

The Polio Social Mobilization Network (SmNet)

In Support of Polio Eradication

In identified HRAs of Uttar Pradesh

UNICEF Lucknow Field Office

Brief Note – August 2011

I. Background

UNICEF's support to the polio eradication efforts in Uttar Pradesh is mainly focused on mobilizing communities and families to vaccinate their children for polio and dealing with cases of resistance to oral polio vaccine (OPV). This is done through the Social Mobilization Network (SmNet), consisting currently of about 5,500 mobilizers working in 46 districts of Uttar Pradesh.

The SmNet's work falls in the context of the efforts to interrupt the transmission of polio and ensuring that every child under 5 years in Uttar Pradesh is immunized through Supplementary Immunization Activities (SIAs).

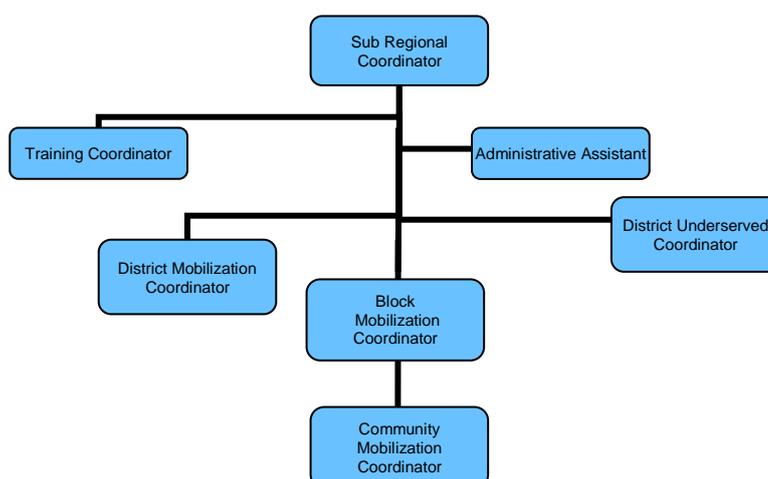
II. The Polio Social Mobilization Network (SmNet)

The UNICEF supported 'Social Mobilization Network' (SmNet) in Uttar Pradesh was established in 2001. It is designed as a three-tiered structure – at community, block and district levels; the SmNet currently includes about 5,500 staff across the 46 districts of Uttar Pradesh including the critical 66 Polio High Risk Blocks (of which 53 blocks are covered by SMNet) of the Government's 107 Block Plan to combat polio. The table below presents the different functions within the SmNet and the number of persons deployed in the field in each of these functions.

Level	Name of staff	Function	Number
Sub-regional	Sub-regional coordinators (SRCs)	-Develop relevant plans of action for their sub-region based on analysis of data and results achieved by the programme -Provide guidance to district teams Network and build rapport with stakeholders and partners -Conduct necessary mobilization and advocacy for highly resistant pockets	11
	Sub-regional training coordinators (SRTC)	-Contribute to design and application of training of SmNet staff in coordination with necessary external resources -Monitor the delivery of inter personal communication y CMCs	5
High Risk Districts	District Mobilization Coordinators (DMCs)	-Network and build rapport with district level stakeholders -Develop district plans of action with relevant partners -Supervise work of BMCs -Maintain relations with local media -Mobilize religious leaders, opinion makers and influencers regarding polio -Interpret data on results achieved and adjust plans accordingly	51

	District Underserved Coordinators (DUCs)	-Interact with religious leaders to secure their necessary support to polio -Plan and implement polio vaccination at major religious occasions and festivals (both Muslim and Hindu) -Track mobile population groups, including nomads, migrants, construction and brick kiln workers	18
High Risk Blocks	Block mobilization coordinators (BMCs)	-Facilitate and support the process of block planning -Supervise the work of CMCs -Engage in targeted influencing of resistant households -Mobilize influencers	476
High Risk Communities	Community mobilization coordinators (CMCs)	-Mobilize communities for polio vaccination before and during the rounds, including through interpersonal communication, house to house visits, tracking of newborns and group meetings at community level	4952
TOTAL			5513

The organogram of the SmNet can be presented as follows:



The Polio SmNet is managed by a third part human resources agency recruited by UNICEF Uttar Pradesh especially for this purpose. Hence, the workers do not have a direct contract with UNICEF, but with the agency that UNICEF has contracted for this purpose.

III. The Community Mobilization Coordinators (CMCs)

A major feature of the Polio SmNet is the presence of the Community Mobilization Coordinators (CMCs) to carry out the community level mobilization activities in the polio High Risk Areas.

A. Criteria for selection of Community Mobilization Coordinators (CMCs)

The standard criteria for selection of the CMCs are listed below:

- a. **Age** : CMCs to be ≥ 21 years
- b. **Gender** : Female
- c. **Community** : From the same community as the resistant community
- d. **Locality** : Resident of the same HRA
- e. **Literacy Level** : Able to maintain field book records
- f. **Other Skills** : Effective in IPC, acceptable by the community

B. Induction and training of CMCs

Before joining the programme, the CMC receives induction training by the respective Sub Regional Training Coordinators. The Block Mobilization Coordinators (BMCs) supervise and support the CMCs in the field. They in turn report to the District Mobilization Coordinators (DMCs), who report to the Sub-Regional Coordinators, as shown in the organogram above.

C. Social Mobilization Activities undertaken by the CMCs at the Community level

CMCs engage frequently with families before, during and between polio rounds, informing parents about the immunization activity, addressing their fears and misconceptions, identifying newborns for a birth dose of OPV, and leading community efforts to mobilize religious and community leaders to support the programme. Here below is a more detailed description of what the CMCs conduct in the field in the context of community mobilization around polio.

Prior to the polio SNIDs, 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 fully immunized children). On the basis of this information, families are targeted for interpersonal communication through mother and community meetings to ensure 100% vaccination every time. Tracking of newborns, pregnant women and guest children is also a part of the work of the CMCs so that no child is missed. Resistant households are given special attention and neighbourhood meetings with resistant families are undertaken to convert them. The CMC works towards creating an enabling environment by supporting the organization of community and children to create awareness about the SNIDs date.

On the religious front, the CMC actively involves the community influencers (Muslim/local leaders/Pradhans etc) for booth inauguration. She also ensures contact with local influencers and entails their support to lower resistant families. The CMC networks with the mosque committee so that 'Elan' (announcement) takes place at designated times prior and during the SNIDs.

During the house-to house activities, the CMC works with the vaccination team. Her responsibility is to validate that no child is missed as per her survey records. During the round, the CMC ensures that information, education and communication materials (IEC) are

displayed at the booth and Bulawa Tolis (group of children mobilizers) are engaged to bring other target children for immunization.

In the post round period, the work of the CMC involves data analysis through round reports, survey updation and comparative understanding of existing resistant families so as to develop work plans for targeted interventions.

Apart from regular mobilization activities around polio vaccination, and within the context of supporting **a multi-pronged and convergent approach to polio eradication**, the CMC also does the IPC for *Bal Swasthya Poshan Mah* (BSPM), and hygiene and sanitation as per the requirement under polio convergence plan in the 53 blocks. Inter personal communication with families by CMCs carries messages related to routine immunization, early initiation and exclusive breastfeeding, water safety, sanitation and hygiene.

The following is a summary of the tasks undertaken by the CMCs:

Pre-round	During the Round	Post Round
<ul style="list-style-type: none"> ● Update of the Survey ● IPC ● Support in Routine Immunization ● Interface Meetings ● Mother Meetings ● Neighborhood Meetings ● Community Meeting ● Religious Meeting ● Polio Class ● Polio Rally ● Bulawa Toli formation ● Poster Pasting ● New Born, Marriage, Guest child Tracking ● Pregnant Women Tracking ● Mosque Élan ● Booth Mobilization and RI Mobilization Plan ● Date Notification Poster Pasting in HRA 	<ul style="list-style-type: none"> ● Booth Decoration ● Booth inauguration by Influencer ● Mobilization by CMC through bulawa Tolis on booth day ● Use of IEC Materials on booth day ● Accompany Vaccination Team ● IPC During A-Team ● Ensuring Influencers Movement ● Conversion of X Houses ● Daily Reporting 	<ul style="list-style-type: none"> ● Preparation of Work Plan ● Round report Preparation ● IPC on X Houses ● Survey Updating. ● Preparation of X list for mobilization in next round

D. Remuneration of CMCs

For her involvement in the programme, the CMC is given an honorarium of Rupees Fifteen Hundred (1500 Rupees per month).

E. Monitoring:

On-going monitoring and a variety of evaluations have demonstrated the added-value of the work these of CMCs in ensuring that polio immunization coverage remains high and opposition to the programme is minimized at a local level. Evaluation of the work is done against a set of criteria and indicators at the level of process, communication efforts and outcomes. More information can be provided on this upon request.

F. Programmatic Achievements /Indicators through CMC Mobilization :

Below is some data comparing the results obtained in CMC covered high risk areas (HRAs) versus non CMC covered HRAs; the data presents evidence about the value of having CMCs work on social mobilization and inter personal communication for behavior change at the community level.

- a) ***Average number of children immunized at the booth in CMC and Non CMC high risk areas (HRAs):*** The average number of children per booth is 260 children in the CMC covered HRAs, compared to 146 children in Non CMC HRAs (data from January 2011 - June 2011)
- b) ***Percentage of X to P Conversion in CMC and Non CMC HRAs (number of X houses that has been converted to P i.e. no child is left missed during the round)***
In June 2010, Non CMC and CMC covered HRAs had low conversion rates at 55 % and 59.5 % respectively for convertible houses.

With strategic communication and mobilization efforts in CMC covered HRAs, there has been a steady increase to 62.4% in June 2011 and this has been maintained; the proportion is only 52.7% in the Non CMC covered HRAs for the same period.

- c) ***Percentages of resistant households in CMC HRAs*** have been declining steadily during the period of 2004-2011 from 5.2 % to 1.73 % in the month of June 2011.