



USS Update

THE UNDER-SERVED STRATEGY UPDATE ■ VOLUME 03 | MAY 2009 | NEW DELHI

INSIDE

- 01 Paidal Jhanda Qafila**
An opportunity to reach out to larger sections of underserved Muslim community
- 02 Processions & congregations of Eid-e-Miladunnabi**
A forum for polio advocacy
- 03 Mapping vulnerable groups (nomads/slum dwellers) for polio communication**
- 04 Bridging gap between mothers & ANMs in high risk areas**
- 05 Underserved strategy in Bihar**
Influencers make the difference



01 Paidal Jhanda Qafila

An opportunity to reach out to larger sections of underserved Muslim community



Advocacy banners endorsed by religious leader; Zayreens carrying polio banners during Annual Foot March; district Bareilly; UP.

March 2009 - The "Annual Foot March" is a 260 kms long march by the followers of the Sufi saint, Sabir-e-Pak. Starting from the district of Bareilly, this annual march culminates at Kaliyar Sharif of Haridwar district, Uttaranchal. The end of the Qafila is followed by the annual "Urs" starting at Kaliyar where the mausoleum of the great Sufi saint is situated.

Millions of followers from different parts of the world attend the annual congregation.

The route of the procession includes some of the high risk polio districts of West UP. These are the districts of Rampur, Moradabad, Bijnore, Muzaffarnagar and Saharanpur. There are also widespread misconceptions about polio prevalent in these areas. The participants of the foot march along with Sufi Waseem Sabri and his followers stop at prominent mosques, dargahs and rest points, advocating for polio eradication.

Advocacy for Polio was included in the agenda of this march four years ago. In view of the reach of the organizers and followers of the foot march, SMNet tapped this opportunity to reach out to millions of followers who belong to the Muslim underserved community in West Uttar Pradesh. According to Waseem Sabri, where ever they go they spread the message of polio eradication and pray that the virus is wiped out of the country.

The coordination for advocacy for the march was carried out by SMNet field staff, NPSP, Rotary, influencers and other spiritual leaders at different stages. The aim was to consolidate community leadership and support for polio eradication. Banners with polio messages and a van decorated with hoardings containing polio messages accompanied the foot march.

More than 2.5 million people, mostly from districts of Western Uttar Pradesh participated in the annual Urs held at Kaliyar. Twenty five vaccination teams were deployed at strategic entry and exit points of the Dargah round the clock. A total of 71,103 children, aged less than five years, were immunized during the 10 days of Urs. Most of the children immunized were from the underserved Muslim community hailing from Western UP.

- 30,000 Zayreens participated in the annual foot march.
- 2.5 million people attended the annual Urs at Kaliyar and were exposed to polio messages.
- More than 50 banners, appeals in the form of handbills with polio messages endorsed by Dargah authorities were distributed to the zayreens.
- A total of 71,103 children aged less than five years who were possibly missed during SIA activity in West UP were immunized.

02 Processions and congregations of Eid-e-Miladunnabi

A forum for polio advocacy

March 2009 - Eid-e-Miladunabi, the birth anniversary of the Prophet Mohammed, falls on the twelfth day of the third month i.e. Rabi-ul-Awwal as per the Islamic calendar. The celebration of Eid-Miladunabi varies from place to place in accordance with the different schools of thought (Deobandi & Bareilvi) within western UP. Religious institutions organize special prayers, sermons and discourses to mark the special day. Over the past few years, UNICEF, NPSP-WHO, Rotary and other partners have used these mega congregations as an opportunity for polio advocacy.

Various organizations and religious committees planned Juloos (processions) to celebrate the day this year. One of the processions was organized by the Seerat Committee and was well attended. More than 5,000 madarsa students and 20,000 local people participated from the urban areas of Meerut. This was a good sign as Meerut is one of the high priority districts in UP from the polio perspective and is also highly resistant to OPV.

Strong appeals to the community to participate in the ongoing PEI were made by religious leaders in various districts of UP. Prominent among them were Maulana Mahfooz, heading the Sabnigram Madarsa in Bijnore district and Qazi Shaher Kanpur of Kanpur district.



Girl students from Madarasas, participating in Eid-e-Miladunnabi procession; district Meerut. Local IEC was used in the form of banners and appeals, endorsed by local religious leaders and institutions.

03 Mapping vulnerable groups (nomads/slums dwellers) for polio communication



Block Mobilization Coordinator, Vinod Kumar enlisting Nomadic families belonging to Banjara community, while they came to celebrate annual Urs of Sayed Sela Miyan, Puranpur; district Pilibhit, Uttar Pradesh.

Feb-March 2009 – The process of mapping vulnerable groups started in December- January 2009 with an initial batch of 500 families. Since then, the process of mapping and tracking has been followed by all priority districts of west UP on a regular basis. Till date, 5,602 families in 18 districts have been identified. There are 7,060 children aged less than 5 years belonging to these families. Mobile vaccination teams were able to track 1,708 children of these nomadic families and vaccinate them. However, 330 children were missed due to their non availability at the time of the team's visit.

In 2008, 3 P1 cases were detected in Ghaziabad district. Two out of the 3 cases were from the nomadic community. The peripheral location of Ghaziabad to the national capital makes mapping, planning and execution of the programme in these border areas very difficult. There are temporary settlements and slums, unidentified borders at Loni etc. Three hundred and thirty five families were mapped along Delhi Ghaziabad border. This whole exercise was done in consultation with the Health Department, NPSP and other partners. The Health Department has taken note of the complex situation and a separate micro plan has been developed.

In Pilibhit district, over 1,00,000 devotees belonging to different sections of the nomadic community assembled to celebrate the Urs of Syed Sela Miya. Using this opportunity effectively, 1,145 children were immunized on the last day of the Urs. For enhancing coverage, information related to movement of the enlisted families was shared with the districts where the families would be halting next.

Nomadic communities generally follow a pre determined cyclic course, regulated by season and physical environment. They are poor, marginalized and face discrimination within the society and by the state. For such groups an outside catalyst provides a crucial impetus as they themselves lack the capacity to mobilize on their own.

04 Bridging gap between mothers & ANMs in high risk areas

March 2009 - According to the DLHS-3 survey only 30.3% of 12-23 month children are fully immunized in UP. Taking into consideration the poor RI coverage, the idea of organizing a series of interface meetings between service provider and service receiver was initiated. The forum was also used to create awareness about routine immunization and OPV.



Block Mobilization Coordinator, Jyoti Verma orienting mothers on RI schedule and its importance, C.B.ganj;district Bareilly.

The concept was developed and piloted in 27 high risk areas of Bareilly district. The four broad objectives of the exercise were:

- To create awareness for Routine Immunization and care of pregnant women and lactating mothers.
- Direct communication between service provider (ANM) and service receiver (Mothers).

- Immunization of missed children during polio round from X houses and migrant families.
- To improve Routine Immunization.

The results of the initiative were encouraging and formed the basis for its expansion. The figure below (graph) shows that all the 27 meetings were well attended by all stakeholders. More than 80% ASHA/USHA, ICDS workers, TBA/Dai and local practitioners participated in the interface. There was 100% attendance by female Pradhan/ward members. To make the meetings successful the roles of different players were clearly defined.

SMNet's CMC mobilized pregnant women and target children due for vaccination and the NPSP kept track of the participants apart from getting ANMs to the meetings.

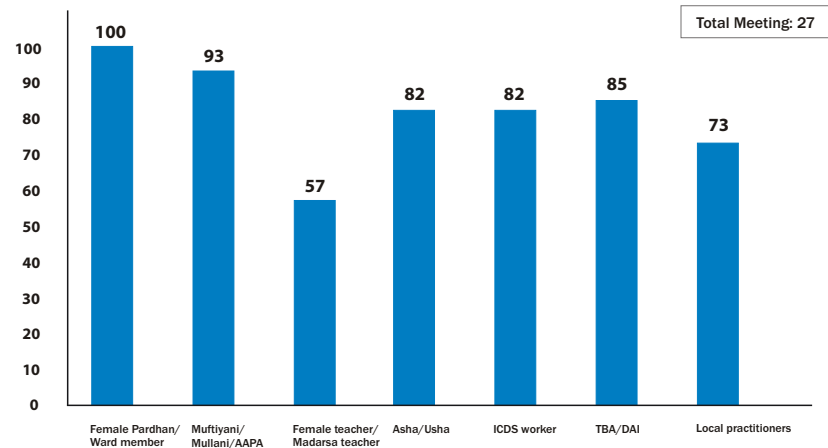
Female local elected members, TBAs and other stakeholders were also mobilized to attend the meetings. Issues of safe motherhood, breast feeding and demonstration of ORS preparation were also taken up with the participants.

Among the 27 selected HRAs where these interface meetings were piloted, 168 children out of 885 children (missed during the SIA round)

were vaccinated for OPV. Of the 265 children targetted for BCG, 65 children were immunized. Among 185 pregnant women due for TT1 injection, 97 received it while 62.5% of pregnant women received TT2 injection.

The purpose of this initiative was to strengthen the existing system apart from improving the RI coverage in underserved areas. It is expected that this initiative will be executed in 20 priority districts of West UP soon.

% Participation of Stakeholders in Mother and ANM Interface Meeting (Mar.09)



Highlights of the meetings:

- Total of 498 mothers, 237 pregnant women and 155 X houses mothers attended the 27 meetings initiated
- 150 mothers of 0-1 year old children along with pregnant women received counseling by ANMs on RI schedules and prenatal care
- 100% presence of the ANMs was noted in all the 27 interface meetings
- Apart from TT and BCG, 166 (DPT1), 135 (DPT2), 106 (DPT3) and 165 (Measles) children due with DPT 1 2 & 3 and Measles were immunized and given vitamin supplement during the meetings.

05 Underserved strategy in Bihar

Influencers make the difference

Several years of experience with the pulse polio programme has shown that orientation towards positive behaviour change and support for the programme can be developed effectively if people are counseled regularly, given information from a trusted source and mobilized in a sustained manner for OPV. To accomplish this complex task influencers become integral to the polio campaign.

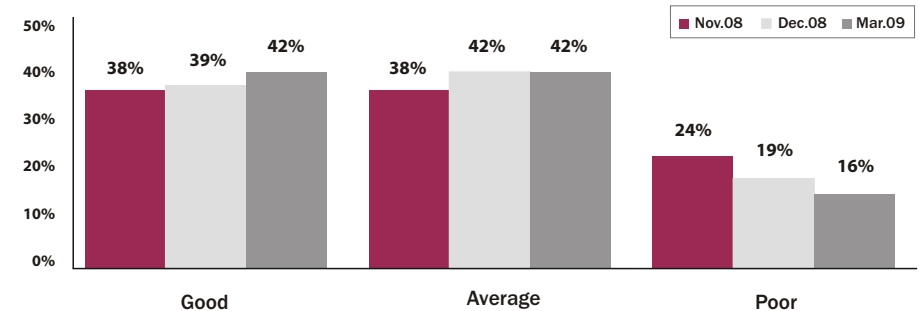
In Bihar, the number of refusal houses this year has come down to 1124 (approximately .007% of total X houses, March 2009). However, Patna district remained the highest contributor of the total number of households refusing OPV, while there were 659 X-Refusal in the rest of the state. In some urban areas of Patna district HQ like Rajendra Nagar, Gulzarbagh, City, Phulwarisharif, Rajwanshinagar etc. vaccine avoidance and community mobilization continued to be an area of programmatic concern.

Table 1: X-R Generation

Patna	X-R Generation
Jan.08	2838
Feb.08	2191
Mar.08	1868
Apr.08	2094
Jun.08	1948
Jul.08	1770
Sep.08	2029
Nov.08	1835
Dec.08	1848
Feb.09	1670

An analysis of the nature and segmentation of refusal families (in areas mentioned above) shows that vaccine avoidance was observed largely in the underserved Muslim populations. The data in Table 1 shows the X Refusal Generation numbers from January 2008 to February 2009, indicating a decline with some spurts of increased refusals. The data is also a pointer to the fact that influencers are critical to the success of the programme, especially in helping reducing X-Refusal generation and X-Refusal remaining households, as well as in helping build an enabling environment for regular support to polio immunization in the underserved communities. Since influencers come from all walks of life, it is important to understand the issue of their involvement in a more objective manner. It is, therefore, essential to pay special attention to their role and effectiveness by tracking and analyzing these indicators over time.

Figure 1: Performance tracking of influencers



Taking this into account, Patna urban areas were reviewed on vaccine avoidance and community mobilization by a communication review team in August and December, 2008. One of the key recommendations of the team was to track and rank influencers for better programmatic results and dealing with the problem of vaccine avoidance.

The inputs of the review team were utilized by the Bihar polio team to develop a format for tracking the performance of influencers and planning for their capacity building. The steps in the format preparation included format design based on indicators, printing of these formats, capacity building of SM Net personnel on these formats and its usage, support supervision for regular data collection, data analysis and review. This activity was initially implemented in the areas under the Community Mobilizers (101 in Patna Urban) from November, 2008. Figure 1 shows the results of performance tracking of influencers from November 2008 to March 2009. The data analysis clearly indicates an increase in good performance and decline in poor performance while the average performers remain the same between December 2008 and March 2009.

Analysis of the data also revealed the quality of the influencer's contribution to the program. Consequently modifications were made in the underserved strategy which included identification of poor performing influencers and their capacity building, or in some instances, recruiting new influencers to strengthen the overall process.

This exercise has resulted in influencers beginning to contribute more significantly to the program, leading to qualitative strengthening of areas like interface meetings, house-to-house (inter personal communication) interaction, religious meetings, mothers' meetings, and importantly, X-Refusal conversion during rounds. Figure 2 reveals a consistent enhancement of influencer's participation in different meetings in the Patna CMC area.

Figure 2: Interface/ Mother/ Religious Meetings in Patna CMC area

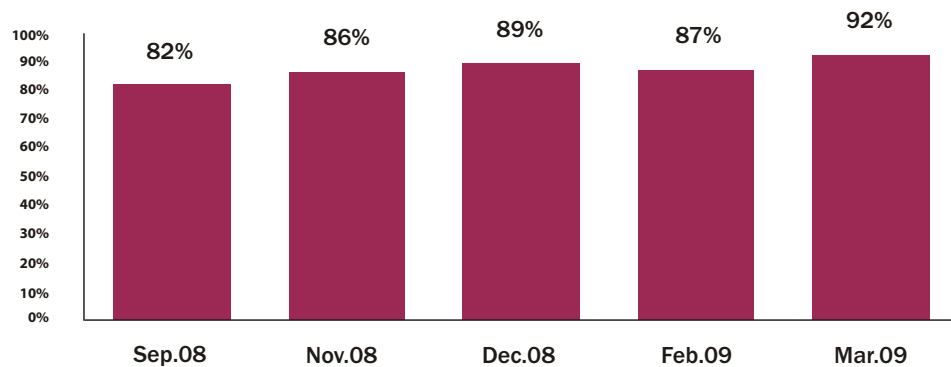
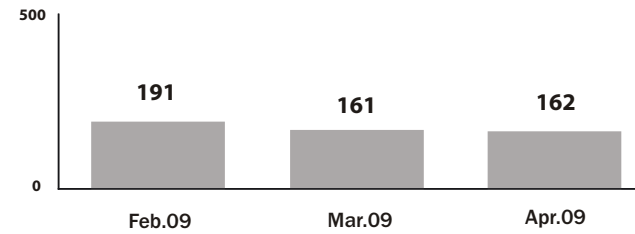


Figure 3: X-Refusal remaining households in Patna CMC area



The impact of these activities on the programme is illustrated in the graph indicating decline in refusal remaining households in the underserved population in Patna urban area.

Figure 3 shows the trend in X-Refusal Remaining households in the Patna Urban (CMC) area. The X-Refusal Remaining in CMC area decreased from 191 in February 2009 to 162 in April 2009.

Despite the fact that the results are encouraging, there is still room for improvement in the qualitative contribution of influencers. Consistent efforts are being made to ensure that all mobilization and vaccine avoidance issues are handled effectively.