



House to House canvassing for MR catch-up SIAs: Lessons and Linkages for routine EPI Social mobilization

By William B Mbabazi, Measles/Health Delegate on behalf of GRCS team

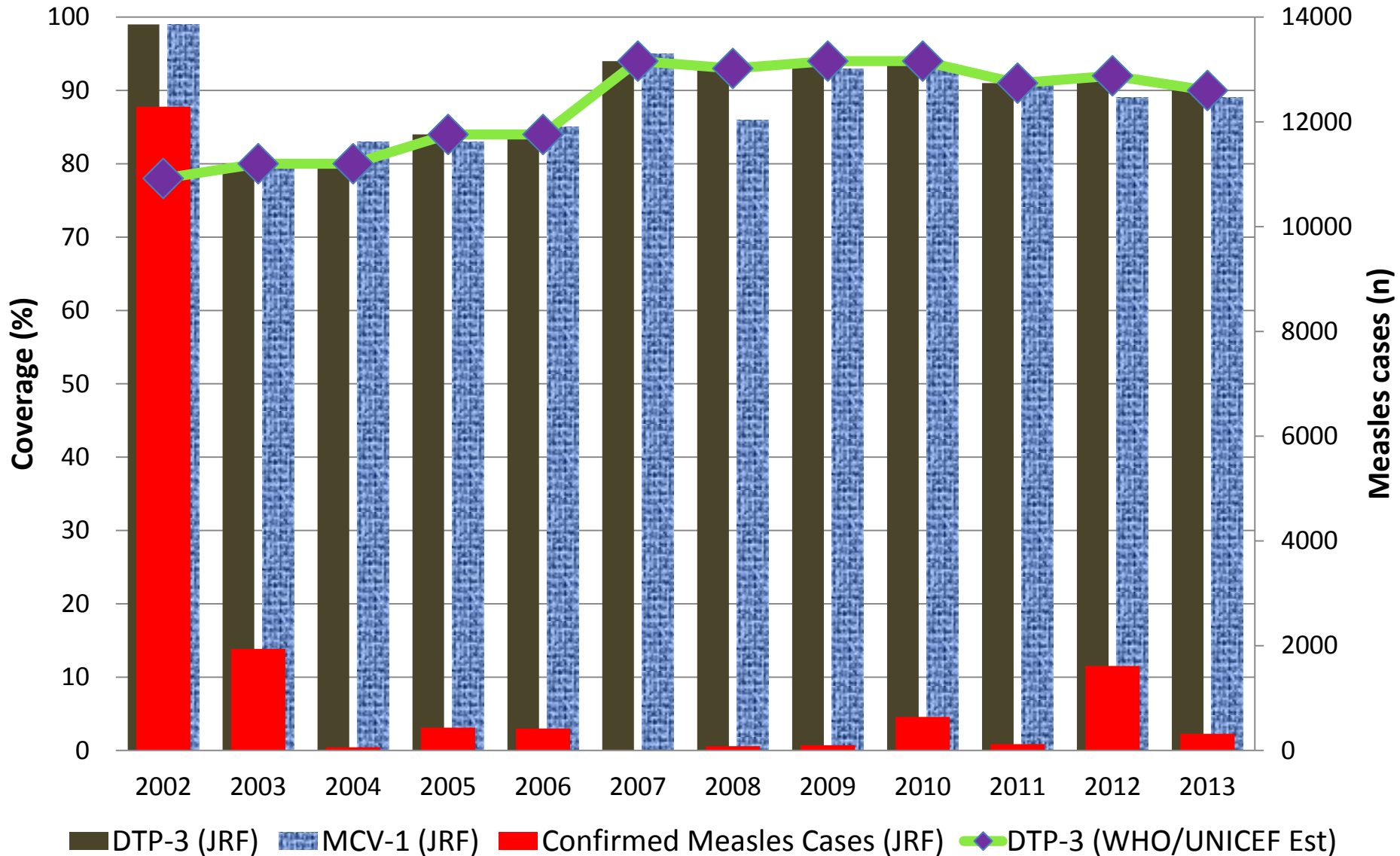
13th Annual Advocacy Meeting for Measles & Rubella Initiative, 9th to 10th Sept 2014

Presentation outline

1. Rationale of H2H social mobilization support for MR SIAs in Ghana
 - ❖ High performing routine EPI programs also have pockets of weak-links
 - ❖ High quality SIAs have room for improvement
2. Key project interventions and Outputs
3. Key project outcomes
4. Using MR SIAs project data and skills gained to support routine Immunization
5. GRCS current and future perspectives for Measles/Rubella Elimination in Ghana

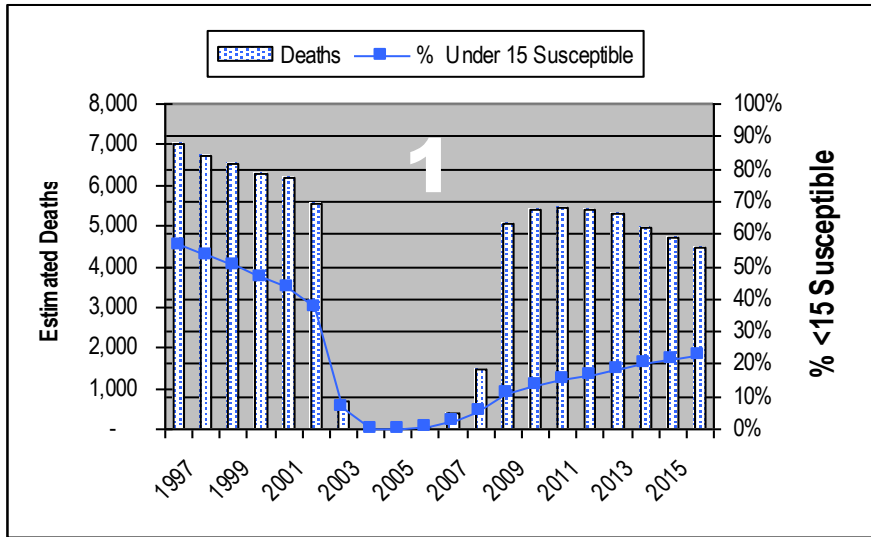
Rationalizing H2H soc mob for MR SIAs (1)

Measles Coverage and reported cases in Ghana; 2002-2013

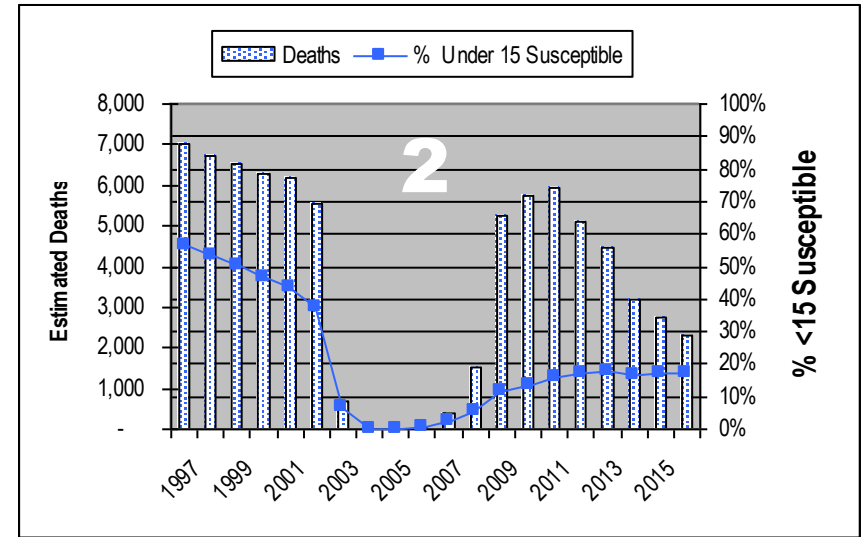


GHS Strategic plan for Measles Elimination required Improving Routine, conducting a MCV (catch up+ F/Up) & introducing MCV2

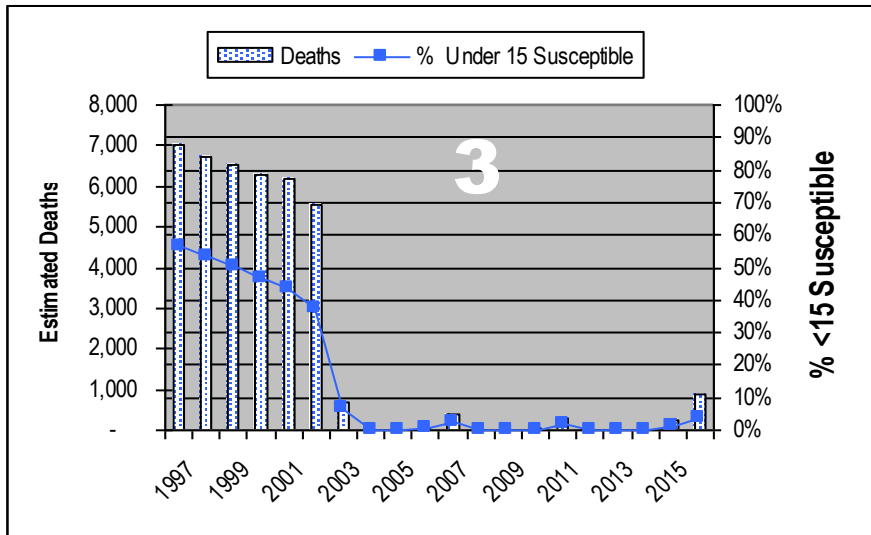
Improved routine Only



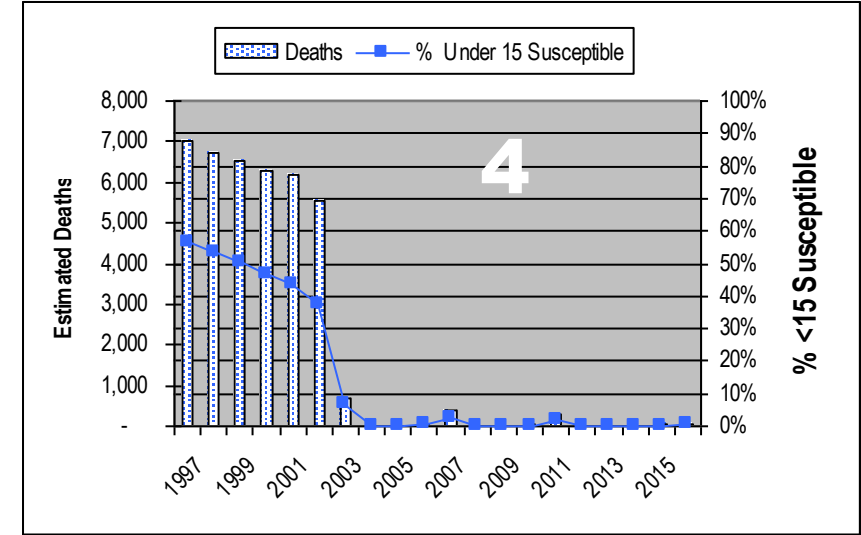
Improve routine +2nd dose



Improve Routine+catch up+FUP



Improve routine+Catch.UP +FUP+2nd



Rationalizing H2H social mobilization for MR SIAs (3)

- ❖ MCV-2 introduced in 2012 had only reached 46% of surviving infants
- ❖ 2010 measles follow up SIAs report documented that
 - ❑ Only 76% of caregivers were aware of the SIA during the campaign days
 - ❑ 78 out of the 170 districts (46%) did not attain the targeted 95% coverage. Of these 9 districts (5.3%) recorded coverage of below 80% (including Accra Metro at 76.3%).
- ❖ H2H canvassing project targeted 9 districts, mainly poor SIA performing districts in 2010

H2H Soc Mob for MR SIAs in Ghana

Project Goal

To contribute to reductions in morbidity & mortality due to Measles and Rubella diseases through increases in vaccine utilization and coverage

Specific Project Objectives

1. To recruit and train at least 1,600 Red Cross volunteers for H2H canvassing for MR SIAs in Ghana
2. To conduct pre-campaign H2H canvassing/dialogue visits on the importance of MR SIAs in 90% of h/holds in 9 selected districts
3. To support all vaccination sites for MR SIAs in 9 selected districts
4. To conduct a post campaign search for adverse events following immunization in 9 selected districts

H2H Soc Mob for MR SIAs in Ghana

Key Project Interventions

1. Recruitment and training of GRCS volunteers
2. Developed a paper based system for volunteer and community data collection
3. House to house canvassing for MR SIAs in 9 districts
4. Support all established MR SIAs vaccination sites with volunteers
5. Conduct post campaign mop up visits and search for adverse events following MR vaccination

Key Project Outputs

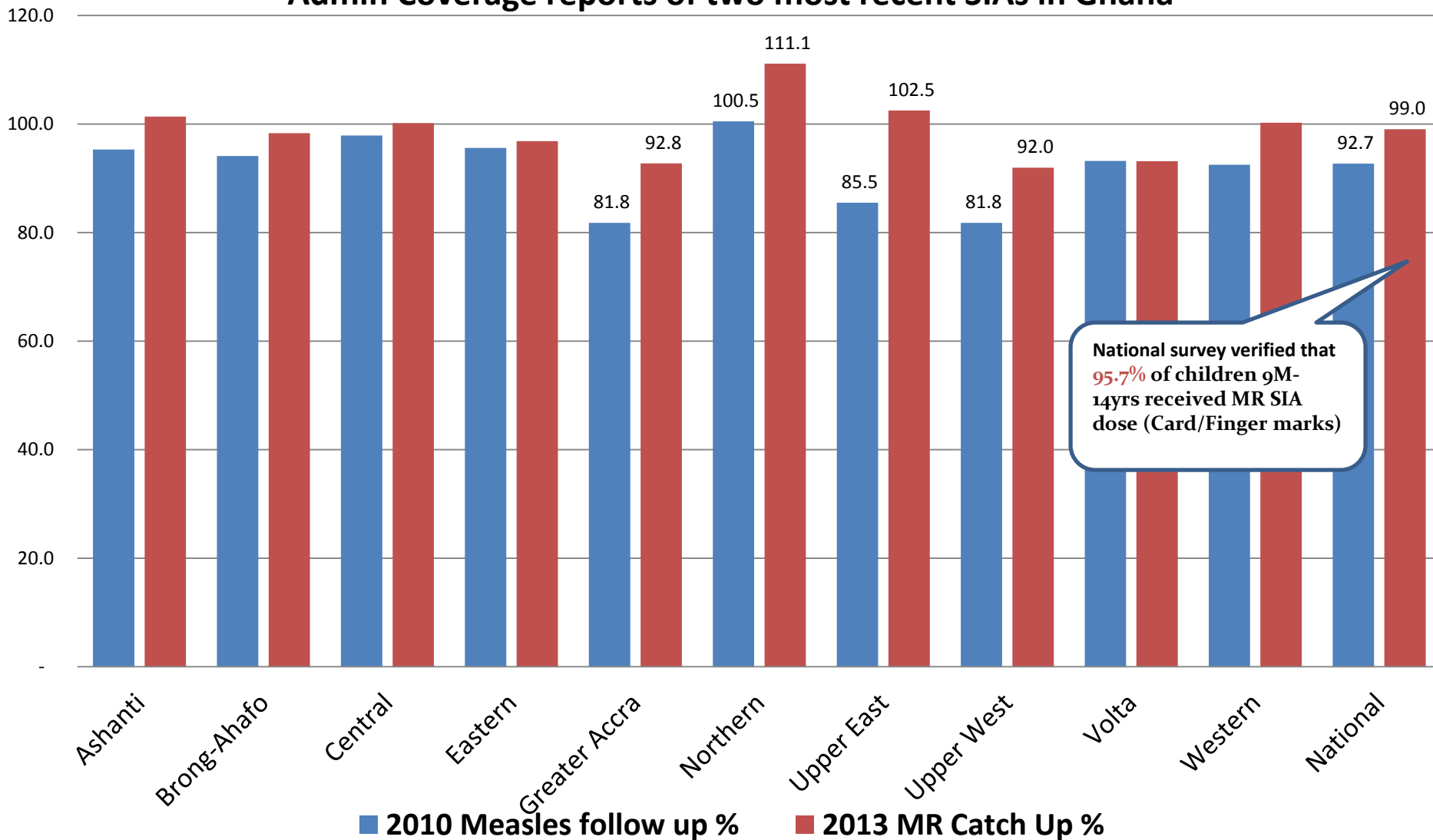
- Recruited and trained 1,600 volunteers, (all given T-shirts)
- Printed 10,000 copies of volunteer registration logs for documenting H2H visits
- 473,055 (80.6% of targeted) H/holds visited 1-5 days before MR SIA dates
- 100% of MR vaccination sites supported in 9 project districts
- 29,800 H/holds visited post-campaign in search of missed children and Adverse events following MR Vaccination

Results



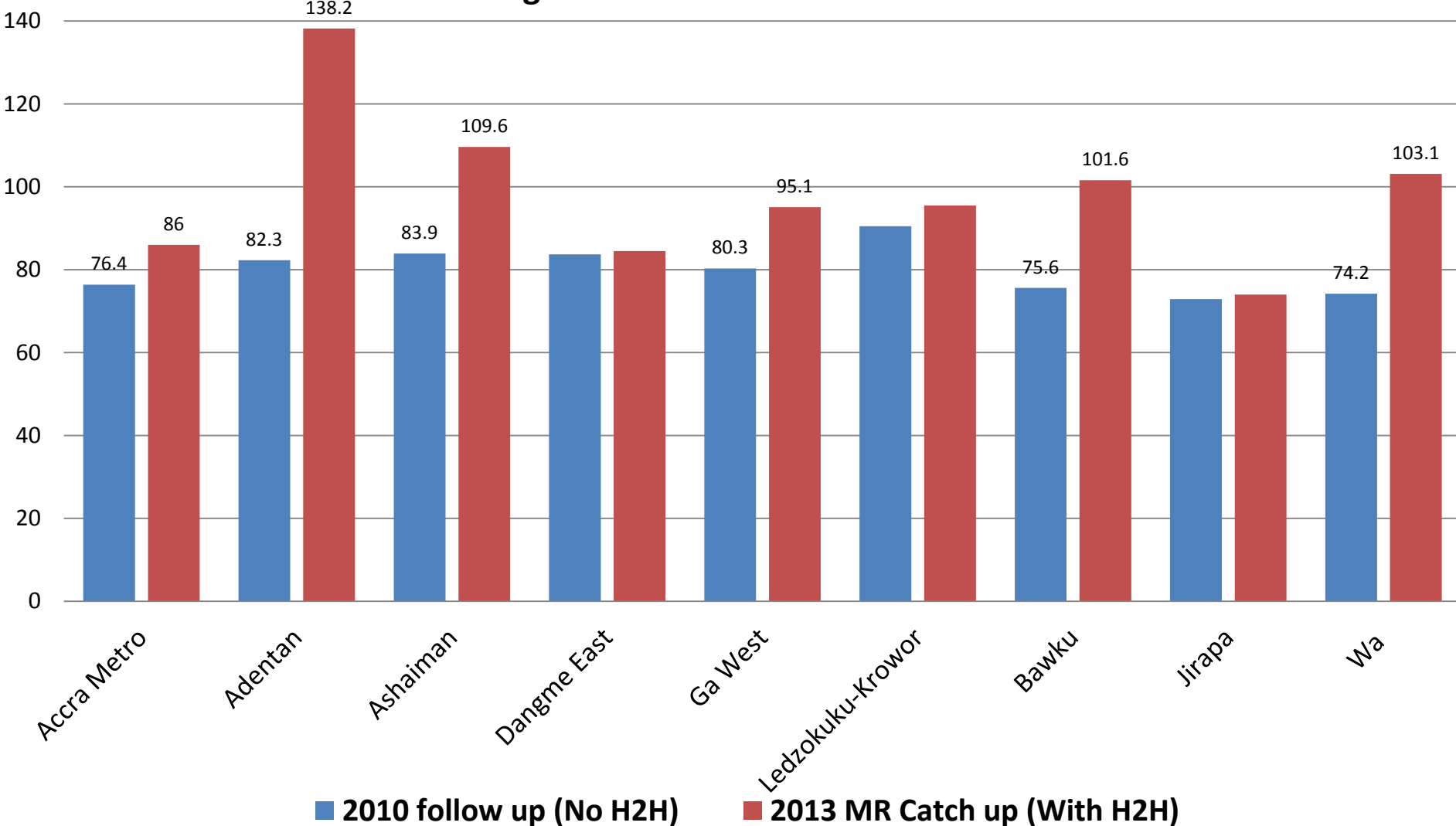
Key Project outcomes of H2H Social Mobilization for MR SIAs in Ghana (1)

Admin Coverage reports of two most recent SIAs in Ghana



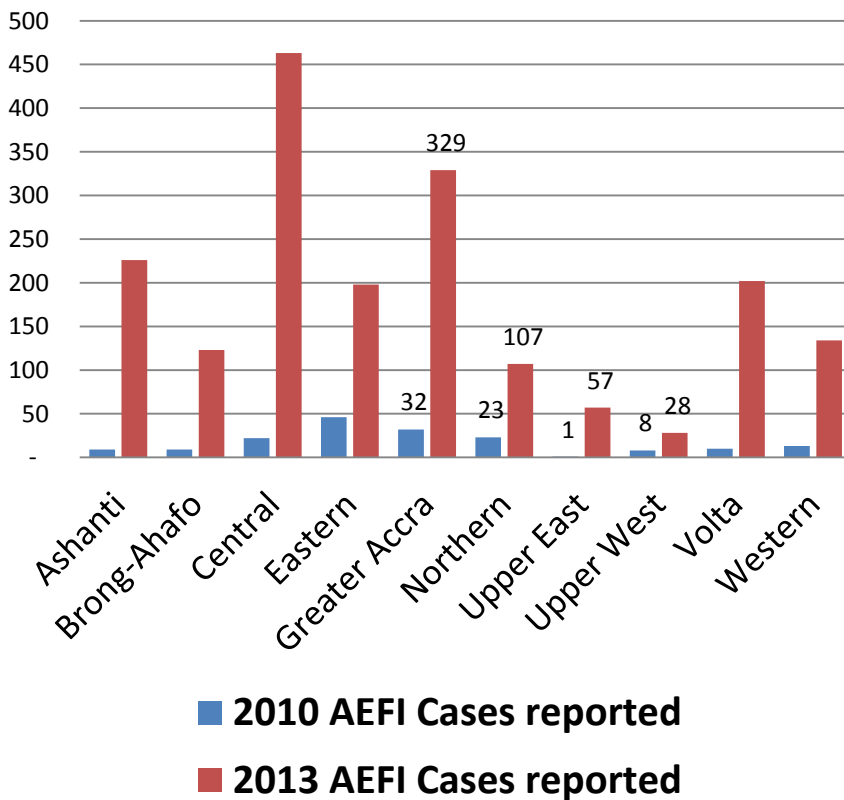
Key Project outcomes of H2H Social Mobilization for MR SIAs in Ghana (2)

Administrative coverage in two recent SIAs in selected districts of Ghana



Key Project outcomes of H2H Social Mobilization for MR SIAs in Ghana (3)

Reported AEFIs following SIAs vaccination in Ghana



Key Project outcomes of H2H Social Mobilization for MR SIAs in Ghana (4)

Post Campaign H2H visits data showed that

- ❑ 97.8% of eligible children in the Red Cross supported districts received MR SIA dose compared to **95.7% from the national survey**
- ❑ Failure to vaccinate in the MR SIAs (M/Responses)
 - a) Fear of injections 28.0%
 - b) Travelling 22.6%
 - c) Fear of side effects 21.0%
 - d) Wrong ideas/misconceptions about vaccines 17.0%,
 - e) Child was sick 10.0%
 - f) Forgot 7.5 %
 - g) Others 9.1%

Leveraging MR SIAs Project knowledge and Skills to promote routine EPI

1. Well organized multi-media awareness campaigns reach only 75% of the populations, even in cities
2. MCV1 to MCV2 drop outs remained high in Ghana and highest in greater Accra region for the 2nd year running
3. EPI is known in Ghana to be an infants program. 2nd year immunization clinic is new and will require prolonged behavior change efforts
4. GRCS had 1,600 volunteers trained in measles and rubella social mobilization, of whom 1,400 were in greater Accra



Current and Future Red Cross Perspectives for Measles/Rubella Elimination in Ghana

1. Quarterly H2H canvassing for routine EPI defaulters tracing (Jun 14, Sept 14, Jan 15 and Apr 15) to start with. Emphasis is on promotion of 2nd year immunization clinic (for MCV2)
2. Improving the quality of house to house documentations, to using electronic hand-held devices for real-time transfer of routine EPI status for every child visited
3. Establish linkages with CBHFA that add value to 18 months visit (see ITN distribution, Vit A supplementation, Anti-helminths treatment + community case management and First Aid)
4. Integrate community search for febrile rash-illnesses to obtain additional value for each Household visit

Thanking Children, Parents and you who care to listen

