



# USS Update

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# 01 Moving towards vaccinating every child with OPV:

## 1350 nomadic informers identify and track mobile groups

Approximately 88% of X-remaining houses at the end of each polio round are classified as X-V or X-L, meaning 88% of families visited by polio teams were away from their villages (XV) or away from their houses for extended periods of time when the team arrived (XL). In other words, they are likely traveling. This operational data, together with epidemiological analysis demonstrating that 15% of non-epidemic P1 cases from 2007-2009 came from migrant communities, has made mobile groups a new high risk group that requires intensive

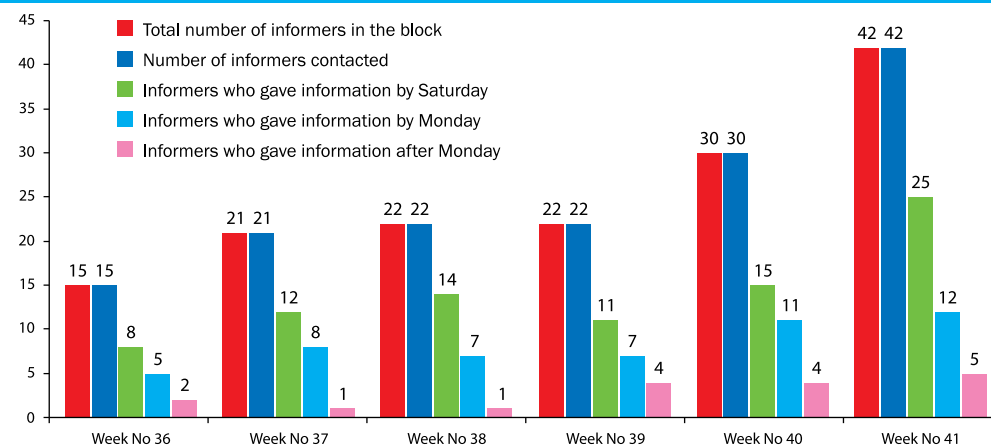
focus. The objective is to ensure mobile groups are identified and tracked so that all children under 5 years of age in these communities are given the oral polio vaccine each time it is offered.

Tracking these highly mobile and hard to reach groups entails high quality planning (*mapping and micro planning*), social mobilization and communication (*interpersonal communication*), persistent tracking and coverage (*effective mobile teams*), and monitoring.



Regular contact and sensitization of nomadic informer (SMNet Block Kuan Danda District Bareilly identified 42 nomadic informers for 42 nomadic sites)

Figure 1: Performance of Nomadic Informers in Bareilly Block Kuan Danda



Nomads have been defined by the programme as “groups of communities who travel from place to place for livelihoods; setting up *dera's* whenever and wherever they stop. This group could be confused with migrants, but they are generally mobile for longer than they are fixed; their mobility is an essential economic strategy. Nomads often perform services as blacksmiths, basket weaving,

puppeteering, acrobatics, fortune-telling, singing and dancing. They often squat in villages or on the outskirts of large existing colonies, railway stations, along the railway tracks, open fields, market places and in urban and peri-urban slums. Nomads make up approximately 0.7% of the population and can be clustered within five major nomadic groups in Uttar Pradesh.”<sup>1</sup>

1. Excerpt from programme document entitled “High Risk Groups for the Polio Programme”, developed in May 2009.



Considering the high mobility of nomads, it is extremely important to track their movements and ensure these children are given OPV each time it is offered, even during travel. The Social Mobilization Network (SMNet) has developed an innovative mechanism for detecting nomadic settlements. Individuals known as “informers” have been mobilized to help alert field staff when nomads are moving in or out of high risk areas in Western U.P.

The role of an informer is to alert block-level SMNet staff when nomadic groups are moving in or out of an area. To date 1,350 informers have been identified across seven districts of Western Uttar Pradesh.<sup>2</sup> The informers have been strategically chosen as those with insider knowledge or influence: for example landlords, shopkeepers, guards, property dealers, ASHA's, Anganwadi Workers, members of Panchayati Raj Institutions and in many instances, people from the same nomadic group who could provide the exact information of the settlement or prospective movement.

Identification of informers is a continuous process, as seen in the example from Block Kuan Danda in Bareilly (figure 1). Block SMNet workers contact informers on a weekly basis and the



SMNet Bareilly organized nomadic informer orientation meeting at block Kuan Danda. Block MOIC, SMO, CDPO and 35 nomadic informers attended meeting (30/09/2009)

informers are expected to share information about the settlements by Saturday or the week end. The figure also indicates the number of informers who shared the information by Monday or later. Based

on the performance of the informer that is, how regular the informer is in providing information, the SMNet reviews the list of informers. Only those who provide reliable, verifiable data in a

timely manner are retained. Cross checking of information is done by SMNet and other polio partners both at the district and block level.

Once high risk groups have been identified, the next step is to list them and ensure they have been provided with knowledge and information about the importance of vaccinating their children with OPV. Communication approaches have been tailored to reach these highly illiterate groups. Highly visual materials are used for interpersonal communication, and additional methods to reach these groups more effectively (such as radio, SMS, etc) are under exploration.

Once nomadic sites have been identified and communities have been provided with appropriate information, informers also help lead the vaccination teams to the sites, which are often well-hidden.

Regular orientation sessions for informers have been organized to brief them on expected roles and responsibilities. It also provides a platform to share experiences and interact with others in their community. The informers work purely on a voluntary basis, similar to influencers who support the house to house teams in minority underserved areas. The 2009 Communication Review recommended an expansion of the roles of informers to serve also as influencers for nomadic groups.

2. Aligarh, Meerut, Moradabad, Ferozabad, Badaun, Bareilly, Ghaziabad.

## 02 Imam calls for polio to be used as a platform to address other diseases



Imam Alam Qasmi

“I have used my personal experiences and other information to communicate the significance of polio eradication to people in my area” says Imam Alam Qasmi, Imam of Masjid Daryapur. Staying in the densely populated Sabzi Bahg locality of Patna city, the Imam is aware of the important role

religious leaders need to play for promoting key messages on polio vaccination and routine immunization.

“By bringing home to people what living with polio means, I want to emphasize the fact that polio is not a thing of the past. Children

today are still being crippled. The idea is to make people understand the long-term impact of the disease on both the children and their families. This is the only way we will finally get rid of the virus in Bihar,” he further adds.

Imam Qasmi has been at the forefront of the fight against polio for the past seventeen years, ever since he moved to Patna city from Madhubani district. He is personally involved in mobilizing people against the disease and is committed towards polio eradication in the state of Bihar. His tight schedule includes listening to people’s problems, juggling with administrative paperwork of the Masjid and advocating for polio vaccination.

Imam Qasmi firmly believes that the fight against polio has to be waged on several fronts if the battle is to be won. According to him “merely going after polio is not enough. We have to attack the disease on several fronts, that is, ensure education and literacy to bring about greater awareness about the disease, bring about behavioural change on issues like hygiene, ensure that people have access to sanitation facilities and clean drinking water, augment the routine immunization programme, strengthen access to health services, and work towards eradication of other diseases like TB, measles,

hepatitis and chickenpox, amongst others. Only then will the polio virus be seriously under attack.”

The Imam also feels that the polio model of mobilizing public against the disease is tested and proven, and it can work as an ideal model to tackle other equally deadly diseases like tuberculosis, chickenpox, measles and hepatitis. “Since teams of polio vaccinators regularly go around every month even to remote areas like the Kosi region, to cajole families to accept the vaccine, they can also carry medicines/information that will help the common man fight the scourge of other diseases.”

In 2007, Imam Qasmi went on a *Haj* to Mecca and the experience changed him forever. “In Mecca, I asked Allah to rid mankind of diseases that plague us. But I know that whatever Allah does, he does it through His people. That is why I have now become even more passionate about eradicating polio. The harder I work (against polio) the stronger is my faith in Allah,” he says. However, merely becoming a *Haji* was not enough for Imam Qasmi. He became a *Haj* trainer, and has since oriented more than 300 *Hajis* on polio prevention and vaccination. He is proud that his team’s work has resulted in declining number of refusals and not a single case of

polio has been reported from the Rajendra Nagar area. From almost one-fourth of the locality refusing the polio vaccine three years ago, the numbers have steadily declined, from -130 to 24 to 19.

The underserved strategy in Bihar has always explored various possibilities to engage Muslim religious leaders and opinion makers, professionals and influential figures to support the communication and mobilization processes for polio eradication. Under this overall strategy, *Haj* intervention has been designed to take maximum leverage from this vibrant and important religious group. It aims to reach out to every area of the state by engaging *Hajis* in future course of action.

The strategy to actively engage with *Hajis* was started in 2007. It includes:

- Involvement of *Hajis* to support community level mobilization in underserved populations
- Engagement of *Hajis* in key social and religious events
- Community meetings, and
- Mosque intervention.

An activity design was also drawn to engage with *Hajis* in the state. This comprised of:

- Advocacy with Minority Welfare Department, Government of Bihar

- Discussions with *Haj* committee
- Training of trainers at state and district level (all trainers from districts), and
- Follow up with *Hajis*.

UNICEF supported the process of engaging *Hajis* through dialogue and financial assistance. Training of trainers of *Hajis* at the state level and training of *Hajis* at district level was carried out with financial support from UNICEF. It also provided technical support in facilitation of the training process at state and district level.

Around 5386 pilgrims going for *Haj* in 2008 were vaccinated with OPV in their respective districts, as is the mandatory practice now. UNICEF and other partner agencies coordinated this process at the district level.

“It is essential that everyone educates themselves about polio. Read available literature but do not accept the opinion that nothing can be done to improve your condition. There is usually something that can be done,” says Imam Qasmi with determination.

## 03 Shab-E-Barat:

### Using festivals to promote polio awareness

The festival of Shab-e-barat is celebrated with great enthusiasm by Muslims all over the world. The festival is held either on the 13th or 14th day of Shaban, the eighth month of the Muslim calendar. Shab-e-barat connotes the Night of Forgiveness or the Day of Atonement. The festival is followed by Dastarbandi (*Convocation*) functions at Madarsas. The month of Shaban is followed by Ramadan and the festival of Eid. Both these months bring congregations of Muslims to madarsas and mosques providing a platform for polio advocacy among underserved Muslim population.

The target audiences for advocacy at these convocations were the new graduates from the madarsas. The aim was to sensitize these graduates so that they can advocate for the polio programme when they join a mosque as an Imam or become religious leaders.

Along with Dastarbandis, small gatherings for religious discourses are also held on the auspicious occasion of Shab-e-barat. Collective prayers are offered and people stay back to listen to discourses from Hadiths and Holy Koran by reputed religious leaders. SMNet, NPSP and the Health department have been using this opportunity to advocate for polio vaccination.



Maulana Khalid, giving a discourse during the festival of Shab-e-barat, Saharanpur; UP.

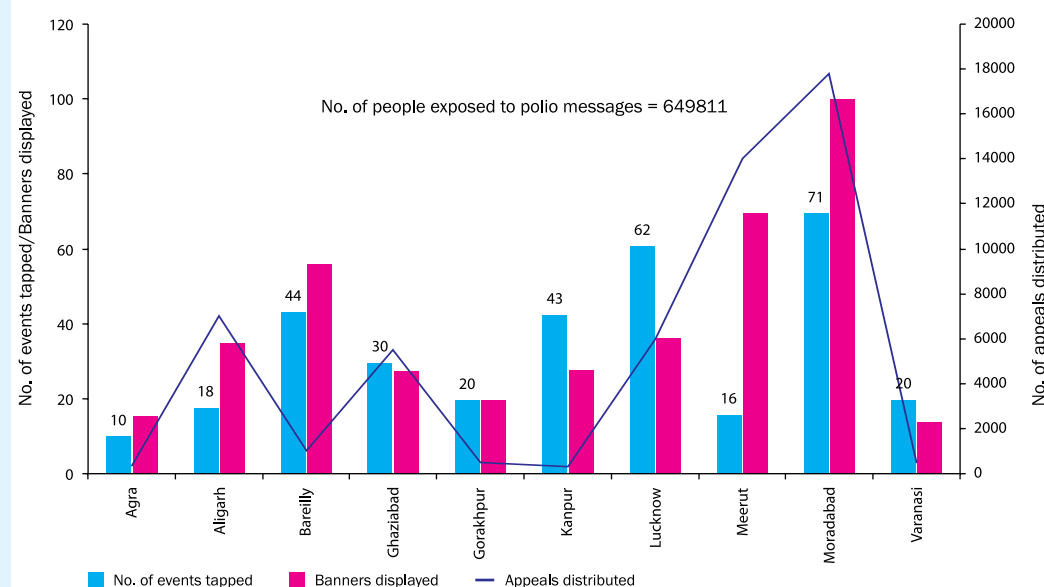
SMNet has increased coverage of these events in its 44 districts. A total of 334 functions of Shab-e-barat and Dastarbandi were tapped this year as compared to 191 of 2008. Banners endorsed by local religious institutions and religious leaders, printed appeals and verbal appeals by senior religious leaders were used as advocacy tools during these events. About 60,000 JMI (Jamia Milia Islamia) booklets mentioning that vaccination was in keeping with Islam was also distributed.

Figure 1 indicates the sub regional distribution of the different IEC materials along with numbers, used for polio advocacy during

Shab-e-barat celebrations. In the Moradabad sub region 71 events were covered including those in the high priority districts of Bijnore, J.P Nagar and Rampur. Sixty two functions in Lucknow and 44 in Barielly sub regions were

covered. Four hundred and nine banners and 52,950 printed appeals were used in the 334 events. Around 650,000 people were exposed to polio messages during Shab-e-barat and Dastarbandi functions.

Figure 1: Polio advocacy during Shab-e-barat celebrations in Uttar Pradesh, July 2009





## 04 Campus – Community Collaboration at Times of Crisis: AMU plays a pivotal role in managing resistance against the polio programme

The Aligarh Muslim University (AMU) is one of the most respected academic institutions in India. The well known institution is presently headed by Prof. P K Abdul Aziz, an eminent eco-environment expert. His predecessor Mr. Naseem Ahmad, former Vice Chancellor of AMU and a senior civil servant set a precedent of supporting the polio programme and his commitment to the cause became proverbial in northern India. Under his leadership AMU received the *International Jimmy & Rosalynn Carter Partnership Award for Campus-Community Collaboration for polio programme in 2006*.

The vicinity around AMU is considered to be a proliferation ground for polio. Located in an area where lock industries are thriving, AMU's surrounding areas are full of temporary settlements with migrants pouring in from different parts of UP as well as the neighboring states. These settlements around the university have been identified as high risk areas for polio.

Prof. Aziz continues to provide support and is totally committed to the polio programme. Under his leadership roles and responsibilities of different faculties and departments of the university have been identified with regard to implementation of the programme. Along with the Jawahar Lal Nehru Medical College, the Department of Community Medicine, AMU,



CMC Nigar with beneficiaries at the health post set up with the support of District Health Department, Rotary, UNICEF and Aligarh Muslim University, at Jeevangarh, Aligarh District.

organizes outreach services. It also supports health posts set up by the administration and UNICEF to provide RI and other health facilities to the people residing in these high risk areas.

Along with supporting the programme, AMU often works as trouble shooter at times of crisis. One such intervention occurred when the death of a child led to open resistance

against the polio campaign and routine immunization in Jeevangarh and neighboring areas of Aligarh district.

On 11th March 2009, polio teams conducting RI sessions at Jakir Nagar Gali No.11 in Jeevangarh, administered Baby Rehnuma, aged one and half months, BCG, DPT 1 and OPV 1 vaccines. Soon after being vaccinated she became ill and was rushed to the medical college where she was declared dead. As soon as the news of the child's death spread, crowds interrupted the RI session, threw away the vaccine carrier, medicines and misbehaved with the vaccination team.

The incident was reported to the administration and the Health Department. At the site police force was required to control the crowd which demanded the immediate arrest of the concerned vaccinator. They were given official assurance that the incident will be investigated and the culprit punished. An interim support of Rs.10, 000/- was given to the concerned family by the administration.

The media had a field day in sensationalizing the incident and every local newspaper headline reported "child expiry due to immunization". Without confirming the real

reason with the concerned authorities, the death of the child was attributed to routine immunization and polio vaccines.

The incident led to Jeevangarh community boycotting the polio campaign in March 2009. A rally was organized against the campaign and vaccination teams were stopped from taking their vaccine carriers from the urban health post. The booth was started with the intervention of the Additional City Magistrate. However, at the end of the day the booth coverage decreased approximately by 2000 children. The number of reluctant families (XR) also increased to 500 during the house to house activity by A team. With the collective efforts of AMU and SMNet the number of XR households was reduced to 219 after the B team's March round.

To counter this major setback it was jointly decided by AMU and SMNet to create awareness among the community that this incident was not due to RI. AMU's credibility and efforts played a critical role in countering the situation. Interns of JNMC (Jawahar Lal Nehru Medical College), AKTC(Ajmal Khan Tibiya College), NSS (National Service Scheme) volunteers, MSW (Masters of Social Work ) students, SMNet and influencers participated

in Joint IPC, Community Meetings, and Mothers Meetings. MSW students staged a Polio Advocacy Skit in Jeevangarh. These efforts succeeded in bringing about a change in the community's attitude and during the June 2009 round the number of XR households reduced to 32 from the earlier 219.

Baby Rehnuma's death left a deep impact on people's mind increasing resistance against RI. To allay the fears of the community SMnet requested AMU to shift the Jamalpur Health Clinic to Jeevangarh. Dedicated efforts of the AMU clinic staff increased the acceptance of RI in the community. As a result the next RI outreach session in Jeevangarh received a good response with large number of families coming forward to immunize their children. On an average 35-40 children were immunized at every session and it is expected that the numbers will increase.



## 05 Carrying the Legacy Forward:

### All India Ustad-e-Zaman Society carries forward Maulana Khan's legacy of support for the polio programme

Maulana Hazrat Tehsin Raza Khan, Principal of Madarsa Jaiat-Ur-Raza, Bareilly, and a renowned Islamic Scholar of Bareilly School of thought, passed away on 3rd August 2007, in a road mishap in Mumbai. A dedicated social worker and an ardent supporter of the polio programme, Maulana Khan endorsed the programme through the electronic and

print media on several occasions. He firmly believed that accepting and promoting the polio programme was not only essential but also obligatory on the part of religious leaders.

Proficient in Islamic jurisprudence he was also known as Ustad-e-Zaman. More than eight lakh devotees from different parts of the country,

especially Maharashtra, gathered to pay homage during the condolence meeting held soon after his demise.

More than 100,000 devotees from UP and other states gathered for the three day Urs held during 10-12th July. The venue was the Railway Ground near Khankahe Nooria Razviya Tehsinia in Kankar Tola, Old City, Bareilly. Maulana Hazrat Yahiya Hasan Sahab (Sajjadanashin, Dargah Mahrarae Shareef, Etah, UP); Janab Hazrat Qari Razi Ullah, Bihar; Syed Suhail Ahmad Sahab, Bilgram; Abdul Mannan Qadiri, Moradabad; Maulana Sultan Ashraf Sahab, and other Islamic scholars of the Bareilly school of thought assembled from different parts of country for the Urs. Family members of Aala Hazrat also participated in the Urs to pay homage.

The annual Urs of Tehsin Miyan is now managed by Maulana Tehsin Raza Khan's sons, Hazarat Maulana Hassan Raza Khan Sahab, Hazarat Maulana Rizwan Raza Khan Sahab and Hazrat Suhaib Raza Khan Sahab under the purview of their society, All India Ustad-E-Zaman Society. Maulana Tehsin Raza Khan's legacy of support for the polio programme is being carried forward by his sons. Maulana Hazrat Hassan Raza



Polio banners for raising awareness during the three days long Urs-E-Tehsini.

Khan recently released an appeal advocating in favour of the polio programme.

During the Urs 30 banners on polio were displayed and pamphlets distributed to raise polio awareness among devotees. The Dargah committee along with SMNet erected hoardings with pictures of children being vaccinated. Verbal appeals were made by Dargah authorities along with the distribution of printed appeals. The annual Urs provided a good opportunity to reach out to underserved Muslim community especially in the Bareilly district. It also provided a platform for advocacy and ownership of the programme by the Muslim religious leaders.



Hoardings erected by Dargah authorities during Urs. The hoarding highlights District Magistrate vaccinating a child.