

Review Article

Communication and mobilization campaigns for immunization (CMCI): need of time for strengthening Immunization services in India

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ABSTRACT

After 65 years of independence India's growth in health sector is remarkable which is result of flexibility in changes in strategies for achieving goal. Still there is not so well organized and recognizable growth in field of routine immunization. There is not much progress in strategies for communication and social mobilization; communication strategies always was major component in changing behavior of community and change in communities vaccine acceptance which help in preventing disease by improving immunization coverage. Many studies did so far indicate barriers for immunization as fear of AEFI, lack of knowledge of immunization, its benefits and information regarding where to get vaccination. These all barriers can be combined under one roof as communication and social mobilization barriers. When India had launched polio eradication program it had faced same difficulties due to cultural and social differences in India. As there were many regions where refusal and acceptance of vaccine with less coverage over booth observed, so India had revised its strategies of communication and social mobilization and implemented house to house activity through strategic approach to families with refusal and improved acceptance of polio vaccine through communication by house to house visits thus targeted intervention for improving communication and social mobilization for polio eradication initiative. India had achieved polio eradication mainly through revising its strategies for communication and mobilization. So there is urgent need for revising communication and mobilization strategies for strengthening immunization services in India. As India had shown its success through targeted intervention in strategies and we can use current polio work force available for strengthening routine immunization. As done in polio campaign we can use the targeted house to house activity strategy for identifying and planning for identified gaps in communication and mobilization for immunization. This Communication and Mobilization Campaign for Immunization (CMCI) can be planned for states with low percentage of full immunization coverage based on health survey as NHFS or AHS.

Keywords: Communication, Social mobilization, Polio, Immunization, CMCI (communication and mobilization campaign for immunization)

INTRODUCTION

After 65 years of independence India's growth in health sector is remarkable which is result of flexibility in changes in strategies for achieving goal. Still there is not so well organized and recognizable growth in field of routine immunization. Immunization program is evolving day to day in India and government is willing to make necessary changes wherever required. While trying to

provide routine immunization services India is also trying to eradicate polio from decade which was a very much appreciated success story of India's immunization program. While going on there is slow growth in routine immunization programs, India done excellent in Polio eradication and got certified as polio free in early 2014. But while focusing on polio somewhere routine immunization program remained neglected which is evident from percentage of full immunization coverage survey's, as NHFS2 shows full immunization coverage

40% and NFHS3 shows 44%. While talking over polio its success it was evident that the communication and mobilization strategies which were used for rest of world were not helpful so after revising communication and social mobilization strategies after collaborative efforts India had achieved what needed for improving immunization coverage for polio vaccine. But regarding routine immunization services there is much more to be done which is still waiting. There is not much progress in strategies for communication and social mobilization; communication strategies always was major component in changing behavior of community and change in communities vaccine acceptance which help in preventing disease by improving immunization coverage.

DISCUSSION

Year 2012-2013 was declared as year for strengthening of Routine immunization there is not much done than making revised micro-planning for session for vaccination and training of manpower/field works. Many studies did so far indicate barriers for immunization as fear of AEFI, lack of knowledge of immunization, its benefits and information regarding where to get vaccination. These all barriers can be compiled under one roof as communication and social mobilization barriers. When India had launched polio eradication program it had faced same difficulties due to cultural and social differences in India.

As there were many regions where refusal and acceptance of vaccine with less coverage over booth observed, so India had revised its strategies of communication and social mobilization and implemented house to house activity through strategic approach to families with refusal and improved acceptance of polio vaccine through communication by house to house visits thus targeted intervention for improving communication and social mobilization for polio eradication initiative. Thus India had achieved polio eradication mainly through revising its strategies for communication and mobilization.

Communication for immunization includes information, education and advocacy activities for strengthening coverage. Communication for immunization mainly accounted for information exchange between supply side of immunization which is health system and beneficiaries which are parents of children's which were target for vaccination. Thus communication system for immunization broadly includes 1) Information available regarding immunization (Message) 2) Manpower for communication (Health worker) 3) Beneficiaries (Parents of children) 4) Feedback/Follow up 5) Targeted issue identification. There are many barriers in communication for immunization as from supply side and from beneficiary side.

Table 1 shows barriers in communication for immunization.

Table 1: Barriers in communication for immunization.

Supply side	Beneficiary side
1. Language	1. Information
2. Availability of staff and logistic	2. Education
3. Affordability	3. Refusal for communication
4. Acceptability	4. Expectations of family
	5. Community and cultural preferences

Mobilization for immunization includes social mobilization efforts for mobilizing beneficiaries from community to vaccination session. Social mobilization system broadly includes 1) Targeted community or beneficiaries 2) Resources available for mobilization (mobilizer) 3) Follow up of mobilization services with gap identification 4) Involvement of community. In India while taking communication and social mobilization strategies, communication strategies mainly focused on advertisement through TV/newspaper/radio and social mobilization strategies were struck between appointing and training of field level health workers as ASHA's, it was neither involving community and nor targeted specifically after issue identification. So communication and social mobilization is only dependent over health department not involving community. For Routine Immunization in India communication strategy used is information to beneficiary through visits by house to house visits after making beneficiary list/due list one day prior to vaccination session by ANM and AWW and ASHA. But major gap in the system start at base level of preparing due list of beneficiaries and then house to house visits which are evident from monitoring data.

CONCLUSION

Government of India is focusing on session planning there is not much coverage at session sites and so very slow growth in status of full immunization coverage of children's due to gaps in communication and social mobilization for immunization.

RECOMMENDATIONS

Considering review there is urgent need for revising communication and mobilization strategies for strengthening immunization services in India. As India had shown its success through targeted intervention in strategies and we can use current polio work force available for strengthening routine immunization. As done in polio campaign we can use the targeted house to house activity strategy for identifying and planning for gaps in communication and mobilization for immunization. This Communication and Mobilization Campaign for Immunization (CMCI) can be planned for states with low percentage of full immunization coverage based on health survey as NHFS or AHS. A) Planning:

For planning CMCI micro plans based on Polio SIA micro plan should be made and house to house visits for first 3 days as per polio micro plan to be planned for areas as done in polio activity. Polio work force of vaccinators and supervisors can be used for planning of activity. Children's below 5 years age will be target age group. Formats designed which will be used for collecting information at house to house visits. Two member teams made will be assigned area based on micro plan. Training of team member will be done for taking and recording information on predesigned formats. B) Activity: during house to house activity team will ask question regarding assessing immunization status of children in house and will do house marking based on children's immunization status as done in polio SIA. House with children having received all doses of immunization timely will be marked as "P" and information will be recorded in format. In house where any child of house had not taken/missed any immunization dose as per his age house should be marked as "X" and then reason for missing immunization should be assessed and which can be recorded as category of "X" as 1) Unaware of immunization/no information of immunization 2) Fear of AEFI 3) Refusal for immunization 4) No session planned in last 3 months 5) Child not available on day of immunization 6) Mobilization not done on day of vaccination 7) Other reason. Supervision and monitoring of activity should be done to maintain quality and authenticity of data collected. Data collected should be and compiled at PHC/Zone/Sector level. The data collected will give exact reason for missing immunization services at a particular PHC/Zone/Sector level in terms of communication and social mobilization issues and can be also used for updating due list of beneficiaries & also give a broad picture of districts and state, which can be used for planning targeted interventions for strengthening of immunization. Mobilization activity for immunization should be planned after one day gap from communication and house to house activity. In Mobilization activity, vaccination sessions should be planned for areas with identified issues and planning for session should be done for next 3 days. Taking help of polio teams for mobilizing beneficiaries to vaccination posts. Total duration of activity can be extended for 7 days including last day as survey for assessing completeness of activity. This CMCI activity should be done twice yearly with gap of 6 months in between two campaigns.

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