



## Lessons Learnt from the Polio Program Communication Activities in Eastern Afghanistan

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## Acronyms

<b>cVDPV2</b>	Circulating Vaccine-Derived Poliovirus type 2	<b>IPV</b>	Inactivated Polio Vaccine
<b>ACO</b>	Afghanistan Country Office	<b>ISIS</b>	Islamic State of Iraq and Syria
<b>AFP</b>	Acute Flaccid Paralysis	<b>M&amp;E</b>	Monitoring and Evaluation
<b>AGE</b>	Anti-Government Element	<b>MNCH</b>	Maternal New-Born and Child Health
<b>ANC</b>	Antenatal Care	<b>OPV</b>	Oral Polio Vaccine
<b>CIP</b>	Community Influential Person	<b>PCO</b>	Provincial Polio Communication Officer
<b>C4D</b>	Communication for Development	<b>PEI</b>	Polio Eradication Initiative
<b>CCS</b>	Cluster Communication Supervisor	<b>PNC</b>	Postnatal care
<b>DCO</b>	District Communication Officer	<b>PTT</b>	Permanent Transit Team
<b>DPO</b>	District Polio Officer	<b>RI</b>	Routine Immunization
<b>EOC</b>	Emergency Operation Center	<b>SIA</b>	Supplementary Immunization Activity
<b>EPI</b>	Expanded Programme on Immunization	<b>SM</b>	Social Mobiliser
<b>FMV</b>	Female Mobilizer Vaccinator	<b>SRT</b>	Swift Response Team
<b>HF</b>	Health Facility	<b>TT</b>	Tetanus Toxoid
<b>HRMP</b>	High Risk Mobile Population	<b>TTP</b>	Teherik Taliban Pakistan
<b>ICN</b>	Immunization Communication Network	<b>UNICEF</b>	United Nations Children's Fund
<b>IEC</b>	Information, Education, Communication	<b>WPV</b>	Wild Poliovirus

## Contributors

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# Introduction

This paper discusses the polio program's community engagement activities in Afghanistan's Eastern Region, bordering Pakistan. The paper provides reflections on best practices and lessons learnt in using communication to increase polio vaccine acceptance and community support. The main chapters of the paper focus on; how to mobilise communities for vaccination, how to address refusals and how to address access.

This paper uses an observational methodology to discuss some of the strategies and the lessons learnt, through documenting experts' experiences, combined with data evidence from monitoring and campaign reports.

## Context

Afghanistan's Eastern Region comprises of Nangarhar, Kunar, Laghman and Nuristan Provinces. Jalalabad, the capital of the Nangarhar Province, lies on the border with Pakistan. Known as the Torkhum border, hundreds of people travel back and forth between the two countries daily. This population movement, together with a large polio outbreak at the border, poses a high risk of the virus circulating in the Eastern Region. Vaccine refusal is minimal, at 1%, while access to Taliban- and ISIS-influenced areas are dealt with through direct face-to-face negotiations, and this fluctuates from one campaign to another.

In 2019, two polio cases were reported in the region. In 2020, a cVDPV2 outbreak was recorded, mainly in Jalalabad. The total number of cases as of June 2020 were: 2 cases of WPV1 and 17 cVDPV2 cases.

The Immunization Communication Network (ICN) is the community engagement arm which addresses polio vaccine acceptance amongst caregivers. The primary role of ICN is to create and increase demand for polio and immunisation services, update children's information during campaigns, track absent and missed children, and facilitate mother and child health referral services through the health facilities.

ICN in the Eastern Region includes 1,710 social mobilisers (SM) that are based in the community as well as at the health facilities (as of June 2020). Workers are deployed based on communication risk and population movement criteria.

Through this structure, ICN plays a vital role in promoting routine immunisation by providing supportive supervision at health facilities, mobile and outreach sessions in the community and by sharing reports with the Expanded Programme on Immunization (EPI).

# Communication Approaches

The narrative below discusses ICN interventions in mobilising communities, addressing refusals and access through communication solutions.

## A. Mobilising Communities

To mobilise communities to accept vaccination, UNICEF is employing three main strategies: mother and child health referral services, health facility education and using social events as a point of entry for public awareness and vaccinations.

### Mother and child health referral services

To increase demand for vaccinations, overall community health must be addressed as a whole. Polio drops alone may not be entirely accepted or be a priority for communities as they are dealing with numerous issues such as security, poverty and other health problems.

In 2017, UNICEF designed the 'Convergence Referral Strategy' within the polio program, which aims to build trust among caregivers and the community. ICN implements this strategy.

ICN workers are familiar with their communities; they check the needs of mothers and children and provide referral vouchers that are utilised by families at the health facilities. This means that ICN's activities are not only focused on house-to-house mobilisation during polio campaigns but also at the health facility itself.

The referral services cover Oral Polio Vaccine (OPV), Inactivated Polio Vaccine (IPV), Routine Immunization (RI), Water, Sanitation and Hygiene (WASH), Nutrition, and Maternal Health. The average rate of voucher utilisation is 77%.

**SM Referral Card** د ټولني هڅوونکي لېږد پاڼه 13204

Eastern Region Immunization Communication Network (ICN) Convergence Referral Card  
 د مدغمو خدماتو لپاره د شرقي حوزې د معافيت د عامه پوهاوي د شبکې د صحي خدماتو د رجعت ورکولو پاڼه

SM Name : \_\_\_\_\_ Village Name د کلی نوم : \_\_\_\_\_  
 Cluster لمربر : \_\_\_\_\_ District ولسوالی : \_\_\_\_\_  
 Province ولایت : \_\_\_\_\_ SM Signature د ټولني هڅوونکي لاسليک : \_\_\_\_\_  
 Name of the mother/child د ماشوم يا مور نوم : \_\_\_\_\_ Age: \_\_\_\_\_ H. No: \_\_\_\_\_

Referral card given for (Please tick in the box for each picture)  
 کله چې مور يا ماشوم د لاندې ذکر شوي خدماتو لپاره استوي په پاڼه کې تصوير خوانه نښه وکړي

1	Acute Flaccid Paralysis ناڅاپي يا حاد نرم فلج		6	Birth registration د ماشوم زيږدنی کارت	
2	Measles شړی يا سرڅکاک		7	ANC د اېډوازي، دوري روغتيايي خدمات	
3	Malnutrition: خوارځواکی		8	Pneumonia: ټېريا سينه بغل	
4	Diarrhoea س ناسنی		9	Others (specify) او نور مشخص يې کړي	
5	Routine Immunization: ورځني واکسين يا روکين واکسين				

Name of health facility to which referral happen \_\_\_\_\_ Code of HF \_\_\_\_\_ Date \_\_\_\_\_  
 د هغه کلينک نوم چې خدماتو لپاره استول کېږي \_\_\_\_\_ د کلينک کوډنمبر \_\_\_\_\_ نېټه \_\_\_\_\_

Referral voucher in the Eastern Region facilitates MNCH, and routine immunisation services for at-risk communities.

By applying this strategy, ICN supported efforts to reduce the number of absent and missed children during the campaigns by building a sense of trust within these communities.

Other benefits include an uptake in routine immunisation, reduction of dropouts by tracking defaulters in the communities, as well as early detection of malnourished children. Women also benefit from timely antenatal care (ANC) and female vaccination.

In 2019, 284,813 mothers and children were referred to health facilities by ICN, and 220,005 (77%) have utilised the services (see table below). Routine immunisation is the most frequent service utilised through the referral program.

### Referral Services Use in Eastern Region in 2019

Services	Users
Routine immunisation received	134,987
ANC/TT	32,564
Birth Registration services	21,262
Diarrhea treatment	8,562
Pneumonia treatment	7,355
Other services	5,891
Nutrition services	5,477
Measles treatment	3,092
Malnutrition treatment	699
Positive AFP cases	116
<b>Grand Total</b>	<b>220,005</b>

### The implementation process:

- All social mobilisers (SM) receive a comprehensive orientation on how to check a family's needs and how the referral system works.
- As part of the ICN workers' routine program, they visit households as part of social mobilisation activities. In case they find any children due for routine immunisation, and they don't have a vaccination card or birth registration card, or if the child is malnourished or has symptoms of pneumonia, malaria or measles, the SM refers them to a health facility. The same applies to pregnant and lactating mothers.
- Each SM is responsible for identifying RI and TT defaulters in their respective working area, and for referring them to a health facility for vaccination.
- The referral sheets need to be physically cross-checked and compiled at Health Facility level and with the SM referral book by the Cluster Communication Supervisor (CCS). At the health facility, the female mobiliser vaccinator (FMV- part of ICN) is responsible for compiling the referral information.
- The District Communication Officer (DCO) compiles and checks the data before submitting it to the Provincial Polio Communication Officer (PCO) by the end of each month.
- The PCO compiles and verifies the data received by DCOs before submitting it to the focal point at the zonal office.
- The monitoring and evaluation (M&E) extenders randomly check all the data at all levels. If required, they will visit the field and then compile the regional referral data and provide analysis with trends and share this data with the Zonal Polio Manager, Kabul and the Emergency Operations Center (EOC).

### Key lessons learnt:

- Community health needs beyond the polio vaccine need to be addressed as part of the effort to build trust. Stand-alone polio activities may not be well-received in deprived communities that have other priorities beyond vaccination.
- Monthly coordination meetings between individual health facility staff and ICN is found to be useful to discuss referral and service delivery gaps.

## Health facility level education and vaccination strategy

As discussed above, another aspect of mobilising communities for vaccination is utilising the health facilities for health education and providing polio drops. The health facility education strategy aims to engage those who are unreachable at home and potentially including vaccine refusal families and returnees, and mobile populations such as nomads and those residing outside ICN districts.

This is an integrated communication and vaccination strategy aimed at improving the knowledge of caregivers on the importance of polio and routine vaccination, ANC, nutrition, exclusive breastfeeding, handwashing, COVID-19 and other key household practices at the health facility level.

In late 2019, the Eastern Region launched the initiative by deploying two community based social mobilisers that rotate at the health facilities in their catchment area daily. One mobiliser is responsible for health education sessions and the other for OPV vaccination. In early 2020, UNICEF, together with the Emergency Operation Center (EOC) launched the Female Mobiliser Vaccinator (FMV) initiative at the health facilities, building on the experience in the Eastern Region.



Social mobiliser Maryam and her colleague during house to house visit in East  
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Qudratullah Shakib

## Social event mobilisation and vaccination

The polio program launched a new initiative in 2019 to address missed and absent children between campaigns. The idea is to vaccinate and educate the public at wedding ceremonies and social gatherings, where children are generally present. The initiative was developed based on the understanding that children from inaccessible areas and the Pakistani side may attend social events across the border. ICN workers come to know when these ceremonies are happening in their communities.

The EOC then provides a formal letter to the wedding organisers. Social mobilisers deliver a polio awareness session as guests start to arrive and, at the same time, vaccinate their children. The initiative is implemented weekly during the weddings season. In 2019, 18,586 children, or 59% of all missed children, were immunised in the catch-up phase of the campaigns due to these strategies.



Wedding Party vaccination  
©UNICEF/AFG20/Abdul Qahar

## B. Addressing Access

One of the main communication objectives is to advocate for access so more children can be reached and protected against polio. According to 2019 data, some 85,000 children in eastern areas controlled by the Taliban and ISIS could not be reached. Between April and September 2019, the Taliban imposed a full ban on polio campaigns and once campaigns were allowed, they were limited to health facilities, which resulted in poor coverage - 6% in the Taliban-influenced areas.

However, inaccessible areas in the East remained minimal compared to southern areas, where nearly 500,000 children could not be accessed in 2019 and negotiations were needed at higher levels within the Taliban leadership.

### Interface Communication Strategy for access

The Interface Communication Strategy relies on engaging local influencers to access children in specific areas. The polio program in the Eastern Region has conducted these dialogues with community influencers and local Taliban focal points at the local level. The role of the community influencers is to convince their Taliban contacts to accept vaccination. Through negotiations and relationship building, ICN was able to vaccinate several children in each of these provinces: Nangarhar, Kunar and Laghman.

The strategy is to facilitate improved access ahead of immunisation campaigns and to neutralise opposition over house-to-house campaigns.

The negotiating team conducts the interface negotiations and dialogue each month, to ensure vaccinations can be carried out by the nearby Permanent Transit Team (PTT). However, sometimes more than one meeting is needed, depending on the understanding of the issue by the Taliban leadership.

### Approach:

District Communication Officers (DCOs) from the Immunization Communication Network conduct the interface dialogue with a group of Community Influential Person (CIPs) and members of the local Taliban leadership. Multiple communication techniques are applied in this process. This includes the use of the humanitarian principles for negotiation, emphasis on the house-to-house campaigns in order not to miss children, and reference to Islamic Fatwa (religious circulars).





Access negotiation meeting  
in Kunar Province led by  
community influencers.  
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### Process:

- Map inaccessible villages from earlier campaigns by categorising them under ISIS- and Taliban-influenced areas.
- Prepare an action plan for negotiation on a monthly and bi-annual basis.
- Orient the ICN managers on planned discussions, dialogue and negotiations techniques ahead of the meetings.
- Map out influential Taliban leadership and influential CIPs for negotiation at the district level.
- Identify the relevant CIPs for mediation purposes and equip them with religious Fatwas (Islamic circulars) and videos of Muslim influencers, to use in the meeting.
- Once negotiations are successful, campaign modality is agreed on.
- The interface negotiation team provides reports of the meeting results.

### Key lessons learnt:

- Building relationships with influencers and equipping them with supportive tools, pre-dialogue preparations such as orientations, and listing of inaccessible children are essential for the interface dialogue.
- Though communication through influencers contributes to access negotiations, it is not necessarily successful or the main tool in extremist areas such as ISIS in the Eastern Region. In such areas, it takes a higher level of political negotiation that goes well beyond local relationships building.

## C. Addressing Vaccine Refusals

### Swift Response Team (SRT)

According to campaign data, vaccine refusal in the Eastern Region is minimal, at 1%. However, 5 out of 15 districts had more refusals than others. The polio program has a dedicated task force to address such refusals. Known as the 'Swift Response Team' (SRT), it includes trained influencers from the community, including elders, Mullahs, and doctors. The team has been trained in interpersonal communication skills. Before a team member meets the family, ICN workers find out why they are refusing vaccination. The team then meets to discuss their approach.

Based on the reason for refusal, be it medical or religious, etc., the most relevant influencer visits the family - equipped with awareness materials for the discussion. An interesting part of the initiative is that the SRT shares a list of vaccinated children, which can help convince families to have their children vaccinated too.

#### Key lessons learnt:

- Mapping of families who refuse vaccination, understanding the reasons why they refuse, and pre-visit preparations are vital to changing those who are against vaccination.
- Some refusal families are not vaccinating children based on other needs, such as health, nutrition and WASH. The program uses referral services when visiting these families, and this helps reduce refusals to some extent. However, further research on the impact of the referral services and promotional item distribution is required to generate evidence.
- Other hardcore refusal groups such as Teherik Taliban Pakistan (TTP) require high-level political efforts that go beyond SRT interventions.

Following is a photo story from the Eastern Region, documenting the routine immunization service delivery in the context of COVID-19. The story can also be accessed online [here](#)



Social mobiliser in Surkhud checking ICN referral book and child immunization data.  
©UNICEF/AFG20/  
Qudratullah Shakib

## Story: Scaling up routine immunization amid COVID-19

By Tamara Abu Sham  
16th May 2020

Jalalabad, Eastern Afghanistan House-to-house polio immunization campaigns have been halted since the COVID-19 outbreak reached Afghanistan in late February, but the work of thousands of polio program workers continues.

Amidst the pandemic, workers are supporting families to ensure that children under one year of age receive childhood immunizations at health facilities, protecting them against numerous life-threatening vaccine-preventable diseases. The polio program's support of routine immunization in Afghanistan has made important gains, especially in eastern Afghanistan, in the areas bordering Pakistan.

Polio social mobilisers from the UNICEF-run Immunization Communication Network (ICN) support mother and child health referral services, and help families keep track of their children's health records. As the mobilisers are from the community, they know each family in their neighborhood quite well, and can trace each child's planned immunization schedule from birth.

The mobilisers provide families with referral vouchers after they identify the mother and child's health needs and then coordinate immunization sessions at the nearest health facilities. Since the COVID-19 outbreak began, the polio social mobilisers have provided routine immunization referral services

to over 37,000 children in southern and eastern Afghanistan during the month of March.

One of the most important activities is the tracking of children who miss appointments. As ICN workers are the linchpins connecting families with the health facilities, they are perfectly positioned to cross-reference who has received vaccines and who has not, by comparing their ICN referral books with the health facility records of immunized children. During the outbreak, families attending the routine immunization sessions facilitated by ICN also received bars of soap to encourage proper hand-washing practices and limit the spread of COVID-19.

“The mobiliser visited my house and provided information about the coronavirus and hygiene. She checked my children and provided us with a referral card for immunizations which is really helpful,” says Faristan, a mother of four.

Another mother Zahida added, “It’s good they help us check the card at home because if we visit the clinic at the wrong time, it is a waste of our time and money (for transport) because the children don’t get immunized. Having the mobilisers follow-up on my child’s vaccine schedule, is a very useful and cost-free process.”

### **Polio teams work through the pandemic**

Vaccinator Abdul Ghafar Azizi, who is based in Surkhud District, Jalalabad, says the ICN support has been very helpful in ensuring no child is left behind.

“I used to announce the immunization sessions through the Mosque but not all the targeted children were brought to the health facility. Now through ICN support, the number of missed children has dropped because every child in the community is tracked, and there is coordination with the health facility.”

He goes on to say that the work of polio mobilisers is even more valued now during the COVID-19 response.

“This work is critical during the ongoing pandemic, as families are not sure if they can leave their homes to take their children to the health facility for immunization. The polio mobilisers are their guide in the community.”

Continued focus on routine immunization during COVID-19 is essential to ensure children are protected. “Nowadays I am focused on two issues, coronavirus prevention and routine immunization.” says Medina, a social mobiliser.

Her colleague Maryam adds, “I mark my register when the child is vaccinated and ensure it is reflected in the immunization card. For those who are hesitant to vaccinate their children or worried about vaccine side effects such as pain and fever.”

“I hold a special information session for them and facilitate their visit to the clinic. During COVID-19, I make sure they are also extra cautious about hygiene. All the information we provide is for the well-being of children during the outbreak.

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“I used to announce the immunization sessions through the Mosque but not all the targeted children were brought to the health facility. Now through ICN support, the number of missed children has dropped because every child in the community is tracked, and there is coordination with the health facility.”

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# Conclusion

The Eastern Region experience reflects on lessons learnt from successful community engagement. These include:

- Applying multiple strategies for vaccination to address community needs. This includes the referral services and distribution of promotional items requested by communities. However, it is crucial to also understand the reasons why certain children are consistently missed (based on data) to identify the relevant strategy.
- To address refusals successfully, the strategy includes mapping the reasons behind refusals, identifying influencers, and training and equipping influencers with communication materials before making a family visit.
- Addressing missed children, especially from inaccessible areas in the Eastern Region, requires an innovative approach, like vaccinating children during social events. This experience could be adopted in other regions.
- Health education at the health facilities offers an opportunity