

Credibility of Community Mobilisers as messenger in Community Based Vaccine Trial

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Background: Moradabad was one of the endemic districts for polio transmission in India because of low vaccination coverage and a high number of non-complaint families for polio vaccination children from marginalized population showed compromised vaccine efficacy due to many reasons such as high population density, poor sanitation and high incidence of diarrhea. In April 2009 Government of India in partnership with WHO, CDC conducted a community-based, randomized controlled trial to assess Immunogenicity of supplemental doses of poliovirus vaccine for children aged 6–9 months in Moradabad, Uttar Pradesh, India.



Misconception, Illiteracy, and poverty resulted in mistrust of the health delivery system manifested as resistance to polio vaccination among the marginalized population. The UP SMNet formed by CORE Group Polio Project and Unicef deployed community mobilization coordinators for community mobilization to participate in Polio campaigns. These highly skilled mobilizers restored trust and improved vaccination coverage. To do the vaccine trial the community mobilizers who were from the same community supported the study by mobilizing families and enrolling the required number of children.



Methodology: One to one and group meetings with parents of children 06-09 month.

1. WHO-NPSP with officials for SM Net gave orientation to the community mobilisers and their supervisors
2. Community mobilisers identified families and informed them about the proposed study
3. Community mobilisers prepared initial lists of children from the 06-09 months of age group
4. Supervisors further scrutinized the list by visiting families and made final list of families with children between 06-09 months age group
5. Involvement of local influencers.
6. Persuasive messages in a sequential order used by mobilizers and surveillance medical officers ensured greater participation.
7. Families were given complete information about the vaccine trial with pros and cons
8. Community mobilizers were equipped with skills and knowledge to deal any negative event.
9. Doctor's visit created curiosity among the parents followed by action.
10. Revisit by surveillance medical officer (SMO) of WHO-NPSP. explained the rationale of the study and sought consent for participation in the study
11. Community mobilisers played very important role in assuring families about the safety of the study and travel arrangements, compensation of wages

Key messages promoted during the trial:

1. *IPV will boost individual immunity against polio.*
2. *an expensive vaccine given free of cost exclusively to your child.*
3. *IPV is safe and being used in other parts of the world*

Results: Out of 1002 children enrolled, only 73 (7%) refused to continue till the last due to minor illness or non -availability on the day of the visits. 870 (87%) remained till the completion of study. Samples could not be obtained from 10 children while 49 did not attend. The community which was once resistant to polio vaccination became a partner in polio eradication due to bridges build by community mobilization coordinators. Incentives given with clear communication of rationale will reduce negative fallout, if any.

Key Learnings

- Credibility of messenger is vital.
- If messages match with product/services, then demand is enhanced.
- Approach community with sensitivity ensures big dividends.
- Must address apprehensions of community on the spot.
- Partnership among all stakeholders is a must.

Conclusion

The success of communication interventions was attributed to interpersonal communication by credible messengers, correct, complete messages, matching services provided with sensitivity. The partnership among all stakeholders was a key to success.