प्रेषक,

महानिदेशक,
राष्ट्रीय कार्यक्रम अनुश्रवण एवं मूल्यांकन,
परिवार कल्याण महानिदेशालय,
जगत नरायन रोड, लखनऊ।

सेवा में,

जिला परियोजना अधिकारी (परिवार कल्याण),
अलीगढ़/बदायूँ/बागपत/जी0बी0नगर/बरेली/बिजनौर/बुलन्दशहर/फर्रुखाबाद/फिरोजाबाद/गाजियाबाद/जे0पी0नगर/कांशीराम नगर/पीलीभीत/मेरठ/मुरादाबाद/मुजफ्फर नगर/रामपुर/सहारनपुर/शाहजहॉपुर।

पत्रांक: अ0नि0/यू0आई0पी0/कैम्प/2010/10872-19 **दिनांक:** 15 **अक्टूबर, 2010**

विषय: पल्स पोलियो उन्मूलन हेतु आवश्यक दिशा-निर्देश के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके जनपद के चयनित अति संवेदनशील ब्लॉकों में पल्स पोलियो उन्मूलन हेतु राज्य स्तर पर तैयार की गई रणनीति की प्रति संलग्न कर इस निर्देश के साथ प्रेषित किया जा रहा है कि संलग्न रणनीति के निर्देशानुसार पोलियो उन्मूलन हेतु आवश्यक कार्यवाही करना सुनिश्चित करें।

संलग्नक: उपरोक्तानुसार।

भवदीय

अपर निदेशक (यू0आई0पी0)
परिवार कल्याण महानिदेशालय
लखनऊ

पत्रांक: अ0नि0/यू0आई0पी0/कैम्प/2010/ तद्दिनांक।

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन, लखनऊ।
2. उप-आयुक्त (सी.एच.), भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, निर्माण भवन, नई दिल्ली-110 108
3. सम्बन्धित मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
4. क्षेत्रीय संयोजक, एन0पी0एस0पी0/डब्लू0एच0ओ0, परिवार कल्याण महानिदेशालय, जगत नरायन रोड, लखनऊ।
5. कार्यक्रम अधिकारी (स्वास्थ्य), यूनिसेफ, 3/194 विशाल खण्ड, गोमती नगर, लखनऊ।

अपर निदेशक (यू0आई0पी0)
परिवार कल्याण महानिदेशालय
लखनऊ

NPSP/WHO
Pl. send to above DPO &
concerned through your network
Thanks
15/10/10

प्रेषक,

महानिदेशक,
राष्ट्रीय कार्यक्रम अनुश्रवण एवं मूल्यांकन,
परिवार कल्याण महानिदेशालय,
जगत नरायन रोड, लखनऊ।

सेवा में,

जिला परियोजना अधिकारी (परिवार कल्याण),
अलीगढ़/बदायूँ/बागपत/जी0बी0नगर/बरेली/बिजनौर/बुलन्दशहर/
फर्रूखाबाद/फिरोजाबाद/गाजियाबाद/जे0पी0नगर/कांशीराम नगर/पीलीभीत/
मेरठ/मुरादाबाद/मुजफ्फर नगर/रामपुर/सहारनपुर/शाहजहाँपुर।

पत्रांकः अ0नि0/यू0आई0पी0/कैम्प/2010/ दिनांकः 15 अक्टूबर, 2010

विषयः पल्स पोलियो उन्मूलन हेतु आवश्यक दिशा–निर्देश के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक आपके जनपद के चयनित अति संवेदनशील ब्लॉकों में पल्स पोलियो उन्मूलन हेतु राज्य स्तर पर तैयार की गई रणनीति की प्रति संलग्न कर इस निर्देश के साथ प्रेषित किया जा रहा है कि संलग्न रणनीति के निर्देशानुसार पोलियो उन्मूलन हेतु आवश्यक कार्यवाही करना सुनिश्चित करें।

संलग्नकः उपरोक्तानुसार।

भवदीय

अपर निदेशक (यू0आई0पी0)
परिवार कल्याण महानिदेशालय
लखनऊ

पत्रांकः अ0नि0/यू0आई0पी0/कैम्प/2010/10892-13 तद्दिनांक।

प्रतिलिपिः निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषितः–

1. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश शासन, लखनऊ।
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3. सम्बन्धित मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
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5. कार्यक्रम अधिकारी (स्वास्थ्य), यूनिसेफ, 3/194 विशाल खण्ड, गोमती नगर, लखनऊ।

अपर निदेशक (यू0आई0पी0)
परिवार कल्याण महानिदेशालय
लखनऊ

NPSP / UNICEF
PD. Team
To: Concerned AD.s
through your network
Thanks
15/10/10

Action Plan for 66 High Risk Blocks in 19 Districts of Western Uttar Pradesh

Introduction

The Government of India and its partners in polio eradication have successfully eliminated wild poliovirus type 2 (WPV2) from the country and wild polioviruses types 1 (WPV1) and 3 (WPV3) from 26 states and 7 Union territories, since the beginning of Polio Eradication Campaign in 1995.

Presently, the States of Uttar Pradesh and Bihar are endemic where the polio virus circulation persists. These 2 States have also successfully interrupted transmission of both WPV1 and WPV3 from majority of the districts. India is on the verge of success with polio eradication. Elimination of WPV1 in the remaining areas is the greatest remaining challenge to overcome.

This document proposes an operational plan of the Government of UP in Polio Eradication to overcome the remaining challenges in the 66 High Risk Blocks of the State which form the epicentre of the virus transmission. WPV1 has proven to be the most persistent of the poliovirus serotypes. It continues to circulate even at low levels despite of repeated polio immunization campaigns.

WPV2 was easily eliminated from the State following the initial series of National Immunization Days (NIDs) using trivalent OPV (tOPV). Globally, the last case of WPV2 was reported Aligarh district of Uttar Pradesh in 1999.

Continued improvements in tOPV campaigns over the years resulted in the reduction of WPV3 cases to very low levels (only 4 cases in UP by 2005). WPV1 outbreaks continued to occur in the State despite an expanding number of tOPV rounds. As a result, in 2005 monovalent type 1 oral polio vaccine (mOPV1) was introduced with the intention to generate even higher levels of immunity to WPV1 and eliminate this most problematic of poliovirus serotypes. The strategy produced results - UP eliminated endemic WPV1 virus for the first time from the most difficult and endemic districts of Western UP in 2007. However, the focus on type 1 also came at a cost - reduced control of WPV3 - and as a result outbreaks of WPV3 re-occurred in the State. By the end of 2009, the WPV3 outbreak has been controlled and circulation continues in a declining trend.

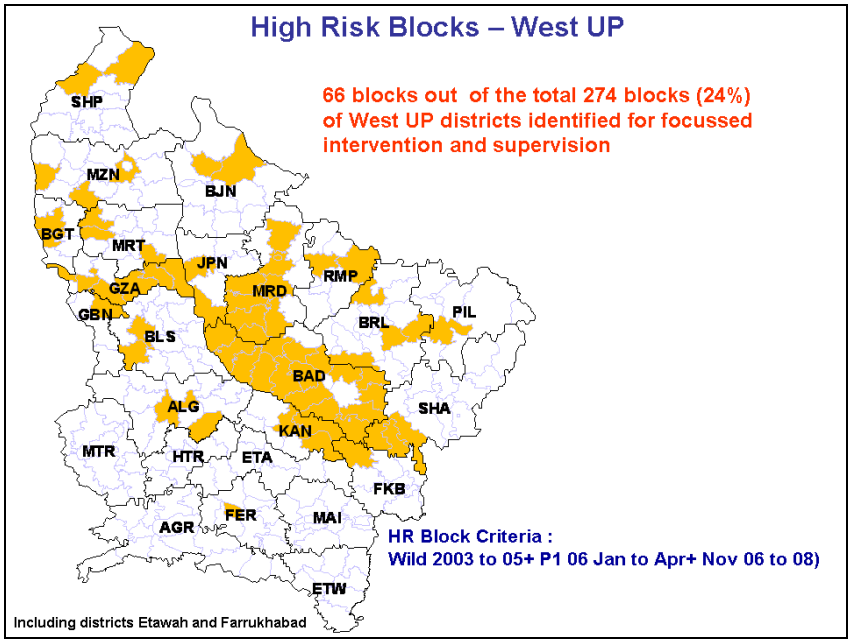
Following an importation of P1 type polio virus from Bihar in May 2008, 11 districts of Western UP got re-infected. With the onset of the low poliovirus transmission during January - June 2010, the State is again in a position to complete type1 polio eradication and set the stage for type 3 eradication by using the bivalent vaccine (bOPV) strategically, which is effective against both, type 1 and type 3 polio viruses.

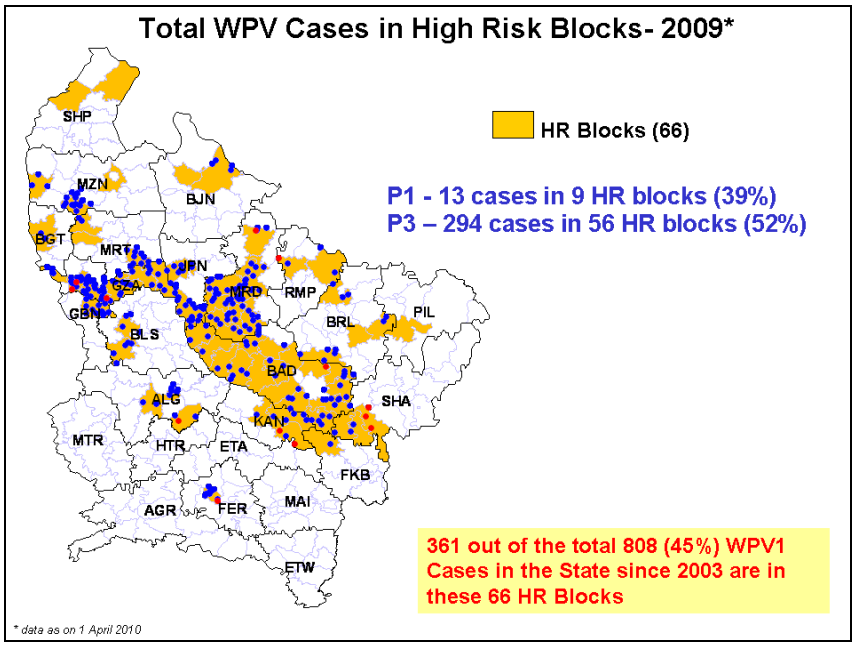
Circulation of WPV1 has been limited to very focal areas in the State of Uttar Pradesh. Identification of these areas is the key to ensuring the focus, necessary to overcome the remaining obstacles. Analysis of WPV1 cases over the past 6 years* reveals that over 80% of type 1 cases have been reported in the country are only from blocks 107 High

Risk Blocks (66 in UP and 41 in Bihar). In UP 45% of the total WPV 1 cases reported since 2003 are from 66 blocks of Western UP These blocks are responsible for generating multiple WPV1 cases, infecting other areas, and providing refuge for WPV1 persistence.

SR. No	Year	No. of Affected Districts	No. of Cases
1	2008	44	305 (62 P1, 243 P3)
2	2009	26	602 (34 P1, 569 P3)

66 HR Blocks identified in West UP (refer map and table below)





66 high risk blocks in 19 districts of West UP

DISTRICT	HR BLOCK
ALIGARH	AKRABAD
	ALIGARH URBAN
	LODHA
BADAUN	BILSI
	BINAWAR
	BISAULI
	DATAGANJ
	DEHGAWAN
	GUNNAUR
	ISLAMNAGAR
	JUNAWAI
	MIAON
	QUADER CHOWK
	RAJPURA
	SAHASWAN
	SAMRER
	UJHANI
	USAWAN
	WAZEERGANJ
BAGHPAT	BAGHPAT
	BARAUT
GB NAGAR	DADRI

DISTRICT	HR BLOCK
BAREILLY	BHAMORA
	BITHRI CHAINPUR
	DALEL NAGAR
	SHERGARH
BIJNOR	KIRATPUR
	KOTWALI
BULANDSHAHAR	BULANDSHAHAR
	KHURJA
FARRUKHABAD	KAIMGANJ
FEROZABAD	FIROZABAD URBAN
GHAZIABAD	DASNA
	DHAULANA
	GARH MUKTESHWAR
	HAPUR
	LONI
	SIMBHAWALI
JP NAGAR	GAJRAULA
	REHRA
KANSHIRAM NAGAR	GANJ DUNDWARA
	PATIYALI
	SAHAWAR
PILIBHIT	BARKHERA

DISTRICT	HR BLOCK
MEERUT	MACHRA
	ROHTA
	SARURPUR KHURD
MORADABAD	BAHJOI
	DILARI
	KUNDERKI
	MANHOTA
	MORADABAD URBAN
	NAROLI
	PANWASA
	SAMBHAL
	TAJPUR
MUZAFFARNAGAR	BUDHANA
	KAIRANA
	MEGHAKHERI
RAMPUR	BILASPUR
	SAIDNAGAR
SAHARANPUR	MUZAFFARABAD
	SARSAWAN
SHAHJAHANPUR	JALALABAD
	KALAN
	MIRZAPUR

Action Plan – 66 HR Blocks in districts of Western UP

1. State Level :

1. A State level meeting under the Chairmanship of the Chief Secretary with Principal Secretaries of Health and Family Welfare, Rural Development, ICDS, Panchayat Raj and Urban Development, responsible for water and sanitation programs in districts (19 districts) with HR blocks to review activities for the low transmission season (through June 2010), clarifying expectations and responsibilities, and commitment for actions to be conducted during the next 6 months period.
2. State level video conferences by the Principal Secretary with DMs and CMOs of HR block districts before each round to discuss preparations and review district performance indicators
3. Establishment of district performance indicators to measure and track progress by senior State officials

2. Commissioner Level :

1. Monthly Commissioner level meeting of DMs, Chief Medical Officers and DIOs to be conducted during the next 6 months period.

3. District Level:

I. District Magistrate assigns one district level official to oversee activities in each HR block and coordinates with other departments to monitor the progress

II. DMs to chair the District Task Force Meetings (DTFs) twice before the SIA round to assess the performance and the preparations for the upcoming round

III. DMs will be holding at least two evening review meetings during the SIA campaigns to assess the quality of immunization activity with appropriate intervention

IV. DMs will be mobilising other departments for support (Rural Development, ICDS, Panchayat, Education, Jal Nigam etc)in the implementation of the programme

V. Chief Medical Officer assigns Zonal medical officers to oversee activities in the HR blocks

VI. Chief Medical Officer monitors and reviews performance of HR blocks every day during the SIA round

VII. Chief Medical Officer to place appropriate manpower in the HR blocks

3.a Ensuring high quality SIA rounds :

I. Efficient and experienced Medical Officers will be deployed at the block level for effective ownership in those HR blocks where the ownership is weak

II. Filling up of vacancies of Medical Officers and ANMs in these blocks will be ensured.

III. Strengthening the House to House team composition by placing vaccinators from other departments so as to minimize the vaccinator replacements during the round.

IV. Ensuring enlisting of ñHigh Risk Groupsò and tracking them for coverage of children in each SIA round.

V. Ensuring registration of every newborn and tracking them for coverage in all the SIA rounds as well as ensuring their tracking for Routine Immunization

VI. Ensuring minimum number of Missed Houses in these blocks with the support from other partners

VII. The performance on SIAs in these HR blocks will be closely monitored by Chief Medical Officer for ensuring the progress

3.b Strengthening Routine Immunization services

I. Develop locally relevant IEC materials on communication with all communities for creating awareness and mobilization

II. Hold coordination meetings of Health departments with ICDS followed by joint messages and evidence-based coordination for improving the VHNDs and Immunization sessions.

III. Ensure the placement and training of medical officers, health workers, AWWs and ASHAs on RI in all HR blocks on a priority basis.

IV. Ensure that District PIPs include all the additional requirements of HR blocks for funding under NRHM.

V. Update RI micro-plans using polio microplans and include maps showing session sites and days.

VI. Ensure that polio micro-plans include information on the nearest RI session site for the area covered each day by each team.

VII. Modify Polio Vaccinators training to include key messages to be communicated to beneficiaries regarding the site where RI session are to be held by the ANM

VIII. Ensure holding of regular immunization sessions

IX. Newborns identified in the Newborn Tracking Booklets, to be followed up for updation of RI dosage status during subsequent SIA rounds

X. Incorporate the newborns identified during SIA rounds into the due-list of beneficiaries to be tracked for RI sessions (village wise and ANM wise)

XI. Review regularly the progress of RI during task force meetings at State, district and block level with time-lines for action.

XII. District and block medical officers conduct monitoring of RI sessions to ensure that all the planned sessions are held and all the vaccines and logistics are available.

XIII. Ensure monitoring data is entered and analyzed at block and district level and used for decision making and follow-up

XIV. Make special plans for reaching the unreached, particularly underserved, hard to reach, mobile communities that are not included in regular RI sessions

3.c Initiatives to address the contributing factors leading to polio virus transmission :

I. **Improving hygiene, sanitation, and water quality :**

i. Identification of rural and urban hotspots (areas of highest risk associated with persistent or recurrent polio virus transmission) within the HR blocks and development of plan of action for these hot-spots by the concerned departments with the support from NGOõs and Community Based Organizations etc.

ii. Promotion of sanitation in hot spot areas ï for rural areas promotion of latrines and use, for urban areas engagement with municipality services to ensure the hot spots and targeted lanes receive special attention and monitored cleaning drives.

iii. Promotion of key hygiene behaviours (use of toilet, safe disposal of child feaces, handwashing with soap and safe handling of drinking water) via Social Mobilization Network (SMNet) workers,

anganwadi and ASHA front line worker, Strengthen behaviour change communication inputs with convergence of Total Sanitation Campaign (TSC) , Sarva Shiksha Abhiyaan (SSA) and ICDS

iv. In hot spot areas involvement of youth and children through schools ï special school package on hygiene, sanitation and polio: information, outreach drives to promote hygiene and sanitation

v. Point source chlorination of all water sources in hot spots in Phase 1 and survey of all hand pumps to assess their water quality and sanitary conditions around the source and repair/replace those not meeting the standards.

II Enhancing Village Health and Nutrition Days to immunize missed children:

i. The State Govt will ensure that the package of services proposed for the VHNDs are available to ANMs, AWWs and ASHAs.

ii. The district Nodal Officer will ensure the proper functioning of Village Health and Nutrition Days regularly in these HR blocks

iii. The district will ensure immunization of Missed Children during the SIAs in the subsequent Village Health and Nutrition Days (VHNDs

III Reduce prevalence of diarrhoea through promotion of zinc/ORS :

i. Plan to introduce regular distribution of ORS packets and Zinc tablets through the ANMs and AWW. In 19 districts. Sufficient stock of ORS and Zinc will be ensured at every PHC

ii. Enhancing focussed IEC activities for generating community demand for ORS and Zinc Tablets for control of diarrhoeal diseases

IV Action Plan (Village Level):

i. Sensitisation of Village Health and Sanitation Committee (VHSC) members

ii. Involvement of Panchayat, Pradhan, Primary school teachers, Religious / Opinion Leaders for motivation of public

iii. Improvement of sanitation, safe drinking water, cleanliness through VHSC

iv. Active involvement of ASHA in immunization sessions

v. Proactive team members in house to house activity

vi. Supervision by Medical Officer of ANMs and ASHAs