Polio Communication

Practical Think Tank

Polio Eradication in Afghanistan/Pakistan: Cross Border Communication and High-Risk Mobile Populations (HRMP) – Options for Enhancing Programme Action

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The polio communication Practical Think Thank (PTT) comprises people engaged in polio communication action within Pakistan and Afghanistan, staff of organizations that provide policy guidance and technical support through GPEI, and a group of outside experts in social change, behaviour change, communication for development, and community engagement. It is focused on developing a set of options and ideas for the consideration of polio decision-makers in country in order to address key polio communication challenges.

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Overview

The PTT began working on the issue of cross border communication just before the political situation in Afghanistan began to radically change culminating in the formation of a new interim government in Afghanistan. This meant the PTT's work had to adjust to a radically different context in Afghanistan that impacted on Pakistan and the movement of people between the two countries. In order to reflect the fluid situation and present ideas that would be relevant the PTT has adopted an approach that looks at the cross-border issue as a whole across both countries but in ways that can be adapted to evolving contexts and different realities.

The ideas/options presented in this paper are applicable in both countries but can be implemented to some degree independently in either country. They are also divided into a range of contexts based on types of journey or points along that journey that present different realities for the people being vaccinated and different communication needs.

- GPEI in the Afghan-Pakistan epidemiological bloc has been challenged by **high-risk mobile populations** (HRMP). Recent turbulence in Afghanistan will impact – and likely accentuate – this.

- Although conditions in Afghanistan for continuing PEI activity are dependent on higher-level advocacy and negotiation, **reviewing and if possible sharpening the efficacy of HRMP strategy**, in Afghanistan, in Pakistan, and in population exchange between the two, is an opportunity now.

- Much strategic attention will focus on the **immediate humanitarian context** of displacement and refugee movement. But all short-run actions should also aim to build **longer-term impact** advancing the eradication goal.

- Regular contact with HRMP has been, by its nature, difficult. Much knowledge has been generated **about** them, including ethnicities, labour types, seasonality and routes. However, there has been less attention to deeper, ongoing engagement **with** HRMP groups to build an understanding of their needs, a degree of trust with the programme, and where polio vaccination may fit within the priorities they have.

- The programme has tended to focus its overall cross-border work on **maximising vaccination coverage at border crossings and along major travel routes** at strategically placed transit points – most activity has been limited to intra-campaign. This has developed as a somewhat mechanical function focused largely on logistics such as having teams in place with vaccines and basic promotional materials such as banners and vests – necessary but potentially insufficient to engage HRMP or reach them at other points in their journey to achieve the levels of vaccination required to neutralise HRMP as a vector for ongoing transmission.

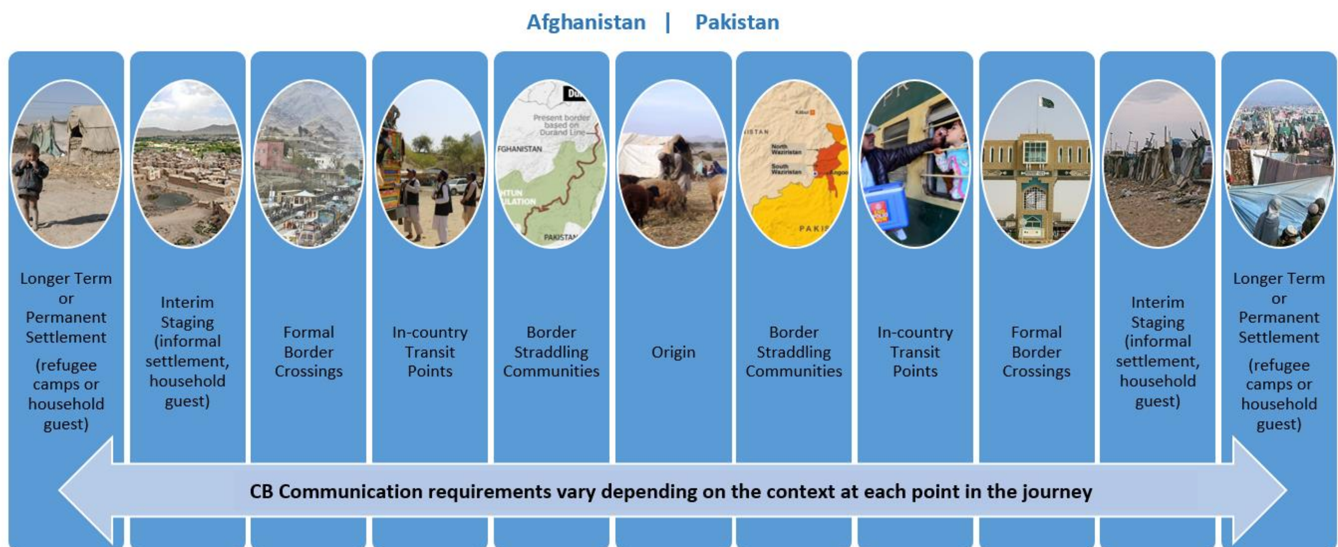
- HRMP strategy has been based on the primary idea of HRMP as **physically mobile** and thus on strengthening interdiction points on the physical routes they take. In order to engage effectively with HRMP we need to understand their experience of being **socially transient** – a condition of mobility associated with high levels of insecurity and low levels of trust; high levels of need, variable levels of access to reliable information, and low levels of access to vital services. These are the characteristics that will determine HRMP response to the offer of vaccination and OPV.

- There is an opportunity to develop HRMP strategy in two key respects:
    - First, to **expand the geographical focus of HRMP strategy** to incorporate the range of points along their journey where they can be engaged and vaccinated, including but no longer limited to transit points (see graphic below).
    - Second, to enhance **understanding of HRMP perspectives and needs**, based on strengthened programme capacity to engage HRMP groups in more continuous dialogue, information sharing and communication, including through direct contact by FLWs/mobilisers, indirect contact through local media, location-specific environmental analysis of sources of influence, information and basic services as perceived by HRMP themselves.

Rethinking cross-border movement as a series of definable contexts and engaging with HRMP based on their specific needs arising from socially transient status

There is an opportunity to focus on communication across a continuum of geographical points in which HRMP can be found as they travel. The schematic below takes the place of origin (whether in Afghanistan or Pakistan) as the mid-point, with stages of journey radiating outwards e.g.:

Origin → Border/straddling communities → In-country transit points → Formal border crossings → Interim staging (informal settlement, household guest) → Longer-term/permanent ex-country settlement (refugee camp, household guest).



Breaking this down into definable components is helpful as a way of understanding the different contexts people find themselves in as they move from one place to another, how different locations impact on people's level of security, access to information, access to basic services, and what kind of communication approach may work best in each context. These points can be broken down along the following lines:

Origin:

While this context may not be an element normally considered for cross-border communication there are groups such as nomads where travel between the countries is generally predictable and based on a seasonal timeline. In these cases it is useful to ensure vaccination of under-fives before travel through planned SIAs or localised coverage prior to times when travel can be expected.

Options:

- Utilising FLWs that are acceptable to the community and ensuring positive engagement through identified trusted sources of information (media, social media, radio, influencers etc.) will help ensure maximum coverage before travel begins.
- This should include messaging that communicates clearly that children can, and should, also be vaccinated anywhere along the journey, utilising appropriate local language and images designed to make families feel welcome.

Border Towns and Straddling Communities:

These towns are often in areas that are hard to reach and where supervision and cross border coordination can be difficult such as South East Afghanistan and southern Khyber Pakhtunkhwa. People in these towns often take for granted localised and regular border crossing for day labour or normal daily business. The impact of border fencing and the changes in Afghanistan may have disrupted established patterns but ensuring good coverage in these areas will require strong coordination between teams on both sides of the border, cooperation with law enforcement agencies, informed use of communication channels (media, social media, influencers etc.) and information sharing related to missed children.

Options:

- Coordination will be critical to ensure that teams on either side of the border in these communities are able to communicate and share information on things like missed children, refusals, and influencers. Operationalising this at local level through regular and formalised exchange of information will be an essential component for effective and timely action.
- As the changes in Afghanistan are likely to lead to changes in the sources of information people trust and listen to, rapid assessment will be required to determine the best local media channels and influential people and organisations to locally engage with these communities.
- Where cross-border travel is associated with humanitarian crisis it will be important to link provision of OPV with other higher priority services in cooperation with agencies providing such aid.

In-country Transit Points:

These are necessary but not sufficient elements of the programme. They are placed at strategic points along known and well-travelled routes and transportation hubs such as bus and train stations. The focus of these is maximising coverage so as not to miss children as they pass by. This can tend towards a mechanistic approach where attention is placed on the placement of teams, supplies of vaccine and limited communication materials such as banners and vests. The reality of these points of vaccination is that they need to be fast and efficient as people have deadlines and destinations and their priority is on the journey not health care. There is not a lot of communication opportunity. However, as with any contact with the programme, attention should be paid to

making the interaction with the teams respectful and informative. The main focus of these teams should be on maximising the numbers vaccinated AND ensuring the experience is respectful and positive.

Options:

- Ensure teams are well trained and supervised in vaccination and basic communication skills and supplied with appropriate materials to provide information on vaccination as well as tools to deal with common questions and concerns (mobile phones with videos and PSAs, Fatwa booklets, FAQs, stories of other travelling families being vaccinated etc.).

Formal Border Crossings:

As with transit points these are designed to maximise coverage. The placement of vaccination points needs to be agreed with law enforcement agencies and the set up needs to be designed to direct those of appropriate age through those vaccination areas. People at these points are focused on their journey and are not prioritising vaccination (especially for a single low priority antigen such as polio). A lot of emphasis has to be placed on keeping this efficient and not creating bottlenecks that interfere with the flow of border traffic or create frustrating delays for families. As with transit points this requires coordination with law enforcement agencies and well-trained vaccination teams with reasonably strong communication and social mobilisation skills.

It also requires clear communication materials explaining and preparing people for the process and these materials and content need to be designed for use on both sides of the border. The critical communication priorities for this point in a family's journey are that they feel they have been treated with respect, that their priorities for getting through the border process quickly are met and that to the extent possible the teams have the training and resources to answer their questions. The change of government and fluidity of the situation on the Afghanistan side will impact this experience and increase pressure on the Pakistan side to ensure they vaccinate as many people as possible both entering and leaving the country but the basic ideas hold true even if only one side is able to implement them fully.

It is critical to take account of changing conditions at the border and also how the context in Afghanistan has impacted the reasons for people crossing the border, their condition and needs, and the priorities that have led them to travel. This dynamic will mean polio vaccination is very low as a priority and may generate frustration if it is given in isolation. At the same time coordination and cooperation with law enforcement agencies may be difficult as they focus on changing policies and different processes for allowing people to cross. All of this will make things complex in the short term but the key communication elements of clear messaging, respect, and response to changing needs and concerns will be more important than ever even if, for the time being, they can only be fully implemented on one side of the border.

Options:

- Develop a new set of communication materials for use at border crossings with shared messaging. The messaging should be clear using billboards or other signage to explain the process as people approach the border. Messages should be the same on both sides of the border and utilise images and stories of other families successfully crossing and getting vaccinated.

- Where possible, media should be used to explain what to expect when crossing the border and this media should be identified based on what is known about the people crossing the border, their condition, reasons for travel, and trusted sources of information.
- Gather information on the people who are crossing through FLWs and FGDs (conducted with families that have recently been through the vaccination experience at the border) to track who they are, why they are crossing, and what their experience was like and feed this back into the programme to make adjustments as needed.
- Should there be influxes of families in need of emergency support the programme should operate in close coordination with humanitarian agencies and should to the extent possible integrate polio vaccination with other services or with the addition of simple high demand 'pluses' such as soap.
- Close communication should be maintained with law enforcement agencies on both sides of the border to ensure coverage is high and the experience for those being vaccinated is respectful and responsive to their needs.

Interim staging points (informal settlements and household guests):

This context is not always considered in cross-border strategies. The identification of transient populations is done through updated microplans that track recent arrivals be they guests of permanent households or groups settling in informal temporary housing. This process allows them to be incorporated into plans for the next SIA. However, as transients they are by definition outside the local community and their attitudes towards health seeking or interaction with local services can be different. As these groups are often of lower socio-economic status they remain on the margins. They may be avoiding contact with officials in the area due to their legal status, they may bring negative attitudes towards vaccination from where they came from or based on their travel experience, they may not accept vaccinators or mobilisers who come from local communities. Local influencers and local trusted channels of information may not be trusted or utilised by these groups. All this means that the social mobilisation and communication activities that work well for permanent residents may not be appropriate for the transient ones. Simply including them in the plans for the next SIA may not be enough to ensure maximum levels of vaccination.

Such populations (especially where they are clustered or dispersed in relatively large numbers) need to be understood in terms of who they are, what their needs are, and what their attitudes towards vaccination are likely to be. Trusted sources of information (media, social media, influencers etc) have to be specifically identified and front line programme staff need to be selected that are acceptable. Where possible programme information sharing between their country of origin and their destination can help identify influencers and communication approaches that can be used to effectively reach and vaccinate them.

Options:

- Recognise transient populations as an integral part of cross-border strategy that need to be treated as special groups that may have different attitudes towards vaccination, distrust of local authorities and services, and different sources of trusted information.
- Ensure that mobilisers and vaccination teams are acceptable and identify local permanent residents who are trusted or able to positively interact with them.
- Conduct local research (rapid assessments, FGDs, social listening etc.) to identify trusted sources of information and develop local communication plans to engage them.

- Information on influencers and trusted sources of information should be shared between the countries as part of the coordinated cross-border strategy.

Temporary/fixed settlement (households, camps):

It is possible that large numbers of refugees will begin arriving at the borders as the humanitarian crisis deepens in Afghanistan. It is also possible that this will not happen but it seems likely that at least in the short term significant numbers of people are going to find it difficult to stay in place in the face of severe food and other basic necessity shortages. People will move to places where basic needs can be met either within their own countries or to surrounding countries if that's an option. The polio programme is already in discussion with humanitarian agencies and the UN is leading on global efforts to ensure adequate aid reaches the Afghan people. This is still an emergent but increasingly urgent issue and means that the programme has to be prepared to scale up work in refugee camps.

Refugee camps present specific issues and opportunities for vaccination. Many of the services within them are managed by humanitarian agencies. The people within them have often lost most of their possessions and have limited resources. They may have no way to earn a livelihood. They are dependent on the services provided by the camp for food, shelter, water, and health care. In some cases leaving the camp is not an option. In such settings vaccination can be easier as the audience is literally captive. However, polio as a standalone service will not be in high demand given the multiple needs many people are facing and it is useful to coordinate the delivery of polio vaccine with other services. This will require coordination and cooperation with humanitarian groups operating the camps and the utilisation of people living within the camp to deliver vaccination and mobilisation services. The need for respectful administration of vaccine services by people that are trusted and founded on understanding of the needs and priorities of the people the programme is engaging remain important.

In the case of people who seek refuge with family staying as household guests many of the same issues related to interim staging hold as do the options. Close attention needs to be paid to identifying and understanding these groups, to ensuring that they are included in microplans, to identifying and utilising trusted sources of information and engaging FLWs and permanent residents they find appropriate.

Options:

- Package the delivery of polio vaccine with other services through coordinated efforts with other agencies.
- Utilise people within the camp to deliver vaccines and engage the camp population in social mobilisation activities.
- Ensure social mobilisation activities respond to a range of needs and not just polio.
- Work with people and the organisations in the camps to develop co-created solutions that meet their needs and provide them with agency over their lives – avoid being viewed as another programme telling them what to do.
- Use FGDs, social listening etc. with camp residents and FLWs to track changing attitudes and concerns and adjust communication, social mobilisation and other programme activities accordingly.

Epidemiological Bloc Coordination

Coordination between the Afghanistan and Pakistan programmes, whilst generally amenable and cooperative, lacks real strength of trust and active collaboration. Coordination has generally been limited to synchronising SIAs, where possible and periodic remote/videoconferencing communication.

In general, and especially under present circumstances in Afghanistan with predictable effects in Pakistan, the two programmes have an opportunity to enhance their collaborative working.[1]

In immediate terms, there is an opportunity to: strengthen coordination of vaccination activities at formal border crossings, working with representatives of Defence, Security and Interior (as available), as well as more local law enforcement agencies, to maximise vaccination; develop polio media and materials for use along the border and in areas where significant groups of HRMP can be found; and ensure that the vaccination experience for mobile/transient populations responds to their needs and priorities and is sensitive to the context they find themselves in. Doing this in a coordinated fashion with proper planning and regular information sharing will require the kind of senior level strategic guidance promised by the CB working groups.

Options:

- Develop the established practice of regular calls towards more emphasis on in-person meetings where possible, at national and regional levels, but with more emphasis on local level face-to-face engagement, with set agendas that require essential information to be shared.
- The idea of a hotline to resolve or discuss emerging/emergency issues that require cross border coordination could also be considered.
- As much depends on government cooperation and agreement successful high-level advocacy and coordination with key ministries such as Health, Defense, and Interior could be invaluable to influencing and/or preparing for policy change in the short term where things are likely to be very fluid and longer term as the border situation stabilises.
- Beyond operational coordination through CB groups, there is a need and an opportunity for the programme at the most senior level to advocate for GPEI to be incorporated in all aspects of current humanitarian activity on both sides of the border.

Conclusion:

The options presented above point to a reconsideration of the cross-border strategy especially as related to HRMP in two key respects:

- First, to **expand the geographical focus of HRMP strategy** to incorporate the range of points along their journey where they can be engaged and vaccinated, including but no longer limited to transit points.
- Second, to enhance **understanding of HRMP perspectives and needs**, based on strengthened programme capacity to engage HRMP groups in more continuous dialogue, information sharing and

[1] Prior to the changes in Afghanistan the programme had created Cross Border working groups in each NEOC tasked with creating strategic coordination between the two programmes and building the levels of cooperation, trust and information sharing at local, regional and national levels needed to stop transmission across the epidemiological bloc. The future of these working groups is presently unknown.

communication, including through direct contact by FLWs/mobilisers, indirect contact through local media, location-specific environmental analysis of sources of influence, information and basic services as perceived by HRMP themselves.

The countries may find it useful to review the document to determine if it finds these options to be useful ways to look at cross-border communication as new strategies are developed and if so, to feed this analysis into the discussions and processes in each country EOC. The PTT stands ready to provide further input as needed.

PTT Membership:

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