

# 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, Angélique 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