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Language in India www.languageinindia.com ISSN 1930-2940 18:6 June 2018
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Portrayal of Social Issues in Literature and Media
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Evaluation of Communication Order of Pulse Polio Campaign for Building Healthy Society

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Abstract

Health is an important indicator of individual's development and well-being. Indians have relatively poor health outcomes, despite a well-developed administrative system, good technical skills in many fields, and an extensive network of public health institutions for research, training, and extension (Gupta & Rani, 2004). This suggests that the health system may be misdirected, or poorly designed. Therefore, it is deemed important to study the pressing problems and prospective solution. The present study analyzes the strategies used for succeeding in making India as polio free country. It also aims to list the lessons to be learnt from polio legacy for combating other major health problems of the country and creating healthy society. It is a qualitative study; secondary data analysis is done. Document analysis and literature reviews are used to arrive at findings and conclusion. Study found that robust communication strategies, including a new communication campaign targeting the need for repeated polio vaccination is succeeded in eradicating the one-time major health challenge. Carefully planned internal resource mobilization and training has resulted in effective execution of polio in India. System is created to address any serious social problem after polio programme execution. Interdepartmental coordination, political will, meticulous planning, goal-oriented strategies and effective communication training for the health service providers has proved to be successful in bringing up healthy society.

Keywords: Polio legacy, health system, social marketing, branding, communication campaign

Introduction

Today society expects a change that is rational and progressive. Innumerable efforts to bring about social change have happened over the world across various disciplines. There are several success stories in India too. Awareness campaigns for combating various social problems being done since several decades. On the health dimension India has totally eradicated several diseases. If we just get back two decades, a country with such a demographical diversity and limited media reach could eradicate small pox. Tremendous progress has been made since polio eradication activities were first introduced in 1995. Today, India is polio free country, an epidemic which left innumerable handicapped for their lives.

The widely publicized Polio Program is now a house-hold name and an example of how an effective communication campaign can work to achieve impressive goals. The Program mirrors India's competitiveness in the management of massive social programs.

Background

India instituted the National Immunization Days (NID) for polio eradication as Pulse Polio Program in 1994 and since then has carried out two NIDs every year and several Sub-National Immunization days (SNID) for high risk states. India's serious effort of immunization was launched in Delhi in 1994 where 1.4 million children were immunized. Ever since then our country devised new strategies to see that 100% results are achieved. India has been said to have shown a model response to the polio epidemic. The campaign became stronger and stronger and India is been announced as Polio free country in 2012.

In spite of India being a predominantly developing country with lower literacy rates and where 60% of the population lives in remote villages, achieving a 100% target is truly commendable. With continued commitment, meticulous organization and training of health department workers, internal and external communication efforts the program became a success in terms of wide coverage as well as in eradicating polio.

In 1998 there were 1934 wild polio virus cases in India in 2002 it is reduced to 1600, again in 2005 it was 66 but in 2007 874 cases were reported, 2010 it became 42 and 2012 it nil.

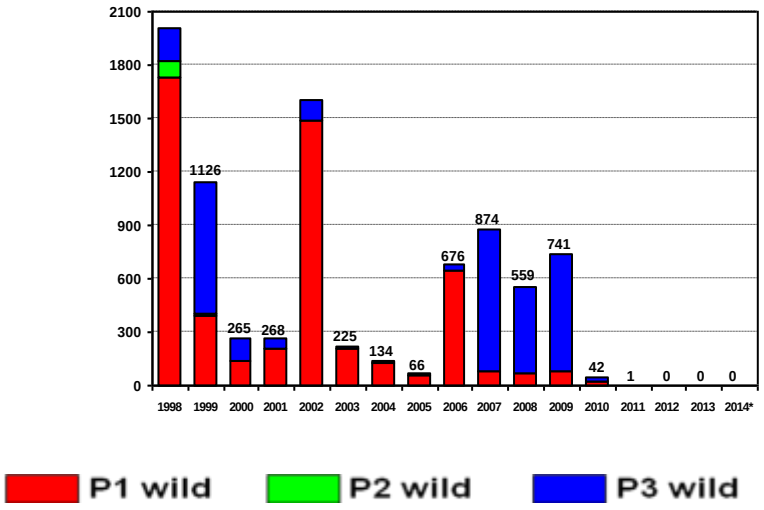

Chart 1: Wild polio virus cases in India

The program suffered a setback in 2002 due to large scale outbreak in Uttar Pradesh and spillover transmission in other neighboring states. The reworked strategy to increase the number of NIDs and sub NIDs followed by House-to-House immunization activity reduced the case load to 225 during 2003.

Health communication Perspective

The challenges we face in health do require a global effort, yet this needs to start at home, in our communities, and in our countries. This requires a doubling of efforts that have proven success: communicating values and virtues in health through investment in people and education. (Ratzan, 2009). With the challenges of planning, organizing resources, implementing and monitoring the program, publicizing and communicating the idea of Pulse Polio became the biggest and toughest challenge. Therefore, national and sub national analysis should be integral to developing effective communication policies (Yazbeck, 2009).

Theoretical perspective

Theoretical models of communication and behavior change could explain the complex nature of health communication and its effect. Some of the most important theories and models include the Health Belief Model (HBM), Theory of social learning/ cognitive theory, Diffusion of innovation and social marketing (Glanz & Rimer, 1995). Social learning theory (Bandura, 1998) connects individual with society in adopting behavior and attitude from the society. Social Marketing is an organized approach to promoting acceptability of social idea. UNICEF used social marketing approach in polio campaign, which was very effective (Guttman, 1997). Diffusion of Innovation (Roger, 1995) focuses on the communication process by which new idea or product becomes known and used by people in the given population. Two relevant principles of diffusion of innovation widely used in health communication are creating awareness and influencing behavior and attitude (Freimuth, 1992). Health Belief Model reveals that the response and utilization of disease prevention programs will be predicated on an individual's perceived seriousness of the disease and severity of the disease, perceived benefit of services, and barriers to accessing such services (Becker, 1974). Polio messages are designed considering these issues.

Objectives

The aim of the research is to analyze the communication strategies used for Pulse Polio programme in India. Further study seeks to understand the internal and external communication plans of the program. Polio has mobilized enormous human resource within the health department and outside the department. It had sought inter departmental coordination therefore the researcher would like to evaluate the strategies of pulse polio programme to train the workers and officers for reaching the goals. Study also would like to assess the impact of various media in creating social awareness.

There are two sections of analysis in the study. First, the planning and implementation of programme within the health department, this deals with the human resource mobilization for the programme, including communication training and need assessment techniques. Second, social mobilization and community sensitization. The research also looks at the lessons to be learnt from polio programme for combating other major health problems India is facing.

Methodology

It is a qualitative study used secondary data. Study comes out with the result based on document analysis. The documents form WHO, UNICEF and Government of India on Pulse polio programme is analyzed. Statistics and programme plans of different times are compared

and contrasted. Starting from 1998 to 2014 the changes and development in planning and implementation of the programme is critically evaluated. Literatures on Communication strategies used in Pulse Polio are reviewed to arrive at the result. The study is critical, qualitative analysis of the existing document and literature. Documents such as Operational guide for pulse polio immunization for India, NID over view 2014, India Polio fact sheet and A critical leap to polio eradication in India by UNICEF are referred for the analysis purpose.

Significance

India continues to be polio free; however, risks remains as long as wild poliovirus circulates globally. Strategic actions being undertaken to maintain polio-free status in India to sustain progress. Polio endgame strategy implementation is another critical priority. It is not over unless over everywhere. Therefore, it is important to critically evaluate entire public health campaign which will provide right directions for the future. India has eradicated Polio but there are more deadly diseases like, TB, HIV, measles and other communicable and lifestyle disorder diseases are prevalent, the health indicators are still poor, and it is eating away lot of resources. Government should be on war foot in combating such health problems for the development therefore it is deemed important to study the system and evaluate the possibilities of incorporating the successful techniques. Polio programme may end but the system created by the programme will surely contribute to the overall change in the health system of the country. It is always wise to use the existing resources effectively and intelligently for solving problems.

Pulse Polio Management

Pulse Polio could succeed as it had a carefully formulated social marketing plan accompanied by effective implementation. Putting the plan to practice required structuring the organization at five levels namely, the central level, the state level, the district level, the block level and the booth level. At the central level steering committee was broadly responsible for developing overall strategies, deciding the dates of NIDs/SNID and mop-ups, Coordinating with Government departments at the centre, providing material support to the program, Designing and developing media plans, Monitoring the activities at all levels, Donor coordination, vaccine procurement etc. The activities percolated downwards to states, districts and sub-districts. Block level activities included- Identification, orientation and training of supervisors and vaccinators, conducting meetings with community leaders and religious leaders, ensuring display of banners and posters, arranging for transport for delivery of vaccine, Icepacks, logistics and miking, developing route charts, supervising booth and house to house immunization activities, collecting and compiling of reports from vaccination teams and supervisors.

Different protocols were developed to monitor the implementation of the program. Templates for planning, reporting and monitoring were prepared for all levels. All information was tallied and checked. Any shortfall was adjusted in the subsequent programs.

Gardner's formula of success in practice

The Pulse Polio Program can be adjudged as a successful social program as it is in line with many successful social change campaigns. It satisfies all the conditions stated by John W Gardener of success.

John W Gardner, former secretary of U.S Department of Health, Education and Welfare in an Interview in 1973 has identified five factors for success. The Campaign should have stamina and be prepared to commit itself over a long period of time

- Any campaign depends on an informed public that can counteract the activities of special interest groups.
- Campaigns have to target and focus their activities. Indignation and outrage by a few is not enough. A campaign has to choose its targets and mobilize strength, numbers and money behind its efforts.
- Alliances should be created between government and other influential groups
- A campaign must be run professionally.

The Pulse Polio program gives a lesson of successful social change campaign in a developing nation like India. It can be utilized to launch social changes in all nations of the world, even in those situations which are thought of as impossible and non achievable through human intervention. Kotler says "Bringing about life improving social change is the challenge and goal of social Marketing".

Internal resource mobilization and planning

For every national immunization day, the meticulous plans are executed. In the beginning high risk areas are identified, accordingly human resource management will be done. In Karnataka for 2015 NIDs 8 districts are considered as high-risk areas. State and district nodal officers need to make additional visits to support the planning of NIDs in HR districts and blocks. Pulse polio provides best platform for strengthening Routine Immunization in Urban Slums and HRAs.

The systematic identification of high risk areas and providing addition resources to these areas is very effective in dealing the problems. Identifying the HRAs is the news concept introduced through pulse polio programme. This HRA identification and communicating to them according to the need would bring effecting social change. As Marshal McLuhan rightly pointed out the instant information creates involvement, polio programme incorporated meetings and the reviews at various levels increased the participation and the involvement of all stakeholders.

Training programmes are systematically planned and implemented. The plan of the programmes with the certain guidelines developed over a period of time in Pulse polio programme. Complete all trainings including catch up sessions 4-5 days before start of SIA activity, decentralize training venues to increase attendance - sessions at additional PHCs/ Community centers etc, batch size should not exceed 40 – 50 participants; 40 in HRAs, district level Officers (Dy CMOs) to attend training sessions for supervision & quality, catch up sessions if attendance is poor. Training module is developed with the help of WHO, trainings are participative, through role plays : How to enter houses and initiate dialogue & FAQs, exercises on vaccine administration, Tally sheet filling, house marking, demonstration of VVM, finger marking, etc.

Inter-departmental coordination

District Task Force is activated in all districts. District Magistrates are responsible for monitoring the planning and implementation of NID/SNID activities in their districts through weekly review of the progress and problem solving. They shall ensure involvement and inter-sectoral coordination of all other departments in the district for mobilization of manpower, transport and social mobilization, thereby ensuring that all departments function to their full potential. Organize and conduct meeting of religious and community leaders. Monitor training attendance in high risk areas. This should meet twice before the NIDs.

Taluk Task Forces (TTF) to be established under the chairmanship of Assistant Commissioners or Tahashildar. Participants will be Medical Officers, Officials from ICDS, Education, Revenue, Panchayati Raj Institutions, local NGOs & community leaders. TTF shall also meet regularly to review progress, ensure completeness and timely implementation of activities. Block / PHC Medical Officer have to organize daily evening meetings with supervisors and monitors along with other participating departments.

In India there was a set pattern that the issues concerning to health has to be dealt with health department alone. There were lot of non-cooperation by the community and other departments as they are not involved in planning stage. Polio programme has brought in inter departmental coordination and improvement of implementation. Health worker becomes an important member for other social activities. Thus, sought coordination and networking is useful in implementing other programmes of health department. Mobilization of district/ tehsil/ political leaders to support polio eradication was important strategy. Education is significant factor which determines the speed of social change so as health. For the development of the community, education, administration, health and social welfare departments have to join hands. Polio programme has broken the ground and recognized the path for effective means of social change.

Micro Plans

Well defined micro plan is prepared for need assessment. Over a period of time micro plan is developed with the lessons learnt from previous lacunas. Micro plan stage has 10 different formats. Reporting, Reviewing and monitoring are methodically designed and developed to address all critical issues. Templates are created for booth planning, transit point activity planning and house to house planning. Maps of high risk areas, district planning unit, and migratory site survey data are prepared under micro planning. Micro plans review meetings are conducted at Primary health centers involving local community. The micro plan is validated through field visits.

Micro plans are meticulously planned to overcome all problems and the barriers while executing the programmes. The planning is done in a proper method with which every individual that is part of programme held responsible for the execution. Involvement is created through series of meetings. Polio has taught the meticulous planning and implementation procedure to health department employees. Similar format can be used for other immunization programmes. For addressing any complicated issues, reporting, reviewing and monitoring is essential. For all

these, Pulse polio established detailed plan of action which is helpful in routine immunization, combating communicable and non-communicable diseases.

IEC/Social Mobilization Preparedness

Under pulse polio programme the community communication pattern is laid down. Plan for Miking/drum beating, Preparation of audio cassettes in local language, Plan for route chart for miking/drum beating utilizing slow moving vehicles, plan for miking from religious and other fixed sites, during before and during the activity**.** Plan for utilization of local cable network is also advised. Plans for rallies by school children, preparation distribution and display of Posters/ Handbills/ Banners, involvement of all Panchayati Raj, local influencers, community and religious leaders, programme launch, involving local press – press conference, media release is also clearly articulated.

The information, education and communication are the activity of the separate wing in the health department. It is always the part of top of the system. Service without awareness is just like fighting with the air. Polio has trained the grass root workers who are bridging the system with the community. The IEC activity planning training is helpful in alerting the duty of the workers along with improving the social relationship. Pulse polio programme, trained workers to be effective communicators and social mobilizers. Research indicates that even after targeted health communication interventions, low-education and low-income groups remain less knowledgeable and less likely to change behavior than higher education and income groups, which creates a knowledge gap and leaves some people chronically uninformed (Ray and Donohew, 1990).

Communication training for the workers

Health service, by definition, requires specialized, skilled, or trained personnel. It requires an infrastructure for delivery of care that involves provision of specialized information, physical examination, follow-up care, prevention, and surveillance (Sclar, Garau, Carolini, 2005).

Effective communication is critical to ensuring that all children are immunized. This requires a planned, intensive approach to interpersonal communication, community mobilization, advocacy, and visibility for the programme through IEC materials. Each state and district should design a communication strategy. Objectives are to ensure as many children as possible are mobilized to the polio booth on Polio Ravivar and receive immunization, Create community and family acceptance of the polio programme during, house-to-house activities (if planned) so that no children are missed, especially newborns and children not immunized through Routine Immunization. Actively engage community groups, volunteers, civil society organization, panchayat raj and front-line workers from as many government institutions as possible to actively support the programme, especially in areas where coverage has not reached 100%. That includes ensuring that vaccinators/change agents/animators/volunteers are trained in inter-personal communication in order to be able to convince the reluctant, while maintaining the enthusiasm and support of the programme's traditional supporters.

Health officers and the workers are trained to provide the information according the overlaid objectives. In the training programme health workers are trained to deliver the specific message in clearly articulated pattern. Through role play and case studies workers are trained to perform the work effectively.

Communication Campaign

Pulse Polio Media Committee with Secretary Family Welfare as Chairperson is formed. The role of the media committee is to: Develop and finalize media plan with timeline, monitor implementation of IEC/Social Mobilization activities at national, state and district level and coordinate with DAVP, Song and Drama Division, Doordarshan, AIR, Field publicity etc. Activities on IEC and social mobilization will be carried out in coordination with GOI, State governments, district administrations, UNICEF, WHO/NPSP, NGOs, Rotary, Panchayati Raj institutions, Education department, Information and Broadcasting department, ICDS, key religious institutions and others to expand the reach and impact of the programme.

Such media planning incorporates horizontal and vertical communication strategies. From the central government to Panchayat Raj institution all are involved. As key strategy focused on interpersonal communication (IPC) for raising awareness in urban slums and rural areas supplemented by mass media & print material programme became effective. Various media directly and indirectly contribute to the health awareness. But the effectiveness of each media depends on the access and utilization, the medium itself, and the content, treatment and formats of presentation as David Berlo suggested.

Branding

IEC materials were developed with a recognizable 'brand' so that the public made a quick association with what they are seeing, reading or hearing with the polio programme. This brand has been in place for more than 10 years with a very positive effect. A CD with the IEC material prototypes is provided, to State EPI officer's compatible mode so that it could be modified for state languages and add the state logo, if appropriate. States are requested not to deviate from the prototype design and colors. Improved visibility of fixed centers for polio drops during NIDs/SNIDs through standardized and well-recognized sign boards/banners. Careful plan and consistency in the message with repetitions increased the participation. Branding of the campaign is done through uniform color and logos improved recognition of campaign material even by illiterates. Brand ambassadors are used to reach public.

The IEC Bureau, MOH & FW was responsible for media planning on national channels of DD and AIR, as well as media planning through cable and satellite, and FM channels. The Bureau was used software, featuring celebrity endorsements. Television spots, audio spots, press release and advertisements were synchronous. IEC materials such as audio cassettes for miking, posters and banners are prepared and distributed. IEC funds are distributed to block level.

Conclusion

India should concentrate on public health and the development of an effective health communication strategy is the need of the day (Melkote, 2010). Robust communication

strategies, including a new communication campaign targeting the need for repeated polio vaccination is succeeded in eradicating the one-time major health challenge. Carefully planned internal resource mobilization and training has resulted in effective execution of polio in India. Advocacy with policy makers for creating a sense of urgency for polio eradication in India is one of the key strategies. People who are part of campaign are well trained with specifically set goals and made it to transform as it is. Motivating the participants is one of the major challenge for the strategy planner, however it is been carefully planned through involvement of workers from the bottom of the system with continuous training. One cannot deny the political willingness as major push forward for the success of polio programme.

Methodical identification of high risk areas, involving religious minorities and combating the negative rumors are other key elements of success. High level advocacy, incorporation of religious leaders, inter departmental coordination has instilled the confidence in health managers and workers for implementing any programme.

Earlier to polio there was only interpersonal communication was widely prevalent. Rarely mass communication was used though media was sparsely available. Polio programme was ice breaker for inter departmental coordination and intermediate communication mediums.

Clear operationalization, critical analysis of data and outcome analysis at individual level was not there before. Now the system is created to address any serious social problem.

The lacuna in polio campaign is comprehensive format for assessing media output. By eradicating polio one can say the communication strategies used for it is successful but the impact of specific strategy is not investigated.

Health worker's communication strength, community relation, involvement rate and coordination have increased after the implementation of polio programme.

Karnataka government has set goal to eradicate measles by 2020. The system established by the polio is very helpful. TB is another major disease which requires immediate attention it can incorporate social advocacy planned by the polio programme. All communicable and non-communicable diseases can be combated through existing strategies.

Polio too had lot of resistance earlier. Due to lack of information, negative attitude of target group, apathetic approach by the health workers and forced administration of polio drops programme faced lot of resistance.

Lessons learnt and Recommendations

Many significant lessons are learnt from Pulse polio legacy in India. The escalated pace of vaccination, concerted actions of the government, international and national partners, and heightened media and interpersonal outreach together can contribute considerably to the diverse population of India.

Polio succeeded with political willingness. In the democratic set up political administration plays important role in policy formation and its execution. In Polio, political willingness was high. Such willingness is required for overall health reforms in the country. The strong commitment of the Government of India and the endemic and high-risk states ensured that the entire government machinery is geared for the polio eradication programme down to the block and village level.

Intense and focused measures with tailored tools and strategies to reach and deliver the maximum possible benefits would lead to success. Polio had set goals and meticulously planned strategies at every level and for every stakeholder.

The stakeholders should be motivated to take up the challenges and resolve it methodically. The continuous involvement would create motivation and dedication. Polio had trained stakeholders at various levels.

Inter departmental coordination is required to for social transformation toward healthy society. Health is earlier the responsibility of individual and the community. But after polio intervention various government departments including health department is held responsible. Education department, Panchayath Raj institutions, Women and child welfare departments, NGOs etc are involved in social change. This would help to combat mal nourishment, Measles, TB, HIV/AIDS and other communicable and non-communicable diseases.

Community sensitization with specifically designed messages would create community involvement. Methodically high-risk areas are identified and the issues are addressed with extra efforts such as social mobilization networks. Health department can divide the target group according to its specific need and address the problems with different strategies. The uniform strategy will not work all the time in heterogynous population of the country.

Community leaders are involved to reach the community. Using the service of religious leaders to reach religious minorities is the important lessons to be learnt to implement, family planning, immunization and sexually transmitted diseases.

Micro plans have set the new trend in comprehensive community need assessment. Polio had created different formats for planning, executing and processing the problems.

Reporting, reviewing and monitoring systems of polio programme can be adopted for implementing all health programmes.

Branding the programme is very essential to instill credibility and belief among target audience. Social marketing approach to create the awareness among needy is another lesson to be learnt.

Involving NGOs, international organization, corporate houses for fund mobilization will make the government's burden lighter in establishing healthy society.

Experience gained from using communication to induce behavioral change among the underserved had brought a new meaning to the task ahead. Resistant communities had responded to the full range of interventions that addressed their fundamental needs for information, knowledge and services, due to SM Networks.

A variety of developmental experiences had proven that communication and social mobilization were not just an option, but rather, a necessary condition for success.

In the course of bridging the knowledge gap between the service providers and the marginalized communities, UNICEF had, through the initiatives of good practices, and established networks and addressed other related issues for reluctance, built new allies in districts and villages, and left knowledge and capacities behind for other equally pressing child health concerns.

The effectiveness of communication approaches, whether through mass media or interpersonal, was largely determined by predominant views of various target audiences and how to motivate a shift in attitude. Communication research, both qualitative and quantitative, had been a feature of India's full-scale intervention, guiding the plan from identifying outreach channels, formats, to message design and pre-tests to ensure relevance and the highest degree of audience acceptance.

Finally, it taught a lesson that for reaching the goal; the right to information, knowledge and consultative dialogues of people, from general public or the underserved communities should be taken seriously for resolving any health issues and problems.

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