



Agents Of Change: Combating Typhoid Fever In Urban Slums and Community Schools

Stories Captured During Typhoid Conjugate Vaccine Campaign
In Islamabad, the Federal Capital of Pakistan,
February 2021

Preamble

The case studies enclosed in booklet have been collected during the “Typhoid Conjugate Vaccine Catch-up Campaign” conducted in Islamabad in February, 2021. The cases present an overall account of the methods, strategies and interventions utilized for advocacy, communication and social mobilization to overcome and counter vaccine hesitancy, particularly concerning TCV.

Through these case studies, the socio-cultural context of the refusal and resistant cases is elaborated. In that, cultural and religious conservatism, myths and misconceptions, the fear of side-effects, and the simultaneous roll-out of COVID—19 vaccine remained the most prominent causes of refusing TCV. In addition to this, the target audience comprised of populations in urban slums mostly and children in their early teenage years who proved difficult to handle due to their fear of injections. Therefore, these stories focus attention on how community engagement and interventions have helped address many myths, misconceptions, reservations and a general lack of awareness that have led to refusal towards vaccination of children to deadly childhood diseases, such as typhoid fever.

In order to counter vaccine hesitancy, these case studies provide evidences that trust in social mobilizers plays a pivotal role in convincing the more traditionally and culturally conservative communities. Additionally, in order to convince large close-knitted communities, engaging local influencers and notable persons from communities paves way in consolidating the trust of the communities and helps in countering their hesitancy. The role of communication skills of social mobilizers is another crucial factor in addressing the concerns of refusal cases. The case studies also underpin the importance of fact-based arguments, especially while addressing concerns of communities about side-effects. And since the TCV campaign targeted children between the ages of nine months to 15 years, the use of incentives for children in the form of stickers, crowns, ‘Tikku’, etc. played a significant role.

Overall, these cases of countering vaccine hesitancy further emphasize that primary data and assessments derived from local communities in Pakistan should be taken into account to understand the resistance to vaccination and immunization. Additionally, these case studies have been collated with an understanding that their broader dissemination would add to the existing knowledge of other civil society organizations working in the field of immunization so that increasingly integrated frameworks of collaboration can be instituted to ensure immunization coverage in Pakistan.

CHIP Team



The slums in Islamabad exhibit deplorable living conditions which are devoid of any civic services like water supply, sewerage, basic health and education. In such circumstances, the TCV coverage of children posed numerous challenges. And since the caregivers of children worked mostly as domestic/ household help, waste collectors, labourers, etc. they were unable during the day to provide consent for the vaccination of their children. This issue was particularly experienced in the slums of the union councils G-8 and I-9, such as Rimsha Colony, Akram Gill Colony, Musharraf Colony, Maskeen Colony, Bheka Syedan, etc.





48 Quarters



Said Pur Village



Rimsha Colony

The CHIP supervisors and social mobilizers remained undeterred and went door-to-door to spread the message on TCV. The narrow passages of the slums did not dissuade their determination to ensure that the children in slums are vaccinated against typhoid fever.



Faisal Colony



MCI School G-8/1



MCI School G-8/1

While door-to-door mobilization continued, the CHIP supervisors emphasized on the role of schools in slums. The children in slums were mostly enrolled in neighboring government schools (Islamabad Model Schools) or small private institutions within communities. In order to ensure that no child is left unvaccinated, the school administrations were approached to ascertain the consent of parents and to vaccinate children by establishing an outreach station in schools.



IMS F-6



Islamabad Model School G-7



Islamabad Model School G-7

The schools successfully ensured the consent of parents and many children residing in slums received TCV. Children who were fearful of injections were given counselling sessions by CHIP supervisors and also given stickers and crowns with "Mission Typhoid" written on them in order to ease them through the vaccination process.



IMS F-6



IMS G-7/1

'Tikku', the mascot for the TCV campaign, also visited certain schools especially in the slums to urge children to receive TCV.



Akram Gill Colony School



EMS School I-11B

The efforts of CHIP supervisors and social mobilizers working in urban slums in G-8 and I-9 were able to achieve a relatively high percentage of TCV coverage. The multipronged strategy of ensuring coverage in schools in slums, as well as the communities, was the underlying reason of such a positive outcome.



Musharaf Colony



I-9 AKram Gill



School of Hope Rimsha Colony

