

INDIA POLIO COMMUNICATION UPDATE

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Despite India having stopped polio transmission, every effort is still being made to identify and reach populations on the move with oral polio vaccine at railway stations, bus stops and other transit sites.

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What now for a polio-free India?

THE country that many experts predicted would be the last to stop polio has not had a case of the virus for more than 18 months. So what happens now for India after successfully stopping transmission of polio?

The answer is that the programme must continue full steam ahead until all remaining polio-affected countries stop transmission. India was the world's largest global exporter of wild poliovirus, having re-infected countries as diverse as Nepal, Tajikistan and Angola in the past decade, meaning that as long as polio exists anywhere in the world, the threat of importation to India is real.

Further, the massive number of children under five – National Immunization Days vaccinate 172 million children in five days – means that it is essential to maintain high childhood immunity to polio or potentially risk a terrible outbreak. These risks are real: the virus clearly told us that Uttar Pradesh and Bihar are likely locations for a potential importation, and these states are home to more than 550,000 unimmunized and unprotected newborns each month.

India is working thoroughly to guard against importation of wild poliovirus, with 123 immunization booths along the border with Nepal, four immunization posts along the largely closed border with Pakistan, and annual immunizations of all Haj pilgrims. Mobile and migrant

populations remain a clear focus, with nomads tracked and immunized in high-risk states, specific brick kiln, construction site and slum-dwellers' immunization strategies, and in Bihar, continuous vaccinations at 19 major railway stations across the state.

The polio eradication programme – including WHO's National Polio Surveillance Project and UNICEF's Social Mobilization Network – have been charged by the Government of India with using the polio infrastructure to boost routine immunization. The polio programme has embraced this challenge, focusing on tackling supply challenges and maximizing full routine immunization as part of the polio highest-risk 107 Block Plan.

The India programme has also been tasked with sharing innovations and lessons learned with the remaining polio-endemic and re-established transmission countries. Technical support visits have been conducted to Pakistan and Nigeria, while Monitoring & Evaluation, Capacity Building and Media & Advocacy modules, formats and work plans have been shared.

UNICEF India's polio programme continues to promote polio immunization in conjunction with the four convergent messages, covering routine immunization, exclusive breastfeeding, hygiene and sanitation and interventions to tackle diarrhea. ■

India's response to guard against importation from neighbouring countries

- States bordering China and Pakistan placed on alert
- Enhanced sensitivity of polio surveillance in border districts, migrants and high-risk areas
- Continuous vaccination along Pakistan-India-Nepal borders

5 vaccination posts
~1,400 children
vaccinated from
Sep 2011 to Feb 2012

86 vaccination posts
>1.5 million children
vaccinated from
Apr 2011 to Feb 2012



- ◆ Vaccination post
- ◆ Blocks with vaccination post

Expert group recommends 'eternal vigilance'

THE India Expert Advisory Group on polio eradication, in its first meeting after India's removal from the World Health Organization's list of polio endemic countries, underlined the need for continuing the momentum of activities which helped India achieve this milestone.

“The Government of India, partners and donors must maintain the human, material and financial infrastructure of polio eradication until global certification, the IEAG strongly recommended.”

'Eternal Vigilance' is the key strategy in the period ahead until India eradicates polio and the virus is wiped out from the surface of the earth, the expert group said.

Dwelling upon the main challenges in the 'zero-polio' scenario, the IEAG highlighted the risk of poliovirus importations. "It is not over until it is over everywhere." The virus can return to India through the same route that India exported poliovirus to other countries in the past. The continuing poliovirus transmission in neighbouring Pakistan and Afghanistan, and Nigeria, adds to India's vulnerability to poliovirus importation.

Continued efforts to maintain immunity, an extremely sensitive surveillance and readiness to respond to any case of importation anywhere in the country with an extremely robust Emergency Preparedness and Response Plan are

key strategies recommended in the months ahead.

To maintain high levels of immunity especially in high-risk areas and populations, the IEAG recommended five Sub-National Immunization Days (SNIDs) with bOPV in the remainder of 2012. In 2013, two National Immunization Days (NIDs) and four SNIDs will be held, while in 2014, two NIDs and three SNIDs will be held.

Surveillance is the key in the period ahead. The expert group noted the good surveillance indicators in India – non polio AFP rate of 13.1, much above the recommended global rate of at least 2 per a population of 100,000. It suggested that environmental surveillance be expanded to Punjab and Gujarat, in view of the high migration and mobile population and proximity to areas across the border with active transmission. The IEAG strongly recommended that laboratory human and financial resources should be ensured to maintain high performance.

In addition, the Emergency Preparedness and Response Plans at the national and state levels should be reviewed and evaluated by government and partners annually.

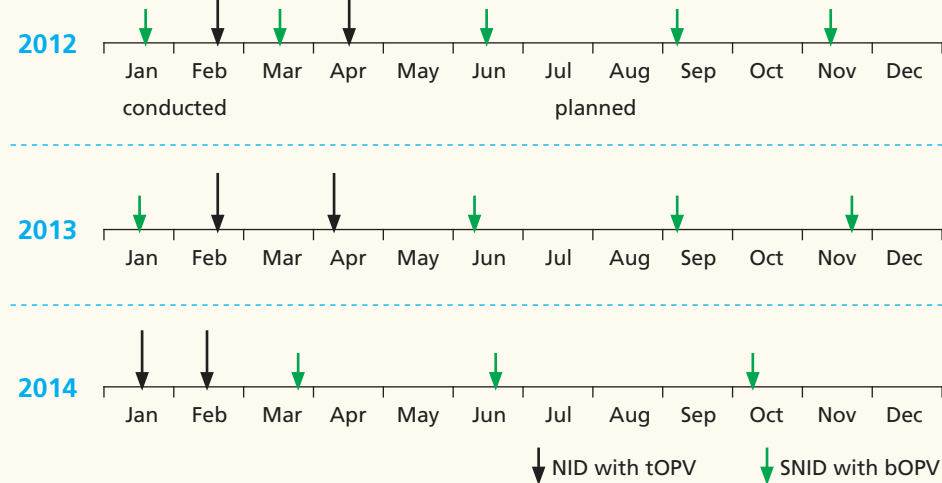
With challenges in keeping the focus on polio in a zero-polio scenario, the expert group recommended that the Social Mobilization Network and other ground level initiatives through Accredited Social

Health Activists (ASHAs) and Anganwadi workers should be maintained in traditional polio reservoirs and in newly emerging high-risk areas until the risk is gone. Appropriate social network research should be carried out in the key high-risk areas to inform programme actions.

The IEAG asked for documenting and sharing experience and best practices, including elements of the SMNet, media engagement and utilization of data for tracking and engagement of high-risk populations, to benefit other countries still dealing with the scourge of polio and also other programmes within India.

The expert group strongly recommended that all communication efforts, including SMNet, at all levels, should adopt the promotion of routine immunization as a primary message in all public communication. On the operational front, high-risk areas and populations should be systematically included for strengthening of routine immunization. Polio and RI micro plans should be harmonised in high-risk areas. To reduce the risks of wild poliovirus and VDPV, high quality polio campaigns as well as the scale up and intensification of routine immunization remain the need of the hour. ■

Recommended Supplementary Immunization Activity (SIA) calendar, 2012 - 2014 (IEAG)



SMNet promoting institutional delivery among pregnant migrant workers in Bihar

WHEN brick kiln worker Manita Devi, mother of two, experienced labour pains on 6th April, 2012, her husband rushed her to the nearest Primary Health Centre (PHC) at Chautham block of Khagaria District in Bihar. The brick kiln owner was kind enough to provide his car to take her to the PHC which was 5 kilometres from the work site. It may be common in other urban parts but the decision to take a woman for delivery at a PHC surely comes as a pleasant surprise in this migrant brick kiln workers community,

which does not have access to such basic health services.

Fortunately, while Manita was working as a migrant labourer, the SMNet, as part of their mobilization efforts for underserved communities, was able to convince her husband to avail the services of the nearest PHC. With SMNet support, Manita received routine immunization (RI), a simple and highly effective way to protect pregnant mothers and their newborns. For this institutional delivery, she was also awarded a cash incentive

of Rs 1400 under the Janani Suraksha Yojna, a government sponsored scheme that aims to reduce maternal mortality in India by increasing the proportion of institutional deliveries.

These institutional deliveries are increasingly being promoted among migrant workers in Bihar, thanks to the SMNet team that is motivating mothers and promoting this service alongside acceptance of oral polio vaccine (OPV) and RI at the brick kilns across the State. Migrants working in brick kilns in Bihar are among the populations at highest risk of infant and maternal deaths. Therefore, the SMNet has put in place mechanisms to track and counsel them to ensure that all pregnant mothers avail the existing institutional delivery schemes.

Skilled attendance at delivery is an important indicator in monitoring progress towards the Millennium Development Goal to reduce maternal mortality. In addition to professional attention, it is important that mothers deliver their babies in an appropriate setting, where life-saving equipment and hygienic conditions can also help reduce the risk of complications that may cause death or illness to mother and child.

These migrant workers often have more faith in the medicines of quacks. This has

led often to poor utilization of institutional delivery systems but continuous engagement of the SMNet with these high-risk groups and communities is bringing about a gradual behaviour change.

The two major challenges are availability of services and the technical capacity of the SMNet to promote such additional services for this group of women and children. The quality of health care also remains a critical challenge, especially for the socio-economically marginalized women in Bihar. Undoubtedly, the SMNet has won the confidence of the women brick kiln workers through the polio programme. This can be taken forward through the introduction of other public health services such as antenatal care and safe delivery. ■

In a polio-free India, the SMNet can be a readily available human resource to promote the use of public health services that benefit children and women in the most marginalized communities, as has been demonstrated in the polio programme. However, this will be contingent upon the interest of the government and partners to make these services available and accessible in these underserved communities.



UNICEF mobilizer Kamran Ansari counsels a migrant family on routine immunization at a brick kiln in Khagaria, Bihar.

Polio workers build platform of hope in Bihar

SEVEN hours drive from Bihar's capital, Patna, along a dusty road in the heart of the isolated Kosi River flood plain, sits a smoking brick kiln that demonstrates just how far India's polio eradication programme has come.

In 2002, when recently appointed UNICEF Regional Director for South Asia, Ms Karin Hulshof, first visited India, she travelled to the Kosi region which was then deep in the grip of a terrible polio outbreak.

"It was a totally different Bihar," she remembered in March. "There was basically no power, no services."

In late March this year, shortly before completing her tenure as UNICEF India Country Representative to take up her new post as UNICEF's Regional Director of South Asia, Ms Hulshof knew exactly where she wanted to make her final trip: to Bihar, to the Kosi River region, to meet with the polio team.

In Khagaria district, in the heart of the Kosi flood plain, Ms Hulshof was driven to an isolated brick kiln, home to 39 families. On arrival, she witnessed a routine immunization session being conducted in a wooden shelter on-site by a visiting Auxiliary Nurse Midwife (ANM). In one half of the warehouse next door, school lessons were being conducted for the brick kiln workers' children. Behind the workers' houses, a row of toilets had



UNICEF Regional Director for South Asia, Ms Karin Hulshof, lauded the efforts of the SMNet who ensure all children are immunized against polio and the seven vaccine-preventable diseases.

recently been constructed, and a woman stood pumping out ground water from a newly dug well. And on average, all of the 45 babies in the brick kiln would be immunized 10 times against polio by the time they turned one.

Further down the road, the polio programme took Ms Hulshof to a school filled with girls, with text books, clean water supply and flushing toilets. The neighbouring village boasted a flourishing network of Anganwadi centres supported

by committed women of UNICEF's Social Mobilization Network, who went house to house ensuring that children were not only immunized against polio, but against all seven vaccine-preventable diseases.

Raj Kishore is a UNICEF Community Mobilization Coordinator (CMC) who when questioned, reels off the information she provides to every house in the village: immunize your children against polio and against all seven vaccine-preventable diseases in routine immunization; keep

your RI card safe; it is critical to feed your newborn child colostrum milk and exclusively breastfeed your children until six months of age; there are six essential times to wash your hands ...

Ms Hulshof said young women like Ms Kishore "gives you a lot of hope - you can see that change is happening".

"Nine years after I first came to India, I have gone to one of the most difficult areas of Bihar. Yes, it's extremely poor and yes, it's still complicated to deliver services, but even at the brick kilns there were flushing toilets, there was a routine immunization service, a little school and a very inspirational teacher. It's very hopeful to see how things can change."

Ms Hulshof called the polio programme "the anchor, the root" of the change that Bihar is witnessing. "For very many people here, polio immunization was the first service that they were given," she said. "And now it is so accepted, it has been the platform on which everything else is being built. But everyone knows there's a lot more to do."

Ms Hulshof told the CMCs that she was heartened to look into the eyes of the children in Khagaria and know that "somehow it's this youngest generation that for the first time will reap the benefits from more basic services than their parents or grandparents ever saw

Continued...



UNICEF Regional Director for South Asia, Ms Karin Hulshof, displays the purple pinkie indicating that this newborn has been immunized with oral polio vaccine.

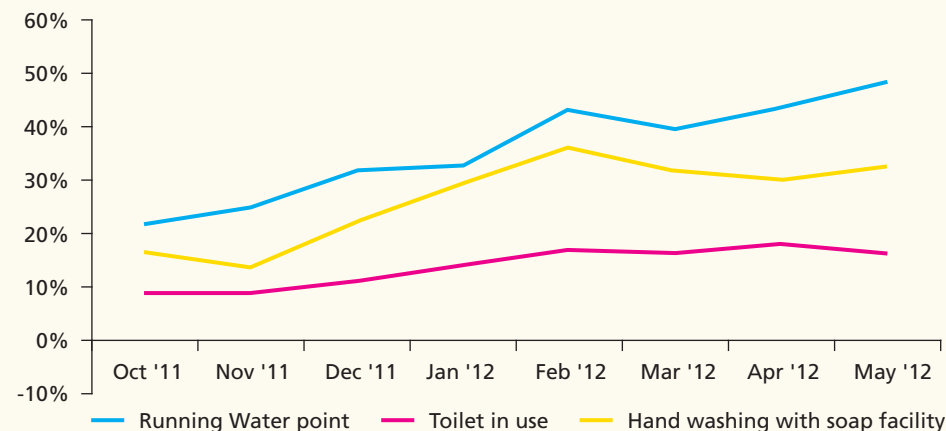
– what you are doing is making people believe in their future”.

At a meeting with Ms Hulshof, WHO’s Regional Team Leader for Bihar, Dr Hemant Shukla, paid credit to UNICEF’s Social Mobilization Network for practically eliminating resistance to polio vaccine from the state. “I remember the times when there were many refusal pockets,” Dr Shukla said. “Thanks to the SMNet, we’ve been able to break those residual pockets.”

“It is something of which to be proud. We are creating demand. We have gone from monitoring 91,000 routine immunization sessions in all of 2009 to now monitoring 130,000 RI sessions every month. Here, in Khagaria, there is 84% full immunization coverage.”

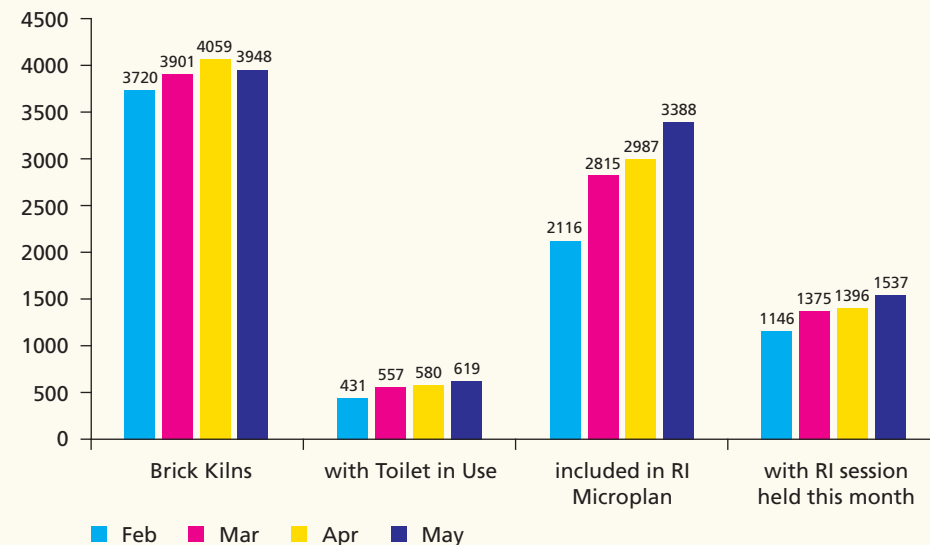
Bihar Chief of Field Office Yameen Mazumder thanked Ms Hulshof for her support and guidance and paid tribute to the polio team: “We couldn’t have wished for a better trip.” ■

Village Health & Nutrition Day Sites in 41 high-risk blocks where services are provided (%), Bihar



Source: SMNet

Outcomes of advocacy & mobilization at brick kilns in SMNet blocks, Bihar 2012



Source: SMNet

Rotary International Convention celebrates India's polio-free status

WITH India inching closer to eliminating polio, the global community has sought renewed commitment and funding support in the crusade against the dreaded disease. This was shared during the 103rd Rotary International Convention held in Thailand that was attended by more than 35,000 Rotarians from 23 countries. The Convention celebrated two major milestones in the global polio eradication effort – first, a celebration of Rotary exceeding the US\$200 Million Challenge in response to \$355 million in matching grants from the Bill & Melinda Gates Foundation for polio eradication efforts, and secondly, India's removal from the WHO's list of polio-endemic countries in February this year.

"India, once the world's largest global exporter of polio cases, will become the last country in South-East Asia to be certified polio-free, if it remains polio-free for three years. This will be a major achievement as a more focused strategy is adopted towards battling resurgent threats from the wild polio virus," said Kalyan Banerjee, President, Rotary International.

Amidst celebration, speakers cautioned that the ultimate goal is yet to be reached, as Pakistan, Afghanistan and Nigeria continue to remain polio-

endemic. Moreover, the Global Polio Eradication Initiative (an alliance of WHO, CDC, Rotary and UNICEF) faced a significant funding shortfall of over US\$1 billion for activities in 2012-2013.

Bruce Aylward, Assistant Director-General for Polio, Emergencies and Country Collaboration, World Health Organization, said India's removal from the polio-endemic list is "perhaps the most important milestone ever on the long road to eradication." But an upsurge in cases of paralysis from polio in Nigeria, Pakistan, and Afghanistan and recent polio outbreaks in China, the Democratic Republic of Congo, and Tajikistan have also prompted what he called an "unprecedented push" to finally end the disease. He said 192 Ministers of Health from around the world would convene at May's World Health Assembly (WHA) in Geneva, Switzerland, to set global public health policy. With ministers' deliberations, the WHA would consider adopting a resolution declaring polio eradication a programmatic emergency for global public health.

Rajashree Birla, Chairperson, Aditya Birla Centre for Community Initiatives and Rural Development, called on corporates to play a more active role in community service. "Corporates indirectly stimulate their own business development if



John Hewko, General Secretary and CEO of Rotary International addresses the gathering during the Rotary International Convention in Bangkok.

they push their energies and help resolve social sector issues through engagement. There is much to be gained when business leaders take giving to heart, and set the mandate of making a difference by caring for people in their community."

The three-day convention also witnessed Her Royal Highness Princess Chulabhorn of Thailand representing His Majesty the King of Thailand Bhumibol Adulyadej at the opening ceremony and thanking

Rotarians for their work around the world. Other dignitaries present on the occasion included Sukhumbhan Boribhat, Bangkok Governor; Hugh Evans, anti-poverty crusader and co-founder of the Global Poverty Project; Gillian Sorensen, Senior Adviser and national advocate at the United Nations Foundation; Angelique Kidjo, UNICEF Goodwill Ambassador; Leymah Gbowee, Nobel Peace Prize laureate, and Microcredit pioneer Muhammad Yunus, also a Nobel Peace Prize laureate. ■

Australia clean bowled by Chandra – polio’s smiling survivor

THE first time Bhagwath (B.S.) Chandrasekhar came to Australia, in 1977, he bowled India to its first Test victory down under in history.

The second time the cricketing legend came – as a UNICEF guest for the third Test match in Perth to symbolize India stopping polio – ‘Chandra’ bowled Australia over again, this time by the achievement that he represented. The Third Test in Perth

started on Friday, 13 January – exactly one year to the day since India recorded its last case of polio. To symbolize the milestone, both teams of players wore ‘End Polio Now’ ribbons, as did the umpires and the TV cricket commentators and presenters in both Australia and India.

Chandra was interviewed by scores of media on both sides of the Indian Ocean eager to hear the significance of the date, and to hear how a smiling Chandra

felt about India stopping polio. You see, while Chandra is undoubtedly famous for taking 242 Test wickets in just 58 Tests for India, he’s most famous for having achieved the feat with a polio-withered right bowling arm.

On 13 January, India’s ESPN-STAR coverage in India featured polio eradication and Chandra for the entire 20-minute tea break, the Channel Nine TV and ABC radio coverage in Australia both interviewed the polio survivor, while a Public Service Announcement featuring Chandra and Australian fast bowler Brett Lee was played to the sell-out crowd from the main scoreboard during the lunch and tea breaks.

Chandra is infamous in cricket circles for having taken more wickets (252) with the ball than he scored runs (167) with the bat. But, as the 1972 Wisden Cricketer of the Year told the media:

“What people don’t know is why I was always so bad at batting. It’s because my right arm doesn’t work properly. But the thing is, I was lucky – polio has killed thousands of others, and left millions unable to walk properly.”

Chandra said there were “all kinds of theories” when he played of how

his polio-withered arm helped him to bamboozle batsmen:

“They said I was a contortionist who could rotate my wrist 360 degrees, that my fingers gripped the ball differently thanks to polio, and therefore confused batsmen. I was usually amused, but occasionally irritated – the truth was more mundane and more painful. I never thought I would play international cricket. I just used to play street cricket. When I started playing club cricket I started in fifth division and I had to wait for two full seasons for a game.”

His eventual confidence at the Test bowling crease also masked self-consciousness away from it. He wore long sleeves to hide his withered arm – Sunil Gavaskar roomed with him for seven years on tours and said he never once saw him with his shirt off.

“It is my privilege to be here in Australia to celebrate India’s milestone achievement,” said a smiling Chandra.

“I know first-hand the impact of polio and I am delighted to see, in my lifetime, India stop the spread of polio.”



Cricketing legend and polio survivor B.S. Chandrasekhar holds up his message congratulating India for going one year without reporting a case of polio.

From 'No' to 'Know'

A Consultation on 'Social Mobilization: Role in Polio Eradication - Challenges Faced & Lessons Learnt for Future' was organized by CORE-PCI India at the India Habitat Centre, New Delhi. The objective was to bring together public health experts, partner organizations and the community to discuss how social mobilization in polio eradication can lead

to effective and lasting solutions for other public health issues.

A theatrical performance was performed at the event with a narrator. This 45-minute wordless performance called 'Pantomime' outlined the 11-year journey of engaging the community in polio eradication and overcoming obstacles



CORE Executive Director Dr Roma Solomon leads the panel with eminent public health experts at the consultation by CORE-PCI in New Delhi.



Pantomime show – "From NO to Know" organized by CORE-PCI.

encountered by mobilizers and vaccinators. The communication challenges faced were imaginatively presented by the young artists.

The panel discussions highlighted how the polio programme has been able to bring together various government departments like the Panchayati Raj, education, social welfare, health, ICDS etc. This kind of convergence was never

before used so productively in public health. This success can be replicated for other programmes too.

Outcomes of social mobilization can be in the form of changed behaviour, of demand generation, of higher utilization, finally leading to universal coverage and most importantly empowerment of communities. ■



© Photo: Moira Dawa/UNICEF

The face of polio eradication in India: 75 million children will be immunized with oral polio vaccine in immunization activities planned in early September and November, 2012.

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