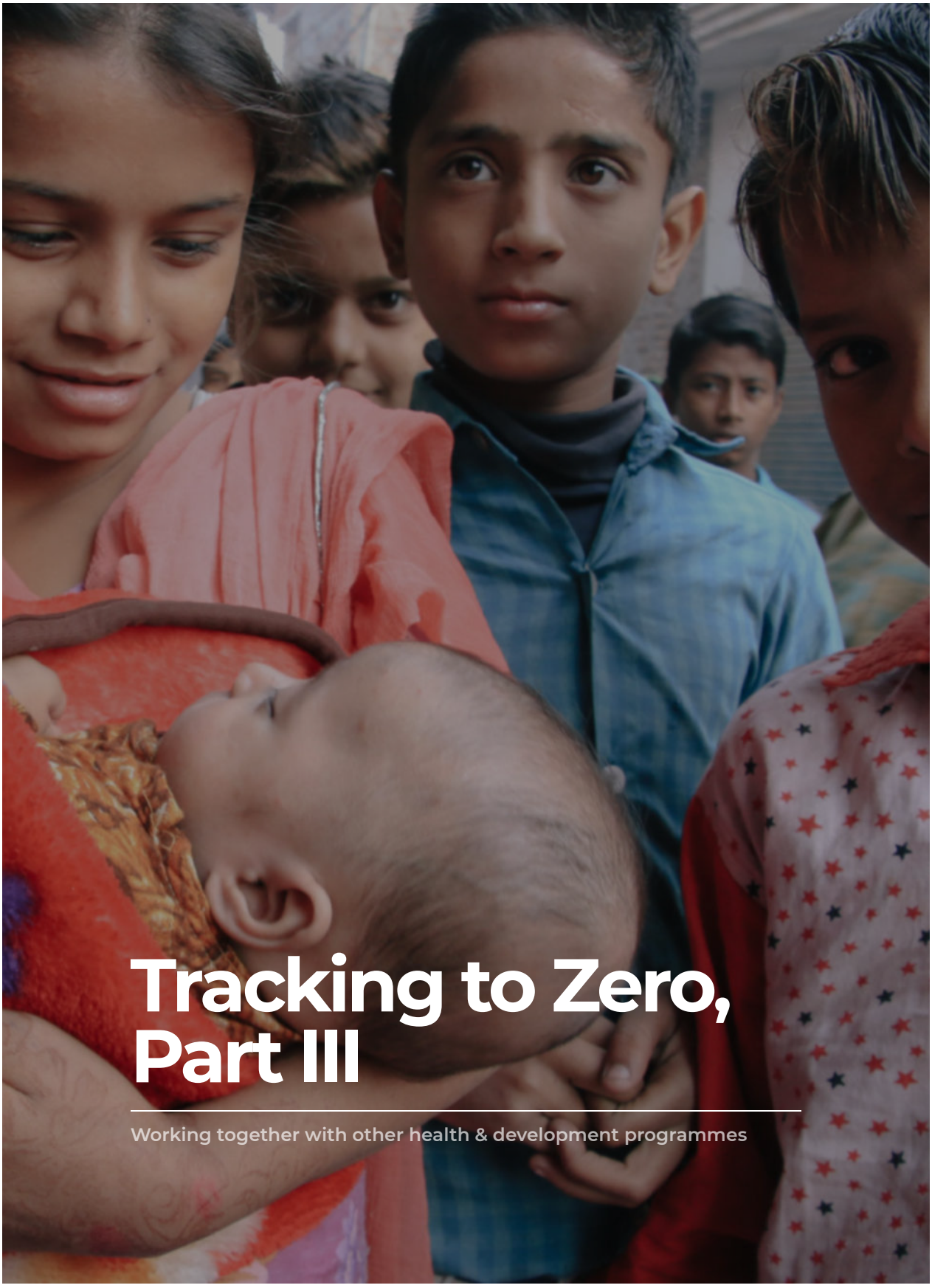
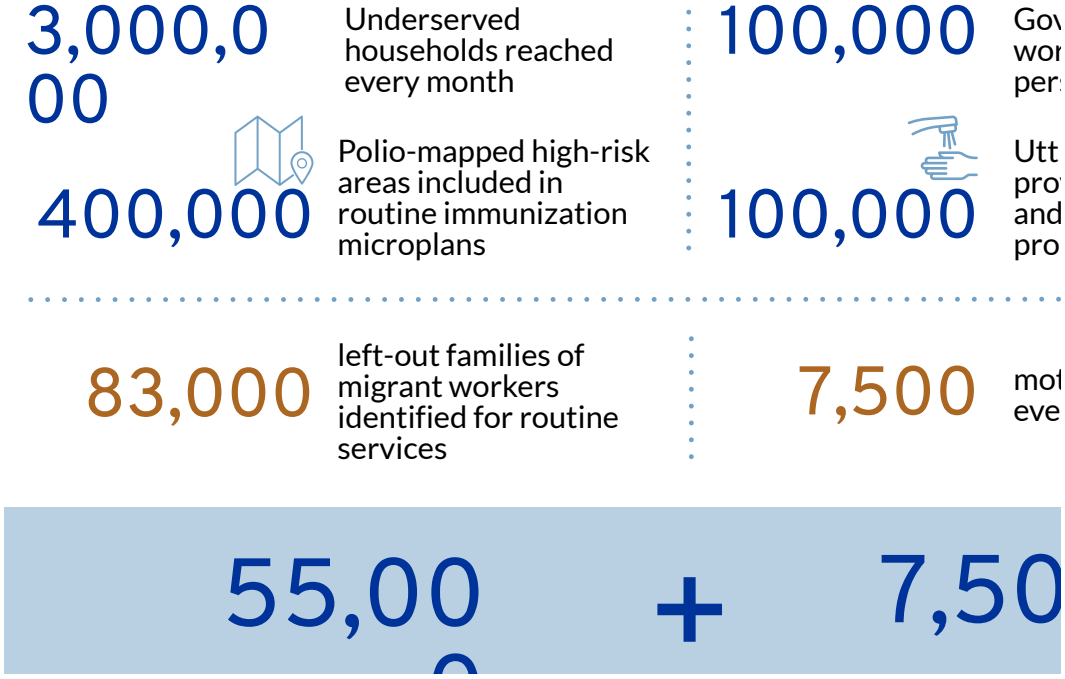


Tracking to Zero, Part III

Working together with other health & development programmes

From Underserved to Better Services



Ten years ago, Dr. Rana was a government medical officer in Aligargh District. The polio campaigns were in full swing; resistance was still high – and Dr. Rana was one of the many people working hard every month to try to tip the balance.

“I used to go house to house with the rest of the polio team, to visit areas that were refusing,” he says. “People were basically always saying the same thing. Yes, one or two had a religious objection – but most were just frustrated because we only wanted to talk about polio. They had so many other needs. I could see it with my own eyes.”

When he was promoted to the District’s polio focal point in 2010, Dr. Rana decided to make a change. He went back to one of the most resistant communities – a slum area filling up every day with new arrivals.

“I listened to their problems,” he says. “And the root cause of them was very simple: they had no bank accounts. Without a bank account, everything becomes difficult. You can’t borrow money to start businesses. You have no way to improve your lot in life.”

Dr. Rana wondered whether a solution could be found. He went looking for a bank with a track record in social programmes. “The bank manager was very surprised at first. It was not so easy to convince him to let these people open accounts, because they had no official papers. But eventually I talked him

round. I also had to help the community members with all the complicated paperwork, because they were barely literate."

The slum community's visit to the bank to open their new accounts was a turning point in their relationship with polio, with public health – and with the government. Soon Dr. Rana was finding ways to help enroll their children in school and running community-level health camps. And meanwhile, polio resistance was melting away.

The "Holy Trinity" of Polio Truths

Polio's relationship with other health and development programmes began in the mid 2000s, when the fight against the virus reached its peak.

"Convergence" sprang from analysis of what is now a "Holy Trinity" of polio truths: *one*, that eradication depends on high routine immunity in underserved communities; *two,* that coverage and trust both increase when other family needs are addressed, and; *three,* that polio has the potential to catalyze other public health victories – particularly in routine immunization.

Rina Dey is Communication Advisor for the CORE Group of NGOs, partners in the polio social mobilization effort. "Polio's 'Booth Day' has always been a bellwether for public acceptance," she says. "But when the house-to-house drives started, we started seeing a decline in Booth Day attendance and an upswing in resistance. Families found it invasive and suspicious. Widening the campaigns to promote routine immunization was a win-win: it increased trust, and improved general health."

"When the convergence strategy first started we saw it as a firewall plan," says Nizamuddin Ahmed, UNICEF's Underserved Strategy Manager in Uttar Pradesh. "It was a rethink of the 'polio, polio, polio' mantra we had been following until then. Suddenly, the work took on a different dynamic."

At mother's meetings like this one, photographed in Jharkhand in 2018, mothers would now hear about childhood vaccination schedules – where and when to get vaccinated and what to expect after injections

Routine immunization – the first challenge

As a first step, the programme set itself a challenge: help achieve full routine immunization in polio priority area. It would not be easy. Coverage in some districts was just 30 percent or lower.

The polio team began to train its community mobilization teams to pass on messages about routine immunization. At monthly mother's meetings across the priority 107 blocks where polio was most deeply embedded, mothers would now hear about childhood vaccination schedules – where and when to get vaccinated and what to expect after injections.

Community Mobilization Coordinators (CMCs) also started to record routine vaccination status on their household census logbooks – along with the due date of pregnant mothers. If a family didn't have a routine vaccination card, a CMC would bring one along with her on her next visit. If she found gaps in the child's vaccination schedule, she would inform the local Auxiliary Nurse Midwife (ANM) and help the family make an appointment. If a woman was due to give birth, her name was included on a "due" list to be passed onto the ANM to ensure a safe institutional delivery and protective tetanus toxoid shots.

As the polio/routine immunization convergence programme strengthened, it began to achieve tremendous results – measured both in coverage and in cooperation.

Polio's 400,000 high-risk areas were absorbed into routine immunization microplans. Migrant groups were included for the first time, their movements and vaccination status tracked by polio's Social Mobilization Network. Special routine immunization sessions were held once a month for children identified as "left out" during polio campaign planning. Polio personnel were deployed to other states that didn't have polio mobilization resources, to train the managers of Mission Indradhanush (Rainbow), India's flagship routine immunization drive.

Casting a wider net – the five pillars of family health

In 2008, polio widened its net as part of the Expanded Underserved Strategy.

Families attending one of the 7,500 mother's meetings every month, or living in one of the 3 million households reached regularly by a social mobilizer would no longer just talk about polio. They would also learn how to wash hands properly and how to manage a child's diarrhea. They would learn why exclusive breastfeeding is so important for infants, and why tetanus toxoid saves the lives of mothers and their babies after delivery. They would also receive Oral Rehydration Salts and zinc, as well as Vitamin A supplementation during campaigns to shore up their children's shaky immunity.

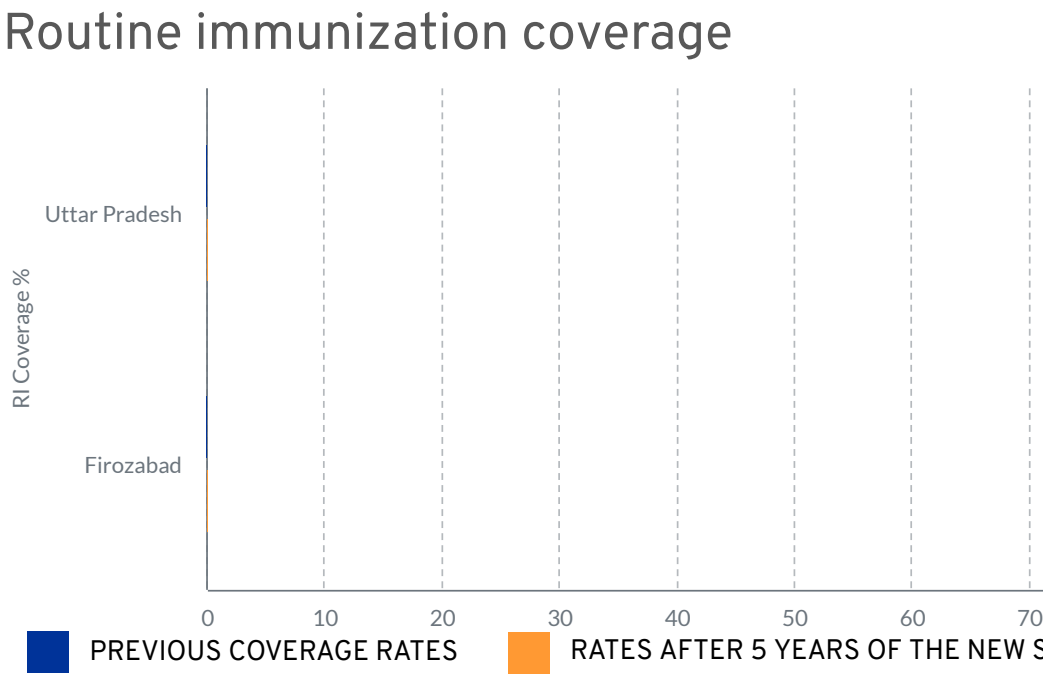
"These messages are not new," says UNICEF's Ahmed. "But polio brought two important extra dimensions. It had a large network targeting exactly the most at-risk people at their very doorsteps. And it delivered specialized training to the wider health system on *how* to deliver messages, so that they are heard."

1,600 formal health sector trainings were conducted on inter personal communication in just Bihar state over twelve months. Meanwhile, the SMNet was familiarizing Imams, teachers, shopkeepers, school children and a host of community influencers with a package of health information. One CMC recalls how satisfied she felt when after a period of effort her local mosque started to alternate its announcements between promoting polio and promoting hand-washing.

Priyanka Kumari is CMC for Chiraiya – a village in Bihar's remote Kosi River Basin. "The inter-personal skills are the best part of our training," she says. "The basic principles gave me more sensitivity to people – what is a good time to talk, what isn't, how to greet people. Before I was just going to speak to people whether they were ready or not. And now families listen to me on so many health issues for their children. If I only knew about one, I would feel less confident."

In hard-to-reach rural villages like Chiraiya, skills like Priyanka's are hard to come by. "What would happen to us if this lady did not come here?" asks Raja Ram Bhagat, one of Chiraiya's community elders. "She is the only person who brings information on children's health and calls the ANM to come. Who would do it if she did not?

These tactics sent routine immunization coverage skyrocketing. Uttar Pradesh went from from 39 percent to 62 percent in five years. In some districts, like Firozabad where Dr. Rana now works, the rise was even more astonishing: from 36 percent to 76 percent. And family management of child illness also started to improve. Uttar Pradesh saw a significant rise in the use of ORS and Zinc to treat diarrhea - from 16 percent to 42 percent between 2013 and 2015.



And concurrently, resistance began to dissolve. A 2012 study of the SMNet's effectiveness by Deloitte showed a decline in resistance by 61 percent in Uttar Pradesh and 42 percent in Bihar between 2007 and 2012. "Doors used to be closed to me," says Dr. Rana. "But then they opened."

Going the extra mile – the dry toilet project

Over the years, polio convergence has taken the eradication campaign and its staff to some strange places. Once, in Uttar Pradesh, the SMNet was combing districts for left-out communities. They discovered a group of unimmunized people who were tasked to remove excreta from the area's dry drop toilets.

"These people were completely rejected by the community – and this demeaning work was cutting them off from society and services," says UNICEF's Ahmed. "So we assessed the area and mapped 100,000 households without proper flush toilets. We handed the results to the state government and asked them for the money to install the toilets. They agreed. And afterwards we ran a major local education campaign to help families use the toilets and improve their hygiene."

The intervention was for polio – but it also had a big impact on human dignity of a vulnerable community. Today, this initiative has become part of a much wider drive to stop the epidemic of open defecation in India.

A moral obligation

To Nicole Deutsch, UNICEF's former Polio Chief, the convergence programme raises profound philosophical questions. "Now we've reached these people and mapped them and given them a valuable service – how do we keep them on the radar?" she says. "We easily underestimate the connection between even something as small as a routine immunization card and basic human dignity. I've seen these cards kept in pristine conditions even in the filthiest slums – because people say it's the only official document they own."

One of the key legacies for polio in India has been the focus on routine coverage with the same zeal that characterized polio eradication.

Dr. Mishba Hani is a Surveillance Medical Officer in Harpur, Uttar Pradesh. "It's now impossible to imagine public health without polio's infrastructure, and manpower," she says. "The convergence strategy re-ignited interest in health, and created interdepartmental interaction. The data is used for everything from routine to measles surveillance. It's really a cohesive programme and it's part of our way of working now."

In India, they say a doctor is next to a god," says Dr. Rana, as he contemplates the effort ahead to reach 100 percent routine coverage in his district. "But I never felt even the smallest bit worthy until I started this work. We did more than eradicate a disease – we have actually improved some life quality for the very poorest of our fellow men and women. And that is truly something to celebrate."

Banner image provided by UNICEF India