

**Communication for Development (C4D) in the  
UNICEF-Assisted National Immunization Day (NID) Campaigns of  
Egypt's Polio Eradication Program,  
A Case of Good Practice**

**I. SUMMARY**

The adoption of nation-wide door-to-door polio vaccination in 2002 meant communication activities needed to reach every home and caretaker in Egypt. Their trust and cooperation needed to be solicited for the virus to be entirely eradicated.

Such a task required deploying all possible innovation and tactics of communication. The overarching achievement was mobilizing the entire nation in the fight. This featured three major highlights: 1) Mass media campaigns that featured political endorsement of the First Lady, celebrities, and a song by a super pop star, 2) Mobilizing youth initiatives in support of the awareness campaigns and the use of special media to reach caretakers in high-risk slum areas, and 3) Providing institutional support to the Ministry of Health that allowed it to better plan and implement social mobilizing activities.

The success story of eradicating polio in Egypt was the result of a passionate process owned by the Ministry of Health, assisted by the World Health Organization and UNICEF, and supported by all society including political figures, celebrities, NGOs, local communities, and the population at large.

**II. THE ISSUE**

Children in Egypt were not fully safe from the polio virus until 2006. Decades of efforts to interrupt transmission were successful but not to the extent of a polio-free country. In 2002, along with the start of the UNICEF involvement, a determined shift in strategy took place; the adoption of a door-to-door approach for the National Immunization Day (NID) Campaigns.

The door-to-door strategy called for intensive communication support in order to promote acceptance of, and cooperation with, vaccination teams. Caretakers' trust needed to be gained, which was not easy. In extreme incidents during the earliest campaigns, immunization team members were attacked. Communication needed to reach a breadth of all Egyptians with quality sufficient to gain their confidence.

The quality of door-to-door campaigns immediately proved to be effective. In 2002 the total number of polio cases dropped to seven, after it was still in the hundreds range during the 1990s. The campaigns improved from year to year with coverage between 2002 and 2004 increasing by 20% to reach 11 million children.

However, there was still one case of wild polio virus in each of 2003 and 2004, and while there were no cases reported in 2005, two environmental samples tested positive. This was hard to explain in light of the ongoing, well-documented quality of the campaigns. An investigation into the nature of children that were "missed" by the campaigns was launched in 2004.

The resulting study revealed the profiles of "missed children" and the reasons why they were missed. This information provided important guidance for C4D activities for the last boost of activities before the successful total eradication of 2006.

**A. C4D Analysis**

Communication activities needed to reach caretakers throughout the country and gain their trust. C4D needed to inform caretakers about polio hazards and the campaign to vaccinate children.

Throughout the campaigns, input from research or developments in campaign strategy resulted in different interim objectives for communication.

For example, the findings of the "missed children" study led C4D to address certain misconceptions about polio and its vaccination and also led to elevated activity in certain geographic areas.

Another example was to gain support of medical professionals and campaign members for the use of monovalent oral polio vaccine (mOPV) instead of the common trivalent OPV (tOPV) in 2004. Similarly, C4D needed to gain people's confidence in the adoption of "finger-marking" in order to better identify vaccinated children.

## **B. Facilitating and Hindering Factors**

Generally, Egypt represented a special challenge in eradicating the polio virus for an immutable combination of reasons. These include the very high population density, tropical climate, high mobility of population, and suboptimal sanitation conditions.

One major challenge was the need to target high-risk slum areas where population is dense and access becomes difficult. Special tactics were needed for these areas.

A major facilitating factor was the popularity of specific TV and radio channels among the target audience. Another is the presence of cooperative NGOs in such areas as well as enthusiastic youth that shared in the campaign.

The identification of young caretakers led to successful use of music TV channels and FM radio. Also, slum residents were reached through innovative recruitment of youth volunteers to spread awareness and the use of megaphones while roaming the slums.

## **III. C4D STRATEGY AND IMPLEMENTATION**

The overarching goal of C4D was to support the interruption of virus transmission. Specific objectives were to: 1) Develop high levels of public awareness of the NID campaigns at above 95%, and 2) Develop positive attitudes and practices of targeted caretakers, as well as the public at large, toward the immunization activities.

Major success factors of the C4D strategies were the effective use of mass media, the mobilization of youth, and the institutional support provided to the Ministry of Health on social mobilization planning and practice. All C4D activities contributed to the goal of mobilizing the national society in support of the NID campaigns.

In this regard, so many elements were used to advantage. These included political support on national and local levels for the NID campaigns that were usually inaugurated by the local heads of government in addition to a national launch event that involved high-profile government figures, celebrities, and intensive media coverage. A major pop star developed a song particularly for the campaign, religious leaders provided support and issued official statements, and local NGOs and youth centers were also mobilized to promote local awareness. To follow are descriptions of various highlights of the national social mobilization activities.

### **Advocacy**

- The campaigns received the political support of the First Lady of Egypt.
- Most campaigns were locally launched by the designated governors.

### Media Exposure

- TV spots were produced and aired as many as 650 times during the designated year on local channels as well as popular satellite channels.
- In one year, about 20 TV and radio programs on polio were produced and aired before and during the NID campaigns.
- More than 70 press articles were published in one year.
- Outdoor advertising was used.
- Mobile phone text messaging was used.

### Celebrity Involvement

- The UNICEF Goodwill Ambassador, famous actor Mahmoud Kabil, was featured in the TV spots. The public education and awareness campaign centered on him and also media coverage of his involvement was generated to further the cause and create greater publicity around the NIDs.
- Super pop star Mohammed Munir developed a song on Polio that was heavily aired on TV and FM radio.

### Information, Education, and Communication (IEC) Materials

The printing of supportive materials in one year included: 15,000 Arabic/English Fact Sheets, 165,000 posters for clinics, 65,000 vaccination team ID cards, 300,000 registry books, and 30 million stickers for house marking.

### Research

- The initial guidance provided by research was to know the media habits of the target audiences. It was verified that TV is a key source of information for everyone and accordingly, the use of TV for communication was a fundamental strategy. After the initial two years of NIDs, data revealed a shift from local and national TV channels to private and satellite channels. This information guided the expansion of media exposure to include two popular private satellite channels.
- The other main contribution of research was when the Assessment of the Missed Children of the September 2004 NID revealed the profiles of missed children and their caretakers. The information directed C4D toward special tactics in slum areas as well as special media to target young caretakers (25-39 years old).
- Similarly, a polio taskforce comprised of the Ministry of Health and Population and international partners identified a comprehensive list of high-risk areas that helped guide the planning of community interventions.

### Participation of NGOs

A vast number of NGOs were mobilized in support of the NID campaigns through the cooperation of the General NGO Federation. These NGOs ensured the support of natural and religious leaders and also mobilized volunteers to carry out community awareness prior to the NID campaigns.

### Launch Events

Large launch events for the annual NID campaigns, that were organized by the Ministry of Health and supported by UNICEF, received wide media coverage. They were attended by high-profile government officials, the UNICEF representative, the Goodwill Ambassador, and major international polio partners. *The image here shows the Goodwill Ambassador at the launch with the Ministry Undersecretary and the UNICEF representative in the background.*



### Tactics to reach high-risk slum areas

This was a major feat of communication. There was a need to concentrate awareness activities in 20 identified high-risk slum areas in Greater Cairo and two governorates of Upper Egypt. The tactics involved included:

- Door-to-door visits three days prior to the NID campaign
- A focus on nurseries
- Using megaphones to announce the campaign, two days before the campaign as well as during the NID campaign. *The image here shows volunteers in action.*
- Special training to all volunteers and development of a training manual
- Ongoing reporting and evaluation



### Institutional Support to the Ministry of Health

UNICEF supported the Ministry of Health in the process of planning and implementing community mobilization activities, and helped institutionalize such planning within the Ministry. A standard form for social mobilization micro-planning was created, along with the appropriate monitoring tools, and a training manual.

#### A. Community Participation

The participation of communities was a major success factor that was primarily facilitated through NGOs that were, in turn, mobilized through the partnership between UNICEF and the General NGO Federation. Five thousand youth volunteers from every slum community were trained to conduct pre-campaign door-to-door awareness activities. They distributed Q&A brochures and used megaphones to spread messages about the upcoming NID campaigns.

In addition to NGOs, local institutions such as mosques, churches, nurseries, and schools were also mobilized and provided tremendous help in countering rumors and misconceptions and ensuring maximum coverage of the immunization activities.

#### B. Partnerships, Local Structures, Services, and Resources

The partnerships formed on three distinct levels all played a significant role. For one, there was the political commitment mobilized and broadcast in mass media. This ranged from the First Lady, who personally vaccinated the very first child, to ministers, governors, and local health authorities.

The second instrumental level was that of NGOs. Tens of thousands of volunteers mobilized and recruited through local NGOs helped spread awareness and trust.

Finally, the private sector also joined the fight against polio. Two major companies, Coca Cola and local mobile operator Mobinil, provided valuable marketing and media support. Coca Cola branded its trucks with messages of the polio campaign (*as seen in the image here*) and also donated usage of some of their most visible and expensive billboards to announce dates of some NIDs. Mobinil, on the other hand, sent 500,000 text messages to subscribers announcing campaigns and key polio messages and also sponsored a radio campaign advertising all the NIDs.



#### **IV. IMPACT/RESULTS**

The NID campaign of May 2005 achieved coverage of 98.4%. Such information is known through evaluation reports and the detailed registry books kept by vaccination teams.

Communication surveys from year to year provided steadily improving evidence of the impact of prior communication efforts. For example, the percentage of the population surveyed in 2002 who knew that a child can be vaccinated as young as one-day-old was 46%, compared with 92% in 2005. The 2003 survey showed that 90% of 900 caretakers have in fact seen at least one of the polio campaign's TV spots and accordingly knew of the NIDs. Results from the same survey prompted new direction in TV messaging to avoid boredom, which resulted in appearance of celebrity and Goodwill Ambassador Mahmoud Kabil in 2004.

There was only one case of polio in each of 2003 and 2004 in the whole country, and the last sample of the polio virus was found in January 2005 through the now-routine sewage surveillance. Egypt was declared polio-free in February 2006.

#### **Lessons Learned**

To follow is a list of learned lessons and elements that have shown to be critical to success of such a large-scale door-to-door immunization campaign.

- Consorted efforts are necessary, ranging from high-level political commitment to grassroots-level community participation. The youth have shown to be particularly effective.
- Communication and interpersonal skills of vaccination team members are vital.
- TV is an effective medium for children's caretakers. The use of music channels and FM radio was found to be particularly effective.
- Megaphones were also a key tool for community mobilization, particularly in slum areas. They were found to be the second source of information after TV.
- Innovative engagement of popular celebrities as well as pediatricians was crucial to the success of the NID campaigns.