



ERADICATING POLIO

Innovative solutions to mobilize children



unite for children



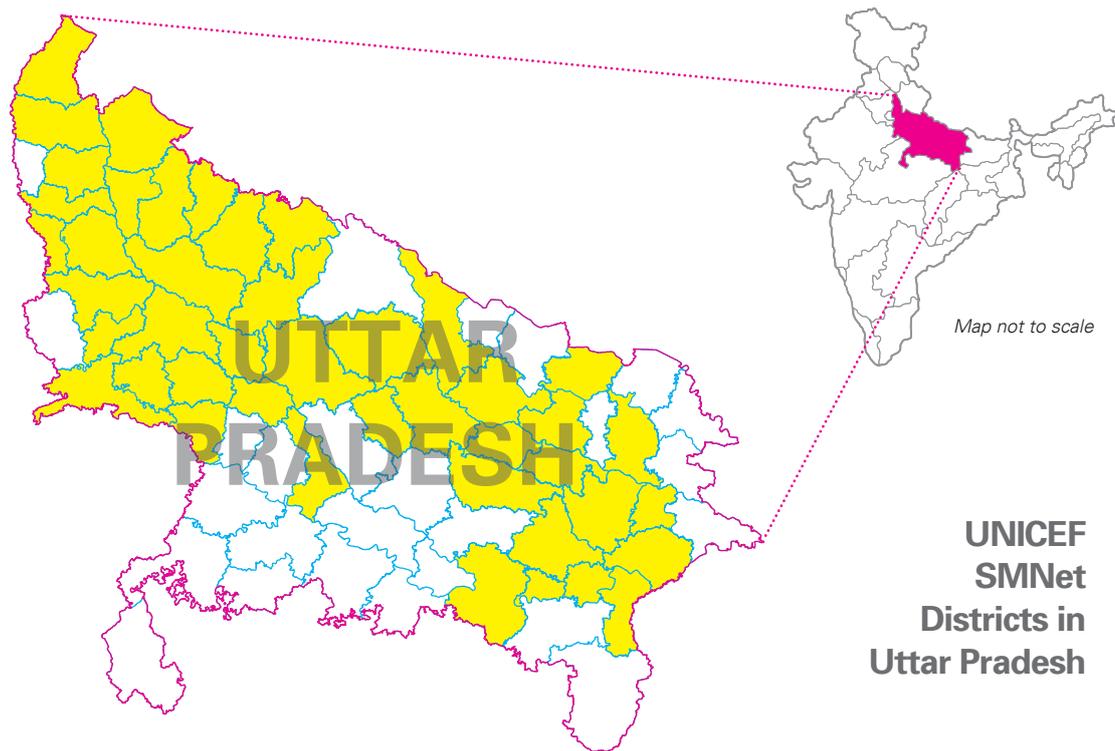
B-3/258, Vishal Khand
Gomti Nagar,
Lucknow 226010

Tel: + 91 0522 409-3333
Fax: 0522 409-2322
Email: lucknow@unicef.org

Cover photo: ©UNICEF/PolioDayunconf-20100718-1016-11-2012/Gurinder Osan

ERADICATING POLIO

Innovative solutions to mobilize children



ABOUT THE DOCUMENT

Strategic communication has the ability to bring about social and behavioural change. In the context of public health programmes, communication plays a critical role in mobilizing communities, creating supportive environment, removing myths and misconceptions and bringing about positive behavioural change both at the individual and societal level. Implementation of public health programmes is faced with challenges due to lack of information and misunderstanding of available information. The Polio Eradication Programme in Uttar Pradesh is one such example that encountered high level of resistance from the minority communities due to communication gaps and misinterpretations.

UNICEF effectively uses communication as a tool for social and developmental issues across the globe, addressing some of the most challenging barriers being faced by public health programmes. Globally, UNICEF is supporting the Polio Eradication Programme. Understanding the importance of overcoming the resistance against OPV in the state of Uttar Pradesh in India, UNICEF evolved innovative communication strategies with a well defined goal of “to reach every child” in the state.

One of the innovative strategies used by UNICEF in Uttar Pradesh is encouraging informed participation of children for social mobilization for Polio Eradication Programme – the initiative is popularly known as ‘*Bulawa Tolis*’. Developed on the concept of Child-to-Child participation strategy, ‘*Bulawa Tolis*’ involves children in decision making of planned activities with specific objectives. It also provides opportunities to children to participate in social development.

The infectious enthusiasm of these young health champions changed the mobilization dynamics of the Polio Eradication Programme. The energy that these children brought and the informed commitment that the programme inculcated in the children has not just improved the mobilization and participation rates, but it has also led to equipping the children with critical health knowledge which will play a critical role in determining the health attitudes of the coming generation.

This document provides an insight on how UNICEF effectively utilized the energies of young children for social mobilization for the Polio Eradication Programme in Uttar Pradesh.

ACRONYMS

BMC	Block Mobilization Coordinator	NID	National Immunization Day
CDC	Centers for Disease Control and Prevention	OPV	Oral Polio Vaccine
CMC	Community Mobilization Coordinator	PPI	Pulse Polio Immunization
CTC	Child-to-Child	SMNet	Social Mobilization Network
DMC	District Mobilization Coordinator	SNID	Sub-National Immunization Day
GPEI	Global Polio Eradication Initiative	UNICEF	United Nations Children's Fund
HRA	High Risk Area	WHO	World Health Organization
ICDS	Integrated Child Development Services		



CONTENTS

one

**THE POLIO ERADICATION
EFFORTS 6**

.....

two

**CHILDREN AS MASCOTS OF
CHANGE 8**

.....

three

**ACTIVITIES LEADING UTTAR
PRADESH TO BOOTH DAY – LEARN,
INFORM AND REPRESENT 12**

four

**BULAWA TOLI EQUALS BETTER
COVERAGE 20**

.....

five

**KEY LEARNINGS AND WAY
FORWARD 24**

.....

one

THE POLIO ERADICATION EFFORTS

Before the Global Polio Eradication Initiative (GPEI) was launched in 1988, the Wild Polio Virus¹ was endemic in 125 countries, affecting an estimated 350,000 cases globally². Everyday, more than 1000 children were paralyzed worldwide. Since the launch of GPEI, 2.5 billion children have been immunized against polio. This has been possible with the cooperation of more than 200 countries, 20 million volunteers and an international investment of more than US\$ 8 billion¹.

In response, the coordinated efforts of national governments, World Health Organization (WHO), Rotary International, Centers for Disease Control and Prevention (CDC) and United Nations Children's Fund (UNICEF) transformed into the largest public health initiative in the world. This initiative brought down the number of polio cases to 650 by 2011. By 2012, only three countries - Pakistan, Afghanistan and



Nigeria – were in the endemic category³.

In India, Pulse Polio Immunization (PPI) programme involved vaccination of children at fixed locations on two National Immunization Days (NIDs). These NIDs were typically held six weeks apart during the winter season. Though the PPI programme brought in encouraging results, the global goal of reaching zero cases seemed like a distant dream in India. An intensified PPI programme was adopted in 1999-2000, after thorough consultations with national and international experts. It involved four nation-wide NIDs, followed by two Sub-National Immunization Days (SNIDs) in eight vulnerable states: Assam, Bihar, Gujarat, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal.

Over the last 10 years, the majority of polio cases in India were reported from Uttar

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

2 Communication Handbook for Polio Eradication and Routine EPI, UNICEF

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



Children participating in Polio rally in Aligarh, Uttar Pradesh, India

Pradesh⁴. The overall situation in India mirrors the polio scenario in the state, where the demand for vaccination was very low, especially in the western parts. UNICEF and WHO mapped the high incidence areas of Uttar Pradesh and categorized them as High Risk Areas (HRAs) based on fixed criteria. These areas had poor access to health facilities, low nutritional status of children, high density of population and a dismal state of hygiene and sanitation. A high level of resistance to OPV in the minority community also contributed to low participation rates. The communities in these areas were called *Underserved* communities. Mobilizing the families from these areas was a big challenge due to the resistance to polio vaccination.

UNICEF conceptualized and introduced several innovative communication strategies to address the seemingly insurmountable challenges. It included positioning Community Mobilization Coordinators (CMCs), involving community influencers and religious leaders, engaging

celebrities and broadcasting intensive media campaigns to spread the messages. The strategy was to create an enabling environment based on trust and addressing myths and misconceptions. The well-defined goal was *"reaching every child"*. The outreach activities in the HRAs of Uttar Pradesh were managed by the Social Mobilization Network (SMNet). The guiding principles of SMNet were the tenets of social mobilization, with community members themselves as the target and agents of change. The activities of the network were based on the understanding that sustainable behavioral change can be fostered through active dialogue and engagement with different social, religious, and cultural stakeholders. To support activities of the SMNet, UNICEF has implemented the concept of children's participation where children belonging to the communities are made partners in change. The following sections of the document describe the concept of child participation and the activities conducted to implement it.

4 The Vital Drop, Gitanjali Chaturvedi, Sage Publications, 2008

two

CHILDREN AS MASCOTS OF CHANGE

During the initial years of the Polio Eradication Programme, the entire communication strategy dealt with adults. The United Nations later started paying special attention to child participation. During the Day of General Discussion 2006⁵, it was highlighted that child participation is not just a right but is critical for self-development. It fosters learning, builds life skills, enables self-protection and allows children to contribute to society and build democracy⁶. Children, who are informed about their rights and their potential as agents of change, feel privileged to take on the responsibility of informing others. If children



are more engaged, programmes and policies respond better to the needs of children, their families and communities⁷. Involving children, however, is not an easy process. It means challenging and transforming the traditional relationships of power between adults and children. It requires a focused strategy with an objective of developing bridges of communication among children themselves and also between adults.

In this context, UNICEF evolved a distinctive Child-to-Child (CTC) communication strategy based on concept of children's participation.

5 Since 1992, the Committee on the rights of the Child has organized discussion on specific provisions of the Convention on the Rights of the Child in order to improve implementation of the Convention on this topic.

6 UNICEF, 2006, Day of General Discussion "To Speak, Participate and Decide—The Right of the Child to be Heard," Article 12: UN Convention on the Rights of the Child Committee on the Rights of the Child Geneva, 15 September 2006—Opening Statement—UNICEF, 7 May 2007,

7 Children and Young People as Citizens, Partners for Social Change, Exploring Concepts, Save the Children South and Central Asia Region, (O'Kane, C), Nepal, 2003

Table 1: Levels of children participation

Rung No	Level of participation	Characteristic
1.	Manipulation	Adults pretend that the cause is inspired by the 'cause' of children. Children have no understanding of the issues and hence do not understand their actions.
2.	Decoration	Adults simply use children to bolster their cause in a relatively indirect way. Children are there for entertainment, rather than the 'cause'.
3.	Tokenism	Children are apparently given a voice, but in fact have little or no choice about the subject or the style of communicating it, and little or no opportunity to formulate their own opinions.
4.	Assigned but informed	The children understand the intentions of the project. They know who made the decisions concerning their involvement and the reasons for the decision. They have a meaningful (rather than 'decorative') role. They volunteer for the project after the project was made clear to them
5.	Consulted and informed	The project is designed and run by adults, but children understand the process and their opinions are treated seriously.
6.	Adults initiated, shared decision with children	Rung of true participation because, though the projects at this level are initiated by adults, the decision making is shared with the young people.
7.	Child initiated and directed	When the conditions are supportive for them, even very young children can work cooperatively in large groups. Children in their play conceive of and carry out complex projects.
8.	Child initiated, shared decision with adults	Children tend to incorporate adults into projects they have designed and managed. Usually seen only in children in their upper teenage years.

Source: Hart R.A, *Innocenti Essays; No.4, Children's participation – from tokenism to citizenship*, UNICEF Child Development Centre, 1992

The concept is represented by the 'ladder of participation' which has eight rungs. Each rung of the ladder represents levels of involvement of children and higher the rung, greater the level of participation it represents. The ladder has three initial rungs representing non-participatory model followed by four rungs of participatory model. Table 1 is a representation of the ladder and the characteristics of each rung.

UNICEF's Child-to-Child communication strategy is operating at the sixth rung level

wherein adults having initiated the actions involve the children in decision making. The CMC having developed the booth mobilization plan involves the children by providing them information and encouraging them to participate in efforts to mobilise the families to bring children under 5 years to the booth. The children decide the manner in which they will communicate and approach the families according to a plan shared by the CMC. They operate as change agents and as a medium to

communicate critical information on essential health interventions like polio eradication.

The Child-to-Child strategy has a three-pronged approach. The idea is to make children aware and share information about polio in a simple way with them and eventually guide them to become messengers among their peer group and family. They support the CMCs to bring eligible children to the booth by convincing the parents. The involvement and participation of children in the program has given them an opportunity to contribute to the larger goal of polio eradication.

The strategy to involve children consists of three segments - Polio class, Polio rally and culmination into a *Bulawa Toli*. At the first stage, the CMC provides the children with information (Polio class). After this, she involves them and gets them more enthused about their participation in fighting against polio (Polio rally) and lastly, uses their support and participation to influence the peers and parents/caregivers with children below 5 (*Bulawa Toli*).

Involving children to support the Polio Eradication Programme is an effective way to broaden the base of participation and support. It also serves the crucial purpose of creating awareness amongst children⁸ at an impressionable age. At the same time, it creates a pool of young knowledge holders with enthusiasm and courage to disseminate information.



8 Gitanjali Chaturvedi : The Vital Drop - Communication for Polio Eradication in India



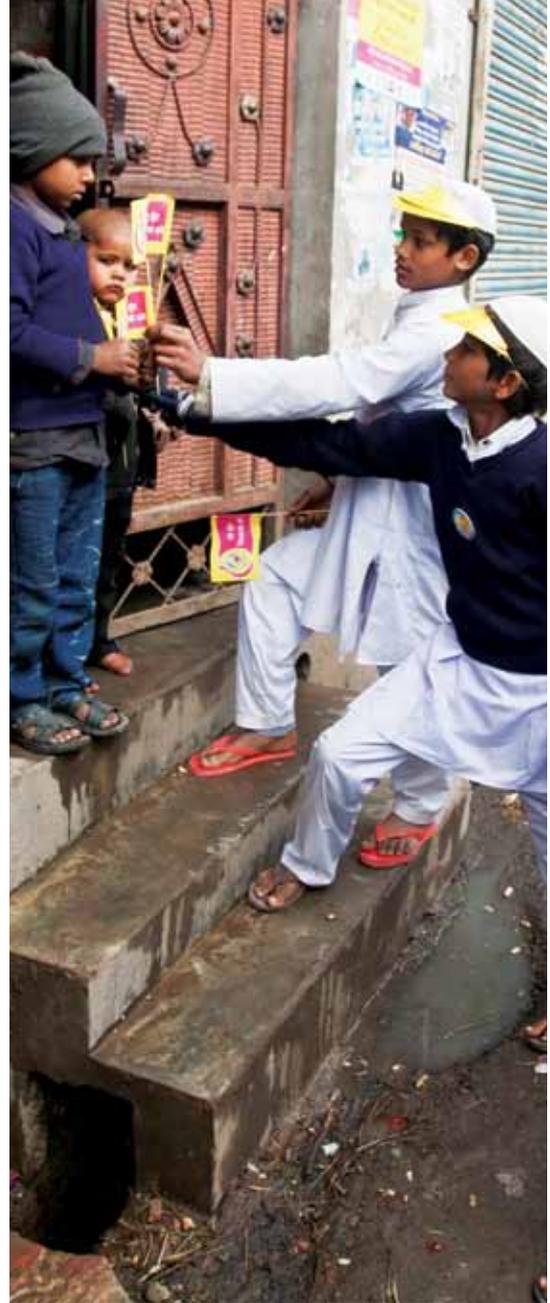
Bulawa Toli children greeting a mother before requesting her to bring her children to the polio booth in Dasna, Uttar Pradesh, India

three

ACTIVITIES LEADING UTTAR PRADESH TO BOOTH DAY – LEARN, INFORM AND REPRESENT

Primarily there are three activities undertaken during the entire process of involving children to motivate other children and families. To start with, every Friday, polio classes are organized for the local children. Polio rallies are organized every Saturday by the same children. This activity is followed by the main activity (*Bulawa Toli*) on the booth day (Sunday). During *Bulawa Toli*, these children make house-to-house visits, inform parents and other children about the Polio booth, and invite them to participate in the vaccination drive.

In the following section each activity has been described in detail:



Polio class

Providing right and positive information to children can bring about positive change in behavior. To encourage participation, it is important that information is imparted in ways that are easy to understand. Further, educating children about polio is important as it is they who contract the illness if they are not vaccinated.

The Friday before *Polio Ravivar* (Sunday) is considered as the start of immunization drive activities. To educate the children regarding polio and its transmission, Polio classes are organized in both government and private



Children attending polio class at Madarsa Jamia Imdadul Uloom, Ghaziabad, Uttar Pradesh, India

schools in HRAs. These classes are conducted by the CMCs after taking prior permission from authorities. The CMCs relate simple stories with causes and symptoms of polio and the ways to avoid transmission of the disease. They organize interactive sessions in the classrooms, which help the children understand basic information about polio – the key messages are that it affects children less than 5 years of age and OPV drops given at the polio booth can save the child from polio. Through play sessions, children learn to empathize with individuals who are affected with polio.

Interactive games are used to inform the children about polio. Since polio transmission is only possible by the fecal–oral route through contaminated water, food and/or unwashed hands, emphasis is laid on hygiene and sanitation. Polio classes have become more creative over a period of time - demonstrative techniques are used to enable children to learn and enjoy the classes. Activities like ‘hand-washing’ days are organized in schools to emphasize the link of hygiene and sanitation with polio transmission.

The CMCs use jingles and slogans to help children retain information and pass the information to their families. CMCs insist that the children must narrate all the learning to

their parents, siblings and friends. Polio classes reverberate with the melody of many catchy slogans: “do boond dawa, polio hawa” (two drops of medicine and polio will vanish into thin air), “1 2 3, polio free”, and “ek, do, teen, chaar, polio ka din itwar” (1, 2, 3, 4, Sunday is for Polio). Children are equipped with information and feel empowered in the process. They go back home and tell their families and friends about what they have learnt. Mrs. Nagina from Azadnagar village, shares that she heard about the polio class from her son. Her son was chanting something when she asked him what he was singing. Her son sang all those phrases that he had learnt from the polio class. He would also get excited upon seeing Amitabh Bachchan’s poster on two drops and *Polio Ravivar*.

“I remember the rhymes and songs, and sang them at home to my parents and relatives. I was taught the right way of washing hands in school, and I made it a point to demonstrate it to everyone in my house”.

Eight-year-old Mohammad Zaib, student of Madrasa Arabia⁹ in Banna Devi block, Uttar Pradesh.

While organizing the polio classes, the CMCs

.....
 9 The madrasa is an Islamic school for the study of the religious sciences and subordinate and related subjects.



Children attending polio class at Madarsa Jamia Imdadul Uloom, Ghaziabad, Uttar Pradesh, India

sometimes faced challenges. They found it difficult to engage with the school teachers, who were initially not convinced to have polio classes in their school. In such cases, the CMCs, along with their BMCs or if needed, even the DMCs, approached the Principals, who were usually more informed and cooperative. Shahana Khan, a CMC from Sarai Rehman village in Uttar Pradesh, had faced such a problem. The teachers in the school that she approached did not think polio class was important.

“Some teachers refused to entertain our requests. They believed such classes would be a waste of time, not to mention the noise that can be created by unruly kids. We then approached the principals, who were usually more cooperative. If our pleas did not work, we asked our BMCs, DMCs and local influencers to push our case. Now, we manage to take classes in almost every school in the neighborhood,” says CMC Shahana Khan from Sarai Rehman village, Banna devi block, Aligarh district.

In due course of time, acceptance of the polio

classes have increased. The teachers now see it as an innovative way to teach children healthy habits. For the children, it is a welcome break from regular studies and they eagerly participate in the activities.

“These classes usually go on for more than two hours. Sometimes the children get too excited and the noise, at times, gets too much to handle. But all of this seems worth it, when I see the happiness on their faces during the programme.”

CMC Kutsia Wasi, Uttar Pradesh.

Polio rally

Once the polio classes are over, the CMCs ask the students to participate in the rallies to be organized one day before the booth day. The main purpose of the rally is to create awareness about the *Polio Ravivar* (Sunday). The students from government and private schools and/or madrasas form rallies and go around their own mohallahs (areas).

The local influencers also help the CMCs to organize these rallies.

On Saturdays, the streets and by lanes come alive with groups of kids trying to grab everyone's attention with the message they wish to convey – 'polio eradication'. Through the slogan shouting and high level of involvement, awareness is created in the community. In many cases, influencers and other opinion leaders also join the rally movement and support the children.

"These rallies are for people like my mother who may not know about the importance or schedule of the programme". says ten-year-old Hunny from Azadnagar Village, Uttar Pradesh.

In many areas, as a gesture of goodwill, they also give the children biscuits and pens for their participation in the rally. These tokens of appreciation serve as acknowledgment of the hard work done by children to make the community aware of the polio activities.

The children see polio rallies as an event where the messages about *Polio Ravivar* are provided to the community. Due to knowledge received during the polio classes, the children are aware of the importance of the OPV and its protection against a deadly disease like polio.

The feeling that they are contributing to information dissemination efforts through the rallies makes them proud. Ten year old Master Hunny, from a village called Azadnagar, believes it is important for everyone to know about polio. He proudly said that he is contributing to increasing awareness in his community.



Polio Rally in Ghaziabad, Uttar Pradesh, India

At the district and block levels, rallies are flagged off by district officials like the District Magistrate and Chief Medical Officer. At the block level, they are usually flagged off by the CMO. After it reaches the finishing point, all the participants – children, district and/or block level officials, representatives of partner agencies and participating influencers and community members – assemble at one point. Here, an important official or an influencer addresses the curious crowd and implores everyone to take note of the booth day.

Bulawa toli

Formation of the Bulwa Toli takes place on Sunday called *Polio Ravivar* (booth day). CMCs select vocal and enthusiastic children from the polio classes as Polio advocates and form groups. These groups of enthusiastic children are called *Bulawa Tolis*, or 'calling-out groups'. The evening before the *Polio Ravivar*, CMCs and the selected children have a discussion regarding which targeted families to approach. CMCs use the resource map to guide children and focus on resistant families. The resource map gives the approximate sketch of community map from a bird's eye view of all resources within the community including number of households and the refusal families. CMCs and children garner support from the supportive families in mobilizing resistant families.

A grid of 50 households is allotted to a *Bulawa Toli*. CMCs assign one key leader- '*nayak*' - to one grid in their area of 500 households. The responsibility of the '*nayak*' is to coordinate and ensure that all children visit the polio booth. To make the activity competitive CMCs give each child a target of the number of children she/he should get to the booth. Seeing their peer conduct the mobilization activity and having fun, more children join the *Bulawa Toli* and from a ten-member troupe, it soon grows into a much larger group of children.

The tolis go in groups or in pairs and bring children to the booth and after vaccination accompany them back to the house. Newborns are brought to the booth by their parents or caregivers as it is their responsibility to ensure



A Bulawa toli enthusiast taking accompanying younger children to the Polio booth, Aligarh, Uttar Pradesh, India

"Polio Ravivar (Sunday) mean lots of fun and some work. The Friday, Saturday and Sunday just fly. By the end of it, we really work hard on Polio Ravivar and I am a bit tired but it gives me great joy to be a part of this! We have a Polio didi (Polio sister) who works in the village and talks about polio. On Friday, Polio didi comes to school to give us polio lessons.

First, when Polio didi, spoke about polio and the people affected by it, I was not able to remember anyone suffering with polio. After class, I went home and spoke about polio disease to my parents. They said there used to be people who were disabled with polio cases. Polio didi told us that there was a lot of polio cases in India before, but now there is nobody who is affected. This is because of the polio drops that are given to children. Even my mother says the same thing. In the class, didi explained to us how polio spreads. This helped me understand the importance of keeping my hands clean by washing them with soap before eating and after going to the toilet, and maintaining cleanliness.

OPV administration. There is also a safety element which rests with the family as *Bulawa Toli* children are too young to bring such infants to the booth. *Bulawa Toli* children interact with resistant families who refuse to get their children to the polio booth for vaccination. The learnings of the polio class are used during these interactions to convince the resistant families.

On booth day, Mrs. Saadhna, is busy cleaning the verandah and preparing breakfast for the

family. She knows the booth activity has started when she hears the whistles of the *Bulawa Toli*. A child peeps into the house and pointedly asks “*Mausi, paanch saal se kam ka bacha hai? Polio dawa pilwa dun?*” (Aunty, is there a child below five years of age here? Should I take him to the booth?) Saadhna recognizes the child and calls out to her three-year-old son to go with the *Toli*. “*Bagair chot ke wapas pohoncha dena!* (Get him back without any injuries),” she warns him. The *Toli* child grins and takes the three-year-old along.

“I have inaugurated a couple of rallies and booths and personally witnessed how energetic these children can be. Make children part of a programme that aims at their better future – UNICEF has always been very innovative and devoted,”

Dr Arjun Singh, Chief Medical Officer, Aligarh, Uttar Pradesh.

After the polio class, didi asks us if we would like to join the polio rally on Saturday. I always wanted to get involved in the event. It is a lot of fun as my entire class gets involved. All of us wear eye masks, sun visors and carry flags and shout slogans at the top of our voice. When we walk shouting the slogans and carrying banners in the village streets, people notice and get informed about the Polio Ravivar. Some of them even offer us with refreshments.

*This is followed by the Polio Ravivar! Didi discusses and informs us about the houses where children between 0 – 5 years are living. All these houses are visited and the parents or family members are counseled to send their children to the polio booth. Didi makes groups of 10 children which is called a *Bulawa Toli*. Each *toli* is supposed to visit a certain number of houses. Didi distributes the areas among each *toli* according to the plan. We are supposed to go to all the houses and talk about polio and give messages about*

how it spreads. We ask the parents to bring their children to the polio booth. If the parents are busy, we request for permission to take their children to the polio booth instead. After the children take the polio drops, we accompany them back to their homes. If they are small babies, we don't take them to the booth. We make sure the parents bring them.

The entire activity is fun filled but at the same time it is for a good cause. My mother is very proud of me and that I am a part of these activities. My friends and I feel important and proud to help other children and protect them from the deadly polio disease.

Master Zubaid, eleven-year-old

In context of community resistance, the involvement of Madrasa children is viewed as an avowed acceptance and endorsement of the Polio Eradication Programme. The presence of Madrasa children in rallies and *Bulawa Tolis* motivates resistant families to get their children vaccinated. Sometimes even after all these efforts, the children face resistance from families. In such cases the influencer and CMCs go to the families and ask them to come to the booth.

The contribution of the children in improving the booth coverage and hence reducing the work load of the vaccination teams is much appreciated by the officials and functionaries of the Department of Health and Family Welfare and Department of Women and Child Development.

The passionate voice and enthusiasm of the *Bulawa Tolis* have been heard by programme planners and media. They have received media attention. In 2011, All India Radio approached the SMNet in Gorakhpur to cover the *Bulawa Toli* in a segment called "The Little Anchor Programme". The programme highlighted the role of *Bulawa Tolis* in Polio Eradication Programme as well as sensitized listeners on the polio programme. Two children, Chiranjeev and Rohit Kumar, were invited on the show and asked to share their experience. It was a proud moment for the two participating children and their families.





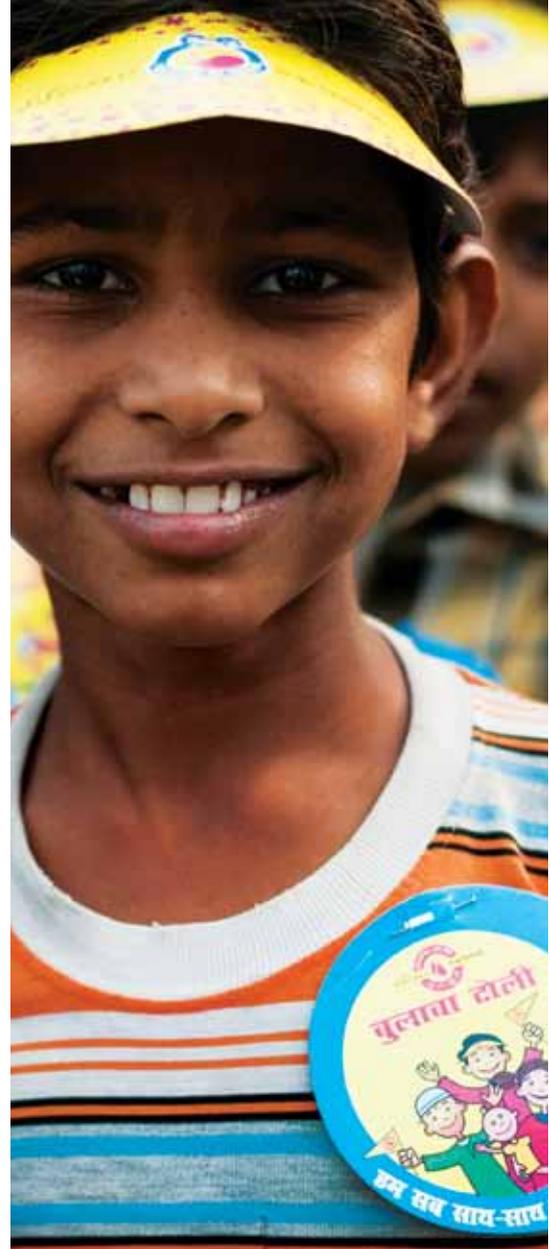
A polio rally by Bulawa Toli in Dasna, Uttar Pradesh, India

four

BULAWA TOLI EQUALS BETTER COVERAGE

Complementing booth day immunization, the house-to-house vaccination teams reach out to the families and vaccinate children. This has led to a significant increase in the number of children being vaccinated and played a huge role in gradually bringing down the number of polio cases reported to zero by 2011. It is the booth day coverage that is often considered the test of success.

If the community views the programme positively, understands the magnitude and the benefit it offers, it would not wait for the house-to-house teams to visit them. In that sense, the intensive communication and outreach activities undertaken at the institutional and individual levels have been



targeted at increasing community participation, which can only be judged by how many children are vaccinated at the booth itself.

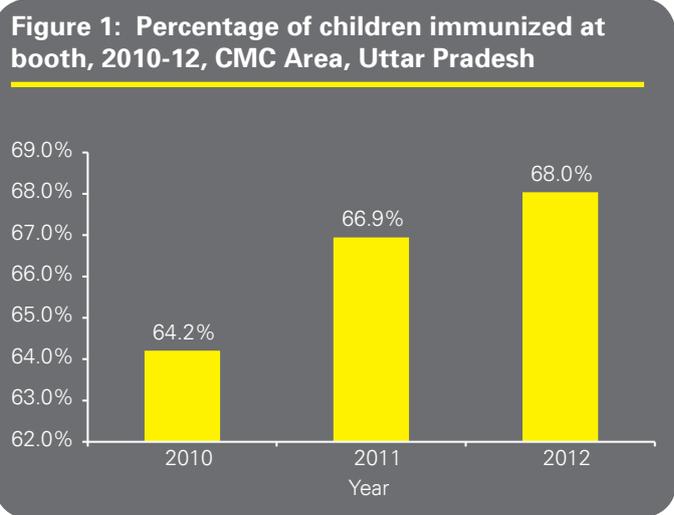
The infectious enthusiasm of the young health champions has contributed to increased booth coverage. Each child in a *Toli* presumably brings in at least five children to the booth. Taking that as the base, a single *Toli* can bring at least 50 children to the booth. Although there are no numbers to substantiate the contribution of *Bulawa Tolis* in improving booth coverage, the steady increase in coverage percentage across HRAs with CMCs gives an indication of the positive contribution made by different strategies to the success of critical health interventions (Figure 1).



Bulawa Toli children holding polio banner in Aligarh, Uttar Pradesh, India

Other than these tangible outcomes, there are non-tangible outcomes as well. Recognition of the child at the local level and her/his overall development during the entire process helps the child to think positively. As a message carrier, the child becomes a change agent and helps in increasing community awareness.

“This village had a large proportion of resistant families. Now, there is not a single resistant family. The children played a huge role in this landmark achievement. The families could turn away CMCs, not turn up on the booth and refuse entry of house teams to the house. But they could not keep out the loud voices of children that formed these rallies,” says Dr Qari Nabi Hassan, Imam, Nabi Karim Masjid, in Jamalpur Block, Uttar Pradesh.



five

KEY LEARNINGS AND WAY FORWARD



Facilitate increased child participation

The positive impact of children's participation on the Polio Eradication Programme is evident from the increasing booth coverage. The current model of adult initiation and involving the children in facilitating decision making should be encouraged, so that gains are further consolidated. The child participation-model inculcates a sense of pride and ownership among children. Through being involved in mobilizing resistant families, the children get opportunities for social interaction. It exposes them to situations where negotiations and convincing skills are utilized by the CMCs and influencers. These experiences facilitated development of social skills, capital and network amongst the children. Some of these children can be tomorrow's mascots of radical change and leaders of society. Implementation of a higher rung on the ladder of participation will facilitate this transformation.

Broaden scope of messages delivered

The incorporation of Child-to-Child strategy has not just changed the mobilization and participation rates, it has also equipped the children with critical health knowledge that will determine their future health attitudes. Keeping this in mind, it is necessary to harness the power of children as messengers and change agents. Classes, rallies and *Bulawa Tolis* are already being used for the measles programmes in Uttar Pradesh. They can be further utilized to promote better health seeking behavior in polio plus issues like - Routine immunization and handwashing with soap.



Bulawa Toli children participating in a polio booth activity in Aligarh, Uttar Pradesh, India

Participatory approaches

Repeated lessons and messages led to boredom. Children would already be aware of the existing messages and hence may not find old messages interesting. To make the polio classes more interesting, additional IEC material and new participatory approaches like role plays, songs, skits and demonstrative techniques should be used. The need for additional material and tools will also arise, if other health topics like hygiene and health programmes are included.

More cooperation from the community

The novelty of the idea and sight of children being involved in community activities facilitates acceptance from the community. The potential that the children have in bringing about progressive change in health seeking behavior of the community is often ignored. Influential persons in the community like ward members, school principals and madrasa teachers among others should be sensitized to take the lead in promoting the role of children.

Recognition and felicitation

To keep the momentum going, the efforts of the children need to be recognized and applauded. Small felicitation functions honoring supportive schools and enthusiastic children will go a long way in motivating children and school authorities to continue participating in such programmes.

Make it more organized

With India off the endemic list, it is assumed that the disease has been effectively dealt with. A sense of complacency has set in and communication on polio now seems passé. Since the need to get rid of Polio is no longer as intense as before, the activities have become dull and uninspiring. There is a need to incorporate CTC strategies into other health interventions and get more schools to participate in them. With better organization, other health interventions could also benefit from them, just like the Polio Eradication Programme did.



World Health
Organization





unite for children

B-3/258, Vishal Khand
Gomti Nagar,
Lucknow 226010

Tel: +91 0522 409-3333
Fax: 0522 409-2322
Email: lucknow@unicef.org

Cover photo: ©UNICEF/MG_1196-2012/Gurinder Osan

June 2013