

Communication update

EOC Pakistan



Demystifying Refusals

What is a “Refusal”

In the PEI terminology a *refusal* occurs when the parent or caregiver refuses to accept or allow administration of oral polio vaccine during a door to door campaign to a child below the age of five years. The community and religious leaders or other stakeholders who oppose OPV are also termed as refusals.

NEAP on “Refusals”

NEAP 2014 laid a special focus on addressing refusals. During the year 2013, the number of Pakistani caregivers who refused OPV **fell by 50% to 0.19%** of the target population – the lowest refusal rate of any polio-endemic country. The overwhelming majority of families in Pakistan consider vaccination of children against polio to be an important health intervention.

The **refusal rate** in Pakistan is now below **0.15%** of the target population, which are clustered in under-vaccinated areas, particularly in Khyber Pakhtunkhwa and Karachi, and contribute to virus circulation across the country (children from **refusal families constituted more than 15% of cases in 2014**).

The government data shows that in areas with presence of social mobilizers, refusal conversion is much higher than in areas where there are no social mobilizers.

The preparatory stage of SIAs is still weak in some UCs and reflects a lack of ownership, teamwork and accountability at the UC level. However, where the National Emergency Action Plan has been followed and the leadership at provincial and district level has demonstrated full ownership, the programme was able to achieve results.

The key communication objectives for 2014 were to support the operational and programme plans and build trust and demand amongst the key communities for OPV, reduce the number of refusals, ensure health

Category	Definition
Demand refusals	Such refusals are based on demand for commodities such as bed nets, food items, hygiene kits, RI EPI, road repairs, health services, electricity and other services.
Religious refusals	Based on the belief that vaccine is haram; conspiracy against Islam; religious leader prohibited it; anti-polio article in the newspaper; don't trust religious leaders who have issued Fatwas on polio
Political reasons	A Western conspiracy and agenda of NGOs; government influenced by West
Mistrust on Polio Workers	Polio workers are spies; they have dirty hands and are not tidy; have rude attitude
Misperceptions about the vaccine	OPV is not effective, not safe and often expire dated; is use for family planning; weakens fertility; makes children ill and also causes death;
Repeated campaigns	So many OPV doses are harmful; doctor says only three doses are enough; tired of vaccination every month; why so much focus on polio alone?
Security Concerns	They kill children with drones and insist we save our children from polio, why?; militants will attack if we allow vaccination; vaccinators violate our privacy and increase insecurity.
Others reasons	Causes diarrhea; new born; weak; not home; sleeping; child is not well and doctor advised not to give OPV; disease and death comes from God and OPV is useless; family elders are against it; husband is against it.

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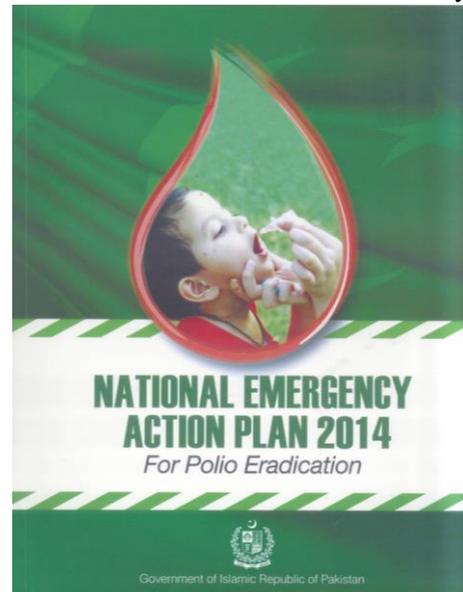
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workers and teams feel safe and are valued and reach children in inaccessible and security compromised areas that are being consistently missed.

Addressing refusals was a key strategy for 2014 with a special focus on polio reservoir areas. The NEAP 2014, specifically provides guidance in this regard stating that; “The campaign must not be considered finished until all the children are reached at the UC level. All means must be used to track and reach the unvaccinated children using the services of the existing health system and any other innovative approaches.”

It further says that the list of still missed (unvaccinated) children due to any reason (non-availability, refusal or any other) should be available at all the relevant government health facilities after the campaign. The EPI staff of the health facility should carry on tracking the missed children for at least 2 weeks after every campaign. A report should be sent from each UC to the district control room on weekly basis (for at least 2 weeks) indicating the coverage of those reached after the campaign and those that still remain missed. The district control room will report further on this (through SDMS) to the provincial control room on weekly basis. The Provincial Control Room will compile the provincial information and report to the Federal Control Room within 18 days of the end of the campaign.



The NEAP 2014, advised that the UCMO must conduct detailed analysis with the assistance of partners’ staff at UC level (where available) on the reasons of still missed children. The analysis needs to be done thoroughly and sub-reasons (for non-availability and refusals) need to be explored and addressed. Special attention must be paid to clusters of missed children (due to any reason) and all necessary measures must be taken to track and vaccinate them. Clusters of refusals should be addressed through SOPs for addressing refusal clusters. These SOPs will ensure detailed tracking of refusals by EPI staff with support of partners’ staff where available, complete with collection of contact information and regular high-level follow-up throughout campaign days and after the campaign as well. Any outstanding refusals will be shared with the office of DC/DCO/PA who will then be responsible for any remaining follow-up.

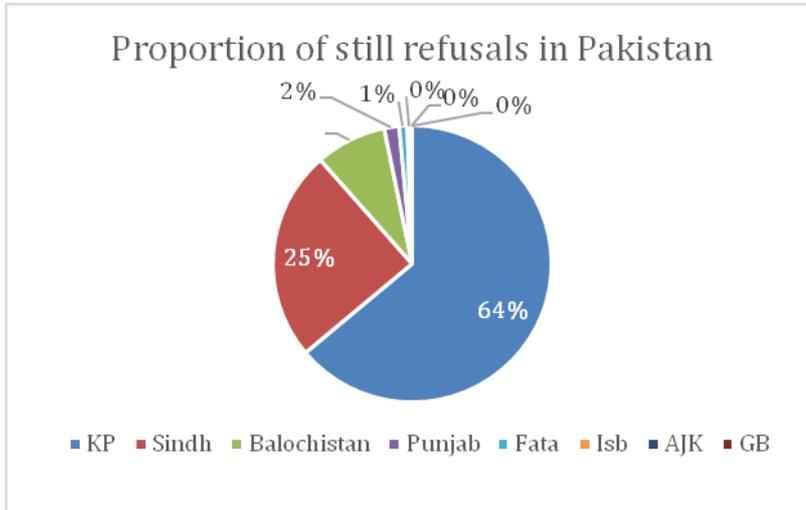
Present Status of Refusals

The data collected from the polio control room for the January 2015 national campaigns shown in the table here indicate that nearly 64% of the refusals recorded in KPK during the campaign have still not been addressed. This is followed by the refusals in Sindh where although 75 % refusals identified during the campaign have been addressed but a sizable number still needs to be converted. The situation in Punjab and FATA is satisfactory while there are no refusals reported from Islamabad, AJK and GB.

	Recorded Refusals	Covered Refusals	Still Refusals	
KPK	58,960	23380	35580	64%
Sindh	33,765	20039	13726	25%
Balochistan	23,126	18540	4586	8%
Punjab	3,501	2539	962	2%
Fata	1,344	819	525	1%
Islamabad	463	188	275	0%
AJK	40	4	36	0%
GB	7	7	0	0%

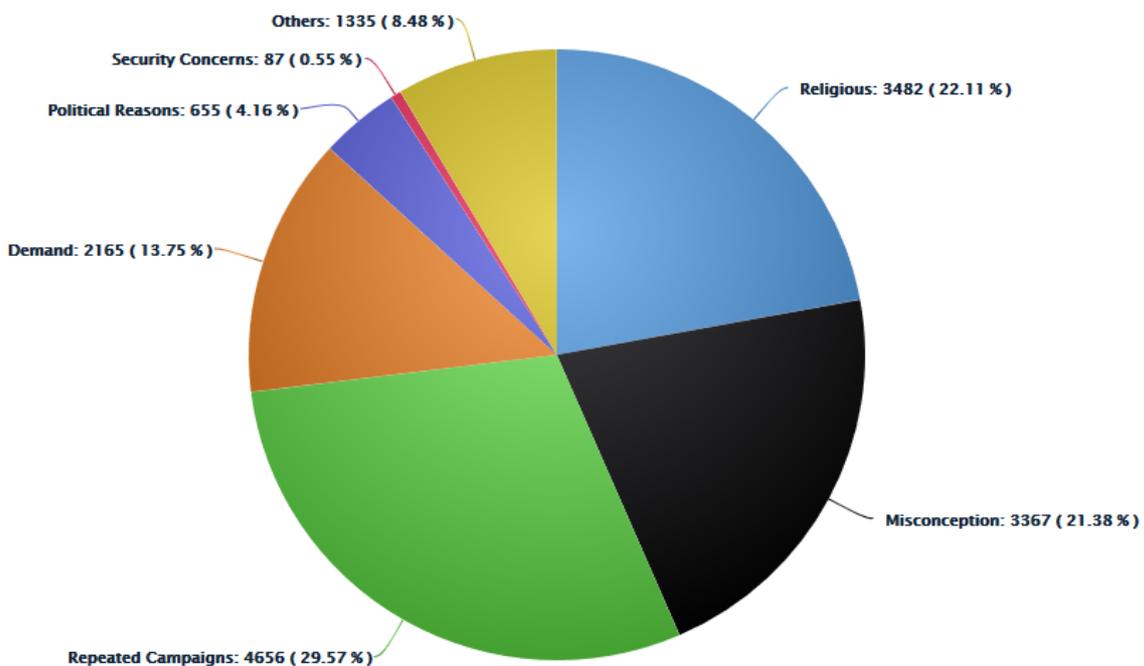
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Categories of Refusals

The data collected from 51 high risk districts across the country where 2,200 communication officers of COMNet are assigned the task to address refusals and help in reaching missed children indicate a high rate of refusal conversion. The data from the January NID segregated into refusal categories below is used as a benchmark to drive the communication strategy for social mobilization, media and mass media interventions.

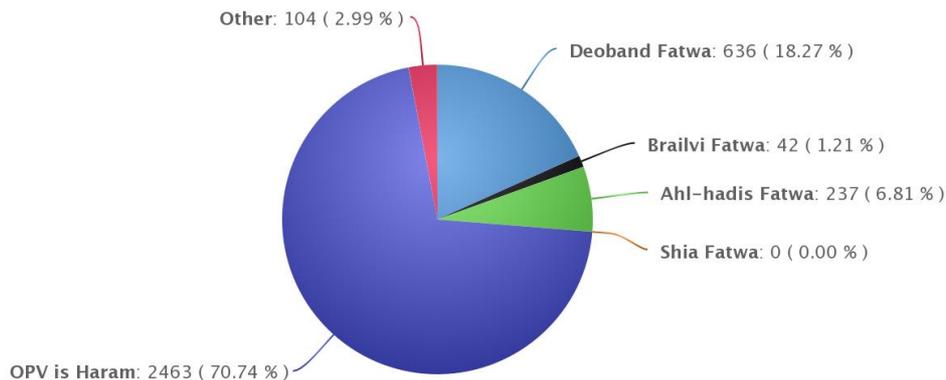


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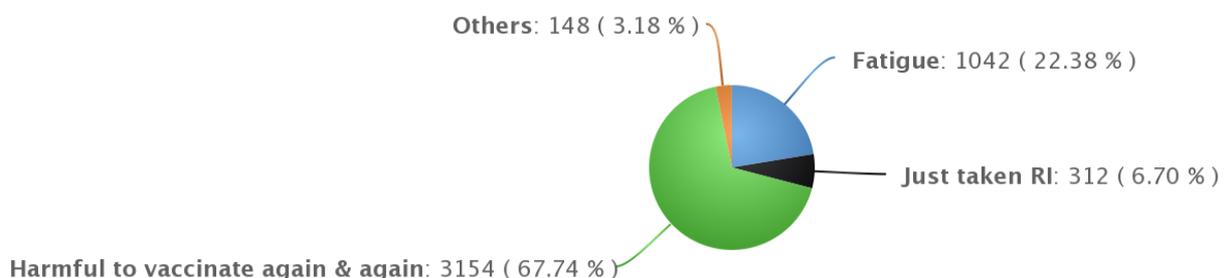
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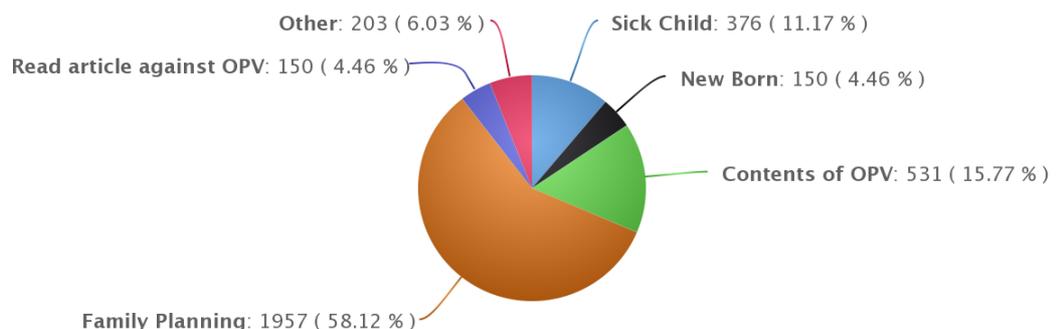
Further breakdown of refusals on **religious basis** is provided in the pie chart below indicating that nearly 70 % of those who refuse OPV on religious grounds consider the vaccine *haram*, despite the countless number of Fatwas issued by key national and international religious scholars and institutions.



The breakdown of the refusal data due to **repeated campaigns** indicate that more than 67% consider vaccine harmful if administered again and again. This information has helped in developing social mobilization, media and mass media strategies on raising awareness regarding the importance and need for repeated campaigns, thus supporting SIADs.



The breakdown of refusal data on **misconceptions** indicate that rumors of OPV causing infertility led to nearly 2000 people refusing the vaccine in the January NID.



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NEAP 2014 SOP's for addressing cluster of still missed children including refusal clusters

- During Campaign days, the vaccination teams will record the refusals on back of tally sheet (the already in place practice) with complete address of the house (phone number where possible) and number of children in the household.
- The Area In-charge (AIC) will visit the refusal household the same day with partners' communications staff (social mobilizer) wherever available.
- AIC if converts refusal will strike it off the tally sheet, if not, then places it in the refusal list for the day and reports through UCMO to the control room (same day)
- UCMO to follow up on clusters of refusals (cluster: 2 or more refusal households in one team's one day work) the next day - and share the list with partners' UC based communications staff (UCO) where available
- UCO (where assigned) will provide list to social mobilizers (where available) who will make attempt for conversion the next day. Where the partner's staff is not available, the health staff of the local health facility will try to convert the refusals.
- UCMO if unable to cover refusals individually will travel along with the UC secretary or any staff from local government/ administration. The community influencers (that should already have been listed in the micro-plan) will be mobilized to convert the refusals.
- If the refusal cluster(s) are not addressed through attempts of UC level staff / influencers, the UCMO will compile the list(s) and share with the District Polio Control Room latest by the end of the campaign
- The head of the Control Room and the partners' staff (DHCSOs) will jointly make effort to convert the refusals, as soon as received from the UCMO
- The DC/DCO/PA will be intimated about the cluster(s) of refusals if remained un-addressed by the efforts of UC and district level staff. The DC will then be responsible and will use all his influence to convert the refusal(s).
- All attempts to convert refusals should be made before the next campaign.

Strategies to address refusals

The government in collaboration with the polio partners work on various communication strategies that are developed in the light of the NEAP 2014 to address refusals due to religious reasons, repeated campaigns and misconceptions.

A robust **social mobilization** strategy is led by COMNet in 51 high risk districts / town / agencies across Pakistan with 2,200 dedicated staff assisting the government in reaching out to the missed children and addressing refusals through interpersonal communication and awareness raising.

The **engagement with religious** leaders has grown stronger and as part of the strategy National Islamic Advisory Group (NIAG) has been set up with membership from key religious scholars of national stature and Provincial Scholars Task Force (PSTF) have been set up at all the four provinces with membership from the various Islamic schools of thought. These religious scholars are leading the campaign to address religious misconceptions. At the same time the religious publications have been engaged to spread accurate information on OPV and importance of repeated campaigns and to reinforce the fact that protection of children from harm is Islamic in essence.

Similarly, the **media and mass media strategies** are aimed at creating wider understanding of the importance of vaccination against wild polio virus, repeated campaigns and how disability ruins the

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life of a child. The result has been that nearly 23 reports are published in the media on a daily basis that contribute to raise awareness, create demand for OPV and address misconceptions. The mass media campaign, using print, electronic and outdoor media, delivers key messages to the parents, caregivers and the community at large on the importance of ensure a child's right to a healthy life.

Bhurban Call to Action

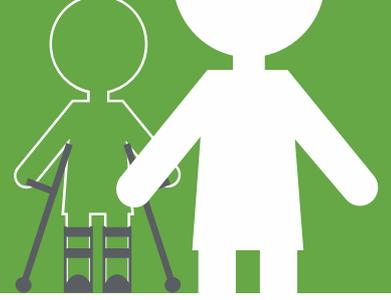
The call to action issued at consultative meeting on ending polio in Pakistan by the end of 2015, held in Bhurban, Murree, in November 2014, laid stress on addressing refusals with strategies like Polio Plus for increasing vaccination acceptance and demand.

It reads; “While changing cultural misperceptions about immunization is a complex endeavor, some actions identified at the workshop included: rebranding campaigns through special civic initiatives and effective media engagement; building trust with communities by asking what services they need and offering Polio Plus to increase acceptance; tracking and mapping reasons for refusal in order to build better strategies and action plans; involving more female social mobilizers; and engaging Islamic scholars and training UC level religious leaders.”

Although, Pakistan has the lowest percentage of refusal amongst the last three endemic countries, the government considers it as a challenge that needs to be addressed on an ongoing basis to prevent a snowball effect that could result in a negative impact on the polio eradication efforts.

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Photos from the field



A social mobilizer shares Fatwas issued by prominent religious scholars on OPV with a religious leader in Quetta to address religious misconceptions



An awareness session is being conducted on polio by a social mobilizer in Kurram Agency, FATA



Pakistan cricket star Shahid Afridi vaccinates children at a public gathering in Quetta



Inayat Shah from Jamrud, FATA, became crippled with polio at the age of 18-months. Now 42, he works as a social mobilizer to raise awareness on polio and address misconceptions.
