

RESEARCH DESIGN TO MEASURE THE INFLUENCE OF SELECTED CMC ACTIVITIES ON COMMUNITY PARTICIPATION IN POLIO VACCINATION

Background: Uttar Pradesh is the largest state in India with over 166 million inhabitants. In the last two OPV rounds over 34 million children were vaccinated. However, approximately 1 million children are still being missed. The central goal of UNICEF in the Polio Eradication Initiative (PEI) is to interrupt wild polio transmission by ensuring all eligible children are adequately immunised through Supplementary Immunisation Activities (SIAs) and routine immunisation.

One of the main thrusts of the UNICEF programme in UP has been the creation of a Social Mobilisation Network (SM Net). The SM Net trains and supports people responsible for social mobilisation and communication at four levels: Sub-regional Coordinators (SRCs) operating at the sub-regional level, Social Mobilisation Coordinators (SMC) at the district level, Block Mobilisation Coordinators (BMC) at the block level, and Community Mobilisation Coordinators (CMC) at the community/village level.

The genesis of the SM Net can be traced to 2001, with the recruitment of a team of coordinators in the “Hot 4” districts (Moradabad, Barailley, Badaun, Rampur), as well as six other polio endemic districts (Ghaziabad, Bijnor, JP Nagar, Meerut, Ambedkar Nagar, and Bahraich). As of September 29th, 2003, the SM Net had 30 SMCs; 281 BMCs and approximately 2000 CMCs (to be finalised) operating in 31 districts over 281+ blocs and in 2000+ clusters. The CMCs work primarily in clusters selected on the basis of selected epidemiological and operational markers.

The NPSP (National Polio Surveillance Project) has an extensive system to collect data for tracking polio cases. In addition, NPSP supports the district health system in monitoring SIA activities. These monitoring data include two questions regarding CMC presence and as one of the sources of information to parents. At this point, it might be worth reconsidering these questions.

During actual rounds, external monitors/observers including UNICEF, WHO and government officials observe SIAs and provide some feedback on CMC contribution.

UNICEF generates almost all the information about the SM Net through its own monitoring efforts. Most of the indicators followed are communication inputs and other process indicators. Remaining information about the SM Net is largely anecdotal in nature. Therefore, this study will attempt to validate the effect of SM Net activities in high-risk areas focusing on the work of the CMC at the village level. The research will track both programme impact (eg., reduction of Xr houses) and intermediate communication indicators such as knowledge, trust and intention.

Research objective:

To examine the effectiveness of selected CMC communication activities on behavioural outcomes in support of the Intensified Pulse Polio Immunization (IPPI) programme, Uttar Pradesh.

Inputs: In broad terms, these refer to the main communication inputs, which will be the CMCs for the purpose of this research. The research will follow CMC activities for two main reasons. First, as part of the UP strategy for high risk areas, UNICEF uses CMCs to have the most immediate contact with the intended audiences for the PEI (i.e. parents/caregivers of children 0 – 5). Second, UNICEF/India allocates a substantial portion of its polio eradication budget to train, deploy and support CMC in the field.

Selected elements of the following CMC profile are being considered for the study:

- Gender: 70% male; 30% female (ratio 7:3). This is representative of the current CMCs.
- Length of service: Joined UNICEF prior to the September 2003 round. All CMCs joining at this time received an updated and comprehensive training. It is anticipated that these CMCs will be operational through several subsequent rounds.
- Training: Trained by UNICEF
- Work Location: Urban (35%); Rural (65%) (To be determined based on September round data).
- Marital Status: Not a criterion for this evaluation.
- Age: 25 – 35 years. The assumption is that the majority of CMCs fall within this age group.
- Education: At least middle school education. The assumption is that almost all CMCs have achieved this level.
- Community matching: The extent to which the CMC's religious and caste background matches with most of the Xr families in their cluster (To be determined after discussions with SMCs during training).

Outputs (Activities): The main function of the CMCs is to inform and mobilise Communities to participate in polio vaccination rounds, and to reduce vaccine avoidance behaviour (VAB). While CMCs undertake many activities to achieve these objectives, for the purpose of this evaluation, their activities have been aggregated into three groups:

Interpersonal Communication/Counselling (IPC/C):

Specific tasks under this aggregation include counselling visits for individual consultation in the home--either the CMC alone or the CMC accompanied by a community influential.

Group Counselling with Community Members:

This aggregation includes organising and facilitating meetings with mothers' groups, mother and daughter-in law groups, youth groups, social mobilisation group (SMG), and self-help groups.

Mobilise Partners:

This aggregation includes working with partners in education (rallies, bulawa tolis, polio classes); Panchayati Raj (announcements); Aanganwadi (list of eligible children); religious institutions (announcements, meetings); Health Department (routine immunisation and health camps).

Outcomes: These refer to the specific indicators that are expected to change as a direct result of CMC activities.

1. Knowledge of next booth day/date and location
2. Knowledge of the need for repeated OPV rounds
3. Reduction in specific concerns and misconceptions
4. Trust in the CMC
5. Encouraging reluctant community members to accept OPV
6. Reporting intention to access OPV
7. Maintenance of positive behaviours (participation in polio vaccination for 2 successive rounds)

Impact: This refers to overall programme impact to which communication activities are contributing. The information required to measure impact is collected as part of the government monitoring system but UNICEF disaggregates the data for CMC clusters at the block level. For the purpose of this research the following data will be analysed in CMC clusters at the block level:

- Booth coverage
- Xr households
- Total vaccination coverage

MODEL

Inputs	Outputs	Outcomes	Impact
CMC	Interpersonal communication/counselling IPC/C	Knowledge of next booth day/date and location	Booth coverage
		Knowledge of need for repeated OPV rounds	
	Group counselling with community members	Reduction in specific concerns/misconceptions and trust in the CMC	Xr households
		Encourage reluctant community members to accept OPV	
Mobilise partners	Maintenance of positive behaviours (continued participation in polio vaccination rounds)	Total coverage	

Research Design

Data collection:

Data will come from several sources. Existing sources include government and NPSP data of vaccination rounds and UNICEF monitoring data of CMCs. This study will be based on three steps (steps 1 and 2 rely on additional data collection while step 3 involves analysis of existing information).

Step 1: Validation of monitoring data (independent observations of IPC/C sessions by CMCs)

Step 2: Link CMC activities with outcomes (exit interviews with parents (IPC/C); key influential interviews (group counselling and mobilise partners); and interviews with parents converted from Xr to P within specified timeframe (overall CMC activities)

Step 3: Link communication outcomes with programme impact (existing monitoring and coverage data)

Sampling

Proposed sampling frame (pending verification of data)

Based on the three impact indicators, all 31 districts were ranked, and three were selected in each region, Western and Eastern UP. One district from the top, middle and bottom of the ranking was selected for each region. Districts are listed in order, starting with the top: Western UP: Bijnor, Meerut and Moradabad. In Eastern UP, the districts are Ambedkar Nagar, Barabanki, and Varanasi.

Data collection schedule

Prior to round: Observe IPC/C sessions in household; observe group counselling sessions; interviews with all respondents.

During round: Rely on government tracking of coverage, booth attendance, etc.

After round (after B team): Follow-up interview with family member previously interviewed.

It is anticipated that this schedule will be repeated over at least two subsequent rounds.