



Communication and social mobilization to keep India polio free

An overview of UNICEF India's Polio Program

On 27 March 2014, after three years without any polio case, India was officially certified polio free. India's incredible achievement was the result of strong leadership and commitment of the Government of India and core polio partners: UNICEF, WHO, Rotary International and US Center for Disease Control and Prevention (CDC), CORE and donors such as Bill and Melinda Gates Foundation, USAID and Japan. Ultimately, it was the determination by all to reach every single child and community ownership that has kept India polio free.

The United Nations Children's Fund (UNICEF) polio program focuses on reaching the most vulnerable, migrant, mobile, underserved and marginalized children in high risk and hard to reach communities. UNICEF's Social Mobilization Network (SMNet) with over 7,300 community mobilizers and around 55,000 influencers have worked tirelessly to make India polio free. Every national polio round, the SMNet reaches 2.2 million children in some 3 million households. In 2014, transit vaccination teams vaccinated 100,000 children on trains and over 2.5 million children at festivals.

In the post certification era, UNICEF continues to work closely with the Government and other partners to maintain zero polio and boost immunity through routine immunization, polio vaccination and other convergent health initiatives.

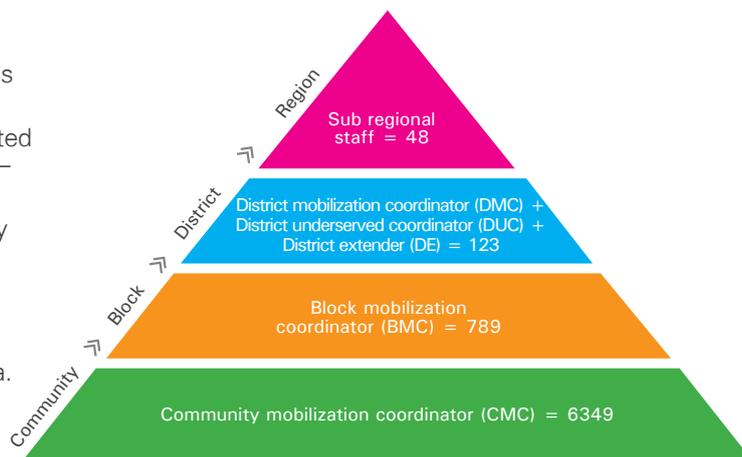
As the lead communication partner under the Global Polio Eradication Initiative (GPEI), UNICEF has implemented robust evidence based strategies for generating awareness, mobilizing communities and creating a conducive environment for parents to repeatedly accept polio immunization for their children. Currently polio vaccination coverage is over 99% in SMNet high risk areas and resistance remains at an all-time low with less than 1% refusal rate across the country (0.5% in traditionally polio endemic states of Uttar Pradesh and Bihar).

Strategies that helped eradicate polio

- Creating an enabling environment with high visibility mass media campaigns using celebrities such as Amitabh Bachchan to give credibility to polio messaging. Campaign messages regularly updated addressing prevailing barriers to vaccination acceptance. Mid media and Information, Education and Communication (IEC) materials used extensively ensuring community level presence of polio messages.
- Evidence based planning using real time monitoring data to develop and update house-level micro plans for tracking and following the immunization progress of every single child in the SMNet areas. Communication micro plans were developed ensuring effective display of IEC materials.
- Mobilizing communities through SMNet in polio endemic states of Uttar Pradesh, Bihar and West Bengal to address resistance through inter personal communication (IPC) and support of religious and other key community influencers in high risk areas and communities:
 - Focussing on the underserved to identify populations and areas with little access to basic health services or high community refusals.
 - Tracking high risk groups such as migrant workers, brick kiln and construction workers, slum dwellers and nomads to ensure polio immunization of over 61,000 children belonging to 83,000 families that were previously left out.
 - Reaching the hardest to reach in the Kosi River flood basin and communities along international borders to track and vaccinate children in mobile families.
- Developing capacities of vaccinators, community mobilizers and government health workers to mobilize and counsel.
- Messaging beyond polio (convergence). Convergent health messaging around routine immunization, hand washing with soap, hygiene, exclusive breastfeeding and use of Oral Rehydration Salts (ORS) and Zinc to tackle diarrhoea.

SMNet: Persuading communities, reaching every child with polio vaccination

- Over 7,300 SMNet mobilizers continue to work in the highest risk and hardest-to-reach areas reaching over 2.2 million under 5 children in some 3 million households of Uttar Pradesh, Bihar and West Bengal.
- The four tiered supervisory structure consists of dedicated community, block and district mobilization coordinators – all led by a sub-regional coordinator.
- The SMNet also engages with some 31,000 community influencers to build community trust and goodwill for the polio program while 26,650 informers help notify movement of migrant communities.
- Each community mobilizer (of which 90% are female) is responsible for reaching 250-500 households in her area. Every month, she tracks the number of children under 5 and their immunization status and also carries out counselling and mobilization activities.



Tracking	Counselling	Mobilization
Immunization status of <ul style="list-style-type: none"> Pregnant women Newborns Children <1, <5 Guest children High risk groups Congregations 	Polio and Polio Vaccine, Routine Immunization (RI) and Convergent Counselling Breast feeding: colostrum, exclusive breast feeding and complementary feeding Hygiene and sanitation e.g. hand washing with soap, safe water and toilets Diarrhea management with ORS and Zinc	Meetings with: Religious Leaders, Mothers Groups and others, on polio, routine immunization, health and sanitation issues Mobilization activities: rallies, children's groups for booth mobilization, polio classes and health camps IEC display of posters and banners in SMNet areas Identifying influencers and informers for mobile communities
Evidence based planning at District and Block levels		

- The program uses a comprehensive capacity development strategy to train the SMNet and other frontline workers in inter personal communication, data interpretation, supportive supervision, conducting mothers meetings, RI session skills, emergency preparedness and IPV introduction.
- The block and district coordinators monitor the community mobilizers, provide supportive supervision to them and the health workers - using data to identify high risk children and groups, continually adapting strategies to reach every child.

SMNet: Transitioning from Polio to Routine Immunization and Convergent Health issues

UNICEF has been supporting GPEI for the Polio End Game Strategy, focusing on RI and preparing for the introduction of Inactivated Polio Vaccine (IPV). UNICEF also supports demand generation activities for RI through intensive mass media campaigns (national and state level) on television and radio and through innovative mid media activities like mobile video sessions and street plays in high risk areas in 9 GAVI states. In addition to the polio messages, the SMNet mobilizers dovetail convergent child survival messages on routine immunization, exclusive breast feeding, handwashing at critical times, ORS and Zinc.

The continued activities in the community has resulted in increasing full RI coverage in SMNet high risk areas in UP from 36% in 2009 to 79% in 2014 and in Bihar from 69% in 2011 to 84% in 2014.

Examples of SMNet support to RI:

- Actively educates and counsels communities about RI using persuasion techniques honed during polio rounds.
- Developing evidence based RI microplans using polio database.
- Training more than 100,000 Accredited Social Health Activists (ASHAs), Anganwadi workers (AWWs) on IPC skills for promoting RI in Bihar and Uttar Pradesh.
- Conducting more than 220,000 individual IPC sessions and 6,700 mothers meetings monthly for RI.
- Monitoring over 7,000 RI sessions per month.
- Updating due lists of newborns and tracking immunization.



Priorities for 2015 and beyond: Supporting the Global Polio End Game & Legacy Planning

- Maintaining a polio-free India – continued mobilization, NIDs/SNIDs, Emergency Preparedness and Response Planning.
- Capitalizing on the polio network and success strategies for RI strengthening and other health initiatives.
- Strengthening Routine Immunization - social mobilization on RI, targeting identified high-risk districts/communities, applying lessons to other health initiatives and other places.
- Engaging communities on other health issues that save lives: exclusive breast feeding, hand washing, diarrhoea prevention and treatment.
- Preparing for introduction of IPV in Q4, 2015 – communications preparedness and mobilization.
- Legacy documentation – for India in other health and sanitation areas and for global learning.
- Transition strategy for SMNet to the Government of India – integrating into national systems, management, funding and broadening the scope of work to include RI, and Reproductive, Maternal, Newborn, Child and Adolescent Health.