

# **POLIO SBC NEWSLETTER**

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# POLIO IMMUNIZATION CAMPAIGNS

## SECURING A BRIGHTER FUTURE FOR YEMENI CHILDREN



More than 1.2 million children under the age of five were vaccinated against polio during the door-to-door immunization campaign launched by UNICEF and its partners across 12 Yemeni governorates in February 2024.

To safeguard Yemeni children from polio, UNICEF, in collaboration with its partners, initiated the first round of the door-to-door Polio vaccination campaign in February 2024. The campaign aimed to vaccinate over 1.2 million children under five years of age across 12 governorates in Yemen. The campaign was supported by more than 6,727 health workers, who, as fixed and mobile teams, reached urban, rural, and remote children, effectively curbing polio's spread in the targeted areas.

### Safe Vaccines to Protect Children

Eileen Shaher, a health worker at Al-Mualla Health Facility in Aden, has contributed to vaccination campaigns for six years.

*«During these campaigns, I've provided immunization services directly to children at their homes, ensuring those who couldn't reach health facilities were not left out. My role extends beyond administering vaccines; it involves educating hesitant parents about the importance of immunization and vaccine safety», she says.*

Despite the exhaustive nature of door-to-door visits, the fulfillment I gain is immense. Each vaccinated child feels like my own, and I'm honored to provide them with this essential protection against diseases.

### Easy Access to Vaccination Services

Immunization campaigns are vital for saving children's lives and securing their future. Nadeem Muhammad Saeed, a 40-year-old father from Al-Mualla, Aden, emphasizes this point. *«The ease of access these campaigns provide is crucial», he says. «When I heard about it through the media and announcements, I knew I had to get my daughter vaccinated against polio right away. I was concerned about her health, but the relief I felt after the vaccination team visited our home was enormous. Knowing her immunity is fortified brings me great peace of mind».* Nadeem adds a heartfelt plea: *«I urge all parents to do the same and protect their children with vaccines».*



A little girl receives a polio vaccination and vitamin A supplementation during the campaign in Aden governorate, Yemen. Photo Credits: UNICEF/Yemen/2024



Eileen Shaher marks a child's finger to indicate she has received the polio vaccine in Aden. Photo Credits: UNICEF/Yemen/2024

### Awareness Raising – Converging Efforts

An educational initiative ran parallel to the vaccination campaign, aiming to boost public awareness and encourage parents to vaccinate their children.

Widyan Abdel Wahab, a community mobilizer, explains:

“Vaccination is key for healthy communities. I strive to inform mothers about the significance of routine and special campaign vaccinations in maintaining their children’s health. Understanding the benefits of vaccination can inspire parents to participate, safeguarding the community’s overall health.”

### Beyond Numbers: The Human Impact of Vaccination

Through their dedicated efforts, the Scouts and Guides successfully reached 12,100 individuals through vaccination and educational sessions. The initiative highlighted the pivotal role of youth engagement in health campaigns.

By leveraging the enthusiasm and dedication of these young volunteers, the polio vaccination campaign not only achieved its objectives but also fostered a sense of community responsibility and empowerment. The impact of their involvement extends beyond the immediate success of the campaign, serving as a testament to the positive influence that youth-led initiatives can have on public health outcomes.

The polio immunization campaign in Yemen has achieved remarkable progress, reaching over 1.2 million children under five in 12 provinces. The united efforts showcase the strength found in collaboration, crucial for fighting preventable diseases and enhancing community health.

«Polio is a real threat to unvaccinated children», says Tafa’ol Fare’a, a resident of the Al-Mualla district, Aden. He adds:

“Protecting our children from preventable diseases is a shared responsibility. Vaccines are the key to a healthier future for all the children.”



Widyan Abdel Wahab discusses important topics from brochures handed out to mothers during an awareness session in a mother-to-mother club. This UNICEF-supported initiative educates mothers on the critical nature of vaccinating their children. Photo Credits: UNICEF/Yemen/2024



A young scout member educates a group of parents about the importance of polio vaccinations in protecting their children, in AIMukalla, Hadramaut. Photo Credits: UNICEF/Yemen/2024

# COMMUNITY CATALYST

## A SOCIAL MOBILIZER'S SYNERGY WITH LEADERS AND CAREGIVERS IN THE FIGHT AGAINST POLIO



In the heart of Mbanza-Ngungu, Thérèse stands as a force against polio, embodying the power of women in leading public health initiatives. As a mother of five and PRESICODESA\*, she seamlessly weaves her roles as a caregiver, wife, and community leader, championing polio vaccination.



Thérèse Matondo Makaya during a home visit in the Athénée health area of Mbanza-Ngungu. Photo Credits: UNICEF/Christian Mokili/2023

Every day for **Thérèse Matondo Makaya** blends family life with her dedication to her community's health. «*When there's an emergency, or if someone calls me about a problem, I immediately stop what I'm doing and go to help find a solution*», she describes, emphasizing her readiness to act swiftly in times of need. She's deeply thankful for her supportive husband, who understands the demands of her work. «*Sometimes, I have to leave food cooking and rush out, maybe to help a woman giving birth at night, staying with her till morning if needed*», Thérèse shares. In essence, she sums up her commitment: «*Every day, I do something for my community*».

Her commitment stems from a simple yet profound truth: «*Polio is preventable by vaccination*». Thérèse doesn't just advocate for vaccination; she ensures every child in her community receives it.

☞ To parents and caregivers who claim to love their children, I say: have them vaccinated. Because to vaccinate is to love.

This message is at the heart of Thérèse's mission, reflecting her deep commitment to her community's well-being. People's respect and love for Thérèse are clear when they call her "mom", showing how much they trust and value her. «*Being called 'mom' by everyone, no matter their age, makes me really proud*», Thérèse says.

Thérèse's leadership has been instrumental in implementing transformative changes in her community, notably in eradicating home births and reducing maternal and infant mortality rates. She attributes this success to strategic initiatives: «*The introduction of the CFC approach was crucial. It enables us to monitor all essential family practices (PFE) for children, pregnant women, and households. Furthermore, with registers provided for children under 5, managed by CACs, we can thoroughly track vaccinations*», Thérèse explains. This systematic and community-focused approach has played a significant role in enhancing the health and well-being of her community.

The road Thérèse travels is not without its challenges. Convincing a rural population, steeped in traditional beliefs and practices, to

embrace modern healthcare practices is a monumental task. Yet, her strategy is simple but effective—patience and love.

«*By being patient while insisting with love, we succeed*», Thérèse shares, showcasing her strategy for fostering change and emphasizing the critical role of women in healthcare.

Her call to action extends beyond her community:

☞ To peers, continue to sensitize and educate the population in favor of vaccination without getting tired. To local and national authorities, make vaccines available quickly... To UNICEF and other partners, continue supporting the DRC in terms of vaccination.

\*President of the Health Area Development Committee

Interview by Bodo Sandanda Fils Joseph, Senior SBC/UNICEF Consultant Kongo Central  
Story by Daria Shubina, UNICEF Polio SBC Knowledge Management Specialist



# BRIDGING THE AIRWAVES AND HEALTH

## A JOURNALIST'S CRUSADE AGAINST POLIO



In the bustling heart of Boma, a voice resonates beyond the airwaves, not just to inform but to transform. **Madeleine Nana Mbungu**, a 42-year-old journalist and Program Director at a local radio station, intertwines her life's passions with the pulse of her community. As a mother of four and a fervent advocate for public health, Madeleine's daily journey is a testament to the power of media in shaping a healthier future.



Madeleine Nana Mbungu broadcasting a health program on vaccination from the heart of Boma's Health Zone. Photo Credits: UNICEF/Charles Phanzu, Bodo Sandanda Fils Joseph/2023

Before the sun casts its first light, Madeleine's Day begins within the walls of her home, balancing the roles of a nurturing mother and a dedicated professional. After tending to her household and ensuring her children are ready for school, she steps into the world of broadcasting. Here, Madeleine isn't just a voice; she's a beacon of hope and information, leading health programs and steering the Communication Task Force of the Boma PEV Antenna towards eradicating polio and promoting child vaccination.

*«The challenge is real», Madeleine confesses. «Juggling my duties at the radio station with the on-ground activities of the Communication Task Force demands a meticulous organization. Yet, the drive to fulfill each task without compromise keeps me going».* Her days are filled with coordination, from reminding experts about program schedules focused on vaccination amidst rampant epidemics to creating advertorials that emphasize the importance of immunization against preventable diseases.

But Madeleine's commitment doesn't stop at the studio's door. Whenever the opportunity arises, she immerses herself in the community, engaging women in conversations about the critical role of vaccination. *«It's about*

*serving with passion and a deep concern for our community's well-being», she reflects on her motivation.*

☞ **Supporting vaccination awareness is vital because our society's future health lies in today's children.**

Over the past two years, Madeleine has not only lent her voice but has actively participated in national polio vaccination campaigns, covering the activities through media and contributing to an increase in vaccination coverage. Her efforts have helped identify unvaccinated children and address community resistance, experiences she describes as incredibly rewarding.

The path, however, is strewn with challenges. The delicate balance of her professional responsibilities with her commitment to public health initiatives requires perseverance and passion.

☞ **The key is to engage more women in these programs. As bearers of life, we have a unique perspective on the importance of keeping our children and communities healthy.**

Madeleine has a clear message for everyone: *«To parents, adhere to your children's vaccination schedules and participate in mass vaccination campaigns. To leaders, aim for the total eradication of polio. To partners, continue supporting our government's efforts to enhance health conditions and community well-being».*

Madeleine Nana Mbungu's story is more than just a narrative of personal and professional triumph. It is a call to action, a reminder of the critical role individuals and particularly women, can play in public health through dedication, information, and community engagement. Through her voice, Madeleine is not only broadcasting information; she is vaccinating her community with hope, knowledge, and the promise of a healthier tomorrow.

Interview by Bodo Sandanda Fils Joseph, Senior SBC/UNICEF Consultant Kongo Central  
Story by Daria Shubina, UNICEF Polio SBC Knowledge Management Specialist

# REVOLUTIONIZING POLIO PREVENTION

## THE IMPACT OF SBC TRAINING IN RWANDA



In response to the escalating incidences of circulating vaccine-derived poliovirus-type 2 (cVDPV2) in Eastern Africa, the Rwandan Ministry of Health (MoH) organized a series of training programs to intensify risk communication to preclude a polio outbreak and improve demand for polio vaccination in the country. The MoH, through the Rwanda Biomedical Center Division (RBC) and Rwanda Health Communication Center (RHCC) in collaboration with UNICEF and the WHO, carried out this extensive capacity-building initiative between June and September 2023. A total of 1,182 individuals working in health education, promotion, and community mobilization had their skillsets significantly enhanced as a result of the training programs.

The Rwandan government's swift action was precipitated by the evolving global polio landscape. Despite an overall decline in wild poliovirus (WPV) incidents, the looming threat posed by cVDPV2 has been steadily on the rise. Instances of WPV1 importation from Pakistan into Malawi and Mozambique in 2021 and 2022 served as stark reminders of the enduring menace of polio. This underscored the imperative need for stringent preventive measures throughout Southern and Eastern Africa, including Rwanda. Moreover, the proximity of polio outbreaks in the Democratic Republic of the Congo (DRC) and Burundi heightened the urgency for such measures within Rwanda's borders. In 2022, the DRC alone accounted for a staggering 46% of all poliovirus cases reported within the WHO's African region. In March 2023, Burundi experienced its first polio outbreak (cVDPV2) in over three decades. Given the volatility of the polio situation in its immediate vicinity, Rwanda has made it a top priority to enhance the capabilities of its healthcare workforce and health systems to fortify its defenses against any potential polio importation.

The phased training program systematically included a diverse array of stakeholders from the national, district, and community levels relevant to demand generation for routine immunization and prevention of vaccine-preventable diseases. Training modules for this initiative were designed to improve Social and Behavioural Change (SBC) and Risk

Communication and Community Engagement (RCCE) for the Polio Eradication Initiative (PEI) across the country.

Highlighting the necessity for the initiative, Mr. Fulgence Kamali, the Health Promotion Specialist at the RBC, said:

“The entire training program was crafted to ensure a coordinated and effective response to polio outbreaks. It was crucial because our commitment to maintain Rwanda polio-free requires empowering our frontline health workers with the necessary communication skills to engage communities and induce community acceptance and ownership of polio vaccination campaigns.”

The inaugural phase of training kicked off with the national training of trainers (ToTs) in Musanze, spanning from June 19th to 23rd, 2023, with a group of 26 participants, consisting of 17 males and 9 females, subsequently taking on pivotal positions as trainers and supervisors at both the national and district levels for the forthcoming nOPV2 campaign. They received an extensive orientation in the field of Social and Behavioral Change (SBC) for polio, utilizing contemporary

training methodologies. This training initiative was led by UNICEF in close collaboration with the WHO.

The ToTs set the stage for the district-level cascade training organized from June 26-30, 2023, which upskilled 173 participants (males: 129; females: 44), including district and hospital staff, health promotion officers, and public health relations personnel. Reflecting on the impact of the ToTs, Dr. Hassan, the EPI Manager at RBC, remarked, «Thanks to the concerted efforts of the Rwandan Ministry of Health, UNICEF, and WHO, the SBC training has sparked a transformative wave in polio prevention that will enhance community engagement and strengthen vaccination acceptance in our country».

Moving on to the sector level, the initiative accomplished a remarkable feat by achieving 100% participation; 930 individuals (528 males and 402 females) were trained on community mobilization and interpersonal communication (IPC) across all 416 sectors. «The goal was to boost the effectiveness of polio SIAs», said Justin, an SBC Consultant from UNICEF Rwanda, about the subnational cascade training. «Because of the awareness strategies used at the grassroots, the nOPV2 vaccination campaign was more efficient, with information reaching 98% of the targeted population. It manifests in the higher immunization coverage across districts in both nOPV2 vaccination rounds».

The initiative smoothly shifted into a refresher training phase, encompassing the orientation of 53 participants from diverse backgrounds during the SBC Workshop conducted on September 6th and 7th, 2023. This preparatory step served as a pivotal precursor to the second round of the nOPV2 campaign, under the expert coordination of the Rwanda Health Communication Center (RHCC). The refresher training provided to these 53 participants was a purposeful and strategic measure aimed at bolstering their capacity to effectively monitor and supervise the SBC teams that had previously undergone training during the campaign's inaugural round.

The training formation also considered the inclusion of sector-level social affairs and health personnel, as well as Community and Environmental Health Officers (CEHO) at health centers. This inclusivity reflects a holistic approach adopted by the MoH to combating polio in Rwanda. The capacity improvement initiative sought to equip participants with critical knowledge and skills required to manage polio outbreaks and promote routine immunization. Core aims of the training included imparting practical understanding of SBC and RCCE principles, rumor management, community engagement, and monitoring and evaluation methods and tools, all critical to the success of vaccination campaigns. Practical sessions aided in the development of messages as well as planning for cascading the training at the sector level. The multifaceted curriculum was devised to ensure that participants could successfully negotiate communication challenges, effectively engage communities, and contribute to polio outbreak prevention efforts in the country.

To foster a dynamic learning environment, the training used a blended methodology that included interactive lectures, group exercises, and Q&A sessions. Role-playing techniques prepared participants for subsequent cascade training at various levels by simulating real-world scenarios. Each group representative presented a different topic, and evaluations were based on both content and presentation skills. Participants, encouraged by evaluative feedback, worked on improving their content and delivery skills to prepare themselves for the cascade training.

Reminiscing on the ToTs, Angelique N., a National Social Mobilizer for UNICEF for the nOPV2 vaccination campaign, said, *«With the interactive and motivating participatory methodology applied, the training turned into a deeply engaging event where everyone was eager to enrich their understanding and contribute effectively towards message development and tailoring presentations for the next level»*. Olivier, a Community Health

Supervisor at Ruhengeri Referral Hospital in Musanze District, warmly recalled, *«This was my first time at the SBC/RCCE training, and I came away with a wealth of information that will be immensely useful while I carry out my regular duties of community mobilization. I appreciate the organizers who helped us improve ourselves»*.

Orchestrating such a varied set of training was an immense task for the organizers. When asked about the challenges faced and overcome while coordinating the various training events, Annet Birungi, the SBC Specialist at UNICEF Rwanda, said, *«Due to the wide range of experience levels among the participants, coordinating and carrying out the entire SBC training program for polio was akin to navigating a maze. The variance in knowledge and skill levels initially posed a challenge. With a comprehensive needs assessment, however, we were able to customize the agenda and the contents. We also promoted peer learning as our motto. In the end, we ensured that everyone was well-equipped with knowledge and tools to participate actively in the polio campaigns»*.

Putting what was learned in the SBC training into practice is a key indicator of how well the initiative worked. A training program's success is determined by the practical application of its cadre's newly acquired knowledge and abilities. Attesting to the compelling employment of his acquired knowledge and skills in the field, Umwungirije Oswald, Director of the Expanded Program of Immunization (EPI) at Bushenge Provincial Hospital in the Nyamasheke district, said, *«The first round of the nOPV2 vaccination campaign fetched suboptimal coverage in our district. Also, some parents chose not to vaccinate their kids. Therefore, we tried to root out the underlying socio-behavioral drivers and revised our social mobilization tactics in line with the socio-ecological model of behavior change for the next round. Equipped with the analytical bent and skills acquired through the ToTs, we tailored targeted messages for caregivers with vaccine hesitancy or low perception about polio and fostered stronger collaboration with the local authorities and religious leaders to ensure a better outcome in the second round of the nOPV2 vaccination campaign»*.

The SBC training and the successfully implemented nOPV2 campaign in Rwanda have showcased a demand generation model that may also be used in the delivery of comprehensive healthcare that prioritizes the health and wellbeing of children across multiple domains, including nutrition, sanitation, and hygiene.

Exploring the broader scope and utilization of

the massive SBC upskilling for polio, Julia Battle, the Chief of Health & Nutrition at UNICEF Rwanda, emphasized:

☞ **The SBC training programs have improved the healthcare system's ability to address a wide range of health challenges by equipping health workers and community volunteers with effective communication skills. An approach that emphasizes community engagement and risk communication is essential for better disease prevention practices and earlier detection of health threats.**

She further added, *«The promotion of health-seeking behaviors for the nOPV2 mass-vaccination program has the potential to extend beyond polio prevention to encompass maternal, newborn, and child health. Through SBC data collection and analytics, health authorities are now better positioned to monitor behavioral shifts and community responses, allowing for more agile strategy modifications and resource allocation. This integrated approach not only enhances Rwanda's responsiveness to polio outbreaks but also demonstrates the efficacy of SBC methodologies in enhancing the efficiency and adaptability of the nation's healthcare delivery»*.

The successful implementation of the extensive SBC training in Rwanda has not only improved the health promotion staff's ability to plan and implement RCCE/SBC strategies related to the Global Polio Eradication Initiative (GPEI) but has also caused a paradigm shift in improving public health prevention frameworks across the country. The synergistic collaboration between government agencies, UNICEF, and WHO, along with a holistic and multi-tiered approach to building capacity, has created a solid foundation for community engagement. This has strengthened Rwanda's ability to deal with the risks of cVDPV2 in a region where polio outbreaks are common. In the future, this initiative will not only serve as a demonstration of Rwanda's commitment to preserving its polio-free status but also as a country with a healthcare model that integrates robust community engagement and precise risk communication to prevent public health hazards and secure community well-being in the face of emerging global health threats.

Story by UNICEF Rwanda

# STRENGTHENING DEMAND CREATION THROUGH SOCIAL AND BEHAVIOR CHANGE

## UNICEF Zambia Leads a Capacity Strengthening Workshop to Enhance Social Mobilization and Community Engagement for Polio Outbreak Response



ZAMBIA

July 2023, Lusaka District, Zambia – Making the right decision, especially at a crossroads, is daunting. It becomes even more complicated for parents and communities deciding whether to vaccinate their children against polio amid conflicting information and life's priorities. Their decision seals their child's fate. UNICEF recognizes that Social and Behavior Change (SBC), particularly through Human-Centered Design, is central to achieving the behavior change leading to immunization demand – specifically, polio vaccination – and saving the lives of thousands of children in Zambia.



Thérèse Matondo Makaya during a home visit in the Athénée health area of Mbanza-Ngungu. Participants of the Social and Behavior Change Capacity Building Workshop with Winfreda Mulenga, Chief of Health Promotion, Ministry of Health, and Dr. Monjur Hossain, Chief of Health and HIV/AIDS, UNICEF Zambia. Photo Credits: UNICEF/Zambia/2023

To integrate SBC into the Polio Eradication Programme, UNICEF Zambia conducted a three-day SBC Capacity Strengthening Workshop from 8 to 10 May 2023 in Lusaka, the capital of Zambia. Facilitated by the SBC leads from the UNICEF Eastern & Southern Africa Regional Office (ESARO), Zambia Country Office (ZCO), and the Ministry of Health (MOH) Zambia, the workshop was attended by UNICEF national SBC consultants, MOH health promotion officers from all 10 provinces of Zambia, and health promotion experts from MOH headquarters.

The workshop – the culmination of needs assessments, strategic planning, and careful participant selection – had several objectives and expected outcomes. These included orienting participants on the overarching immunization program in Zambia and building the capacity of SBC practitioners in developing and implementing innovative demand creation interventions. The workshop also aimed at developing strategic plans for enhanced uptake of immunization services, sharing best practices on demand generation for the immunization program, and introducing the Prevention of Sexual Exploitation & Abuse (PSEA) and gender mainstreaming initiatives and approaches.

The training, with engaging modules, peer-to-peer exchanges, and group work, enhanced participation, shared challenges, and found solutions. Addressing the workshop participants, the Acting Director of Social Determinants, Environment and Health Promotion, Ministry of Health, Dr. Kalangwa Kalangwa, said, «*This workshop will help strengthen social mobilization and community engagement for polio outbreak response, as well as routine Expanded Programme on Immunization (EPI) services in the country*». He urged the provincial health promotion officers to cascade the lessons learned to health workers at district and municipal levels in the upcoming months.





To bring everyone to the same level of understanding, the training included a rich mix of structured presentations on topics pertinent to SBC, vaccination, country performance, and statistics. It probed and reviewed the social norms, attitudes, behaviors, and practices surrounding the polio outbreak response. The plenary sessions added vibrancy through field narratives and analysis of current approaches and practices. This identified existing gaps and provided an opportunity for learning and forging possible synergies to spearhead behavior change in communities, using existing capacities across Zambia.

*«The timing of the workshop could not have been better, as it presents a valuable opportunity not only to learn new ideas and skills but also to share with each other the good practices and learning»,* said Dr. Monjur Hossain, Chief of Health and HIV&AIDS, UNICEF Zambia. He then added:

☞ The recent intervention around SBC Early Adopters, led by the UNICEF Eastern & Southern Africa Regional Office (ESARO), was a great step in the right direction. The initiative will serve as a crucial stepping-stone for the institutional capacity building that UNICEF Zambia is initiating together with the Ministry of Health and the University of Zambia.

The training provided an excellent interpersonal platform for SBC teams at national and subnational levels, both from MOH and UNICEF, to share current trends and practices tailored to effectively implement human-centered activities. It offered a good forum for MOH and UNICEF SBC personnel to clearly understand support and engagement in supplementing government efforts in community engagement, leveraging community-based resources and partnerships, and SBC practices.

With this newfound knowledge, it is anticipated that SBC practitioners will empower parents and communities to confidently choose polio vaccination and ensure routine immunization for their children, thereby making informed decisions for their health and wellbeing.

Story by Mwembe Stephen Sichone, SBC Officer, UNICEF Zambia

# WHEN COMMUNITY SOLUTIONS BECOME AMMUNITION TO KICK OUT POLIO

## THE CHARLESHILL EXPERIENCE



BOTSWANA

This is the story of **Moses Mogapi**, a 25-year-old who traveled nearly two thousand kilometers to work in the heart of the Kalahari Desert as a Social Mobilizer for a polio outbreak. The remote village of Charleshill, located near the Mamuno border between Botswana and Namibia, became his new home. Moses describes his passion for "working with ordinary folks to relieve suffering" and his dedication to serving marginalized communities, especially children, which led him to join forces with the enthusiastic Charleshill Polio Outbreak team.



Moses Mogapi, the man at the forefront of Charleshill's fight against polio, displaying the detailed records that are critical to the campaign's success. Photo Credits: UNICEF/Botswana/2023

United in purpose, Moses and his team overcame significant challenges to reach children in the most inaccessible areas of the Charleshill sub-district through a door-to-door strategy. Their story exemplifies how teamwork, community spirit, and innovative local solutions, despite a hostile environment and scarce resources, positioned Charleshill among the top 10 (out of 27 districts) in Botswana for vaccination coverage by the end of the first round of the Polio Outbreak Response.

Moses acknowledges that this achievement was not the result of individual effort but through collective action. He expresses deep gratitude towards the Ministry of Health, GPEI partners including UNICEF and WHO, Charleshill DHMT, and the Botswana Red Cross Society for enabling his team to reach marginalized and hard-to-reach children with lifesaving nOPV2 vaccines. *«Reaching some of these areas is a nightmare... imagine trying to get to Makunda in a 4x2 vehicle... you get stuck in the sand easily... so I don't take assistance from partners for granted»*, he shares. He is particularly thankful for UNICEF's support in providing "fit for purpose" transport during their door-to-door visits and for the engagement of social mobilizers. Despite the time constraints, with only four days to vaccinate all children under seven, the team set ambitious targets for itself, aiming for at least 70% coverage by day two, starting with schools where there was a concentration of the target population. However, by the end of day two, they had only achieved just over 50% coverage, falling short of their target and facing growing desperation.

### Desperation as the race to meet vaccination targets intensifies

By day three, official coverage statistics were not yet released, but anxiety was palpable in Charleshill. Moses shares how it became clear they needed to devise an innovative strategy beyond the official campaign plan to meet their target goals. That evening, the team gathered in the small M&E office at Charleshill Clinic, their makeshift "war room", to brainstorm. Despite the daunting odds, including limited vehicles and personnel, their unwavering belief in collective effort and a "never say die" attitude led them to develop new strategies for reaching children in the most remote areas. They prioritized reaching the Basarwa children, known for their high mobility, children of parents or caregivers who abuse alcohol and are frequently on the move, and children living in the outskirts of Charleshill where roads are sandy, and houses are sparse. Though Charleshill boasts good internal roads, many households in the outskirts remain hidden and difficult to access.

### The Home-Grown Social Mobilization Acceleration Strategy

After extensive brainstorming, the team developed a multi-faceted strategy to boost last-minute coverage. They established three temporary vaccination sites: a football pitch, an empty space behind the police station, and near Charleshill Clinic. These sites, especially the football pitch located on the



village's outskirts, became key to their strategy. Additionally, they deployed a mobile van to announce vaccination opportunities in the languages of potentially missed children, particularly the Sesarwa language. Two roving and mobile teams, supported by UNICEF and the Red Cross, navigated the sandy streets to vaccinate children on sight and gathered intelligence on unvaccinated children, leading to successful vaccinations at local drinking spots. Moses reflects on the success of their plan with pride, though the memory of a harrowing experience during the campaign tempers his joy.

### **A Heart-Wrenching Sight**

One day, as Moses and his team conducted house-to-house vaccinations, they encountered a family living in a Red Cross tent, a sight that deeply moved them. They found children sprawled on the ground, visibly malnourished and in dire conditions, with no adults in sight until an elderly woman appeared, trying to start a fire. The team learned the children's teenage mother was alcoholic and negligent. Inside the youngest child's medical file was a letter to social welfare, unheeded for months, which could have offered the family crucial assistance. Moses immediately sought help from a UNICEF representative, leading to swift action by the social welfare department. This intervention not only provided the family with necessary support but also underscored the broader impact of UNICEF and its partners in reaching children in need.

In the end, Charleshill's successful vaccination coverage, achieving over 85% and ranking among the top 10 districts, was a testament to the collective effort and support from the Ministry of Health, UNICEF, DHMT, and the Red Cross. Moses, much like his biblical namesake, led his team to protect the children of Charleshill—and by extension, the country—from polio, thanks to the unwavering support of UNICEF and GPEI partners.

Story by UNICEF Botswana Communications

# OVERCOMING HESITANCY

## A FAMILY'S JOURNEY WITH ORAL POLIO VACCINATION



In Maun, within the Ngamiland district, a young woman recounts her experience of overcoming vaccine hesitancy during the second phase of the polio vaccination campaign. **Sarah**, a kiosk attendant in Maun and a mother of three young children—two boys aged 6 and 4, and a 3-year-old girl—has always believed in the importance of vaccination. She steadfastly adheres to routine immunizations for her children, as recommended by health professionals, convinced that vaccines save lives.



Sarah stands proudly at her workplace. A beacon of health advocacy in the Ngamiland district, she overcame vaccine hesitancy to protect her children and community against polio. Photo Credits: UNICEF/Botswana/2023

During the initial round of supplementary immunization activities against polio in Botswana, Sarah readily agreed to have her children vaccinated by the door-to-door teams. The decision was made without needing to consult her husband, who works in Kasane, Chobe district, as both parents understand and value the benefits of vaccination. However, after this round, all three children developed fever and vomiting that lasted for 4-5 days, a reaction Sarah had to manage on her own due to her husband's work commitments elsewhere.

The adverse reactions from the first dose led Sarah to resolve against participating in the second phase of the campaign, fearing the vaccine's effects on her children's health. Despite the social mobilization teams' efforts to persuade her, she remained hesitant. The turning point came through the encouragement and support of her husband. Upon learning of her reluctance, he highlighted the crucial choice between temporary discomfort and the risk of permanent disability that could arise from incomplete vaccination. He reasoned:

“The headache will disappear soon, but paralysis, if it occurs, is for life. We must complete the recommended dosage to ensure they are fully protected.”

His perspective and counsel changed Sarah's mind, leading her to consent to the second round of polio vaccinations for her children. This decision underscores the importance of immunization not as a sole responsibility of mothers but as a joint effort involving both parents. Moreover, it highlights the critical role of male involvement and community support in health initiatives. While vaccines may sometimes lead to temporary adverse events following immunization (AEFIs), the overarching benefit of protecting children against diseases significantly outweighs these risks.