



New Insights on  
the Road to Zero

A composite image consisting of three vertical panels. The left panel shows a man from behind, riding a motorcycle on a sandy or dusty terrain. The middle panel shows a woman in a white headscarf and dress standing in a field of tall grass, holding a book or document. The right panel shows two men in white clothing walking away on a path made of large, flat stones. The text "The terrains are unique, but common hazards emerge" is overlaid in white across the center of the image.

The terrains are unique,  
but common hazards emerge

# The IMB pointed the way forward...



“

*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.*”

We responded by exploring trust between the polio programme and caregivers...

Trust in the  
frontline worker



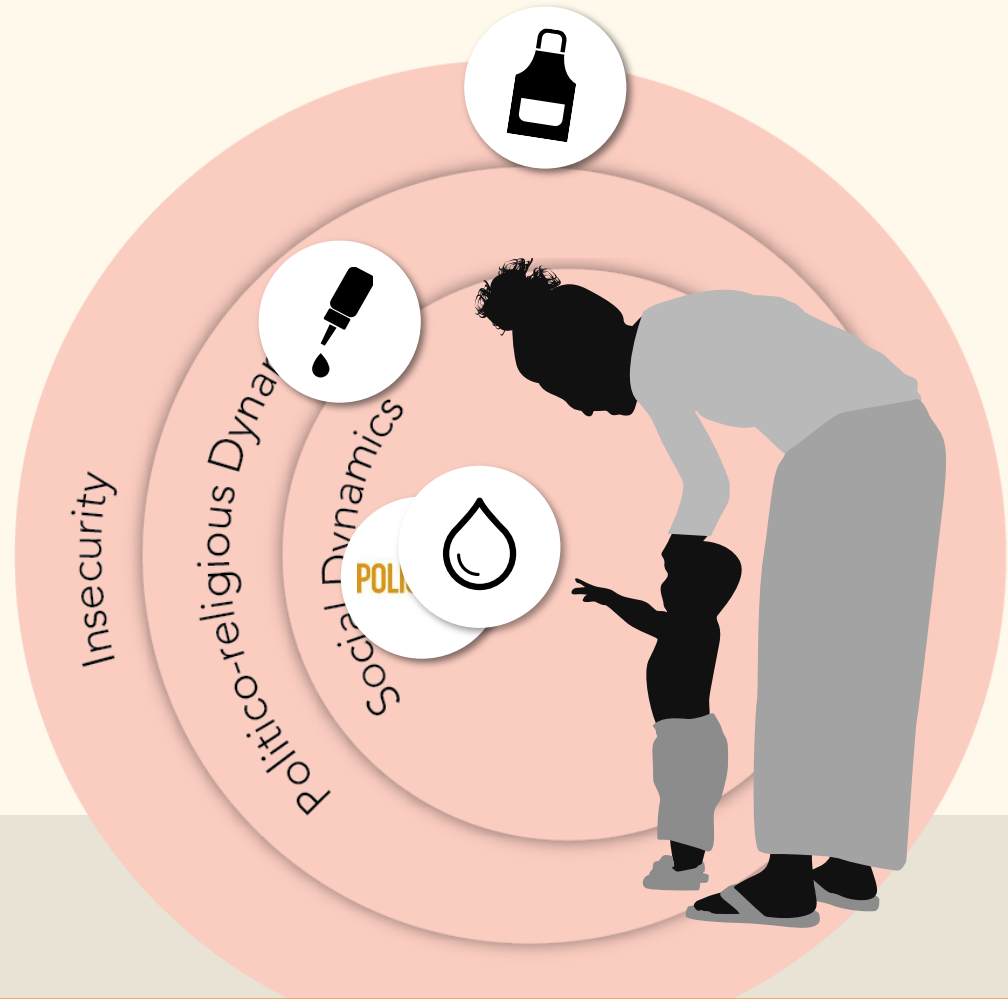
Trust in the  
OPV vaccine



Trust in the  
GPEI programme



To do this, we first  
need to consider  
the broader context in the  
community, vaccine  
uptake them

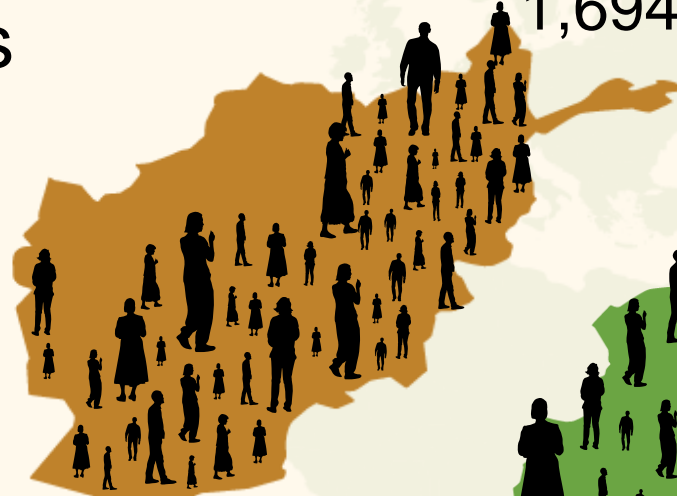


# We've Expanded Our Expertise On All Levels

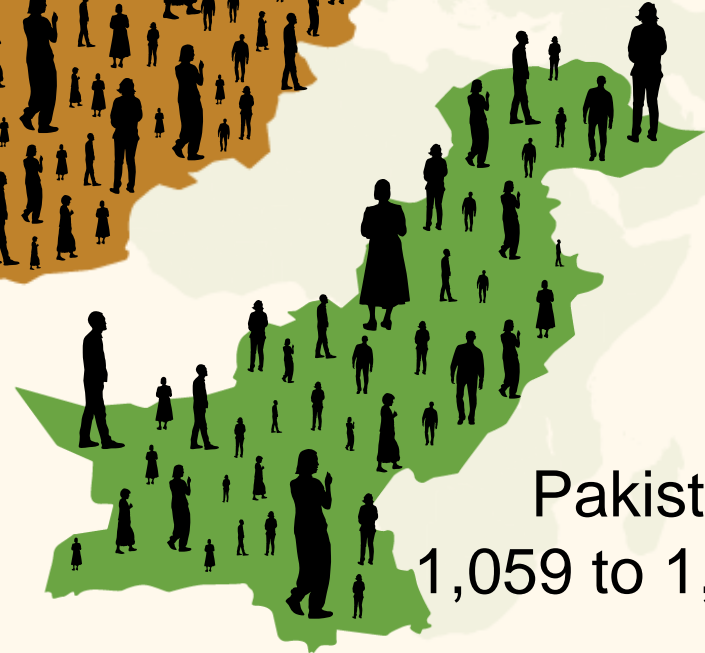
From 6,648 to 13,202 Social Mobilizers



Nigeria  
2,153 to 8,602



Afghanistan  
1,694 to 2,892



Pakistan  
1,059 to 1,638



## Scaled up UNICEF HQ

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May 2013:  
19 posts, 32% recruited



May 2014  
24 posts, 92% recruited

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Communications: From 3 to 8 staff +  
experts in storytelling, innovation and  
knowledge management



# And scaled up external expertise



Over 30 Institutions brought on board with Long Term Partnership Agreements

Partnerships with Islamic Institutions and Leaders through the Islamic Advisory Group

Over 40 CDC-supported STOP volunteers

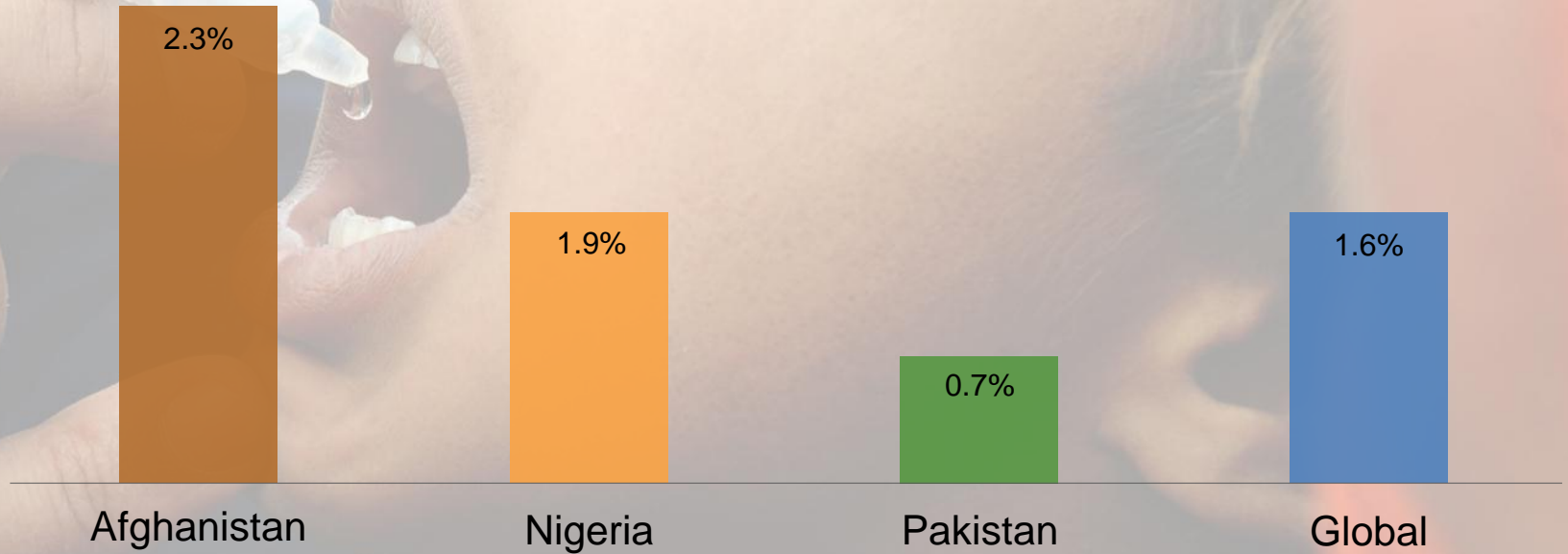




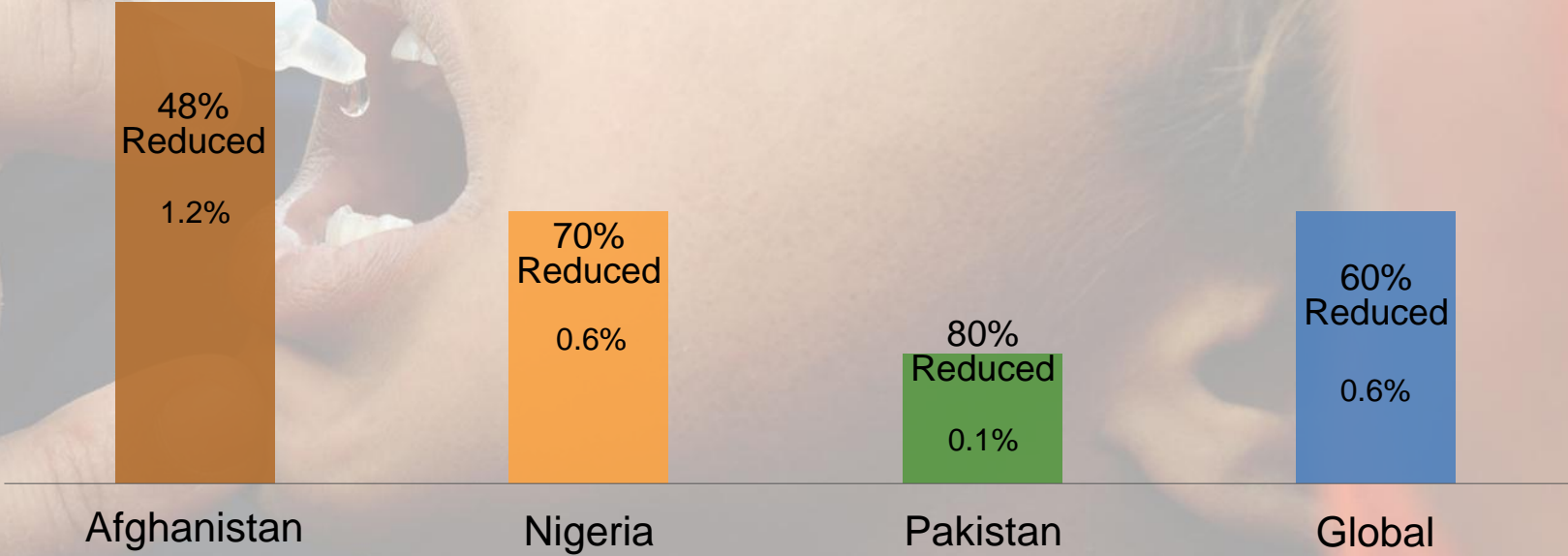


We've gotten far enough that refusals are no longer the biggest problem.

Refusals have been reduced by 60% in endemic high risk areas since January 2013...



With a 48% reduction in Afghanistan. A 70% reduction in Nigeria and an 80% reduction in Pakistan.

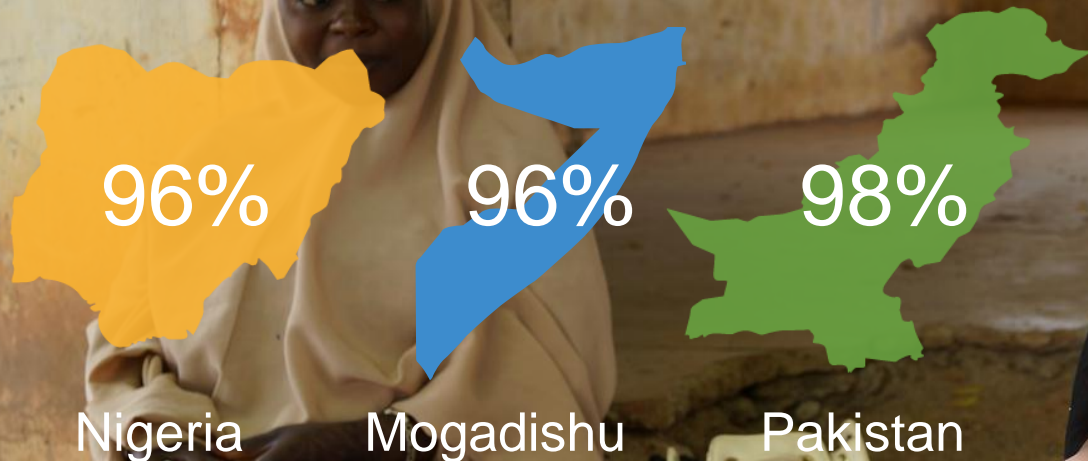


Source: Independent Monitoring Data; Polio Control Room Data Pakistan



# This reduction is real. Approval of OPV is high

Caregivers in high risk areas who believe giving polio drops to their children is a good idea:



# Innovations are helping us communicate faster and better



## Pakistan

Voice SMS using local religious leaders' voices

Mapping health facilities and community networks in North and South Waziristan



## Nigeria

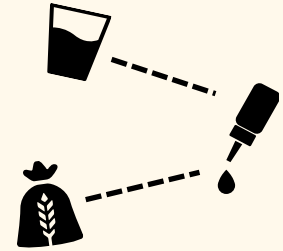
Bluetooth video sharing at the doorstep

VCM's participate in vaccinator selection and profile assessment



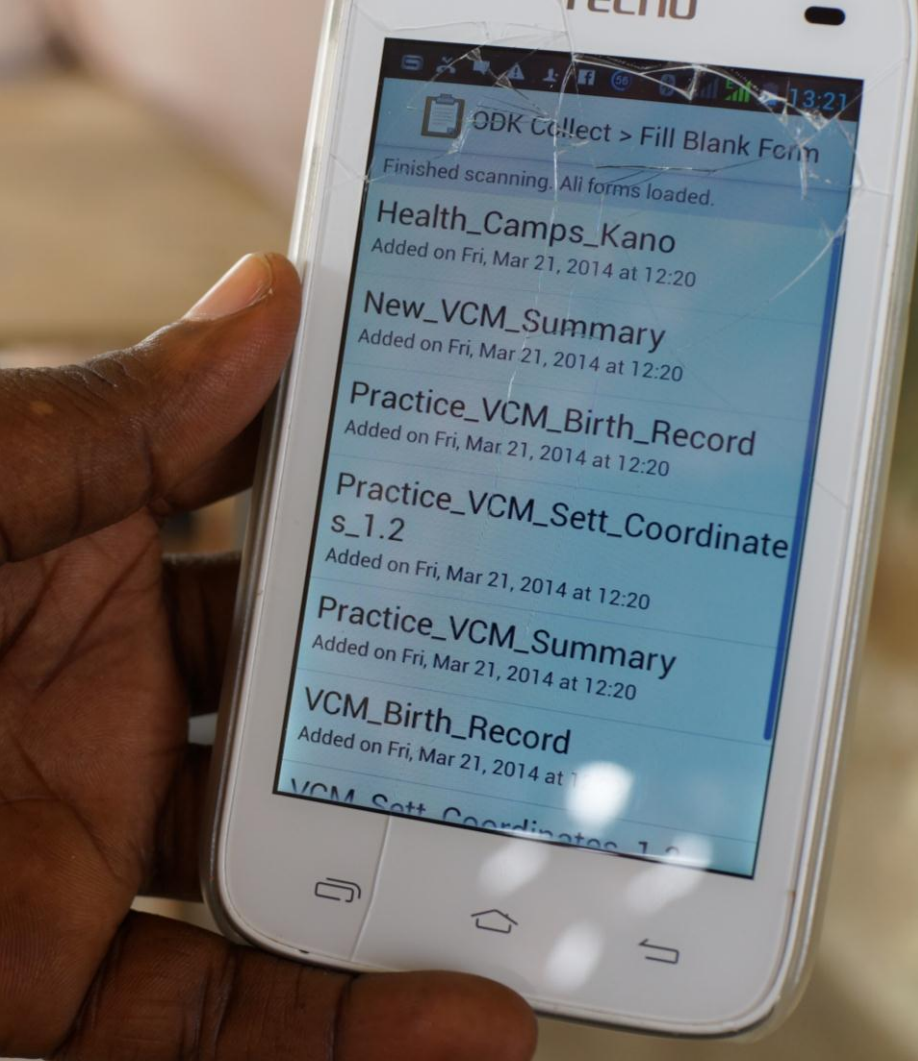
## Kandahar City

Revision of entire frontline team composition to increase female workers and greater access to households



## Lebanon

Digital mapping of all service delivery entry points that can offer OPV to Syrian and poor Lebanese population



# Better data give us new insights and improved strategies

Community perceptions derived from >13,000 'eyes and ears' at the most local levels

Local data collection systems to measure communication performance

3rd party monitoring

SMS rapid data collection

National Media Monitoring

Harvard Polling of community perceptions

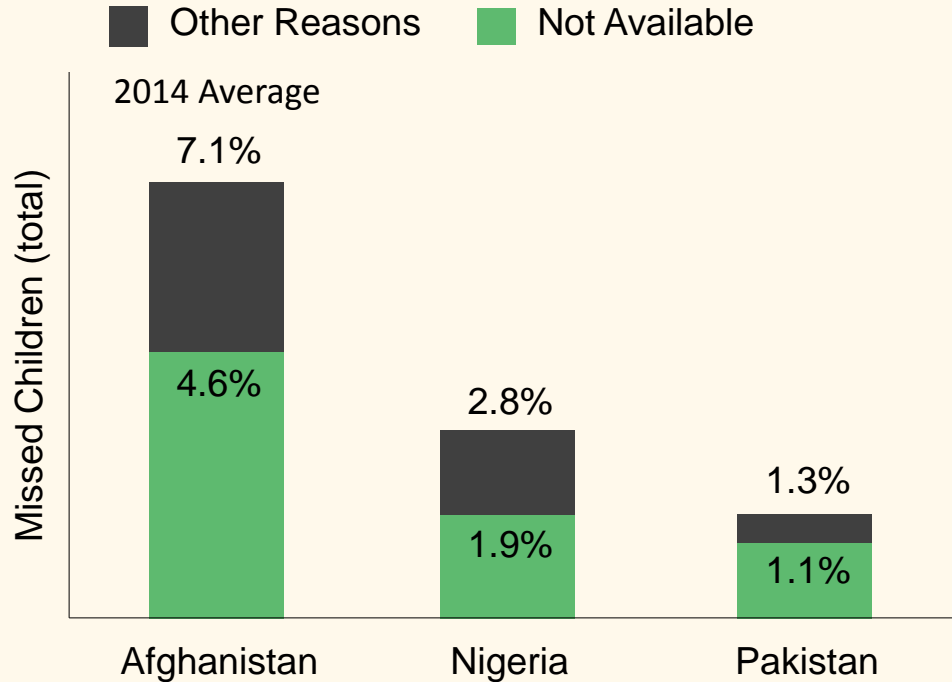
- Somalia
- Pakistan
- Nigeria
- Afghanistan
- DRC





The biggest problem:  
Getting to the remaining children

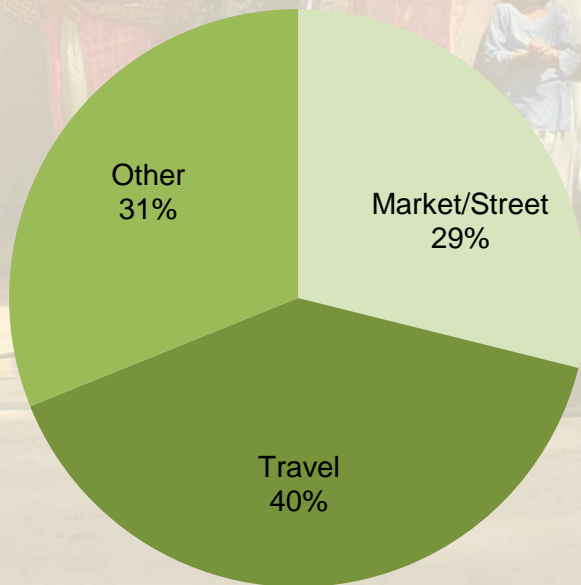
# And it's not simply a matter of getting to their doorstep



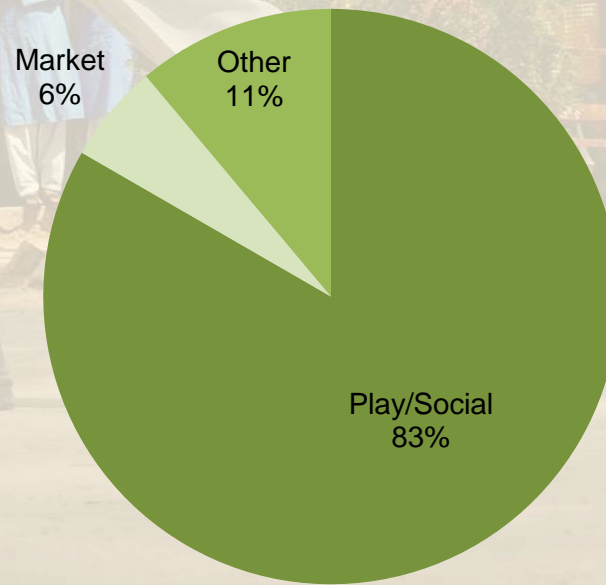
# Reasons for Children Not Available

March 2014

**Afghanistan:  
Reasons Not Available**



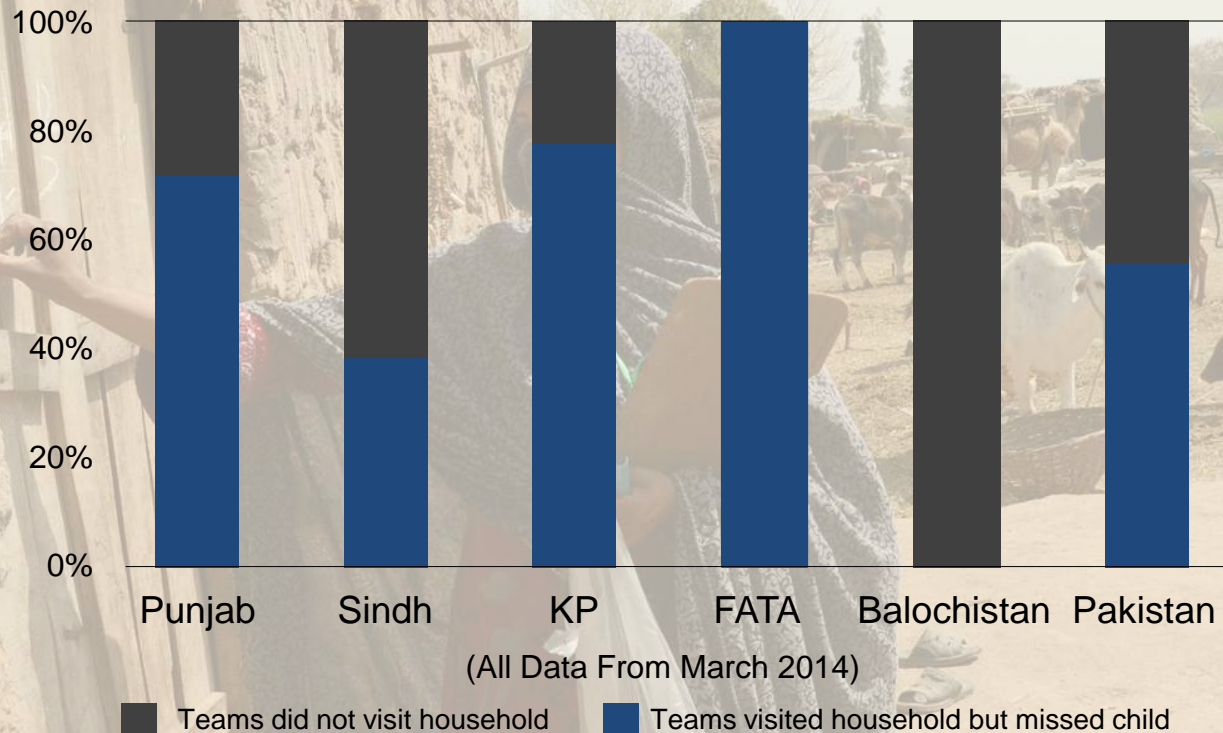
**Nigeria:  
Reasons Not Available**





# Children may not be identified even when they are home

Missed Children due to child not available and no team in Pakistan – March 2014




(All Data From March 2014)

To reach zero, we must be  
ready to take two paths







The first path: Overcoming  
barriers to vaccinating children in  
accessible areas



# We need to equip frontline workers to access households

Caregiver's perceptions  
of vaccinators

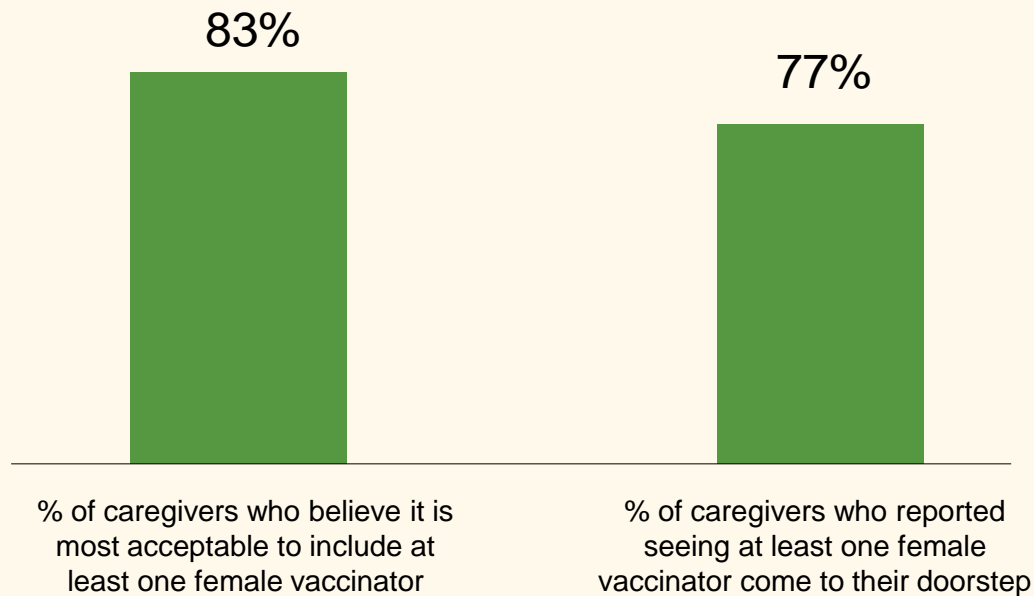
	Nigeria	Pakistan
Trusted 'a great deal'	72%	61%
Vaccinators are 'very knowledgeable'	61%	52%
Care about children in their community	69%	53%
Are from outside the neighborhood	31%	24%



# We are doing relatively well hiring female vaccinators in most places

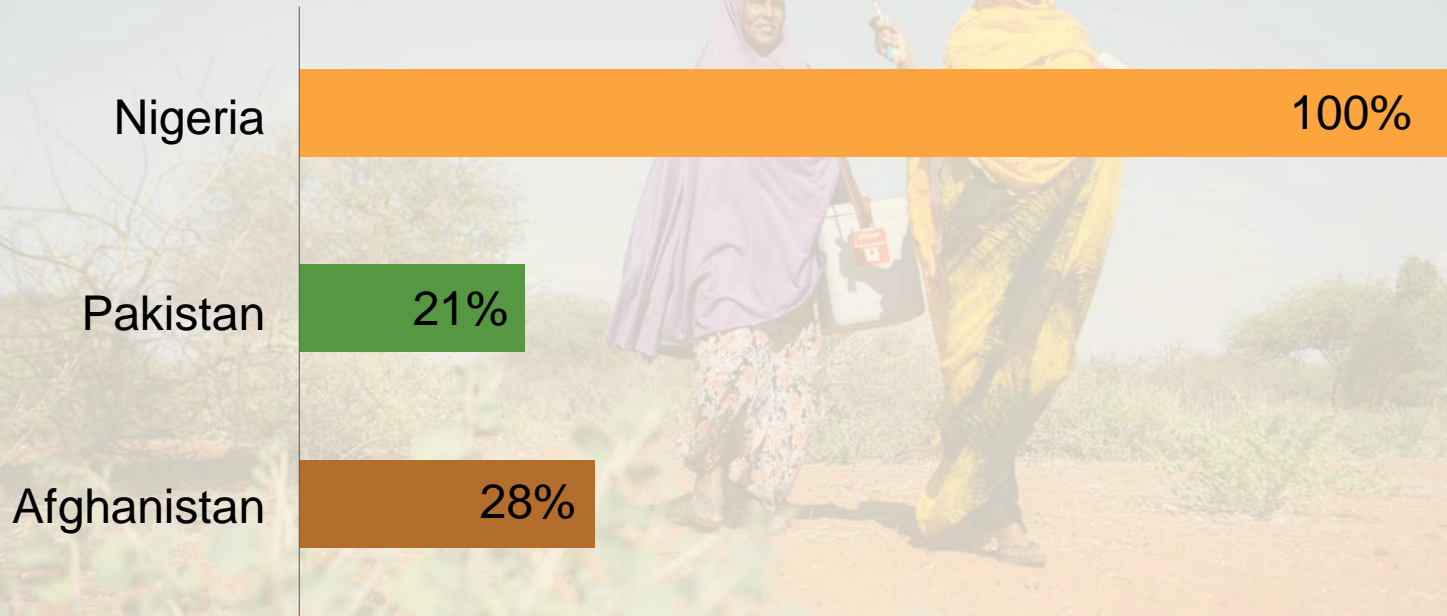
## Pakistan

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# But we need more female social mobilizers

Proportion of social mobilizers who are female (%), Jan 2013 – Mar 2014





We also find that the reachable  
can still be vulnerable

“It’s a western conspiracy  
against Muslims.”

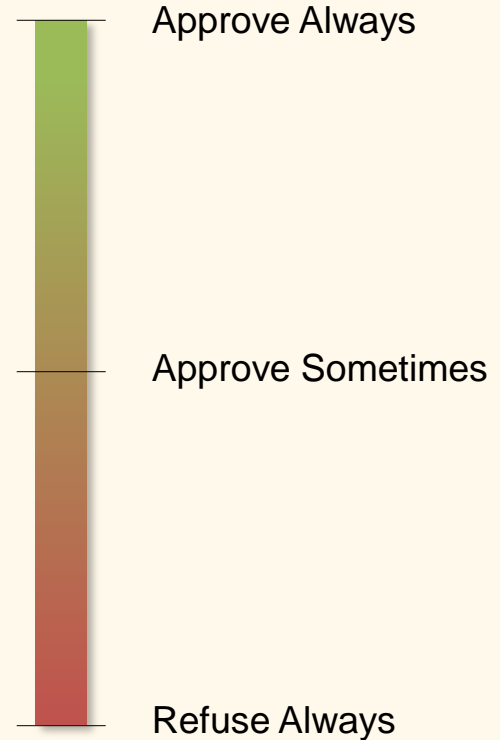
“Why Polio? Why not  
other health issues?”

“It’s being used for  
family planning.”

“My child would get sick if  
vaccinated too many times.”



# Approval is not a steady state. Hesitation can endanger success.



	Nigeria	Pakistan
Think polio may be curable	29%	31%
Concerned their child will get polio	86%	31%
A child needs polio drops every time	69%	81%
Intend to give their child drops every time	68%	81%

A black and white photograph of a person wearing a headscarf and sunglasses riding a motorcycle on a dirt road. The person is carrying a white container on the back of the motorcycle. The background shows a rural, arid landscape with several cows grazing, haystacks, and a few trees under a clear sky.

The second path: Finding ways to reach children in insecure areas

We have a million reasons to solve this problem



# 1,000,000 Children are Chronically Missed Due To Inaccessibility

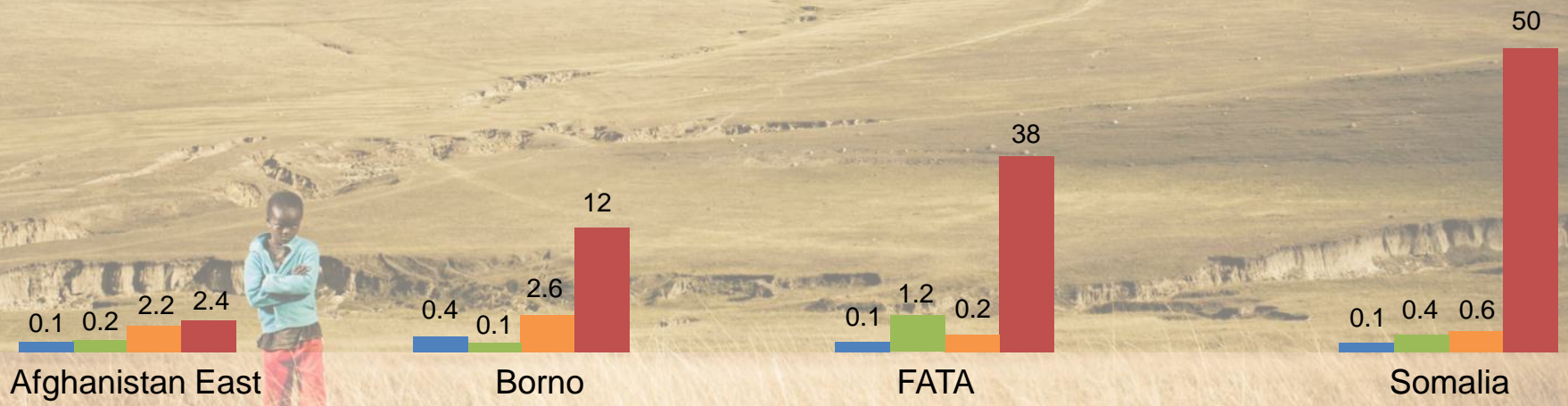
■ Refusal ■ HH Not Visited ■ Absence ■ Inaccessibility

20,000  
Inaccessible  
Children

197,000  
Inaccessible  
Children

278,000  
Inaccessible  
Children

500,000  
Inaccessible  
Children



Source: Independent Monitoring (coverage) and Security Monitoring (inaccessibility)

(Figures in Percentages)



How are so many children  
beyond our current reach?

# Part of the explanation for not reaching children in these areas can be attributed to distrust...



In The Vaccine



In The Health System Itself



In The Frontline Workers

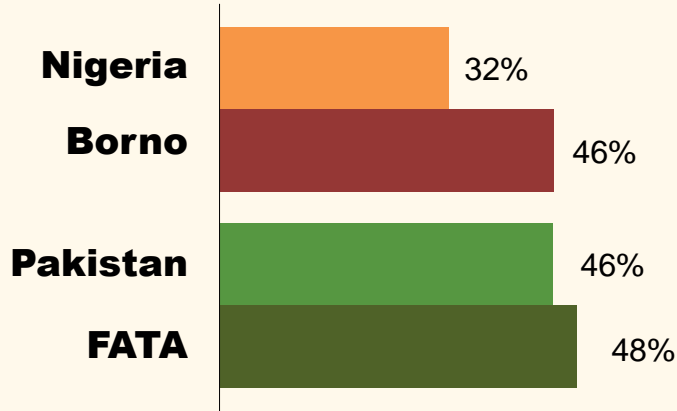




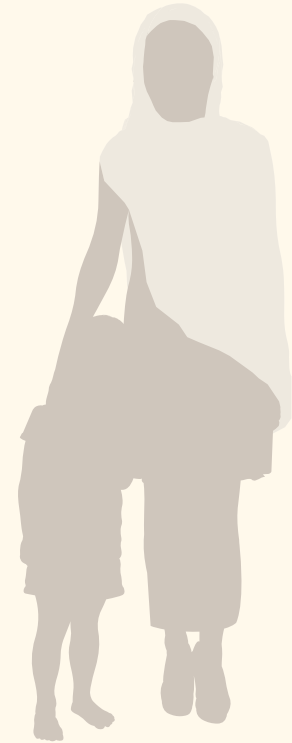
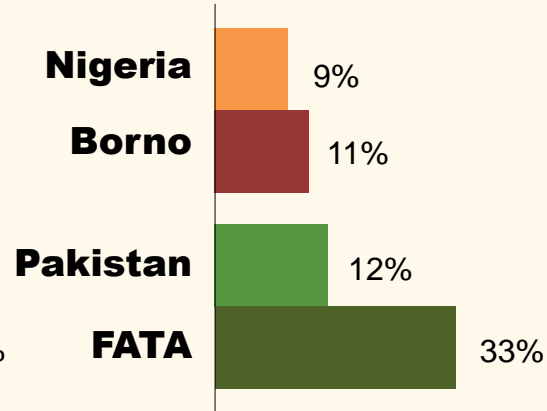
# The reasons for distrust vary...

## Distrust in the Vaccine

### Heard Rumors



### Believe Rumors





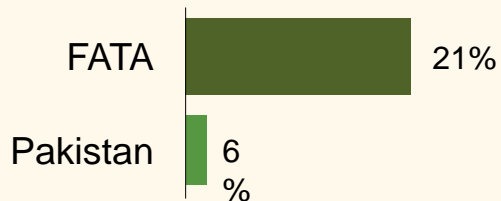
# The reasons for distrust vary...

## Distrust in the Programme



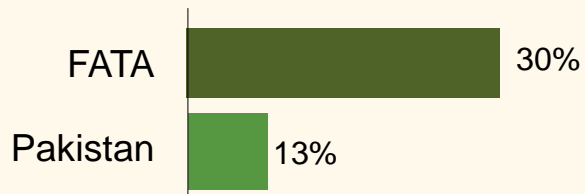
### Who Is Responsible For Delivering Polio Drops?

International Organizations



### Caregivers who did not trust this institution

*(among those who mentioned it)*





# The reasons for distrust vary...

## Distrust in vaccinators

Caregiver perceptions of vaccinators who came to their door

	Borno	FATA
Are trusted 'a great deal'	48%	26%
Very knowledgeable	43%	19%
Cared about children in the community 'a great deal'	43%	27%
Are from outside the neighborhood	34%	16%





# Social barriers impacting support for OPV in FATA & Borno

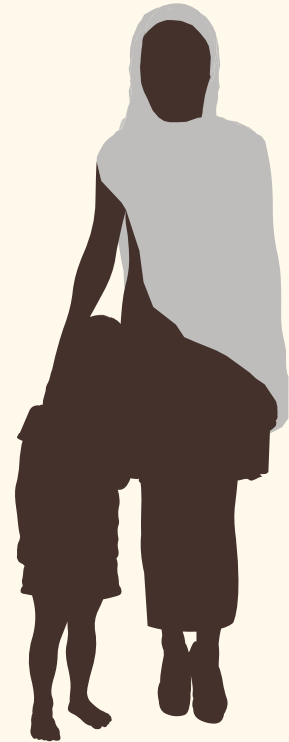
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**1** Rumors about OPV

**2** Distrust in the health system delivering OPV

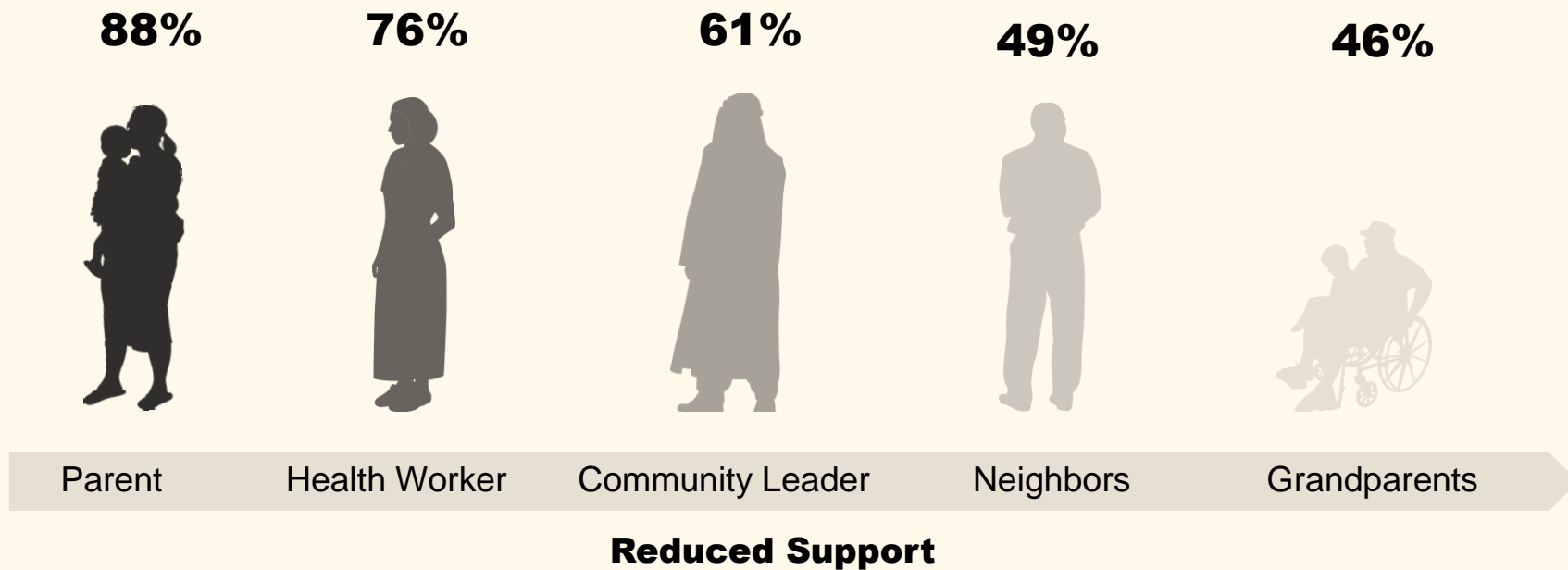
**3** Vaccinators are not

- Trusted
- Knowledgeable
- Showing concern for children's well-being
- From the local community



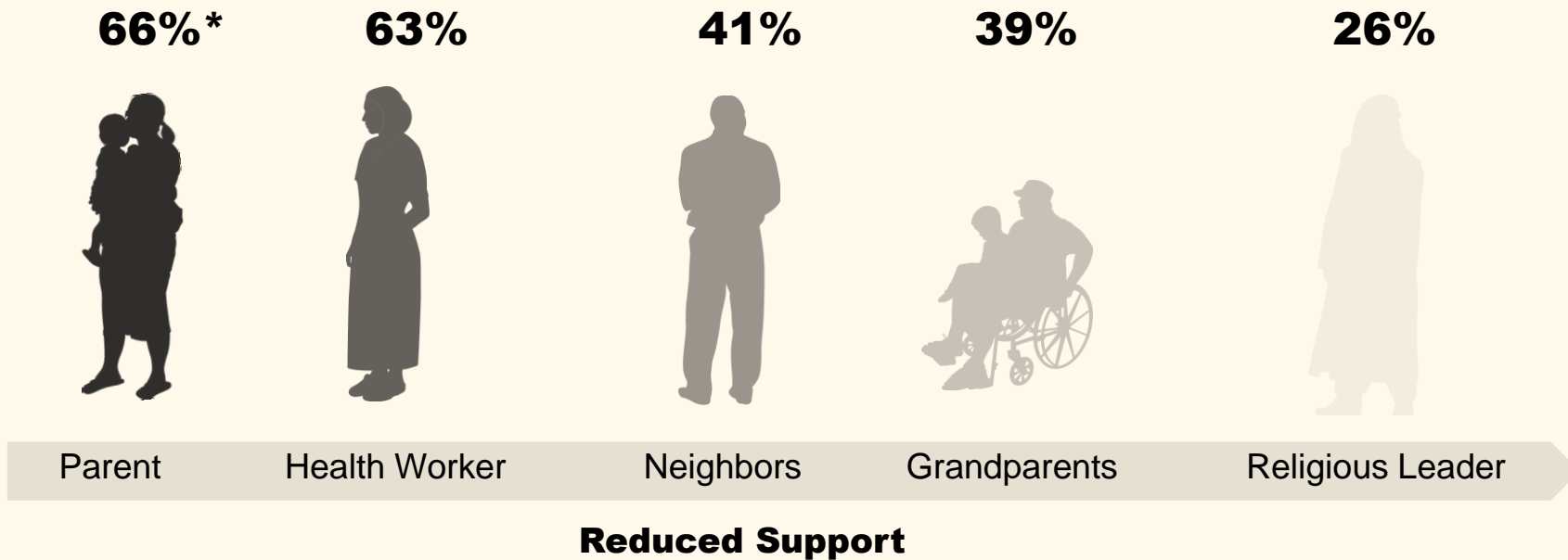
# And even when parents have high support for OPV, we can see that that's not enough in these areas

Social support for OPV in Borno  
(% caregivers saying each influencer thinks giving OPV is a very good/somewhat good idea)



# And even when parents have high support for OPV, we can see that that's not enough in these areas

Social support for OPV in FATA  
(% caregivers saying each influencer thinks giving OPV is a very good/somewhat good idea)



\*This figure is only reflective of fathers commenting on their wives' support for OPV, as mothers were not surveyed in FATA

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan

A black and white photograph of two women walking on a dirt path in a rural, arid landscape. The woman on the left is wearing a headscarf and a patterned dress, carrying a bag. The woman on the right is also wearing a headscarf and a patterned dress, holding a long object, possibly a staff or a tool. The background shows sparse vegetation and a clear sky.

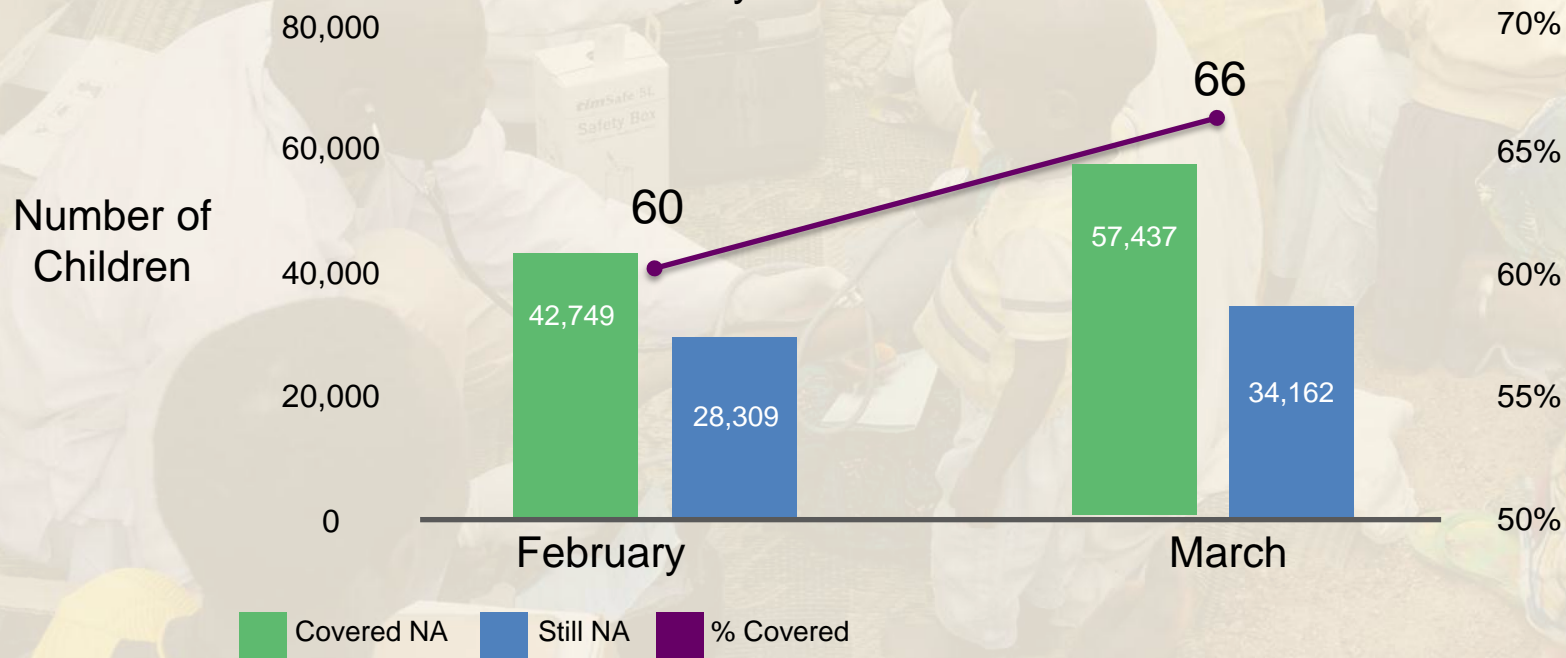
We're making progress down both paths:  
Delivering strategies that overcome barriers in  
accessible communities



...and inaccessible ones.

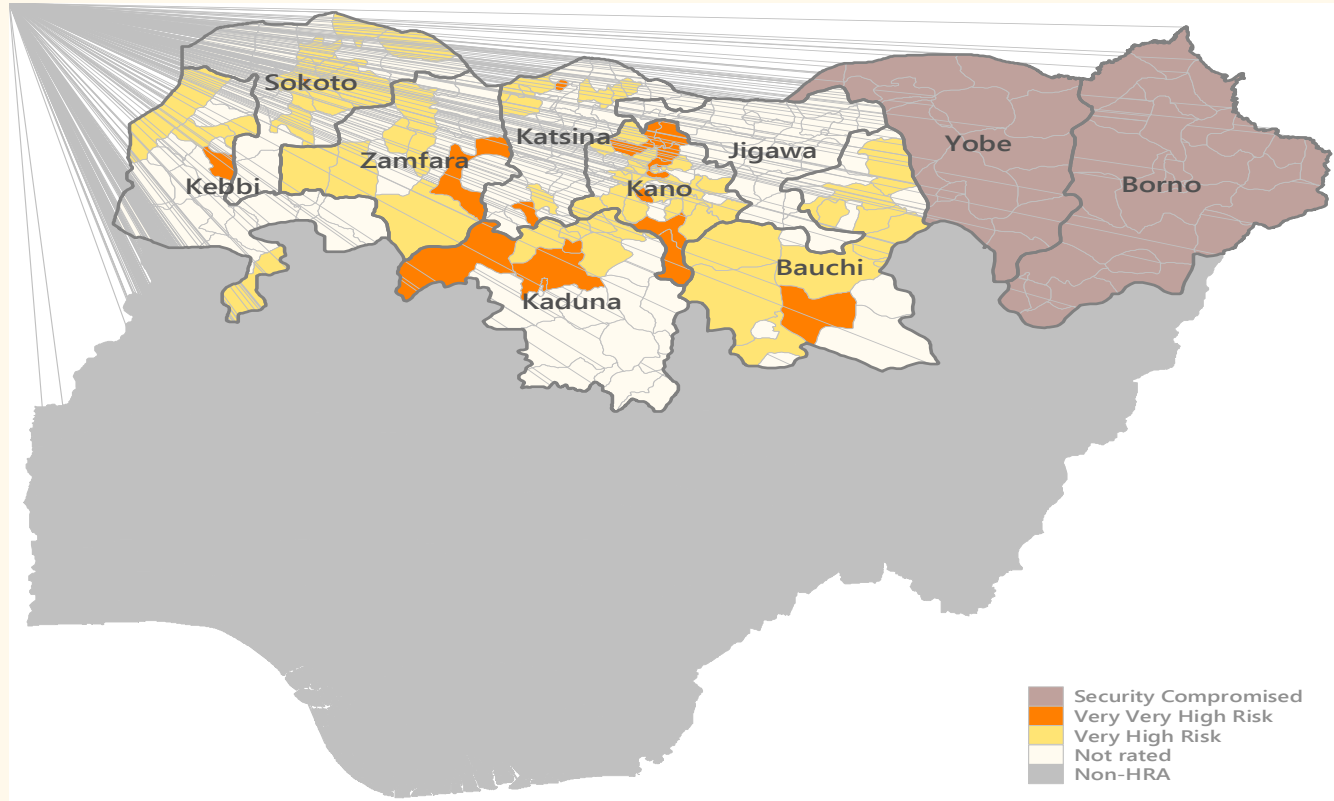
# COMNet are vaccinating more 'unavailable' children after campaigns

Pakistan N/A coverage  
February and March NIDS 2014

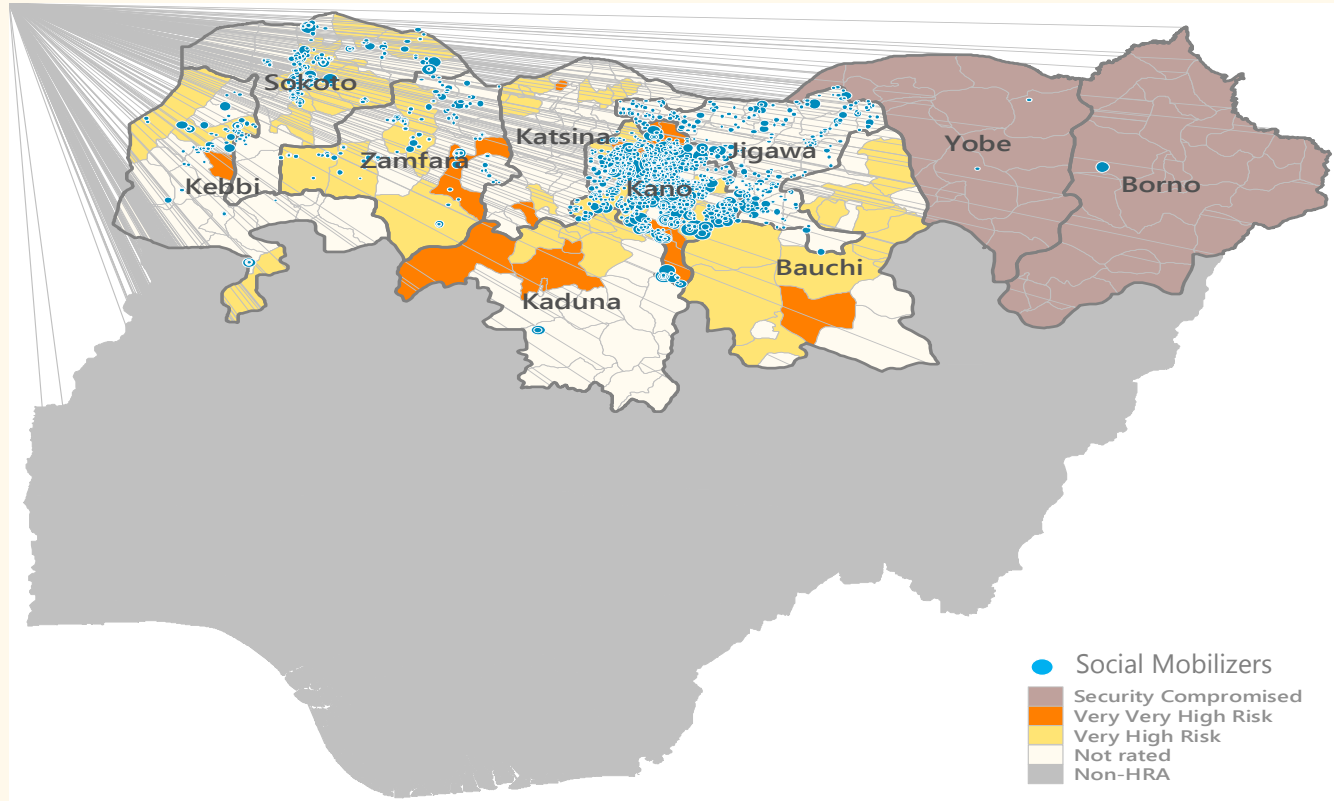




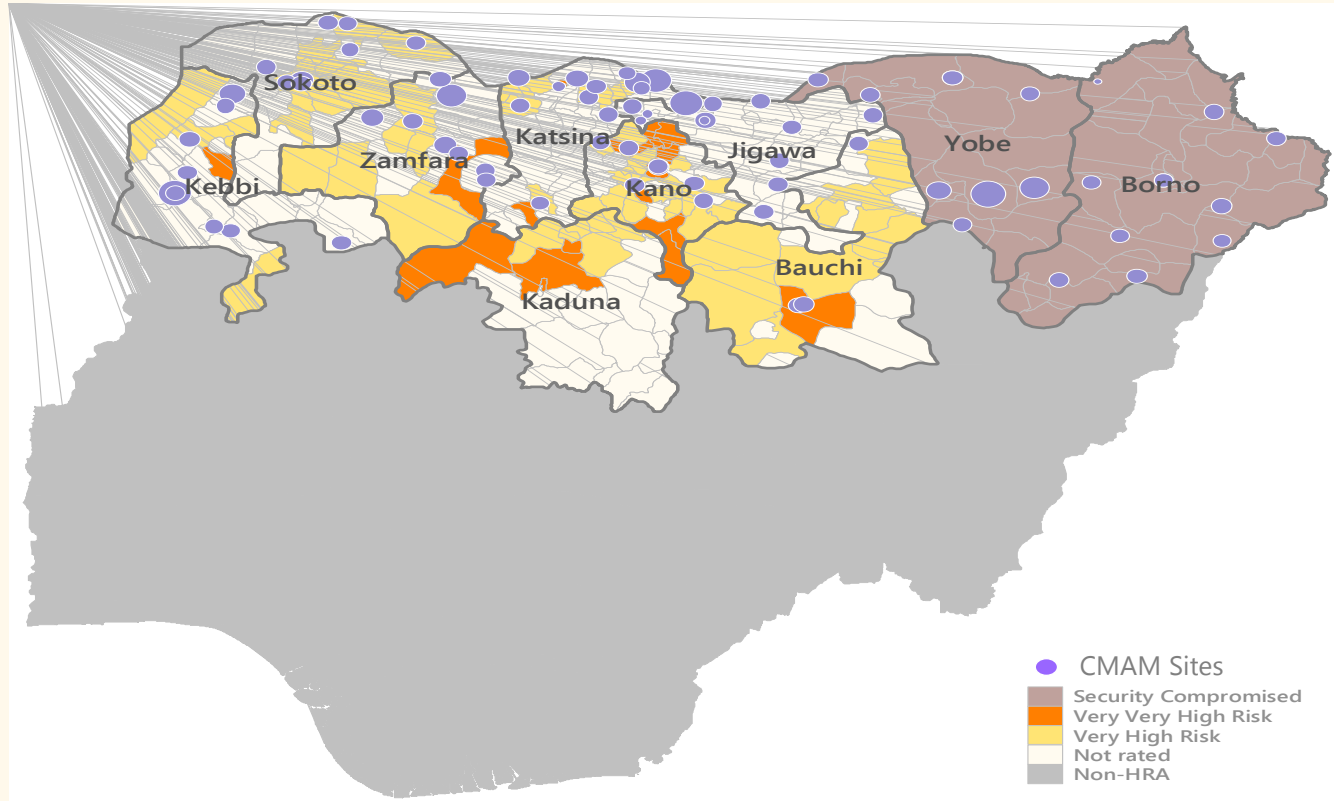
All partners are providing additional services to communities in Kano, Borno & Yobe



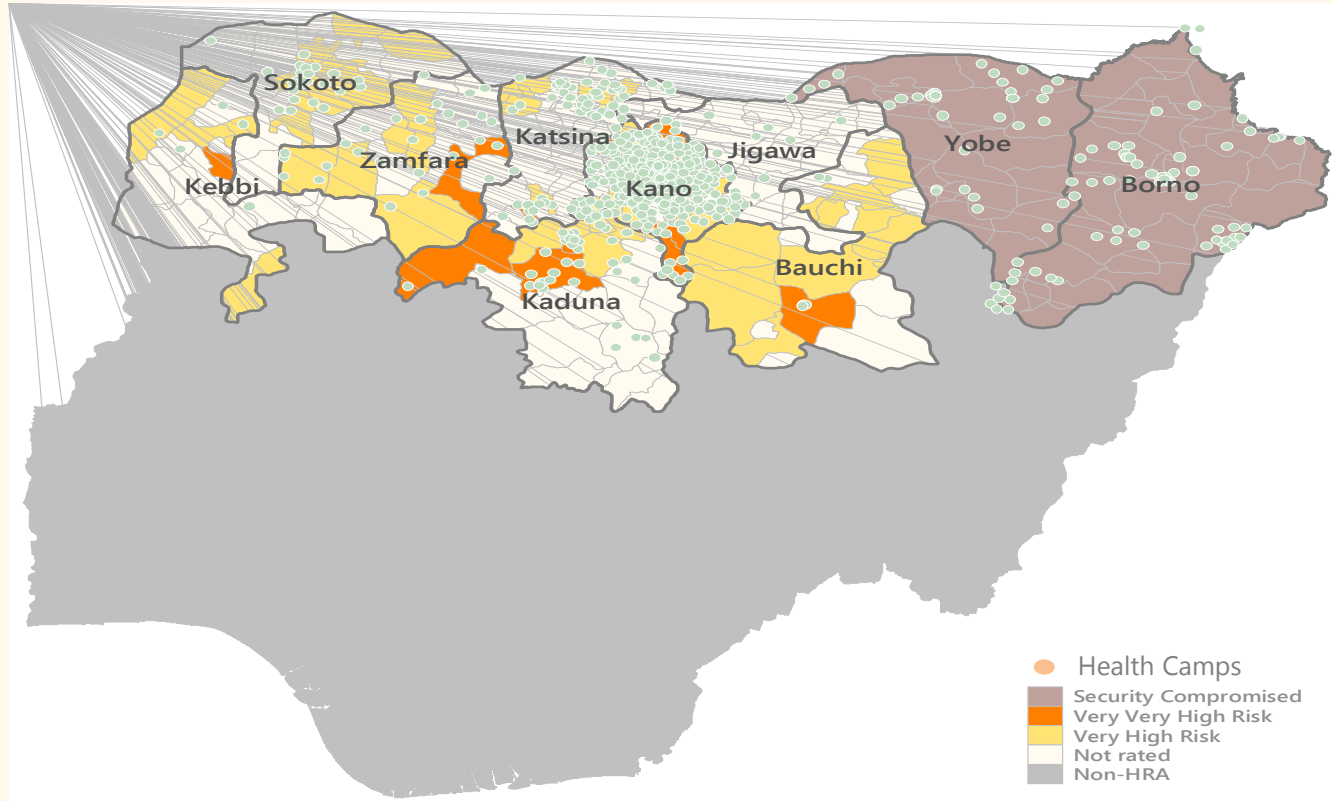
All partners are providing additional services to communities in Kano, Borno & Yobe



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# All partners are providing additional services to communities in Kano, Borno & Yobe

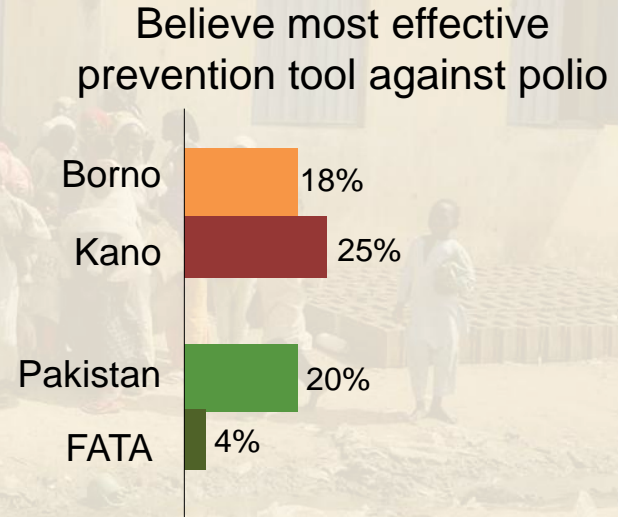
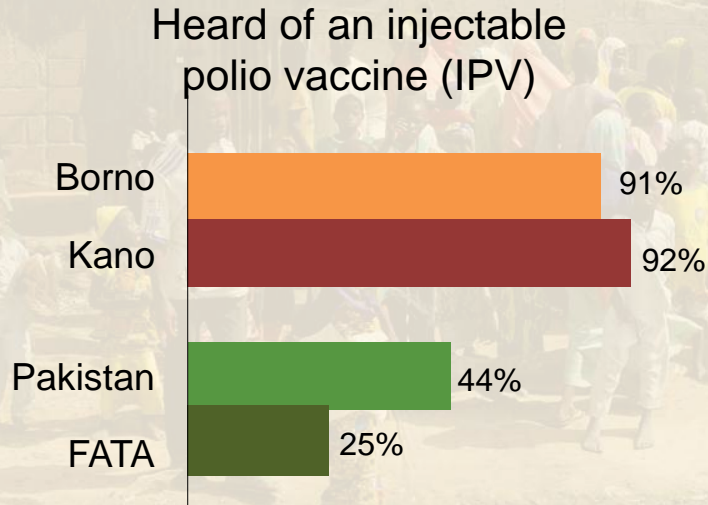


# We need to be conscious of localized community demands

	Borno	Kano	FATA
Power Shutdowns			1
Electricity/fuel	2	2	
Clean Water	1	1	2
Security	3		
Healthcare	5	3	4
Education	7	6	3
Inflation/Unemployment			5

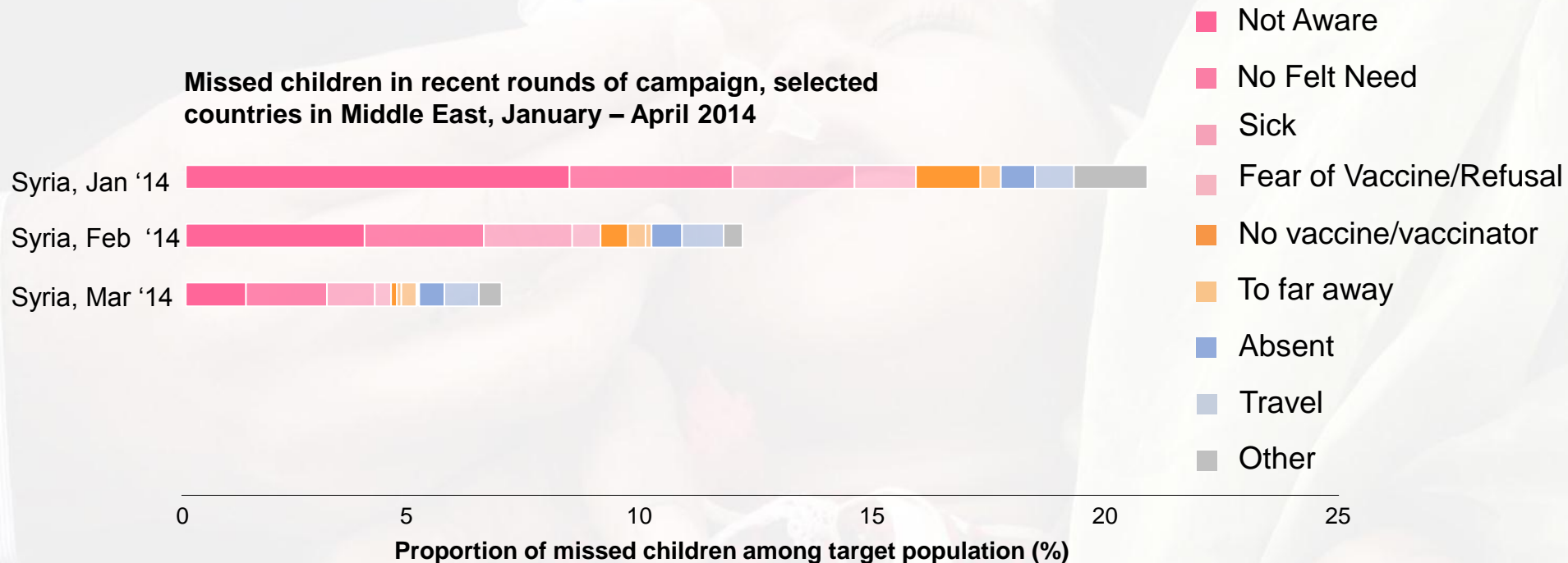


# It will be important to introduce IPV in a way that does not undermine trust in OPV



# And to be equipped to respond to outbreaks quickly and effectively

Missed children in recent rounds of campaign, selected countries in Middle East, January – April 2014



**Note:** All estimates refer to study subjects aggregated at national level, including refugees of other nationality.

**Source: Syria:** Independent Post Campaign Monitoring

**Jordan:** Post Campaign Evaluation Survey (PCES – II)

**Lebanon:** Household Survey Conducted by La Sagesse University, Lebanon

**Iraq:** Post Campaign Monitoring Report. Note that the orange category in Iraq refers to “Household not visited”.



# Shifting Gears in 2014: Enroute to Excellence

# Shifting Gears In 2014

*Accessible (and all) areas*

**From**

Anticipate and address refusals

Scale up the number of social mobilizers

A concerted focus on social mobilizers

Promote confidence in OPV

GPEI communicates directly about polio

Collect social data

**Bare Minimum**

**To**

Anticipate and address refusals and children unavailable, with revised operational strategies

Strengthen their capacity to deliver on additional areas of focus

A concerted focus on all frontline workers

Promote confidence in OPV and IPV

Local voices communicate about polio and RI

Systematically use social data in microplans and strategies

**Excellence**



# Shifting Gears In 2014

**From**

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*Inaccessible areas*

**To**

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Waiting for access to open up

Planting seeds of demand for vaccine uptake  
when services are provided

Focus on individual behavior  
change for OPV

Focus on broader social support  
for immunization

Provide some polio plus activities

A comprehensive, well-coordinated strategy  
to meet additional community demands

Vaccinate children in transit

Understand, vaccinate and monitor all children  
traveling in and out of inaccessible areas

Promote GPEI success

Promote confidence in local health  
services

**Bare Minimum**



**Excellence**



# Shifting Gears In 2014

*Outbreak Contexts*

**From**

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Outbreak response

**To**

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Emergency Preparedness in Red List countries and Outbreak Response based on SOPs

**Bare Minimum**



**Excellence**

A group of diverse children, mostly boys, are gathered around a blue cooler. They are all looking at the cooler with interest and excitement. The cooler has a red logo on the front that says "END POLIO NOW" with a white gear icon above the text. The children are of various ethnicities and are dressed in casual clothing. The scene is outdoors, and the lighting is bright, suggesting a sunny day. The children's hands are resting on the cooler, and they appear to be waiting for something to be distributed from it.

**We're on our way to reaching  
that historic destination: zero.**

**Additional GPEI Support to  
Communications and Social  
Mobilization**

# ROTARY/AFGHANISTAN

- Vaccinator Incentives for travelers
- Dry Storage Shelter – EPI
- Cross Border Vaccination/Coordination





# ROTARY/NIGERIA



## Polio Ambassador Sir Emeka Offor

- opens polio office to support program with advocacy, fundraising and awareness-raising efforts

## National level engagement

- PolioPlus Summit hosted by Ministry of Health and Rotary – 28 April 2014
- National Governor’s Forum engagement by Rotary Foundation Chair April 2014

## National PolioPlus Committee

- Health Camp participation
- Provision of “pluses”
- Religious and Traditional Leader Engagement
- Local “polio” ambassadors
- Rotarian participation in NIDs/boreholes



# ROTARY/PAKISTAN

- 12 Rotary Permanent Transit Posts
- 6 Polio Resource Centers – Gulshan Iqbal
- 14 Immunization Centers
- Speaking Books & Vaccine Carriers
- Cell Phone Monitoring Partnership
- Polio “Plus” – Mosquito Nets Projects



# WHO Support for Communications

## Lead on External Communications

- In close collaboration with technical staff
- Cross-GPEI coordination of messaging
- Collaboration with the new external polio communications capacity at UNICEF

# WHO Support for Communications -2

Set the technical and program strategy narrative

- In endemic countries and sanctuaries
- Outbreaks and response plans
- Early public messaging in outbreak countries



# WHO Support for Communications -3

Evidence generation and support

- Program monitoring
- Data collection on reasons for missed children
- Assist with developing communications strategies and implementing cross cutting communication initiatives e.g. ensuring micro-plans include social data and influencer details

# WHO Support for Communications -4

Dialogue for access

- Islamic Advisory Group
- Negotiations with religious, political and community leaders
- Support identification and collaboration with selected NGO, medical and diaspora organizations that can influence communities
- Support for organization of broader services (e.g. health camps)

# CDC Support to Polio Communications

## Nigeria

- CDC Communications staff member stationed in Abuja
- Hausa Language Broadcast Project in High Risk Northern States
  - VOA is #2 in Hausa listeners reaching 41.8% of audience
- Proposed Activities
  - Trained 40 journalists from high risk areas
  - Produced 36 weekly radio magazine programs with reach of 20 million people
  - Promoted SIAs through 1206 Hausa jingles
  - Target news programs to promote polio
  - Pilot tested high risk community listening clubs
- Participated in program reviews
- Coordinated Harvard Research Opinion Polling Project to improve program planning and evaluation



Roundtable in Kaduna



Women-only Roundtable in  
Bauchi

# Weekly Radio Magazine Program

- Weekly listeners of *Tambarun Lafiya* are more informed about polio than non-listeners
  - 96% of weekly listeners state that polio can be prevented
- *Tambarun Lafiya* listeners appear to be more aware of polio cases than non-listeners:
  - 47% of listeners state that there had been a case of polio in their community in the past 12 months (among non-listeners just 20% said the same.)

These findings are based on *preliminary* data from the April 2014 BBG survey of Nigeria conducted by Gallup (n=5,000)

# CDC Support to Polio Communications

## Horn of Africa



- Developing Somali Language Broadcast Project
  - 51.1% of Somali's listen to VOA on radio on domestic and international broadcasts
  - 55.3% of population in South-Central Somalia listens to VOA
- Proposed Activities
  - Use radio to reach into insecure areas
  - Enhanced broadcast communication target to areas unavailable to vaccinators and nomadic populations
  - Provide journalist training in high risk areas
  - Stronger emphasis on polio in news coverage
  - Promote the use of vaccination stations to residents of insecure areas
- Success of Nigeria program and upcoming Horn of Africa program led to demand for concept note for Pashtun Audiences in Afghanistan and Pakistan – ongoing



# CDC Support to Polio Communications

## STOP Communications Country Assignments

