Issue 3, December 2012

Special Partners' Forum Edition

The Civil Society Dose

A quarterly newsletter of the GAVI CSO Constituency

Civil Society on the RISE- CSO Case Studies on Results, Innovation, Sustainability and Equity in Immunisation

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Reaching every child with immunisation

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Note from the Editors: Welcome to Tanzania!

Welcome to this Special Partners' Forum Edition of *The Dose*! In keeping with the theme of the Partners' Forum-- results, innovation, sustainability and equity (RISE)-- we're excited to bring together 16 articles and case studies focusing on the role of civil society in achieving results, driving innovation, increasing sustainability and operationalizing equity in immunisation. From Senegal to Kenya, India to Honduras, and Pakistan to Mozambique, civil society is a trusted and innovative partner bringing the benefits of immunisation to all.

We would like to draw your attention to articles labeled "*GAVI CSO SG2 platform"* as these are a first look at how GAVI-supported country-level CSO platforms are working to increase civil society participation in addressing immunisation and health system constraints.

A big thank you to all of the organisations and authors who submitted articles and contributed resources to make possible this special issue of *The Dose*. We are honored to share your stories of success and hope that our colleagues around the world will learn from them. We are also grateful for the generosity and support of PATH, who made possible the printing of this special edition. *The Dose* is an entirely volunteer effort, an un-branded cooperation among dozens of organisations ranging from the community to the global level.

Without further ado, we invite you to enjoy this special issue, packed full of news from the front lines of immunisation.

Welcome to Tanzania!

Happy reading,
Your editorial team

RISE Case Studies: Results

R1: Strengthening Participation of Health NGOs Network Members in the Kenyan Health Sector (Immunisation and Vaccination)

GAVI CSO SG2 platform—Kenya

Ruth Wanja
Project Officer, HENNET

Zaddock Okeno
HENNET Coordinator, HENNET

Introduction

The Health NGOs Network (HENNET) was founded in 2005 to fill a long-standing gap in civil society coordination and networking in the health sector. HENNET is a forum where Civil Society Organisations (CSOs) implementing various health interventions can collaborate, share experience and advocate with a united voice. It brings together different health-oriented CSOs who have diverse interests, but share a common vision of a "Healthy Kenyan Society".

HENNET is currently implementing a GAVI funded project to support civil society participation in the health system funding platform (HSFP).

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The project's goal is to contribute to strengthening the capacity of integrated health systems to deliver immunisation by resolving health system constraints, increasing the level of equity in access to services, and strengthening civil society engagement in the health sector. As a start up activity, HENNET held a stakeholders meeting with 21 civil society organisations to introduce the GAVI-CSO HSFP Project to its members. During the meeting, an 11-member technical working group was elected, representing five project thematic areas: health system strengthening, advocacy, capacity building, child health, and resource mobilization. The group is mandated by the HENNET constituency to represent other network members during project implementation.

Impact of the GAVI CSO project

Through the GAVI CSO project, working group members have improved their understanding of the immunisation and vaccination situation in Kenya. They have also gained knowledge on GAVI priorities for CSOs. The network members are working towards partnering with the Ministry of Health to improve access to and create demand for immunisation services among the marginalized and underserved populations in Kenya. They have also actively participated in different MoH fora, increasing their understanding of the Kenyan health sector.

Looking toward the future

Through a situational analysis currently underway, HENNET will identify existing gaps within its membership and build relevant capacities to realize better engagement in the areas of immunisation and vaccination. The study will also yield evidence-based results on the strengths of its platform members. Members will gain skills and knowledge on HSS, HSFP, advocacy and policy planning through training facilitated by HENNET and supported by GAVI. This will enable them to become agents of change, influencing communities at the grassroots level and thereby increasing access to immunisation services and resolving health system constraints.

R2: How Comprehensive Primary Health Care Programs Can Strengthen Routine Vaccination Services

Younoussa Diallo
Health Coordinator, DR Congo, International Rescue Committee

Alice Gilbert
Deputy Health Director, DR Congo, International Rescue Committee

Since 2009, DfID, the IRC, and the Ministry of Public Health have provided broad health systems support to Ubundu health zone, Province Orientale, in North-East Democratic Republic of Congo. The main objective of the program is the availability of reliable and free care to children under five and pregnant women. Support included the provision of equipment and medical supplies, support for in-service training, incentive payments for health center and health zone staff, provision of running costs for health facilities and institutional support including immunisation. In supported facilities, Expanded Program on Immunisation (EPI) staff is present, the cold chain is maintained, and community health workers actively promote immunisation. Caregivers are also more likely to have their children immunized because they have a renewed sense of trust and confidence in health center staff.

Continued…

Lara Ho
Technical Advisor, Health Technical Unit, International Rescue Committee

In August 2011, a measles epidemic broke out in Lowa health zone, adjoining Ubundu health zone, and spread into Ubundu; however, the epidemic had very different courses in each zone. In Lowa, where routine data indicated measles coverage was 47%, there were 18 deaths by December 2011, compared to only nine in Ubundu, where measles coverage was 91%. Local health authorities were compelled to initiate a mass vaccination campaign in Lowa due to low coverage and high mortality. In contrast, health authorities in Ubundu were able to rely on the strong routine coverage, which saved money, and allowed health staff to focus on prevention and routine services, rather than crisis management.

Interestingly, more measles cases (978) were reported in Ubundu than in Lowa (634), despite Ubundu's higher coverage. An investigation by the Ministry of Public Health indicated that the higher figures in Ubundu were the result of cases originating from Lowa, but traveling to Ubundu for free care, greater availability of vaccines and drugs, and higher quality of services. Despite this movement, the epidemic did not spread further because of the high vaccination coverage in Ubundu.

R3: HPV Vaccination in Honduras Succeeds Despite Limited Resources and Insecurity

Meredith Paddock
Global Health Program Manager, Catholic Medical Mission Board

Marylena Arita-Fu
Country Representative, Honduras, Catholic Medical Mission Board

Erin Snyder-Ulric
Regional Manager, Latin America & The Caribbean, Catholic Medical Mission Board

In Honduras, cervical cancer remains a leading cause of death among women, creating a desperate need for prevention and early diagnosis. The child immunisation rate of more than 98% provides an excellent vaccination platform for Honduras to address human papilloma virus (HPV) and cervical cancer prevention. With a donation from the Gardasil Access Program, Catholic Medical Mission Board (CMMB) is partnering with the Ministry of Health and local healthcare organisations to vaccinate 28,800 girls aged 10 and 11.

CMMB and its partners launched the first doses in Olancho and Cortes department schools during March 2012. To date, more than 40,000 doses have been administered, despite numerous challenges including insecurity and gang violence, vehicle unavailability and remote area access, and the labor disputes of teachers, nurses and school administrators. Teams of healthcare workers and program coordinators will administer an additional 46,000 doses by the end of 2013.

Several lessons learned from the small-scale project will help inform future GAVI and CSO efforts to provide HPV vaccination programs. A critical component of HPV vaccination is educating girls and caretakers about the vaccine's benefits and the importance of committing to multiple dosing. CMMB sought strong partnerships, active participation of school personnel, and the media to enhance awareness to improve the census and consent processes.

Continued…

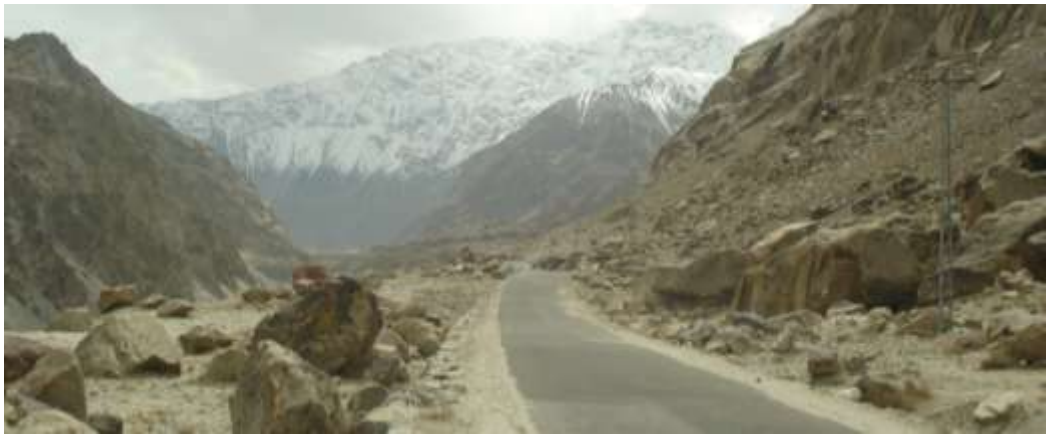
Census data and vaccine registries could have been improved with more accurate school data and community meetings with caretakers. However, the HPV vaccination acceptance was high, with a 95 percent acceptance rate among caretakers, school administrators, and community members.

HPV vaccines create additional complexity given their three-dose regimen and the difficulties of completing this regimen on schedule within a school year of nine months. Slower vaccination rates and differences between the private and public school calendar made it difficult to vaccinate girls at their schools, resulting in vaccination teams completing dosage via home-based visits for clients who missed their second or third dose at school. This has led to vehicle and staff shortages and even more effort focused on follow-up. To maximize follow-up and complete the girls' doses, teams will introduce short messaging service (SMS) to notify caretakers and teachers of upcoming vaccinations.

The project has sparked interest in developing guidelines and infrastructure for a national HPV vaccination program in Honduras, but the cost remains high. Currently, the program administration costs average $0.53 per dose (with donated vaccine). For the project, partnerships were established with local NGOs, Ministries, and pharmaceutical donors to maximize expenses and shared resources.

R4: The Model Volunteer Vaccinator of Skardu

GAVI CSO SG2 platform—Pakistan



Located on a towering, barren mountain off the Karakoram highway, over 60 km away from Skardu city in Gilgit Baltistan province of Pakistan, a treacherous ascent over a narrow stone path that remains buried under deep snow during the long winter months leads into the village of Khar Bashu.

"Until 2009 at least two maternal and infant deaths would take place each year in Khar Bashu. If we add up fatalities from the three other villages on this mountain, it was ten to fifteen[1]," shares the twenty-year-old health promoter of Khar Bashu, Syed Mustafa.

"Over the past three years, at least in my knowledge, there have been no deaths in this area."

Khar Bashu has become home to two active health promoters, a volunteer vaccinator, and gender-segregated Village Health Committees responsible for mobilizing communities around the importance of immunisation and child health.

Continued…

[1] Neighboring villages include Nazimabad, Sultanabad and Matillo Bashu

Lubna Hashmat
Chief Executive Officer, Civil Society Human and Institutional Development Programme (CHIP), Pakistan

"When I began working in 2009, women were afraid of vaccines - they did not know what was in them and why they were necessary for themselves, or their children. They would simply refuse to listen when I would try to clarify their doubts during door-to-door information sessions," explains the 22 year-old volunteer vaccinator of Khar Bashu, Muhammad Reza.

Reza did not allow the initially negative response of the community deter his ambition of contributing to enhanced EPI coverage in the area. He has been empowered by Civil Society Human and Institutional Development Programme (CHIP) during numerous trainings, including a week long exposure visit to the Skardu District Head Quarter Hospital where he learned about the composition, perseveration and administration of vaccines.

"Not more than 70 percent of children were vaccinated in Khar Bashu before I began my work. Even out of these, most either received the dosage late or missed certain doses altogether. But today, each child and mother in Khar Bashu is immunized on time."

Achieving full coverage was no mean feat. "I accompany the government vaccinator during his quarterly visits to the village to make sure he visits each home and maintains a separate record of women and children who require immunisation. I also distribute EPI cards to families between visits." To maintain the impacts of his work, Reza envisions the creation of a network of volunteer vaccinators.

RISE Case Studies: Innovation

I1: USAID/MCHIP Contribute in Effort to Tighten the "Meningitis Belt": MenAfriVac Campaign in Senegal

Lindsay Bever
Program Coordinator, MCHIP, John Snow, INC

Michel Othepa
Senior Immunisation Technical Advisor, MCHIP, John Snow, INC

Meningitis is not a popular topic on the global health scene, but for those living in the "meningitis belt" that runs from Senegal to Ethiopia, it remains a major public health concern. An inflammation of the meninges, meningitis can lead to death or long-term consequences such as deafness, epilepsy and mental retardation if left untreated.

Initially, the only vaccine available was weak, used primarily in areas with active meningitis outbreaks. These reactive campaigns were expensive and ineffective. In contrast with the previous licensed polysaccharide vaccine, the new Men A conjugate vaccine (MenAfriVac) induces a long lasting superior immunity, results in herd immunity, and can protect children younger than two years old, providing protection for up to 10 years. The Meningitis Vaccine Project (MVP), a partnership between the World Health Organisation (WHO) and PATH, has pre-tested this new vaccine in Burkina Faso, Mali and Niger with compelling results.

This month, The U.S. Agency for International Development (USAID)'s flagship Maternal and Child Health Integrated Program (MCHIP) will collaborate with the MVP to implement a MenAfriVac campaign in Senegal, targeting all children and adults from 1-29 years old. The Senegalese Ministry of Health, in collaboration with MCHIP, MVP, UNICEF, WHO and other partners, will target about 3.9 million people in eight of the highest-risk regions. This includes mobile populations and those aged 15-29 years, both notoriously difficult populations to reach. Health facilities at fixed sites, outreach, and mobile strategies will be used, focusing on those most in need.

Continued…

MCHIP played an active role during campaign preparation, providing technical support during the planning process at regional and district levels, developing an activity monitoring checklist, and finalizing the guidelines and management tools. The Program will also work with partners to supervise and provide guidance during the campaign, and to monitor and evaluate afterwards to assess the campaign's quality.

This campaign in Senegal, along with others in the "meningitis belt," has the potential to significantly reduce the number of meningitis cases and associated deaths in the region. After the campaign in November, this "meningitis belt" may lose a few notches.

I2: Bolivian NGO Works with the Government to Vaccinate the Country's Most Vulnerable Young Girls Against Cervical Cancer

Alejandra Meglioli
Senior Program Officer, International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)

Jenny Shapiro
Resource Mobilization Officer, International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)

The most prevalent and lethal cancer in Bolivia, cervical cancer, creates serious public health and economic burdens for an already struggling country. Over 1,400 women in the country are diagnosed with cervical cancer each year, and five women die daily from this preventable disease[1]. The tragedy extends beyond their early deaths, creating devastating effects in the family.

In 2009, CIES (Centro de Investigación, Educación y Servicios), began an innovative cervical cancer vaccination project, bringing the HPV vaccine to girls in extremely impoverished municipalities with very difficult access to health services and a high rate of incidence and mortality from cervical cancer. CIES focused on indigenous communities, which often have little knowledge about cervical cancer. At the campaign's inception, the HPV vaccine was new and controversial, facing fervent resistance from feminist and religious groups. CIES bravely undertook this taboo project to save the lives of women and girls. Girls were vaccinated both in their schools, which facilitated follow-up, and through mobile health units. Between 2009 and 2011, CIES vaccinated 75,946 girls.

The project focused beyond just vaccinating girls, also involving and educating teachers, boys, parents and medical providers on the importance of the vaccine and cervical cancer prevention. Impressively, CIES achieved over a 90% 3rd dose completion—far exceeding the US average of 54%. Even more impressive was that this was achieved among the most poor and under-served populations in Bolivia. In nearly all municipalities where the project has been implemented, the number of girls vaccinated grew dramatically from the first year to the second, proving increased vaccine acceptability, demand generation, and coverage. Unlike many vaccination campaigns, CIES' was conducted horizontally, incorporating a multi-sectorial approach, partnering with government and educational institutions. Given CIES' proven track record and strong relationships with the government in the implementation of this project, it is well-positioned to support the government achieve HPV vaccine universal coverage.

Through this project, CIES has left a lasting impact on Bolivia and the Latin American region—demonstrating that their HPV vaccine delivery model is feasible, socially acceptable, and technically viable in both urban and rural settings, and among indigenous populations. CIES has provided the government with lessons learned and tools that can easily be used when it is ready to include the vaccine as part of the national immunisation program.

[1] International Agency for Research on Cancer, 2008.

Timóteo Chaluco
Monitoring and Evaluation Officer, VillageReach Mozambique

I3: Illuminating the Last Mile

Until a vaccine is administered, it is just clear liquid in a small glass container; its real value has yet to be realized. To change from clear liquid to a modern miracle of global health, vaccines must travel through the final segment of the supply chain or "last mile." In most GAVI-eligible countries, that last mile covers the most challenging terrain to thousands of immunisation posts where poor physical infrastructure, limited financial resources and lack of human resources present severe challenges to managing vaccine distribution and associated cold chain. Those same challenges compound the last mile supply chain management problem by making it very difficult to implement and maintain a logistics management information system that can illuminate supply chain performance for those operating and managing the system. It is hard to manage what you can't measure or even see.

Working with the Mozambique Ministry of Health (MoH) at the provincial, district and immunisation post level, VillageReach developed an online logistics management information system to manage the vaccine distribution to almost half Mozambique's immunisation posts, most of which are in the country's most-difficult-to-access regions, well beyond the reach of the electrical grid and, in many cases, beyond the reach of cellular networks. In these areas, the MoH has established and operates regular monthly distribution of vaccines to each immunisation post. With regular deliveries, we recognized the MoH could use this same network of trucks carrying vaccines to immunisation posts as a network to collect data on last mile supply chain performance. It could also serve as a network to distribute useful information to key stakeholders. In effect, the last mile of delivery is the first mile of information.

Each month, the information system collects data from immunisation posts regarding vaccines delivered, stock on hand, stock-outs, cold chain performance, wastage rates, doses administered and other key metrics. Managers now have a clear view of what needs to be done to change clear liquid into modern miracles.

Deborah Phillips
Communications Officer, PATH

Hope Randall
Communications Associate, PATH

I4: Building a Virtual Community To Conquer a Resilient Threat

When PATH set out to raise awareness about rotavirus vaccines in the countries where they were most needed, we quickly learned two important lessons. First, while ministry officials were rightfully concerned about rotavirus, the overarching threat of diarrheal disease caused greater alarm. Second, they had no place to turn to find resources, tools, and success stories with which to state the case for national funding of rotavirus vaccines and other essential tools to control diarrhea.

Several NGOs talked about vaccines, others about nutrition, still others about safe water. Sometimes they talked to each other, often not. For a diarrheal diseases advocate looking at the big picture, resources were disparate. In 2009, PATH connected the dots with the launch of www.defeatDD.org. While our primary aim remained raising awareness about rotavirus vaccines, we saw an opportunity to command greater attention and increase demand by positioning vaccines as part of an integrated approach to diarrheal disease: one that highlighted all available interventions, like breastfeeding, zinc, oral rehydration, and clean water, alongside vaccines.

Social media profiles on Facebook and Twitter followed, prompting conversations with grass-roots groups fighting diarrhea in vulnerable countries.

Continued…

We share their successes with other country-level NGOs and decision-makers eager for proven, affordable, and accessible approaches.

Consider Zambia. Through conversations launched both in person and online, we learned about a rotavirus vaccine rollout undertaken by the Ministry of Health, the Centre for Infectious Disease Research, Zambia, and Absolute Return for Kids. Then we learned this rollout was in the context of comprehensive diarrhea prevention and treatment, with oral rehydration corners installed in clinics, zinc provided in routine care, and education of families about nutrition, safe water, and breastfeeding. Then we learned even more. We learned about Water and Sanitation for the Urban Poor and their work keeping peri-urban settlements healthy. We learned about Africare's program to teach students hygiene lessons that made them teachers in their own right, as they brought lifesaving messages to their communities. These are the stories defeatDD was made to tell! And we feel so fortunate to have an opportunity and a platform from which to share such important work.

RISE Case Studies: Sustainability

S1: Editorial: Pakistan's Internal Investments and Community Ownership are Crucial To Combating Polio and Other Vaccine-Preventable Diseases

Zulfiqar Bhutta
Head, Division of Maternal and Child Health, Aga Khan University Medical Center

A year ago, Pakistan was in the news with a significant increase in polio cases – 136 cases documented across a number of affected districts and provinces. Several reasons were cited for this program failure including population displacement due to floods and conflict in the North, poor program management and political support. This year has seen a remarkable reversal with only 48 cases reported to-date in half of the districts affected in 2011. Baluchistan, one of the epicenters of polio in 2011, has had only four cases reported from two districts this year, compared to 64 cases in 11 districts in 2011. These gains are all the more remarkable considering the steady stream of challenges over the last year related to security issues and the devolution of the federal health ministry to the provinces.

Political support and stewardship at the highest level have been critical. Much of Pakistan's progress against polio this year has stemmed from the government's internal investments and efforts to engage local communities. The President and Prime Minister have spearheaded the development and implementation of a new National Emergency Action Plan that ensures accountability in improving the quality of vaccination campaigns as well as innovative strategies to increase community engagement and ownership, especially among Pashtun populations.

Community ownership is crucial to the successful implementation and sustainability of many public health interventions, and the polio program is no exception. The engagement of local community leaders, especially religious scholars, has been critical in reaching at-risk populations. Additionally, the involvement of well-trained and disciplined Pashtun vaccinators has helped decrease vaccine refusal rates. Efforts are underway to engage national and local champions for community mobilization and to involve the large private sector in the final stages of polio eradication.

Continued…

Notwithstanding the above, there are persistent challenges as well as opportunities. Efforts to integrate routine immunisation services with the polio program have been less than optimal, as are the persistent gaps between the "immunisation system" and maternal and child health programs. A huge opportunity for immunisation advocacy has arisen as Pakistan became the first country in South Asia to introduce pneumococcal vaccine. A strong civil society movement committed to immunizing children should engage community leaders and youth. Organisations such as the Trust for Vaccines and Immunisations (TVI), Health & Nutrition Development Society (HANDS), Health and Literacy Promotion (HELP) etc. may play a major role therein. Perhaps polio eradication can open the door to accelerating national ownership and investments in Pakistan's health issues more broadly, including maternal and child health and nutrition.

S2: SIVAC Supports the Mozambican Committee of Experts on Immunisation (CoPI) To Develop Recommendations for Appropriate and Sustainable Evidence-Based Decisions

In January 2011, the Mozambican Minister of Health issued a decree to form a National Immunisation Advisory Group (NITAG) called the "Comité de Peritos de Imunização" (Committee of Experts on Immunisation, CoPI). Designed by a national team under the mandate of the Minister of Health, the CoPI is a multi-disciplinary group of national experts in medicine, public health, and immunisation. Representatives from health partners (WHO, UNICEF, professional associations, NGOs, etc.) are also invited to participate in meetings.

A NITAG is a body of national experts that advises the Ministry of Health on all topics related to vaccines and immunisation, such as the introduction of new vaccines, appropriate vaccine schedules, financing, and research priorities and strategies. In the context of increasing complexity of immunisation and vaccine decisions, ensuring relevance of decisions by identifying and using national expertise, through NITAGs, has proven critical.[1]

The CoPI holds biannual technical meetings during which it reviews national evidence on various topics. To date, it has issued several recommendations to the Minister of Health on measles elimination and rubella control, logistics and cold chain, pharmacovigilance, and more. These recommendations reflect the specificities of the Mozambican context. As such, they empower the government to make appropriate and sustainable decisions that will have a significant long-term impact on population health.

The SIVAC Initiative provided technical and financial support for the creation of the CoPI, and continues to support its functioning. Funded by the Bill & Melinda Gates Foundation, SIVAC is a program led by the Agence de Médecine Préventive (AMP) in close collaboration with WHO and other partners. SIVAC aims to support low- and middle-income countries in improving their capacity to make immunisation and vaccine decisions based on evidence through a wide range of activities and especially the creation and strengthening of NITAGs.

In line with recommendations from the Decade of Vaccines (DoV) and the World Health Assembly (WHA)[1], SIVAC intends to continue supporting the establishment of NITAGs in other countries in the coming years to enhance national ownership of decisions related to immunisation and vaccines.

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Alex Adjagba
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S3: RAPID as a Quality Improvement Model for Routine Immunisation Services Through Partnership with Government: Experience from India

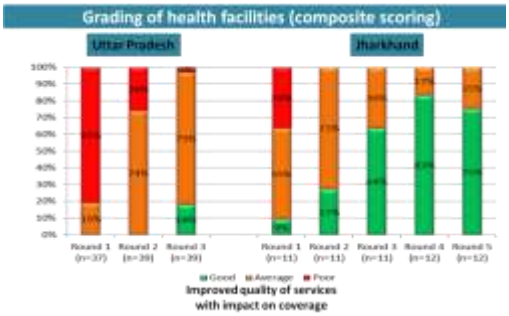
Karan Singh Sagar
Country Representative, MCHIP India

Gunjan Taneja
Immunisation Technical Officer, Jharkhand, MCHIP India

Manish Jain
State Representative, UP, MCHIP India

Supportive supervision is a key component for successful implementation and monitoring of any public health intervention. The Regular Appraisal of Program Implementation in a District (RAPID) is a model for assessment and supervision developed by the USAID-funded Maternal and Child Health Integrated Program (MCHIP), which aims to improve quality of immunisation services and has demonstrated success in several districts in India.

The RAPID approach entails a three-day assessment of immunisation services at all sub-district cold chain points through trained supervisors guided by a checklist covering 46 parameters. Onsite corrections, capacity building and data collection are parts of the assessment. In addition, training and engagement of facility staff help to make the RAPID approach sustainable. Data are entered into an Excel-based tool to generate scores and graphs. Each facility is categorized as good, average or poor based on the performance. Biannual RAPID rounds are conducted in focus districts (through a partnership with government, MCHIP and partners) to enable tracking of progress and continual monitoring and improvement.



Five RAPID rounds were conducted in two focus districts of Jharkhand State (12 cold chain points) and three rounds in five districts of Uttar Pradesh (39 cold chain points), over a period of 22 months (February 2010-September 2012). In Jharkhand, facilities graduated from 36% poor, 55% average and only 9% good (during round 1) to 75% good and 25% average (after fifth round). In Uttar Pradesh, during first round, 81% facilities were poor and 19% were average, which improved to 18% good, 79% average and only 3% poor after 3 rounds of RAPID.

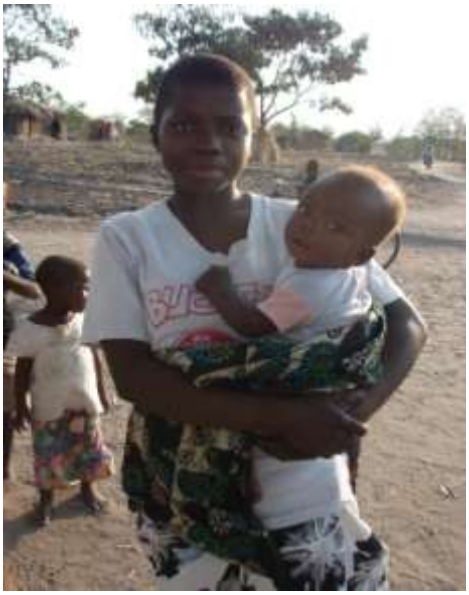
After seeing the results the government of Jharkhand and Haryana decided to conduct RAPID in all districts throughout the state and In Uttar Pradesh, UNICEF decided to implement the approach in 32 of the 75 districts.

As a result of the RAPID approach, quality improvement of immunisation service delivery has been facilitated through joint situational analysis and problem solving with the health staff. The RAPID approach empowers health staff in a participatory way to handle issues and influence behaviour change. Thus this approach is sustainable, builds capacity and can be adapted at scale.

RISE Case Studies: Equity

E1: Baptism of Fire: New CSO Group Reaching Hard-to-Reach Religious Group with Immunisation Services in Malawi

GAVI CSO SG2 platform—Malawi



17 year old Mary John, with seven month -old son Shaveli (photo by Maziko Matemba)

Learning by living
Mrs. Mary Wandale, a Senior Health Assistant who has been living in the community for a long time, works for an immunisation advocacy project led by the Health and Rights Education Programme (HREP), a CSO promoting community involvement in immunisation and health system strengthening. HREP initiated an intervention which mobilised various stakeholders to go and approach this community and convince them to access existing health services, including immunisation, in the area.

Impact of the GAVI CSO project
The stakeholder team met with the village head, Molosoni, who was concerned about the lack of health services being sought by the Zionist community. He informed the team that the critical person to influence was sect leader and Zion pastor, Mr. Jackson. The team visited Mr. Jackson prior to approaching Mary John's family.

Gate Keeper
A daunting yet friendly man in his 70s, Mr. Jackson explained the principals of Zionism and stressed that their faith heals them from illnesses. However, he allowed the team to talk to Mary John directly.

Win some and lose some
Though Shaveli, Mary John's son, looked healthy, he was at risk of contracting vaccine-preventable diseases in the future. The team advised and counseled Mary John on the importance of immunisation. As a result, Mary John and her husband agreed to take their son, and all other children born to them in the future, to be immunised. She still would not go to the hospital for delivery or any other health service, but this inroad with Mary John and Pastor Jackson will surely serve as an entry point into this religious group.

GAVI CSO SG2 platform—DRC

Nicole Shabani
Catholic Relief Services

Zaina Nyombo
Réseau National des ONG pour le Développement de la Femme (RENADEF)

Benoit Mibulumukini
SANRU

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SANRU

E2: Kahindo Motogari, Pygmy Woman in the DRC, Involved in Vaccine Sensitization

Kahindo Motogari and her daughter Nehema 24 months old, after a sensibilisation session in the field with women of a Mubambiro. (Picture taken by John LUANDA)

Ms. KAHINDO MOTOGARI, 35 years old and mother of three, is originally from the village of Mubambiro located in the Kamuronsa sector of the Nord-Kivu province in the east of the DRC. Marginalized most of her life as a Pygmy woman, Ms. Kahindo Motogari is finally exercising her rights as a woman with the support of Réseau National des ONG pour le Développement de la Femme (RENADEF) funded by the GAVI CSO SG2 country platform project.

In July 2012, Ms. Kahindo participated in a training to learn how to raise awareness of the risks of Mother-to-Child transmission of HIV and the importance of immunisations for children in her community. This training helped Ms. Kahindo to strengthen her role as a leader among the Pygmy people in her community. She has been active in community-based activities to promote vaccination and safe reproductive health practices. She has already led five sessions (from July –September 2012) in two different villages including Mubambiro, her native village.

Challenges Encountered
Pygmy women have been marginalized for years relative to other women in the community; however, Ms. Kahindo's participation in RENADEF-supported activities has helped her to integrate into the community and play a leadership role among her peers. The different trainings supported by RENADEF have allowed her to share what she has learned with others in her community, especially on activities that were not well accepted before, such as vaccinations.

E3: Vaccinating Disadvantaged Children in one of Nairobi's Biggest Slums

Christian Watanabe
Alice Health Services

Alice Health Services was established in 2005 as a community-based organisation that provides healthcare services to the community of Mukuru Kwa Njenga in Nairobi, a slum area with a population of over 101,000. Its mission is to scale-up the output-based approach system to enable disadvantaged groups to access affordable health care services and education. For many of the area's residents, the clinic's fee at 30 shillings (US $.35) is the most affordable and only option.

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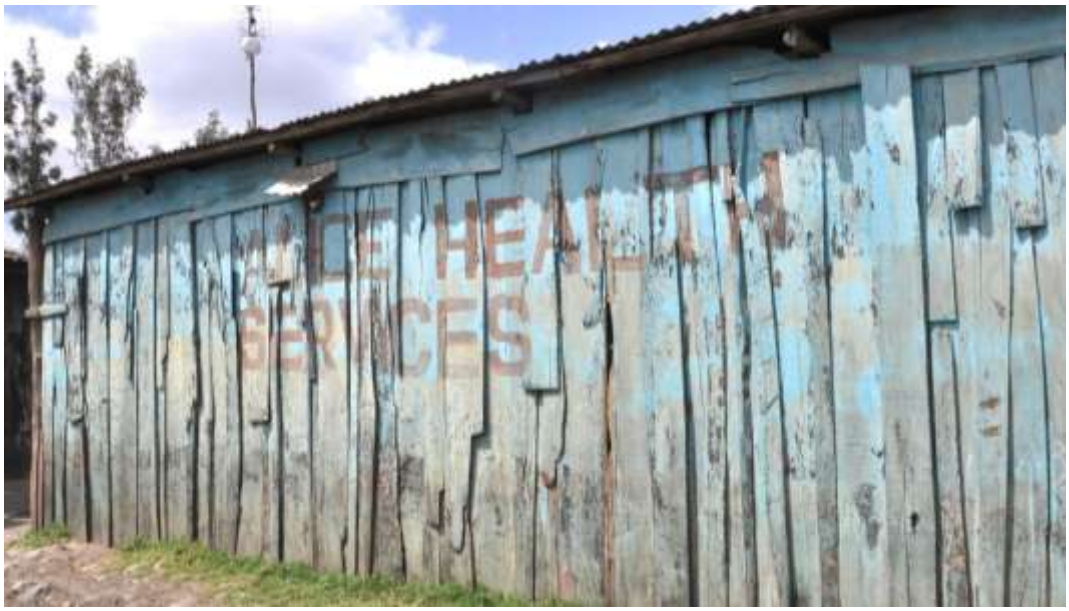


In addition to immunisations, the clinic's ten staff members also provide curative and rehabilitative services, maternity care, maternal child health services, family planning, PMTCT, VCT, and laboratory tests.

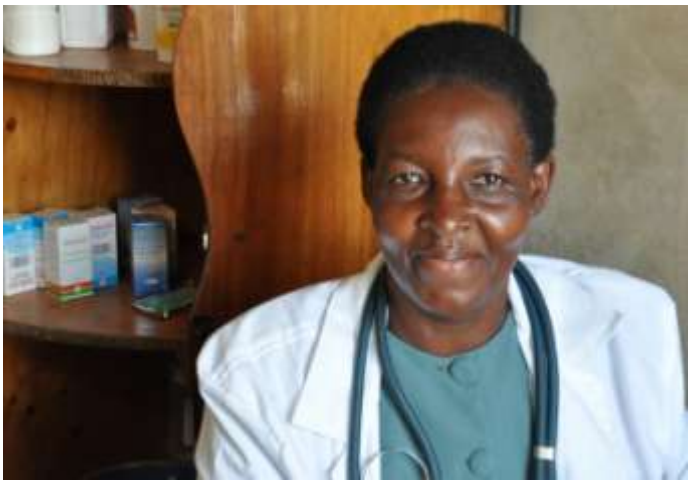
Role of the clinic in immunisation
In Mukuru Kwa Njenga slum
On Saturdays, the clinic hosts an immunisation drive to vaccinate children against tuberculosis, polio, measles, and pneumococcal pneumonia.

The clinic's target population is 5,218, and it reports to the Division of Vaccines and Immunisation (DVI) within the Ministry of Health (MOH) every month on the number of children immunized.

The September data was as follows:
- BCG 67
- Polio 144
- DPT/Hep 77
- Pneumococcal 77
- Measles 63

The clinic's vaccine program is sustainable because it receives vaccines supplies from the Kenyan government free of charge. The clinic has also engaged the services of two community health workers (CHWs) to conduct community outreach and follow up with parents who have defaulted in immunisations. This is an innovative way to ensure no child misses out on the vaccination program. The CHWs also ensure there is equity and gender balance, so no child misses his or her vaccinations. There are challenges, however, and the clinic often runs out of vaccines, particularly polio and BCG.

The clinic has been selected to be the center of immunisation in Mukuru Kwa Njenga slum during the recently launched national immunisation campaign program against measles.



E4: Editorial: Immunisation for All: Empowering Communities To Ensure No Child is Left Behind

Kirsten Mathieson
Save the Children UK

Great strides have been made in immunisation, with global coverage increasing from 74% in 2000 to 83% currently[1]. However, global progress masks inequalities across and within countries. One in every five children is still not receiving even the most basic vaccines[2]. Children from the poorest and most remote areas and the most disadvantaged groups are often left behind.

To address these inequalities will require concerted effort at all levels. Within countries, strong routine immunisation is crucial. Immunisation systems can potentially bring otherwise excluded children into the reach of essential health services. Engaging with communities should be part of any strategy to reach the hard-to-reach. Where communities know their rights, are aware of the benefits of health services, and know where, when and how to access them, vaccination coverage is higher[3].

As seen in Tajikistan, simple tools such as child health cards can help empower communities, contributing to better immunisation outcomes. Save the Children, in partnership with the District Department of Health, initially introduced child health cards in Penjikent District as part of a project to strengthen routine immunisation. Armed with knowledge about how to protect their children's health, a schedule of immunisation services, and the child health card, parents were empowered to demand services. Previously, the responsibility for immunisation rested exclusively with the health worker.

Following the success of the pilot project, UNICEF worked with the government and Save the Children to advocate for the nationwide introduction of child health cards. Now part of national policy, health cards are given to all mothers after delivery and families are required to show them when a child starts school and before admission to hospitals and clinics.

Save the Children's upcoming report, *Immunisation for all: No child left behind* looks at the importance of improving equity in immunisation. Download the report at: http://bitly.com/QtllQO. For hard copies, please contact Kirsten Mathieson at: k.mathieson@savethechildren.org.uk

[1] Based on global DTP3 coverage. WHO, 2012. *Global and regional immunisation profile*. Geneva: WHO. Available at: http://apps.who.int/immunisation_monitoring/en/globalsummary/GSGLOProfile.pdf

[1] This refers to the 22 million children worldwide aged 12–23 months who have not received three doses of the diphtheria-tetanus-pertussis (DTP) vaccine. Source: WHO, 2012. *Global and regional immunisation profile*. Geneva: WHO. Available at: http://apps.who.int/immunisation_monitoring/en/globalsummary/GSGLOProfile.pdf

[1] Shea, B., Andersson, N. and Henry, D., 2009. Increasing the demand for childhood vaccination in developing countries: A systematic review. BMC Internat Health and Human Rights, 9(Suppl 1): S5.

E5: The REAL Awards: Honoring Health Workers like Rekha Bangarwa

Mary Beth Powers
Newborn and Child Survival Campaign Chief, Save the Children

You've probably never heard of Rekha Bangarwa.

She's not a famous actress or singer. She doesn't have her own TV show and she's never competed in the Olympics. Yet Rekha is a celebrity—at least in her own village of Sakaptur, India. Why? Because she is doing the most important work a person can do: she's saving lives.

Continued…

And while she's never won an Oscar, she has been selected as one of the global honorees for the inaugural REAL Awards, a first-of-its kind global awards platform designed to honor the unsung heroes who have touched people's lives through extraordinary service in health care.

Rekha is a trained community health worker. In this role, she educates the members of her village about the basic steps they can take to improve their health. One of her main duties has been to administer oral polio vaccine to the children of her community. "When we first started going house to house to administer the polio drops, parents were afraid and would hide their children," Rekha said. "Now, parents are coming to us on their own." This change is a testament to Rekha's persistence and the trust she has worked hard to cultivate among her neighbors.

According to Dr. Chandan Kachru, who helped train Rekha, people accept community health workers more than anyone coming from the outside. "When a stranger comes in, they think that person has an agenda," Dr. Kachru noted. "They get suspicious." But because Rekha is from the community she serves, people listen to her and heed her advice.

Rekha's efforts are bearing fruit. Thanks to her and other health workers like her, India has not seen a single case of polio in more than 18 months. For a country that just three years ago had more polio cases than anywhere else in the world, this is no small feat—and certainly merits a REAL Award, at the very least.
Visit The REAL Awards website at www.theREALAwards.com to read more inspiring stories of health workers like Rekha from around the world and show your support.

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About the Constituency

The GAVI Alliance CSO Constituency consists of a broad network of over 200 CSOs. The Constituency – which adopted a Charter in December 2010 outlining how it functions – consists of two layers: a broad civil society Forum and a core CSO Steering Committee. Find us on the web at http://www.gavicso.org/.

The Forum functions through periodic in-person meetings and a general email listserv at gavi-cso-constituency@googlegroups.com where ideas, information and new developments are exchanged and debated. Any organisation is welcome and encouraged to join this group.