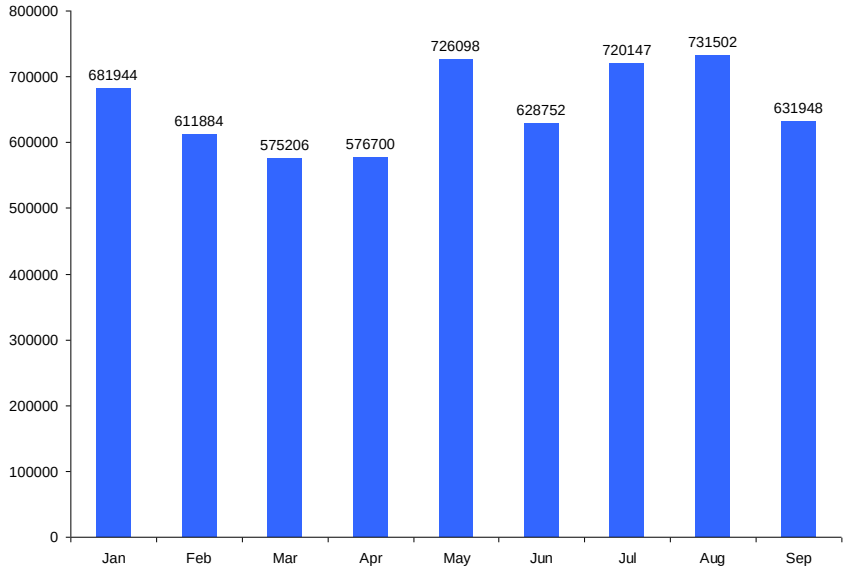
ROUTINE IMMUNIZATION

2012-13 have been declared the Years of Intensification of Routine Immunization. The February 2012 IEAG specifically charged UNICEF with ensuring that "all communication efforts, including the SMNet, at all levels adopt promotion of routine immunization as a primary message in all public communication". Therefore, during 2012, while the communication effort has continued its community mobilization efforts, especially with underserved communities and resistant families, and its mass media activities to secure general population participation and acceptance of the polio effort, it has increasingly married this message to the need to ensure full immunization coverage against the seven vaccine-preventable childhood diseases.

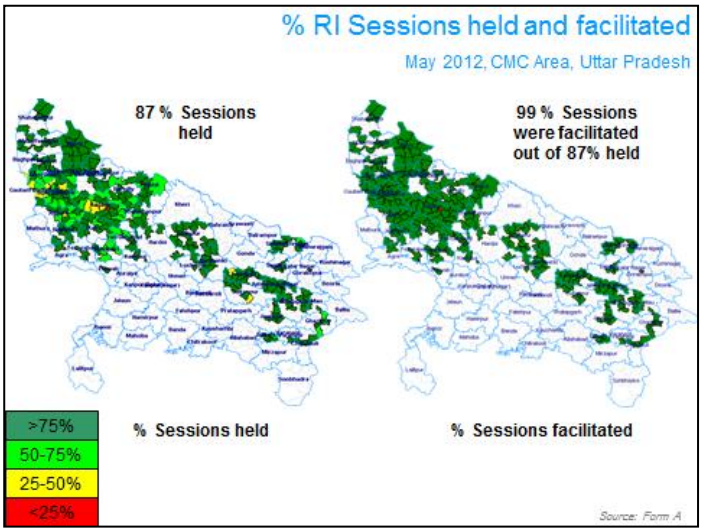
A multi-pronged approach has been adopted to improve full routine immunization coverage in high-risk areas:

- Interpersonal Communication and mobilizing the families for Routine Immunization;
- Creating demand through IEC and Social Mobilization; and,
- Health system strengthening by monitoring session and providing feedback.



Number of children reached by CMCs, 2012

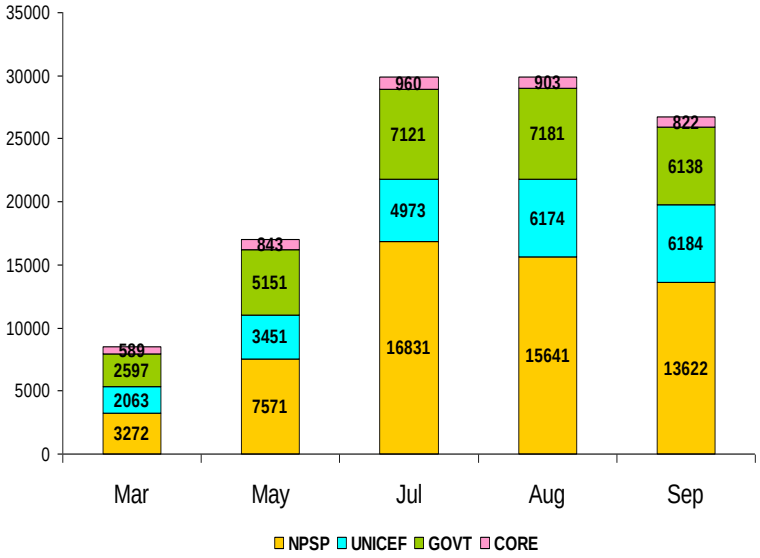
The CMC conducts household surveys in her area and records this in the field book with clear identification of the eligible families and children (0-5 years for OPV and 0-1 years for routine immunization). She engages frequently with families before, during and between polio rounds (and assigned state routine immunization days and weeks), informing parents about the immunization activity and its benefits, addressing their fears and misconceptions especially pertaining to Adverse events Following Immunization, identifying of pregnant and newborns for TT and age specific immunization, and leading community efforts to mobilize religious and community leaders to support the RI programme. These families are targeted for interpersonal communication through Mothers/Muslim women



meetings, known as Istama/Milad/Community meetings to ensure 100% vaccination every time. Resistant households to routine immunization are given special attention with refusal families counseled separately so as to convince them. In some cases, the influencers/religious leaders and Government officials also contribute in converting refusals.

The CMC also works towards creating an enabling environment for RI by engaging children through the child-to-child approach. Principals and teachers of Government schools/Madrassas in the area are sensitized to routine immunization messages. On the religious front, the CMC networks with the mosque committee so that 'Elan' takes place at designated times prior and during the RI sessions.

Sessions monitored, UP 2012



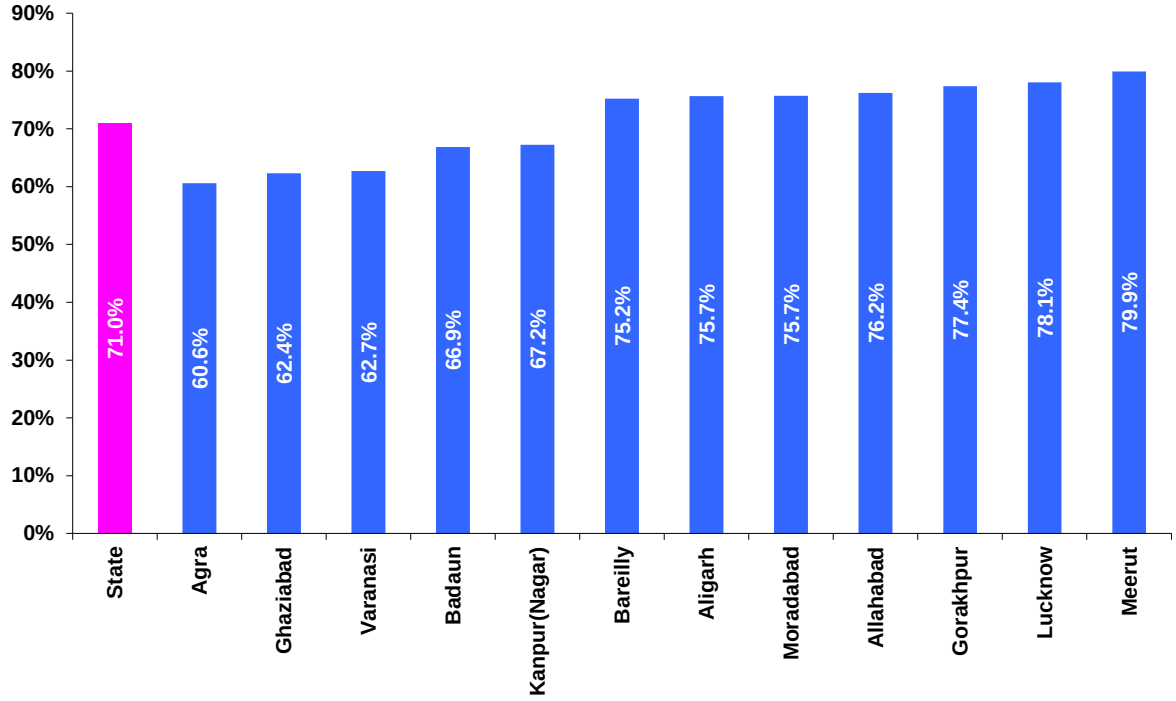
To increase acceptance of RI and explain the complex medical aspects in a simple edutainment format for mothers and caregivers, the video shows "Ammaji Kehti Hai' are organized to focus on the importance of immunization and how it protects children from life threatening diseases. As a result of these shows and discussion sessions, the conversion rate from refusal families to accepting RI has increased tremendously. For HRGs (High Risk Groups) similar activities are undertaken at the working sites of these communities so that these vulnerable groups also get covered in the process of mobilization. To support the CMC in communication activities, the use of the Facts for Life flipbook serves as an effective IPC tool.

CMCs maintain records of antigen-wise immunization received by children aged 12 months or under and counsel mothers to ensure that their children are fully immunized. Around 99% of all RI sessions held in the CMC areas of UP from January 2012 to November 2012 were facilitated by CMCs. In this period, a total of 66996 (83%) routine immunization sessions were held in CMC areas of UP, of 78258 sessions planned. Approximately 71% of sessions had all vaccines available. Fully immunized children, which had increased to 37% in 2009 against 17% in 2007, have now further increased to 60.5% in 2012 till May in CMC high-risk areas.1

As of November 2012, 13,028,655 families with new-borns were visited by CMCs for counselling on RI, exclusive breastfeeding up until six months and newborn care. The SMNet also supported the Japanese Encephalitis campaign by distributing IEC materials in their high-risk areas.

Percent of fully immunized children, Sub-region wise, Sep 12

[1] SMNet data, UP



IMMUNIZATION WEEKS

Immunization Weeks have been one of the strategies to improve RI coverage in priority areas with low coverage:

- First week – 25 June to 30 June 2012
- Second week – 23 July to 28 July 2012
- Third week – 27 Aug to 01 Sept 2012
- Fourth week – 24 Sept to 29 Sept 2012

UNICEF has been charged in these Immunization Weeks with reaching the beneficiaries in the left out excluded communities and hard to reach areas for universal coverage. These include:

- Areas not regularly reached by health functionaries: like areas where the ANM positions are vacant;
- Un-immunized or partially immunized children in urban and peri-urban areas;
- Populations inhabiting in difficult or mountainous terrain, marshy areas, islands and other difficult to access areas;
- Refugees, internally displaced persons, migrant workers, excluded communities and other transient populations;
- Socially marginalized populations or minority groups; religious groups that oppose vaccination;
- Communities at international borders and Intra-State administrative borders;
- Populations known to have a disproportionate share of the disease burden;
- Populations in places where sanitation is poor.

These groups have been categorized and personnel deployed accordingly.:

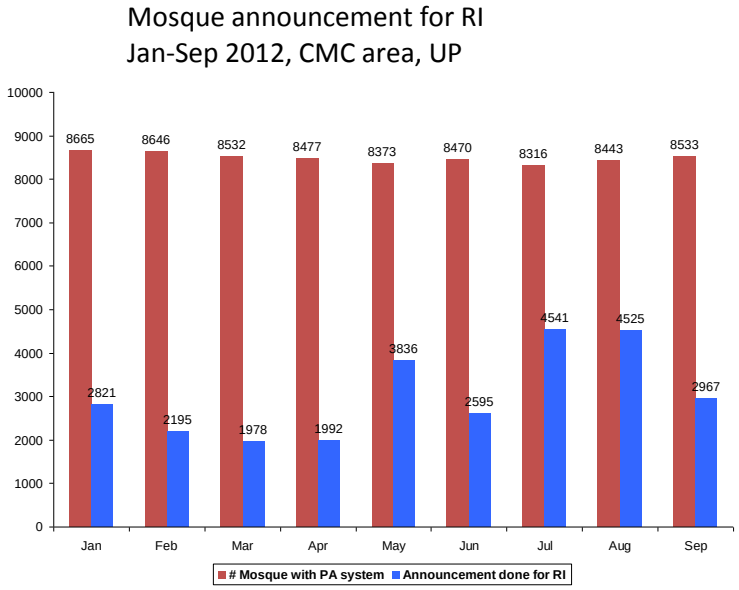
- Category A (Highest priority): Areas which are never or rarely reached
    - Urban slums, peri-urban area
    - Villages with poor access,

    - Villages not included in micro-plan,
    - Vacant sub-centers,
    - Migrant and mobile populations,
    - Marginalized population (excluded communities) etc
- Category B (Second priority): Areas where immunization was planned but not held during previous 3-4 months
- Category C (Third priority): Villages/urban areas where RI is normally done but coverage is considered low

This focus on high-risk groups starts with plotting the geographical spread of the sites and type of groups, sharing that information with the Health Department, and jointly drawing up Mobile Team micro plans. Partnerships have been built with construction companies and brick kiln associations to ensure access to RI, and a network of informers has been quickly gathered to generate information from remote areas in quick time.

High-risk group sites are identified and tracked by BMCs, and the site shared with the Medical Officer in Charge and DMC/DUC during the block coordination meeting. The site is then incorporated into the micro plan in consultation with the supervisor/FV/MOIC on the day of review meeting. The site is assigned to the supervisor of the mobile team, given a specific number and monitored for ensuring vaccination of children if settlements remain there.

In keeping with the polio Underserved Strategy, mosques have been requested to create awareness of and give out information about Immunization Weeks, with more than 4,500 mosques answering the call to promote RI during these weeks.



In preparation for Immunization Weeks, the SMNet is assisting capacity development of Front-Line Workers to draw up Microplans on the polio model, using the following focused areas:

- Target Population - Total population of the area
- Target beneficiary - children and pregnant women
- No. of session to be planned - As per due list beneficiary
- Categorization (A, B, C) - Listing of areas Category wise
- Vaccine requirement - Requirement of vaccine as per due list
- Date, Time & Venue - Proper location for the site with the date, time and venue along with land mark

The minimum Monitoring and Evaluation indicators for IRI Week for districts are:

1. District Task Force (DTF) Meeting – 100%
2. Planned VS Held sessions – 98%
3. Availability of RI cards at session site - 100%
4. Vaccine and Diluents availability at session site – 96%
5. Availability of due list at session site – 90%

Guidelines have been produced for the role of the SMNet during Immunization Weeks:

1. Active participation and support in micro-planning
2. Participation in RI DTF and Support in organizing block and district level planning meetings
3. Support in identifying the session site as per target group and left out areas – specially in HRA/HRGs sites
4. Initiate joint monitoring plan with partners to ensure maximum monitoring of RI sessions
5. Support in identification of major HRG sites & incorporation of these sites in IRI microplan
6. Active participation and support of CMCs in preparing due list of beneficiaries in HRAs and in their respective areas.
7. Verification of due lists
8. Support in capacity building of ANM, ASHA & AWWs during block level meetings for IRI week.
9. Facilitating the AEFI sensitization workshop
10. Facilitate the national and state observer visit in HRA

Advocacy messages have been produced for RI in all URS/Fairs, targeted at the underserved community, and an appeal written by the District Magistrate is being shared with ration dealers, pradhans and ward members to ensure their support in mobilization of beneficiaries.
The display of banners with 4 key messages is expected at all RI session site.

A checklist of Social Mobilization activities has been designed in support of all RI sessions:

- Hold RI focused mother meeting on immunization to mobilize beneficiaries and creating high level awareness about VPDs
- Hold Focused IPC and community meetings with target beneficiaries specially under served community.
- Hold Influencers meeting with targeted families & Informers Meetings
- Pre session information to target beneficiaries
- Support to ASHA & AWWs in preparing due-list
- Joint IPC by CMCs and FLFs and also by BMC/DMC with CMCs for mobilization of Refusal families of RI
- School rallies in HRAs before session on session day
- Inauguration of RI sessions by influential persons of community
- Mobilization of beneficiaries to session site on session day
- Follow up with children after immunization to reduce drop-out
- Removal of resistance by BMCs even in Non HRAs
- Support during vaccine distribution from PHC/CHC to session sites
- Ensured proper use of available IEC Material on session sites
- Mobilized key influencers support during IRI session for motivating targeted families
- Tracking of resistant and reluctant families
- Mosque announcement

Evening monitoring and feedback sessions based on the polio model are being held during IRI Week are held at block, district and sub-regional level attended by UNICEF staff, where feedback is shared for immediate corrective actions.

Issues that are identified and addressed during Monitoring often include:

- Vaccine and logistics management – Availability of Vaccine, logistic like – IFA, Hub cutter, Weighing scale, supplementary Nutrition food
- Cold chain management issues – Status of vaccine career and ICE packs quality freezing status
- Involvement of AWWs and ASHAs
- Presence of ANM (9am – 4pm)
- Availability of due list at session site – supported by CMCs in HRAs