

SUMMARY OF POST-PRESENTATION DISCUSSIONS

Communication for Immunization and Polio Eradication Meeting

NEW DELHI, JUNE 7-9, 2004

PAKISTAN PRESENTATION - Discussion		
7-Jun-04		
Panel: Jeffrey Bates, UNICEF Pakistan Dr. Tony Mounts Mr. Mazar Nisar Sheikh		
QUESTION ASKED BY:	QUESTION	RESPONSE/IMPACT
Panel	Thank you for presentation - very eloquent	
	How is the multicultural diversity of Pakistan addressed - specific needs/beliefs/etc in each region/province. In other words how can a national communication strategy adapt each of the four Provinces individually?	Presenter: national policy - is it provincially adapted? Health is a provincial subject - each province is autonomous - no programme can be developed without the input of each province, incorporating language, cultural needs etc - the policies are consistent with the provincial needs.
Panel	There is a national strategy and the provinces adapt to it ??	Yes
Panel	Mosques - how can we increase the communication - not just to increase & conduct announcements, but to create an educational environment in mosques where sheikhs could incorporate the Koran? To create informed and convinced advocates for polio creating thus a self amplified communication chain reaction.	Presenter: Mosque announcements have been included for a long time - important for information diffusion. Looking at partnerships with mosques - start at the federal level. Have been talking to UNICEF - development of materials considering the target audience - are we reaching the right people, and how to get to those not getting them. Imams, religious community, students in madrassa. What would Imams be ready, willing & able to do???? Evaluation: to look in mosques at how effective the communication materials they have are, and how to increase the scope & improve the participation. Mosques helped to administer the drops until the year 2000, they mobilised themselves & participated. Now not involved with the house to house part. Teams are not paid except for the 3 days. Now the meetings with the Imam/mosques are not really being held - do send them the announcements, but not as good as the fixed central approach up to 2000.

Panel	Need to move past awareness stage -to education & information stage - How do you foresee the operational feasibility of this, given the December 2004 timeline?	Presenter: Regardless of the December 31 deadline - we need to do it anyway, can we do it by then??? Think so. Are developing guidelines to go to district level detailing partnerships to pursue - up to them to decide how best to implement. Campaign support workers - temporary staff - have just started to hire them in June for communications - recruitment process bugs need to be worked out - need to work on orientation sessions so they can go into their environments & achieve what they're trying to achieve. The banners on the wall was an idea of a local person - local language, with messages from the orientation.
Panel	The presentation mentions a Target audience - do we mean reaching the right people or the same people each time - ie. "the unreached"	
Panel	Field staff - habitual pattern of social mobilisation leading to fatigue- how to prevent this counterproductive phenomenon from taking place – For example, the song you produced seems to have addressed this.. Is the song addressed to each province??	
Panel	Communication is a 2-way process - how is this included in the social mobilisation campaign in terms of getting the community feed-back in the process of developing the individual provincial communication strategy?	How to learn back... One approach is via service delivery - so vaccinators can negotiate at the doorway - limited in what gets back to the planners. Questionnaires in the household - ask them specific questions. Also planning to implement an assessment to find out what people's health seeking behaviors are in general, and what types of interpersonal networks they use & influence them. Then will be able to use the dialogic process.
Participant	Nice presentation, easy to see how much progress has been made over the last 8 years, especially in the last year.	
	3 points:	

	<p>1. Occasionally there has been negative press - how are you dealing with it???</p> <p>What standing policies do you have; working with journalists??</p>	<p>Mazar: Most of the clippings reach you & me, and not the people at all. Over the years - huge network of health journalists - all the important ones are in support of this program & write about it a lot -generally very good relations. A few newspapers with such reports - but not from health journalists - motivated by some vested interest - very few cases, very friendly press - some of us are ghost writers for these journalists With ghostwriters - get more space since carries the name of a prominent journalist. Whenever it happens, it is effectively responded to- via responses and discussions with the newspaper editors</p>
	<p>2. Missed children - hard for men to get into households when other family members are not there "children aren't home". Gap: the responsibility of fathers - how can those fathers make it acceptable for the teams to come in???</p> <p>To be part of the participatory dialogue to solve this problem - switch hours??</p> <p>Leave a male there???</p> <p>How can they become involved??</p>	<p>There are community meetings where we have Nazims; Heads of households - try to blend these activities - men are asked to accompany their wives on vaccination teams, to facilitate the teams into the communities - ie at a community meeting ground - the vaccinator team will sit in the middle. Asking the men to disavow this custom and let them go right to the houses. Asking for their participation as guides, access to their houses.</p>
		<p>Presenter: not going to change years of custom to get husbands to let people into the home of their wives -need to find other ways to work around this</p>
	<p>3. People are tired of you coming only for the polio campaigns - what about other services etc. - any discussion about bringing other services, address the fatigue issue - ie. In India, some add-on activities - planting a tree - to keep community interest over the next year</p>	<p>Presenter: Different cultural circumstance to that in India - people are generally not trying to get more services out of this - not much on “why only polio”, “why not sanitization etc”. There are other programmes - the lady health workers provide other services???</p>

	Campaign support person - elaborate - how many?? Where are they ?? What level?? What cost??	Presenter: Several tiers/categories: developed over time - CSP is hired for 10-14 days - go into field a few days in advance, check it out, assist in training, work /supervise/monitor during the campaign, then spot check for a few days after. They are hired repeatedly - do 8 rounds/year, every 6 weeks. About 300-400. Recruited locally and not (outside monitors). Next, district support officer - new - contract for 3 months to a year - hire initially on a per diem for 3 months, if it works out - longer term contract. 1-2 per district - work throughout the 6 weeks between rounds getting ready for the next round. Mostly in the high-risk areas. Also, surveillance officers - switch roles at bit & work on the campaigns during them. COST: \$500-\$600 per person per campaign. Supervisor \$40000 rupees per month. Same terms of reference - UNICEF. Newly introduced communications CSP's are UNICEF only??
Participant	Social mobilisation - done only at a pre-campaign time?? Anything throughout the campaign or ongoing??	Either they are in the round, or preparing for one. Jan, Mar, Apr, June etc.
Participant-	Fathers: role in immunisation process	We have not made fathers realize that it is their responsibility to make sure their children have to be immunised.
Participant	Picking up on Ellyn talking about add-on interventions. Ie. UP water intervention. Polio – “I open my mouth & get it full of mosquitoes”. Key issue is: we can't drop the ball when polio is done or our credibility will be gone. FLAG: what additional interventions should be thinking about & adding on?	
Panel	Most of my questions have been asked:	
	Media questions- media becoming commercial, deadline journalism. Is there a media policy?? Who trains them?? How do they access info?? Is there a media officer	Presenter: government: at National level - have a health?? Officer - he is responsible for interacting with the journalists. Regular meetings with health journalists of major daily newspapers. Health Education officers in the district - responsible for coordinating with the media & dishing out information - the government is responsible, not the agencies
	Two way process: Is there any participation of the target audience/communities on the technical committee - are they engaged?	Presenter: Need to improve - it does exist in our program - at local/community village level; have launches, ceremonies where people are invited to participate & talk. Need to get that feedback back to us - the communication technical team - it's very small, no local representatives.

	The messages: Any attempt to make the messages more participatory or interactive - ie. Great having the FM going door to door - ie. Are listeners asked for feedback??	Presenter: government: mass media - have tried to bring innovations & make as interactive as possible - have call-in programs - invite parents, get views and feedback - recipients of service talking, not the anchor; may be via telephone calls, or live interviews. Mass media has its limitations re two-way communication
	Who designs the training modules? Facilitators/health workers - are they involved?? Do they give room for flexibility /specific needs of the workers?? Any facilitation skills?	Presenter: training committee designs WHO, UNICEF, GOVT- may be translated - specific tasks. What do vaccinators need to be able to tell people? (feedback from local & district colleagues). Data collection - how was the training???"Fine" Material does need to be pre-tested - do get feedback from the local audience. An initiative ... 1-800 # to report directly to the local office - missed house etc. for those with access to phones.
	WHO/UNICEF/GOVT all on the same panel - very nice! Are there any forums where they are all tog to discuss the issues	
Participant	excellent presentations.	
	Jeffrey, you said- "escaping the repetitive, ad-hoc planning cycle". Are you looking at potential alternative ways - mixed house to house, fixed local etc. - to target your missing children? If so, what communication messages are you giving on the need for multiple doses? What about a multiple antigen approach?	Community level activities - now hold community meetings - not just with religious, government leaders, but with the women (teachers, nurses, housewives), fathers(shopkeepers, those not doing anything) - don't just talk at them - talk with them - address any issue, including polio. Not a very good system of taking the information & doing something concrete with it - working on it - personal experiences, ad hoc reports. These meetings vary from province to province - ??? target Imams etc., regular events...So have activities for every area
	Looking at the media messages - saw no babies in the images - if you're not stressing that, then won't get that message across	Babies - it does have babies. Every child under 5 must receive all NID doses until polio is eradicated
Participant	Any effort in consultation women/men etc. to see how they would like to see the services to be delivered?	
	Women in their homes problem - most others face that too - any learning from other programmes on how to reach women in their homes??	

Chris	We have a very clear communications imperative - how to communicate with illiterate people who rarely leave their family compounds - hoped to see comments from discussion & panel – to think about that critical point	3 days of house to house plus 5 days of fixed site. On the 3/4/5 day, promote the fixed site. To try to get messages out to the families - have these interpersonal networks identified - ie. School children, scouts, madrassas Pre campaign messages - info - every child needs the drops, during campaign messages - ask for participation to make sure family etc are covered, post campaign - to see what was missed. The big challenge - how to get to the unreachable - need to be creative, collaborative etc.
Hamid	5% missed children - some service delivery issues - with all emphasis on converting passive to active, how much gain is actually expected by this??/ what is the added value & how to measure it??	
	Virus is localised, know problems, lots of poverty & illiteracy - know where they are - what is going to be done to communicate with those people? 6 months timeline - what is being done in travel areas - how to get access to the compounds?? Etc. - to report - Need to target this area of high risk, everything else is good.	
Panel	Impressed with the amt of work done with the media - but have problems with lack of knowledge among the people re what the vaccine does	
Panel	Mismatch between the epi data & resources allocation	
	Epi says local, culture specific problem	
	Presentation - supposed to layout priorities & strategies - none of those people like cricketers are going to help the current problem	Look at literature & strategy re local social movements - strategy is built around identifying & resonating with local symbols, use local leaders; identify natural communication venues & use those. Would be more likely to address the issues you face. Father educated? NO, Mom educated? NO, poverty level, 35% of knowledge from friends and family - how to move it from 35% to 70%. And how to improve accuracy from 40% to ???
		1. To what extent did they get the info from friends and family
		2. How accurate was it???
		Suggest: look at human resources & cash availability

		Presenter: whole thrust of our presentation was supposed to be that we have to move from mass media to social mobilisation. - how do we get to the local level, activate these local networks
Participant		Honestly - how to disagree in a pleasant way. 72000??? Lady health workers - 2.5 billion rupees?? Vs 78mill on polio. 150,000 health workers mostly feel responsible to carry out local education.