

**7th IMB Report (May 2013)—Status of GPEI’s Response to the Recommendations
September 23, 2013**

Recommendation 1: *We recommend that the Programme urgently construct and implement a plan to correct its crippling under-emphasis on social mobilization and communications. This should address the need to rehabilitate the reputation of the vaccine in places where it has fallen into disrepute; to elevate the social mobilization networks to excellent performance; and to bring substantially more communications expertise to the table in the Programme’s key strategic forums, including partnership headquarters and TAGs/ERCs.*

Status: Plan completed and endorsed, now being implemented

UNICEF has continued to expand upon social, religious and security networks to reach every last child with OPV in the polio sanctuaries. Over the last 9 months, refusals have been decreased by over 40%, from 1.6% of all children under 5 in January, to 0.9% in July 2013.

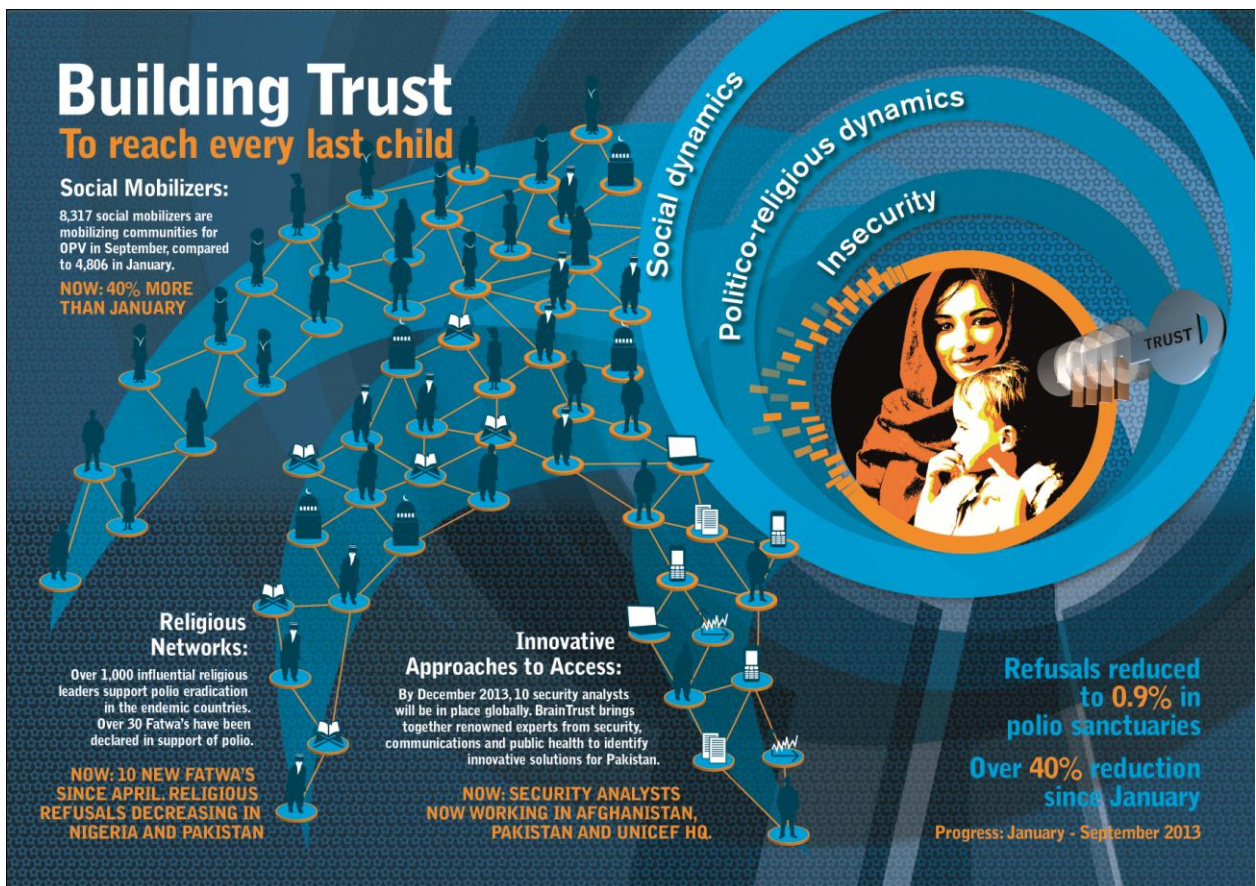
A GPEI operational communications plan has been developed to ensure:

- a) Polio priority countries deliver a core package of excellence in communications and C4D by 2014
 - b) Trust in OPV, the programme, and the frontline workers is strengthened through key operational shifts
 - c) Communications expertise is strengthened within the GPEI at all levels
- A core package of excellence will ensure a high quality communications programme – one that builds strategically upon lessons learned from each country’s experiences - is delivered in all high risk areas. An excellent communications programme will deliver professionalized training of all frontline workers in interpersonal communication skills; produce evidence-based micro-plans jointly with operational components; engage communities in meaningful dialogue on the importance of all immunization, including polio; conduct joint investigation of polio cases and under-performing areas; manage a proactive media strategy that is aligned with all partners of the GPEI and puts local faces forward to create ownership; use standardized social data incorporated into LQAS and Independent Monitoring; and monitor performance in operations and communications in dashboards at all levels. Implementing this portion of the GPEI Communications Plan requires commitment from all partners in the GPEI to dedicate focused resources to operationalizing communication in the field, and to elevate it as an integral part of the programme at every level. Whilst the GPEI has committed to the plan, identifying core commitments by each agency that will go above and beyond the status quo will be a critical next step. The link between operations and communications is an area that will need particular strengthening to see results at district level.
 - Trust in the polio programme is being strengthened by identifying local faces and voices that can sway public opinion in the areas where polio persists. Both Pakistan and Nigeria have begun an extensive exercise of mapping influential religious leaders by sect and areas of influence. In Pakistan, over 800 religious influencers have come on board to support OPV, including an important joint declaration signed by all leading International and National Scholars at the International Islamic University in Islamabad under the auspices of the National Islamic Advisory Group, for which WHO and UNICEF function as a secretariat. Over 200 religious focal points are

working in the highest risk areas of Nigeria to mobilize madrassas, malams, and local leaders to promote OPV. In Nigeria and Pakistan, such intensive mobilization of religious leaders has resulted in a decrease in the proportion of refusals that are due to religious reasons in key areas of Bauchi, Yobe, and KP. Afghanistan has also begun to engage local mullah's more systematically, with over 800 mobilized in the Southern and Eastern Regions.

- Amplifying communities' voices to the public sphere will be a critical part of reprofiling the programme as one that is internally driven. To foster ownership and trust, it is vital that the public image and voice of the programme globally and locally be more closely aligned with the ideals and interests of the communities the programme seeks to serve. The GPEI is working to develop an external communications strategy which will include guidelines to publically position the programme at all levels, and will include emergency protocols to effectively manage programme and reputational risk in the media.'
- Social mobilizers have begun to promote other services beyond OPV (see Annex 1 demonstrating the links with community nutrition in Nigeria). Polio is beginning to be positioned as part of a broader package of services that communities want and need; though more work is required to ensure this broader package becomes a more systematic service.
- Social mobilization networks in the 3 endemic countries have been scaled up by over 40% since January, from 4,806 mobilizers in January to 8,607 in July. Nigeria's Volunteer Community Mobilizers alone will increase to 8,000 by the end of 2013. Afghanistan's Immunization Communication Network of 3,400 volunteers will expand to over 5,000 in order to cover the newly-infected Eastern Region. These networks are key to the wider mobilization of local influencers, religious leaders, traditional and social leadership. Management of these networks needs to be strengthened, and UNICEF HQ is developing standard operating procedures for social mobilization networks globally.
- To increase the expertise available to the communications programme, UNICEF has engaged with a number of new partners. Using polling methodology, Harvard University will begin to collect social data across all programmes, with a specific focus on measuring trust, a metric never before assessed. Through this methodology, Harvard will poll communities on their perceptions of the vaccine, the frontline workers, and those who communities believe are behind the programme's delivery. Data collection will begin in Somalia and Pakistan in November.
- A Pakistan BrainTrust is being convened by UNICEF and the Gates Foundation on October 8-10, bringing together over 20 international and national renowned experts in security, politics, technology and non-violence, public relations, media and public health. The BrainTrust will discuss innovative solutions to reaching Pakistan's last remaining children, and will hopefully inject new thinking and expertise into the programme's strategies to reach and vaccinate more children.
- Communications experts have been proposed for the Nigeria, Afghanistan and Pakistan TAGs, and a new expert has been appointed to the IMB.

- Within UNICEF, nearly 30 new communications posts have been added in HQ, Afghanistan and Pakistan. Ten new security analysts will be on board by December 2013; 3 of them are in place now in UNICEF HQ, Afghanistan and Pakistan.
- As of July, 57 out of 61 UNICEF positions globally are now filled. In HQ, 69% of UNICEF's 17 international posts are now filled. Identifying high-calibre talent for Communications and C4D remains the biggest challenge, but aggressive recruitment is underway to complete recruitment by end-October. A 'Fast track' recruitment policy now applies to all polio posts, including HQ, which is the first time this policy has ever been applied to Headquarters. Afghanistan remains under-staffed with 12 new posts approved, but yet to be recruited for. Nigeria's programme needs a qualitative assessment to ensure the right staff are in the identified positions. A new 'dashboard' to track management and program indicators is being reviewed bimonthly with Country Representatives and Geeta Rao Gupta, Deputy ED. Other GPEI partners will support with orientation of new communications staff.



Recommendation 2: We recommend that, through the necessary trials, the Programme should by the end of 2013 be able to conclusively answer the questions: "Should the endemic countries introduce IPV as soon as possible, or should they wait until 2015? If they introduce it now, should they do so nationally or should they focus on the areas with on-going transmission? How is it best explained to the population?"

Status: Not complete

Substantial progress is being made with regards to defining how IPV will be introduced in the context of the “endgame”. The Immunization Systems Management Group (IMG) of GPEI is charged with developing plans for introducing IPV and for switching from tOPV to bOPV. This group is now being led by WHO’s Immunization, Vaccines and Biologicals (IVB) group with strong support from the GPEI. The group is proposing a tiered introduction of IPV starting with countries that are currently WPV-endemic or which have a history of cVDPV emergence (“Tier 1”) and large/medium-sized countries with a DPT3 coverage <80% in 2009–2011 (“Tier 2”).

Following discussions with Government of Kenya, partners and local stakeholders, a plan has been developed to use IPV as part of the polio outbreak response campaign in November 2013 in the Dadaab Refugee Camp, north-eastern Kenya, as well as in surrounding communities (target: 450,000 children). This will be the first large-scale use of IPV in a mass vaccination campaign to help accelerate cessation of a WPV outbreak.

Although there is an increasing interest in the role of IPV in accelerating eradication in endemic countries, there has been little progress in implementing IPV. In Pakistan, a limited trial is under way; part of the goal of this trial is to look at communication issues around IPV. Serious consideration is now being given to including IPV as part of broad fixed site health services to children with limited or intermittent access in FATA and Gadaap(Karachi). In Afghanistan and Nigeria, there are currently no plans for IPV use.

Recommendation 3:*We recommend that the Polio Oversight Board study carefully the IMB’s analysis of the current management issues of the Programme and decide on a way forward, bearing in mind the need to maintain current priorities. To inform the board’s discussion, we recommend that the partners’ headquarters consider these two questions, through a short series of focused meetings:*

- *How can we work together in a more ordered and efficient way, enabling action to proceed at the speed required in a programmatic emergency?*
- *How can we be more sharply focused on what the polio-endemic countries need from us as a group, and how can we better coordinate efforts to provide this, including on controversial issues?*

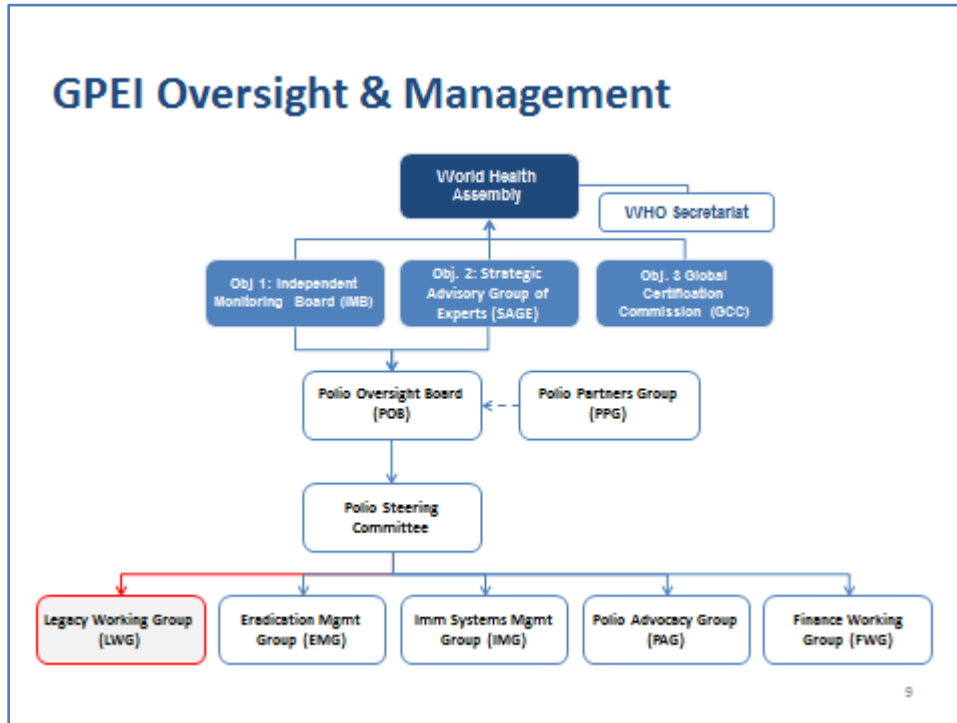
Status:Complete

The Polio Oversight Board (POB) has reviewed and revised its structure and processes to oversee management of the global polio eradication initiative. Each of the key working groups reporting to the POB has an agreed terms of reference linked to achieving the key objectives of the 2014-18 Strategic Plan. Through greater coordination and accountability, the POB and the working groups will ensure better, more targeted execution of activities designed to stop polio transmission, oversee the introduction of inactivated polio vaccine (IPV) in a strengthened routine immunization program in coordination with the Global Alliance for Vaccines & Immunization (GAVI), and the development of a ‘legacy’ plan to mainstream polio assets and infrastructure into global health systems once eradication has been achieved. In addition to fostering greater effectiveness, this new management approach is designed to build greater donor confidence in GPEI decision-making while also providing a mechanism to address serious program challenges (e.g., funding gaps, insecurity restricting access to children).

Two new GPEI groups, the “Eradication Management Group” (EMG), charged with overseeing operations in support of “Objective 1” (wild poliovirus eradication), and the “Immunization Systems Management Group” (IMG), charged with implementing “Objective 2” (IPV introduction and OPV

withdrawal), are now meeting regularly and provide a forum for decision making and for focusing support to countries for polio eradication or IPV introduction. Both report to the “Polio Steering Committee” (PSC), which also oversees groups responsible for financing, advocacy and communications and which reports directly to the POB.

The following chart provides an overview of the governance and management structure of the Global Polio Eradication Initiative. The TORs of the Polio Steering Committee and the working groups is available if the IMB is interested in reviewing these.



The board will now designate a single chairman (rather than rotating this position) for a year-long period. Dr. Chris Elias, President, Global Development at the Bill & Melinda Gates Foundation, is serving as POB Chair for this first rotation. The board is meeting by telephone on a bimonthly basis, and will have at least one in-person meeting a year. The first in-person meeting was held on September 26 to coincide with global leadership gathered for the UN General Assembly in New York.

Recommendation 4: We recommend that the Polio Oversight Board hear candid views directly from in-country representatives of both government and partner agencies, about what they need from the partners at headquarters level.

Status: Complete

The Polio Oversight Board is committed to this level of engagement, and has frequent opportunities to engage individually with in-country representatives of both government and partner agencies during field visits and at various global fora. Tony Lake, the Executive Director of UNICEF, for example, was in Nigeria in August 2013 for meetings with field staff as well as government counterparts. His engagement was an opportunity for field staff from the organization to engage with him directly on their concerns and challenges. Creating an environment in which they could continue to operate despite the UN Security restrictions on work in Borno,

for example, was thoroughly discussed. Similarly, during meetings on the side of the UN General Assembly, Dr. Elias was able to participate in discussions between Mr. Bill Gates and the Prime Minister of Pakistan.

To create a more formal structure for engagement between the POB and key stakeholders, in-person POB meetings will include an open session to facilitate direct interaction with government leadership. High-level representatives of Pakistan and Nigeria met with the POB at its open meeting on September 26, 2013. They were asked to prepare briefs on their assessment of the current status of their programs, and what additional support they expected from the POB/GPEI. The open session also included representatives from key donor partners (Australia, Canada, Japan, UK, Islamic Development Bank, World Bank, etc.), as well as observers from major contributors, such as the Bloomberg Foundation. GAVI, SAGE, IMB and other technical and advisory bodies were also in attendance.

Recommendation 5:*We recommend that the Polio Oversight Board establish a mechanism to more frequently monitor key management information, including details of any unfilled post and its recruitment process, and that it publish records of its meetings.*

Status:Almost complete

The partnership has drafted a “POB Scorecard”, which was discussed at the August 9th POB conference call. This scorecard is being modified based on feedback from the POB and will be and then produced on a regular basis, starting at the in-person POB meeting at the UNGA. The “POB Scorecard” tracks progress against key programmatic and managerial indicators. Under operations, the scorecard tracks coverage performance, the impact of insecurity on reaching children, and timeliness and reach during outbreak response. Under resources, the scorecard tracks the programs financial health in terms of funds committed and received, the availability of vaccines, and the status of staffing by agency along major categories of assignment. More detailed reports are provided to the POB to further substantiate the overall picture painted through the scorecard.

The recommendation that the POB’s minutes be published was discussed and agreed by the members of the board. An agreement is pending on the mechanism to make the minutes of POB meetings public (i.e., through a mail-out to stakeholders, via a posting on the GPEI website, etc.)

Recommendation 6:*We recommend that the incoming Pakistan government seek to retain the Prime Minister’s Monitoring Cell and other structures that have led polio eradication efforts so successfully during the previous government’s term.*

Status:Not Complete.

The new government and the National Task Force for Polio Eradication have committed to maintaining the Prime Minister's Polio Monitoring Cell. The head of the cell and the coordinator have not been appointed yet.

Recommendation 7:*We recommend that Nigeria urgently finalise a more detailed operational plan to deal with the security issues that it faces, drawing on the experiences of Afghanistan and Pakistan*

Status:Complete

In July, the Abuja Emergency Operations Centre, in collaboration with GPEI partners and health officials from Borno and Yobe, developed an operational plan for polio immunization activities taking into account the security constraints in Borno and Yobe. The plan is being funded through the end of 2013 by a \$2.5 million grant from BMGF and includes the following key components:

1. Staffing and activation of the Borno EOC in Maiduguri. This EOC was opened in August, with State Government leadership and partner staff, and full communications capability. A special team in the Abuja EOC is providing continuous support to Borno and Yobe.

2. Expansion of the “permanent health teams” beyond the two LGAs in which this strategy was piloted
3. Development of microplans to implement “short interval additional doses” (SIADs) strategies in insecure areas as they open up. Essentially, the program tries to provide vaccine in well defined geographic areas over a shorter period (1 or 2 days) rather than traditional campaigns (4-6 days). It also includes repeat campaigns if possible. The national EOC and state governments are working with a variety of partners to gain access to currently inaccessible areas.
4. Establish vaccination posts at transit points, security checkpoints and markets in LGAs bordering Borno and Yobe and in LGAs along international borders.
5. The national and state EOCs are in dialogue with the Red Cross and other partners in these states, such as FOMWAN, to deploy their teams in gain access to currently inaccessible security compromised areas. However, this has not led to any new agreement or arrangement.

This plan is currently being implemented. The declaration of a state of emergency and deployment of additional military support has improved access to LGAs which have been inaccessible. See below summary of on-going and planned activities in some of the highest risk LGAs.

Munguno LGA: Munguno LGA has implemented only one SIA this year. The LGA team has agreed to conduct "hit and run" campaigns in two metropolitan wards and surrounding villages that constitute approximately 65% of the eligible children of the LGA. Campaign will hold on September 28 and 29, 2013 (two days exercise). This will be a test run of how they can expand to other settlements as security improves.

Dikwa LGA: Dikwa is the LGA where health workers were shot and killed in February this year. The LGA has not conducted any SIAs since then and there have been no routine immunization services due to apprehension and intimidation of health workers by insurgents. Recently, the LGA Chairman and immunization team agreed that it is possible to start activity in some wards. A meeting of all health workers has been organized to discuss the feasibility. The LGA will revert to the Borno EOC by late Sept. Meanwhile, routine immunization activities will commence immediately in the General Hospital albeit with security protection for the health facility.

Damboa LGA: Damboa LGA conducted two rounds of IPDs this year. The LGA reported they will implement IPD campaigns in all settlements situated within seven (out of ten) wards Sept 22-25.

Bama LGA: Bama has become the centre of recent clashes with insurgents. The LGA conducted only one SIA this year. In a recent meeting with Abuja and state EOC, the LGA team agreed to conduct house-to-house campaigns in two wards. The implementation dates has been scheduled for Sept 28-30. Involvement of other wards is subject to security assessment and further discussions with the LGA team.

Ngala LGA: Ngala conducted only one SIA this year. In a recent meeting with the LGA team including a review of the security situation, there was consensus that the LGA can implement campaigns in four of the eleven wards. Meanwhile, RI and Surveillance activities are on-going in six wards. The plan is to conduct the SIA activity on September 28-October 1, 2013. A review of the security situation is ongoing to evaluate the possibility of expanding scope.

Ngazai LGA: The LGA is ready to implement IPDs Sept 22-25 in all 12 wards, including three that were previously inaccessible. This is the first time they will implement an SIA in all wards since the insurgency started.

While this plan is complete and activities are underway, continued violence in Borno and Yobe are likely to impact current plans to some extent. During the week of September 19, violence surged again with dozens of people killed by insurgents along the Damatura-Benishiek-Maiduguri road and in Kaga LGA. This prevented the Abuja EOC members from entering Yobe State to support their efforts to restart immunization activities. The impact of this recent violence on the plans described above will need to be assessed and, if necessary, the plans will be modified accordingly.

Recommendation 8: *We recommend that compatible cases be routinely reported in the Programme's bulletins, reports and presentations alongside the number of confirmed cases. We recommend that further attention be given to reducing the number of compatible cases through better surveillance, and that expert review committees receive the resources they need to support accurate diagnosis when such cases arise.*

Status: Partially complete

Polio teams at all levels do pay considerable attention to 'polio-compatible' cases. Data on AFP cases classified as 'compatible' are being collected routinely through national AFP surveillance systems and reported to WHO at the regional and global level. Numbers of polio-compatible cases are routinely reported, along with confirmed cases, in weekly polio bulletins published by many countries, at the WHO regional level (by country, see EMRO Polio Fax below) and at the global level (by Region, including sub-Region for the African Region, see below).

The overall high proportion of AFP cases for which 'adequate specimens' are available, plus the review work of national expert groups, results in overall low numbers of 'compatible' cases (i.e. cases for which poliovirus as a cause could not be reliably excluded). Expert review committees in different countries tend to take slightly different approaches in how available data is used to eventually classify such cases resulting in variability between countries with which compatible cases are reported. However, 'compatible' cases always indicate a failure of field surveillance, because adequate specimens were not collected; therefore, provincial and national AFP surveillance teams regularly monitor, map and review such cases to pinpoint areas with possible surveillance quality gaps, followed by corrective action to strengthen surveillance.

Further improvements in AFP surveillance, through more complete and timely specimen collection, will further reduce the number of 'polio-compatible' cases.

ANNEX 1:

Feeding Trust: Nigerian Community Mobilizers Go Beyond Polio to Fight Malnutrition

Bichi, Kano State, Nigeria – In the old approach to polio eradication, you wouldn't expect Volunteer Community Mobilizer Hauwa Ibrahim to pull a multicolored strip from under her blue *hijab* and wrap it around two-year-old Usman Abdulabi's upper arm. In the old approach, Hauwa's visit to Usman's home would have almost exclusively focused on counseling his parents about the importance of accepting the polio vaccine.

But by using her UNICEF-supported training to measure Usman's mid-upper arm circumference (MUAC) with that colorful strip of paper, Hauwa may have helped save Usman's life.



In Nigeria's Kano State, nearly one in five children dies before reaching their fifth birthday. Malnutrition rates here show that 37% of children under five are underweight (15% of them severely); 54% are stunted (33% severely); and 11% show wasting (3% severely).

Two-year-old Usman Abdulabi was suffering from Severe Acute Malnutrition when Volunteer Community Mobilizer Hauwa Ibrahim visited his family six months ago. He has since received treatment, including Ready to Use Therapeutic Food, together with polio drops.

In places like Kano State – where pockets of unimmunized children battle many life-threatening illnesses, including malnutrition - parents often refuse to give their children polio vaccine when they are sick. Polio vaccination can also become a kind of bargaining tool, where parents refuse to have their children vaccinated unless other services are provided. In July 2013, nearly 1% of all children under 5 in Kano State were denied polio vaccine due to their parents' refusal to give it to them. Among these children, 33.9% were refused the vaccine because they were sick, and 3.2% were denied due to unmet demand for other services.

It is becoming clear that polio eradication efforts must now be seen as a piece of the larger puzzle of child survival. Networks established to end polio are beginning to help provide other life-saving benefits for children.

In Usman's case, this meant that Hauwa quickly ascertained – due to the expanded Volunteer Community Mobiliser (VCM) training she'd received -- that Usman was suffering from Severe Acute Malnutrition. She then helped his parents get him treatment at a CMAM (Community-based Management of Acute Malnutrition) center.

Today, little Usman is a handful. Robust and full of life, he plays in front of his mud house, mimicking his mechanic father as he fixes a motorcycle. But he was not always like this.

"Six months ago, he used to look pale and thin and was always sick." Usman's 24-year-old father, Abdul Labi Abo, picks up his son with a smile. "I used to spend most of my time taking my wife and him to doctors. But all this changed after Hauwa told us to enroll him in the CMAM centre. His mother can now even leave him home with me and go visit family members, like she did today."

By giving the right advice at the right time, Hauwa brought Usman's parents on board as active supporters in her mission to increase caregiver acceptance to polio immunization.

"We like the way she works and her genuine care and concern," says Abdul, adding that he tells his friends not to oppose polio immunization for their children after he heard about its benefits from Hauwa.

"Many of us used to think that the polio vaccine is a plot by Western countries to make our children impotent. Not anymore."

Hauwa is one of over 3000 Volunteer Community Mobilisers (VCMs) in Nigeria, who have been selected to work in settlements where a high number of caregivers are not accepting polio immunization for their children. The VCMs work largely in the most underserved communities, which have been traditionally marginalized and lack basic health facilities.

The VCM network is currently scaling up to more than 8,000 women to support polio, routine immunization and child survival in high-risk LGAs for polio. The VCMs' primary goal is to identify children below the age of five who are eligible for polio immunization and create an enabling environment for caregivers to accept polio vaccination. Yet they are now increasingly emerging as vanguards for promotion, demand creation and accountability for other services, including malnutrition.

The linkage with CMAM sites will help to ensure the most vulnerable children are vaccinated each time they return for their malnutrition treatments. This model aims to reduce the proportion of zero-dose children; and to increase vaccine efficacy by building immunity. The Nigeria Programme is working on an expansion plan covering the very, very high risk Local Government Authorities (LGA's) as a matter of priority.

Communications Plan of Action for the GPEI

Strategies and tactics Jul 2013 Aug 2013 Sep 2013 Oct 2013 Nov 2013 Dec 2013 Jan 2014

All polio priority countries deliver a core package of excellence in communications and C4D by 2013

Strategy	Jul 2013								
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Data	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Data	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		

Trust in OPV, the programme, and the frontline workers is strengthened through key operational shifts

Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations and Strategy	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Field Operations and Strategy	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Strategy	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Strategy	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Strategy	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		

Communications expertise is strengthened within the GPEI at all levels

Global	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Global	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Global	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Global	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Global/Regional	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Global	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Regional	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Regional	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
National	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
National	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Local	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Local	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		
Local	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014		

A communications concept note to support the Eradication and Endgame Strategy is developed and endorsed by GPEI

A comprehensive toolkit reflecting best practices to deliver a "core package of excellence" for the promotion of OPV is consolidated and rolled out to endemic countries

Independent monitoring and LQAS data in each country is implemented according to globally agreed upon forms, which incorporate social data

High quality social data - collected by polling methodology - exists to drive local communication plans, and global vision

Microplans submitted for approval systematically include social data and critical influencers

Country-specific dashboards include communications indicators at each level (District Task Force, National Taskforce, etc.)

Full IPC sessions are carried out at every vaccinator training

GPEI partners articulate their expanded roles (if any) to support communications.

Proactive mapping of social influencers is conducted at national, district and local levels.

At least two Innovations are scaled up to ensure more rapid and effective dissemination of messages to promote OPV, and in anticipation of potential doubts or rumours circulating

Social mobilization staff contribute to the selection and recruitment of vaccinators in their area

All country teams set local targets for appropriate vaccination teams that can interact with mothers and enter households

At least 80% of targets for team composition are met

Polio is positioned as part of a package of services that communities want. Priority/immediate opportunity is to integrate polio with other health services in Borno/Yobe.

Develop strategy to support IPV introduction advocacy and communication

Polio Eradication goals and the GPEI are visibly repositioned to appeal to key Islamic stakeholders

Global media protocols are in place amongst the GPEI, in order to implement the visibility strategy, and respond to emergencies effectively

Identify participants and convene a global Brain Trust to ensure innovative, multi-disciplinary expertise is part of the global and country-specific communication strategy in the challenging new context of eradication

Increase communication experts in IMB

Recruit 5 new communications positions in UNICEF HQ

Recruit dedicated communication specialist in WHO HQ, to ensure harmonization of communications and operational components of programme

Management dashboards are tracked at global and regional level monitoring key communication indicators

Fill critical positions in countries and HQ. Key vacancies – Polio Team Lead in Afghanistan; Deputy Team Lead at HQ, 8 posts in Afghanistan

Support the Islamic Advisory Council with a communications specialist, focusing on media, and coordination with UNICEF field support

Each Regional Office supporting polio - endemic countries has a C4D Specialist to support country teams

Increase communication experts in TAGs, and ensure adequate planning of dates to enable experts to contribute

Conduct management reviews in all endemic countries to ensure adequate communication structures are in place, and recruitment plans are developed

Nigeria's Volunteer Community Mobilization network will scale up to 6,000 local mobilizers, with a focus on the highest risk LGAs

Afghanistan's Immunization Communication Network (ICN) of 3,400 community volunteers needs to be refocused to a model appropriate for the Eastern region; and overall management of the network strengthened, and linked to vaccinating missed children.

Pakistan adding 400 volunteers to its CommNet structure, and a third party monitoring agency to report independently on field performance

Communications Plan of Action for the GPEI					
Objective: Community demand for OPV is increased in all polio-affected sanctuaries					
Key indicators					
% of children missed due to refusals are reduced to less than 1% of all target children <5 in all polio sanctuaries, by end 2014					
% of polio cases from refusal families is < 10% in all polio-affected countries					
% of refusals resolved (by social mobilizers and vaccinators) is more than 50%					
At least 90% of caregivers say they have trust in OPV, frontline workers, and the polio programme					
At least 90% of caregivers state their community or religious leader supports polio drops					
Approach		Lead responsibility	Timeframe	Completed	Comments
All polio priority countries deliver a core package of excellence in communications and C4D by 2014					
Strategy	A communications concept note to support the Eradication and Endgame Strategy is developed and endorsed by GPEI	UNICEF	Jul-13	Yes	Document circulated to EMG and PSC for feedback
Social Mobilization	A comprehensive toolkit reflecting best practices to deliver a "core package of excellence" in C4D implementation is consolidated and rolled out to endemic countries	UNICEF	Jan-14		
Performance monitoring	Independent monitoring, LQAS, Case Investigation and Special Investigation protocols are implemented at country level, according to globally agreed upon forms	WHO	Aug-13		Global forms agreed to; not yet implemented in country
Performance monitoring	High quality social data - collected by polling methodology - exists to drive local communication plans, and global vision in all endemic countries	UNICEF	Jan-14		
Field Operations	Microplans submitted for approval systematically include social data and critical influencers	WHO	Sep-13		
Performance monitoring	Country-specific dashboards include communications indicators at each level (District Task Force, National Taskforce, etc.	UNICEF/WHO	Sep-13		
Vaccinator selection & Training	Full IPC sessions are carried out at every vaccinator training	UNICEF/WHO	Sep-13		
Social Mobilization	Afghanistan's Immunization Communication Network (ICN) of 3,400 community volunteers will be refocused to a model appropriate for the Eastern region; and overall management of the network strengthened, and linked to vaccinating missed children.	UNICEF	Dec-14		
Strategy	GPEI partners articulate their expanded roles (if any) to support communications.	PSC/POB	Sep-13		
Trust in OPV, the programme, and the frontline workers is strengthened through key operational shifts					
Social Mobilization	Proactive mapping of social influencers - including religious leaders - is conducted at national, district and local levels.	UNICEF/IAC	Sep-13		Phased out approach, beginning with Pakistan, Nigeria and then Afghanistan by December 2013
Social Mobilization	At least two Innovations are scaled up to ensure more rapid and effective dissemination of messages to promote OPV, and in anticipation of potential doubts or rumours circulating	UNICEF	Oct-13		
Vaccinator selection & Training	Social mobilization staff contribute to the selection and recruitment of vaccinators in their area	WHO/UNICEF	Sep-13		
Vaccinator selection & Training	All country teams set and monitor local targets for appropriate vaccination teams that can interact with mothers and enter households	WHO/UNICEF	Oct-13		If female vaccinators are not possible, then teams should identify locally appropriate teams that can access mothers
Vaccinator selection & Training	At least 80% of targets for team composition are met	WHO/UNICEF	Nov-13		
Strategy	Polio is positioned to communities as part of a broader package of child survival, Communication to caregivers includes RI and polio.	UNICEF/WHO	Oct-13		
Field Operations/Polio "Plus"	Polio is combined with additional services that communities demand in key areas, such as northern Nigeria, Peshawar, and UC 4 Gadap	UNICEF, WHO, Rotary	Oct-13		
Strategy	Develop strategy to support IPV introduction advocacy and communication	UNICEF/IMG	Jan-14		
External Communication	Polio Eradication goals and the GPEI are visibly repositioned to appeal to key Islamic stakeholders	UNICEF, WHO/EMRO	Dec-13		
External Communication	Global media protocols are in place amongst the GPEI, in order to implement the visibility strategy, and respond to emergencies effectively	UNICEF, WHO, CWG	Sep-13		
Communications expertise is strengthened within the GPEI at all levels					
Global	Identify participants and convene a global Brain Trust to ensure innovative, multi-disciplinary expertise is part of the global and country-specific communication strategy in the challenging new context of eradication	UNICEF, BMGF	Sep-13		
Global	Increase communication experts in IMB and TAGs	UNICEF, GPEI	Oct-13	In process	
Global	Recruit 5 new communications positions in UNICEF HQ	UNICEF	Nov-13		
Global	Recruit dedicated communication specialist in WHO HQ, to ensure harmonization of communications and operational components of programme	WHO			
Global/Regional	Management dashboards are tracked at global and regional level monitoring key communication indicators	PSC/POB	Sep-13	In process	
Global	Fill critical positions in countries and HQ. Key vacancies – Polio Team Lead in Afghanistan; Deputy Team Lead at HQ, 8 posts in Afghanistan	UNICEF	Dec-13	In process	
Regional	Support the Islamic Advisory Council with a communications specialist, focusing on media, and coordination with UNICEF field support	UNICEF	Nov-13	In process	
Regional	Each Regional Office supporting polio - endemic countries has a C4D Specialist to support country teams	UNICEF	Sep-13	Yes	

National	Increase communication experts in TAGs, and ensure adequate planning of dates to enable experts to contribute	UNICEF/WHO	Oct-13	Yes		
National	Conduct management reviews in all endemic countries to ensure adequate communication structures are in place, and recruitment plans are developed	UNICEF	Nov-13			
Local	Nigeria's Volunteer Community Mobilization network will scale up to 6,000 local mobilizers, with a focus on the highest risk LGAs	UNICEF	Sep-13			
Local	Pakistan adds 400 volunteers to its CommNet structure, and a third party monitoring agency to report independently on field performance	UNICEF	Dec-13	In process		