

Polio-Free Chad



UNICEF QUARTERLY NEWSLETTER ON THE POLIO ERADICATION INITIATIVE IN CHAD

JANUARY 2013

© UNICEF Chad/2012/Boughanmi

IMMUNIZATION CAMPAIGNS
ADDRESSING MISSED CHILDREN AND
VACCINE REFUSALS IN N'DJAMENA

SOCIAL MOBILIZATION
CHADIAN STARS JOIN
THE FIGHT AGAINST POLIO

POLIO ERADICATION INITIATIVE IN CHAD

A Goal Within Reach

unite for
children

unicef 



© UNICEF NYHQ/2012/Hot

WITH THE CONTRIBUTION OF

BRUNO MAES
Representative

MARCEL S. OUATTARA
Deputy Representative

GIANLUCA FLAMIGNI
Chief, Polio

HECTOR EMANUEL CALDERON
Chief of Communication

MARIAM TRAORE KANAKOMO
C4D Specialist (Polio)

MOYENGAR NANALNGAR
M&E Specialist (Polio)

MARTIN ENGOULOU
STOP (Polio)

ANTONIA MANDRY
Reports Officer

NADIM BOUGHANMI
Communications Officer

LALAINA FATRATRA ANDRIAMASINORO
Communications Consultant (Polio)

WITH THE SUPPORT OF

IRINA DINCU
Regional C4D Specialist (WCARO)

BAKOLY RABENARIVO
Regional C4D Specialist (Polio)

FACT CHECKING

MOYENGAR NANALNGAR
M&E Specialist (Polio)

UNDER THE SUPERVISION OF

HECTOR EMANUEL CALDERON
Chief of Communication

GIANLUCA FLAMIGNI
Chief, Polio

EDITING

NADIM BOUGHANMI
Communications Officer

CONCEPTION, LAYOUT AND DESIGN

NADIM BOUGHANMI
Communications Officer

LALAINA FATRATRA ANDRIAMASINORO
Communications Consultant (Polio)

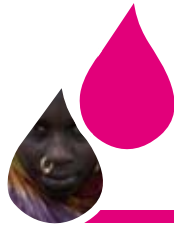
unicef Chad CO © January 2013

© United Nations Children's Fund (UNICEF) Chad Country Office

This newsletter has been prepared to provide periodic information updates on the Polio eradication Initiative in Chad.

The findings, interpretations and conclusions expressed in this newsletter are those of the author(s) and do not necessarily reflect the policies or views of UNICEF.

The text has not been edited to official publication standards and UNICEF accepts no responsibility for errors.



INDEPENDENT MONITORING BOARD
BIG REDUCTION IN POLIO CASES IN 2012 IN CHAD

4



POLIO SITUATION
PROGRESS TOWARD POLIO ERADICATION IN CHAD

5



POLIO ERADICATION INITIATIVE
ADDRESSING OPERATIONAL AND COMMUNICATION CHALLENGES

7



COMMUNICATION AND AWARENESS
UNICEF COMMUNICATION EFFORTS IN 2012

9



N'DJAMENA
OVERCOMING RESISTANCE TO POLIO IMMUNIZATION

10



MEET THE FRONTLINE WORKERS
SOME MOTHERS ARE HESITANTS TO LET US GIVE THE TWO DROPS TO THEIR BABIES

12



AWARENESS
PARTNERING WITH CELEBRITIES TO RAISE AWARENESS ABOUT POLIO IMMUNIZATION

13

INDEPENDENT MONITORING BOARD

BIG REDUCTION IN POLIO CASES IN 2012



© UNICEF Chad/2012/Boughanmi

Nomad Immunization in the hard-to-reach area of the Lake Chad Region

INDEPENDENT MONITORING BOARD REPORT (NOV 2012)

Getting to grips with polio in Chad is not easy but is heartening to see. In 2011, 132 Chadian children were paralysed by wild polio. There have been just five in 2012, the most recent of them in June. The Government and its partners have done well. There has been little tolerance for poor performance, and a commitment to stopping polio transmission driven by the President himself.

SUCCESSFUL CONNECTION WITH NOMADS

Reaching the sizeable nomadic population has been vital – analysis of polio cases shows that nomadic children are disproportionately affected. This is an under-served segment of the population, not previously mapped in any detail. The Programme has sought the help of these communities to develop strategies to find and vaccinate their children. This innovative

work, which has also involved the veterinary sector, and the contacting of nomadic leaders by mobile telephone, is paying dividends in Chad and could be replicated elsewhere in the Global Programme.

HELICOPTERS HAVE HELPED

Lake Chad has also needed real focus. Using helicopters, the Programme has been able to reach populations that are entirely cut-off from other services. The lake sits at the intersection of Chad and three other countries: Niger, Cameroon, and Nigeria.

The IMB welcomed news of a recent cross-border meeting in N'Djamena, attended by all four of these countries. Integrated surveillance and synchronised immunisation campaigns are being planned as a result.

WATCH THE BORDER WITH NIGERIA

The border with Nigeria is of greatest concern to Chad. Chad

has been a victim of exported polio from Nigeria in the past and the same thing could easily happen again. Chad needs to proactively mitigate this risk. Continuing to build immunisation coverage and surveillance is the best possible insurance policy.

STILL TOO MANY MISSED CHILDREN

Although strong progress has been made in Chad, we retain some fundamental concerns. There are still many missed children. The occurrence of vaccine-derived poliovirus, particularly in the capital, is an evidence of this. Routine immunisation coverage has been as dismal in 2012 as it was in 2011. There have also been twenty 'compatible cases' of polio in Chad in 2012. This underlines failings in the surveillance system. If AFP cases were detected and investigated on time, and with adequate specimens, we would know definitively whether or not they were polio. The system for investigating and reviewing compatible cases needs a great deal of improvement. This should be an urgent priority.

NO TIME FOR COMPLACENCY ON COMMUNITY ENGAGEMENT

Vaccine refusal has barely been an issue in Chad. Community engagement remains key, though. The percentage of children missed for 'social reasons' is still high. Caregivers' poor awareness of vaccination campaigns is now rated as high-risk by UNICEF, not helped by the fact that many core communications personnel are not yet in place in the field.

GAINS COULD STILL BE LOST

This is a vital time for the Programme in Chad. Its high level of commitment and drive cannot be let up. In 2013, the number of polio cases in Chad could still go either way. Nobody wants to see Chad lose the gains won through a great deal of hard work over the last eighteen months.

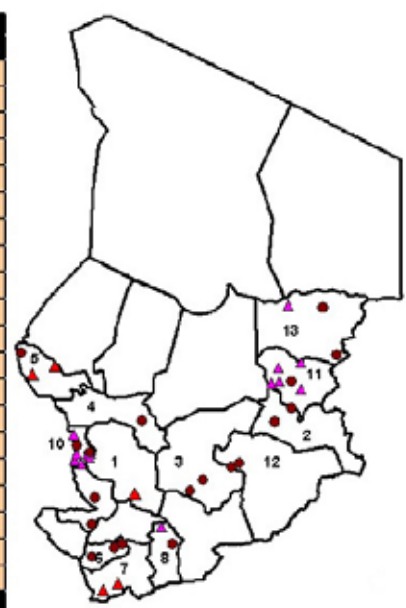
POLIO SITUATION IN CHAD

PROGRESS TOWARD POLIO ERADICATION

■ EDITORIAL NOTES
(CDC UPDATES - NOV 2012)

▲ 5 PVS 1 ● 20 compatibles ▲ 15 cVDPV-2

Région sanitaire	District	PVS type 1	VDVP2	Cas compatible
1. Chari Baguirmil	Bouso	1		
2. Dar Sila	Amdam			2
3. Guerra	Melli			2
4. Hadjer Lamis	Bokoro			1
5. Lac	Bol	2		1
6. Logone Occidental	Benoye			2
	Laokassy			1
7. Logone Oriental	Bessao	2		
8. Mandoul	Goundi		1	
	Kounra			1
9. Mayo Kebbi Est	Bongor			1
	Gounou Gaya			1
10. N'Djamena	N'Djamena Centre			1
	N'Djamena Est		4	2
	N'Djamena Nord		1	
	N'Djamena Sud		3	
11. Ouaddai	Abeche		5	1
12. Salamat	Aboudéia			2
	Biltine		1	1
13. Wadi Fira	Guereda			1
Total		5	15	20



Transmission after importations of WPV3 and WPV1 from Nigeria in 2007 and 2010, respectively, became reestablished in previously polio-free Chad because of chronically low routine immunization coverage and low-quality SIAs. After years of persistent weaknesses in the polio program in Chad, progress toward eradication has been made; cases increased fourfold in 2011 compared with 2010, but then decreased 95% in 2012. Circulation of reestablished WPV3 might have been interrupted.

Program improvements during 2012 follow the investment of considerable resources beginning in 2011 by the Chad Ministry of Health and GPEI partners to increase field personnel, training, planning, attention to nomadic and other chronically missed populations, supervision, and political oversight. In addition, innovative, short-interval, additional-dose SIAs have been used to improve population immunity. A prompt investigation of cases reported in Lac during 2012 was followed by timely and aggressive response immunization, including the innovative approach of expanding the SIA target age group to children aged <15 years, and might have substantially limited spread and shortened the outbreak. Efforts to improve the implementation of polio immunization activities and to strengthen AFP surveillance are increasingly supported by traditional, religious, and political leaders.

The President of Chad launched the National Emergency Action Plan for polio eradication in 2011, emphasizing the key role and responsibility of district and subdistrict authorities. To ensure interruption of reestablished WPV transmission and limit circulation after any WPV importation, Chad authorities will need to continue efforts to strengthen surveillance

and enhance routine and campaign immunization planning, management, and supervision.

During 2009 and early 2010, monovalent type 3 OPV primarily was used in SIAs to preferentially raise type 3 immunity while WPV3 was in circulation. After the introduction of WPV1 in 2010, bOPV became the predominant vaccine used in SIAs. A high vulnerability to emergence of cVDPV2 exists in Chad, given the continued low levels of routine vaccination coverage and little use of tOPV in campaigns, and therefore low exposure to type 2-containing tOPV; 15 cVDPV2 cases have been reported in 2012. Outbreaks of cVDPV require the same mop-up response campaigns as WPV outbreaks, with use of tOPV. There have been considerable challenges to achieve and maintain high-quality, sensitive AFP surveillance in Chad. After the provision of additional resources and increased supervisory attention towards stool specimen collection and transport, the overall proportion of AFP cases with collection of adequate stool specimens has increased, and specimen testing has become more timely. However, limitations in the sensitivity of surveillance and adequate specimen collection remain, especially for

suspected AFP cases from remote and nomadic populations. As an indication of surveillance limitations, the WPV1 case most closely linked genetically to the Lac outbreak occurred more than 1 year earlier, in Chari-Baguirmi.

With ongoing endemic WPV transmission in Nigeria and low routine immunization coverage estimates, Chad remains at risk for new WPV importations and outbreaks. With a recognized risk for failure in reaching the goal of polio eradication, the World Health Assembly declared the completion of polio eradication a programmatic emergency for global public health in 2012. WPV circulation during 2012 has continued only in the three remaining endemic countries and in Chad, and the number of cases and of WPV-affected districts globally are at historic lows. In Nigeria, however, the number of cases in 2012 to date has increased from the same period in 2011. Until polio is eradicated, all countries remain at risk for WPV importations. The success of GPEI depends on progress in maintaining and improving population immunity and surveillance quality in all countries, while maintaining the commitment of national and international partners.

IMMUNIZATION

ANATOMY OF A VACCINATION CAMPAIGN



© UNICEF Chad/2012/Andriamasinoro

The routine immunization coverage is still weak in Chad

■ BY LAURE POINSOT

Four of Toma Mamout's seven children died young, one from polio. Her loss became Ms. Mamout's calling – working to encourage mothers in Chad to vaccinate their children. Ms. Mamout is a community outreach volunteer for the Expanded Immunization Programme in Chad.

“Vaccination is an effective, low-cost public health intervention that significantly reduces infant mortality,” says head of the UNICEF Polio Section in N'Djamena Gianluca Flamigni. Nevertheless, in Chad, the percentage of children immunized during their first year of life, excluding for hepatitis, is estimated at five per cent. According to Mr. Flamigni, this worryingly low vaccination rate “results from the country's deep poverty, but also the long years of political instability which left behind a weak health system.”

With support from UNICEF, Chad's Expanded Immunization Programme is seeking to reach more and more children. Volunteer workers like Ms. Mamout are critical in the campaign. Ms. Mamout has worked both in a hospital and at the West Mongo health centre. At the health centre, she runs the day-to-day work of the programme – from vaccinating children to holding education sessions with mothers.

In nearby villages, she talks on vaccinations, basic hygiene and the use of mosquito nets to prevent malaria. “We advise mothers to bring their children to every vaccination drive and to stick to the calendar,” she says.

In remoter areas, there are formidable challenges to expanding the campaign. In particular, it is difficult to secure reliable cold storage to keep vaccines at the correct temperature so that they arrive in good condition, says Head of UNICEF Sub-office in Mongo Claude Ngabu.

Another challenge is community resistance. According to Ms. Mamout, on her rounds to the more distant villages, the semi-nomadic local communities “refused until recently to allow their children to be vaccinated, out of ignorance and fear.”

Her work there is part of a broad communication for development (C4D) strategy spearheaded by UNICEF. UNICEF C4D employs a mix of social mobilization, advocacy and behaviour and social change activities to involve local authorities and people to make simple changes in their daily lives. Ms. Mamout also meets regularly with authorities and health organizations that cooperate in setting up polio campaigns and routine vaccination drives. “Mobilizing communities themselves is the best chance for making improvements, because Chad's health system is still too weak,” she explains. “For low-cost training and awareness efforts, UNICEF supports an effective and engaged outreach network – community outreach volunteers, vaccinators and supervisors – in which everyone is truly a champion of vaccinations.” The communication and education efforts are already paying off, says Mr. Ngabu.

Radio is also essential to these efforts, reaching far more people than any other media in Chad. Broadcasts and advertisements “get people ready for the vaccination campaigns. Families quickly understand the need

to vaccinate their children,” says Editor in Chief of the community radio station in Mongo Djimet Khamis Zaouri.

According to Mr. Zaouri, who is also a teacher and youth activist, “But the government needs to work harder to put more people on the ground to raise public awareness.” One of the best ways to do that, he says, is for authorities to “educate district and village leaders, who will then mobilize neighbourhood leaders, who will tell all their families. That makes it easier for vaccinators to do their job and costs almost nothing.”

Women's groups also provide crucial support, which is tapped through the Information and Liaison Unit of Chad Women's Associations (CELIAF), an umbrella body with 74 groups across the country. Its leader in Mongo, Maïmouna Moussa, regularly brings together women leaders to discuss and promote awareness messages.

“This is an effective network that acts on prevention and multiplies its effects,” she says. “If vaccination allows us to prevent children from getting sick, we can save entire communities. By changing our behavior, we can change our living conditions and really change things.” “Polio is everyone's business, from government down to families,” said Raabi Diouf, Deputy Director of Communication and Vaccinations in Mongo.

“In 2011, Chad had 132 cases of wild polio,” says Mr. Flamigni. “This year the number is five, thanks to all the vaccination campaigns undertaken. These results give hope that the vaccination coverage will sustainably increase in the years to come.”

According to Mr. Flamigni, the programme is using a polio vaccine drive as a springboard with an eye to covering other diseases such as measles, meningitis and cholera – all major public health concerns in Chad.

POLIO ERADICATION INITIATIVE IN CHAD

ADDRESSING CHALLENGES



© UNICEF Chad/2012/Boughanmi

On the boat: vaccinators reaching the hard-to-reach villages in one of the small islands on Lake Chad

■ BY ANTONIA MANDRY

Chad is facing one of the most difficult challenges in the Global Polio Eradication Initiative, with a very weak government health system - including the Ministry of Health's cold chain and logistics system, widely scattered and mostly illiterate populations and poliovirus transmission suspected in nearly every district. In 2012, Government and partners committed to several projects aimed at eradicating polio in Chad. Despite these effective measures, five Wild Polio Virus (WPV) cases and fifteen cases of vaccine-derived polio virus (CVDPV) have been confirmed in 2012. Compared to the total number of 132 WPV cases in 2011, there has been a significant decrease of cases in Chad in 2012. Nevertheless, 19 out of 61 Health Districts are still considered High Risk Areas (HRAs) despite 3 Supplemental Immunization Activities (SIA), 2 Sub-national Immunization Days (SNIDs) and 3 rounds of Mop Up Campaigns in the Lake Region, carried out under the Polio Eradication Initiative (PEI) in 2012. Interrupting polio transmission in Chad entails reaching un-vaccinated children, which requires overcoming a number of critical barriers that have so far slowed progress. A major

barrier is the underlying weakness of the health system countrywide, including its routine vaccination and cold chain and logistics systems. An additional challenge is the difficulty in delivering vaccines, using an infrastructure which is poorly developed and a logistical support system that is often weak and overloaded. Another critical factor is the shortfall in funding needed to reach the immunization-related goals of Chad Ministry of Health and its partners.

The Reaching Every District (RED) strategy, launched in 2002, is designed to strengthen immunization delivery at the district level, by encouraging district-level immunization officials to adopt the principles of "good immunization practice", such as the identification and resolution of local problems, the organization of regular outreach vaccine delivery services, and the involvement of communities in ensuring adequate functioning of immunization services. Community participation is a key factor in raising polio immunization coverage. Creating awareness of, and public demand for the benefits of polio immunization is an essential component of an active immunization programme. However, it is also important to ensure that

demand can be reliably met. The situation in Chad remains urgent. Children's absence is still the main reason for missed children, and continues to be of concern in 8 out of 19 regions where the proportion of missed children has increased during the Supplementary Immunization Activities (SIAs trend from February to June 2012). Micro-planning does not yet function fully as an effective planning tool despite notable progress being made. The model has been redesigned to correct all of these issues and is set to be an effective planning tool in the coming months. To better support the Government in the implementation of the micro-planning, UNICEF has increased the number of staff in the field which is contributing already to a better utilization of the resources. The country continues to record reduction in trends of missed children which confirms the strong commitment of political and health leaders, religious and traditional leaders involved in micro-planning, supervision, social mobilization and advocacy related to the Polio SIAs activities.

Furthermore, the Government continues to be strongly committed toward the Polio Eradication Initiative (PEI). Despite this commitment, 15 cases of CVDPV have been identified in 2012. Of these, 2 were circulating unidentified for more than a year in two major cities, N'Djamena and Abeche, increasing the likelihood of the polio virus mutating toward a more virulent strain. The fact that these two strains have been circulating for more than 1 year demonstrates that the routine immunization coverage is still extremely weak, increasing the threat of the spread of the polio virus at any time. Therefore, the situation remains critical in order to build the capacity of the health system to ensure that identification of polio happens at an early stage and completely eradicate polio in Chad.

AWARENESS

MIA FARROW PROMOTES POLIO VACCINATION



UNICEF Goodwill Ambassador Mia Farrow visited Chad in 2012 to raise awareness of the importance of ending polio transmission once and for all

■ BY GUY HUBBARD

In 2012, UNICEF Goodwill Ambassador Mia Farrow visited Chad to launch a massive polio immunization campaign and to raise awareness of the importance of ending polio transmission once and for all.

During her trip, Ms. Farrow visited Massi Hassan, who was being fitted with a plastic and steel brace. A few months ago, Massi had been a healthy and mobile child, but a recent bout of polio has left her paralyzed. Just seven years old, she'll never again be able to walk without the brace. Maimounna Mahamat, Massi's mother, stroked her daughter's hair during the fitting. She hadn't even heard of polio before her daughter became infected.

"It got so bad that she couldn't walk anymore and had to crawl to get anywhere," Ms. Mahamat said.

HELPING POLIO VICTIMS RECLAIM MOBILITY

Massi was one of 132 cases of polio in Chad in 2011. It is quite a

reversal for the country, which was polio-free between mid-2000 and 2003. Moundou, in the south, was at the epicentre of the outbreak. There, people disabled by the disease go to the Notre-Dame de la Paix rehabilitation centre, which offers them a chance to walk again. Patients undergo an operation to free their frozen muscles and tendons, then learn to walk with the help of crutches and braces.

Thomas Mbaïamngone was crippled by polio as an infant. For years, he struggled to get around, dragging himself along with his hands. Braces and crutches have given him a measure of mobility and dignity.

"After going to the centre, they were able to arrange the apparatus for me," he said, "and now I don't feel like I'm suffering anymore." But the crutches, braces and wheelchairs – however life-changing – are not enough. There is no cure for polio; the only real solution is prevention through vaccination.

MIA FARROW PROMOTES POLIO VACCINATION

Since 1988, the global campaign

to eradicate polio has wiped out 99 per cent of the disease through vaccination. But the illness persists in countries like Chad, which has begun to export the virus to neighbouring countries. Experts fear that the great strides made in ending polio could be undone. Herself a victim of the disease, Ms. Farrow spoke to government and religious leaders and community members about her experience.

"Polio means a lot to me personally," she explained. "I was afflicted with it as a child, and I was very fortunate that I escaped without lasting effects. Not so fortunate was my son, adopted from India, who is now completely paralyzed from the waist down because of polio."

Ms. Farrow helped volunteers vaccinate the hundreds of children who had arrived for the campaign, which was organized by Chad's Ministry of Public Health with supported from UNICEF and the World Health Organization. "One of the depressing things is that it had been eradicated from Chad," Ms. Farrow said.

But the determination she witnessed in Moundou gives her – and the community – hope. "I'm now in a place where a lot of amazing mothers are galvanized to go out and tell their friends they've got to have their children vaccinated, so I think the consciousness is rising," she said. "This is something people have to do."

Chad has made a tremendous progress in 2012. Only five cases of wild poliovirus have been recorded in 2012 compared to 132 cases in 2011. Although strong progress has been made in Chad, some fundamental challenges remain. Chad authorities and GPEI partners need to continue efforts to strengthen routine and campaign immunization planning, management, and supervision, as well as communication and social mobilization efforts.

COMMUNICATION AND SOCIAL MOBILIZATION

UNICEF COMMUNICATION EFFORTS IN 2012



© UNICEF Chad/2012/Bouhanmi

this workshop will be fully integrated into action plans in 2013.

CHILD ABSENCE

Low technical capacity coupled with an insufficient number of communication partners for EPI remains a major constraint, linked also to the high rates of child absence during campaigns. Furthermore the repeated Polio Campaigns with the Meningitis and Accelerated Routine Immunization campaigns were a major factor in tiring the staff in the field and jeopardize the quality of such campaigns.

In Chad, town announcers and community relays play a vital role in informing communities on polio immunization schedules and the importance of vaccination

■ **BY ANTONIA MANDRY
& FATRATRA ANDRIAMASINORO**

Communication plays a critical role in the effort to eradicate polio. UNICEF's communication programmes ensure that families, particularly mothers, know the impacts of the poliovirus, and why it is important to accept the Oral Polio Vaccine each time it is offered, for all children under five years of age.

UNICEF leads communication and social mobilization responsibilities for the GPEI, working with partners and the ministry of health to build community and household demand for immunization services, and to respond quickly and effectively to community's concerns in the event of a polio outbreak. UNICEF Polio programs in Chad are mainly funded by The Bill & Melinda Gates Foundation, the Government of Japan and Rotary International.

STAFF AND PLANNING

In Chad, UNICEF has completed in 2012 the recruitment process of its staff in Polio Communication. The Polio Unit team is now composed by 50 nationals and ten international Staff. Hubs deputy coordinators and the 50 consultants were trained in Communication for Development (C4D) and strategic planning for communication. 19 integrated plans for communication (IPC) were

developed with the contribution of each region. 19 Regional and 61 districts communication focal points, 61 District Medical Officers, 61 Health Center Officers, 950 community relays and around 140 members of civil society have also benefited from this training. The Integrated Communication Plan data, the Independent Monitoring, the Knowledge Attitudes and Practices (KAP) surveys and the external review of the expanded program in Immunization were used as references in the development of micro plans based on three main areas: the Supplementary Immunization Activities, Routine EPI and Community surveillance. A communication tool was developed for Hubs to synthesize the activities at districts level.

CROSSBORDER ACTIVITIES

UNICEF has supported five National immunization campaigns, three mop up campaigns in the Lake region and two in the capital, as well as three National immunization campaigns, bringing the total number of campaigns to 12 in 2012. The planning and implementation of joint cross-border activities received a particular attention. A work plan was developed during the workshop where Chad, Cameroun, Niger and Nigeria participated. The recommendations produced during

Ten health districts in 2012 against 11 in 2011 emerged from the data analysis of the independent monitoring as high-risk districts. In 2013 more targeted activities will be conducted in these identified districts, including the innovative approaches initiated in Ndjamena. Reporting cases of refusal in Ndjamena led UNICEF to support an initiative based on participation of youth associations, Chadian Artists, local scouts and community radios. They all visited the high risk district and interacted with the population to explain the importance of vaccination. This initiative is in the process of being evaluated and will be soon shared.

The UNICEF Polio Unit has increased the collaboration with CDC Atlanta for the collection of social data and communication among the nomads. The Unit has maintained and strengthened the partnership with NGOs and Associations, religious groups, schools through social mobilization and outreach activities. An emergency plan in 2013 to eradicate polio has been developed by the Ministry of Health with the support of key partners. UNICEF is committed to support the strategic communication through advocacy, social mobilization, communication for behavior and social change.

N'DJAMENA - IMMUNIZATION CAMPAIGN

OVERCOMING RESISTANCE TO VACCINE

■ BY FATRATRA ANDRIAMASINORO

In responses to the escalating number of missed children and vaccine refusals in N'Djamena, the Government with the support of the GPEI partners, carried out an intensified social mobilization and communication campaign involving prominent Chadian Artists, the Scouts Movement and the National Council of Youth during the last Immunization campaign in November.

Popular Chadian musicians rallied in the fight against polio with a open air, free admission concert to raise awareness in N'Djamena. They captured the attention of thousands people not only through their music but also by expressing strong messages about the importance of vaccinating children against polio.

The popular musicians went door to door talking to and convincing parents who refused to get their children vaccinated.

"The vaccine against polio may cause sterility and makes our children sick", said Rachel, mother of 4 from the city of N'Djamena.

"Youth, I say this: when you see the vaccinators, it is to give two drops against polio. So ask your parents to allow them to vaccinate your siblings. Parents leave behind the preconceptions. If you want your children to play as soccer players, have them vaccinated so they are not paralyzed," has expressed Ngass David, a famous Chadian singer during the campaign.

A recent report by the Independent Monitoring Board of the Global Polio Eradication Initiative expressed concerns that "the percentage of children missed for 'social reasons' is still high in Chad. Caregivers' poor awareness of vaccination campaigns is now rated as high-risk by UNICEF."

According to the latest social data analysis, the number of missed

© UNICEF Chad/2012/Djaogol



Popular musicians went door-to-door talking to parents and caregivers, convincing those who refused vaccinating their children during the November Campaign

children and vaccine refusals has recorded an increasing trend over the last few months in N'Djamena, due to a wide range of factors. The health system has been weakened by a strike of public servants, affecting the immunization campaigns process. Also, the repeated polio campaigns, with the Meningitis and Accelerated Routine Immunization campaigns, were a major factor in tiring the staff in the field and affecting the quality of such campaigns.

More than 250 youth mobilizers from the Scouts Movement and the National Council of Youth have also been involved during the campaign to support the community-based social mobilization activities before, during and after the campaign.

They went door-to-door to support the vaccination teams and the existing community mobilizers network in the field. Many cases of refusals have been resolved according to preliminary data from the high-risk districts.

"Although strong progress has been made in Chad, we retain some fundamental concerns. There are still many missed children. We are also

concerned about the occurrence of vaccine-derived poliovirus, particularly in the capital. Chad authorities and GPEI partners need to continue efforts to strengthen routine and campaign immunization planning, management, and supervision, as well as communication and social mobilization efforts," stated Bruno Maes, UNICEF Representative in Chad.

After years of persistent weaknesses in the polio program in Chad, progress toward eradication has been made; cases increased fourfold in 2011 compared with 2010, but then decreased by 95% in 2012. In 2011, 132 Chadian children were paralyzed by wild polio. There have been just five cases in 2012, the most recent of them in June.

"It is not for nothing that we are mobilizing ourselves for this cause. We want to save the lives of future generations. If you hide the children, this is serious. A child with polio can contaminate 200 others around him. I'm glad that the President has given strict instructions for people to put a lot of energy in kicking polio out of Chad. 2 drops: Stop Polio!" concluded Ngass David.

IMMUNIZATION

REACHING NOMADIC GROUPS IN CHAD



© UNICEF Chad/2012/Andriamasinoro

Mass Immunization Campaign in the Nomadic Camp of Hadjer Lamis in January 2013

■ BY FATRATRA ANDRIAMASINORO

In January 2013, thousands of livestock owners are waiting in the camp of Hadjer Lamis close to the border with Cameroon. They are preparing to cross the border to move their herds in search of new grazing for the next few months. “We are staying there for few days to vaccinate our livestock before crossing the border, and will stay in Cameroon for three or four months,” said Adoum, one of the nomadic leaders in the camp.

In Chad, the mobility and the dispersion of mobile livestock owners lead to difficulties in reaching them with health services as well as with information and education. The prevalence of fully immunized nomadic children and women is extremely low, exposing them to a wide range of preventable diseases.

“Outreach human vaccination services rarely exist for nomadic groups. Reaching them is vital. Analyses show that preventable diseases disproportionately affect nomadic children. This is an under-served segment of the population,”

has expressed the Governor of Hadjer Lamis. The Chadian Ministries of Health and of Livestock Production - hosting the veterinary services, together with GPEI Partners, NGOs and the nomadic communities organized joint human and livestock vaccination campaigns in this region where nomadic groups are seasonally located. Pastoralist communities highly value the combined approach that considers the health of their family members and of their livestock.

“It is the first time my children get vaccinated. I was aware about this campaign through the social mobilizers deployed in the camp. I need my children to be protected, as I am concerned and scared about deaths as a result of preventable diseases. As parents, I have the responsibility to ensure my children are healthy,” said Amina Brahim, 20, and mother of two children.

During the 10-days intensive immunization campaign, thousands of children under five years of age have been vaccinated and received routine immunizations, a simple and highly effective way to protect them from polio, diphtheria, tetanus and

measles-rubella. Women between 15 to 49 years of age have been vaccinated against tetanus. Mobile teams have been posted in the camp to make sure not a single child is missed. “We found out that there were communities that were never being reached, either by the supplementary days or by the routine immunizations. The public health sector should use this kind of campaign as a gateway to the pastoralists. This may become a model for others who face similar difficulties in reaching remote livestock keepers” stated Gianluca Flamigni, UNICEF Chief of Polio in Chad.

Chad authorities and partners need to double efforts to reach populations that are entirely cut-off from health and other social services. The joint vaccination campaign approach is innovative, appreciated by nomadic pastoralists and less expensive than separate vaccination. By using the mobility of veterinarians in remote zones far from health care facilities, vaccination can be provided to nomadic children and women in countries with limited resources.



Meet Frontline Workers

Karouba, 47
Polio Frontline Worker
 Lake Chad Region
 Republic of Chad

■ BY NADIM BOUGHANMI

Polio frontline workers can make or break a polio vaccination campaign. They often have to work in environments where they are the sole source of information for parents. Working door-to-door, they sometimes have merely a few seconds to instigate a trust relationship between them and the parents. The complexity of the problem contrasted by the simplicity of the solution can present a real challenge in rural settings where education levels can be basic. In areas where social mobilizers are not available or not operational, it is the vaccinators themselves who will take on the responsibility of mobilizing the parents, educating them and encouraging them to protect their children through proper vaccination.

Mrs. Karouba is 47. Mother of five and Polio frontline worker since 2009, Mrs. Karouba is an experienced

“Some mothers are hesitant to let us give the two drops to their little babies

vaccinator, as well as a skilled social mobilizer. We spoke to Karouba during one of the recent mop-up campaigns in the Lake Chad region, about her role as a frontline worker, and about the relationship and rapport she builds with young mothers during the campaigns. “No, my job is not difficult,” says Mrs. Karouba. “Sometimes, some mothers are hesitant to let us give the two drops to their little babies. They say they’re sick, or tired, and that we should come back later.” she adds “I tell them that the vaccination is completely safe, and that they have to seize the opportunity that we are here to give their children the two drops that will protect them from Polio. I tell them that my kids are all vaccinated, and are in good health, and they usually accept.”

The fact that Mrs. Karouba is a role model in her community, a mother and an esteemed social worker seems to add tangible value to her efforts. Young mothers trust her, and this type of trust can increase the positive outcome of such campaigns.



Taliba, Theater Group in Mondou

Taliba
Chadian Theater Group
 Mondou
 Republic of Chad

■ BY NADIM BOUGHANMI

Taliba is a Chadian theatre group who has relentlessly been rallying to raise population’s awareness to the importance of vaccinating children against Polio in their home town of Moundou. The group produced an eight-act piece entitled “Poliomyélite”, which depicts the efforts of a vaccination team supervisor who explains to parents who still refuse to have their children vaccinated the importance of protecting them from the devastating illness. One of the most moving acts includes a scene in which a poem written by TALIBA’s members is shared.

Here’s an excerpt:

“With vaccination I can get rid of you, and you will disappear

...POLIO ! YOU! POLIO!....
 You, the one who has paralyzed my friends
 From 0 to 5 years old and all the rest
 The only one left is me alone
 You want to paralyze me too?
 Hey! Hey Polio! You Polio!
 I will make you disappear.

Ooooooh young child
 With what force will you make me disappear?

I have no physical power to make you go away, it’s true
 But with vaccination I can get rid of you
 And you will disappear! And you will disappear! And you will disappear!

POLIO ERADICATION

CHADIAN STARS JOIN THE FIGHT



© UNICEF Chad/2012/Cao

Young dance group Halal Hip Hop performing during a free concert to raise awareness on polio vaccination in N'Djamena

■ BY NADIM BOUGHANMI

The battle for polio eradication is gaining serious momentum. New wild poliovirus (WPV) infections have decreased by about 96 % in 2012, and the last reported wild polio virus transmission dates back to June of last year.

Chad is now in a promising scenario of halted transmission of WPV for seven consecutive months as of January 2013, a milestone that certainly gives a ray of hope to all those involved in polio eradication efforts.

But the situation is still very fragile. Vaccination coverage is still below the required minimum of 95 %, the country's frail cold chain system is still in need of a major overhaul, and neighbouring countries such a

Nigeria with polio epidemics flaring up continue to pose a serious threat of cross-border transmission of WPV.

SOCIAL MOBILIZATION

Important lessons were drawn from this step forward in the global fight against polio. One key lesson learned is the fundamental importance of social mobilisation. Many children are still missed due to "absence" or plain refusal of parents and caregivers to let immunization teams carry out vaccinations.

Traditional beliefs, rumours and false perceptions continue to hinder efforts at achieving better coverage. To inverse this trend, awareness-raising is intensified through a number of activities, which include involving community and religious leaders to advocate on the importance of

vaccination, as well as deploying more community relays, backed by community public announcers at campaign time to educate parents on the threat of polio and on the importance of protecting children against it.

THE ARTIST INITIATIVE

Recently, a group of Chadian celebrities joined forces with UNICEF and the Chadian government to reinforce social mobilisation and public awareness activities to achieve higher vaccination coverage during polio campaigns. They contributed to increasing the general public's knowledge about the dangers of the illness and the importance of vaccination. Through a series of community-oriented activities such as open air concerts, radio talk shows on national and community FM radio,

as well as field visits with UNICEF supervision teams during polio campaigns, UNICEF artist celebrities such as Ngass David, Diego the Maestro and Abdoulaye Nderguet showed whole hearted engagement to the cause.

Interacting with the public during concerts in several Chadian cities such as the capital N'Djamena, the economic hub Mondou, as well as Bol, the capital of the Lake Chad region – were the last two cases of WPV were recorded, UNICEF celebrities stressed, time and again, the dangers of leaving young children unvaccinated, putting them at a serious risk of contracting one of most debilitating illness known, and for which there is no cure to this date.

Parents and caregivers from all walks of life were given the opportunity to enter in dialogue with the artists during community radio talk shows and field visits, and voiced concerns they had had over the vaccines.



Chadian celebrities rallied in 2012 in the fight against polio, capturing the attention of thousands of people not only through their music, but also by delivering strong messages about the importance of vaccination

WAY FORWARD

More types of activities are planned for 2013. Amongst them are television appearances, mediatized football exhibition matches and awareness-raising activities with school children and parents. Open air concerts, community radio outreach and further activities outside urban hubs are planned to continue next year. Several community artists in

various disciplines are also expected to join the UNICEF Artist Initiative, increasing impact of public awareness efforts by addressing issues in localized contexts.

One new case of wild polio infection is one case too many. Social mobilisation efforts are expected to be increased further next year in order to reach the ultimate goal: A polio-free Chad.

Chadian Celebrities in action

“Open your doors to vaccinators, we want to save the lives of future generations

“I am a father of three daughters. When I learned that polio can paralyze, I ran to the hospital to vaccinate my children. You also need to vaccinate your children against polio because it's a bad disease.” **Abdoulaye Nderguet, famous chadian singer at the polio concert**

“Youth, I say this: when you see the vaccinators, it is to give two drops against polio. So ask your parents to allow them to vaccinate your siblings. Parents leave behind the preconceptions. If you want your children to play as soccer players, have them vaccinated so they are not paralyzed. We want to see children grow up like Eto'o

Fils, Messi, Critiano, etc. It is not for nothing that we are mobilizing ourselves for this cause. We want to save the lives of future generations. If you hide the children, this is serious. A child with polio can contaminate 200 others around him. I'm glad that the President has given strict instructions for people to put a lot of energy in kicking polio out of Chad. Two drops: Stop Polio! »
NGASS David, famous chadian singer

“Regarding polio, there is only prevention. When a child is diagnosed, it's over. There is no cure. So open your doors to vaccinators.” **Diego le Maestro, famous chadian singer**

“Hey Amtok, I didn't come to N'Djamena for this concert. But when I was asked to sing for such a cause, when I was asked to give messages on polio, I did not hesitate for a moment. I want to tell mothers that polio has already enough victims in Chad. Vaccinate your children because only two drops can protect them from polio.” **Maoundoue, famous chadian singer to the moms**

“We have come so far together in the fight to end polio. We have the means to finish the job. We can make history. Or we can fail to seize the moment. Let history judge us harshly, let a polio-free world be our legacy to the next generation of children.”


Anthony Lake
UNICEF Executive Director
World Polio Day
October 24th, 2012



UNICEF Executive Director Anthony Lake visited Chad in April 2012 and held a high-level advocacy meeting with Chadian stakeholders and partners on Polio eradication and Routine immunization. UNICEF has renewed its commitment to support the Polio Eradication Initiative in Chad. Photo credit: © UNICEF NYHQ/2012/Holt

FOR MORE INFORMATION

POLIO-FREE CHAD

unicef  Chad CO © January 2013

BRUNO MAES

Representative
+235 66 29 60 60
bmaes@unicef.org
UNICEF Chad Country Office

HECTOR EMANUEL CALDERON

Chief of Communication
+235 66 36 00 42
hcalderon@unicef.org
UNICEF Chad Country Office

GIANLUCA FLAMIGNI

Chief, Polio
+235 66 23 15 83
gflamigni@unicef.org
UNICEF Chad Country Office

 **UNICEF STOP POLIO CHAD**