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BEHAVIOUR CHANGE COMMUNICATION STRATEGY INNOVATIVE MESSAGES AND INDIGENOUS TOOLS

Until 1998, the thrust of the polio eradication programme was on encouraging parents to bring their children to fixed booths/sites for vaccination. The communication strategy focused on using mass media to promote awareness of dates when the vaccination booths would be functional. When house-to-house visits were introduced, the focus of the communication campaign was intended to inform families about polio transmission and prevention and the need to give their child the oral polio drops. For this, there was widespread distribution of information materials and outreach activities just before and during the campaign. As per CGPP's BCC Advisor, Rina Dey, "this prescriptive one-way messaging, which focused only on changing one behaviour without addressing other health needs, resulted in families questioning and doubting the intent of the vaccination efforts and soon transformed into resistance to the vaccine and vaccinators". Thus, mobilising the community was very essential for winning their trust in order to break the resistance to the polio vaccine that had become a barrier in achieving polio eradication.

In order to do so, the programme had to understand the communities' needs and concerns and develop messages and materials that were not only technically sound, but also respected their attitudes and beliefs.

Designing the Intervention

With increasing resistance to polio vaccination, CGPP and their partners met to share the experiences that their mobilisers faced in the community. These data from the field helped improve understanding of social and cultural beliefs and concerns of the communities and brought greater focus and efficiency to planning communication activities. In order to communicate to families that the only way to eradicate polio was to immunise all children under the age of 5 every time there is a polio round, CGPP started innovating and expanding its BCC strategy. With improved data collection and behaviour analysis, they carefully segmented their audiences, designed and developed messages and materials, and used a mix of methods to achieve their defined objectives that



An intensive Behaviour Change Communication (BCC) Strategy that requires disaggregated information on each household and child for behavioural analysis and diagnosis can be used for specialised programmes where case detection and follow up are of paramount importance.

sought to promote immunisation and bring about behaviour change related to polio and convergent health issues. Key elements of CGPP's BCC strategy were (Dyalchand, 2015):

1. Sharing information with individuals and families to enable an informed choice;
2. Motivating households and small groups;
3. Identifying and involving influencers and communication networks to generate social pressure and motivate resistant families to vaccinate their children; and
4. Involving community groups through participatory strategies (social mobilisation).

Over the years, the BCC strategy saw modifications and refinements to address the needs of the community. The following section will discuss some of these changes and how they were implemented.

Identifying the Audience

Based on research findings and behaviour change objectives, the audiences for the communication efforts were segmented into:

Primary audience – This segment included the

mothers, fathers, and other caretakers of children below 5 years of age.

Secondary audience – These included influential people in primary audiences' social networks who can influence their knowledge, attitudes, and practices to adopt and continue with healthy behaviours. These members included relatives, neighbours, and community members such as leaders, teachers, medical professionals, religious leaders, etc.

Prioritising Behaviours and the Evolving Communication Package

The CMCs, who were tasked to break the resistance in families and communities towards polio immunisation, initially used communication messages and tools developed by the GoI and WHO on polio. However, following initial interactions, the influencers and families reverted to being resistant during the next rounds of polio immunisation campaigns. This prompted CGPP to re-examine community practices and needs in order to develop focussed messages that would contribute to sustainable change. As families asked "why focus only on polio and not our other health needs?", it became evident that long-term change could not be brought about by only focusing on polio and polio vaccination messages. In addition to the polio messages, messages on RI, exclusive



STRENGTH OF THE WOMAN

Women have been at the core of the success of the CGPP in India. A woman-led movement, starting from the mothers of infants and little children to our eminently resourceful and inventive mobilisers, our success is a salute to their combined inventive energies.

breastfeeding, diarrhoea management, open defaecation, and hand washing were therefore also included in CGPP's 'communication package' or package of communication messages (Dey, 2017).

Some of the health messages incorporated into the CGPP communication package included:

- ♦ A component on risk perception - messages focussed on making families understand why their children were at risk of polio infection, and how important it was to get all the children in their community immunised against polio.
- ♦ Information on RI as one of the pillars of polio eradication.
- ♦ Information on the prevention and manage-

ment of diarrhoea — a need expressed by mothers.

- ♦ Messages on hand washing to ensure hygiene and cleanliness.
- ♦ Information on the importance of breastfeeding and colostrum to ensure improved immunity for newborns.
- ♦ Messages on links between the spread of polio and open defaecation and encouraging use of toilets for defaecation.
- ♦ Since 2014, when India was declared free from polio by WHO, the GoI's focus turned to sustaining the achievements, and along with CGPP and polio partners, they promoted the



MESSENGERS FOR THE PEOPLE

Sending children out to homes and families has been one inventive measure undertaken by the mobilisers. Once a polio vaccination camp is announced, kids go from door to door calling in people to give the little ones two drops of life.

message “*Do boond har baar, jeet rahe barkarar*” (Two drops every time, victory (against polio) should stay forever).

- ♦ When the injectable polio vaccine (IPV) was introduced in 2015, another message was added to the communication package to promote the acceptance of the injectable vaccine. The message was “*Polio sé double suraksha, do boond aur injection*” (Double the protection for polio with two drops and injection).

Implementation of BCC Activities

CGPP and its partners used a multipronged communications approach that encompassed (i) interpersonal communication (IPC) (client-provider interaction); (ii) group meetings and community gatherings engaging community influencers, religious leaders, children, and mothers; and (iii) use of key community sites such as mosques, schools, or festivals to disseminate their BCC package and generate demand for health services.

The CMCs through IPC visited households to allay family members' misconceptions and fears. They achieved this by disseminating facts and information about polio and how it spreads and can be prevented, and they encouraged them to immunise their children. They also assessed the perceptions and needs of mothers and adapted BCC activities accordingly.

Group meetings were conducted with 5-10 individuals belonging to different groups of stakeholders with a common agenda and objective. During these meetings, the CMCs would conduct a needs assessment, disseminate information, and together with group members discuss solutions and decide on actions to be taken (Dyalchand, 2015). There were different kinds of group meetings. There were “Mothers’ Meetings,” also known as *mata baithak*, which were organised with mothers of children below 5 years of age. Meetings with influencers like community leaders, religious leaders, ration dealers, and shopkeepers were also held, as they



Mothers' United

helped to reinforce positive perceptions, attitudes, and behaviours before every Pulse Polio round.

Group meetings were also organised through religious leaders. For example, during *Ijtema* — a meeting organised by Muslim women where religious topics are discussed based on the Islamic scholars' interpretation of the *Quran* and *Hadiths* — CMCs introduced health topics, resulting in both religious and social approval for polio and RI.

Rallies encouraged child participation: Calling brigades (*Bulaawa Tolies*) would conduct a walk-about rally in their neighbourhood with banners and music prior to each polio vaccination round and on the vaccination day. Rooster rallies were also organised, where children would loudly sing “cock-a-doodle-do” (*Kukuru-ku*), a slogan accompanied by pictorial placards that were developed for promoting messages to discourage open defaecation, which is linked to polio transmission. CGPP designed name plates, which were given to families whose members were all using the toilets in their homes, as a sign of support and encouragement for discouraging open defaecation.

Fun Classes (*Masti Ki Kaksha*) were held in schools with children using materials developed by CGPP such as colouring books and games to disseminate information about polio, immunisation, hand washing, and sanitation issues.

Mosque announcements were made by the local *Imaam* or *Maulvi* (local Islamic religious leader/cleric) about the date of the Pulse Polio immunisation round through loudspeakers that were traditionally used for prayers.

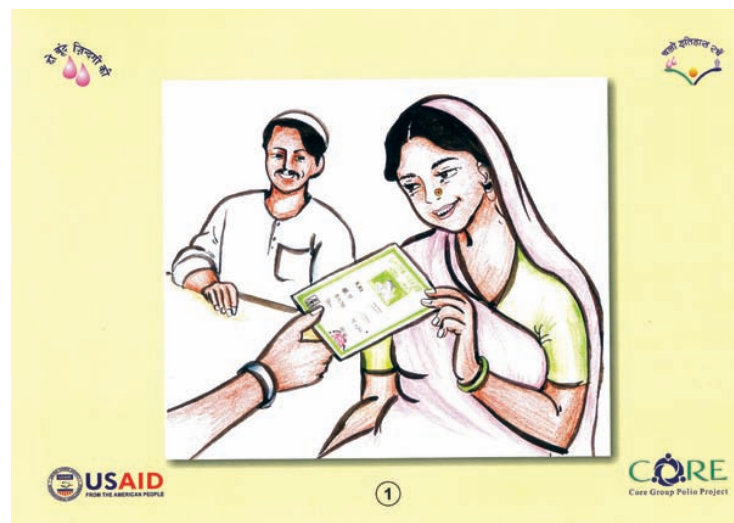
BCC Materials and Tools

With the need to address the growing resistance to polio-only information and the community's need for messages on other health problems, CGPP developed a set/kit of innovative IEC tools that were participatory and fun. A mix of print and electronic materials, games, and mid-media tools were developed and used in different activities/settings (such as IPC, group meetings, rallies) and with different audiences (such as mothers,

children, influencers, mobile populations, and the general community). These materials and tools were used by the CMCs and formed a part of the CMC Communication Kit.

1) Materials for community mobilisers

A booklet provided community mobilisers with detailed project messages in a convenient 8-frame, 1-page pamphlet that served as an easily accessible reference guide for mobilisers as they carried out activities in their communities. It contained key messages on polio immunisation, vaccine-preventable diseases and RI, diarrhoea management, hygiene and sanitation, and breastfeeding.



In addition, a film on mobilisation activities was provided to the CMC for her reference. This film was ‘for the CMCs by the CMCs’ to support skills development on the Polio Communication Kit. The film shows community mobilisers demonstrating interactive group meetings and individual household sessions using various IEC tools and materials. The CMCs were also provided with all the IEC materials that were developed for use with various audiences. Mobilisers were provided training and skills on the use of this booklet and the IEC materials during their training sessions (discussed later).

- 2) Materials for interpersonal and group meetings with mothers, fathers, families, and community members
 - i) **Flash cards and flip books** with illustrations on one side and messages on the other side on polio immunisation, RI, diarrhoea, hand washing, and breastfeeding.
 - ii) **Leaflet** - a 1 pager with pictorial representation and written messages on RI, breastfeeding, diarrhoea management, hand washing, and children's rights.
 - iii) **Behavioural charts** that were used by the CMC to seek information about the current practices of the individual member and the group on polio immunisation, RI, and hand washing.
 - iv) **Immunisation Card Holder and Congratulatory Card for Newborn Immunisation** - Recognising that most families had misplaced or damaged the government immunisation cards of their child/children, the CGPP team developed an innovative and attractive plastic pouch for keeping these records safe. At the same time, they developed congratulatory cards for mothers of every newborn in the community that included pictorial reminders of timely immunisation. It also included space for registering the child's basic information, a photograph, and date(s) of immunisation. Community mobilisers started to give the plastic card holders to mothers of newborns along with the congratulatory card, as the card holder has enough space to keep both the government immunisation card and the congratulatory card safe.
 - v) **Snakes and ladders board game** to promote learning while playing. This game was adapted from the 'Snakes and Ladders' board game played widely by children in India. The board illustrations included immunisation and other healthy practices, as well as unhealthy practices. Squares with positive health messages are linked with a ladder that gives the player a 'boost up' closer to the winning square, while the squares with unhealthy behaviours are linked with snakes that pull the player down to positions away from the winning square (Coates et al., 2013). During the course of the game, the players discuss the messages depicted in the illustrations to promote group learning and sharing.
- vi) **No-cost communication tools** - These indigenous tools and methods were used to promote group learning and included:
 - a) Soil, water, turmeric, chart paper, and drawing pens - These were used to depict how open defaecation and unsanitary conditions could result in spreading the polio virus. The facilitator asks the group to map their community on a chart paper. Then the group members are asked to place soil on the map to depict open drains and garbage dumps and to put turmeric on the drawing to mark places where people defaecate openly. The facilitator then pours/sprinkles water on the drawing to recreate monsoons and to show how the dirt and faeces mingle and result in unsanitary conditions that promote the spread of the polio virus.
 - b) Glasses, jugs, paper strips, and water - These were used with a group to create a story about the importance of RI, polio vaccination, and immunity. The two glasses depict the children who have to get their vaccinations. Water is filled partially in both the glasses to show that the children have got their first dose of vaccination. Then, water is poured into one glass till it fills up, and not in the other. A full glass of water depicts complete immunisation and enhanced immunity. Then, strips of paper (that signify virus) are put into both the glasses. When water is poured into the full glass, the paper strips flow out of the glass, whereas in the half-full glass they continue to float. This signifies that if the child has full immunity due to a complete schedule of vaccines, the virus cannot enter his/her body.

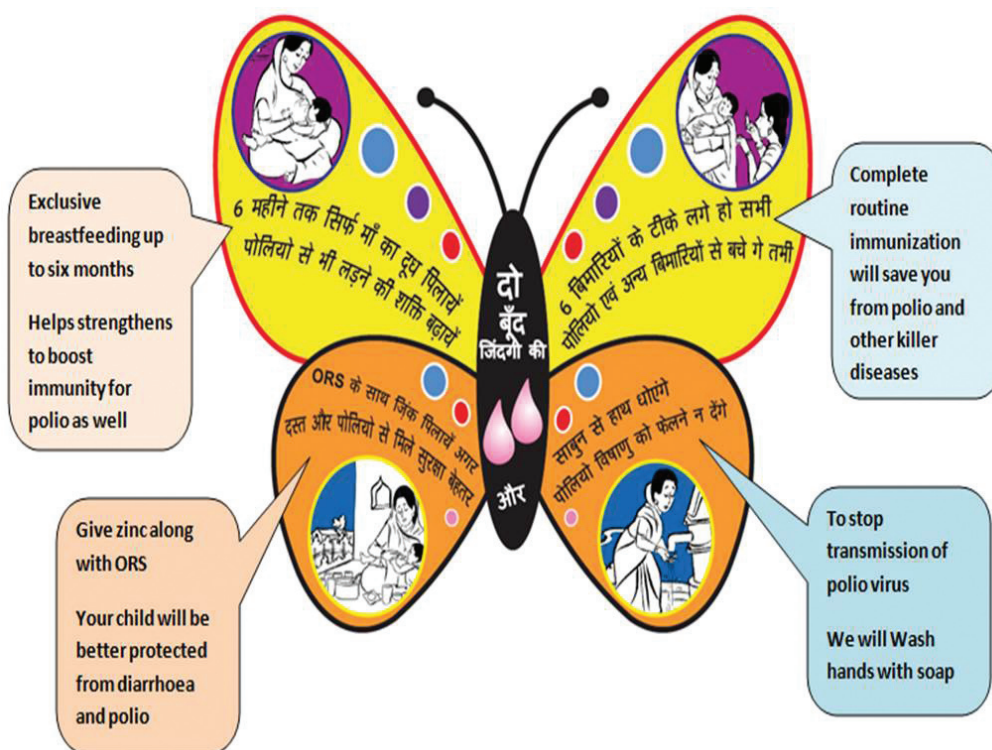
3) Materials for community influencers

CGPP developed specific materials to share during meetings with community opinion leaders who had the influence to change resistant mindsets within their communities. These included:

- i) 'Science of Polio' film - This 6-minute film was made in Hindi and also included animation to explain complex concepts about how polio is transmitted and the importance of polio vaccination in a simple and appealing manner to reach both illiterate and less-literate audiences.
- ii) Butterfly booklet - This was distributed to community influencers to remind them of the importance of disseminating the "polio plus" message (see image below). The 'polio plus package' includes messages on exclusive breastfeeding, RI, diarrhoea management, and hand washing, in addition to existing polio prevention, and transmission messages (Source: CGPP).



- iii) A 'Frequently Asked Questions' leaflet.
- iv) A certificate of appreciation - This was awarded to all influential people in the community to recognise their support for and contribution to the polio eradication programme.
- v) Specific materials were developed for community barbers to increase male support for polio and RI. These included:
 - a) A sticker for fixed barber shops with a key message about safety from polio for a disease-free future for children.







- b) Rate cards for barbers containing pictorial information on polio and other vaccinations. The card also had messaging about “anywhere you go by train or bus give two drops and injections”.

- c) An apron for stationary and mobile barbers that displays a slogan to promote immunisation.

4) Materials for children and schools

Materials for involving children and school teachers in activities such as rallies and classroom talks included:

- i) Colourful banners for children’s rallies, which were conducted prior to each polio vaccination round, and on the vaccination day.
- ii) Bright aprons, badges, and caps for child mobilisers - Children wear these during rallies and on booth day, which helps highlight their presence and role as child mobilisers.
- iii) Placards for children's rallies with messages on immunisation, toilet use, and hand washing.

- iv) Polio fun class colouring book - The colouring book had pictures with polio messages and polio behaviours. These polio-related images provided a creative way for children to learn about polio, open defaecation, and hand washing.

5) Materials for mobile populations

Specific materials for mobile populations were also developed by CGPP, such as banners that were posted at polio booths and immunisation sites to remind migrant populations to immunise children no matter where they are.

6) Materials for polio booths, health camps, congregations, and group meetings

CGPP developed bright and colourful IEC materials for polio booths, health camps, congregations, and group meetings to announce the date and location of the booths.

- i) Polio booth planners - This informative dangler was used at polio booths and immunisation sites and contained information on the

total number of eligible children and the number of children due for polio and other immunisation.

- ii) Streamer (*Toran*) - To decorate polio booths, RI sessions, and group meeting venues, this streamer contained attractive messages on RI, polio immunisation, exclusive breastfeeding, diarrhoea, and hand washing.
- iii) Banners for immunisation sessions and meetings - These contained a message welcoming people to the session, as well as a pictorial representation about the importance of immunisation.
- iv) Banners for congregations such as the Muslim religious *Urs* – These banners, with a welcome message and information about RI and polio drops, were displayed in prominent places for greater visibility.

7) Mid-media tools

These were used to convey information about polio prevention and booth day to a wider audience. Methods included street theatre, magic shows, video-vans, information-vans, and electronic rickshaw rallies.

Capacity Building of CMCs for BCC

To ensure CMCs have the knowledge and skills for conducting quality community-based activities, they required training. CGPP conducted annual trainings for building CMCs' capacities to dispel misconceptions and fears around immunisation within their communities.

The trainings followed a cascade model, where master trainers were identified and trained at Training of Trainer workshops. Master Trainers were selected from among the District Mobilisation Coordinators and Block Mobilisation Coordinators. The CGPP Secretariat trained these trainers who in turn, trained the rest of the staff, including the CMCs. The training modules and other tools that CGPP and its partners developed and used are as follows:

3-Day Training Module for CMCs

Trainers used this intensive 3-day capacity-building programme to share knowledge and skills in social mobilisation activities for polio eradication. The training was highly interactive and used a variety of training methods, including group work and participatory sessions, problem-solving exercises, games, and role plays. The training module had 4 parts:

Training Module



1. The basics of polio eradication and its vital link with RI.
2. Communication and counselling skills theory and practice focusing on the principles of health education, counselling for behaviour change, and strategies for recalling appropriate messages and dispelling myths.
3. The practical use of programme-specific tools and methods for social mobilisation activities and IPC.
4. The use of registers for recording up-to-date information on households and institutions in a mobiliser's catchment area to be used for planning and implementing social mobilisation activities.

An expanded 4-day version for training trainers also covered participatory training methods, facilitation skills, and needs assessments.

CGPP INDIA BCC FRAMEWORK

OBJECTIVE	AUDIENCE	BEHAVIOUR TO PROMOTE	ACTIVITY	SUPPORT MATERIAL	INDICATOR
Creating enabling environment for polio immunisation	Community and children	It's my responsibility to immunise my child at the booth	Formation of <i>Bulawwa Tolles</i> [Caring Brigade]	Badges, aprons, caps, streamers, dangles	No. of <i>Bulawwa Tolles</i> formed No. of children immunised at booth
Linking lack of hand washing with polio	Children	Hand washing will prevent you from illnesses like diarrhoea and polio	Fun Class [Masti ki Kaksha]	Pictorial colouring book	No. of schools conducting fun class & demonstrating hand washing
Linking use of toilets with polio	Community and children	Regular use of toilets will prevent you from polio and other illnesses Immunise at the booth	Rooster Rally [Kuk-ru-ku rally]	Placard Nameplate	No. of Rooster Rallies conducted No. of nameplates pasted on doors
Promotion of RI: breast-feeding, ORS, zinc and immunisation of missed children in RI sessions	Mother of caretaker [mother-in-law] of children under 5	Exclusive breastfeeding. Timely immunisation [including keeping the card for 5 years] & intake of ORS and zinc tablets will prevent your child from getting diarrhoea and polio	One-on-one interaction and mothers' meetings Health camp congregations	Butterfly booklet Congratulation card / 'Badhai' card & carry bag / Banners and streamers	No. of children given ORS & zinc tablets No. of children immunised under RI
Ensure immunisation against polio and other vaccine preventable diseases, anywhere you go	Migrant population	It is safe to immunise anywhere, anytime against getting diarrhoea and polio	One-on-one interaction and mothers' meetings	Leaflet / soap strips / water-proof board / dangles	No. of children immunised against polio and RI
Sustain motivation	Mobilisers and influencers	It is important to immunise all children against polio and other vaccine preventable diseases till the country is declared polio free	Jamborees / group meetings Big ceremonies	Memento/Appreciation certificates Butterfly booklets	No. of jamborees conducted No. of influencers' meetings conducted

Recognition and Appreciation of CMCs' Work

This was done periodically through a full-day information programme designed to acknowledge the contribution of field staff. The event consisted of a cultural programme where awards were presented to well-performing grassroots workers and volunteers. The function was presided over by the District Magistrate and Chief Medical Officer, who are the most senior government officials at the district level and thus provide an element of prestige to the event.

Achievements

- Due to the implementation of the enhanced package of messages and information, the polio

programme was perceived by the community as being interested in and committed to improving the overall health of children.

- In a study of CMCs' perceptions about the effectiveness of BCC materials, the behavioural (*Yuvadhara*) charts on RI and hygiene, and the Snakes and Ladders boardgame were identified as the 3 most effective materials (see Figure 4) (Synovate, 2009).

- Implementation of the BCC intervention by CMCs had a positive impact on the level of mothers' knowledge about polio. As per Figure 5, a survey of mothers in 8 districts

of U.P. (Baghpat, Bareilly, Mau, Meerut, Muzaffarnagar, Saharanpur, Shahjahanpur, and Sitapur) clearly showed that the percentage of those mentioning the CMC as a source of information on polio, as well as on the vaccination campaigns, increased over time (Coates et al., 2012).

- A survey of 1,786 mothers showed that the majority (78%) of them reported exposure to at least one IEC material provided by CMCs. Data showed that there was a high retention of the immunisation card (Weiss et al., 2013a).

- When the last case of polio was reported in Howrah, West Bengal, CGPP was invited to be part of the emergency response. They spent two years in that state from 2012, and due to the success of the tools in U.P., they used the same BCC structure and tools.

The tools were translated into Bengali, and the 'Science of Polio' film, which was also used during the training with CMCs and influencers, was given a voice-over translation.

GATHER. TOGETHER



