

# Pakistan PEI/EPI Communication Review



## Report

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# 1. Terms of Reference/Purpose of Mission

Following the spring 2001 NIDs in Pakistan, UNICEF completed a review of social mobilization, the results of which were presented at the last Technical Advisory Group in Islamabad. At the TCG meeting in Geneva in May 2001, the Pakistan Ministry of Health, the Pakistan PEI team and partners recommended a further review of communication support to PEI in Pakistan. This recommendation was formalized through the Secretary of Health's request for UNICEF, WHO, CDC and USAID to provide an external team to carry out an assessment of PEI communications. This review was intended to inform the fall 2001 NIDs campaign. A three-member team, comprising communications experts from WHO, UNICEF and USAID's CHANGE Project, was formed on short notice and visited Pakistan between 16-22 July.

The final Terms of Reference (Annex A) were presented to the team on the first day. In short, the purpose of the mission was to examine the communication, social mobilization and training strategies and activities in the framework of the recently adopted house-to-house approach; identify strengths and weaknesses; and propose improvements, emphasizing practical approaches both for immediate adoption in the fall 2001 round as well as for subsequent NIDs and routine immunization.

Given the short time available for the exercise and the small size of the team, the members adopted a simple three-tiered approach, namely:

- (a) briefings and document review – 16/17 July
- (b) meetings with key stakeholders (at the Ministry of Health, WHO, UNICEF, PTV and PBC) and
- (c) interviews and observations in 3 provinces: Sindh (Karachi Division – Ms. Susan Mackay), Punjab (Lahore Division – Mr. Mike Favin) and NWFP (Peshawar and Charsatta – Mr. Robert Tyabji).

The field visits were conducted on 18 and 19 July. The main findings and recommendations of the team were presented to the Director General of the Ministry of Health on 21 July.

## 2. Polio Eradication in Pakistan

Interruption of polio virus transmission in Pakistan is critical to the success of global eradication, since Pakistan is part of the largest remaining polio virus reservoir outside of Africa. Polio virus transmission within Pakistan and across open borders within Afghanistan continues to be a source of virus importation into neighbouring Iran and other polio-free countries within the Middle East.

Since 1994 seven rounds of NIDs have been held in Pakistan. During each NID, 200,000 centres were set up to vaccinate 25 million children under 5 years of age. More than 600,000 volunteers worked at the centres on polio days. Evaluations of the strategy established that awareness amongst parents reached 98% and that on average, almost 90% of children were covered during each round. Nonetheless, the challenge is to reach virtually 100% coverage and end transmission of wild polio virus. The continued transmission of the virus after so many rounds suggested that the quality of NIDs was neither uniform nor sufficient.

In 1999, the vaccine-delivery strategy was changed from a fixed site to a house-to-house approach in an effort to reach every child. This major shift entailed preparation of micro-plans and maps, formation of 70,000 vaccination teams, payment of a small stipend (Rs. 80 per day) to each team member, appointment of paid district and zonal coordinators and union/council/ward/area in-charges, establishment of training programmes, and development and implementation of new strategies for communication and social mobilization.

An additional 2-round campaign was introduced in the spring of 2000. Intensified efforts were continued in 2001 with a 3-round spring campaign, to be followed by SNIDs in high risk districts and then a 2-round fall campaign. The number of wild polio virus cases decreased from 324 cases in 1999 to approximately 25 cases in the first half of 2001.

Current social mobilization activities utilize television and radio spots and programs, mosque and mobile loud speaker announcements, launch ceremonies, press releases and conferences, banners, posters, and team visits to homes, during which print materials are sometimes given to families. In addition, UNICEF provides each district with Rs. 15,000 per round to support local mobilization activities. Social mobilization activities are supposed to be organized and coordinated by social mobilization committees at national, provincial, and district levels and chaired respectively by the Director General, Governors/Provincial Ministers of Health, and District Commissioners. In reality, mobilization plans are often made by the general PE committees or by Medical Officers.

### 3. Challenges for Communication

The changeover from the fixed center to the house-to-house approach shifted the onus of responsibility from parents to the Government teams. The change in strategy has had the effect of diminishing the importance of parents' demand for polio immunization, since parents were now asked merely to await the arrival of the teams. Yet if a team does not arrive, parents are requested to call a universal access number (that rings at one of 54 locations in the country) and/or to take eligible children to a limited number of fixed sites. In addition, teams are supposed to note the names of absent children and return later to that particular family to complete the immunization.

Cultural norms make it necessary for a woman to be present on each team, a requirement that is difficult to meet, particularly in rural and tribal areas. It is also unacceptable in some areas to have a two-woman team or a male-female team if the members are not related. Reaching every child in the mega-cities (pop > 1 million) presents an entirely different set of challenges, as the conditions there range from densely-populated slums to high-security, multi-storey residential buildings.



*'Hard to reach high rise apartments in Karachi*

## 4. Main Findings and Recommendations

As communication and social mobilization are integral parts of the overall campaign design, strategy, management and implementation, the findings of the review are grouped under the headings of planning, management, communication strategy, and motivation and training. These findings are based on interviews with a cross-section of respondents and observations from brief visits to a few sites.

### 4.1 Planning



with adverse effects on decision making and advocacy.

- Incomplete and/or last-minute planning is a problem that seems to pervade all levels, obviously affecting the other processes associated with implementing the programme.
  - Social mobilization committees at the federal, provincial and district levels are supposed to co-ordinate and implement communication and social mobilization activities. However, it was observed that these committees either have not met or have been convened without sufficient high-level participation,
- As additional programme activities such as MNT (maternal and neonatal tetanus elimination) and Hep-B vaccine are introduced without a commensurate increase in human resources, they increasingly stretch the available manpower and have adverse effects on planning and management.
  - Co-ordination among partners, disparities in their allocations of human and financial resources to the programme, and differences of opinion and expectations concerning programme strategy and implementation were seen as problems hampering effective planning.

#### How to improve planning

- Develop integrated social mobilization /communication plans for PEI/EPI for 2002-2003 at all levels as soon as possible.
- Adopt a 'bottom-up' approach to planning of social mobilization.
- Devolve more responsibility and resources for social mobilization to provinces and districts for facilitation of local strategies.
- Hold more frequent meetings among partners.

## 4.2 Management

- Provinces and districts are almost totally dependent on the national level for program strategies, plans, messages, materials and funding. As a consequence, sub-national staff have little sense of control over the program.
- The team observed a sense of powerlessness among local managers and functionaries that appeared to hamper ownership, commitment and the development of a culture of proactive and innovative problem solving, all of which are key human attributes for implementing a complex programme under challenging conditions.
- In particular, the team members observed a lack of communication materials and messages specifically appropriate to local needs (e.g., addressed to local cultural or service-delivery challenges and available in regional and sub-regional languages); the funds allocated to the districts for social mobilization are inadequate for adapting existing materials or producing local materials (an amount of Rs. 15,000 per round is provided to each district but this is only sufficient to cover the costs of meetings. There is no regular allocation for the provincial level); and the package of communication and training materials was not received at all (in NWFP and Sindh) for the 2001 rounds.
- Weak/slow decision-making was observed at provincial and district levels. This problem appears to be related to a shortage of managerial and supervisory personnel. In addition, social mobilization committees cannot make timely and effective decisions without regular meetings and key decision makers present.
- The full potential of partners such as Rotary International, schools, community-based organizations and private-sector entities has not been adequately exploited. Rotary and other current and potential partners stated that they could contribute much more if asked in a timely manner by NID organizers. This again is related to the limited time available to staff for pursuing advocacy, communication and social mobilization issues.

### **How to improve management**

- Appoint communication/social mobilization officers at the national and provincial levels.
- Reactivate social mobilization committees with regular meetings.
- Improve co-ordination between partners and resolve outstanding differences as soon as possible.
- Strengthen high level advocacy at national and sub national levels.
- Exploit more fully the potential of community partnerships, particularly in the private sector.
- Increase the number of fixed sites.
- Consider innovative service delivery options, such as including weekend campaign day or utilizing popular restaurants and supermarkets as fixed sites.

### 4.3 Communication Strategy

- The review team felt that the materials for the campaign, including the television spots, were competently produced and had achieved success in raising awareness. However, they also felt that many materials lack some of the additional attributes that might make them motivational by being engaging, entertaining and memorable.
- Parents (especially mothers) appeared to be knowledgeable about the polio campaign. However, they lack a clear understanding of what they should do if the teams don't visit or if a child is missed. Parents are also uncertain about the reasons for multiple visits to their homes and so many repeat doses. Many are not clear about the exact locations of the fixed sites. The need to immunize every child during very NID is also not fully appreciated.
- The support of television and radio was widely appreciated, and indeed studies carried out in the provinces show that the mass media played a significant role in informing urban parents about the campaigns. Provincial and district programme managers suggest that the mass media campaign begins a few days before each round and ends a few days after each round. This would allow more time for parents to get the message and prepare themselves to receive the teams and would also reinforce the message about visiting the fixed sites.
- There is scope for better utilization of other electronic media such as cable television in some areas. Team members noticed the popularity of foreign TV channels which have the potential to effectively complement PTV and PBC programmes. It would also allow a strong communication focus on "finding the missing child" at the end of each set of immunization days.
- The importance of mosque announcements and mobile public address before and during the rounds was emphasized, particularly in the smaller towns visited. One imam pledged to support the programme in any way he could, even to the extent of immunizing children himself (Charsadda town).
- A general observation of the team was that the strong communication focus on polio eradication has diluted or confused the messages on routine immunization. For example, some parents reportedly think that the polio drops protect their children from all EPI diseases. (This reinforces the need for integrated polio/immunization/child health communication plans.)



*Electronic media is a powerful communication tool in Pakistan*

## How to improve the communication strategy

### General

- Focus messages on reaching every child every round, e.g. search for the missed children beginning the evening of last day of each round. Involve school children.
- Strengthen EPI communication, especially between PEI rounds.

### Mass media

- Extend mass media broadcasting before and after rounds.
- Work more creatively with PTV and build their capacity to plan and produce effective spots.
- Improve the use of BBC, VOA and other international networks.
- Place spots on cable TV channels.
- Explore synergies with neighbouring country mass media channels.

### Other channels

- Place the 'every child, every time message' on such as balloons, matchboxes, poster, stickers on vehicles, product labels focusing on the "every child, every time" message.
- Distribute calling card to closed homes.
- Employ special communication strategy for reaching hard-to-reach groups e.g. elites: glossy and special interest magazines, airlines, supermarkets, paediatricians, Rotary and Lions Clubs, hairdressers, housing co-operatives, GSM networks, ISPs, internet cafes, taxi drivers, colleges, etc.
- Involve pre-schools (securing prior permission from parents).

A behavior change strategy targeting key audiences is found in ANNEX B.

## 4.4 Training and motivation



which is below the minimum wage.

*Training healthworkers in NFWP*

- The success of the house-to-house strategy depends largely on team members having effective interpersonal communication skills. This can only be achieved through appropriate training and supervision.
- Polio eradication activities are regarded as routine, mundane and not necessarily important.
- Many team members do not feel sufficiently motivated by such a small payment, which do they not see as subsistence money but as a work payment

### How to improve training and motivation

#### Promote concept of **National Polio Heroes**

- Use national media to motivate health workers and supervisors by emphasizing the national importance of their roles, e.g. develop pre-campaign television spots with team members portrayed as heroes.
- Involve local communities more actively in recruitment for campaigns.
- Employ innovative approaches to training, e.g. comedian role play training video, games.
- Ensure timely remuneration.
- Award certificates and other tokens of appreciation to team members.
- Involve local media in documenting human interest stories.
- Offer training in effective use of communication materials.

A behavior change strategy targeting team members is found in ANNEX B.

## ANNEX A

# Revised Terms of Reference

### *Pakistan PEI Communication Review*

*16-21 July 2001*

Background: On the request of the Federal Secretary Ministry of Health, Government of Pakistan a review of the Pakistan PEI communication is planned to be held in Pakistan during 16-20 July 2001. WHO Geneva office is coordinating the identification of a panel of experts for undertaking the review. The team will look at the overall PEI communication with inputs from different partners including government, WHO, UNICEF & Rotary. The PEI Communication review will be done in the light of the PEI programme strategies, approach, implementation & decision making mechanisms, monitoring and supervision. UNICEF Pakistan has been requested to prepare the draft terms of reference in consultation with the partners. The final draft will be shared for approval by the relevant government authority.

#### Objective

1. To review PEI Communication & training planning (content, process & funding) for NID 2000 fall and 2001 spring campaigns in the light of PEI programme strategies for identification of gaps.
2. To review PEI communication & training implementation for the above two campaigns in the light of PEI programme strategies, decision making processes, micro-planning, monitoring & supervision for identification of gaps in the implementation process at the federal, provincial, district & sub-district levels.
3. To review promotion of EPI during PEI in Pakistan during above two campaigns and to identify successes & failures for EPI promotion
4. To review existing communication activities for hard to reach, cross border and surveillance in the light of the programme strategies & identify gaps
5. To recommend remedial actions for fall 2001 NID campaign, overall PEI communication & EPI promotion beyond the fall 2001.

## Main Assignments

1. Review of TOR jointly with government, WHO & UNICEF representatives for fine-tuning & clarification (July 16<sup>th</sup> morning).
2. Identify & agree on key stakeholders to be interviewed during the review. For example –
  - Government of Pakistan - NPFPHC/HEC, Provincial health department officials DG, PD, ADHE, DHOs, District/ zonal, ward, area supervisors, vaccinators, LHWS, team members
  - Key partners - UNICEF/ WHO/ Rotary International
  - Line departments – district management, social welfare, education department, teachers
  - NGOs – Boy Scouts, FFL, Girl Guides, etc
  - Professional organizations/suppliers – PTV, PBC, FM100, suppliers, printers, ad agencies
  - Communities – volunteers, religious leaders, parents
3. Identify key questions for the stakeholders
4. Discuss linkages with UNICEF third party evaluation of NID communication (focal point – Mr. Robert Tyabji, Regional Advisor Communication, UNICEF Office for South Asia – ROSA)
5. Assignment of roles & responsibilities to members of the review team (for conducting the review), government, WHO & UNICEF focal points (for logistic and field arrangements)
6. Development of the workplan for the review, submission of key findings & preparation of the final report (16<sup>th</sup> July morning).
7. Meeting with key government officials in the Ministry of Health to share process & workplan for the review (July 16<sup>th</sup> afternoon)
8. Desk review of all relevant documents such as -
  - PEI programme strategies including hard to reach, cross-border & surveillance
  - Composition, TORs & minutes of all relevant decision & coordinating groups such as ICC, steering committees & working groups on communication, training, micro-planning, monitoring & supervision at different levels
  - Monitoring & coverage assessment reports
  - Communication/ training strategies, budgets from different partners, materials produced by different partners, implementation plans/ processes, communications to the field staff, pre-test reports, assessments reports for communication activities etc.)
9. Identify gaps in planning, decision making, approaches as well as processes
10. Hold meetings with key stakeholders at federal, provincial, district & sub-district level & compile findings & recommendations.
11. Review the findings from the field in comparison with the monitoring, coverage assessment & communication assessment reports & highlight differences found
12. Identify successes & failures for promotion of EPI during PEI programme planning & implementation
13. Analyse causes of successes/ failures in communication implementation at different level
14. Prepare report with recommendations for remedial actions for fall 2001 NID campaign, overall PEI communication & EPI promotion beyond the fall 2001.
15. Prepare presentation & brief note on highlights of key findings & recommendations
16. Present highlights during a meeting with key government counterparts from federal & provincial level and with participation of other partners
17. Present final report

## Recommended qualifications/ specialized knowledge/experience for the review team

The review should be undertaken by a team of 4 persons with the following experience and qualifications:

- At least one team member with 10-15 years international experience of having planned and implemented communication strategies, preferably for PEI & at least some knowledge of communication for house to house approach – with experience of designing and conducting training for communication skills. Advanced university degree in communication
- At least one team member with 10- 15 years international experience of planning and monitoring PEI in developing countries, preferably with experience of house to house approach. Advanced university degree in public health or related field
- At least one national team member with 8-10 years of national/ international experience of having planned and implemented communication strategies, preferably in the area of health – with experience of designing and conducting training for communication skills. Advanced university degree in communication.
- At least one international team member with 8-10 years of experience in media planning and implementation, preferably radio, TV & print media.

## Coordination & Support

Review planning & coordination – Ms. Claudia Drake, WHO Geneva

Review implementation in Pakistan – Designated focal point Ministry of Health/ relevant focal points at provincial level from departments of health

Review focal points – one person each from WHO, UNICEF, Rotary

## Timing

**July 16, 2001 to July 21, 2001**

## ANNEX B

## Behavior Change Strategy for Polio Eradication in Pakistan

In order to:

1. Help planners clarify and focus on desirable behaviors, and
  2. Gain a fuller appreciation of how communication and other actions need to work in tandem to encourage desirable behaviors,
- I have sketched out brief behavior-change strategies for the Pakistan polio eradication efforts. It is hoped that the responsible persons and partners will improve and update these analyses and strategies as the program situation evolves.

**Target Audience:** Parents

Behavioral Analysis			Program Strategy			
Desirable Behaviors	Barriers	Motivations/ Facilitating Factors	Communication Activities	Training	Service Improvements	Other
Stay at home with all children under 5 on campaign days	<ul style="list-style-type: none"> <li>*Difficult if child normally goes to day care or preschool or is otherwise outside of the home while parents work</li> <li>*Lack of motivation due to NIDs fatigue, lack of understanding of need or benefit of so many repeat doses</li> <li>*Fear of drops due to rumors, false perceptions, suspicions (drops spread AIDs, for family planning, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>*Each time a child gets drops, s/he become more protected against polio</li> <li>*Getting drops contributes to eradicating polio from Pakistan and the world</li> <li>*It is easy to get drops at home and by doing this you avoid having to go to an fixed immunization site</li> </ul>	<ul style="list-style-type: none"> <li>*Explain need and benefits (and give days) on radio, tv, mosque announcements, and other IPC</li> <li>*Leave "sorry we missed you" card with return date and time &amp;/or location of closest fixed site</li> </ul>	<ul style="list-style-type: none"> <li>Train HWs and team members to clearly explain needs and benefits</li> </ul>	<ul style="list-style-type: none"> <li>*When possible, inform people which specific day to expect team to visit</li> <li>*Immunize in day care, preschools, markets</li> <li>*Use UAN as a "hotline" to answer questions or concerns on polio campaigns and routine immunization</li> </ul>	
Open door, welcome team, make every child available to receive drops	<ul style="list-style-type: none"> <li>*Teams may not visit every home</li> <li>*Some parents may not want or be able to stay at home with children</li> <li>*Some parents may be reluctant to bring newborns, sleeping or sick children</li> <li>*Some teams may not have female member</li> </ul>	<ul style="list-style-type: none"> <li>*Each time a child gets drops, s/he become more protected against polio</li> <li>*Getting drops contributes to eradicating polio from Pakistan and the world</li> <li>*Children like drops, drops don't hurt</li> <li>*Drops are completely safe for newborns and sick children</li> </ul>	<ul style="list-style-type: none"> <li>*Model parents welcoming team on radio and tv</li> <li>*Model parents agreeing to have newborns, sick and sleeping children on radio and tv</li> <li>*Develop and use job aid for team members to facilitate effective home visits</li> </ul>	<ul style="list-style-type: none"> <li>*Train all team members to ask specifically about newborns, sleeping, visiting, and sick children.</li> <li>*Train teams to motivate and reassure parents but not pressure them to cooperate</li> </ul>	<ul style="list-style-type: none"> <li>*Visit as many homes as possible in early evening when more people are home</li> <li>*Increase the number of teams in areas where it was hard for teams to reach all homes in last NID</li> <li>*Either have a female member of each team or have a female from the community accompany an all-male team</li> </ul>	

Call UAN if team does not come by evening of day 3	<ul style="list-style-type: none"> <li>*Don't know or remember number</li> <li>*Not motivated to call</li> <li>*Difficult access to telephone</li> <li>*Line busy when many people call</li> </ul>	Great importance of every child receiving polio drops every round	<ul style="list-style-type: none"> <li>*Tell about UAN in broadcast and print media</li> <li>*Leave "sorry we missed you" card with return date and time &amp;/or location of closest fixed site</li> </ul>	*Train persons in DHO's office to answer all likely questions clearly	Be certain that all UANs are functioning and staffed during set hours	
Visit a fixed immunization site if team has not come to your home	<ul style="list-style-type: none"> <li>*Don't know location of closest site</li> <li>*Site too distant</li> <li>*Travel to site perceived as too expensive, difficult, or time-consuming</li> <li>*Parent not motivated to make the effort</li> </ul>	<ul style="list-style-type: none"> <li>*Great importance of every child receiving polio drops every round</li> <li>*Parents or child can get other health services on same visit, if site at regular health facility</li> </ul>	<ul style="list-style-type: none"> <li>*Mark all fixed facilities clearly before, during, and after campaigns</li> <li>*Leave "sorry we missed you" card with return date and time &amp;/or location of closest fixed site</li> <li>*Mass media and IPC to motivate every child receiving drops</li> </ul>		<ul style="list-style-type: none"> <li>*Increase number of sites, especially in urban areas</li> <li>*Be certain all sites are functioning during set hours</li> </ul>	
Look for missed children and tell their caretakers to go to fixed immunization site	<ul style="list-style-type: none"> <li>*People are unaware of need to do this</li> <li>*People do not appreciate importance of doing this</li> <li>*People may not know location of nearest fixed site</li> </ul>	This is a relatively easy behavior to carry out once people understand need and importance	<ul style="list-style-type: none"> <li>*Mark all fixed facilities clearly before, during, and after campaigns</li> <li>**Leave "sorry we missed you" card with return date and time &amp;/or location of closest fixed site</li> <li>*Mass media and IPC to motivate every child receiving drops</li> <li>*Intensive mass media communication &amp; mobilization of school children during 3 days following NIDs</li> </ul>	With cooperation of Min. of Education, distribute instructions to teachers to orient students to find missed children	Make certain all facilities prepared to give polio drops during these 3 days	

**Target Audience:** District Medical Officers

Behavioral Analysis			Program Strategy			
Desirable Behaviors	Barriers	Motivations/ Facilitating Factors	Communication Activities	Training	Service Improvements	Other
Plan social mobilization activities early; plan and implement with community leaders and groups	<ul style="list-style-type: none"> <li>*Not given plans and information from central/provincial levels early enough</li> <li>*Not given resources to make ambitious, creative plans geared to local situation</li> <li>*In some districts lack of capable staff who have sufficient time</li> </ul>	<ul style="list-style-type: none"> <li>*District staff want more ownership and control, as long as they also have more resources</li> <li>*Some staff not convinced of importance of PE vis a vis other health priorities</li> </ul>	Complete annual national integrated EPI/PEI communication plan by December 1 to give provinces and districts time to complete their plans by January	<ul style="list-style-type: none"> <li>*Provide long-term social mobilization consultant to support each provincial team and help train them in any needed skills</li> <li>*Train district staff to analyze special challenges &amp; to identify local resources</li> </ul>	<ul style="list-style-type: none"> <li>*Provide more resources to districts that justify a need for them</li> <li>*Encourage districts to make needed additions to service delivery strategy and be certain that com./ soc. mob. plans are appropriate</li> </ul>	

**Target Audience:** Private practitioners

Behavioral Analysis			Program Strategy			
Desirable Behaviors	<i>Barriers</i>	Motivations/ Facilitating Factors	Communication Activities	Training	Service Improvements	Other Activities
Encourage parents to have all their children receive polio drops during NIDs	<ul style="list-style-type: none"> <li>*Some PPs don't understand need for so many repeat doses</li> <li>*Some PPs don't have confidence in gov't health services</li> <li>*Some PPs want to give all immunizations to earn fees</li> </ul>	<ul style="list-style-type: none"> <li>*Most PPs want what is best for patients</li> <li>*Many PPs can be reached via pediatric society and other membership organizations</li> </ul>	<ul style="list-style-type: none"> <li>*Articles in provider newsletters</li> <li>*Presentations at provider annual meetings</li> <li>*Articles in popular medical journals</li> </ul>	<ul style="list-style-type: none"> <li>*Continue training seminars for PPs</li> </ul>	<ul style="list-style-type: none"> <li>*Consider making OPV available to PPs who promise not to charge for vaccine</li> <li>*Monitor to ensure that PPs are not charging</li> </ul>	
Give polio drops to children whose parents request this	<ul style="list-style-type: none"> <li>*PPs willing to do this but many do not want to forego fees</li> </ul>	<ul style="list-style-type: none"> <li>*May cooperate once they understand the importance of every child, every time</li> <li>*This is a way of keeping "customer loyalty"</li> </ul>	<ul style="list-style-type: none"> <li>*Articles in provider newsletters</li> <li>*Presentations at provider annual meetings</li> <li>*Articles in popular medical journals</li> <li>*Develop sign on free OPV to post at providers' offices</li> </ul>		<ul style="list-style-type: none"> <li>*Require providers to maintain and send in tally sheets in return for free OPV</li> </ul>	

**Target Audience:** Team Members

Behavioral Analysis			Program Strategy			
Desirable Behaviors	Barriers	Motivations/ Facilitating Factors	Communication Activities	Training	Service Improvements	Other Activities
Carry out technical tasks correctly (map, visit, give drops, complete registers, mark doors)	<p>*In the past, not all team members received formal training or watched the training video</p> <p>*In the past some team members were selected at the last minute and therefore not trained; some of these people were children or other inappropriate choices</p> <p>*Team members may lack essential supplies, as well as monitoring and supervision</p> <p>*Delayed payments of salaries and per diems</p>	<p>*Team members must realize the importance of their work to the children they reach, to Pakistan and to the world</p> <p>*May also be motivated by improved supervision and monitoring</p>	<p>*Awards and heroes activities for outstanding team members</p> <p>*Poster to raise workers' morale and esteem in eyes of the public</p> <p>*Praise teams on mass media and ask for public cooperation</p>	<p>*Good, universal training is essential</p> <p>*Make more entertaining version of training video to encourage viewing</p>	<p>*All team members should be appropriate and selected at least two weeks before each campaign</p> <p>*Continued payment of meal money</p> <p>*Field more monitors and supervisors to support quality of teams' work</p>	Encourage CBOs and community leaders to find ways to support, honor/ thank team members
Be nice to parents and other caretakers, encourage and answer questions clearly, motivate cooperation without undue pressure	<p>*With pressure to complete all home visits, team members may feel they cannot spare the time for much communication</p> <p>*Their treatment and communication with families has not been emphasized in the past</p> <p>*Team members become physically and mentally tired</p>	<p>*If team members are trained to be competent in this, the feedback from families should be motivating</p>	<p>*A simple job aid could be developed that can be understood by low or non-literate team members</p> <p>*The desirable behaviors (of both families and team members) should be modeled in mass media spots</p>	<p>*This should be covered adequately in training and covered in the Implementation Guidelines</p>	<p>*Field more monitors and supervisors to support quality of teams' work</p>	<p>*If teams themselves feel they don't have time, a community volunteer can accompany each team to give information and answer questions</p>

**Target Audience: Students**

Behavioral Analysis			Program Strategy			
Desirable Behaviors	Barriers	Motivations/ Facilitating Factors	Communication Activities	Training	Service Improvements	Other Activities
Remind parents when NIDs are and encourage their cooperation	*A lot of work is required to engage all schools in Pakistan *It may be hard for the youngest students to understand and explain the key messages	*Students should like the idea of helping their younger siblings and communities *Student should like the idea of giving information to their parents instead of vice versa	Development of a simple, one-page guidelines for all teachers			Ministry of Education must cooperate: school principals should monitor participation of the teachers and students
Beginning last night of each NID, look for missed children; urge caretakers of any missed child to take child to nearest immunization site	*A lot of work is required to engage all schools in Pakistan *It may be hard for the youngest students to understand and explain the key messages	*Students should like the idea of helping their younger siblings and communities *Students who find missed children should feel good and should be recognized in class	Development of a simple, one-page guidelines for all teachers			Ministry of Education must cooperate: school principals should monitor participation of the teachers and students

Target Audience: Imams

Behavioral Analysis			Program Strategy			
Desirable Behaviors	Barriers	Motivations/ Facilitating Factors	Communication Activities	Training	Service Improvements	Other Activities
Make mosque announcements	*In the past, not all imams were asked *The announcements have been available only in Urdu	*Imams normally happy to cooperate for public good *Should be given information on progress in eradicating polio from Pakistan	*Be certain to meet with all imams at least a week before each round *Make available local language versions of the announcement; could ask local affiliates of Radio Pakistan to translate *If possible district should thank imams as a group and/or individually			
Make personal appeals to mosque members to support polio activities	*Imams have not generally been asked to do this *Some imams may need convincing on need and safety of repeat polio drops	*Imams normally happy to cooperate for public good *Should be given information on progress in eradicating polio from Pakistan	*Be certain to meet with all imams at least a week before each round *If possible district should thank imams as a group and/or individually *If possible, model desired behavior in mass media			

Target Audience: Political and Health Leaders

Behavioral Analysis			Program Strategy			
Desirable Behaviors	Barriers	Motivations/ Facilitating Factors	Communication Activities	Training	Service Improvements	Other Activities
Support PE by making more resources available, by getting personally involved, and by monitoring progress	*Insufficient efforts have been made recently to engage political leadership, in part because insufficient staff and time to do so *Political leaders have numerous health and non-health priorities, so convincing ideas and methods must be developed *Time and other resources are limited	Good arguments exist for officials to support PE: benefits child health, a great national achievement, a great contribution to global eradication, the job is almost done, etc.	*Communicate the priority of polio eradication to important government and officials private sector officials *Add dedicated SM specialists at the national and provincial levels *They and SM committees should focus on advocacy *President's wife should head Task Force for Polio Eradication *President should sign memo asking Governors to consider polio eradication a priority activity			