

# Generating Demand for OPV

IMB

1 October, 2013



# May 2013 IMB Report

*“ 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. “*

# GPEI Communications Plan

*All partners contributed to a plan that will ensure:*

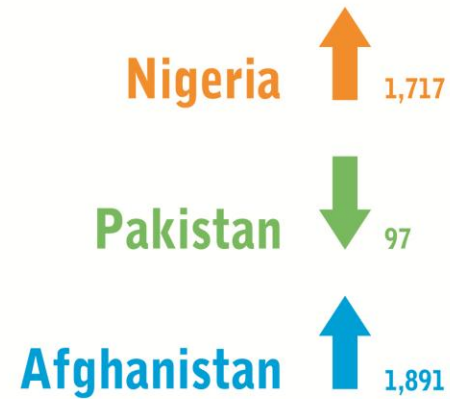
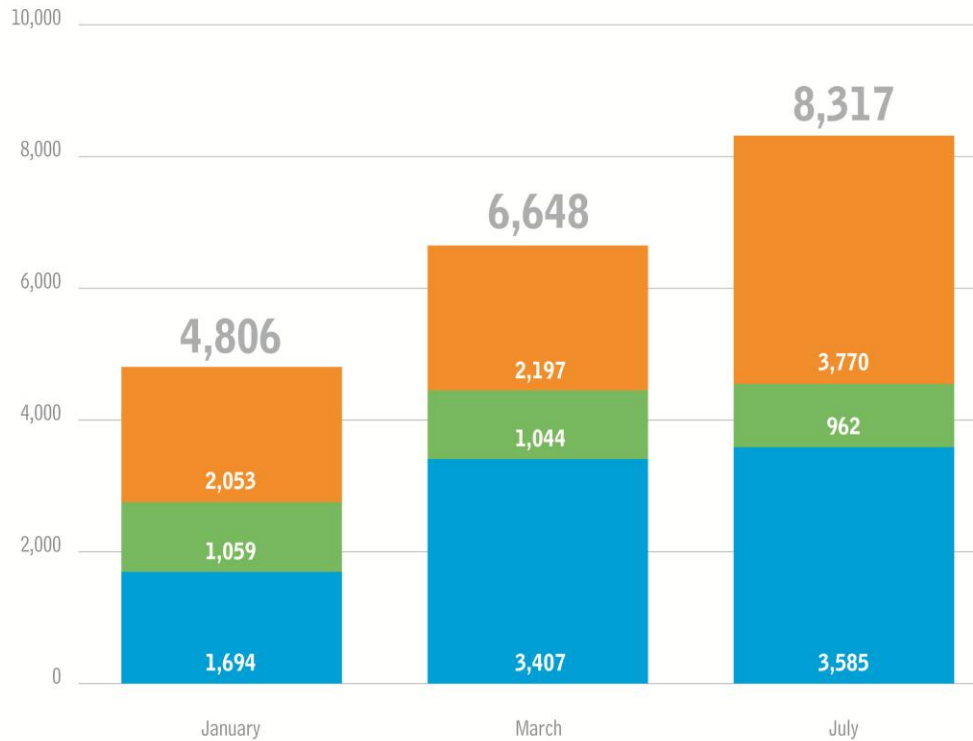
- Trust in OPV, the programme, and the frontline workers is strengthened (Concern for the Child; Competence; Morality; Honesty)*
- All polio priority countries deliver a core package of excellence in communications and C4D by 2014*
- Communications expertise is strengthened within the GPEI at all levels*

# Building Trust

To reach every last child



# Scale up of social mobilization networks (#), January – July 2013



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

- KANO STATE:

- Underweight: 37%; Wasting: 11%
- Refusal of OPV: 1% of all children <5
- Among these children, about 40% are refused vaccine because they are sick, or their parents want other services.
- Volunteer Community Mobilizers (VCMs) have recently been trained to recognize severe malnutrition, and measure it using MUAC.
- Children are referred to Community-based Management of Acute Malnutrition (CMAM) sites for therapeutic feeding
- Children are vaccinated at CMAM sites – often the most vulnerable, 0-dose children
- This model needs to be scaled up in 27 Very, Very High Risk LGA's



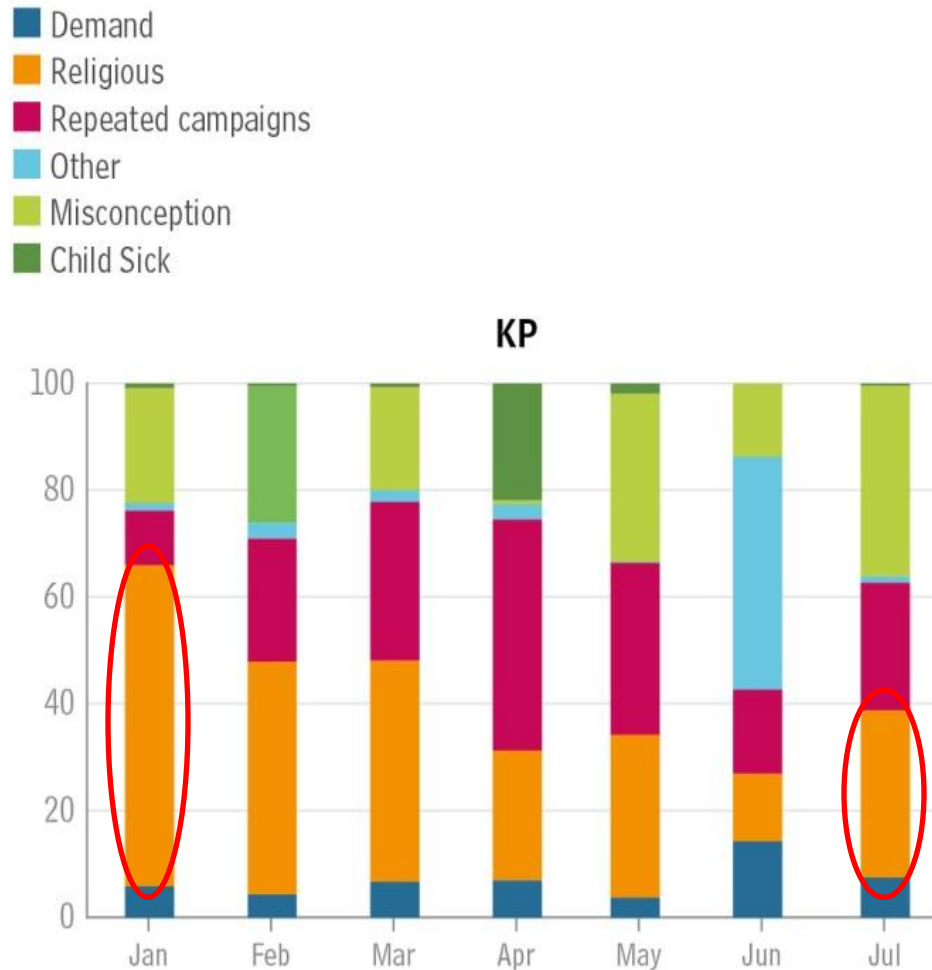
*“Many of us used to think that the polio vaccine is a plot by Western countries to make our children impotent. Not anymore” – Abdul Labi Abo; Father*



پولیو کے دو قطرے  
ہر بچہ ہر بار

## **Polio Eradication Campaign and Endorsement by Muslim Scholars**

## Reasons for refusal in KP (%), January – July 2013



Note: Control Room Data reflects number of refusals in the entire province where campaign took place; COMNet Data reflects number of refusals in areas with COMNet staff. Reasons for refusal are collected in areas with COMNet staff only.

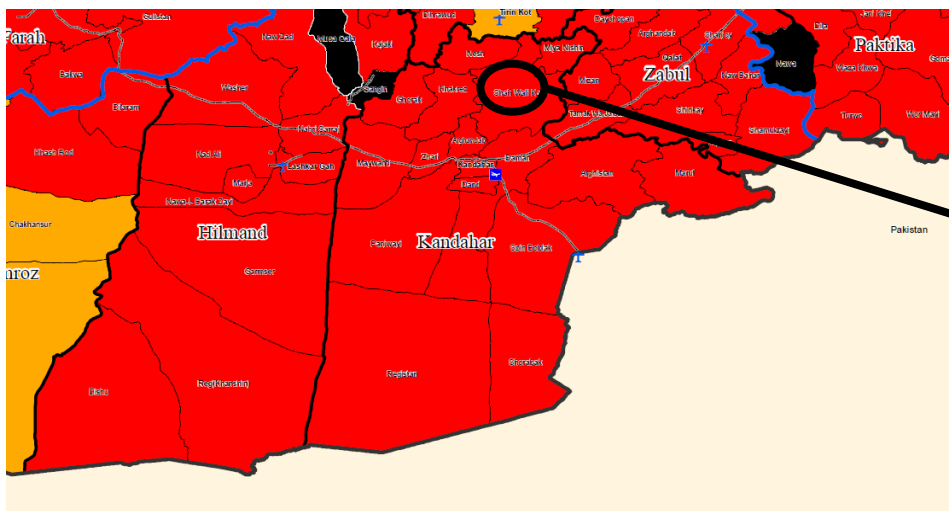


# Reasons for Missing Children in Southern Afghanistan

## Vaccination Team Reporting, September 2012- February 2013

Sep 12	AGE Not Supportive 14,846	On-going Fighting 9,458	Perceived Danger 6,744
Jan 13	AGE Not Supportive 7,717	On-going Fighting 356	Perceived Danger 1,946
Feb 13	AGE Not Supportive 2,970	On-going Fighting 194	Perceived Danger 581

### Shawalikot District



**Target children: 31989**

**Children missed Jan – Jul 12: All**

**Reason: AGE not supportive due to issues with selection of District Supervisors**

**Resolution: Successful negotiations with AGE and reselection of District Coordinators Sep campaign allowed to proceed.**

**Access to all areas allowed**

# BrainTrust to reach every child in Pakistan

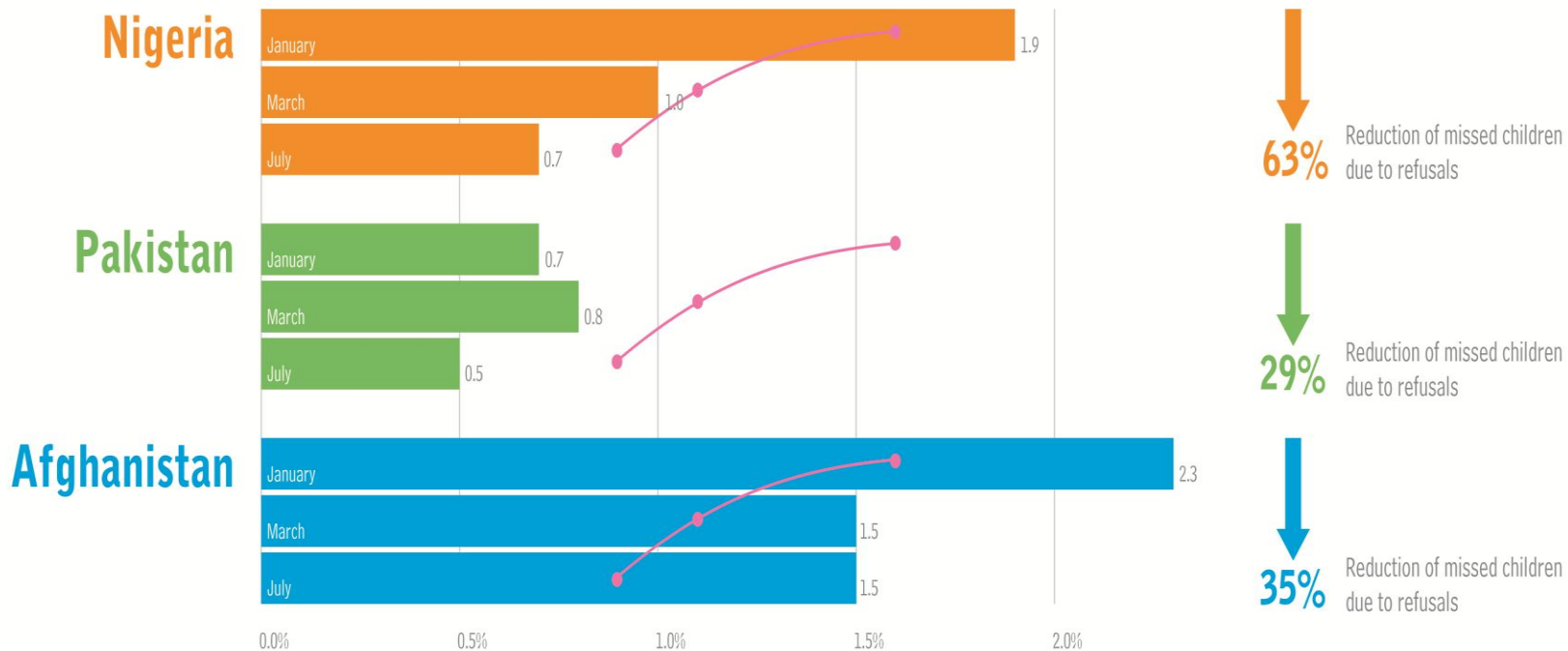
- Over 20 experts from diverse fields coming together to help identify innovative solutions to promote polio eradication in a context of acute insecurity and distrust in the programme
  - Security
  - Geo-political strategy
  - Technology & Non-Violence
  - Access Negotiation & Peace Building
  - Anthropology
  - Communication Strategy
  - Media & Social Media
  - Creative Animation
  - Marketing and Public Relations

*"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." - Margaret Mead*

# Missed children due to refusal in endemic sanctuaries as share of all under-5 children targeted (%), January – July 2013

● Global average of refusals in polio endemic countries, January–July 2013

■ Missed children due to refusal (%)



**Globally, refusals have been reduced from 1.6% to 0.9%, January – July 2013**

Source: Independent Monitoring Data

Note: Global average of refusals in January: 1.6%, March: 1.1%; July: 0.9%

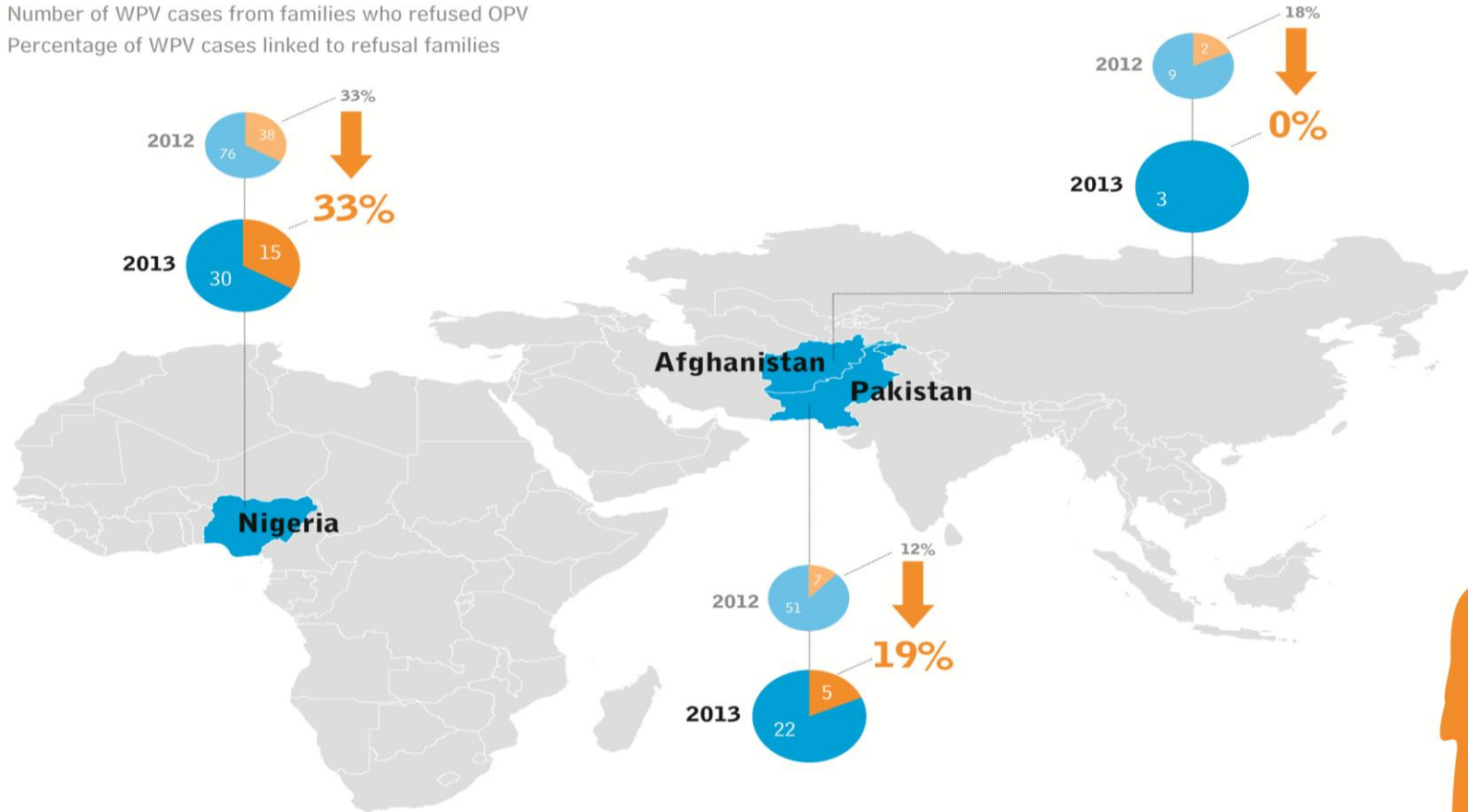


# Going viral

Circulating rumours and misconceptions can impact on wild polio cases

## Wild poliovirus cases linked to refusal families in polio-endemic countries as share of total 2012–2013 cases (%)

- Number of remaining WPV cases
- Number of WPV cases from families who refused OPV
- % Percentage of WPV cases linked to refusal families



\* Note: 2012 data represents analysis of 114 cases in Nigeria, 58 in Pakistan, and 11 in Afghanistan.  
2013 data represents analysis of 45 cases in Nigeria, 27 in Pakistan, 3 in Afghanistan as of 11 September 2013



# Communications Expertise in the GPEI

*“We heard of several instances in which one person is trying to do the job of two or three; of organograms that currently resemble Swiss cheese – full of holes.” – IMB, May 2013*

- Now over 70% of posts are filled in HQ
- Communication experts have been proposed to all TAGs/IMB
- Global partnerships with Harvard, BBC, Islamic Advisory Council led by WHO
- BrainTrust – led by BMGF and UNICEF
- Country partnerships – E.g. Moby Media, Afghanistan Cricket Council & Football Federation

*“To view communications as the responsibility of a single agency is unsophisticated and bureaucratic.*

***Communication is everybody’s business.*** “ – IMB, May 2013



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Extra Slides

# Rotary: Expanding Trust in the Highest Risk Areas

- **Health camps** established by Rotary in Peshawar, Nowshera, Mardan and Charsadda; KP, and HRA's of Balochistan
  - Over 5,000 children reached with medicine, immunization, and other health services
- **Resource Centres** in KP, Balochistan and Sindh also established to built community trust and address refusals
  - Over 2,500 children vaccinated and 1,000 refusals converted
- **12 Immunization Centres** established through collaboration with local hospitals, community and health centres
- **Transit posts** address chronic refusals, missed children and transient populations in high risk areas.
  - 9 Permanent Transit Points; in Karachi, Balochistan, Peshawar, KP, Punjab and Sindh

