



Convergence

In 2009, India recorded 741 cases – almost half the global case count of wild poliovirus. Analysis showed more than 80% of these cases were persistently occurring in just 107 blocks of Uttar Pradesh (UP) and Bihar. In order to tackle these remaining reservoirs of wild poliovirus, the Government of India implemented the 107 Block Operational Plan (see link to under 'Related Materials'). Human and financial resources were concentrated in these 107 blocks to ensure immunization campaigns were of the highest possible quality, while new interventions were introduced to address the underlying factors contributing to ongoing polio transmission.

Convergence and Polio-Plus

The 107 Block Plan is focused on four main areas: strengthening routine immunization, promoting exclusive breastfeeding, tackling diarrheal episodes by promoting the use of oral rehydration salts and zinc, and promoting handwashing and other initiatives to improve water and sanitation. The new communication campaign launched in 2011 addressed this expanded package of interventions, while the polio programme's network of community mobilizers began counselling families on these "polio-plus" messages using an expanded IPC flip book.

Routine Immunization

A central focus of the programme now is to strengthen routine immunization (RI). The well-oiled machinery of the Social Mobilization Network is being used to increase the number of infants in high risk areas who are fully immunized. Full coverage means by the age of one an infant has been vaccinated against seven vaccine-preventable childhood diseases, usually involving five visits to a local clinic. A key focus of the polio programme is now on improving rates of routine immunization (RI). In UNICEF-supported areas of Uttar Pradesh and Bihar, field book data shows community mobilizers have helped to raise full immunization coverage above 70%. In Bihar the RI rate was as low as 11% in 2002.

Community Mobilization Coordinators (CMCs) have become an integral part of the governments routine immunization programme. The CMC surveys the households in her area and makes a record in her field book of any pregnant women, infants under one and children under five. She counsels the pregnant women to have a TT shot and the parents and caregivers of the infants and children to keep up with the routine immunization schedule. The CMC takes a note of the RI status of the infants and children and compiles a 'due list' for her area. Her supervisor, the Block Mobilization Coordinator (BMC) then presents this list to the local clinic, for the government nurse to arrange an RI session. The CMC then visits parents, making sure they know when the session is on, and encouraging them to take their children for routine immunization on the day.

Block mobilizers also work to ensure children in migrant and mobile families don't miss out. They build relationships with owners and managers of businesses such as brick kilns or construction sites, where seasonal workers are hired, and then visit to make a list of the children due for routine



immunization. An RI session is then arranged, with a government nurse visiting the work site, informed in advance about how much of each vaccine is required, based on information provided by the BMC. The message to parents and caregivers about the importance of routine immunization has been incorporated into every level of the UNICEF polio programme. When a CMC holds a mothers' meeting, the importance of RI is one of the key messages she delivers. The CMC flip book includes information about RI. Special IEC materials such as posters have been developed to promote RI.

The Government of India declared 2012 and 2013 the 'Years of Intensification of Routine Immunization', holding dedicated routine immunization weeks in areas where RI coverage is low. The Social Mobilization Network (SMNet) was charged with making sure parents and caregivers take part. In the same way as it does for polio, the SMNet has enlisted the support of religious leaders, so that almost 5000 mosques in Uttar Pradesh alone make announcements about the importance of RI, in the lead up to routine immunization weeks.

For more detail on the way the Social Mobilization Network is making the transition to support routine immunization [click here](#).

Building Toilets

Another example of convergence includes efforts to reduce open defecation by constructing toilets. In the district of Badaun in Uttar Pradesh is leading the way, with more than 6550,000 'dry' latrines have been converted into flush toilets. The practice of 'manual scavenging', where women are employed to collect the human waste at the dry toilets before disposing it in nearby fields, has been banned, and schemes have been introduced to find alternative work for the impoverished women who previously would conduct did this work in exchange for bread.

Promoting Handwashing

As part of 'polio-plus' community mobilizers counsel families about the importance of handwashing with soap at critical times such as after defecation and before handling food. CMCs are trained about correct handwashing techniques, and they pass on their knowledge during routine house visit, at mothers' meetings and during other community work. Each year the government conducts a special handwashing campaign coinciding with the UN's Global Handwashing Day. The social mobilization network plays a major role, with CMCs visiting schools to teach students about washing their hands and to make sure the school keeps soap for the children to use.

Improving Water Quality

The SMNet also works towards improving the quality of water and sanitation. This reduces the spread of diseases such as polio and also reduces the incidence of diarrhea. Members of the social mobilization network are involved in testing water quality and advocating at the district level



for improvements. In the district of Badaun for example the SMNet has been responsible for bacteriological water testing at almost 5,000 sites in high risk areas and in schools. Almost 2,000 sites were found to be contaminated. SMNet members in Badaun have also developed technical guidelines for improving water sanitation and improvements have been made at almost 3,000 sites.

The Children of Shiva Brick Kiln

"When I grow up I want to be a teacher"

– 12 year old brick kiln resident Gulshan Kumar

At Shiva Brick Kiln, near Khagaria in Bihar state, a sign has been painted announcing a routine immunization session. It lies propped up against a thatched shelter ready for the next time a government nurse visits to vaccinate the children of the migrant workers who live on site. Their parents make up to 800 bricks a day, earning the minimum wage, until the rainy season comes and they move on, in search of manual work elsewhere. The nurse comes once a month, and last season 80% of the children were immunized according to the routine immunization(RI) schedule. The RI sessions here are arranged by the local UNICEF Block Mobilization Coordinator (BMC) Mukesh Kumar. He visits the brick kiln regularly, surveying the 30 families living here about the number of children under five and the immunization they've received. He prepares a 'due list' used by local health officials. It means the nurse arrives at the next monthly routine immunization session with the right vaccines in the right quantities. Routine immunization has been a big part of Mukesh Kumar's work since 2010, but he is still focused on making sure children receive the oral polio vaccine in the polio immunization rounds. "We are happy, and the happiness is that in our place polio is almost finishing." It's all able to happen because of cooperative 'munshi' or manager of the brick kiln, Ashok Tiwari. Four toilets have been built for the families living at the brick kiln to use. "The toilet is to cut down the polio virus and also to provide a more hygienic place to live in and work in" says the munshi. There's a handpump outside the toilets and children can be seen leaving the toilet block and washing their hands. Gulab Devi and her husband work here making 500 bricks a day, and have been returning to Shiva Kiln in the dry season for the past five years. "Before there was no toilet and no RI for the children," she says. "Now they get RI on site and toilets.80% of the reason we are happy here is because of the toilets," she says. There's a small school at Shiva Brick Kiln, where 25 students are sitting on the floor in a small dark room receiving basic primary education, from a teacher paid by the kiln owner. Gulshan Kumar, aged 12, is a student at the school. He has five older brothers who all work making bricks with his parents. "I don't want to become a brick kiln worker. When I grow up I want to be a teacher, I like my teacher" he says.

