



ERADICATING POLIO

**Working with religious leaders
to enhance community ownership**



unite for children



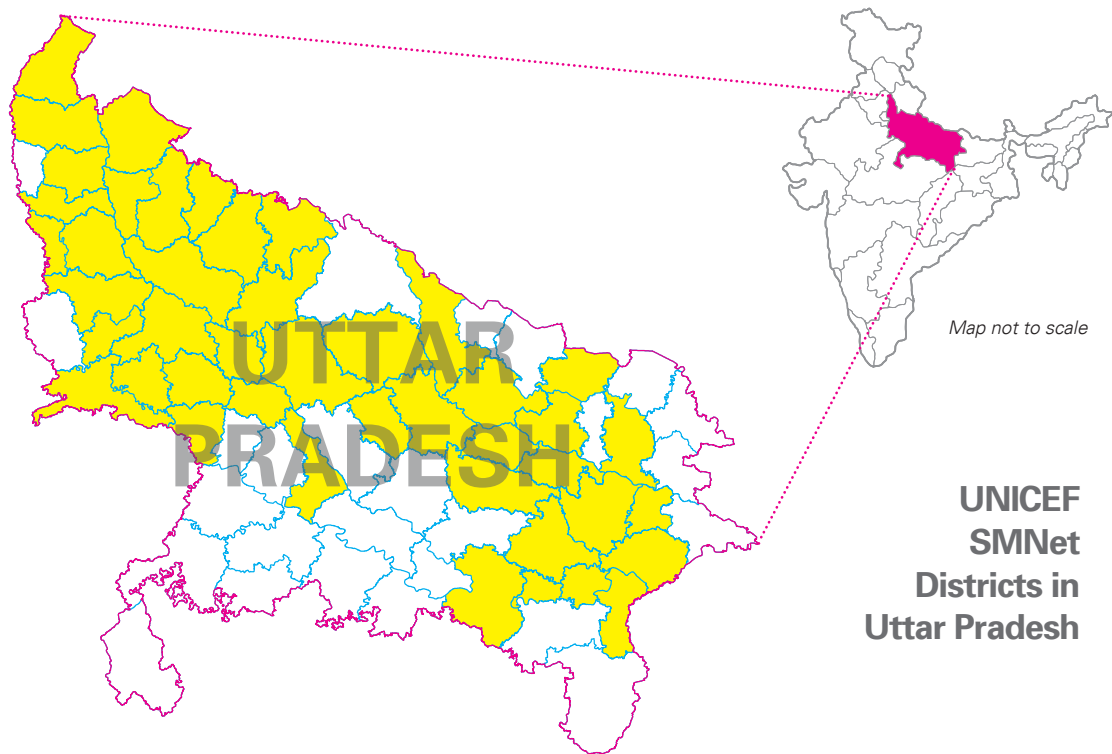
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ABOUT THE DOCUMENT

India is a country of many religions. The day-to-day behaviour of a majority of people is heavily governed by their religious affiliations. The edicts issued by religious leaders greatly influence them and their lives. These religious leaders are held in high regard and have a mass following. Religion drives the spiritual well being of the people and has a strong impact on their social and economic life. It is common knowledge that traditions and customs derived from religion also have a strong impact on the health related behaviour of communities.

During the Polio Eradication Programme in India, many areas of Uttar Pradesh were perceived as hotbeds for the polio virus. In a number of districts of the state with greater influence of polio, minority communities were resistant to the Oral Polio Vaccine (OPV) and did not participate in the polio programme. Several myths and misconceptions related to the use of OPV were deeply rooted among these communities. Many of their religious leaders did not support the polio programme whole-heartedly. There were instances when the religious leaders advised the community to refrain from administering OPV to their children. This led to the Polio Eradication Programme witnessing one of the most devastating situations in 2002. That year, 1242 of the total 1600 cases reported in India were from UP.

UNICEF positioned itself to face this challenging roadblock in an ambitious public health programme. It decided to engage with educational institutions and local and national religious leaders to join the fight against polio. This document provides an insight into how UNICEF joined hands with religious leaders to give a new turn to the Polio Eradication Programme in UP, an intervention that further created a strong platform to address other health and social challenges among minority communities.

ACRONYMS

AFP	Acute Flaccid Paralysis
AMU	Aligarh Muslim University
BMC	Block Mobilization Coordinator
CDC	Centre for Disease Control & Prevention
CMC	Community Mobilization Coordinator
DMC	District Mobilization Coordinator
GPEI	Global Polio Eradication Initiative
IEC	Information Education Communication
JMI	Jamia Milia Islamia
OPV	Oral Polio Vaccine
SMNet	Social Mobilization Network
UNICEF	United Nations Children's Fund
UP	Uttar Pradesh
USS	Underserved Strategy
WHO	World Health Organization
WPV	Wild Polio Virus



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one

POLIO ERADICATION PROGRAMME IN UTTAR PRADESH

Delusion leading to resistance

Socio cultural aspects play an important role in the health behavior of communities. According to the current medical model for health and wellness, the preventive and curative care of an individual should involve not just the biological but also psychological and social aspects. Religion is a critical factor that influences and governs health practices and behaviour. In addressing polio eradication in Uttar Pradesh, religious leaders played a critical role.

Polio was a global health concern in the early 1980s. In 1988, the Wild Polio Virus¹ (WPV) was endemic in 125 countries, affecting about

1 Wild Polio Virus (WPV) - WPV is the naturally occurring causative agent of poliomyelitis



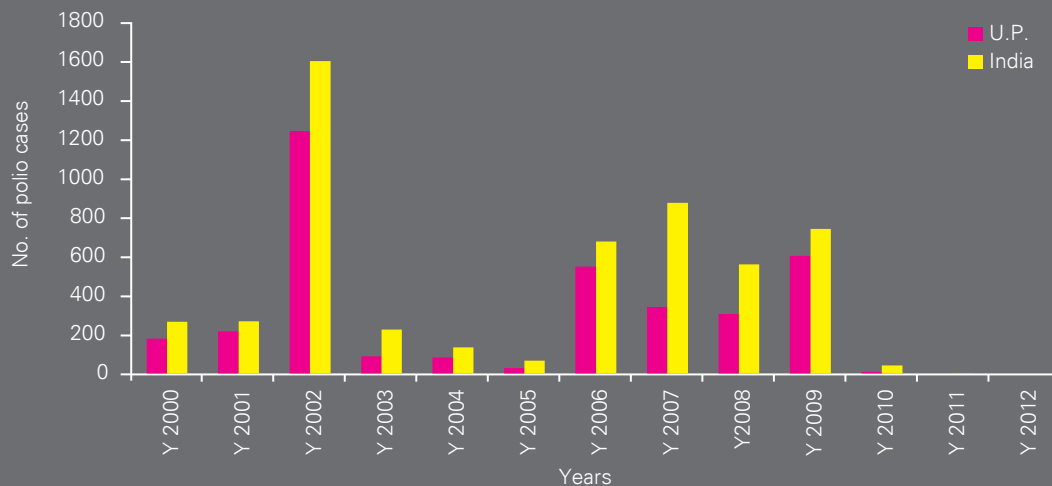
350,000 children globally². The Global Polio Eradication Initiative (GPEI) was launched to eradicate this menace. The coordinated efforts of national governments, World Health Organization (WHO), Rotary International, Centre for Disease Control (CDC) and United Nations International Children's Fund (UNICEF) paid dividends. It brought down the number of new cases of polio globally to 650 in 2011, with just three countries left in the endemic category – Pakistan, Afghanistan and Nigeria³.

Before the GPEI came into being, India accounted for an estimated 200,000 polio cases each year⁴. This represented 50 per cent

2 Communication Handbook for Polio Eradication and Routine EPI, UNICEF, WHO, Polio Partners, 2001

3 Polio Eradication Fact-file, Volume 1, March 2012, UNICEF

4 From 200,000 to Zero, The journey to a polio-free India, UNICEF, 2012

Figure 1: Wild polio cases in UP and India

Data source: AFP Surveillance Bulletin – India, Report for week 45, ending 10 November 2012

of the total number of new cases worldwide. The Pulse Polio Immunization programme was launched in India in 1995. Until 2009, the total number of polio cases in India remained dishearteningly high in spite of the collective commitment of various stakeholders. Experts thought that interventions in certain regions recording a high number of polio cases had to go beyond polio vaccination. There was a need to focus on improving immunity and overall protection from the virus. It was also realized that polio could be curtailed by engaging with the communities in a more effective manner.

Early on at the beginning of the Polio Eradication work, data showed that Uttar Pradesh and Bihar had the highest number of polio cases in India. In 2002, 1242 of the country's 1600 polio cases were in UP (Figure 1). This posed the threat of polio being reintroduced in other parts of India and neighboring countries.

Many factors made UP the polio capital of India. The social dynamics of the state were believed to significantly contribute to the high number of polio cases. As per the 2001



Children holding Pulse Polio banner in a religious rally, Loni, Uttar Pradesh, India

census, about 78 per cent of the UP population was Hindu, while Muslims formed around 22.2 per cent. The latter is the second-largest community and the largest minority group in the state. The majority of polio cases in UP were reported from 13 districts in the western part of the state. These districts had a larger concentration of the minority groups compared to other districts. The minority population was seen as a high risk category. High risk factors included dismal hygiene and sanitation, below average literacy rate (57.63 per cent, Census 2001) particularly among women (42.98 per cent, Census 2001) and poor socio-economic conditions in general.

One of the main reasons behind the low acceptance of the polio vaccine among the minority community was the numerous myths and misconceptions about the oral polio vaccine (OPV). Prof. Jainul Rashideen, *Shahar Qaji* (a reputed religious leader) from Meerut (western UP) joined the Polio Eradication Programme in the early part of 2002. He throws light on the nature of misconceptions that made the minority communities turn their backs on OPV.

Professor Rashideen's sentiments were, at one time, deep rooted and echoed by thousands of fellow community members. There was no clear understanding on how and where

"Resistance among the minority communities was mostly due to the fear that the polio drive was part of the sterilization programme that had taken place earlier, where men were forced to get themselves sterilized. We thought this campaign was the return of that horrible initiative. Due to lack of information, people also thought that the contents of the polio vaccine had ingredients that were prohibited by religion".

Prof. Jainul Rashideen



Roopnagar, Loni, Uttar Pradesh, India

these rumours were originating from: that the polio drive was a government agenda to systematically reduce the minority population; that the vaccine had 'questionable and religiously offensive' content in its formulation. These unexplained rumors pushed the minority community away from being part of this vital public health programme. Polio was not an individual health issue. It was a social issue with strong religious sentiments.

It is also important to understand that the minority community in India has not been covered properly under the developmental ambit due to various reasons. As per Sachar committee report published in 2006 *"there is a clear and significant inverse association between the proportion of the Muslim population and the availability of educational infrastructure in small villages. Studies found that compared to the Muslim majority areas,*

the areas inhabited by fewer Muslims had better roads, local bus-stops, pucca houses, sewage and drainage and water supply facilities". The human development indicator of the minority community in India is below the national average. This is a clear indication of their low socio-economic status. Thus it was a felt need to include the minority community in the first place as part of the strategy. The high level of resistance from the minority community meant that the polio eradication strategy had to be made inclusive from the very beginning. This inclusive strategy started gaining momentum in 2003. Interpersonal communication and social mobilization helped in information dissemination. Even so, the biggest challenge was to reach the 'right people' through the 'right channels'. Underserved Strategy (USS) was formed to address the challenge.



two

THE UNDERSERVED STRATEGY

From resistance to acceptance

UNICEF focused its communication interventions to counter the numerous myths and misconceptions among resistant communities. All communication was meant to change the opinion, attitude and behavior of families – from resistance to acceptance. These interventions were clubbed under the umbrella term Underserved Strategy (USS). According to experts, western UP was a reservoir of WPV, largely because the local environment was conducive to its proliferation. The dismal social, economic and environmental factors were termed as underserved conditions, which could not be changed overnight and required to be addressed.



However, experts soon realized that the underserved conditions may require a very long time to change. They concluded that the most important intervention was to repeatedly vaccinate children under the age of five with OPV. They believed the ongoing transmission of Wild Polio Virus (WPV) could be stopped despite the underserved conditions. The USS was thus developed for people living in underserved conditions. However, religious resistance was another challenge in the underserved areas especially among the minority community. To counter this, it was envisaged that religious leaders could be drawn in, since they are well respected and accepted in their communities. Involving religious leaders in the polio programme thus became one of the main components of the USS.

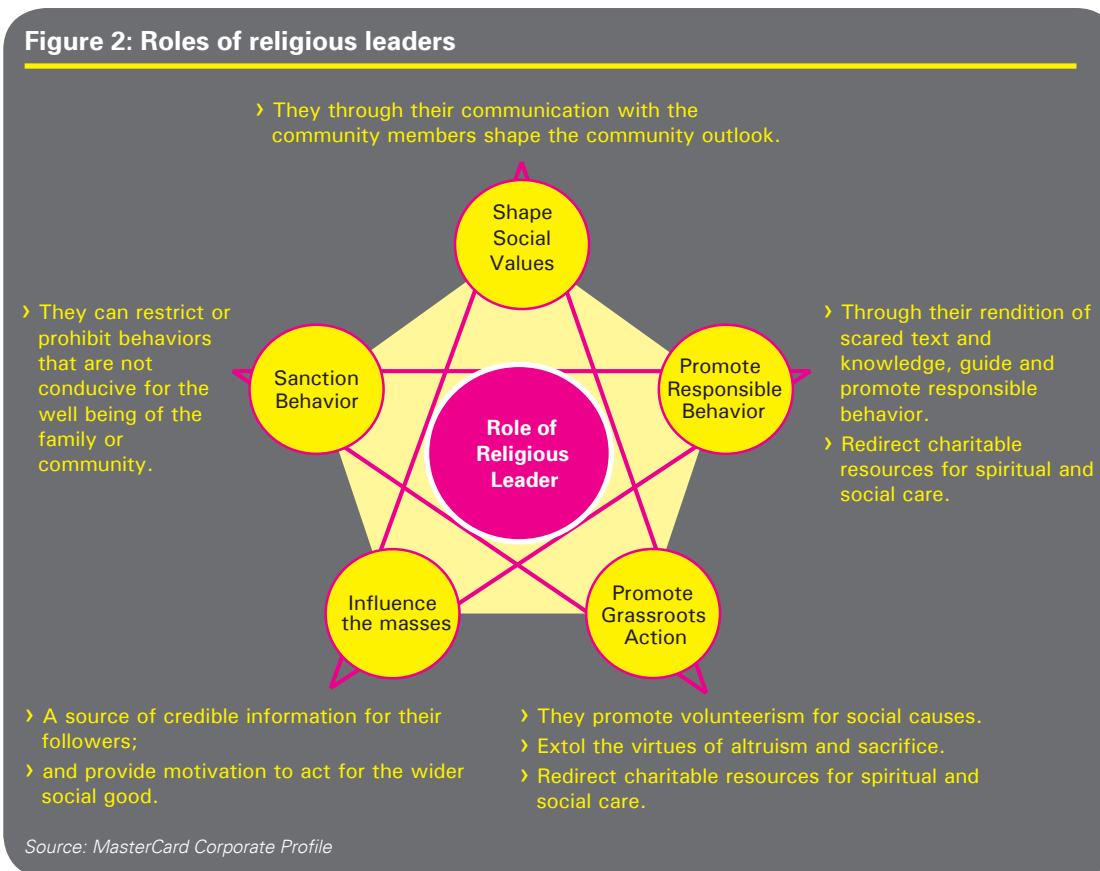
Why religious leaders

It was widely accepted that religious leaders are respected and looked upon for guidance in all matters related to family, children and spiritual well-being. They are seen as a trusted source to whom people can turn to for other personal matters, including decisions about health, education and livelihoods. Religious leaders have well-established networks of volunteers and community groups. They have the potential to bring about positive changes in society, provided they chose to lend their voice to the right cause.

The roles of religious leaders are depicted in Figure 2:

Religious leaders play a critical role because of the credence given to their words and the faith reposed in them. Their stature in the community provides them with a 'social capital' that can be harnessed for eliminating myths and promoting appropriate behavior. As anchors of the community, they can bring people together and spread key messages/ awareness simultaneously and effectively to a large audience.

There are many "hadiths"⁵ relating to the fact the Muslims are a single united body, each body part responsible for the other. Holy Quran instructs to participate in every noble cause "You help one another in righteousness and piety, but don't help one another in sin and rancor" (Surah Maida 2).



5 Hadiths – A hadith is a saying or an act or tacit approval or disapproval ascribed either validly or invalidly to the Islamic prophet Muhammad

In another *hadith* it has been said that, “While a man stays to help some of his brothers, till then Allah stays to help him. (Tirmizi Kitabul Bar 1853)”. The concept of brotherhood among Muslims is deep and wide, one that supports the safety and well being of society. Muslim religious leaders have knowledge and understanding of Islam and *hadith* and their messages are trusted and well accepted. Enlisting the support of religious leaders was therefore perceived as essential for success amidst a community that displayed a lack of trust towards the Polio programme. A positive message from religious leaders was seen as going a long way in making the community move away from resistance to the vaccine.

“I allowed my kids to get polio drops only when our “Imam” (religious leader) declared that polio drops are safe and not against our religion. Earlier, I used to hide my kids when the polio team used to come because most people in our area were against polio drops and thought it was a drive to control our population”

A local tea vendor in a village of UP.

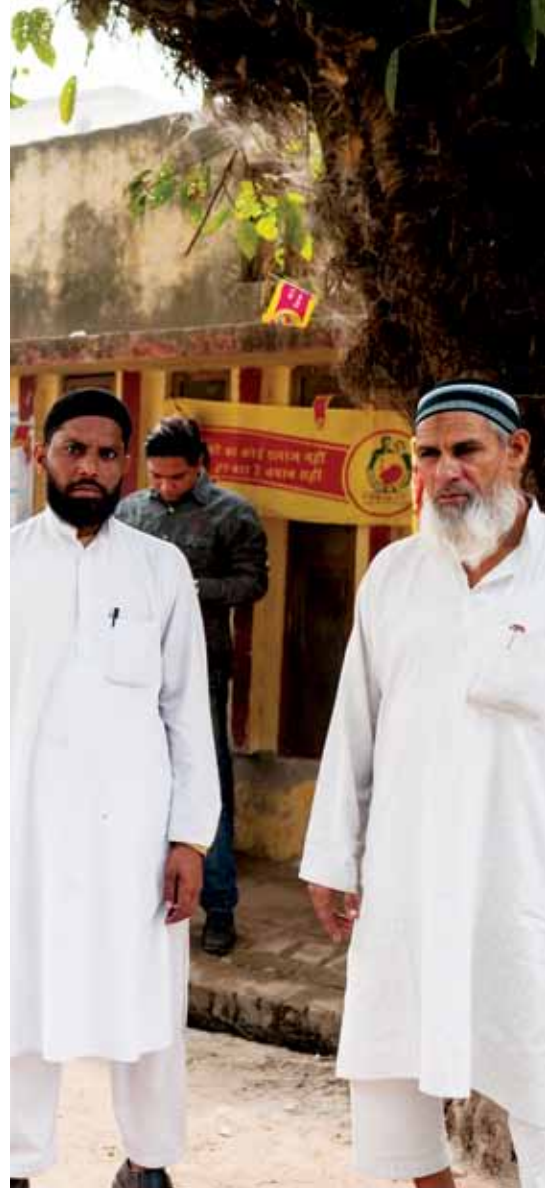




Maulana Iftikar addressing a group of mothers in Mustafabad, Loni, Uttar Pradesh, India

three

DEALING WITH RESISTANCE



Influencing and engaging the mentors

Engaging the religious leaders was not easy. Due to the distrust about bilateral and multilateral organizations, it needed careful

and strategic planning. A well structured and focused plan was formulated by UNICEF to engage religious leaders. The overall strategy was to sensitize, engage and sustain the commitment of religious leaders in the Polio Eradication Programme (Figure 3).

Figure 3: UNICEF's strategy to involve religious leaders



At the onset, the effort was to understand the underlying reasons for the resistance of religious leaders to the polio programme. A series of discussions were undertaken with Muslim religious leaders to understand their concerns, which could then be addressed. During this process, key religious leaders, who could be involved in the programme as supporters of the vaccination drive, were identified. Once this was done, they were sensitized by medical professionals, who clarified their doubts and myths about OPV. This was followed by a series of meetings and deliberations with them. Yet, the results were not very encouraging. A high degree of misapprehension about OPV persisted in their mindset.

UNICEF, along with other partners, had to evolve other ways to engage with the religious leaders. Reputed educational institutions and personalities from various religious organizations were approached. These included Aligarh Muslim University, Jamia Milia Islamia, Hamdard University, Shibli Inter College, Faiz-e-Aam Inter College, Darul Uloom Deoband, Miftiaul Uloom, Nadwatul Ulema, All India Milli Council and others. They were chosen because of their religious affiliation and their reputation as premier institutions working for the improvement of living conditions and status of the minority community. The role envisaged for each of these institutions was unique. Their involvement in the Polio Eradication Programme is depicted in Figure 4.

Figure 4: Roles of specific institutions and individuals in polio eradication

Institutions/ individuals	Level	Engagement	Activities
Aligarh Muslim University	National	By UNICEF India	Issued an appeal about the safety of the OPV vaccine.
Jamia Milia Islamia & Hamdard	National	By UNICEF India	Reached out to other religious institutions and spread awareness
Darul Uloom Deoband	Global/ National	By State officials of UNICEF, UP	Issued appeal in favour of OPV
District level religious Institutions	District	By State/District officials of UNICEF, UP	Endorsement of the polio vaccine by religious leaders in pamphlets and banners
Darul Iftta	State/ District/ Block	By State/District officials of UNICEF, UP	Regular Imam meetings, during which information about polio vaccination was shared by WHO experts
Community leaders	Community	By Social Mobilization Network members	Regular mosque announcements by Imams; polio was discussed in Friday prayers



Bringing big institutions together

At the national level, UNICEF approached Aligarh Muslim University, Jamia Milia Islamia and Hamdard University. These institutions are a platform for Islamic intellectuals and are held in great esteem by the community.

Aligarh Muslim University (AMU) is one of the most reputed universities in the country. UNICEF approached the university in 2004 to

test the polio vaccines for any unwarranted side effects and religiously offensive ingredients. Based on their satisfactory findings, AMU made an appeal to the minority community, providing clarifications on the safety of the OPV. The written appeal, which was shared with other institutions and community members, clarified the misconceptions (Figure 5).

“Addressing bottlenecks related to resistance was not a big problem for AMU since AMU is well respected by the Muslim community”.

Professor Zulfia Khan, Head of Community Medicine Department, AMU



Figure 5: Aligarh Muslim University's clarification on the safety of OPV

UNICEF also reached out to **Jamia Milia Islamia (JMI)**, asking for their support to strengthen the communication campaign. As a hub of communication research and studies, JMI was seen as playing a critical role in the success of the Polio Eradication Programme. The appeal from AMU was shared with JMI. Taking the matter forward, JMI reached out to other religious institutions. As a result, other

“Perhaps the biggest contribution of JMI in the Polio Eradication Programme was the development of the “green book”. It was important to involve the Imams in the programme. The Imams are well read individuals in religious matters. Hence, JMI thought it would be useful to create a literary document on polio in Urdu, using quotes from the Quran and Hadiths. In order to prepare the “green book”, JMI and UNICEF consulted with leading Islamic institutions and bodies. They ensured the green book was simple, so that the imams could relate to it and use it during their religious discussions. The green book was later translated into many languages”.

Professor Zubair Meenai, Director - Social Work, JMI

key national level organizations made appeals to the minority community and their influential religious leaders. Joint appeals by religious leaders and medical doctors were also made. JMI played an indispensable role in developing key communication material to address contentious issues, often drawing on religious texts.



Figure 6: Appeal issued in favor of OPV by second largest seminary of Islamic learning in the world



Bringing the community closer to the programme

At the state level, UNICEF, along with JMI, approached Darul Uloom Deoband, the second largest seminary of Islamic learning in the world. The main request for them was to issue appeals calling communities to accept the polio vaccine. It was thought that the involvement of an institution like Deoband would help make further inroads. The appeals of Darul Uloom Deoband were extensively used to sensitize and motivate local religious leaders across the districts of Western UP (Figure 6).

UNICEF also approached and worked with district and block level religious institutions. Leaders of these institutes were approached by the Social Mobilization Network (SMNet) of UNICEF. Regular meetings were organized to continuously reinforce the messages related to the importance of polio vaccination. Endorsements of polio vaccination by prominent religious leaders were made public through banners and pamphlets to reach out to everyone.

“Initially I was also of the opinion that Polio vaccine was a drive against our community. However, when I attended a seminar organized in Lucknow and learned that Polio vaccine is not harmful and in fact, can save many children from the crippling disease, my thoughts changed. Later on, I distributed pamphlets and booklets shared by UNICEF to other religious leaders during our religious meetings.”

Haji GM Mustafa, UP State President, Jamiyat Ulema-E-Hind

Darul Iftta is a seminary with a significant presence at the community level. They issue *fatwas*⁶ to the local communities. Correct information about OPV vaccines was provided to them by SMNet members. The aim was to restrain them from declaring fatwas to stay away from polio vaccines and instead, issue the correct and exact rulings about polio vaccination.

The involvement of institutions and presence of prominent religious leaders lent credence to the Polio Eradication Programme. It provided an assuring voice to soothe the minority community’s resistance to the programme. However, these prominent religious leaders could not be door-to-door mobilizers. It was the Polio Social Mobilization Network (SMNet) that interacted with local religious leaders to reach the last member of the target audience.

6 In the Islamic faith, a fatwa is a juristic ruling concerning Islamic law issued by an Islamic scholar called *Mufti*.

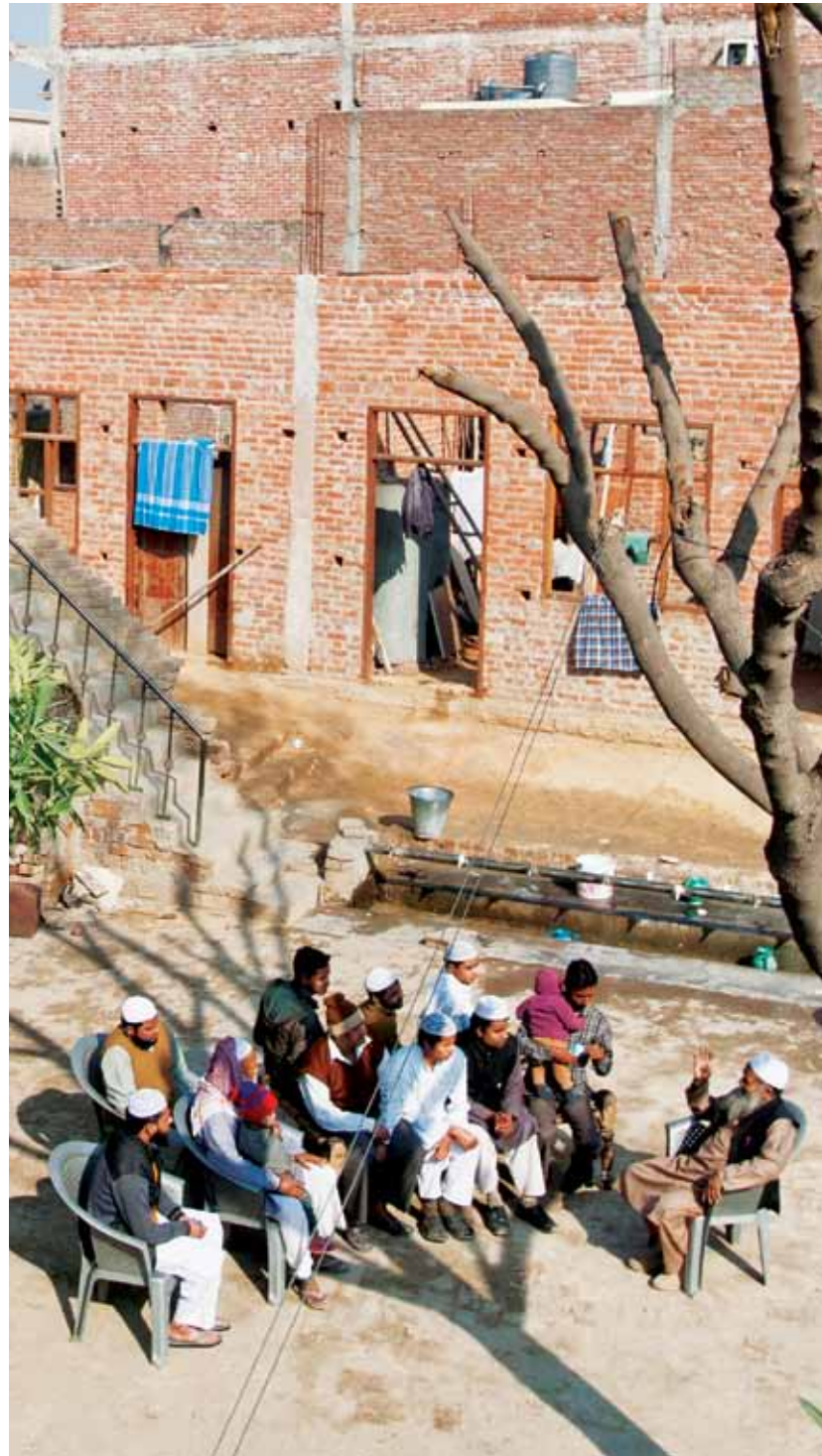
SMNet is a group of highly enthusiastic and energetic people trained by UNICEF to support the social mobilization efforts for Polio Eradication Programme. Started in 2001 in Uttar Pradesh, the network evolved as the strength of polio eradication effort in the state.

SMNet has a three tier structure. At the community level, the Community Mobilization Coordinator (CMC) selected from the local community itself, works at the grass roots level. CMC reports to the Block Mobilization Coordinator (BMC). At the district level, District Mobilization Coordinators (DMCs) provide support to the BMCs and CMCs. Significant efforts have been made to develop the capacity of SMNet members. Over the years, SMNet members have provided vital support to the Polio Eradication Programme.

The Community Mobilization Coordinators (CMCs) identified and approached local religious leaders like Imams, *Madarasa*⁷ in-charges, Hajjis, Maulvis, and others. The role of the Polio SMNet block and district level officials was to meet these leaders and share the appeals issued by prominent state and national Islamic institutions. Motivated by the support of important institutions, these religious leaders at the grassroot level gladly lent their voice to the cause. They became local influencers in the Polio Eradication Programme. They addressed the community through announcements during Friday prayers, fairs, community gatherings and religious meetings.

The overall effort of UNICEF was to build the capacity of religious leaders to help them articulate the issues related to polio and its

7 The Madarasa is an Islamic school for the study of religious sciences and related subjects



Maulana Ahmad Ali, addressing a group of men in Roopnagar, Loni, Uttar Pradesh, India

eradication more effectively. The initiatives included development of relevant materials in Urdu and regular meetings with the religious leaders to clarify doubts. The local religious leaders were also trained to answer queries about polio and OPV and counter prevalent myths and misconceptions. A core group of religious leaders was formed to train and mentor religious leaders at the community level. This had a positive impact, since other religious leaders were more receptive to absorb information and follow instructions from their peers or seniors.

Additionally, the following activities were undertaken to ensure the support of religious leaders:

- Acknowledging and felicitating eminent religious leaders at block / district / national level meetings / functions
- Strengthening community outreach by religious leaders through the mosque and community education activities
- Constant involvement of religious leaders in the planning and implementation of the programme, to build a sense of ownership
- Distribution of pamphlets / brochures to the religious leaders by CMCs to counter myths about polio.


“Earlier, I too believed that OPV may lead to impotency and the polio programme was an attempt to reduce our population. I believed it was a conspiracy against our people. But after reading the appeals from reputed institutions like AMU and JMI and senior religious leaders, followed by a series of discussions with the polio partners, my understanding changed and I learnt a number of things. Now, I support the programme wholeheartedly”

Jainul Islam, an Imam in Aligarh, Uttar Pradesh

Through these initiatives, an environment of trust was successfully created among the religious leaders. Though the process of bringing about a change in perceptions was a time-consuming one, it was ultimately sustainable. It led to a marked change in the attitude of the religious leaders and created a cadre of volunteers armed with knowledge and conviction about polio eradication. The quote mentioned, from an Imam in Aligarh, is evidence of this achievement.

Once the seemingly insurmountable challenge of changing perceptions was achieved, the religious leaders played a noteworthy role in sensitizing the community. They themselves evolved innovative ways and used different religious functions as opportunities to disseminate the information. This gave the much required thrust to the Polio Eradication Programme. The time for ‘Namaz’ became an opportunity to communicate the message about polio to the assembled masses. ‘*Khuthba*’⁸, became the time for elaborate discussions about polio, its underlying causes and the efforts required for its eradication. Similarly, Id-UI-Fitr and other religious days became opportunities for advocacy through localized Information Education Communication (IEC) materials. The efforts of the religious leaders and the use of religious forums ensured that the polio message reached every household. The support of *Maulvis*, Imams and *Maulanas* was actively sought to create an environment of trust among resistant families.

8 *Khuthba* is a sermon usually initiated by the *maulvis* and *maulanas*.



The one-to-one interactions with religious leaders were also strengthened through the use of various audio-visual channels. Some of the channels to reinforce the messages and create an enabling environment were:

- Street play / folk media to create awareness about polio through mosque miking (Public Announcement System) and Khudba
- Wall writings / hoardings / posters involving eminent/respectable personalities trusted by the community
- Eminent religious leaders providing positive messages through radio/television, especially for the illiterate population
- Advertisements and positive messages espoused by the religious leaders in the vernacular language in the local print media
- Customized IEC materials that would appeal to the illiterate population

four

RESULTS



Since the inception of the programme in UP, UNICEF engaged with 2800 religious leaders and 2000 *madarasa* teachers and principals as part of the strategy. Most of them underwent orientation training and later, actively participated in the programme. More than 500 *madarasas* participated during the UP campaign. In CMC areas, 5788 *Hajjis* were engaged in the program. Out of them, 1974 *Hajjis* actively participated in community meetings and 1970 *Hajjis* inaugurated polio booths.

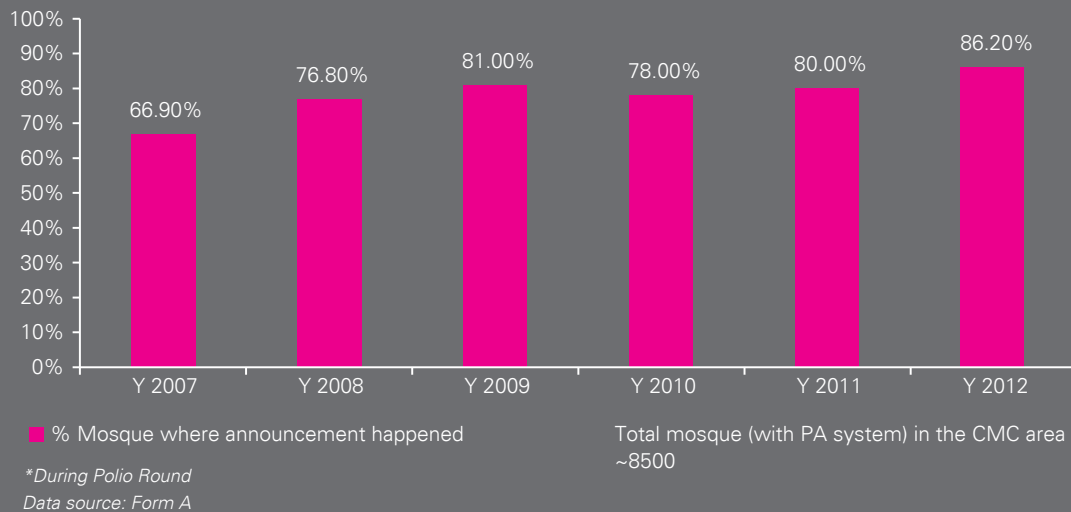
Their efforts helped in reducing the level of resistance from **four per cent in 2004 to 0.9 per cent in 2012.**

The success of engaging with the religious leaders can be gauged by the fact that at many places, polio vaccination booths were set up in and around the premises of mosques and *madarasas*. Mosque announcements were made to the community regarding importance of the vaccine and immunization for children. This was an unimaginable scenario earlier and perhaps played a significant role in changing the perception of the minority community with regard to polio vaccination.

Mosque announcements that increased over the years played an important role in the success of the programme. Figure 7 shows the percentage of mosques that made announcements in the High Risk Areas of UP over the period 2007-2012.

"I have been holding polio booths at the Madarsa for a while now, and have noticed the acceptance for polio vaccination by the people. They rely on mosque announcements for polio booth day. Repetitive sensitization of the community is the key strategy which works well. Involving our eminent religious leaders has put a lot of confidence in the Muslim Community for the Polio Eradication Programme."

Suzaul Islam, Imam, Khwaza Chowk Masjid, Aligarh

Figure 7: Mosque announcement for polio over the years (2007-2012) in CMC area, UP

Advocacy campaigns were organized during **Eid-ul-Fitr** as well. Mosque announcements and '*taqreer*⁹' were held by the mosques authorities. Mosque announcements are made regarding date, day and time of the polio vaccination and also to inform about the location of the Polio Booth. During *Taqreer*, discussions are held regarding the importance and benefits of vaccination. In the year 2012, out of approximately 2900 Eidgaah/Key Mosques in the High Risk Areas, almost 1800 held *taqreer* during Eid-ul-Fitr. During Eid-ul-Fitr, IEC materials were also used. The following table is a snapshot of the coverage.

IEC material used	Numbers
Locally endorsed Hoardings	10
Locally endorsed Banners	2003
JMI Booklet	900
Locally endorsed handbill & appeals	97400

The Eid-ul-fitr advocacy campaign in UP in 2012 gave key messages on the Polio Eradication Programme to more than 9 million people. Reaching out to such a large number of people with polio eradication messages on an important religious festival helped in strongly reinforcing the messages and creating a positive environment.

During the Polio Eradication Programme, various levels of religious leaders addressed crowds and congregations prior to and during the polio rounds. They inaugurated Polio rallies and booth activities and stationed themselves at the booths to support the house-to-house teams. This had a profound impact on the community, as they viewed the affiliation as an affirmation of the existing programme. The health campaigns organized at the *madrasas* further contributed towards confidence building.

9 *Taqreer* is the formal speech/discussions on social and religious issues.

“It is not enough to just go after polio. We have to ensure education and literacy to bring about greater awareness about the disease, bring about behavioral change on issues like hygiene and ensure that people have access to sanitation facilities and clean drinking water. Efforts should be concentrated on these issues if we need a healthier society in general”.

**Prof Jainul Rashideen (Shahar Qaji),
a district level religious leader**

Collaborating with religious leaders paid rich dividends for the polio programme. With immense faith in their religious leaders, the community steadily embraced the polio programme and the level of resistance reduced dramatically. The role played by religious leaders is a positive example of how local community leaders can be engaged to produce proactive and sustainable local action.





A gathering in front of a religious institution in Aligarh, Uttar Pradesh, India

five

LESSONS LEARNED AND BEYOND POLIO



The successes of this intervention in the polio programme in UP can and should be replicated in other health interventions. It is necessary to point out a few lessons learned from the challenges.

Adopt the proactive

formula: It is important to involve and approach the religious leaders at the beginning of any intervention. Once a myth or misconception is ingrained, the rumors get unnaturally active and it becomes more challenging to counter them.

Get to know your partners in change:

Necessary homework is essential before reaching out to the religious leaders. Approaching the religious leaders is not always an easy task. One may get only a single chance to make an impact. They might lose confidence in the cause and programme if their queries are not answered. Before you approach the religious leader; it is important to understand their background and knowledge level and approach them accordingly. A positive impact in the initial meeting could help to create the platform for a long term partnership.

Adopt different strategies for different religious groups: Though the message to be sent across may be the same, the means of communication need not be so. Various close knit communities have their own religious leaders as valued representatives. As far as possible, every community and leader should be dealt with in a unique manner, addressing their respective concerns.



Banners promoting OPV vaccination endorsed by local religious leaders, during annual Urs celebration, Bareilly, Uttar Pradesh, India

A strong platform to address other public health and social challenges

The involvement of religious leaders in the Polio Eradication Programme also created a platform to sensitize and involve the community on other health issues. The religious leaders have started disseminating information on issues like immunization, maternal health, child health and nutrition. This will steadily impact the health behaviour of the community, as well as their attitude towards education, gender equality and basic rights.

Considerable efforts are being made to deepen partnerships with the minority communities whether it is for identifying common ground and encouraging open dialogue or about complex and sensitive issues.

"I think people from the minority communities would accept other health interventions with more ease now. The rapport building efforts put in by the UNICEF team have been very beneficial. Involvement of religious leaders brought about a behavior change in the community not only for polio but general well-being and health concern of their children as well"

Professor Jainul Rashideen, Shahar Qaji.

"Women come to me inquiring about their own health problems and immunization of children against other preventable diseases. There is a definite change in the health seeking behavior of the community. Rapport building by SMNet community mobilizers has worked very well, not just for polio but also for other health interventions"

Dr.Sunita Chauhan, Medical Officer, Tarapuri, Meerut, Uttar Pradesh



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