

# INDIA POLIO COMMUNICATION UPDATE

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© Photo: Moira Dawal/UNICEF

India's campaign against polio is a powerful combination of innovation, dedication and partnership. As the programme spans the nation, reaching out to the last child, there is no let up in the pressure or commitment to the cause. Complementing these, are now efforts by government and all partners to share India's experiences and strategies with the countries still fighting polio. The goal - a polio free world, at the earliest.

## CONTENTS

India, polio-affected countries in global exchange **P2**

Pakistan, India share experience to end polio **P4**

Afghanistan team observes June polio campaign **P6**

Rotary India supports endemic countries **P8**

CORE India's support to Nigeria's polio program **P9**

Mission Nigeria from WHO **P9**

Global Poverty Project team in India **P10**

# India, polio-affected countries in global exchange

**WHEN** India was officially removed from the list of polio-endemic countries in February 2012, three challenges became clear: the need to maintain extremely high levels of immunity to polio until the virus was eradicated globally, the need to be prepared for any importation and the need to share India's rich experience in stopping transmission in one of the world's most persistent

and virulent reservoirs of wild polio virus with remaining endemic, re-established transmission and outbreak countries.

For years, India had been the world's largest exporter of wild polio virus, having exported polio to central Asia, Africa (twice) and regularly to its near neighbours including Bangladesh and Nepal. Those episodes of exportation



UNICEF India mission to Afghanistan - seen here discussing India polio programme with Dr. Mishaal, Director General, Health, Ministry of Public Health, Afghanistan.

## India's support to polio-endemic and re-infected countries

Country Requests	Dates
Visit by Pakistan delegation to look at specific aspects of the India program	15-22 September
Visit by Afghanistan delegation	15-23 June
India Country Office support to endemic countries	
Lieven Desomer (Senior Programme Manager - Polio) participated in communication review in Nigeria	2-14 September
Dr Anisur Rehman Siddique (Programme Manager-Polio, Uttar Pradesh) visited Nigeria	4-16 June
Rod Curtis (C4D Specialist) visited Pakistan	28 April -11 May 22 Aug - 1 Sept
Dr Anisur Rehman Siddique (Programme Manager-Polio, Uttar Pradesh) visited Pakistan	12-19 May 13-22 Oct
Shamila Sharma (Communication Specialist) to Afghanistan for media advocacy and IEC support	4-12 August
Lieven Desomer participated in cross border meeting (Afghanistan-Pakistan Country Offices)	24-28 July
Joshila Pallapati (Capacity Development Specialist) to Afghanistan for IPC training support	21-28 September
Saumya Anand (M&E Officer-Bihar) support to Afghanistan	21-28 September

posed a real threat to the programme – if India's large travelling population could export polio so regularly, then clearly it could import polio back along those same routes.

The Independent Monitoring Board (IMB) of the Global Polio Eradication Initiative in its January 2012 report put it succinctly: "Ultimately, the children of India will be completely safe from polio only when it is eradicated globally."

The IMB in its report, called upon the India polio eradication programme

to support polio-infected countries through the application of lessons learned: "If India knew 10 years ago what it knows now, it would have been able to stop transmission more quickly," the report said. "We hope that the programme can now find some energy to assist other countries' programmes."

The India programme has embraced this call, sending staff to support remaining endemic countries, hosting visits from neighbouring Governments and from within the polio partnership, and sharing

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*Radio jockeys at a media workshop on polio in Kabul, Afghanistan.*

programmatic best practices, including: programme management, methods to maximize coverage during rounds, media advocacy strategies, monitoring and evaluation formats, communication and training materials, and ground-level tools to increase the effectiveness of front-line vaccinators and social mobilizers.

Rotary India first invited Mr Mir Hazar Khan Bijarani, the Government of Pakistan's Honorable Federal Minister for Inter-Provincial Coordination, and Dr Ibrahim Labaran, Nigeria's Special

Assistant to the State Health Minister, to attend February's Rotary Summit where memorably, it was declared that India was officially no longer a polio endemic country. It then sent Dr EGP Haran, its Honorary Consultant to India's National Polio Plus Committee, to support Rotary's efforts in Pakistan and Nigeria.

Meanwhile, WHO's National Polio Surveillance Project (NPSP) has sent support missions to Nigeria, Kenya, Uganda and Afghanistan, while UNICEF

has undertaken 12 missions to and from Pakistan, Afghanistan and Nigeria.

In May, with the support of the Bill & Melinda Gates Foundation, the Government of India and the polio partners hosted a high-level nine-member Government of Pakistan delegation led by the Prime Minister's Special Assistant on Polio Eradication, Ms Shahnaz Wazir Ali, to participate in meetings with Health Minister Ghulam Nabi Azad and polio partners on the measures undertaken to contain polio in India, and to witness the programme in action in Ghaziabad district. "We got to know what it actually took for India to become polio-free," Ms Ali said. "We have understood the scale and efforts that we require to make Pakistan polio-free."

In June, a 12-member Government of Afghanistan, UNICEF and WHO delegation visited India and witnessed Sub-National Immunization Days in western Uttar Pradesh and the Kosi River region of Bihar. The delegation paid tribute to India's strong coordination and partnership focus, high government commitment and political support at all levels, its focus on the highest-risk groups and areas, the mobile and migrant strategy, and the commitment to tracking every last child.

From June to August, WHO India (NPSP) sent 16 Surveillance Medical Officers to northern Nigeria, with a further mission of 16 SMOs underway from the last week of September.

National Supplementary Immunization Team Leader Dr Pankaj Bhatnagar, who led the exchanges, said the team focused its energies on revising house-based ground-level micro plans for SIAs, RI and surveillance, local-level advocacy efforts, developing and implementing revised methodologies for training vaccinators and supervisors, and improving administrative oversight.

"It was a great experience for us," Dr Bhatnagar said, "and a real opportunity too for Nigeria to be exposed to some of India's best practices, particularly in micro planning."

UNICEF India has conducted 12 missions to and from endemic countries, with missions conducted to Afghanistan for media workshops (Shamila Sharma), monitoring and evaluation (Saumya Anand) and capacity development (Joshila Pallapati), technical support missions to Pakistan and Nigeria (Lieven Desomer, Rod Curtis and Anis Rahman Saddique), as well as attending communications reviews and cross-border meetings, and providing punctual technical support to Angola, CAR and Chad.

Most recently, UNICEF hosted a four-member team from the UNICEF Pakistan office to examine lessons learned, innovations in the India programme and to determine an action plan for working together in the coming months. In the same vein, a team from Nigeria is due to visit before the end of the year. ■

## Pakistan, India share experience to end polio

A high-level delegation from Pakistan, led by Shahnaz Wazir Ali, Pakistan Prime Minister's Special Representative on Polio, visited India in May 2012 to understand the strategies used by India to stop poliovirus transmission. Pakistan is one of the three endemic countries that still has the wild poliovirus.

At the start of the visit, facilitated by the Bill and Melinda Gates Foundation, the Pakistan delegation met partners WHO, Rotary and UNICEF, to learn how the partner agencies, despite their different roles, are working in tandem to roll out concerted polio eradication efforts. The Pakistan delegation showed keen interest to know how robust monitoring and evaluation of the programme is executed to plug the gaps in the programme. They were particularly interested to learn details of India's migrant and mobile strategy and media management for the programme. The delegation learnt about the Social Mobilization Network (SMNet), how it was built and executed in India.

When in New Delhi, the delegation had a meeting with the Union Minister of Health and Family Welfare, Mr Ghulam Nabi Azad, and senior officials of the Ministry of Health and Family Welfare. It was decided at the meeting that India would provide technical support and share its ground strategy with Pakistan on how it has been tackling polio.

Outlining the key challenge in Pakistan, Ms Shahnaz Wazir Ali said: "Over 75 per cent of the polio cases in Pakistan are among the migrant Pashtun community. We are keen to learn from India's experience of tracking, mobilizing and immunizing the migrant population."

After the briefings in Delhi, the nine-member team travelled to Ghaziabad in Uttar Pradesh and observed the polio programme efforts first hand. On the ground, members interacted with local influencers, who have helped to deal with resistance against the vaccines, a problem common to all countries fighting polio. The delegation met Imams, who have played a vital role in community mobilization for polio immunization in reaching every last child with oral polio vaccine (OPV), and also witnessed how the community was mobilized to attend booths set up for OPV administration on the first day of the polio campaign. The Pakistan team was particularly impressed with the commitment to reach every last child with polio drops, with teams taking an almost fanatical approach to reducing missed children.

Pakistan registered 198 cases of polio in 2011, up from 144 cases in 2010, with the vast majority of cases in Pashtun populations in FATA (Federally Administered Tribal Areas), along the Afghanistan border.

Delegate member Dr Azra Fazal Pechuho, Member of National Assembly (MNA) and Member of National Task Force on Polio Eradication, said administering polio drops in the tribal areas was proving to be a mammoth task.

In view of continued population movement along the porous India-Nepal border and ongoing poliovirus transmission in Pakistan, India has established permanent vaccination booths along the Indo-Nepal border and several fixed posts along the India-Pakistan border. The Pakistan delegation declared that their own strategy for reaching migrants and mobile populations needed to be strengthened

with similar permanent polio posts put in place for migrants and mobile populations along the borders. These posts would be at intra- and inter-provincial transit points to ensure no child is missed and the virus does not travel across regions.

The Additional Secretary and Mission Director of India's National Rural Health Mission, Ms Anuradha Gupta, said that the key to India's success lay in innovation. She said that the polio programme is constantly evolving, keeping in mind the needs of the people.

Ms Gupta said, "We have fought fatigue, despair and several other odds. It required

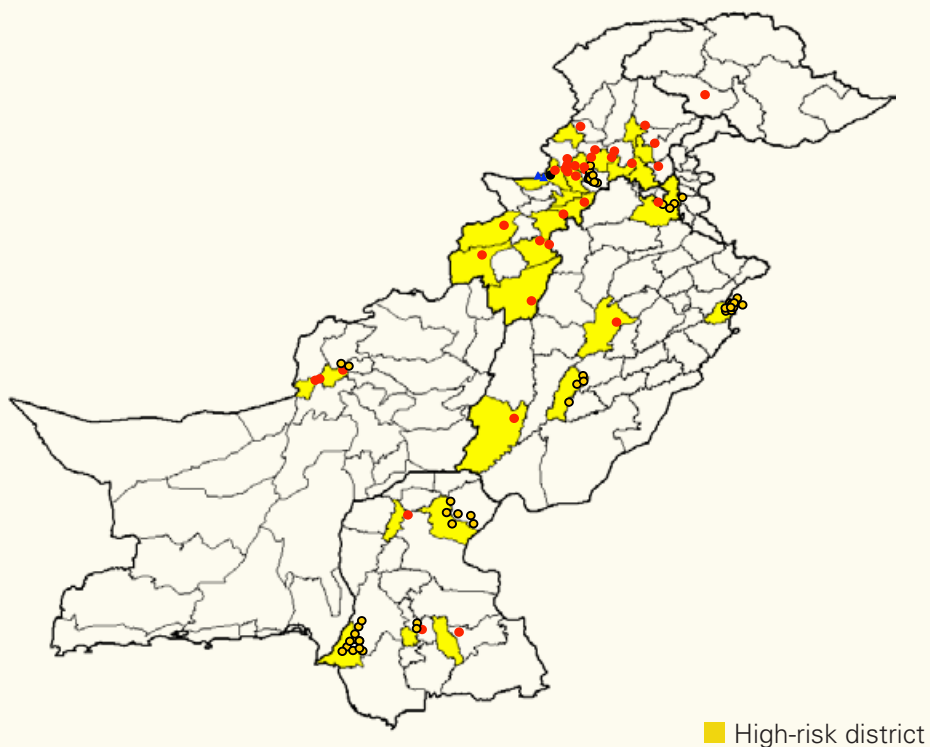


Union Minister of Health and Family Welfare, Mr Ghulam Nabi Azad with Pakistan delegation led by Ms Shahnaz Wazir Ali, Pakistan Prime Minister's Special Representative on Polio.

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## Poliovirus cases and 'high-risk' areas in Pakistan

Polio cases in Pakistan are clustered along the Afghanistan border, with predominantly mobile and migrant populations continuing to be difficult to access with OPV, posing a major programmatic challenge for the Pakistan polio campaign.



Sewage water		
P1 ●	P3 ▲	Total
59	0	59

WPVs			
P1 ●	P3 ▲	P1+ P3 ●	Total
40	2	1	43

WHO data as of 10 October 2012



Ms Shahnaz Wazir Ali, Pakistan Prime Minister's Special Representative on Polio (with the umbrella), interacts with a family during a field visit in Ghaziabad, Uttar Pradesh.

something more than a routine response - we had to keep refining our strategy. But we had enormous political commitment to eradicate polio. This meant more than adequate financial resources and programme ownership at the highest political level, with top officials of the level of Deputy Commissioners engaged in monitoring of the polio campaign preparedness and roll-out," she said.

Ms Gupta explained that the delegation had been impressed by India's ability to have real-time monitoring results for immediate corrections during immunization rounds. "One of the most effective steps has been real-time monitoring of the programme. We do not have to wait for feedback for weeks before fixing the gaps in the programme.

Under the current framework, reporting is done every evening by the field staff at the block level and then at the district level. As a result, on-the-spot immediate decisions are taken to fix the problems," Ms Gupta said. "This kind of real-time monitoring enables course correction on the spot. The Pakistan delegation felt they needed to consider a similar monitoring and evaluation structure back home for better results."

The process of change has already begun. The Pakistan government has committed to eradicating polio as swiftly as possible. Meetings are on within the government at various levels, right down to the provinces, built on India's technical support and ground experience. The battle against polio in Pakistan has taken the next step. ■

## Afghanistan team observes June polio campaign

A group of polio managers from Afghanistan including national and provincial immunization heads, and UNICEF and WHO country team members, visited India to observe the Sub-National polio immunization campaign in India in June.

Facilitated by the UNICEF India Country office, the 12-member delegation led by Dr Aga Gul Dost, Manager, the National Extended Programme for Immunization (EPI), and Ms Carmen Garrigos-Perez, Chief of UNICEF Afghanistan's Polio Eradication Unit, split in three groups and visited Moradabad in Uttar Pradesh, and Saharsa and East Champaran in Bihar, known as some of the most challenging areas during India's long battle against the polio virus.

These areas were selected for the Afghan delegation to visit for good reason: in Moradabad, the programme had overcome the challenge of large numbers of families refusing the vaccine, while in the Kosi River region of Bihar, the programme had worked out how to reach and immunize children in isolated, access-compromised areas, and finally, in the border regions the programme was reaching and immunizing a high percentage of children - particularly mobile and migrant populations - along a busy, porous border.

The Afghanistan delegation listened keenly to discussions about India's coordination

mechanism at all levels of programme implementation, the strategy to reach children on the move and especially those living in the hard-to-reach access compromised areas.

UNICEF Afghanistan polio chief Ms Carmen Garrigos said: "What struck me was the government ownership towards the programme. It not only puts in funds but also ensures accountability and robust management."

The Afghanistan teams were jointly briefed by polio partners – Government, Rotary, WHO-NPSP, UNICEF and CORE - at the national, state and district level while in the field, they met with Social Mobilization Network coordinators, vaccinators, supervisors, medical officers, PRI members, religious leaders as well as the district officials and partners who shared their learnings from the programme.

The three Afghanistan teams participated in the daily evening debriefing meetings organized during the polio vaccination rounds at the block and district level where the observations and reports of the external monitors, supervisors, vaccinators and mobilizers helps ensure rapid corrections during the course of a round. "What is interesting is the way information is shared through daily meetings," Ms Garrigos said. "This is very important so that the next day, the problems can be resolved. This system of internal monitoring and team supervision to track children is what Afghanistan is keen to replicate back home," she said.

The teams visited villages and brick kilns, spent the day with border vaccination teams and with mobile teams at railway stations, but arguably it was the commitment of religious leaders closely engaged with the polio programme that left them most impressed. "The involvement of the religious leaders for mobilizing the community is impressive," Ms Garrigos said. "They are very engaged. It has fostered community ownership. Clearly, they seem to be a stakeholder in this fight against polio and it is one reason why vaccinators can depend on these religious leaders. It is very appropriate".

The composition of vaccination teams (especially the use of female vaccinators),

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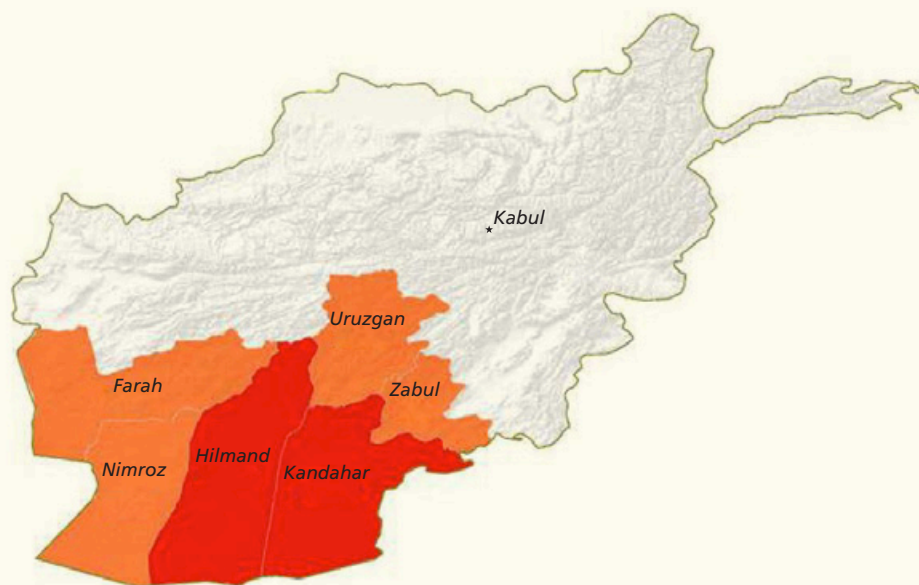


*Afghanistan team with polio partners and children in Moradabad, Uttar Pradesh.*

## Poliovirus cases and 'high-risk' areas in Afghanistan

Afghanistan's Emergency Action Plan for polio eradication (2012-13) proposes

- Intensification of interventions in the high-risk districts of the Southern region (Hilmand, Kandahar and Uruzgan provinces) and Farah province, and
- Strengthening routine immunization communication



Very high-risk and high-risk areas

WPVs		
P1	P3	Total
21	0	21

WHO data as of 9 Oct 2012

the use of children to draw infants to the polio booths, and the strength of the Indian partnership all left an impression.

The impact of the visit has been impressive. "On our return from India, the team has been very enthusiastic," Ms Garrigos said. "Most of them work at primary health care centres and now know how to be on top of the programme. We would go for a more focused approach, targeting children missed during the immunization rounds and also the newborns. Monitoring of

activities, too, is another area where we would like to use India's experience."

The learnings from India are already being implemented, with two advocacy workshops held for radio jockeys with technical support from India, and M&E support to assist in building an evidence-based communication response.

Clearly, this partnership between countries and sharing of expertise and know-how can go a long way to eradicating polio globally. ■



Afghanistan team interacting with the community during their field visit in Moradabad, Uttar Pradesh.

## Rotary India supports endemic countries

**WHEN** India was declared polio-free in February this year, the immediate challenge was to accelerate eradication in the remaining endemic countries. Rotary, a key champion in the battle against polio, stepped forward to build platforms where information could be shared among polio-affected countries easily.

In Pakistan, Rotary played a major role in roping in the nation's cricket icon, Shahid Afridi, to boost polio eradication activities in the country, especially in the Khyber region, which has recorded the highest number of polio cases. Afridi, himself a Pashtun, has dedicated himself to polio eradication as the nation's Polio Champion.

Following the Indian model, Rotary has also involved ulemas and scholars in Pakistan. Dr. E.G.P. Haran, honorary consultant to Rotary's India PolioPlus Committee, visited Pakistan in April, when the National Immunization Day (NID) activities were underway. During his five-day visit, he observed vaccination rounds in Karachi and Lahore and met with senior health and other government officials in charge of eradication activities.

He discussed experiences from India and Bangladesh and shared copies of NID manuals, as well as guidelines that

were followed in the last bastions of polio in India – the 107 highest-risk blocks of Western Uttar Pradesh and Bihar. Many of the ideas have now been incorporated into Pakistan's plan of action for intensive focus on the high-risk districts. Rotary's support is directed to nine of these 33 high-risk districts in Pakistan in terms of local advocacy, vaccination of migrant children, health camps and intensified publicity.

Rotary also shared prototypes of IEC material with its counterpart in Pakistan and discussed methods of providing operational support in terms of mobile clinics at highways, as well as the provision of vaccine carriers and cold chain refrigeration for both polio and routine immunization in India. They also learnt how Rotarians and Rotary clubs participate actively in social mobilization activities on booth days to ensure no child is missed.

In March this year, the Indian President of Rotary International, Mr Kalyan Banerjee, met with Afghan President Hamid Karzai, the Health Minister and Ministry officials along with officers of WHO, UNICEF and USAID as well as the US Ambassador in Kabul. During the visit, Mr Banerjee presented a medal to President Karzai in recognition of his efforts to eradicate polio in Afghanistan. Mr Banerjee also gave



*Pakistan NPPC Chair Aziz Memon (2nd from right) with Dr E.G.P. Haran (far left), Honorary Consultant to Rotary's India PolioPlus Committee, during signing of MoU with Coca-Cola Pakistan.*

his guarantee that Rotary would actively support polio eradication efforts in Afghanistan. As requested by the President, Rotary is building a storage shed for the government to keep equipment and vaccines. In Afghanistan, too, Rotary is working with Ulemas to garner support of religious leaders to tackle polio and is actively involved in immunization activities at Rotary shelters at key border crossing points.

In Nigeria, where Rotary has made significant efforts, the past Rotary President, Rajendra K. Saboo, organized a polio corrective surgery camp in Abuja which has helped motivate health workers and officials.

Back home, Rotary is actively moving ahead to strengthen the polio programme in a big way, with a plan to provide polio corrective surgeries for polio-afflicted children. ■



## CORE India's support to Nigeria's polio program

As polio-endemic countries scale up their national polio programmes, India has reached out to offer technical support to these nations to help finish the virus forever.

At the invitation of the National Primary Health Care and Development Agency (NPHCDA), Nigeria, Jitendra Awale, Deputy Director, CORE Group Polio Project (CGPP) India joined the Polio Communication Review from 2nd to 12th September 2012, as part of the team of communication experts including, Lea Hegg (BMGF), Lieven Desomer (UNICEF) and Donjuma Gambo.

The team visited Kano, one of the high-risk states, to assess how effectively community engagement by mobilizers and volunteers of different partnerships and the Voluntary Community Mobilization Network (VCM Net) was able to catch up on missed children and improve acceptance of the vaccine.

The team met officials from NPHCDA and members of the National Social Mobilization Working Group (NSMWG) at Abuja and in the state and LGA level. There were interactions with various programme partners, traditional leaders, journalists, polio survivors and community members in the field. At the end of the review, recommendations were shared



*Jitendra Awale, Deputy Director, CGPP with other experts and community mobilizers during the Polio Communication Review in Nigeria.*

with partners and NPHCDA, both at the state level and in Abuja.

The Nigeria programme is taking steps to rapidly improve communications as well as address programme gaps in order to reach maximum children. The India programme can contribute in terms of training and skill building of VCM Network staff since Nigeria shares similar challenges in communication that India faced, like questions raised by non-compliant families on vaccine safety and availability of other civic services. Learnings from the SM Net experience can positively impact overall polio communication efforts in Nigeria and specifically for development of the VCM Network and use of effective media strategy. ■

## Mission Nigeria from WHO

WHO India's National Polio Surveillance Project has now sent two missions of 16 Surveillance Medical Officers to Nigeria for a period of three months to provide strategic support for strengthening poliovirus surveillance and implementation of high quality supplementary polio immunization rounds. Beginning their mission in July 2012, the medical officers focused on sharing experiences from India and closely guiding the local teams in implementing initiatives that helped improve quality of the polio immunization campaigns.

The medical officers helped strengthen SIA micro plans in the identified high-risk blocks and districts, supported the training of vaccinators and supervisors, and introduced the concept of regular district and block taskforce meetings before and after polio campaigns to

plug gaps and take corrective action. The mission also introduced evening review meetings at the district and sub-district level for daily feedback on the quality of the on-going campaign, mainly to identify missed areas and take immediate corrective action.

The WHO India team advocated for greater involvement of traditional leaders for increasing programme acceptability. They also worked closely with their counterparts to get State officials/elected representatives and local leaders involved in polio campaigns to enhance accountability of the government and political leaders for polio eradication. One of the major strengths of the polio programme in India is the strong government ownership of the programme and accountable manpower in the polio campaigns. The India team focused on strengthening the AFP surveillance system for timely detection of wild polioviruses. ■



*National Supplementary Immunization Team Leader Dr Pankaj Bhatnagar sharing experiences with vaccinators and supervisors in Nigeria.*

## Global Poverty Project team in India

**LAST** year, the Global Poverty Project (GPP) was responsible for ensuring polio was on the agenda at the Commonwealth Heads of Government Meeting in Perth, Australia, which subsequently announced \$118 million in polio funding. Running a campaign entitled The End of Polio, the GPP followed up this effort by organizing a Concert in Central Park for 60,000 attendees to highlight issues including polio.

Yet for all their valued advocacy, key members of the GPP were yet to see two drops of polio actually be delivered into children's mouths. That changed in June, when a high-level team from the Global Poverty Project, led by their

Chairman, Peter Murphy, and CEO, Hugh Evans, participated in the polio activities in Ghaziabad in Uttar Pradesh and Patna in Bihar.

Michael Sheldrick, one of the members of the delegation, wrote for the GPP website how he was touched to see how the 75 million children immunized in the June Sub-National Immunization Days were protected from polio, and especially how the programme was able to reach almost every last child. "As we walk through the streets on the way to the immunization booths in Ghaziabad," Sheldrick writes, "we are soon surrounded by the shouts and laughter of the Bulawa Tolis ("calling groups"). Armed with their Rotary flags



David Leppan, Chairman of Wealth-X, with 'bulawa toli' children in Ghaziabad, Uttar Pradesh.



SMNet team members explaining a monitoring format to GPP Chairman Peter Murphy at a polio booth in Ghaziabad, Uttar Pradesh.

and whistles, these brigades of children are deployed to fetch other children to the immunization booths."

All along the way, the team saw advocacy in the form of colourful posters on street walls and shops including messages from celebrities. The slogan "Two drops of life" or "do boond zindagi ki" continues to be a huge hit. When members raised the slogan, children standing close by responded by shouting the lines loudly.

In Bihar, the GPP team walked through urban slums, and experienced first-hand the trying conditions that vaccinators and social mobilizers work in, constantly interacting with families at risk and sensitizing them about the importance

of hand washing, exclusive breastfeeding and other good sanitation practices along with vaccination. At Patna railway station, the visitors witnessed vaccinators get on board outbound trains to immunize children while at the station one of the innovations targeting migrant populations to ensure no child is left out.

Mirroring WHO Assistant Director-General for Polio, Dr Bruce Aylward, who says "India's polio program has reached the populations that always get left behind for everything. It has put a face on the kids that nobody ever sees, the population nobody knows" - Mr Sheldrick paid tribute to the front-line vaccinators and social mobilizers who had found that last child. ■



*Polio eradication is the largest peace-time operation in history. This did not happen by accident! Consider the numbers -*

*In every National immunization campaign in India, there are:*

*2.3 million vaccinators, under*

*155,000 supervisors, visiting*

*209 million houses, to immunize*

*175 million children under 5*

*"These are the true heroes of polio vaccination."*