REACHING THE UNREACHED: CIVIL SOCIETY CONTRIBUTION TO INCREASING EQUITY
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>03</strong></td>
<td>REACHING THE UN-REACHED: CIVIL SOCIETY CONTRIBUTION TO IMPROVING EQUITY</td>
</tr>
<tr>
<td><strong>04</strong></td>
<td>MALAWI GEOGRAPHICAL ISOLATION: REACHING THE LAST MILE</td>
</tr>
<tr>
<td><strong>06</strong></td>
<td>PAKISTAN IMMUNIZING DISPLACED CHILDREN</td>
</tr>
<tr>
<td><strong>07</strong></td>
<td>ZAMBIA ALEJO SUPPORT COMMUNITY</td>
</tr>
<tr>
<td><strong>08</strong></td>
<td>CHAD SAVING NOMADIC CHILDREN, ONE VACCINE AT THE TIME</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>KENYA AN EQUAL SHOT AT HEALTH</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>LIBERIA IMMUNIZATION EDUCATION SERVICES FOR SPECIAL NEEDS POPULATION</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>ZAMBIA BE VACCINATED, IMMUNIZED, PROTECTED: BE A V.I.P GIRL</td>
</tr>
</tbody>
</table>
All children should have equal access to health and immunization services, regardless of their sex, religion, ethnicity, socioeconomic status, or their geographical location. In 2017, 86% of children globally were vaccinated with at least one vaccine. However, this high number masks the fact that one in ten children received no vaccines, and many more are under-immunized, resulting in millions of children being left at risk from vaccine preventable diseases every day. There are a number of different reasons for this inequality, which exists within and between countries: from sex to their order of birth, household’s socioeconomic status, geographical location, and mothers’ age and education level.

Civil Society Organizations (CSOs) work in hard to reach and inaccessible communities, as well as directly with vulnerable populations often left out of Government services. For example, CSOs typically often support populations that are based in hard-to-reach areas of countries or that are nomadic, for which Governments are unable to provide services.

Further, they contribute to reduction of equity gaps through working at national and grassroots level, giving a voice to the poorest, increasing the communities’ awareness, knowledge, and capacities to demand services, mobilizing families for local immunization events, and even providing basic health services themselves. This is in addition to advocating for change to address inequities and holding their governments accountable for good quality and accessible public health services for everyone.

Despite the internal weaknesses that can challenge their work in poor communities, CSOs have been proven to be a key partner and supporter of immunization to the Ministry of Health, helping improve Government service delivery so they are more equitable, as well as contributing to pro-poor and health equity policy-making.

This brochure illustrates the work of CSOs that has been done to reduce the immunization equity gap in a number of different countries and contexts.

---

GEORGICAL ISOLATION: REACHING THE LAST MILE

The logistical challenge of ensuring that vaccines are delivered safely, on time and to the right people is especially tricky for communities who live in hard-to-reach areas, in temporary homes or who move around frequently.

This is the case for the broad community of fishermen who live and work on Lake Chilwa in Malawi. Known for being a hotspot for cholera outbreaks since the 1980s, the lake, which borders Mozambique, is home to almost 90,000 people. During the fishing
season (March to May) the lake sees a massive influx of fishers, who settled along the shore, on the islands, or in floating homes on the lake, called zimboweras. This community’s lifestyle makes it difficult for them to access safe water and sanitation, making them even more vulnerable to the disease and logistically more difficult to vaccinate.

A significant outbreak starting in December 2015 prompted the Malawi Ministry of Health to ask for support from the Agence de Médecine Préventive’s (AMP) Vaxichol team and a group of international partners (MSF, UNICEF, and WHO) to carry out an oral cholera vaccine (OCV) immunization campaign to control the outbreak. The community’s remoteness and mobility made this effort particularly challenging given that OCV requires two doses, 14 days apart. The team determined that they needed an immunization strategy designed to reach people where they lived – the harbor, the islands, or the floating homes.

For the approximately 70,000 residents living in the harbor areas located on the shore, the two doses were given under medical supervision. On the islands, community leaders took charge of distributing the second dose, which had been delivered to them in cold boxes at the end of the first round. The Islanders, more than 6,500, showed their immunization cards and those of other household members to receive the doses, which they took home and distributed. Those living in the zimboweras, estimated at 6,000 at this time, received the second dose in a plastic bag during the first round and were told to keep it at home and take it two weeks later.

Undoubtedly there were concerns about the Islanders and those living in floating homes taking the doses without medical supervision. Almost half of the fishermen on the floating homes were worried about storing the vaccine so they decided that a solution would be to give their second dose to the owner of a cluster of floating homes for storage and distribution. The responsibility for the second dose rested with the community itself. Although this had never been done before, the campaign strategy worked.

The two doses of OCV reached the most people possible. Overall, 180,000 vaccines were delivered in a community where many of its citizens would have missed out on their second dose due to a logistical challenge. The approaches used in this campaign demonstrated immediate success in reaching mobile and hard-to-reach communities and is currently being studied to assess further impact.
According to a Rapid Coverage Assessment (RCA) conducted in September 2017, only 10% of children were immunized in the selected basic health units (BHUs) catchment area. In the assessment, no pregnant women were found to have had their maternal tetanus for pregnant women vaccine. The survey found the main reasons for not immunizing children were due to the lack of parents’ knowledge on the whereabouts of vaccination center (55%), but also vaccination centers being too far away (15%), and non-availability of vaccinator at the center (30%).

People in the catchment area were returning from residential camps where there were no arrangements for immunizations to be delivered. In North Waziristan more widely, low literacy rate especially among women, their lack of empowerment and low involvement in decision-making, early marriages, high fertility rates with lack of birth spacing, myths, inadequate access to healthcare facilities and non-deployment of vaccinators on the part of Government, were enormous barriers to immunization.

KAMORE has also been working to build the capacity and knowledge of existing health workers to ensure immunization is part of primary health care services when they are being provided.

KAMORE Team identified 30 Traditional Birth Attendants (TBAs) from the catchment area of health facilities to undertake refresher training. Due to the inaccessibility of health facilities and local customs, home births supervised by TBAs is very common, making them a critical point person in the local community for health. The TBAs were equipped to advise immunization to expectant mothers, and about the importance of immunization of babies at birth. They were also provided with basic safe birthing midwifery kits – another critical improvement to primary health care services in this remote community.

The TBAs use their contact points with expectant and post-partum mothers to conduct awareness sessions on the importance of immunization and maintain records for referral and tracking missed individuals. They have a responsibility to initiate routine immunization at birth, as well as to encourage pregnant women to get their maternal tetanus vaccine.

According to an RCA in March 2018 data, now in the target areas of Netasey, Sheratala and Hassain Khel where KAMORE has been working, BCG coverage is 89%, with 98% of children receiving at least one dose of the polio vaccine. Likewise, Pentavalent (the five in one vaccine which protects against diphtheria, tetanus, pertussis, hepatitis B, and Haemophilus influenza type b) coverage is 98%. 75% of pregnant women were also now vaccinated against maternal tetanus.

Today, the number of on-track children with vaccination cards and fully immunized children with vaccination cards has also increased. These numbers would not have been possible without KAMORE and dedicated efforts to improve immunization as part of their primary health care initiative.
ALEJO CSP is a Non-governmental Organization based in Mufulira district on the Copperbelt province of Zambia. Since 2014, the NGO has been implementing child health interventions support from the Zambia Civil Society Immunization Platform (ZCSIP); including monitoring capacity building workshops to keep on improving the platform members’ immunization knowledge, as well as conducting demand creation for activities in different districts.

In 2015, ALEJO CSP started integrating immunization services into agricultural activities and began working with approximately 2’000 modest farmers living in hard to reach areas, who, due to information gaps and being far away from health facilities, had had difficulties in accessing quality medical care, including under-five immunization services.

To address this challenge, ALEJO CSP started working with the Ministry of Health at District level as a partner of the Expanded Immunization Program (EPI). The team made sure that there would be a talk about the importance and benefits of child health immunization during all agriculture activities. In some communities, health workers would join the team for immunization visits.

The Project, which was implemented by ZCSIP, started providing minimal grants to the Platform members of about USD 25 per quarter, to then reach grants of approximately 900 USD per quarter at the end of the project.

Some obstacles were unaffectedly faced during the project implementation, such as the shortage in health staff transportation to conduct outreach activities, the lack of skilled human resource, or even myths and misconceptions on immunization conceived by the communities. The NGO overcame these barriers thanks to brilliant solutions. For example, ALEJO CSP offered a vehicle meant for other projects to allow staff transportation. Furthermore, through community health volunteers training, it assisted scarce skilled human resource, and by conducting demand generation activities in the community helped in demystifying myths and misconceptions that surround vaccines.

Ultimately, demand for immunization has increased among farmers living in hard to reach areas, and there is now improved knowledge about the importance and the benefits of child immunization among stakeholders. Nevertheless, the most surprising outcome was the change of heart from various stakeholders, such as civic and church leaders, who came on board to fully participate in immunization sensitization meetings, and who will undoubtedly save countless of lives.
Nomads regularly leave their primary residence, looking for greener pastures for their flock.

Thus, for local authorities and Health stakeholders, the goal is to locate these populations on the corridor of transhumance and then find a way to communicate with them outside of the weekly market days, which usually attract many transhumant herders; and especially at early dawn, to be able to engage with women before they sell their milk. Indeed, as men are not always directly involved in children’s care, civil society members tend to speak directly with women who will know when and where to take their infants to get vaccinated.

Usually, Civil society will coordinate with the closest health center ahead of each immunization campaign, to make sure that enough staff and enough vaccines are available. As nomadic populations become highly receptive to the importance of getting their children immunized, they will line up at the center the very next day after receiving the information.

When a POSVIT agent walks into a ferric, he or she will converse directly with the group leader and with a young civil society focal point living within the community, who is trusted and therefore chosen by the people. This person is essential in the process; speaking the group’s language and knowing how to communicate important messages, he/she will translate the agent’s information to the group leader.

Being suspicious of modern medical care, while supporting traditional medicine, makes it less likely that nomads will access health assistance. Other factors including sociolinguistic barriers and prejudice, has in the past proved very difficult for POSVIT to approach nomadic communities in regards to immunization services.
POSVIT agents are genuinely dedicated to their civic duties, sometimes risking their lives to share information on vaccines, their use, and benefits, but also on where and when to access immunization services.

Walking in the desert from one ferric to another, sometimes 40km apart, they will sometimes face sandstorms, snake attacks, and other intimidating obstacles; but this doesn’t stop them. As Chad’s motto - “Unity, Work, Progress” - expresses, Chadians are working hand in hand to save their children one vaccine at a time, in every corner of their beautiful country.

In western Chad, nomads migrate seasonally in a predictable northerly and easterly direction, generally from April to May, before the beginning of the rainy season in June; and follow the opposite direction from the end of the rainy season (around September–October) through December. During migratory periods, nomads follow corridors where they have informants along their routes, as well as permanent posts where they can occasionally stop to resupply basic food and take care of other business as needed.

1 Transhumance Corridor: map reflecting the nutritional needs of livestock and herders as they move long distances
2 A ferric is a small Chadian village
long distances to reach health facilities that provide immunization services has proved to be challenging for the community. As a result, children often miss their immunization appointments and become vulnerable to vaccine-preventable diseases, including polio.

As an implementing partner for the CORE Group Polio Project (CGPP), the International Rescue Committee (IRC) works to support the Turkana County Ministry of Health in conducting successful polio vaccination campaigns through community mobilization, deployment of extra vaccination teams to immunize mobile populations at cross-border points, supervision and the provision of communication materials for supplemental immunization activities (SIAs).

The IRC also works with the Turkana County Ministry of Health to strengthen community-based disease surveillance with a significant focus on acute flaccid paralysis (AFP) – the most common sign of acute polio and one of the most critical indicators in the fight to eradicate polio. The IRC mobilizes communities in Turkana for case finding and reporting of AFP and other vaccine-preventable diseases, including measles, neonatal tetanus, and others.

The IRC also works to support routine immunization services in the three hard-to-reach cross-border sub-counties in Turkana: Loima, Turkana West, and Kibish. It works directly with the Health Management Teams to ensure the cross-border health facilities have a functional cold chain system. The project also provides logistic support for transporting vaccines in these hard-to-reach areas. To target populations living in inaccessible mountainous areas along the international border, monthly-integrated routine immunization outreaches are conducted. Through these initiatives, approximately 11,500 children under 5 have been reached with lifesaving vaccines.

By working together, implementers, donors, civil society, communities, governments and frontline health workers can help provide even the hardest to reach populations, like the children of Turkana County, with lifesaving immunization services. We should all commit to doing just that.
The Liberia Immunization Platform (LIP), with a mandate to improve immunization coverage and contribute to health system strengthening, recognized the importance of working with the special needs populations to ensure that they have equal access to health information. LIP advocates for the need to have appropriate information and communication materials that are tailored to such groups to support increased uptake immunization services and coverage.
The messages developed were pre-tested with 3 specialized education institutions and 5 deaf and mute communities. The participants showed much enthusiasm when interacting with the materials developed, at which time they expressed gratitude for being able to learn from the team about immunization and its importance to their overall health. The institutions and communities’ members also appreciated and acknowledged the importance of being part of a process that would be beneficial to their community.

In Liberia, populations with special needs have traditionally been marginalized from health education services offered by various agencies of the Ministry of Health. This challenge is not only limited to services provided by the Expanded Program on Immunization (EPI) department but transcends other technical areas of health such as infectious diseases, disease surveillance, nutrition as well as maternal, newborn and child health care.

To reach the unreached and marginalized groups with better information on immunization, LIP collaborated with the “Liberia National Association for the Deaf and the Mute” to develop IEC materials for special needs population, especially the deaf and mute population.

Following the messages pretest, the materials were presented to the Messages and Material Development Technical Working Group (MMD) of the Ministry of Health, for inclusion in the country’s immunization information distribution. Upon approval, the LIP in collaboration with its network members, special needs institutions and community leaders mobilized students and members of the deaf and mute community. The mobilized groups were provided with health education on routine immunization through video shows together with sign language interpretation and the dissemination of IEC materials (leaflets and stickers) in sign language.

As remarked by a deaf and mute pregnant lady during one of the materials pretesting event in quotation, “we are like people in a glass jar who see but do not understand what is happening around us, because of our limitations; so thank you LIP for reaching out to us with such messages”.

As remarked by a deaf and mute pregnant lady during one of the materials pretesting event in quotation, “we are like people in a glass jar who see but do not understand what is happening around us, because of our limitations; so thank you LIP for reaching out to us with such messages”. 
The HPV community mobilization campaign provided vital information to community members on HPV, cervical cancer, HPV vaccine introduction, and other significant immunization issues. In addition to informing the community, the “Be a V.I.P Girl” shed new light on people’s attitudes, practices and beliefs relating to immunization services.

May 2016 was mainly dedicated to planning, procuring and implementing the campaign. Activities such as faith-based outreach, drama groups, communication material development, school meetings and door-to-door outreach were implemented. Simultaneously, both public and private schools administered the vaccination campaign in their institutions and supported round 3 of HPV vaccine.

Moreover, CHAZ trained members of the Parent Teacher Associations (PTA), who had previously been rejecting the vaccines, on the importance of HPV immunization.

Indeed, PTA was a crucial institution in determining whether HPV vaccination will be officially maintained or not in the future.

Zambia has a population of 4.13 million women aged 15 years and older, who are at risk of developing cervical cancer. Current estimates indicate that every year, 2,330 women are diagnosed with cervical cancer and 1,380 die from the disease. Cervical cancer in Zambia ranks as the 1st most frequent cancer among women between 15 and 44 years old. With this in mind, the Zambian Government tried to introduce the Human Papilloma Virus (HPV) vaccine in 2015. Unfortunately, there were significant rejections within the population and high dropout rates as many rumors surrounding this vaccine, such as being satanic and aiming to kill teenagers.

The Ministry of Health (MoH) then requested the support of Civil Society to do awareness-raising and social mobilization actions. The Zambia Civil Society Immunization Platform (ZCSIP), through the Church Health Association of Zambia (CHAZ), developed a massive creative campaign called “Be Vaccinated, Immunized, Protected Against Cervical Cancer, Be a V.I.P Girl.”

Altogether, 115 volunteers were contracted and trained and collaborated with stakeholders at all levels. Each volunteer had to approach 15 churches and 36 households, leading to 371,881 people from 32 communities being reached during the campaign.

The CHAZ HPV support campaign was aimed at complementing the Zambian Government’s efforts in vaccinating girls aged 9 to 11 years old, both in and out of school, against HPV. The overall objective of “Be a V.I.P Girl” was to contribute to the delivery of the 3rd dose of the HPV vaccine to 90% of girls vaccinated in previous rounds by June 2016. The first round of vaccine was administered in October 2015 with a target of 20,000 girls of which 17,242 (86%) were reached. The second round of vaccinations was administered in January 2016 with 15,379 (79%) girls reached. The third and final round was administered in June 2016; the total number of girls vaccinated in this round was 14,345 (94%), whom all chose to be “V.I.P girls.”

The third dose of the HPV vaccination for girls aged 9-13 is underway!