reach and immunize children in the remotest areas is being implemented. Khagaria has also reported among the highest number of Type 3 cases in the state – 19 out of 208 so far this year.

While a lack of access to vast areas in Khagaria, Saharsa and the other districts in the Kosi region is the primary reason why this region has reported intense poliovirus transmission, social mobilization is designed to increase community participation in immunization. There are currently 41 CMCs in Khagaria of which six are in Gogri. A range of activities were carried out by them recently which include activating the influential members of the community such as locally elected representatives (known as Pacnhyati Raj Institution or PRI members) and religious leaders, reinvigorating the support of the ICDS through its anganwadi workers (the ICDS project provides supplementary feeding to children and mothers and runs playschools for children through its AWWs) while at the same time holding mothers' and community level meetings. A part of the strategy was enlisting the support of the Muslim community (three of the last four type 1 cases in Khagaria have been among Muslims).

Immunization during floods...

The social mobilization comes at a critical time when the state is already reporting flooding in certain parts. In the round that was held between 6 to 10 July, the

state immunized more than 20 million children – a good figure. The next round is planned for September 14 – at a gap of two months from the previous – but Bihar is presently discussing a mop-up round in the high-risk areas in response to the recent P1 case.

Although widespread and persistent flooding has not yet occurred in Bihar, many of the major rivers in North Bihar districts have been flowing above the danger mark, causing flash flooding in many villages. Kosi in Supaul, Madhepura and Khagaria, Bagmati in Muzaffarpur and Punpun in Patna district are flowing above the danger mark.

The SMNet Response is working in partnership with the Government and the NPSP in preparing "Flood Microplans". The areas that are likely to be flooded are being identified with emphasis on embankments, schools, railway stations, etc where people take shelter. The block (sub-division) is the centre of planning to make it more detailed. A part of the plan is to identify boats for mobility and have them available for carrying out vaccination. The intention is that no flooded area be left out during the polio round.

The SMNet is also supporting health officials in identifying vaccinators for the mobile transit teams. These mobile transit teams will be closely monitored by the Block Mobilization Coordinator (BMC) and field volunteer during the round. Prior to the deployment they will be trained in interpersonal communication and in handling difficult situations. The

flood-specific activities also include the training of anganwadi workers (AWWs) and ASHAs (accredited social health activists). Their mandate would include helping communities understand issues around safe drinking water, sanitation and immunization of the newborns during the round.

Recent Bihar case exemplifies difficulty in reaching children

A Type 1 polio case was recently reported in Saharsa district of Bihar. The following is an account of a trip undertaken by a team of UNICEF's social mobilizers led by the sub-regional co-ordinator (SRC) of the Kosi sub-region which is the highest-risk area for poliovirus transmission and therefore the focus of intensive programme and social mobilization activity. The piece brings out the issue of access to the remote villages of Bihar, the condition of living and the availability of services.

SAHARSA, Bihar

On July 24, 2008, we visited the village Bhirakhi in Salkhua block where a Type 1 case had been recently reported. The village is situated on the embankment of the Kosi river and as it was the flood time, it was quite difficult to get to the village.

We left Saharsa at 7.00 a.m. for Salkhua by a local passenger train and got off at 8.00 a.m. after which we travelled by a motorbike about 17-18 kilometres which took more than two hours. We reached village Chaurahi and then walked for a kilometre and reached Devki ghat (river bank), travelled by boat to cross the river Kosi and got down at village Sisawa. After this we walked about 12 kilometres via Basahi, Reharwa, Karhara, Alani and Ranginia. At Ranginia we hired a small boat which unexpectedly got into deep waters because of the speedy current but we managed to get free. We then travelled to village Bhirakhi. Again, we

walked a kilometre and finally reached the house where the Type 1 case had been reported. It was about 3.00 p.m. when we reached our destination. Most of the day was already over.

On visiting the family, we learnt that the father of the child was a resident of the village Soniyar in block Alauli in district Khagaria but got settled with in-laws after marriage in Bhirakhi. He has four children and Sunita, the girl who got polio, is the third. There are eight children in the family. The father works in Bangalore as a labourer, belongs to the Mushahar community who have a very low socio-economic

This is a small village – about 150 to 160 households – densely populated. It borders district Khagaria and has people mainly from three scheduled castes who have been among the lowest in the caste hierarchy and belong to the below-poverty-line category – the poorest socio-economic strata in the present times. Literacy is almost zero and most people are seasonal labourers. A few of them have cattle or small pieces of land. Flooding is very common here and people expect it as it happens every year. During the season people fish and it becomes their main food. Otherwise, *makka* (corn) is the main crop in this area. Water and sanitation facilities here are extremely poor.



A 12-kilometre walk by the river and through the village of Basahi, Reharwa, Karhara, Alani and Ranginia.

status, and lives in a *kuchcha* house – a hut. His 18-month daughter has no travel history.

The village does not have a school, even a primary school, though the village people say a primary school has been

sanctioned by the government. The involvement of the ICDS department (which carries out the supplementary feeding programme for children and mothers) is almost nil. The ICDS centre number here is 60 and the anganwadi worker Lalita Devi is not a resident of the village. She lives 8-10 km away from the village and that too on other side of the Kosi river which means she has to cross the river by boat twice daily if she is going to run her centre. This is not practical or feasible and that is why the centre never opens. The sahayika who is supposed to assist her is also from another village.

It is a CMC village and the CMC Mr. Jai Kant Nishad is from the same caste as

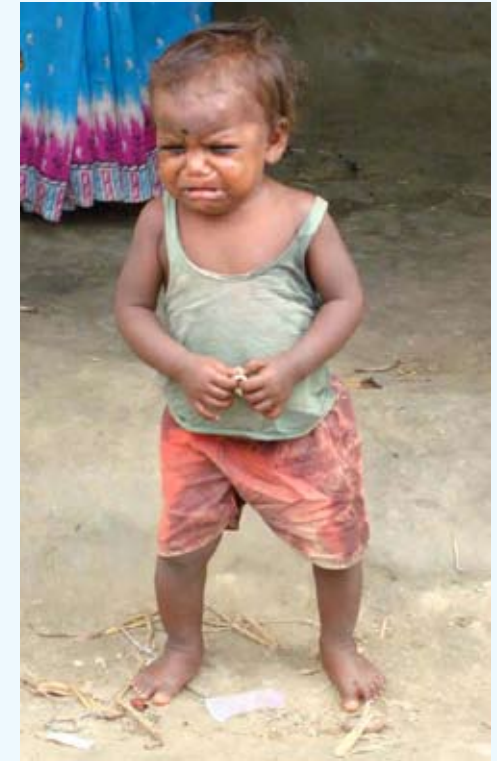
some of the village people and has a good interaction with the community and a rapport with the local influential people. We talked to the village residents and there is no issue related to mobilization or refusal at all. Influencers have been identified in the village and have done wall-writing in the village, the 0 to 5 (children's) list, influencers' list and the resource map. These were with the CMC.

We interacted with the community and it became a small community meeting. We discussed the polio case, polio rounds, vaccine, village support to the team especially during the flood and the vaccinator. We also found that there is no routine immunization activity happening in the village.

During the last polio round the total houses covered were 197 while there were 20 X (missed) houses generated. There was no XR (missed due to refusal) house in the village and no history of XR in the area. Nine houses were converted from X to P, leaving 11 missed houses at the end of the round.

Team No. 41 and 42 works in the village, team no. 42 works first three days while team 41 works on the 4th and 5th days. The house of the Sunita falls in the area of team 42. The team comprises an anganwadi worker (AWW) and her husband in the microplan but it was found that the anganwadi worker remains absent and sometimes her husband finishes the job alone. He usually does not attend vaccinators' training (feedback suggests he never does). Work starts late in the village and finishes early consequently there is a good chance of missing children, a poor bi-phasic activity and no revisit as the AWW and her husband have to get back and cross the river within day hours. It is also tough to cover all the houses by the teams during flood so, as per our observation, there should be a local vaccinator and one team to work in the village. The microplan needs to be reviewed by the concerned field volunteer and the BMC. As per our observation there should be only one team per supervisor for better monitoring.

After completing our work we found that time was 4.45 p.m. and it was not possible to get back by same day by the same route we had come from but fortunately we got a motorised boat and



18 month old Sunita. Her right leg has been affected by polio.

hired it after a lot of bargaining. It was quite easy to get back by the motor boat which took us from the village Sauthi to Dhamara ghat railway halt, covering the distance about 10 km. We reached Dhamara ghat in Khagaria district at 7.20 p.m. from where we took a local passenger train at 9.30 p.m. and got back to Saharsa at 11.00 p.m.

July 25, 2008

Rajesh Kumar Singh
UNICEF SRC, Kosi Sub-region
Saharsa, Bihar



Entering the village Ranginia. A boat ride and walking remain before we reach Bhirakhi.

Media content analysis indicates positive coverage trends and risks

NEW DELHI/LUCKNOW

A comparative analysis of polio media coverage in India indicates a more generally supportive media environment in major media markets, including top metro areas and the endemic states of Uttar Pradesh and Bihar. The analysis compared content, quantity and quality of newspaper accounts about polio in the first half of 2008 with the same period in 2007 in Mumbai, Delhi, Lucknow and some high-risk districts of Uttar Pradesh. In Patna and high-risk areas of Bihar, an analysis was done for the first half of 2008 while comparative figures for the previous year were not available.

In Lucknow, the capital of Uttar Pradesh, there is a perceptible decline in negative media in the first half of 2008, coinciding with a drop in polio cases, and concurrent efforts by the government and polio partners to fast-track responses to media queries and by sharing topical information with journalists. Negative media is down to nearly half of what it was in 2007 in the corresponding period and is currently at 16 per cent as compared with 30 per cent last year. At the same time, positive media has declined as well which means that pro-programme stories about the

polio programme succeeding are less than before. However, this space has been taken by the neutral media which has grown from 43 per cent in 2007 to 64 per cent in 2008.

Neutral stories are written mostly about the start of polio rounds, initiatives around the programme such as rallies and inaugurations. An increase in neutral stories, however, does pose a potential risk to the programme, as it reduces the possibility of more informed debate and quality information about polio and

immunization. Without more robust and sustained content, with a strong editorial commitment to balanced coverage on polio, the media space is vulnerable to opportunistic and misleading accounts about the programme and the effort to eradicate the disease.

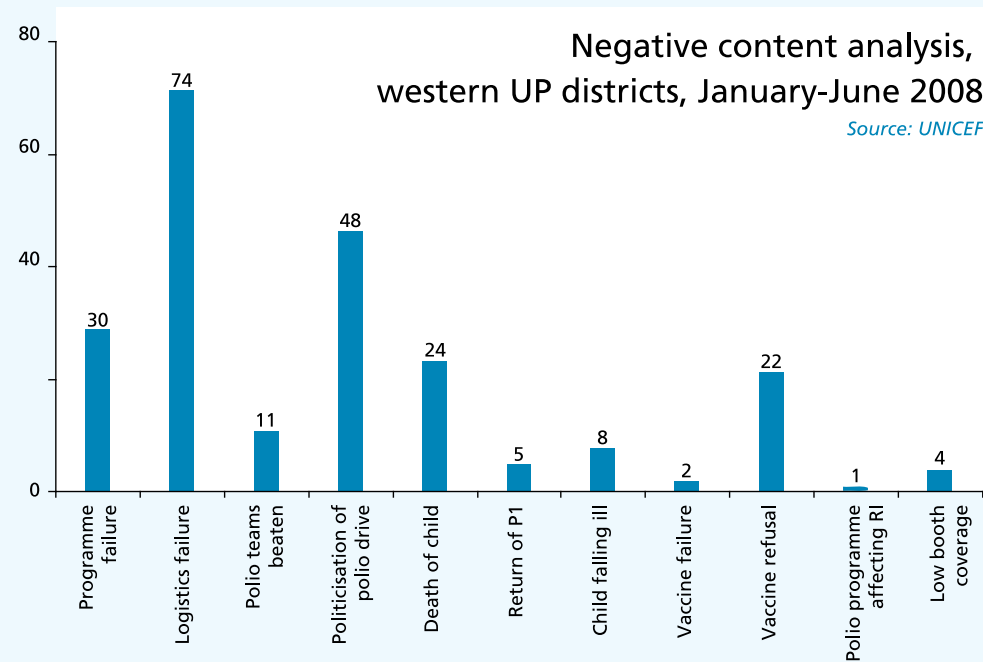
Negative media has dipped in Delhi and Mumbai as well. From 30 per cent in 2007, it is down to 16 per cent. However, unlike Lucknow, positive media too has increased in Delhi-Mumbai albeit marginally from 38 to 42 per cent. Neutral media has increased



Film personality Farooque Shaikh (centre) and the District Magistrate of Aligarh K. Ram Mohan Rao (left) communicate the urgency of immunisation at the start of the polio round in July 2008. Celebrity visits have been used strategically to generate programme visibility in key areas.

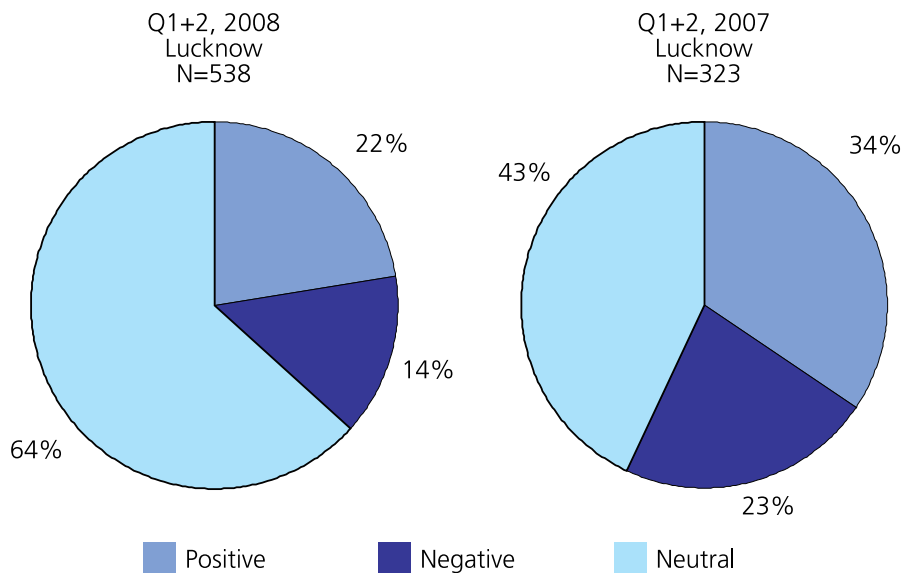
too, with stories based on government and partners' initiatives being 152 of the 211 positive stories. This reflects not only the heightened interest around the programme but also the efforts made to link the media to the programme developments.

What also is a marked development is the increase in the number of media stories over the last year. In western Uttar Pradesh, the increase is the highest with as many as 1,303 stories recorded in the first six months compared with 464 last year. There is an increase in the media stories in the other locations. Delhi-Mumbai saw 501 stories as compared to 307 last year. The most significant increase being in the neutral stories category, and within this



to "politicisation of the polio round". The newspaper reports merely reflect the dynamics of the situation on the ground but, nevertheless, fuel the crisis and "give ideas" to others. This is being dealt with by the district administrations along with programme partners. Social mobilizers are helping communities to understand the danger of not immunizing children while at the same time getting the appropriate officials to respond to their concerns.

Lucknow print media coverage by tonality, January-June 2008



category most stories being on account of announcement of the polio round and activities around these, it appears that linking the media to the events around polio across the districts has led to an overall increase in neutral stories.

A notable trend, however, is within the negative stories category under "politicisation of the programme" sub-category which reflects stories on communities' demand for services and refusing immunization so as to be "heard" by the district authorities (the issue has also been picked up by the team that undertook the first round of the communication review in Meerut and Muzaffarnagar). In the western U.P. districts, out of the 229 negative stories in the period covered, a sizable 48 (more than 20 per cent) have been attributed

Communication reviews underway in India

NEW DELHI

The first of six review teams has completed its sub-regional, theme-based examination of communication and social mobilization efforts in the polio endemic states of Uttar Pradesh (U.P.) and Bihar – marking a significantly new way of conducting reviews in the polio programme. The new review process is in response to a recommendation of the India Expert Advisory Group (IEAG) that communication reviews in 2008 be more local and contextualized to help close the remaining communication gaps in the programme.

A two-member review team of external communication experts was assigned to examine issues of migration and missed children in the Meerut sub-division of western U.P. It found local social mobilizers used in the programme to be “competent and motivated”, the social mobilization network (SMNet) to be “strong” and community awareness levels to be high. It also found the monitoring system and recording of information to be “excellent”. However, with the field environment being dynamic, the team has recommended that the SMNet staff

should be trained to deal with situations such as the community demanding for services and threatening not to immunize children to press for their demands. The recommendations also cover operational issues since these have a bearing on communication.

The report says that in Muzaffarnagar and Meerut data show a large percentage of remaining X (X represents houses where children eligible for immunization were missed) is attributable to XL (house was locked) and XV (eligible children were out of village) houses. The review team confirmed that this is primarily due to the high rate of migration from the area,

and not an issue of ‘hidden’ children or resistance. In the months when families return (see graph), there is a decrease in the proportion of missed houses.

The data for Muzaffarnagar shows that the number of remaining missed houses dips during the months July to October every year. In Meerut, on the other hand, high XV and XL months are between April and June when schools are closed and families go away either to visit relatives or to work in the orchards to pick fruit. The review team has recommended that these migratory trends are factored into the immunization schedule and together with the local polio programme workers,



The polio programme relies on data on missed houses collected by the Community mobilization Coordinator as well as by the vaccinators to have an accurate assessment of how many children are missed in each round and due to what reason

proposed special interventions designed to reach these children when families return.

Some of the recommendations are:

1. Tracking of migrant children

- Improved tracking of migrant children – tracking of specific sites of migration, data-sharing among states and districts.
- Improved tracking of the immunization status of migrant children upon their return.
- Mapping of all brick kilns and other places migrant families visit in the surrounding districts.
- Sharing of information on migratory families between the districts and the state.

2. Repositioning of communication messages

- Repositioning of core polio messages to inform families that frequent dosage will help in building greater immunity.
- People from specific blocks and areas reporting high migration rates should be exposed to the message: “Wherever you go, remember

to protect your child through immunization - carry your card with you always.”

- Special messages should reach families during the months when they return.
- There should be an increase in the use of radio for messaging.
- There should be an increase in the use of IEC and display material and messages at brick kilns where people go to work.

3. Engage brick kiln owners and employees

The report recommends increasing advocacy with brick kiln owners’ associations to support polio and routine immunization programmes. It suggests special orientation sessions for brick kiln owners and employees and recognition for active partners through letters of appreciation from the district administration.

4. Strengthening routine immunization

The recommendations include strengthening routine immunization which is increasingly being supported by social mobilizers engaged for polio.

The suggestion includes organizing an additional session of routine immunization every week in the high-risk blocks of Muzaffarnagar during the months when the migrants’ families return home. The team recommends making necessities, such as a supply of water purification tablets, available in areas where clean drinking water is the main concern of communities.

Next reviews...

This year’s communication review will focus on other local themes in Uttar Pradesh and Bihar that are based on the epidemiological and operational data over the past one year.

A second team is in India now to work with the polio programme in the Varanasi sub-region of eastern U.P. to examine specifically the issue of improving immunization coverage of newborns and routine immunization. Four other teams will arrive at the end of August, and will fan out in multiple locations in Bihar and U.P. for two weeks, marking the end of the first phase of the review. The second round of the review will take place in November and the communication advisors will return to the field to review how their earlier recommendations were implemented and their impact, and to work with local teams to make further adjustments for the next six months.

2008 Communication Review Themes and Location

	Theme	Location	Date
1	Missed children	Meerut and Muzaffarnagar	June
2	Access to newborns for birth-dose OPV	Varanasi	July
3	XR responses	Agra and Ferozabad	August
4	Underserved strategy	Bareilly	August
5	ICDS mobilization and team performance	Darbhanga	August
6	Community mobilization, vaccine avoidance and resistance in urban areas	Kosi river area and Patna urban	August

Advocacy with religious leaders helps in keeping community mobilized



Rotary in India is leading a unique initiative to reach out to Muslim clerics and scholars to mobilize their support for polio eradication. Initiated in 2006, the Rotary Ulema Polio Committee is now well-established in Uttar Pradesh, with branch chapters in critical districts where polio transmission continues to be a high risk. Rotary International Polio Plus Committee Chairman, Dr. Robert Scott, participated in the inaugural meeting of the Ulema Committee two years ago. On August 7, he joined with other senior Rotarians in India and incoming RI director K.R. Ravindran from Sri Lanka in meeting Ulema committee members in a review meeting in New Delhi. Dr. Scott is pictured here greeting some of the original members of the committee at the recent Delhi function. Rotary International Director Ashok Mahajan chaired the August 2008 meeting of the Ulema Committee which included representation from Uttar Pradesh, West Bengal and Bihar. The Ulemas and Rotary also discussed the possibility of extending the idea of this unique partnership to other endemic countries, including Nigeria. Senior Rotarians in India participating in the meeting included Mr. Mahajan, Rotary International Past President Mr. Rajendra Saboo, Rotary International Director Mr. O.P. Vaish and Chairman of the Indian National Polio Plus Committee Mr. Deepak Kapoor.

The urs (a spiritual congregation held at the shrines of Sufi saints) in Ajmer is a celebration in the memory of Khwaja Muinuddin Chisti, one of the most respected Sufi saints. His dargah (memorial) is in the city of Ajmer in Rajasthan and holds the urs every year. Hundreds of thousands of people visit Ajmer at this time. The people of Bareilly and surrounding districts visit the dargahs at Bareilly (there are four of these here). This year, around 150,000 people, mostly from the underserved communities, came in 640 buses and halted at one of the dargahs en-route to Ajmer. The programme partners saw an opportunity to immunize children and advocate for polio eradication. Around 8,000 children were immunized during the urs between June 29 and July 8. In this photo Hazrat Shabbu Miyan, a senior religious leader in Bareilly, is seen immunizing a child at the Ala Hazrat dargah.

