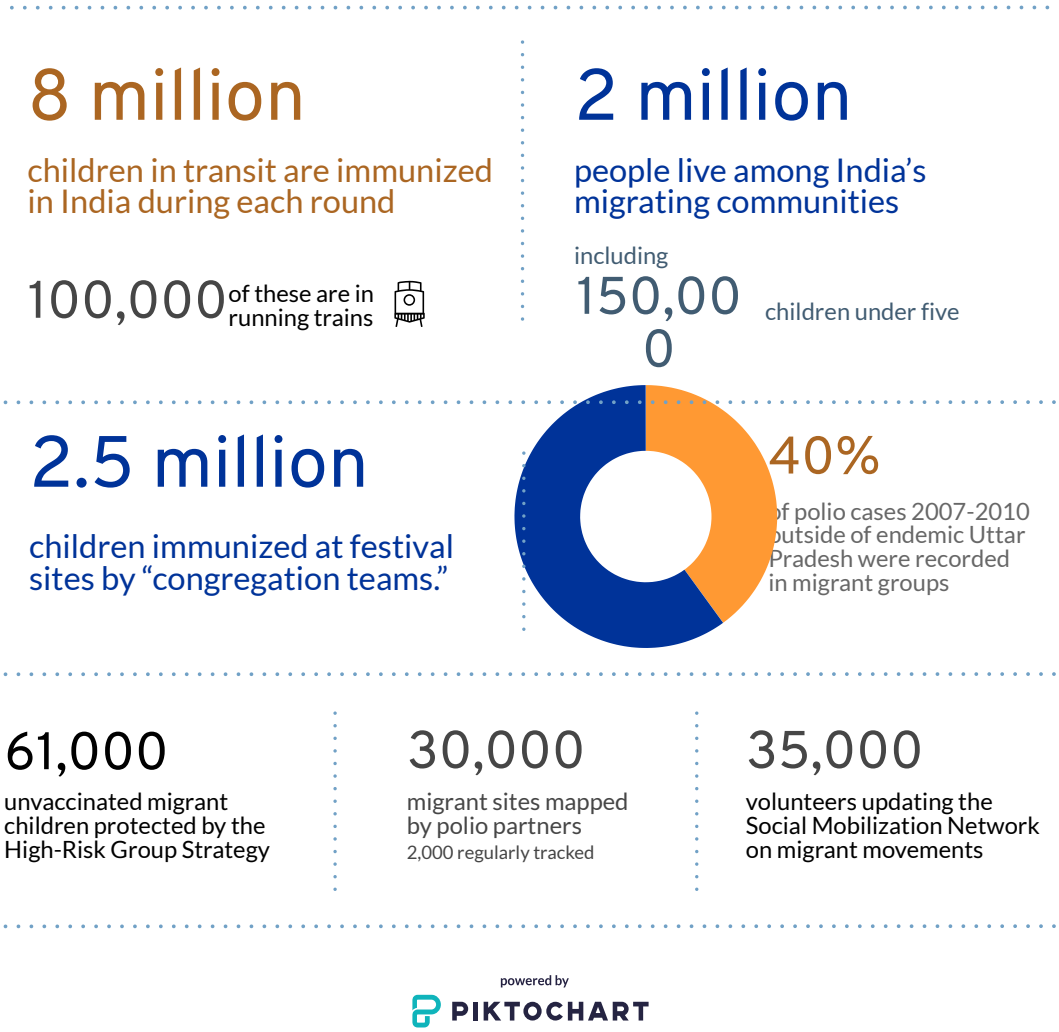
Tracking to Zero, Part II

Reaching High Risk Groups for Polio

A Commitment to Equity



In 2010, the polio partners confronted a dilemma.

The "Underserved Strategy" introduced in 2002 had broken new ground in the fight for acceptance and high coverage rates. Once entire street blocks had been marked "XR" – unvaccinated due to resistance. But now monitors were hard-pressed to find more than a handful. The Social Mobilization Network (SMNet) had grown from small beginnings into an unparalleled force of trained and skilled communication staff. They joined an ever-more sophisticated operational system deploying tens of thousands of people for as many as 12 campaigns per year.

And yet, India still had cases. The virus was proving an unexpectedly wily enemy, aided by some of the worst poverty on earth. Too many children were already vulnerable because of weak, malnourished

immune systems. And somewhere, a reservoir of polio was still hidden, allowing the virus to filter back even after exhaustive, repeated campaigns.

“The unpalatable truth was: we were still missing children,” says Nirmal Singh, who coordinated the SMNet for UNICEF at the time. “And since we were covering upwards of 95 percent of the children tracked in our microplans, it followed that these missed children must be completely off our radar.”

If children were being left out of the polio microplan – India’s most comprehensive and forensic public health planning tool - then they were likely to be completely excluded from every other service. “We were looking for the most marginalized children in India,” says Singh. “They were the missing piece in a 20 year-old puzzle.”

The campaign went back to basics, and re-examined the data. Where were the cases cropping up?

“We realized that one particular population group was over-represented in terms of cases,” says Pankaj Bhatnagar, acting Deputy Project Manager for the National Polio Surveillance Project of WHO. “The migrating populations were the only ones we had not tracked regularly. We were completely focused on reaching *households* – and all of our tools were geared to achieving that goal. We needed a shift in thinking.”

The shift, according to Bhatnagar, meant switching policy - from ‘door to door’ to ‘child to child’. “We had to revise our microplan, our training for the frontline workers, our data collection tools. It’s a much harder job to go child-to-child, and requires more persistence and initiative,” he said.

Nizamuddin Ahmed, Underserved Strategy Manager for UNICEF in Uttar Pradesh, describes the change in a different way. “The High-Risk Group strategy sent out a new message,” he says. “We wanted people to stop looking at a child as “my child” or “your child”. Instead, we wanted them to think “everyone’s child”.

Officially termed the “High-Risk Group Strategy” the new polio plan focused in on 107 of the highest risk blocks across Uttar Pradesh and Bihar with a new lens: migrating groups that crossed borders based on their seasonal work or cultural habits. The children of these poorest of poor families represented 40 percent of polio cases outside of endemic parts of Uttar Pradesh between 2007 and 2011.

A health worker marks a previously unvaccinated child's finger after vaccination.
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Exclusion – the real enemy

Nearly 2 million people are on the move every day in India – 150,000 of them children under five. Missing these children every round gave the virus more than enough space to survive.

The life of a migrant child in India is particularly bleak. Children do not attend school and most get no health services at all. Many have no official papers. And, as they will soon move on, local officials take no responsibility for them. They play and sleep in temporary settlements surrounded by sewage and garbage, or in unsanitary compounds in brick kilns or on construction sites. Most work themselves, from a very young age.

To UNICEF's Ahmed, the evolution of the High-Risk Group strategy was both a moral and an operational necessity. "If you are a doctor seeing a patient, you want to give a full diagnosis and a comprehensive treatment plan," he says. "And in this case the diagnosis was simple – exclusion was fuelling polio in India. Exclusion was the real enemy."

Putting Equity into Action

The task of finding these children and tracking their movements fell to the SMNet, through the Block Mobilization Coordinator (BMC). Many became specialists working specifically with High-Risk Groups.

Different indicators were used to identify which areas would be covered, and then which groups constituted 'high risk' - migrant groups were divided into four categories: brick kiln workers, construction site workers, nomads and slum dwellers, each covered by a slightly different strategy.

Nagenda Saxsena, one of the specialized BMCs, says the process was collaborative between UNICEF, the local WHO surveillance officer and the Government's local Medical Officer-in-Charge.

Saxsena explains that brick kiln workers are seasonal – returning home and coming back monsoon times, usually to the same site. Construction workers move on to wherever new work is found. Nomads are very unpredictable; there are 181 different tribes, with unique dialects and cultures. And slum dwellers can be temporary, permanent, or a mix of the two. Across India's high-risk areas, the polio

teams have recorded 30,000 sites where migrants settle before moving on – of which 2,000 are regularly tracked in high-risk areas.

Keeping track was helped by a permanent informant on the ground, who reliably updated BMCs on family arrivals and departures. In total, UNICEF is in regular touch with 35,000 volunteers providing detailed information on migrant movements.

When Saxsena gets a call about a new set of arrivals, he goes to the site to do a survey of the families. “I make a list of every household, every child and newborn and all the pregnant women,” he says. “I talk to them and find out their polio status and their routine status. I give them information – in picture form, since many cannot read. I give them vaccination cards and I call the local Auxiliary Nurse Midwife (ANM) for a time she can come for an immunization session.”

On average, Saxsena looks after 1,700 exceptionally vulnerable migrant families in just one block in one district of Uttar Pradesh. He visits each area once per month. Their conditions vary widely, he says. Some have crèches where they look after young children. In others, the children are playing in sewage, or working themselves. “They know me very well by now,” he says with a smile. “They know that I am a friend and not an alien.”

Busy festival sites such as this were given their own dedicated vaccination teams, specialized in that type of location. ©UNICEF/Claire Hajaj

Vaccination on the move

During the polio rounds, Saxsena's surveys and his individual map of each site provide essential information to the 22 dedicated "high-risk" vaccination teams covering all of these sites – a Herculean task.

These specialized teams are just one facet of an entire vaccination effort that went mobile. Putting the "child to child" mantra to work, polio teams re-dedicated themselves to catching children in transit no matter who or where they were. Travellers at railway stations and on trains, in bus stations, crossing borders, at harbours and water taxi points, at river crossings on floodplanes or at one of India's myriad array of religious festivals suddenly had their own dedicated vaccination teams, specialized in that type of location.

In one part of Hapur district, by the wide, muddy Mother Ganges, thousands of families come to bathe themselves and in a celebration of life. Pole-boats pass slowly along midstream, ferrying families to the inner bank. But during religious festivals, this area will swell with vast numbers. And 26 so-called "congregation" vaccinator teams will work two shifts from seven in the morning, until seven at night – reaching 1.3 million people.

Brick kiln workers are seasonal – returning home and coming back monsoon times, usually to the same site. Construction workers move on to wherever new work is found. ©UNICEF/Claire Hajaj

Connecting the Disconnected:

The High-Risk Group Strategy has sent polio immunization rates soaring amongst India's ghost children – the ones most disconnected from society. And those who worked hard to put the strategy in place believe the benefits should long outlast polio.

In the Lahuar-Pastwar brick kiln in Saharsa District, central Bihar, 26 families are staying in a small, rubbish-strewn courtyard constructed from dull, red bricks. Thousands more are being baked outside. The children play among the bricks, red with dust. Some are eating rice and corn porridge – their staple (and only) food source. A huge chimney belches smoke as the men pat mud into rectangles and stamp the company logo on the outside. Families get 500 rupees for every 1,000 bricks – perhaps earning four or five dollars per day. When the rains arrive to make their work impossible, they will make the long journey back to their homes.

Mazida, 25 years old, holds her newborn baby girl Kalimun in her arms. A week ago she gave birth in one of the shacks, attended by a midwife. The munshi or site manager stands beside her. When her time came she asked him to call the BMC on her behalf. And the BMC called the local PHC, to ask for delivery support and arrange vaccination for the baby. "We did not used to get these services until a few years ago," she says. "So I feel that life has changed a little for the better."

The compound she lives in has two latrines and a hand-pump. Both were built after intensive lobbying by the BMC. The BMC advocated with the local government. Their children now get routine vaccinations and the mothers get Tetanus Toxoid injections. During the recent rounds, the Government launched the campaign from this very brick kiln – sending a message of inclusion that would have been unthinkable a decade ago.

> By 2011, 61,000 previously unvaccinated migrant children were protected with OPV. And the number of polio cases among migrant groups had fallen to zero. By the end of that year, India was to experience its last polio case.

But the universal feeling among the polio partners was that more than one battle had been won. “We built a bridge between our poorest citizens and services, between the most marginalized and the Government,” UNICEF’s Ahmed says. “Many things can come across that bridge, if it is maintained.”

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