

# STRENGTHENING MOMENTUM FOR ERADICATION: A POLIO ERADICATION INITIATIVE COMMUNICATION ACTION PLAN FOR AFGHANISTAN

2015-2016

1<sup>st</sup> October 2015

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## INTRODUCTION

This Communication Action Plan (CAP) builds on recent years of Polio Eradication Initiative (PEI) communication work in Afghanistan and recognizes that the country has now entered the end phase of polio eradication.

Prior to 2015, the same material and messages were deployed so often that anecdotal evidence suggests caregivers stopped paying attention. Moreover, this static approach missed opportunities to take on misconceptions, alert caregivers how often children should be vaccinated, or to create an environment where polio eradication was embraced as an important national goal.

As Afghanistan embarks on the end phase of polio eradication, new communications approaches are warranted. A recent study on Knowledge, Attitudes, and Practices (KAP) towards polio and vaccination in the low performing districts (LPDs) of three provinces of Afghanistan (Kandahar, Kunar, and Nangahar), as conducted by the Harvard Opinion Research Programme, has provided a rich evidence base to support shifts in Afghanistan's PEI communication strategy. That study suggests that the communication interventions and messages that have been in use for the past several years need to be revised, refreshed, and deepened.

This Communications Action Plan (CAP) articulates how communications will support the final drive to eradicate polio in Afghanistan. Work on this CAP began nearly six months ago during a two-day workshop in Kabul in April, 2015. At that meeting, participants brainstormed ideas on the possible mix of approaches, messages, and communication channels that might yield the best results for achieving polio eradication.

The meeting of the Technical Advisory Group (TAG) in June 2015, which recommended the creation of a clear and consolidated communications strategy, gave this document another strong push.

Since then, wide-ranging meetings and bilateral discussions have been held to discuss PEI communication needs and options as we move forward. Ministry of Public Health, UNICEF, and WHO staff at all levels – from the field up – have contributed to the thinking that is now captured in this document. To help translate concepts into practice, deliberations at these meetings have identified methods, target groups, and types of messaging to be addressed.

Principles articulated in the global communications strategy, which was developed with findings from Pakistan and Nigeria, and which emphasize support for frontline health workers - are also firmly embedded

This CAP recognizes that Afghanistan and its neighbour Pakistan are one epidemiological block. Due primarily to wide-ranging social variations, the epidemiological block does not totally imply a common communication approach. For this reason, the Plan attempts to identify and promote synergies that compliment communication activities on the other side of the border while remaining focused on the socio-economic and political variations within the Afghanistan cross-border target population.

This CAP identifies approaches for multifaceted communication initiatives aimed at reducing the number of missed children and accelerating the eradication of polio within Afghanistan. The initiatives are intended to be integrated, complementary, and mutually supportive. While the format may result in the appearance of overlap and duplication of core products, activities, and audiences, this redundancy arises from the intention of ensuring all approaches are advancing the same central objective: ***reducing the number of missed children and accelerating the eradication of polio within Afghanistan.***

This Action Plan mirrors and expands on the content and development of the National Emergency Action Plan (NEAP). It is intended for implementation between mid-2015 and mid-2016. In this regard, the initial operationalization of this Plan has been concurrent with the drafting of this document. The approaches articulated in this document will be updated according to a rigorous evidence base for guiding PEI communication. This strategy offers a roadmap for communication support to reach the threshold of eradication.

## OBJECTIVE

Those who accept vaccination remain a large majority in Afghanistan. While the CAP has a national scope, particular attention is being given to regions where polio remains endemic and, within these regions, to LPDs, areas with persistently missed children and hard-to-reach areas. The Southern Region polio reservoir is a primary target with due consideration given to priority areas of the Eastern, South Eastern and Western Regions.

According to Post-Campaign Assessment (PCA) and Lot Quality Assurance Survey (LQAS) data, campaigns in Helmand and Kandahar frequently miss on average more than 10% of children. Five accessible districts clustered in northern Kandahar and Helmand consistently skip more than 20% of children, occasionally bypassing as many as 50% of children. Although PCA data coverage to be higher in February 2015 than in other months, no district in the Southern Provinces has reached the 90% threshold based on LQAS data, and half of the districts are not accepted at 80%. Additionally, with the caseload in the Western Region, immediate action is being taken to support operations by stepping up the communication response in the respective areas.

**The over-arching goal of the PEI's Communication Action Plan is to contribute to reducing the number of missed children and accelerating the eradication of polio in Afghanistan.** The CAP particularly tackles the issue of children not getting vaccinated for a variety of social reasons: they are travelling, or simply are outside the house when vaccinators call -- at relatives' homes, market, school, social events, and so forth. A focus includes the caregivers who refuse the vaccines because of misunderstandings, misbeliefs, social and cultural barriers, or because the child is new-born, sick or sleeping.

### **Introducing Revised Strategic Approaches for 2015 - 2016**

A strategic shift is needed to move away from the previous reliance on public service announcements advising the population about pending campaigns, to a cohesive approach that addresses the barriers to achieving maximum vaccination coverage and that considers the regionally specific socio-political dynamics of Afghanistan. Rather than focusing solely on individual level decisions, there is an opportunity to work with popular social momentum and collective decision-making at community, regional, and even national levels. Using media and advocacy, community engagement, and interpersonal communication at the household level, interventions are being pursued to work systemically and hand in hand. Critical for spearheading field engagement is the communication that occurs through social mobilization and public health education. The social mobilisers appointed for PEI campaigns have been tasked with going house to house in their assigned areas prior to and/or during campaigns. There is now growing evidence that greater focus must be given to communicating through non-religious local influencers and the already existing Community Health Worker (CHW) networks. Furthermore, and of equal importance, is the need to sharpen the skills of

vaccinators for better interpersonal communication so that they are trusted and accepted as competent by caregivers.

By way of ensuring that all these components are used cohesively to reduce missed children, key findings from the KAP are contributing towards a refocusing of PEI communications to support maximum vaccination coverage. Amongst these key findings are the following:

- High risk populations demonstrate a low perception of the polio threat, as well as a limited awareness and understanding of polio as a serious illness or of the prevention of polio;
- The importance and benefit of repeated polio vaccination and overall routine immunization is not well grasped;
- There are localised areas where, among those currently accepting the vaccine, a relevant percentage of caregivers have heard destructive rumours and believe them;
- As trusted sources of information about polio, Community Health Workers are significantly more important than previously understood; and
- Other than polio drops, there appears to be a low understanding of practices (specifically hand washing) that can prevent the spread of polio.

Against that backdrop, through fully trusted, capable, and professional frontline workers, the strategic approach for PEI communication is to create and shape norms, perceptions, and expectations that support vaccinators at their critical moments of contact with caregivers. That supportive environment extends into the interaction experienced at the doorstep, transit point, or health centre.

The combination of these two main aspects of this strategic approach (supportive environment and improved skills and competence of frontline workers) is key to achieving the overarching goal.

Since July, PEI in Afghanistan has been rolling out a mix of national and local level initiatives designed to reinforce the following goals:

- A socio-cultural norm of broad vaccine acceptance that is cultivated by civil society leaders and by key local and national influencers. This endorsement is seen as promoting uptake of Oral Polio Vaccine (OPV) and completion of the full Routine Immunization schedule as the appropriate and rewarded practices;
- Preventive filling of potential rumour-generating gaps with intensified proactive communication on polio, through messaging in social media and through overall higher caregivers' exposure to more transparent and authoritative facts and considerations on PEI activities;
- Public opinion perceiving polio eradication as a shared national priority and as a major public health story in which success is close and achievable, with growing momentum manifest in earned media;

- Increased community ownership of the eradication push through community participation in campaign planning and improved micro-planning (social mapping, local strategies for Hard to Reach [H2R] populations, influencers, etc.);
- Positive expectations of vaccinators' performance and empathy for their sensitive work (as emphasis is accorded to their social and emotional depth, positive intention, skill, and commitment);
- Trust in vaccine safety and efficacy; and
- Messaging and household/community engagement that is capable of switching from polio to broader health concerns, showing genuine concern for the whole child.

In line with the Global Communications Strategy, a special focus has been placed on sharpening the skills and profiles of frontline workers so that each interaction with caregivers leads to a vaccination every time. To achieve this the programme is undertaking a revision of how it selects field workers, how it trains them, and how it motivates them.

The primary objectives and essential factors of FLWs' success embraces at least five elements:

- A profile acceptable to the community served, mainly in terms of geographic origin, ethnicity, age, and gender;
- The ability to communicate clearly and answer caregivers' questions and concerns, passing on the right messages, with good interpersonal communication skills, and professional knowledge of polio and vaccination;
- The possibility to distribute renewed and supportive IEC materials (integrated, adapted for low literacy, tailored to the audience); and
- The FLWs' constant motivation, maintained morale, meaningful training, timely payment, appropriate supervision, useful support tools, etc.
- Data collection and obtaining feedback from the community for monitoring and generating the evidence needed to improve the next rounds.

Specific core components of the CAP follow in the next section covering eight activity areas:

1. Harnessing Media
2. Advocacy and Civil Society
3. Social Mobilization
4. Information, Education and Communication Materials
5. Convergence
6. Cross-Border Communication and Mobile Populations
7. International External Communication
8. Data Collection and Generation of Evidence.

# Communication Interventions

## 1. Harnessing Media

A new, broad-gauged, and varied “Paid Media” outreach strategy is being rolled out for radio and TV content. It is designed to speak to national and newly targeted regional audiences. Produced by a Kabul-based ad agency, these advertisements draw upon inputs from UNICEF and its polio partners. Content is being tested through focus groups with a range of Afghan audiences. Certain messages will be for national audiences, while others attend to some of the regional challenges to vaccination identified by the KAP study.

These pitches, emphasizing why vaccinations are vital and why sick, sleeping, and newborn children should be vaccinated, provide the necessary content to prevent false rumors. Ads and other media outputs are aimed at converting soft refusals. The material is a blend of informational announcements and messages featuring influential persons. The overall aim is to spread know-how about polio and to create demand among child caregivers.

Themes move beyond encouraging caregivers to vaccinate their newborn, sleeping, and sick children. They demonstrate why vaccinations are reliable and why vaccinators are essential members of the community, recruiting as endorsees a number of culturally influential people who are widely viewed as possessing integrity

Crafted through careful focus-group sampling, country-wide radio and TV ads convey a sense of purpose and outright optimism that it’s possible for Afghanistan to finally and definitively eradicate polio. Possibly, a friendly competition may be initiated to establish which of the polio-affected provinces will be the first to be polio-free.

Besides their strong visual qualities, contents of new TV ads vary from radio ads. This difference stems from TVs being primarily owned by urban residents who generally enjoy high rates of vaccination coverage. Thus TV messages, along with diffusing medical knowledge, need to suggest that eradication stands as a valid and important national goal to rally around.

Beginning in the summer of 2015, PEI communication ads are being rolled out at the rate of about one new ad per month for TV and two for radio. While a number are being aired only during vaccination campaigns, others are appearing throughout the campaigns in prime time.

### New Mediums

The widespread ownership of mobile phones (over 90% of Afghan households own one) offers an opportunity to employ mass-messaging through mobile phone networks. Messages to the public about polio over their mobile phones can complement existing PEI communication efforts using radio, TV, print, and other channels by the PEI partnership. Such messaging is particularly important in cases of outbreaks and for launching campaigns in hard to reach areas which are often beyond the reach of most Afghan TV and radio. The PEI began using mobile phone messaging in August, in Kandahar. During NIDs scheduled for late October over 5 million mobile phone owners living in LPDs will receive phone messages and many will hear ring-back tones containing polio messages. In each region the messages are being delivered by familiar and influential local voices.

### Gaining free domestic media coverage

Indeed there is a specific need to reach audiences that can't be reached by ads placed on Afghan TV or local radio. This need is particularly acute in rural LPDs where, for many years, the only reliable source of news has been Voice of America (VOA) or the BBC Afghan Service as carried on shortwave radio. This emphasis on the radio is in line with KAP findings which found that about 85% of households in LPDs greatly or somewhat trust information on health issues that comes over the radio. Indeed, radio is far and away the leading source of news and information for Afghans.

Since 2015, PEI communication has systematically begun to organize occasions that capture the mass media's attention. Through their free coverage of polio related events, there is now a broader engagement with rank-and-file citizens. PEI communication is already going beyond the outreach of "Earned Media" to promote public awareness about polio and to contribute to a national momentum to eradicate the disease. A protocol for engaging with the media is being discussed with the MoPH Special Adviser on Polio Eradication. Media are being increasingly and proactively stimulated with the provision of press releases, Q&As, and talking points produced in Pashto, Dari, and English, all as a means to promote confidence in EPI and PEI.

This effort is an extension of the work that UNICEF has recently begun through the VOA Afghan Service with its large Pashto listenership in LPD communities on both sides of the Afghanistan-Pakistan border. VOA has begun producing and broadcasting about an hour per week of news on the polio programme. With a daily audience of about four million Pashto speakers living near to the border with Pakistan, they are reaching audiences that previously had only received very repetitive and static information about polio.

BBC Media Action has commenced work on the production of a weekly radio show to be aired in the fourth quarter of 2015. The show is currently being developed to spotlight stories and news on polio and immunization as well as other health and sanitation issues. Many of these features seek to personalize polio so that communities and caregivers are prompted to develop more concern for eradication efforts. Also, the BBC partnership with UNICEF is continuing to produce radio debates; train staff of local radio stations in LPDs; and weave polio into the storylines of its popular Afghan radio drama.

A third radio initiative is with the popular Pashto radio soap opera "Da Pulay Poray" (which means "On The Borderline"), beginning in October. That show, which has been airing for over a decade, has an audience of about 4 million residents along the Afghanistan-Pakistan border, mainly near Nangarhar. The show will begin weaving polio messages into storylines, with an emphasis on challenging misconceptions, highlighting and celebrating the role of frontline polio health workers, and debunking some of the rumors that KAP findings suggest are prevalent in Nangarhar. Prior evaluations of "Da Pulay Poray" have found that education through entertainment has been influential in altering health behaviors. Along with radio the KAP found that the other major sources of news for caregivers is neighbors. Given that about 35% of residents of eastern Afghanistan listen to "Da Pulay Poray" at least several times per week, it is anticipated that awareness of issues around polio may also augment.

In the third quarter, workshops are being offered for disc jockeys and radio reporters at important local radio stations. To supplement the published schedules of vaccination campaigns, media personalities are being provided with snippets of information about why vaccinations are necessary for the nation's health; where caregivers can take their children

who have missed doses for OPV, and so forth. Currently under discussion is the option to produce and broadcast memorable jingles whenever important news about polio occurs. At this point in the eradication process, since any outbreak must be treated as an emergency, media coverage should be ready, deliberate, and expansive in terms of answering the press's five famous Ws (Who, What, Where, When, Why).

Email updates are to be circulated to local, national, and international media when a significant development unfolds. Such emails should be concise, bullet-point facts about project breakthroughs with hyperlinks to two to four additional bullet-point updates on projects with further hyperlinks to longer reports.

When appropriate, we expect to engage with international media as a way to spur support for within-Afghanistan efforts. Given the growing interest in covering polio as a news story, a need exists for the polio programme to speak with a consistent and strong voice. The EOC provides an opportunity to develop procedures to swiftly and transparently communicate to the public and the international community about both successes and setbacks of polio eradication.

### Supporting Frontline Workers

As stated above, media campaigns foster the creation and shaping of norms, perceptions, and expectations that support vaccinators at the very moment of contact. In essence, this area of PEI communication needs to do the following:

- Humanize vaccinators through communication that emphasizes their social and emotional depth;
- Go beyond information about polio to engage social perceptions, norms, and beliefs related to vaccinator access and acceptance; and
- Accurately and authentically portray the vaccinators' worth.

In order to ensure authenticity, it is crucial that each stage in the development of communication materials springs from widespread focus group discussions and field testing of concepts, with visual and messaging concepts/products constantly refined.

All communication strategy approaches need to be aligned with maximizing the impact of FLWs to support the implementation of the NEAP. Key areas for PEI communication to support the role of FLWs are:

- Selection of local and appropriate teams (with a female vaccinator wherever possible);
- Refined training with a strong IPC component to ensure technical and human skills;
- Differentiated and suitable ground-level tools;
- Robust monitoring and supervision;
- On-time payment; and
- Accountability, Recognition and Sanctioning

## **2. ADVOCACY AND CIVIL SOCIETY**

Sharpening awareness and knowledge in low-performing districts is all-important. But studies on successful vaccination efforts show that success often depends on instilling the



idea that vaccination goals ultimately have national importance. To achieve this, the PEI attempts to create neutral, unified messages of backing among Afghanistan's national elites; those who are seen as role models; and influential personalities who can spread messages broadly and with impact.

Towards that end, a Programme Cooperation Agreement has been developed with the Afghanistan Cricket Board (ACB). Initiated a year after mass polio vaccinations in Afghanistan began in 1995, the National Cricket Team and the ACB are widely perceived in the Pashtu speaking areas as heroes and symbols of progress and achievement. The PEI is working towards leveraging this appeal to generate national momentum for eradication through media ads telecast during broadly viewed cricket matches. Messages are being circulated at the ACB's network of grassroots level training to promote knowledge about eradicating polio in Afghanistan.

A similar approach is being explored with football players and teams.

A shift of focus is occurring from ordinary channels to new innovative mediums and messengers. The programme is working with national broadcasters to utilize a broad range of civil society leaders who can become spokespersons for polio. In some areas this will involve deploying mullahs and calling on influential religious figures. At the same time, widespread anecdotal testimony suggests that despite the country's years of instability and distress, Afghanistan retains a rich culture of comedy. This aspect of Afghanistan has been widely reported in local and international news but development organizations have been slow to move away from a reliance on conservative voices. Yet comedians are widely viewed as valid sources of information through satire and humour.

Partnerships are also being forged with the country's largest and most popular TV channels. This is providing opportunity to weave polio into story lines of popular sitcoms and to recruit celebrities as participants in ads and advocacy events.

### **3. SOCIAL MOBILIZATION**

#### Immunisation Communication Networks

Most of the social mobilization activities in Afghanistan are being implemented through the Immunisation Communication Networks (ICNs). The ICN has a tier of communication personnel at provincial, district and cluster levels, overseeing a cadre of social mobilisation volunteers. ICNs are intended to gain access, raise awareness and knowledge about polio and polio immunization campaigns, reduce misconceptions, and answer the difficult questions and concerns of caregivers through household visits pre-campaign and during a campaign. ICNs are designed to play the critical role of building trust in the vaccine, the vaccination campaigns, and the vaccinators who regularly come to local communities and doorsteps. The ICNs also engage with community, religious, and non-state entities to facilitate the work of vaccinators and to gain acceptance for Polio vaccination. The deployment of ICNs in the LPDs is, therefore, constantly under review to ensure that resources for social mobilization are prioritized on the basis of areas facing the highest risk.

The Cluster Communication Supervisors and Social Mobiliser workforce in Afghanistan are not permanent, they are engaged and paid incentives on a campaign basis. Although this unique arrangement has had its advantages with the evolving programme in Afghanistan, this can also weaken the continuity of effort, and in some cases presents a challenge to ensuring that social mobilizers are drawn from the communities in which they work.

Afghanistan has had long established volunteer networks such as the Community Based Health Care (CBHC) system which has Community Health Workers (CHWs), and the Afghanistan Red Crescent Volunteers. These models have been effective in developing a local, trained cadre of community workers that are tasked with engaging, educating, and motivating community leaders and parents on different issues including utilization of child health services. The CBHC structure is immediately relevant for important high-impact child survival interventions. As part of that structure, CHWs are well-positioned to participate in the PEI communication, thereby increasing community awareness, promoting public health information. The CHWs are also well position in facilitating vaccinations of children who have been missed during campaigns, a key strategic direction which the PEI social mobilization needs to take. However, the PEI INCs have functioned as a parallel workforce to date, perpetuating a disconnect between the Polio program and sustained approaches to improving overall immunisation coverage. Additionally, the role of women in PEI social mobilization is significant for accessing missed children and negotiating vaccination refusals, as women are more likely to be accepted to enter households than men. While the existing CHW structure in the community health system was designed to address Afghanistan's social cultural issues on the ability to work in male and female pairs, the ICNs are mostly facing challenges to engage females as personnel, especially in the rural areas where females are not allowed to work together with men. On the contrary, almost 50% of the CHW workforce are females, accepted in the role by the local community intrinsically through the selection process. Considering all this, and consistent with the findings of the KAP which revealed caregivers' high levels of trust in CHWs for Polio information, PEI will advance efforts to engage CHWs in social mobilization as Social Mobilizers or Supervisors. Engaging CHWs would address a less effective parallel structure, create synergies with MoPH community based health approach, increase number of needed female volunteers, and strengthen PEI/EPI convergence and PEI legacy.

A consultancy is scheduled for August and September 2015 to document the current situation and assess options for the strategic engagement of CHWs in PEI social mobilization. Findings and recommendations from the consultancy will be shared with partners and recommendations will be taken forward by partners as part of the implementation of this CAP.

#### Profiles of FLWs for PEI Communication

The CAP will support the profiling of FLWs, both vaccinators and social mobilizers. Community trust in FLWs is key as it has an immediate impact on the levels of acceptance of

information communicated about polio and polio vaccines. As suggested in the KAP study, caregivers would like to see women as part of the vaccinator teams. On the other hand, 88% of caregivers surveyed in the KAP reported that the vaccinator teams were all men. As part of implementation of this CAP, adherence to selection criteria for social mobilizers will be enhanced in areas without CHWs who would work as Social Mobilizers. Supervision of FLW selection processes will be provided to ensure social mobilizers and supervisors will be identified from and will work in communities where they come from and are accepted. In addition, IEC materials and PEI communication materials will position Social Mobilizers and Vaccinators as a trusted cadre of professionals serving the community, critical for eradicating Polio in Afghanistan.

### Training

Revision of training methodology, guidelines and curricula will be undertaken to improve the quality of training for all FLWs, including social mobilizers. Interpersonal Communication (IPC) skills are crucial for all cadres of Polio teams including vaccinators and social mobilizers. While training for Interpersonal Communication Skills has been offered to some vaccinators and is offered to Social Mobilizers prior to every campaign, initial internal assessments do not adequately address the actual learning and improvement in IPC skills. There are also reports of poor quality of delivery and poor environments for providing FLW training, which in the end impact on their skills to deliver effective communication. As part of the implementation of this CAP, planned studies and training needs assessments will be taken into account to identify current gaps in training effectiveness and impact and other needs and to develop new training tools accordingly. A training review will be conducted in August/September 2015 and an action plan will be developed to implement recommendations.

### Local Influencers

Until now, when PEI in Afghanistan has sought endorsements from credible civil society leaders, it has reached out to religious leaders. Recent KAP study data, however, indicates that while the backing of religious leaders is important, they are not necessarily the leading source of trusted information on child health. Therefore, both mass media and social mobilization continue to welcome religious leaders in PEI messaging while at the same time expanding the engagement with other local influencers.

Meanwhile, the existing partnership with religious leaders is being revisited to activate their role in preventing false rumours and misperceptions.

Other sources of vaccine information are being increasingly tapped for public service announcements, including cricket players, actors, comedians, doctors, poets, and singers. Under the auspices of the EOC and with the technical guidance of UNICEF, PEI communications will be mustering and disseminating sets of talking-points to identified

influencers to enhance knowledge about polio and to creatively boost a positive social demand for achieving eradication.

#### **4. INFORMATION, EDUCATION, AND COMMUNICATION MATERIAL**

PEI has been producing and disseminating IEC materials mostly in the form of leaflets, posters and banners. The banners and leaflets have been used in strategic settings to inform the public, while most of the leaflets are distributed before and during campaigns by social mobilizers when conducting house to house visits.

While IEC materials especially leaflets have been somewhat effective (over 80% of KAP respondents cite the leaflets as their sources of information about polio), the same leaflet has been in circulation for three years. Based on KAP study analysis, there is need to move PEI communication in Afghanistan from maintaining high levels of awareness about polio vaccination campaigns to increasing public knowledge about polio as a disease as well as the efficacy of the polio vaccine. The PEI IEC materials need to emphasize that polio is incurable; that OPV requires all children to be vaccinated every time the vaccine is offered; and also to address the misconceptions which exist in some parts of the country. This calls for the production of new and fresh IEC materials that incorporate such public health information content.

Additionally, there has been on-going feedback about the existing posters and leaflets. Key common findings from the feedback will be considered in the development of new IEC materials. Two immediate areas for introducing change relate to the use of visualization instead of heavily relying on text to ensure that illiterate populations exposed to the materials are able to understand the key concepts and, secondly, moving beyond traditional mediums (posters and leaflets) to include other innovative products including promotional materials which can also be used by FLWs.

Further, the IEC materials which were produced previously have been one-size-fits all and were inattentive to regional variances in knowledge and misperceptions about polio. Using findings from the KAP Study, regionally specific materials will be produced addressing gaps identified through the KAP. The posters and leaflets produced as part of this CAP will be targeted at specific regions or clustered population groups which display similar gaps in knowledge related to Polio and immunisation.

All the new materials will be pretested with social mobilizers and target focus group discussions within the respective target areas before finalization and production.

#### **5. CONVERGENCE**

Polio eradication communication complements other broader immunisation and child related communication interventions. Implementing an isolated PEI communication plan potentially misses opportunity for maximizing improvement in interrelated public health issues and limits the effectiveness of available resources. As part of a comprehensive approach, a 'Polio Plus' communication approach will continue to be developed to link in with other relevant development sectors.

In line with the Polio End Game strategy 2013-2018, the PEI in Afghanistan has initiated the use of polio programme assets to support Routine Immunization in the country. This CAP will align itself to this process by ensuring PEI communication activities are integrated with EPI. Capacity building for integration of the CHWs into PEI social mobilization will include IPC Skills which will capacitate the CHWs in their broad immunisation role beyond Polio social mobilization. Effective negotiation and communication will also be used to promote access to all immunisations for persistent refusals, or refusals stemming from bad experiences with one type of vaccination.

Apart from EPI, Polio communication has direct linkages with other sectors, more especially water, sanitation, hygiene, and nutrition. For example, many communities have poor understanding of the link between open defecation and the polio virus. Accordingly, posters and leaflets for distribution at household level will be introduced to better explain the connections, and promotes the relevant behaviours. Engaging with CHWs and other health workers in the development and field testing of convergence communication materials will provide the entry for taking dissemination and public health education initiatives to scale.

Mass media will also facilitate convergence through Radio/TV public service announcements and BBC/VoA radio partnerships. Alongside Polio messages, messages and topics related to the linked sectors, more especially routine immunisation, handwashing with soap, exclusive breastfeeding, complimentary feeding, and the prevention/treatment of diarrhoea will be featured.

## **6. CROSS-BORDER COMMUNICATION AND MOBILE POPULATIONS**

### Afghanistan – Pakistan

The nature of the polio crisis in Afghanistan means that attention must also be paid to Pakistan. The countries form one epidemiological block, and so official and unofficial cross-border movements are significant.

Large mobile populations live on either side of a porous border, moving freely back and forth between the countries. Each day, tens of thousands of people cross from Afghanistan into Pakistan and vice-versa -- the majority from Jalalabad to Peshawar via the Torkham Gate crossing, and from Kandahar to Quetta via Killa Abdullah. There are also multiple smaller or informal crossing points. It is recognized that affiliations can be developed along strong ethnic, linguistic, and cultural domains. Three principal dialects exist across these borders: the Southern Region/Quetta block, the South-Eastern Region/North and South Waziristan area, and the Eastern Region/Peshawar Valley. These populations are largely non-literate but share media habits, particularly listenership of common radio stations.

To date, Afghanistan and Pakistan's PEI communication strategies and materials have been developed independently, with different messages, languages, and appearances. But the recent polio Cross-Border Coordination (CBC) meeting between Afghanistan and Pakistan in early June 2015 in Islamabad concluded that more effective coordination of PEI activities is a priority.

In 2015-16, the Afghanistan and Pakistan polio programmes seek to produce a cross-border communications package that provides complementarity on messaging, appearance, and language. This effort is engaging targeted IEC material development for use at the border-crossing sites and radio programming via BBC Pashto and Voice of America (Radio Dewa/Mashal).

Video conference/tele-conference calls are being convened between Polio Focal points of Pakistan and Afghanistan with participation of polio partners on both sides. As anticipated in the NEAP, there will be at least two face-to-face Cross-Border Coordination (CBC) meetings each year and these provide forums for further development of PEI cross border communication initiatives. As well, CBC tele-conferencing calls are to take place between members of polio teams of the Southern Region of Afghanistan and Baluchistan of Pakistan weekly as needed. Substantive exchanges also can proceed through weekly contacts among teams of the Eastern and South-eastern Regions of Afghanistan with those in Khyber Pukhtoon-Khwa (KP) Province and the Federally Administered Tribal Areas (FATA), Pakistan.

In addition to collaborating on implementing the CBC meeting's recommendations and updating each other on progress towards giving life to the recommendations, both sides are to share epidemiological and other PEI-related data on a monthly basis.

Common branding/messaging (billboards, banners, posters, leaflets) on both sides of the border can notify parents that all children under the age of five will need to be vaccinated every time they cross the national border. To drive home that message, the form will be largely pictorial, with Pashtu script and appearance. Social mobilizers are deployed with vaccination teams to ensure all children are stopped and vaccinated. All travellers and schools are provided quick messaging the requirement to receive vaccinations at all cross-border points.

The Afghanistan and Pakistan polio programmes are introducing focused efforts to undertaking diverse approaches to support cross-border vaccination:

- Long-term partnerships have been established with BBC Pashtu and Voice of America, for weekly programming to be broadcast across the key cross-border areas. Pakistan media have been enlisted through TV channels that include Lemar, Shamshad, and Hewad, all widely viewed in Spin Boldak, Torkham, and across the border in Chaman. Messages include the necessity for vaccination for those on the move between Pakistan-Afghanistan.
- Joint mapping and utilization of media channels are conducted. Presently 16 or more radio channels beam radio waves across the border. As part of a comprehensive approach, these channels are being supported to have common messaging, identification, and use of local dialect.

- Mapping of villages along the border is being updated, with social mobilizers required to visit all homes located on the border line.
- Capitalizing on their popularity, sporting matches/activities are scheduled at the district level to generate awareness of the expectation of vaccination before crossing an international border.
- Through mega-phones, social mobilizers make announcements in bordering villages.
- Mobile phone voice messages are being introduced to remind residents in border areas to have vaccinations when on the move and before crossing borders.
- Monthly calls between the Peshawar-Jalalabad, Quetta-Kandahar, and Islamabad-Kabul teams share development of branding, slogans, messages, methodologies relevant to Pashtu target audiences, PEI communication products, and data related to population movement and vaccination coverage on both sides.
- Common training is being introduced for cross-border Social Mobilisers.

### Other Moving Populations

Nomads remain one of the most marginalized population groups in Afghanistan. They have limited access to health facilities or educational opportunities. Since their literacy levels are significantly below the already-low national norm, they have been unable to benefit from many of the previous IEC materials targeting the general population.

Further, few nomads have access to electricity and so public service announcements on TV are of limited value to them. Accordingly there is a need for special IEC materials and unique health education sessions for this specific group. IEC materials designed for this population rely heavily on images and visual messaging. Meanwhile, special health educational sessions are to be designed for nomads; forums are to be developed to focus on polio and Polio Plus messages including the importance of hygiene, breastfeeding, and nutrition.

## **7. INTERNATIONAL EXTERNAL COMMUNICATION**

Maintaining the confidence of international stakeholders in Afghanistan's polio eradication remains an important goal. To move ahead, the programme is engaging international media as a vehicle for managing and contextualizing risk and for maintaining the overall reputation of the programme. Selected targets for such outreach are decision-makers in government, donors, and oversight bodies. Secondary audiences are influencers in Afghanistan, the polio community, and communities in Afghanistan.

PEI external communications is situating the programme as a source of technical and trustworthy information. This external relations work is developed to be transparent in acknowledging the challenges of the programme in the Afghanistan context and in highlighting the solutions that are available. The results of these solutions are being increasingly showcased through bought and contracted media, occasions that earn media coverage, and direct contacts with donors and stakeholders. All tactics are designed to reinforce PEI operational and C4D strategies.

The following is on our agenda for those outside of Afghanistan:

#### Producing an e-Bulletin regularly

This quarterly e-Bulletin is a PEI partnership initiative directed at stakeholders but also available publicly and to the media. It serves as a public and transparent record of the programme's progress and challenges. It is designed to feature the programme's regularly produced data, *e.g.*, case numbers, numbers of districts affected, trends in campaign quality or immunity, trends in numbers of missed children. The language and content of this e-Bulletin is intended for donors and media to directly 'lift' information. Articles highlight the results of interventions (*e.g.*, a rise in positive interactions at doorsteps) rather than the specific interventions themselves (*e.g.*, problem-solving training for vaccinators). For each issue, the editors look at upcoming problems and opportunities, foreshadowing them through articles and graphics. Only suitably cleared data are to be presented, after concurrence by WHO and UNICEF team leaders. If data require explanation, the resulting blurb or caption is to be cleared by the WHO team leader. Stories secured from the Global Polio Eradication Initiative website are to be cleared by WHO HQ.

#### Producing a series of Polio Alerts for Breaking News

Printed alerts are to be distributed to a list of subscribers including donors, stakeholders, and those members of the media who have expressed interest. These alerts are intended to contextualize factual information from sources such as the *Global Weekly Update* from WHO HQ. The way forward involves:

- Determining which particular developments qualify for the Polio Alert, *e.g.*, new cases, resumptions of campaigns in area where drives had been suspended, summaries of TAG reports;
- Agree upon content outlines: *e.g.*, details of a case (sex, age, vaccination history, location, travel history), anything we can say about responses (such as an investigation is taking place, or a mop-up is to take place using xx type of vaccine targeting xx many children), details on the district (past campaigns, RI coverage), relevant context (*e.g.*, most recent campaigns and their quality, whether campaigns were halted – without editorializing about the reasons – or whether now they are resumed);
- Set out protocols for timelines, reactions to adverse events and other emergencies, and common agreed-upon language; and
- Seek clearances from WHO and UNICEF team leaders.

#### Maintaining Regular Media Relationships

For key foreign correspondents, PEI communication opportunities include:

- Offering access, exclusives, story opportunities;
- Supporting the establishment/training of spokespersons for government, WHO, and UNICEF;
- Provide regular check-in with global communications groups, which can support interaction with foreign correspondents and international journalists travelling to Afghanistan; and



- Identifying upcoming opportunities to create media moments, *e.g.*, introduction of IPV into routines.

#### Complementing media outreach with social media tactics

This action plan intends to use the content generated in the bought and contracted media (VOA, BBC) and in public service announcements in the following ways:

- Seed the use of this content through identified influencers to reach their differentiated audiences.
- Share content as appropriate with partner agencies to disseminate through their social media channels (*e.g.*, IPV introduction content with UNICEF, Rotary, and WHO; furnish content on vaccinating displaced people or refugees with UNHCR).

### **8. DATA COLLECTION AND GENERATION OF EVIDENCE**

The switch from the ordinary to the extraordinary in PEI communication work relies on evidence-based communication. Effective implementation of the above seven components of CAP relies on continuously updated evidence and regular assessment of the effectiveness of the ongoing tools. Therefore, the objective of data collection and generation of evidence is three-fold as per the following:

- (i) To study the attitudes and behavioural issues which are barriers to the vaccination campaigns in order to better understand the target populations and to tailor specific communication and social mobilisation tools;
- (ii) To assess the effectiveness of specific communications tools in enhancing population's knowledge of polio threats and cultivating social-cultural norms of vaccine acceptance in order to continuously improve the communication tools to address;
- (iii) To assess the effectiveness of specific social mobilisation models and partnerships in order to continuously improve the ICN network's operational models and functions to better reach the high risk populations.

A series of KAP studies will be conducted to enhance understanding of the targeted populations' knowledge, attitudes and practices toward polio vaccination. A rigorous KAP study designed by Harvard Opinion Research Program continues to provide insights with the second wave of the polling during December 2015 – January 2016. The Harvard KAP study generates evidence on the LDP population's trusted sources of information on polio vaccination, influencers on vaccination decision, trusted and preferred profiles of polio front line workers. In addition, a number of other rapid, small-scale KAP and qualitative research initiatives will provide evidence base for development of specific communication tools addressing a selected target groups. Collaboration with BBC Media Action will produce a qualitative research evidence on households' health-seeking practices and barriers to vaccine acceptance in high-risk areas in two Southern provinces; and the findings will be used to identify suitable formats and contents for the BBC Afghan Service's radio shows and provincial radio debates cultivating a socio-cultural norm of vaccine acceptance.

Collaboration with PACT Communications, an Afghan soap opera producer, will generate evidence on local audience's knowledge of polio threats and their attitudes toward vaccination in order to develop suitable storylines and radio drama to address the identified barriers to behaviour change.

Beyond the structured KAP studies, understanding of the knowledge, attitudes and practices of the high-risk populations in LPDs would be addressed through data collection by ICN network, specifically by the full-time ICN personnel (DCOs, PCOs). The ICN network will put in place and facilitate a mechanism to regularly consult with and collect feedback from communities (e.g. through community elders, community health workers, traditional and religious leaders, teachers, etc.) in order to identify high-risk populations and underlying factors of misperception and negative attitudes towards polio vaccination. Social mobilisers will be empowered to track and keep records of households which have repeatedly missed children or repeatedly refused vaccination.

A number of data collection tools are planned to evaluate specific or newly introduced communications tools. A media monitoring agency is contracted to collect data to enable monitoring the extent of unpaid domestic media coverage on polio which were expected to increase following CAP's interventions to enhance local media and journalists' capacity. The effectiveness of polio mass-messaging through mobile phone networks shall be assessed through a telephonic/IVR survey of a sample of mobile subscribers who have received the message. WHO's PCA data will also be consulted to analyse the effectiveness of different communications tools in informing families and caregivers on polio vaccination campaigns.

The existing data collection on the operations of the ICN will continue to enable monitoring of ICN functioning. The ICN operational data and WHO's PCA data will be used to assess if introducing additional ICN activities or new social mobilisation models in areas with high rates of missed children have borne results. UNICEF's ICN data, WHO's PCA data and NPEI's administrative data will be used for regular reporting on key PEI dashboard indicators. Where possible, technologies for data collection will be used to enhance the data flows from the field level to higher levels.

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