

Communication for Immunization & Polio Eradication

Peer Review Group Comments

June 7-9, 2004

New Delhi, India

PEER REVIEW GROUP ROLE AND MANDATE:

The Overall Meeting Goal

To identify & implement effective communication strategies to assist in

- the eradication of polio, and
- improving routine immunization

The Goal of the Review Group

- To listen
- To ask questions
- To recommend constructive strategies
- To help!

Summary of approach:

ON A COUNTRY BY COUNTRY BASIS:

- Feedback
- Analysis
- Recommendations

Notes:

1. Only a few things on each country
 - hopefully ones that trigger deeper and broader processes
 - Long lists rarely work
 - Core strategic idea drive communication programming not long laundry lists
2. We have included feedback received from the meeting participants at the end of each country section - many thanks to all who contributed! We welcome and will also incorporate any additional feedback you might have..... please forward to sthomas@comminit.com

PAKISTAN

PAKISTAN-Feedback

- Significant reduction in the incidence of polio over the past 2 years
- Effective partnerships
- Obvious that the communication strategy has been an integral and vital component of the overall strategy, with extensive and persuasive media and advocacy support
- Significant challenge: The “closed door” – how many children are behind the door???
- Some concern, despite all of these efforts, that the knowledge levels are “mixed and a little disappointing”
- Message formulation should be sensitive to different provincial cultures

PAKISTAN-Analysis

- Apparent mismatch between the past allocation of resources and the present strategic demands of next priority areas for action
- Priority population to focus on –as indicated by epi data is characterized by:
 - Poorest households, in most remote areas
 - Parents with little or no education, generally illiterate; conservative attitudes
 - Small rural villages, few services, little support, least likely media consumers
 - Located in specific, identifiable, sometimes hard to reach areas

PAKISTAN-Observation

- 35% of the underserved population learned about polio from their family and friends
- Very different to the other population groups
- Provides a communication building block

PAKISTAN-Recommendations - Overview

- Focus on this most marginal, least connected, probably most suspicious population
- Different skills, resource allocation, decision making process, benchmarks etc. are required
- Move from information to education phase

- Continue refining existing policies, mass media, working with interagency partnerships – keeps polio agenda high and reinforces importance for overall population
- Establish long term plan for moving polio program effectiveness to support better implementation of routine immunization program

PAKISTAN-Recommendations -Actions

1. Very quickly, to get to know much better the populations of specific polio concern:
 - i. who influences their decision taking
 - ii. local, regional organizations with existing community communication capacities to “open the door”
 - iii. Understand reasons for resistance to immunization
 - iv. Lessons from other community based programs on how to overcome the gender barriers.

Requires a more engaging process of listening, explaining and responding than the general population approach based on simple dialogue, messaging and persuasion

2. Identify, encourage and support local organizations, networks and people as leaders and motivators
3. Ensure that the local perspective is centrally involved in planning the communications strategy
4. Ensure that local organisations and people become the “public face” of the polio work.
5. Collect data reflecting the impact of the current mass media work for the overall population

PAKISTAN-Recommendations - For the next 6 months –

- intensify focus and dedicate resources to the “underserved” population...ensuring that your strategy follows the epidemiological and communication data.....whilst...
- maintaining current successful and established national program

PAKISTAN-Recommendations - Measurable Outcomes

– by November 2004

- ❖ Clear indicators and research methods in place for better evaluating and learning from the mass media work
- ❖ 70% of the people in the underserved population are getting polio information from family/friends/neighbors and/or trusted local organizations
- ❖ Information recall is accurate
- ❖ People from this population are engaged in strategic planning of the communication initiative on an ongoing basis

What do we want by November 2004??

..... **A picture of the same door - OPEN!!**

PAKISTAN – Country Feedback

1. Which of the recommendations (for your country) do you think are best going to work?

Given the social-cultural restraints that limit both reach and credibility of mass media into households, it will be vital to focus on interpersonal channels. The recommendation to raise knowledge about polio eradication and the campaign gained via interpersonal channels from 35% to 70% among high-risk groups is the most likely to impact the program.

Giving the campaign a local face was another sound idea, especially in partnership with local religious leaders.

2. Which of the recommendations (if any) might not work?

Many of the recommendations were in line with what we had planned, so I hope they all work. However, the panel might have misinterpreted the mass media component as having more priority than it does. Thus, the recommendations on mass media are probably not as on target as other suggestions.

Similarly, polio eradication is by its very nature a top down program. That said, it is important to bring into the initiative as much community participation as possible. It seemed that some of the panel members used the word participation in a rather loose fashion without considering the context in which they were infusing the term. Thus, although community involvement is very important, some of the

recommendations on making the program more participatory did not seem appropriate as stated.

3. What other recommendations would you add? (up to three additional)

a) District level advocacy targets to address specific managerial or administrative shortfalls.

b) Increased global presence in Pakistan (India gets lots of attention as does Nigeria, but Pakistan seems rather ignored as it is neither the biggest, the best (yet) or the worst).

c) Increase the number of country-level personnel in UNICEF. We currently have only two UNICEF staff members looking after the polio program. In contrast, UP in India with a population similar to that of Pakistan has about 12 UNICEF people on the polio team.

4. What time-frame do you think is reasonable to implement the recommendations?

Six months

5. Any general comments/feedback regarding the recommendations overall?

The panel was considerate and knowledgeable on a variety of subjects, but overall they need to gain a better understanding of the Polio Eradication Initiative. This, of course, takes time and I am sure that by next year they will be much more steeped in the program. Also, although some panel members seemed to have a good theoretical underpinning regarding social theory, the panel would have been a bit stronger if more members shared a deeper understanding of communication / social theory.

6. What kind of external technical support would be most valuable to you in your program right now?

Data manager

Programme communication support personnel

NIGERIA

NIGERIA-Feedback

- Congratulations on managing the last 2 years with some clear signs of some of the major obstacles being addressed
- We appreciate the seriousness of what you are facing
- The epi data for Nigeria and the region is daunting...
- Progress is being made; many challenges lie ahead

NIGERIA-Analysis

- A communication strategic plan was not presented – list of activities
- Need to move now from the fire-fighting phase to a long-term plan/strategy
- Recognizing that you need to keep ahead of the considerable short-term challenges, and..... that it's not going to be over at the end of 2004

NIGERIA-Recommendations

1. STRATEGIC COMMUNICATION PLAN

- Proactive, based on the epidemiological data, reflecting geographic, social and political realities of Nigeria
- Clearly needs to be a partnership- Gov't of Nigeria, UNICEF, WHO...but...
- ...also need to develop & incorporate strong partnerships with local indigenous organizations and influential community members
- Incorporate cross-border planning

2. MANAGEMENT

- Urgent need for greater human resource and capacity
- Expand the team as a whole, including..
- Expand and strengthen the management and leadership team – shortage of people in leadership roles
- Consider contracting/negotiating a “local partnership[s] for a significant part of the workload

3. PERSONNEL Strategy

The “A” Team

- Responsible for continuing the short-term action plan to optimize the effectiveness of the crucial upcoming NID’s

The “L” Team

- Responsible for developing and implementing a long-term communication strategy, including the strategic plan, fund-raising, developing partnerships, etc.

NIGERIA-Recommendations-Measurable

Outcomes:

- Within 2 weeks – prepare a list of detailed, specific communication priorities for the next 6 months, with clearly defined goals
- Strategic communication plan completed within 3 months
- Expanded leadership team in place within 3 months
- Full human resources requirements in place within 6 months

NIGERIA – Country Feedback

1. Which of the recommendations (for your country) do you think are best going to work?

After firefighting period, aiming at Programming based work on a clearly re-defined strategy and with less activity-based

Enabling the communities through the engagement of Community Mobilizers with program to be responsible for paying at least 2 visits (to a maximum of 200 houses in 2-3 communities) before each round of SIA and two visits after the SIA, inform them of the next date of S/NIDs, identify reasons for rejections/resistance and address them, reinforce the messages on immunization benefits (OPV safety and reasons for repeated OPV doses), importance of immunization, advice care givers where to get RI services and clarify any other community/household using Qs & As.

Increasing IPC at the community and household level to improve quality of SIAs and address the concerns of the households sufficiently

Integrate the recommendation of "A" and "L" to suit the Nigerian ground situation into New EPI management structure.

Participation of indigenous CSOs has been scaled up to cover very High Risk areas with clear definitions of responsibilities/tasks

2. Which of the recommendations (if any) might not work?

Recommendations of "A" and "L" Teams: We do not want to create two separate teams. With "A" and "L" teams, there is a risk of this happening. Instead, the principle has been captured in the New EPI Management Team

3. What other recommendations would you add? (up to three additional)

Mainstream advocacy and social mobilization interventions that would help re-build public trust

More info sharing and better partner coordination with clear areas of program responsibilities and accountability

Creating a website where useful information is accessible for social mobilisation communication colleagues in polio endemic countries

4. What time-frame do you think is reasonable to implement the recommendations?

Two months (end of August) for strengthening links with local organizations, expand human resources and leadership team (new structure agreed on and recruitment ongoing)

At least 6 month to assess.

5. Any general comments/feedback regarding the recommendations overall?

Realistic based on presentation

Delhi outcomes have been very useful in customizing the Nigerian strategy to address the current ground situation without losing sight of the global eradication goals.

6. What kind of external technical support would be most valuable to you in your program right now?

Training officer

Material Development Specialist

Resource Mobilisation Officer

Branding consultant to re-position campaigns

Planning, M&E, RI and GAVI officer

Polio SIAs Officer

Polio Media officer

NIGER

NIGER-Feedback

- Thank-you for the presentation
- Great job Paryss but we would have welcomed as I am sure you would have having someone from the Niger team able to attend in person
- Recognize the many challenges that still lie ahead

NIGER-Analysis

- A communication strategic plan was not presented
- The next six months are crucial... need to focus on the possibility of achieving an interruption of transmission by December 2004
- Essential to identify and reach the high risk population and missed children

NIGER-Recommendations

- Thorough analysis of the epidemiological data to obtain a clear understanding of the high risk population
- Develop a strategic communication plan based on this data, and the characterization of the high risk population, geographic location and the missed children
- Establish a communication leadership team, including program communication officer, epidemiological data experts, influential community members and people coming from and linked to communication networks
- Develop partnerships with local indigenous networks
- Include cross-border planning and coordination, and NID synchronization with Nigeria and Burkina Faso
- Short term assistance should be provided to ensure that a strong communication plan is developed and implemented for the upcoming NID rounds

NIGER-Recommendations-Measurable Outcomes:

- List of priorities for the next 6 months completed within 2 weeks
- Strategic communication plan completed within 2 months, including clear monitoring indicators
- Expanded leadership team in place within 2 months
- Full human resources requirements in place within 3 months

INDIA

INDIA-Feedback

- Write this story up & quick!
- Comprehensive communications strategy, incorporating epidemiological data, effective management structure, interagency coordination, specific underserved strategy and strong partnerships
- Effective integration of “add on activities” (ie. Garbage collection)

INDIA-Analysis

- The challenge... is the last 10%
- To continue the good work in the states where the program has phased out--- and to build ownership of the govt.

INDIA-Recommendations

- Complete the analysis of data on the impact of the communication strategy and make available for peer review
- Compare with data on campaign quality and disease surveillance to assess degree of corroboration
- Use the data to undertake a strategic expansion of the CMC network in high-risk blocks
- Consider developing partnerships with NGO women groups as part of the expansion process
- Develop [if not done – unsure] a “worst case” strategy – in the unlikely event of an increase in cases/outbreak
- Consider a communication strategy to combat population and personnel fatigue – ask own people – what to do to continue to motivate?? Are they aware of the tremendous progress made to date??
- Looking forward – a communication strategy re the ongoing requirement to immunize for up to 3 years, even though transmission is (hopefully!) interrupted.
- Develop partnerships with the private sector.
- Develop a well planned strategy for phasing out delineating the role of the government and different sectors.

AFGHANISTAN

AFGHANISTAN-Feedback

- Congratulations on the extensive & effective work in such difficult circumstances
- Impressive and open recognition of the problems being faced
- Creative work in building the polio communication strategy ... village by village... person by person.... group by group....

AFGHANISTAN-Analysis

- The epi data shows that the primary reservoir is in the South
- The South is the most difficult area for the international agencies to access, which poses a number of communication challenges, including how to develop and support the on-the-ground polio workers
- Very little info & knowledge about everything from media habits to local decision making processes
- Collection of different cultures and languages requires regrouped individualized strategies

AFGHANISTAN-Recommendations

- Assess the effectiveness of the different types of media utilized - especially in the South
- Develop a specific communications plan directed to the South, incorporating mass media etc., as determined to be effective. Clarify: who is being missed, and where are they???
- Develop a coordinated cross-border communication strategy with Pakistan
- Utilize the strong local networks to communicate and prepare for the transition from polio to RI
- Utilize the community radio network
- Develop a “Polio/Immunisation Activists Network” across the country... start in the South???
- NOTE: this is one country which has successfully integrated routine immunization with polio

AFGHANISTAN-Recommendations -Measurable Outcomes:

Goal is to achieve these in time for the next round of NID's!

AFGHANISTAN – Country Feedback

- *Thank-you these recommendation are applicable and the only support we need is to have a consultant on communication*

EGYPT

EGYPT-Feedback

- Considerable movement recently
- Obvious motivation to get to grips with the fact that polio has ‘re-emerged’ in Egypt
- Commendable high-profile media presence and ‘distinguished person support and engagement
- Significant ‘noise’ on polio

EGYPT-Analysis

- A five level challenge:
- Overall public awareness and take-up on polio and OPVs
- Identifying [and then addressing] the polio ‘hot spots’ – including understanding the social conditions, networks and communication patterns in those contexts
- Need to put a face on the missed children – to know who they are, where they are and what they are like
- How to improve lack of interagency coordination
- How to maintain polio focus and action in light of very small number of cases, previous disappointments and a potential post polio situation

EGYPT- Recommendations

- Starting with existing data, work with epidemiological experts to characterize the population being missed in the high risk areas to answer the question: “Who is being missed?? and Why???”
- Develop a focused communication strategy in response, which incorporates two-way interaction and dialogue with the local networks
- Determine the reasons for refusals....and target communication in response
- Develop a strategy for communicating the status of the eradication program to the general public
- Develop a strategy to combat population and personnel fatigue
- Ensure needed resources to strengthen the institutional capacity and staffing within MOHP both on the central and local levels

EGYPT – Recommendations -Measurable

Outcomes:

- ✓ Clear agreement and understanding on who are the missed kids in which contexts – based on research [6 weeks]
- ✓ Clear agreement on main reasons for refusals – base don research] [2 months]
- ✓ Clear agreement on a strategy for the hot spots and the missed kids including...
- ✓ ...Agreements with two local organizations in each of those ‘areas’ to work with their networks on polio issues [3 months]

EGYPT – COUNTRY FEEDBACK

Thanks for feeding us back with the comments / recommendations. It was a very useful and quite informative meeting. Overall the recommendations are doable and right in place. Here are some more specific ones that will be useful to add for our fund raising purposes.

1. Strengthen the institutional capacity / skills and staffing within MOHP both on the central and local levels:

TIME FRAME: Within one month

2. Ensure the needed resources and technical support to institutionalize social mobilization and planned activities

TIME FRAME: Immediately

SOME OVERALL RECOMMENDATIONS....

1. Be overt about the change theories and principles that underpin the work – they are there – recognize and debate their relevance and applicability
2. Draw on the evaluation data that exists from communication efforts from other development issues – understand it and seek to see how it helps you – polio is not independent of the rest of the world
3. Work to three or four main “splash” communication initiatives or partnerships – very tempting in communication to try and cover everything – radio, TV local groups, traditional media, entertainment etc etc – avoid
4. Look at more interactive programs which involve a two way dialogue. Evaluation indicators and processes – just do it
5. Indigenise {?} don't internationalise

Thanks

- We learned a lot**
- We enjoyed**
- We feel challenged**
- We hope we helped a little**

Hamid/Theo/Shan/Anushree/Waguhih/Silvio/Warren and Onuora [who was sick and could not make it – sadly]