India’s Legacy in Action

The Transition of India's Polio Assets

In 2015, one year after India received its formal certification as a polio-free nation, the Government of India began legacy planning in earnest with UNICEF and WHO, the polio partners to decide – what next?

Nearly thirty years of heroic effort had transformed public health management in the poorest parts of the country. A post-polio India contained tens of thousands of skilled staff, campaign planning and management systems of unparalleled sophistication, a new insight into the powers of community-level mobilization and new belief in local ability to achieve real victories.

The legacy planning process continues to refocus polio's public and private supporters on different set of challenges. Polio's tools and its dedicated personnel built a bridge between marginalized people and local governance. So now, how can they best be redeployed, to tackle India's remaining development challenges?

A FRONTLINE FORCE

3,000,000 Underserved households reached every month

130,000 Rotarians dedicated to public service

60,000+ UNIC mobili Indiar

2,000 WHO fie already t

A TRAINING ASSET

2,100,000 Government frontline workers trained with polio materials on routine immunization campaign management for Mission Indradhanush

121 Social Mobilization Network staff deployed for flagship routine immunization campaign Mission Indradhanush to train officials across four states.

160,000 local government health w interpersonal communicat and Routine Immunization

Polio staff deployed intern for the Ebola response

RESULTS FOR EQUITY

420,000 People reached with messages via polio-developed communication tools

Including street-plays & mobile audiovisual shows

83,000 left-out families of migrant identified for routine servi

An increase in f

Infographic: Polio's Health Legacy

> “We had a vision of a modern India without an ancient disease,” says Deepak Kapur, Chairman of Rotary Polio Plus in India. “And now, the transition programme is equally important to us. This public-private partnership has tremendous social capacities. From routine immunization to dowry debts and the devaluing of the girl-child – we’ve shown that any longstanding behaviours can be changed.”

With global certification some years away and polio still circulating in neighboring Pakistan, the first priority remains to protect a polio-free India.

In practical terms, this means broadening the already strong polio “convergence” programme, designed to strengthen routine immunization. Polio’s arsenal of communication, monitoring and vaccination personnel are already re-orientating their work in high-risk areas to include routine immunization as well as a range of other basic health and hygiene issues.

Pankaj Bhatnagar is a National Professional Officer for immunization with WHO. He says, “India has the highest population of under-vaccinated children on earth. At least nine million children here do not have full coverage and 500,000 die annually from vaccine preventable diseases. Polio gave us the right tools and the right partnership to change this – if there is also sufficient will.”

21 March 2013, Meerut, Uttar Pradesh, India. Safiya, UNICEF Community Mobilization Coordinator (CMC), speaks to local mothers, with the help of a flip board, on the importance of polio vaccination and other associated health issues. These meetings are part of the overall Polio strategy employed by UNICEF that has been successful in eradicating polio from India.The meeting was held at Sarai Khaig Nagar, Meerut.
Credit: ©UNICEF/Graham Crouch

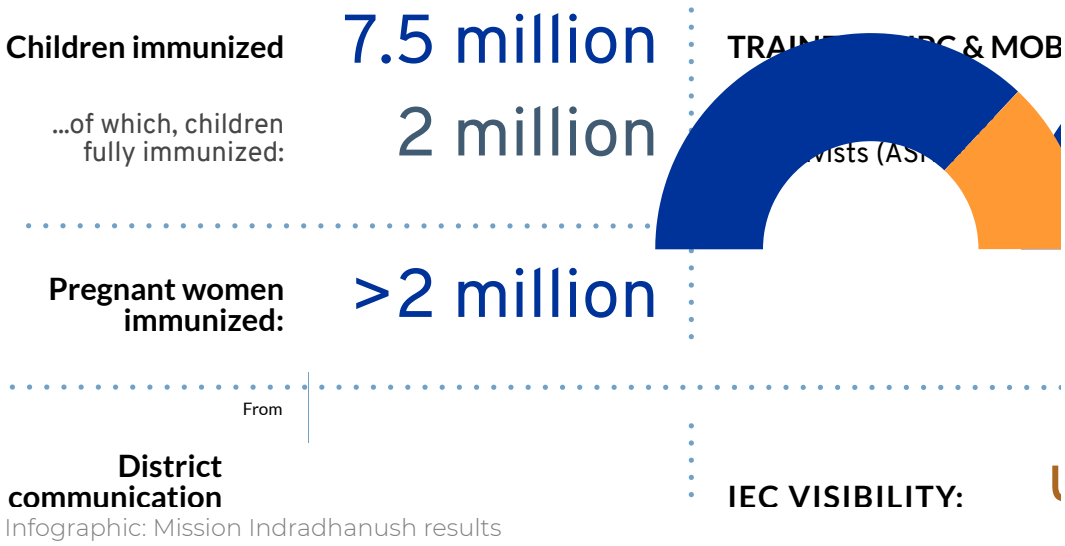
Paying it Forward - Mission Indradhanush

At the end of 2014, spurred by polio's success, the Government of India decided to launch a flagship routine immunization campaign based on polio's strategies.

Mission Indradhanush (Rainbow), unlike strategies before it, was specifically targeted at India's nine million unprotected children. It aimed to increase full routine immunization coverage from 65 percent to 95 percent by 2020 through a series of week-long campaigns in over 201 of India's most vulnerable districts. There, areas are home to half the children who are left out or who drop out. Polio's 400,000 meticulously-mapped priority areas, incorporated into Mission Indradhanush microplans, were instrumental in pinpointing exactly where many of these children could be found.

Immediately, Ministry of Health and Family Welfare requested for SMNet's support for Mission Indradhanush. Members of the Social Mobilization Network (SMNet) – 81 in total - were deployed to Rajasthan and Madhya Pradesh. Another 40 were deployed within Bihar and Uttar Pradesh, to non-Social Mobilization Network (SMNet) areas.

The teams instantly saw the profound differences between their approaches honed on polio's rigorous frontlines, and more traditional "business as usual" tactics.



Infographic: Mission Indradhanush results

Across all non-SMNet areas, they found a range of problems. Microplaning was inconsistent – with some vaccinations sessions planned for just one or two children. Not all Medical Officers-in-Charge had a communication plan. Health workers were forgetting key messages to deliver to families, and making inaccurate head counts.

“We found the health staff did not realize, for example, how important household communication is,” recalls one Block Mobilization Coordinator deployed from Bihar. “More than half of all families dropping out are simply afraid of side-effects. For want of a little face-to-face reassurance, their child is not protected.”

Vaccinators being trained by Medical Officer Rashmi Vij at the Khalsa College of Nursing at Amritsar, Punjab on 07 September 2012, ahead of polio round, the doctor shows the polio symbol “two drops of life” by pointing two fingers. Credit: UNICEF / Rotary / Anindito Mukherjee

Badre Alam, is a District Underserved Coordinator for UNICEF in Hapur, Uttar Pradesh. He was deployed to Mewat District in Haryana for Mission Indradhanush – an area where most of the

community is underserved. “I went and sat with Chief Medical Officer,” he said. “And straight away I understood why they needed me. The issue was resistance and community engagement. They didn’t know how to map an area and do a microplan. I also had to help them put together a communication plan – identification of the communication challenges, focused IPC at households, a mosque announcement, a community engagement plan, and a rally – all these things. Nobody had done anything like it before so it was very good to see how quickly results came.”

The deployed teams started a massive cascade training programme. Starting in 2015, 2.1 million frontline workers - including 100,000 community-based Accredited Social Health Activists (ASHAs) and Anganwadi health workers - were trained using polio’s hard-won lessons: how to plan and manage outreach efforts, how to tackle resistance, how to answer questions about side effects, how to explain why more than one dose is necessary. Training quality was assessed by WHO’s vast network of polio monitors, to make sure that the information was properly retained.

In Madhya Pradesh alone, 40 SMNet members trained over three quarters of frontline workers in the priority districts and helped them develop a better institutional plan. They even convinced many resisting families to vaccinate their children in a single session, proving that it can be done.

India’s government also replicated the polio communication drive for Mission Indradhanush, with additional funding from GAVI, the Global Vaccine Alliance across their nine priority states. Families attended more than 5,000 AV shows, and 1,000 street plays, saw 6,000 tin board signage appear in their communities to mark vaccination sides and watched and listened to thousands of TV and radio spots featuring polio’s well-known celebrities.

The results were fast – and predictably good.

In 2015, one year after its inception, Mission Indradhanush had immunized its target of 7.5 million children. Two million of those children fully immunized, and another two million pregnant women protected from maternal and neonatal tetanus. The number of districts with communication plans shot up from 50 percent to nearly 80 percent. The visibility of communication materials nearly doubled. And up to 86 percent of vaccinators came out of the experience with vastly improved communication and mobilization skills.

Badrealam – and many others – wonder how this level of intense activity could be sustained without a SMNet. Many stress that for long-term support to India’s under-vaccinated children, both polio and routine immunization will have to change.

Dr. Anisur Siddique, former deputy programme manager of UNICEF’s Polio Unit says the transition of the polio network shouldn’t be taken for granted. “It took a decade of 10-12 campaigns per year to build this kind of capacity into people. We have to take great care to refresh capacity among the frontline

staff and also build complementary skills to give programmes like Mission Indradhanush long-term sustainability."

District lessons in innovation

Mission Indradhanush is part of a much broader transition of polio assets.

Nationwide, polio teams have helped to coordinate and communicate the introduction of new vaccines including IPV, Pentavalent, Measles and Rubella.

Meanwhile, polio's lessons in innovation and cross-sectoral cooperation have already been adopted by some of India's most forward thinking district officials. Vikasendu Agarwarl is District Immunization Officer in Ghaziabad. "Polio taught us that you can't improve everything in one go," he said. "You have to focus in on the hardest areas to see the fastest results."

Agarwal launched several polio-inspired initiatives in the year following India's certification. He created Whatsapp, the instant messaging application, groups to shorten communication time between team dealing with campaign management, disease surveillance and communication, from polio to routine immunization. He contacted owners of newly-built flats and planned a mass briefing in partnership with the business sector to ensure that as soon as keys are handed over to arriving families the owners inform the primary health centre (PHC).

His adaptation of polio's equity strategy is particularly ingenious. UNICEF's Community Mobilization Coordinators have given him their list of pregnant women – the "due list" – for him to run two-week routine immunization campaigns in five areas at a time.

"We get the list on Monday, we do a survey of coverage by Wednesday, we hold a vaccination drive on Saturday and then cover the missed children on Wednesday, he says. "We get up to 90 percent coverage and then we move on to the next five areas."

Agarwal has also set up an "adopt-a-PHC" programme in high-risk areas for private medical colleges whose help has been – he thinks – spread too thin. "We draw up an action plan for them, develop some verifiable indicators for vaccination status, anemia rates, registered pregnant women and so forth. And in three months, we will check if those indicators have improved."

Field volunteer Mr. Keshav crosses a fringe during is round at the Bihari colony in Ludhiana for the house-to-house vaccination of the migratory population. Picture taken on 12 September 2012 in Ludhina, Punjab, India. Credit: ©UNICEF/Anindito Mukherjee

Investment in people

Many health officials, like Agarwarl, hope that India's government will make a clear commitment to absorb polio's invaluable manpower and operational lessons. The state governments have committed to transition polio assets like the Social Mobilization Network (SMNet) - one of public health's most critical assets - to a government owned, funded and managed setup.

Surabhi Shukla has been a SMNet member since 2009, working as a District Mobilization Coordinator in Ghaziabad. She believes that health in India simply cannot do without the skills of her community and block mobilization teams.

"These women, and men too, get training in all sorts of areas – nutrition, polio, routine immunization, diarrhea, breastfeeding. Even the government's own community health-workers in our areas depend on us much. We are needed in these communities, without a doubt. All of these lessons, all of this potential, should not go to waste."

To some, teamwork is polio's most precious legacy – with the broadest potential implications.

Rina Dey is Communication Advisor for the CORE Group of NGOs – one of the original partners in the SMNet. "It took a decade to get there, but polio taught these big organizations and government departments to leave their egos at the door and cooperate with each other," she says. "Now we have a seamless partnership that gave us collective strength to do a very difficult job. We have cooperation now in areas that it did not exist before."

But as polio adapts to a new set of goals, its managers are mindful that the job is not yet completely done. Dr. Anisur Siddique says he would constantly remind people that polio still exists in the world, and could return at any time.

"Keeping the commitment is tough," he says. "Sometimes people ask me: what are you doing? Isn't polio gone? It's a challenge of public perception – but it can be an internal challenge as well."

Rotary's Kapur agrees. "It's great to look at transition – but we have to also keep the focus on every single child. As long as polio still exists, we must not fritter away our advantages by spreading ourselves too thin."

Rotary is advocating for a continued investment in polio's teams and tools – and wants them to find a home in India's permanent institutional budget. The right way to celebrate a victory, he says, it to make that victory last.

"India getting there when it did was a great shot in the arm for all of us," he says. "We were told we would be the last! It used to break my heart that a child stricken with polio doesn't even get a name from his family. And now I can see children and think: there is still so much more we can do for you."

Banner image provided by UNICEF India

UPDATE

Currently, The National Ministry of Health and Family Welfare, agreed to fund the states of Uttar Pradesh (UP) and Bihar for the SMNet progressively leading up to March 2019. Thereafter, the states will have to determine the funding and future work of SMNet.

The UNICEF Polio Communication Programme, including SMNet, transitioned to:

- Using Polio strategies for RI strengthening + other health initiatives (focus on HRAs, HRGs and new mass/mid/local media)
- Generating demand for RI: Mission Indradhanush and GAVI HSS
- Engaging communities on other life-saving health issues: exclusive breast feeding, hand washing, diarrhoea prevention and treatment
- Preparing for introducing Inactivated Polio Vaccine (IPV) in Q4 2015 –communications preparedness and mobilization
- Maintaining zero polio – continued mobilization, new post-certification strategy and messages, Emergency Preparedness and Response Planning