

SUMMARY OF POST-PRESENTATION DISCUSSIONS

Communication for Immunization and Polio Eradication Meeting

NEW DELHI, JUNE 7-9, 2004

INDIA PRESENTATION - DISCUSSION

Presenter: Michael Galway

REVIEW DISCUSSION

QUESTION
ASKED BY:

QUESTION/RESPONSE

Panel I am speechless - it covered everything and was an excellent presentation

I have some questions

The missing kids: there are too many - is there more data on who they are , why there are being missed

Good initiative in CORE - integrating - is there any data on exactly what has motivated them??

The community mobilisers - are the backbone of success of the programme - can't underestimate the nature of the work. What has been the level of involvement of the CMC's in planning the programme. Tie into the fatigue issue.

Misconceptions - what is the origin of them?? In 2000/2001 - did a media analysis - was based on negative media reports in the press.... Linked to your media training - helping the media to understand the relations between events (ie. A death on the same day as the NID - they were actually unrelated)

Has there been an analysis of the TV

Panel covered a lot of ground - a wonderful case to make an argument for how communication makes a difference

Is there any data relating why people changed from being resistant - celebrities??? CMC's??? Etc - causative agents

What is the next step - moving some of the resources from awareness to ??

Intrigued by the numbers of people who questioned OPV safety - how does that affect behavior? How to explain, despite great progress, this feeling?

Many slides showed a strong causal link - can you demonstrate that the more positive coverage is related to more compliance???

Panel Ready for discussion re the indicators presented.

Background - have used 2 important groups of markers -

1. Booth coverage: important to show the data that booth coverage translates to high overall coverage

2. Data re CMC areas & non-CMC areas - there are 2 important points.

Non CMC relate to non-SMB districts. What is scope of CMC areas??? - at the macro level, what is the impact at the district level???

	3. Blocks - increase/decrease shown for blocks with ongoing CMC presence - would be good to look at non-CMC areas too.
	4. How flexible are you in moving this structure to other areas of health intervention?
Heidi	Source of misconception - largely hearsay - did ask, not just media???
Dr.??	There is data available. They have people (a "B" team??) going back to these children at the grassroots level??
	Some resistance - "XR"
	Today, the resistance issue - we had the same situation as Nigeria - came from the community - in the western up area , all the issues which have been talked about - the anti-fertility hormone etc. - all the same words have been heard in India. We have been able to reduce with the CMC's??? Now happening with West Bengal???
Dr.	A year ago, strong resistance in villages. Today, a few families - they are still refusing it. Despite Imams etc. all talking to them. Still large numbers - less than 1% of population
	How to work with media
	Local media - India is actually many countries in a continent. He does south India - 4 states in the south - all have own language, TV stations, etc. If only looked at mass media for continental TV, wouldn't work...
	Editorial medium - a strong local media presentation - most activities focused in Kanatka?? Where had the polio outbreak last year. Had workshops - first at state capital level, then district level - workshops with the media, using technical and communication extenders?? Key was to keep in touch with them - they come & talk to us when get info.
Presenter	Can we switch to interpersonal communication?? NO, not for polio, we need to bring families with us each time - need to keep the investment in our communication strategy. We have perhaps maxed out re interpersonal??
	Booth coverage - in UP are slipping in booth coverage, although overall coverage has increased slightly. In CMC blocks - total coverage is improving
Participant	Best slide was the immunity gap one - demonstrates the program as a whole - still a huge # of children - big problem if we miss.; Comment on reduction in children in missed houses over time - one objective was 70% reduction in resistance - can you demonstrate that?? What % of villages/houses do you cover with the SM net in UP?? 100,000 vaccinators, about 5,000 rotary etc. Should we be spending more time/money on the IPC skills of the vaccinators OR should we be expanding the SM network??
Participant	If we look back to expert advisor meetings for India in 2002, we had virtually no data on the value of supp immunisation activities. These have been developed, tested and run over the past 18 months. In a similar situation for the kinds of indicators we need for communication. Test them, see if they work, keep/discard. A set of indicators which may be of use more broadly.
	re: IPC - strong personal belief that the interaction between the vaccinator and the family is crucial - critical nature of responding to questions, being polite etc. - key to accepting vaccination. Haven't evaluated the impact. Need to.
Presenter	Community mobilisers are not a permanent fixture in a community - they move to next resistant

	area
	52 of 62 districts in UP; 40,000 villages (all) in Buhar. Probably 50% of high risk areas.
Participant	Yes, involve the CMC's in the planning process - they provide us with the people who are influencers - they tell us how to approach problems. They hold review meetings - the CMCs are supervised by supervisors - all supervisors give us feedback. Quick turnover if a CMC or higher are not up to the mark
	from last year - had to give up 33 blocks out of 54, had to move. Minimum of 30% of the block, and only high risk areas;
Presenter	Currently - focus of training is with the community mobilisers - talking to people in advance of the vaccinator-vaccinators only have a 30second engagement with the family. Unless you want the vaccinators to stop & talk with the families - and still do 150 houses by 11 am
Participant	IPC skills of vaccinators - 100,000 is the number of teams - 3 in each. Health workers are not the right tool to deal with active resistance - maybe for borderline uncertainty; Trust is needed in UP and other areas, not just IPC skills
Participant	vaccinators with no communications skills can actually create resistance
Participant	We are getting another tier of workers in the field- have you seen any jealousy problem between the vaccinators and the CMC's?? If they do not belong to the same village - are they effective?? - looking for social mobilisation input from India in Pakistan - going to start a SM programme
Presenter	so far no. Work in close collaboration together
	Social mobilisers work between the rounds - looking into the reasons for the resistance etc.
Participant	I have around 600 CMC's working under district supervisors. The vaccinators like them, makes their work easier, ask for more.
Participant	To commend the India team - and to highlight the issue of behavioral impact & need to in build into our programmes. JHU study in India. Encourage all teams to in-build this - expensive to set up but effective & makes an impact.
	Can polio be eradicated by strengthening routine immunisation ??? CMC's SM's are giving a leapfrog effect. The communication skills of the CMC's could be documented & fed back to the vaccinators?? Re small element of resistance - how to go about it??? What are those segmented messages etc.??
Panel	Often told that there is not enough data - there was lots
	Contribution of communication to success - clearly there
	Data linking impact?? Clearly there
	Still a temptation to argue - but here there was clearly a strategy behind the communication programme.
	Only doubt: Jonathan - did you mean to suggest that the rate in UP could go up again??? Are there significant doubts about that on the EPI side??
	For correlations: is the raw data available??? - access

	Warning about replication: the history of replicating successful communication strategies is not good - the context is different etc. etc. , but the principles are in common
	1. Agenda setting (often called advocacy_ use the media to put an agenda on the table - family, service groups etc.
	2. Process of dialogue going on - not 1-way message driven
	3. Strong emphasis on the local level - our external technical expertise
	4. Engagement of the local people in planning
	5. Looking for resonance with local conditions
	6. Data driven
	7. Linking to other needs/responding to other needs
Participant	re EPI data - at the opportune time to eradicate polio in India - v small transmission thru the low season - our chances are excellent!