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# INDIA

## COMMUNICATION UPDATE

**SPECIAL  
EDITION**  
ON THE  
**107 BLOCK PLAN**



A young polio advocate drinks water from a hand pump in Ferozabad, Western Uttar Pradesh. In many of the high risk areas, hand pumps are shallow and ground water is contaminated with faecal matter. The 107 Block plan emphasizes the need for quality drinking water.

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*A priority on the Government's public health agenda*

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# Polio Eradication:

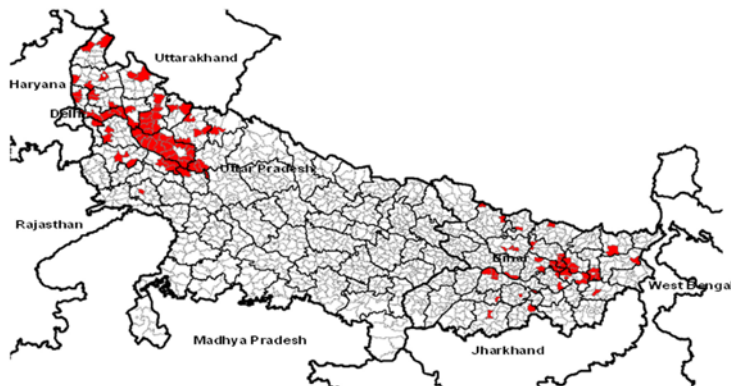
A priority on the Government's public health agenda

“The Government of India is committed to the Global Polio Eradication Initiative and ensures that all the required efforts and resources are provided for India to be polio-free.

Keeping this in view, the targeted high risk public health approach is being operationalised with a special focus on 107 identified blocks. The 107 Block Plan is critical because it expands the scope of our polio eradication programme beyond delivering OPV vaccination. It will enable us to deliver a more complete package of services like routine immunization and improved health and sanitation services so that children can not only be free of polio, but also have a healthy childhood.

We are almost there; we will keep going until we succeed.”

*Dr. Ajay Khara, Deputy Commissioner (Immunization), MOHFW, GOI.*



The 107 highest risk Blocks in Uttar Pradesh and Bihar.



Young polio mobilizers in Ferozabad demonstrate what the 107 block plan aims to achieve: healthy, polio-free children.

# The Battleground for Eradication:

Finishing Polio in the 66 highest risk blocks of UP



The 107 Block Plan is focused on ensuring maximum OPV vaccination coverage during each polio immunization activity. Children and young people play a critical role in community mobilisation. A young and enthusiastic Community Mobilisation Coordinator in Mainpuri, Uttar Pradesh brings together her Bulawa Toli – a group of children who mobilize others for booth day vaccination.



Sanjeeda, the CMC leads the vaccination team in a high risk block in Ferozabad, Uttar Pradesh, as they go door to door to check if all children under 5 have been immunised. Overflowing drains, poor sanitation and contaminated water pose a threat to polio eradication.



The CMC tries to convince a resistant family to give their child OPV. Some families refuse OPV because of misconceptions that OPV causes sterility. There are over 4,000 CMCs in UNICEF's Social Mobilisation Network in Uttar Pradesh, each covering about 500 households and making a critical difference in the fight against polio.



Once the family is convinced, the child is vaccinated. Most polio endemic districts in Uttar Pradesh have about 10 polio rounds in a year. Booth Sundays are followed by seven days of house-to-house visit where the CMC and vaccinator team ensure all under-5 children in the community have been immunized.



The CMC goes house to house speaking with mothers about the importance of exclusive breastfeeding to improve child's nutritional status, the use of zinc and ORS to reduce the incidence and severity of diarrhea. Approximately 20% of children in the highest risk districts receive ORS after an episode of diarrhea.<sup>1</sup>



The 107 Block plan emphasizes the need for quality drinking water. In many of the high risk areas, handpumps are shallow and not well protected.



CMCs say establishing trust and rapport helps speak to mothers about their child's health. CMCs tell mothers and pregnant women about routine immunization and now with the 107 Block Plan, also advise them on wider health and nutritional issues.



A mother brings her infant for routine immunization at a local healthcare centre in Ferozabad, UP. Low routine immunization is a major challenge in UP: approximately 30% of children 12-23 months are fully immunized in the highest risk Districts<sup>2</sup>. Strengthening routine immunization services throughout the high risk blocks is important to achieve and sustain polio eradication.

<sup>1</sup> MHFW District Level Health Survey, 2007-2008

<sup>2</sup> MHFW District Level Health Survey, 2007-2008



Ensuring no child gets missed with OPV is important in order to eradicate the virus. Vaccinator teams reach out to mobile populations at construction sites and brick kilns- families most likely to miss a dose of OPV at the booth or house-to-house activity due to their mobility.



Malnutrition among children is high in the high risk blocks, which weakens children's immunity against the poliovirus and other infections. On polio Sunday, children receive a nutritional supplement at an Anganwadi centre in Mainpuri, Uttar Pradesh.



As the polio battle is fought in the last bastions of UP and Bihar, optimism is high. Experts advise vigilance and say the next few months of monsoon are critical. Meanwhile, work continues to make sure every child in India is polio-free.

# Rotary Builds Support and Political Momentum in Polio High Risk Blocks

Interview with Deepak Kapur, Chairman Rotary International's India Polio Plus Committee

**Q: Rotary has been an instrumental partner in the polio eradication effort in India. How are you supporting the 107 Block Plan in particular?**

**DK:** Rotary is actively working to implement and support the 107 Block Plan in the high risk districts of Uttar Pradesh and Bihar. We have instituted task forces in both states to initiate the plan and have proactively put together two additional task forces to cover West Bengal and Punjab in the wake of emerging polio threats and cases in these states. These task forces are being coordinated by dedicated Rotarians.

We have also approached and briefed the Principal Secretary of Health in Uttar Pradesh on the 107 Block Plan. I have personally written to the Chief Secretaries of Uttar Pradesh and Bihar asking for their encouragement and support for this initiative.

In addition, at the behest of the Government in Uttar Pradesh, we have organized health camps in four of the high risk districts which are included in the 107 Block Plan.

**Q: Has the 107 Block Plan filtered down to state and district levels? If not, what is needed to ensure district level officials take ownership of the plan?**

**DK:** Yes. We have appointed 47 Rotary Polio Block Coordinators in 66 blocks of Uttar Pradesh. In 36 blocks in Bihar, we have assigned two Rotarians per block to execute our existing and additional activities which come under the ambit of the new comprehensive strategy. These include support for polio and routine immunization, diarrhoea management and converting resistant families.

The Polio Block Coordinators in Uttar Pradesh have recently received special training by Rotary in collaboration with UNICEF and the NPSP-WHO focusing on topics like the National and Sub National Immunization Days, Routine Immunization, Cold Chain, Surveillance, the National Rural Health Mission, anti-diarrhoea measures and high risk areas and groups.

To build political will and momentum in the districts, Rotary is in the process of

calling a meeting of the District Magistrates of the 19 districts in Uttar Pradesh that come under the 107 Block Plan. A similar meeting will follow in Bihar.

**Q: Is there any other information or insights you would like to share regarding the 107 Block Plan?**

**DK:** We are working hard to keep up the morale of the health worker in the field, especially in the high risk districts in Bihar and Uttar Pradesh, by providing motivating incentives like utility kits and recognition for service in the form of Rotary 'Appreciation' Certificates. ■



Deepak Kapur visiting a Rotary supported health camp in Kusumpur slum, Delhi.

# India Unites to End Polio Now:

## Partnering with the Private Sector to Expand Polio Messaging and Outreach

In March 2010, the polio programme initiated a partnership to engage the private sector to promote polio vaccination efforts. The collaboration was primarily borne of the need for IEC materials to reach migrants, nomads and parents on the move, to ensure they received OPV even while traveling. Neither the SMNet nor the Government infrastructure had the ability to expand IEC materials so broadly as to promote OPV vaccination at rest stops on highways, markets, roadside locations, train stations, etc. But the private sector has this ability, and in fact has a comparative advantage in advertising broadly and across multiple medium and geographic locations. The Aidmatrix Foundation is an ideal organization to facilitate the partnership, as their work in the emergency sector has relied on connecting private sector companies with a desire to make donations to communities in crisis together with NGOs or other organizations who can absorb the support. Their services have been adapted for the Polio Programme.

The partnership created the India Unite to End Polio Now (IUEPN) Campaign, an outreach campaign which leverages

private sector resources to enhance polio knowledge and vaccination throughout India, specifically targeting nomad and mobile populations.

The campaign's objective is to expand the reach of messages reminding

parents to vaccinate their children with OPV each time it is offered. The campaign also reaches out to critical target groups like migrants and mobile populations who may be unaware of polio or the need to vaccinate their children while on the move.

The project has been promoting polio messaging and outreach by establishing IEC booths in transit locations, showing Polio PSA's in cinema halls, placing IEC materials in alternate locations, like markets and dairy booths, and other initiatives, described below in more detail. Since March, the IUEPN campaign has leveraged over 100,000 additional locations for IEC materials, and leveraged over \$100,000 in in-kind donation from private sector companies.



*Mobile polio van supported by Aquatabs, mobilising pilgrims for OPV vaccination during Shrawani Mela, Bihar.*

### Mobile Van for Shrawani Mela in Bihar

The annual Shrawani Mela in Bihar, which celebrates the coming of the rains, takes place over 26 days throughout the state in July and August, and is a tremendous opportunity to vaccinate approximately 300,000 high risk children. This year, the IUEPN Campaign leveraged sponsorship for a mobile van which has traveled through the key districts and transit points providing information on polio. The mobile van is sponsored by Aquatab (provider of water purification tablets) and travels along the route of the Mela where vaccination booths are placed, running polio videos on LCD screens,

and making miking announcements to direct people to the transit polio booths.

### Transit Booths

The Campaign has supported the programme's transit vaccinators by providing polio booths at major transit points. These booths bring an increased amount of attention to the transit vaccinators who play a key role in vaccinating children at railway stations, bus stops, state borders and key festivals. The IUEPN Campaign has produced approximately 60 transit booths through sponsorship from businesses such as Safe Express. These booths are set up at critical transit points in UP and Bihar and have been successful in increasing

the amount of children vaccinated in several locations while also adding a more visually stimulating element at the transit sites. 36 booths have also been set up along the Shravani Mela route for the month long festival. These booths will be supported by miking announcements encouraging pilgrims to vaccinate their children.

### IEC Material

The IUEPN Campaign has also played a key role in expanding the reach of key IEC materials such as the polio posters and banners to locations far and wide in UP, Bihar and Maharashtra. These posters for the first time carry polio messages that are undated so that awareness can be generated beyond each SNID.

Approximately 100,000 posters have been placed in high traffic locations such as milk scheme booths Sudha Dairy and Parag Dairy in UP and Bihar as well as two milk schemes in Maharashtra, Mahananda and Aarey. The campaign has also been able to partner with networks of NGOs in both UP and Bihar who have assisted in providing 15,000 additional key locations for IEC placement such as small stores, road side restaurants, schools etc.

### PVR Cinemas

The popular and widespread PVR cinemas are also supporting the IUEPN Campaign. As of August 1st PVR has been showing polio PSAs at twenty minute intervals on their LCD screens in the waiting areas in 26 cinemas throughout the country.

### New Delhi TV (NDTV)

A media partnership was also established with NDTV who supported the Campaign by running polio PSAs prior to the round in June along with tickers at the bottom of the screen with polio information. ■

### Website

The Campaign website, <http://indiaendpolionow.org> will provide up to date information on the activities of the Campaign, engage viewers through videos, photos and facts and create an on-line business community to provide further support to the Campaign. The website will be launched in September.



Migrants stop to watch educational videos on OPV vaccination during Shravani Mela, Bihar.



Transit vaccination booth at Banka Deoghar bus stand, Bihar.



Polio poster posted at key transit points for pilgrims at Bhagalpur bus stand, Bihar.



# UNICEF's Communication Strategy to Promote Healthy, Polio-free Children

Interview with Karin Hulshof, Representative UNICEF India

**Q: How has the 107 Block Plan changed the way UNICEF supports the Polio Eradication effort in India?**

**KH:** Possibly for the first time ever, we are targeting polio eradication through a comprehensive approach that includes routine immunization, sanitation and nutrition interventions.

Approximately 98% of India is polio-free. In the November 2009 India Expert Advisory Group (IEAG) meeting, we learned that the disease continues to persist in 107 blocks across Uttar Pradesh and Bihar. These blocks share a unique combination of factors that make them more susceptible to the polio virus: namely poor hygienic practices and sanitation infrastructure, inadequate routine immunization coverage, and children with persistent diarrhea. In UP, these factors are also compounded by high population density. This has led to compromised gut mucosal immunity in children under five in these areas.

We are now also addressing these risk factors, in addition to maintaining high OPV coverage. We are geographically

converging our WASH, Health, and Nutrition programmes to ensure we are facilitating service delivery in these highest priority blocks.

We are expanding our communication programme to include counselling and inter-personal communication for critical behavior change related to the key risk factors for polio. A new communication campaign that addresses this expanded package of messages will be launched in the last quarter of 2010.

**Q: Has implementation on the 107 Block Plan already begun?**

**KH:** Both UP and Bihar have developed operational plans and are working with the State Governments and district/block officials to roll out interventions. In Uttar Pradesh, we have conducted a rapid sanitation appraisal in the 66 highest risk blocks. A Knowledge Attitude and Practices Study covering – for the first time - Polio, WASH, Routine Immunization, exclusive breastfeeding and the prevention and management of diarrhea – has begun in July. Monitoring and strengthening of Routine Immunization sessions have been intensified in both UP and



*Karin Hulshof, Representative of UNICEF India vaccinating children in Shaheednagar area of Ghaziabad, Uttar Pradesh.*

Bihar, and some blocks, like Moradabad – where 22.5% of children under one year are fully immunized, compared to 13.6% in 2009 – are already showing substantial progress.

**Q: Will additional resources be brought in to support the 107 Block Plan?**

**KH:** We will be using our existing resources and technical expertise to bring priority attention to health and sanitation services. It may not require an immediate surge in resources, just a better focus.

There may be a need to increase resources allocated to specific blocks. If there is a programmatic need to increase resources, staff, or expertise, we will do our best to meet these needs.

**Q: Will UNICEF's communications strategy be different in the 107 Blocks?**

**KH:** Yes. In these blocks, we will need to promote not only OPV vaccination and routine immunization, as we have been doing in the past – but we'll also be promoting handwashing with soap, the use of toilets, the prevention and management of diarrhea, particularly through ORS and Zinc, and exclusive breastfeeding for children up to 6 months.

Our communication strategy will need to explain to parents and care takers why they need to practice these additional behaviours when for years they have understood OPV immunization was a sufficient strategy for polio eradication. We will communicate with parents that

these practices are important to stop the spread of polio, while maintaining their confidence in OPV as the primary strategy against the virus. Of course, after all, all parents like to have healthy children who are free of polio and or diarrhea.

UNICEF is amidst developing a comprehensive communication campaign which nationally, will help revitalize commitment and motivation for continued OPV vaccination. In the 107 blocks, SMNet workers will continue to promote complete dosage of OPV plus additional care practices that will make children more likely to fight the poliovirus. They will explain to parents that these practices will provide protection against polio, and will help make their children stronger and healthier.



*Karin Hulshof with children from the Bulawa Toli at a polio booth in Shaheednagar area of Ghaziabad, Uttar Pradesh.*

**Q: What are some of the challenges in implementing the 107 Block Plan?**

**KH:** For the past six years, we have been actively advocating for OPV vaccination as the most critical strategy against polio. Communities have largely been supportive, while people are asking how much longer vaccination teams will continue visiting their houses. Our biggest challenge will be to continue overcoming fatigue while maintaining faith in the vaccine and eradicating polio soonest.

Another challenge will be to change people's mindsets from a house to house vaccination strategy of OPV towards going to a fixed post for

Routine Immunization. Communities have gotten used to vaccinators visiting their houses.

I believe the 107 Block Plan is responding to a real demand from these communities. They want more services and additional knowledge. I believe this plan addresses these requests. Parents like their children to survive and thrive.

The remaining challenges which directly affect the polio eradication effort are fundamental and their impact is not limited to the existence of polio only. Weak health systems and poor sanitation have a proven negative impact on children. Reaching each and every child with a minimum package of health services (e.g. RI) through proper functioning health systems, especially at the community level will help polio eradication and will also support other control programs.

**Q: How will UNICEF measure the success of the 107 Block Plan?**

**KH:** Each partner will do its bit. UNICEF's contribution will be measured by routine monitoring data and bi-annual KAP studies. The collection of routine data will be done through the already existing monitoring systems within UNICEF but with a higher level of focus and detail on the 107 blocks.

**Q: Is there anything else you would like to share regarding the 107 Block Plan?**

**KH:** Keep our eyes on the ball: Polio Eradication and healthy children. Together with government and partners, WE CAN DO IT. ■

# Mobilising Nomads for OPV in Ghaziabad

The lives of the nomadic families and their children living in the slums of Ghaziabad District are not optimal. Their environment is stifled by clogged drains, stagnant water, and piles of discarded waste. Although 82% of households have access to a toilet facility in the district of Ghaziabad, in these marginalized communities, facilities are scarce, and open defecation is a common practice. Children play freely during the day, rummaging through garbage sites, and are largely left out of formal health services and lack access to other social services like education, clean water and basic sanitation.

It is therefore not surprising that these groups represent the weakest link that now challenges polio eradication in India.

“The migratory nature of nomadic groups, mostly rag pickers from West Bengal and seasonal migrants from Rajasthan, makes it difficult to include them in any micro-plan due to the language barrier, high mobility, tribal beliefs and suspicion of outsiders. Many rarely reveal their true identity,” says Devanand Srivastava, the

Block Mobilisation Coordinator from the high risk block of Loni.

The Polio Social Mobilisation Network (SMNet) put together an action plan to include and integrate these nomads in the micro-plans in coordination with the medical teams of these blocks.

Over several months, special Block Mobilisation Coordinators (BMC) worked relentlessly to gain the trust of the rag picker population, largely through the support of an informer network with pre-existing ties to the community. As a result, they were able to establish enough trust to conduct a survey to understand rag picker's migratory patterns, family structure, health status of pregnant women and the number of new born and immunized children below five years of age. In some areas, local Dais (Traditional Birth Attendants) were brought in as influencers to support the team.

The survey data highlighted the need for immediate interventions, particularly related to address the high number of undernourished children in the nomadic population. This was promptly translated



CMC Shabnam sensitising nomadic community on various health issues in high risk block of Loni, Uttar Pradesh.

into the setting-up of Anganwadi Centres in several locations.

Poshahaar (nutritional food), basic education and special routine immunization sessions are undertaken at these Anganwadi Centres. Community Mobilisation Coordinator (CMC) Shabnam, who often uses Jeevan Ke Sandesh (Facts for Life) to talk to mothers and pregnant women about health issues and the importance of immunization and polio drops, says, "At first the women did not even listen to us but we kept approaching them and now our sessions are attended by all. They ask questions and seek our help to take their children for tikakaran (immunization)."

These sessions are also used to increase Vitamin A coverage for children in the age group of nine months to five years. In a concentrated effort, the benefits of vitamin A were advocated in influencers and mothers' meetings (Mata Bhaitaks), Elans (notifications) from Masjids and through counselling with CMCs.

Other community interventions like health camps, special immunization sessions and informer meetings were organized to create community participation and ownership. The use of iodised salt increased with demonstrations of the iodine testing kits. Many husbands switched to iodized salt for their families especially for their pregnant wives.

Consequent to the constant interactions with the women during Mata Bhaitaks and at the Anganwadi centres, routine

immunization and Vitamin A coverage has improved. From January to May 2010, the percentage of children under 1 year fully immunized in Loni Block has increased from 5% to 14%<sup>2</sup>. In all SMNet-supported high risk blocks of Ghaziabad, routine immunization in children less than one year old has increased from 3% to 17% for the same time period.

It was not an easy process but slowly, many women realised that the concern of the SMNet workers for their well-being and their children was genuine. "At first, we did not like their interference but they have done so much for us. Our children are learning and are healthy. What else can we ask for?" says Paro Devi, one of the mothers.

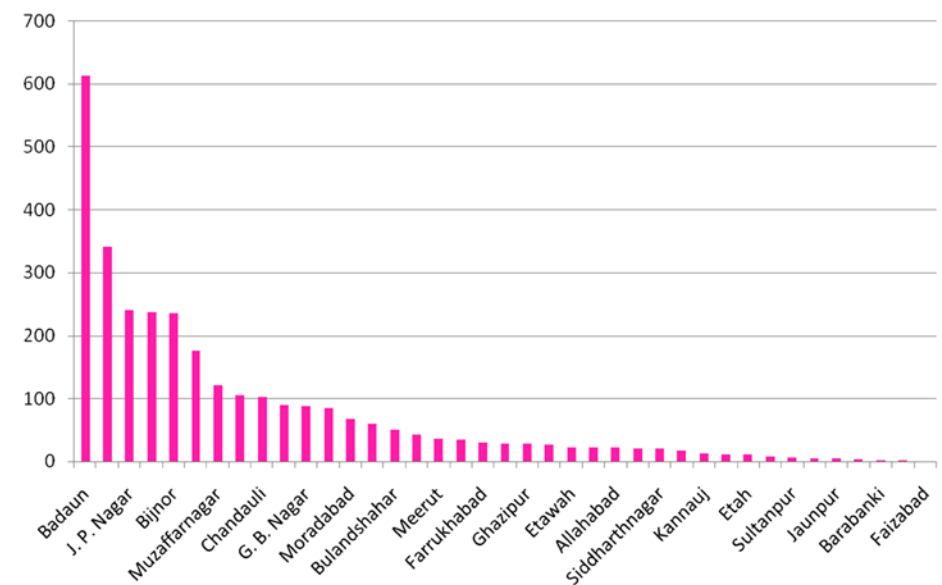
To sustain these activities the Ghaziabad team continues to advocate convergence with support from district and block management and medical officials. There has been no resistance reported in Ghaziabad since January<sup>3</sup>, and almost all eligible children found during the polio rounds, have been vaccinated.

Even the migrant community is surprised by the extent of change that has come about in such a short period of time. As Ruku, one of the mothers in the mother's meetings says, "I give polio drops, and now I have also started to immunize my child after meeting Shabnam Didi, [the CMC]. She tells us so many good things and how to take care of ourselves and our families. Our lives have changed for the better." ■

Epidemiologically, 107 blocks in Uttar Pradesh and Bihar are the last bastion of the polio virus transmission in the country. Of these, 66 blocks are in Uttar Pradesh.

As one of the key partners in the execution of the 107 Block Plan, UNICEF's responsibilities in the High Risk blocks of Uttar Pradesh focus on ensuring convergence between the existing polio activities, Routine Immunisation, Water, Sanitation and Hygiene, and the prevention and management of diarrhea through ORS and Zinc. Particularly focusing on marginalized groups where poor water, sanitation and hygiene are contributing factors to the incidence of polio cases.

### Nomadic Informers in Western UP



Nomadic informers in western Uttar Pradesh.

<sup>1</sup> DLHS, 2007-2008

<sup>2</sup> SMNet Monitoring data, January - May 2010

<sup>3</sup> SMNet data, January - May 2010

# Targeted Risk Reduction Strategies:

The key to polio eradication in India

An interview with Dr. Hamid Jafari, Project Manager, WHO-NPSP

## Q: What is the epidemiological reasoning behind the 107 block plan?

**HJ:** Unrelenting efforts over the years to eradicate polio have helped India eliminate one of the three types of poliovirus – P2 – and stop poliovirus transmission in 33 of its 35 states and union territories. Most of India today is polio free except for pockets within the two endemic states of Uttar Pradesh and Bihar. Transmission of the most dangerous type 1 poliovirus P1 persisted or recurred repeatedly in the 107 blocks despite most intense Polio immunisation campaigns. Since 2003, 80% of all the P1 cases in India have occurred in the 107 blocks.

Eliminating P1 from these 107 blocks and keeping them free of polio through targeted risk reduction strategies are the most important remaining challenges to overcome and also the key to the success of polio eradication efforts in India.

## Q: Why is such an initiative necessary and how strongly will it impact polio eradication efforts overall?

**HJ:** The strategy is a holistic and multi-pronged approach to address the challenges in the 107 blocks which are characterized by convergence of multiple risk factors that facilitate polio transmission.

The 107 block strategy aims at focusing all efforts to ensure highest quality polio vaccination campaigns in the high-risk blocks and at the same time rapidly improving routine immunization, and prevention and control of diarrhea

through sanitation, availability of clean water and hygienic practices.

In 2010 India has an unprecedented opportunity to stop P1 with UP and Bihar for the first time not recording any case of P1 concurrently for nine months. The number of P1 and P3 cases have plummeted sharply 35 compared to 312 at same time last year. The 107 block strategy will help in speedy and sustained elimination of polio from the remaining endemic blocks and the country.

## Q: Why is it so important to link RI, Zinc supplementation, ORS, breastfeeding and water, hygiene and sanitation?

**HJ:** Children living in areas with high population density, poor hygiene and sanitation, inadequate health and routine immunization coverage, and high malnutrition rates often suffer from diseases including, in particular, diarrhea which affects the effectiveness of OPV. These children need a higher number of OPV doses, than children elsewhere, to develop adequate protection against polio. The programme has been trying to address this challenge by conducting



Dr. Jafari (centre), NPSP National Surveillance Team Leader (left) and Civil Surgeon (right) on the way to monitor the polio round in the riverine area of Vaishali, Bihar.

intense immunization rounds, almost every month, in the high risk areas.

Effectiveness of OPV in these high risk areas can be improved substantially by reducing diarrhea prevalence rates through Zinc supplementation and exclusive breast feeding of young infants. These important interventions have broader public health benefits and are therefore already part of the national child health policy. Ultimately, improvements in water, sanitation and personal hygiene, coupled with reduction in diarrhea prevalence will reduce the likelihood of transmission and exposure of children to poliovirus and other intestinal infections.

Combined together, creating awareness about the importance of breastfeeding, routine immunization, zinc supplementation, and personal hygiene, and ensuring availability of these important services, while continuing intense polio vaccination campaigns, is likely to have a highly synergistic effect on sustained poliovirus elimination from these high-risk blocks.

#### Q: What has NPSP done to begin implementing the plan?

**HJ:** NPSP has increased the strength of its surveillance medical officers (SMOs) in these 107 blocks.

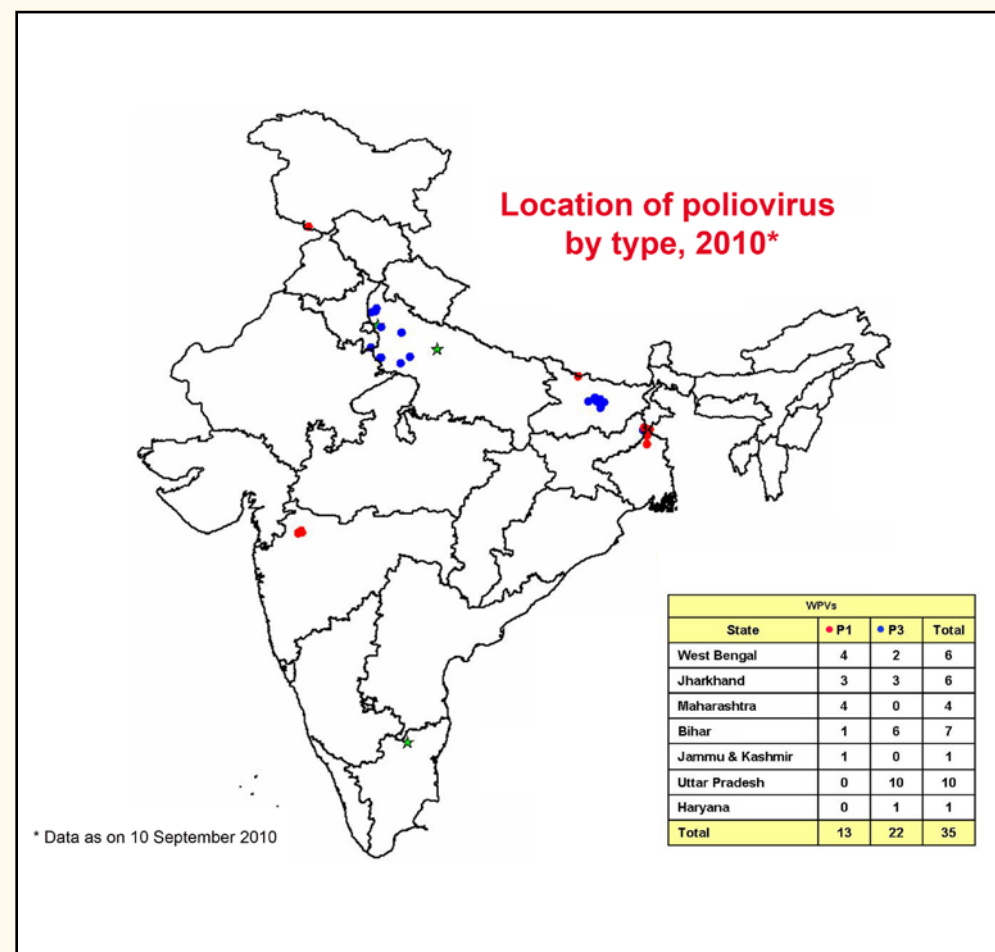
NPSP is supporting the local authorities in implementing the 107 block strategy. NPSP teams are further enhancing the quality of immunization rounds by closely monitoring training of the manpower engaged in polio campaigns. The quality

and coverage of the polio rounds is intensely monitored in high risk areas within the block. The SMOs ensure that the micro-plans are updated and high risk groups, such as the migrant and mobile populations, are mapped and fully covered. The SMOs from other areas are moved to these blocks for enhanced monitoring and feedback during polio campaigns.

Management trainings and technical briefings on routine immunization and 107 Block Plan strategies are being held for the Surveillance Medical Officers to enhance their skills. Now that the 107 Block plan has been rolled out, the SMOs will begin to monitor the implementation of its various components and provide feedback to the district authorities.

#### Q: Is there any other information or insights you would like to share regarding the 107 block plan?

**HJ:** The progress in geographic restriction of polio to the most high-risk and endemic pockets, just 2% blocks in the country, has provided an opportunity to apply a multi-pronged approach that simultaneously addresses multiple risk factors that contribute to poliovirus transmission. One important and practical aspect of the 107 Block Plan is that none of its component strategies are new – each element of the plan is already part of national policies on child health and rural/urban development. The basic idea of the Government is that implementation of these strategies needs to be fast tracked in the high-risk blocks. ■



2010 - Polio Cases in India.

# Progress in Convergent Activities under the 41 High Risk Block Plan in Bihar

**T**wenty year old Vishakha Devi of Khagaria district in Bihar is the mother of two children, aged five years and nine months. Despite no education and the absence of a television and radio, she is aware of the importance of hand washing and exclusive breast feeding and has built a toilet in her home. Her younger child is receiving routine immunization through the village Anganwadi Centre.

Her awareness was facilitated by the CMC worker serving her community.

Starting in January 2010, UNICEF initiated several convergent interventions in its polio programme in Bihar, especially targeting the 41 high risk blocks that come under the 107 Block Plan. These blocks, together with 66 high risk blocks in Uttar Pradesh, form the epicenter of polio virus transmission in India.

Bihar's hard to reach, flood-prone Khagaria district has four persistent transmission and high risk blocks. Although Bill Gates' visit two months

ago has brought substantial awareness among community members to the importance of polio vaccination, poor sanitation, open defecation, bargaining for developmental gains in lieu of polio immunization and heavy migration out of the district pose serious threats to the interruption of polio in this area.

Khagaria District has 356,607 children below the age of five. "UNICEF has identified high risk pockets using Routine Immunization monitoring compilation data. We are working on convergence of our messages to create awareness about polio, routine immunization, hand washing, toilet construction and breast feeding," says Subhash Chandra Chaudhary, Social Mobilisation Coordinator, Khagaria.

The strong presence and reach of the Social Mobilisation Network (SMNet) in Bihar, together with existing UNICEF-supported programmes in the convergent areas, has played a key role in establishing the synergy between the existing Polio Eradication Initiative and

these interventions. In Khagaria, 41 Community Mobilisation Coordinators cover 52 panchayats, 139 villages, 435 tolas and directly interact with 50,283 households.

The Block and Community Mobilisation Coordinators of SMNet, in collaboration with Bihar's Water Environment and Sanitation (WES) and Public Health Engineering Departments (PHED), have also agreed on roles and responsibilities in improving sanitation and hygiene in their communities through the mobilisation of households to accept the construction and use of toilets. Rajiv Ranjan, District Coordinator School Education (Sanitation & Hygiene) says, "In Khagaria, 134 schools have been trained in toilet use and hand washing. In addition, the Child Cabinet and Meena Manch \* in these schools cover a mix of issues. As a result, the children have made a difference within their own families and community."

The UNICEF – led Kosi Task Force has also made significant progress



Frontline workers (AWWs) are trained for RI mobilization and monitoring in Bihar.

\* Named after UNICEF's nationally recognised cartoon character representing child empowerment – Meena, Meena Manch consists of groups of girls guided by a facilitator or teacher that help children roll, regularly attend and complete primary education.

in its convergence programme by initiating actions in sanitation, routine immunization, diarrhoea management using ORS and Zinc and nutrition interventions in three polio transmission districts of the region. The implementation of these interventions has identified the need to follow up on the development of specific Information, Education and Communication materials and the convergence and training of ground level staff on diarrhoea management, Infant and Young Child Feeding and exclusive breastfeeding. These activities are being planned.

Local Government officials are committed to seeing progress in these high risk blocks. "In the past nine months, no case of polio has been reported in Bihar. Only when Routine Immunisation



Local Folk artists in a village - Generating awareness for Polio, Sanitation, RI etc.

is strong can we eliminate the virus. A Routine Immunisation micro plan register is being maintained to cover all children. Open defecation has come down due to improved awareness created by Anganwadi Workers, ANMs, and ASHA's. Knowledge is high, what is now needed is to change attitudes and practices," says Dr Ram Narayan Choudhary, Medical Officer in Charge in Aloli Block of Khagaria district.

These and other barriers to the successful execution of the 41 High Risk Block Plan are being addressed. "There is full cooperation from the district administration." Adds Dr. Couhdary. "The District Magistrate has been visiting all villages with the district level teams to address people's grievances. We will not let the polio virus return" ■



# Washing hands to prevent polio transmission in Uttar Pradesh

**P**oor hygiene, sanitation, water quality and malnutrition characterize the highest risk areas of persistent wild polio virus transmission in Uttar Pradesh. Although the improvement of sanitation and water infrastructure across the state is a large scale and resource intensive project, opportunities exist to initiate targeted interventions that could potentially tip the balance towards completing polio eradication. Such interventions include promotion of proper disposal of human excreta, the use of toilets and hand washing with soap, particularly among children under five years old.

CORE recently initiated hand washing drives in 200 schools and mothers meetings in the high risk areas of Bareilly, Rampur, Baghpat, Muzaffarnagar and Saharanpur districts of Uttar Pradesh in an effort to improve health and facilitate the interruption of polio virus transmission.

In the schools, a detailed activity was carried out with the support of state officials using IEC materials like paper soap packets, leaflets and banners in addition to live demonstrations.



*CORE CMCs demonstrate to students how to wash hands to prevent polio transmission in Uttar Pradesh.*

Teachers now monitor hand washing daily in the schools in which the activity has been implemented. To ensure continued commitment, Community and Block Mobilization Coordinators follow up with each of the 200 schools on a weekly basis.

In the mother's meetings, discussions are initiated using information on the causes of polio transmission and the importance of personal hygiene and sanitation in polio eradication, followed by the use of behavioural charts to identify current hand washing practices. However, the live demonstrations of the correct way to wash hands had the maximum impact, especially the sight of water in two separate glasses – one after washing the hands of participants with plain water and the other after hands were washed with soap and water. Seeing the difference in the colour of the water, prompted the astonished mothers to immediately commit to washing their hands in the correct manner at the appropriate times primarily, after defecation and before cooking and eating. ■

# Sharpening Communication Interventions with Data:

## Monitoring community engagement in the 107 Blocks

With polio transmission becoming increasingly focused in the highest risk areas of UP and Bihar, UNICEF and CORE are taking measures to sharpen their communication approach. UNICEF has recently launched a new approach to monitoring communication efforts in UP and using this data to strategically plan communication interventions at community, block and district level. The approach is focused on the 53 blocks of UP where UNICEF's SMNet is present. CORE is amidst replicating the same strategy for the 13 blocks where their SMNet is working.

The programme has prioritized key management indicators at block level and above, which are collected and disseminated through one-page Communication Profiles after every SIA. Each indicator on the profile has a set target; if the target is missed, its yellow shading tells managers this is an area needing increased attention, or a modified approach. All indicators are also available in a user-friendly online system – PolioComms Info – with data going back since 2004, in case managers want to conduct a more sophisticated analysis of trends. The database, based

on a Dev Info platform – the system used by the UN to monitor the Millennium Development Goals – can generate maps, graphs and tables in 4 simple steps, so that District and Sub-Regional SMNet staff are able to digitally view and analyze their programme data themselves for the first time. Says Abbas Agha, SRC in Bareilly: "The best thing about this system is that it makes data analysis very quick and saves us a lot of time." "It will help us to focus our interventions better and reduce the time required for data analysis", added "Wasi Huda from JP Nagar.

The one-page communication profiles are generated and posted online after each SIA and are reviewed together with polio case data and operational data in order to relate communication issues to epidemiological and other health challenges that may impact the eradication effort. Figure 1 shows an example of a Block Communication Profile, which shows trend data on polio epidemiology for the block, key demographic information, polio and RI communication efforts, SIA coverage data, and underlying risk factors for polio (such as hygiene, malnutrition, etc).

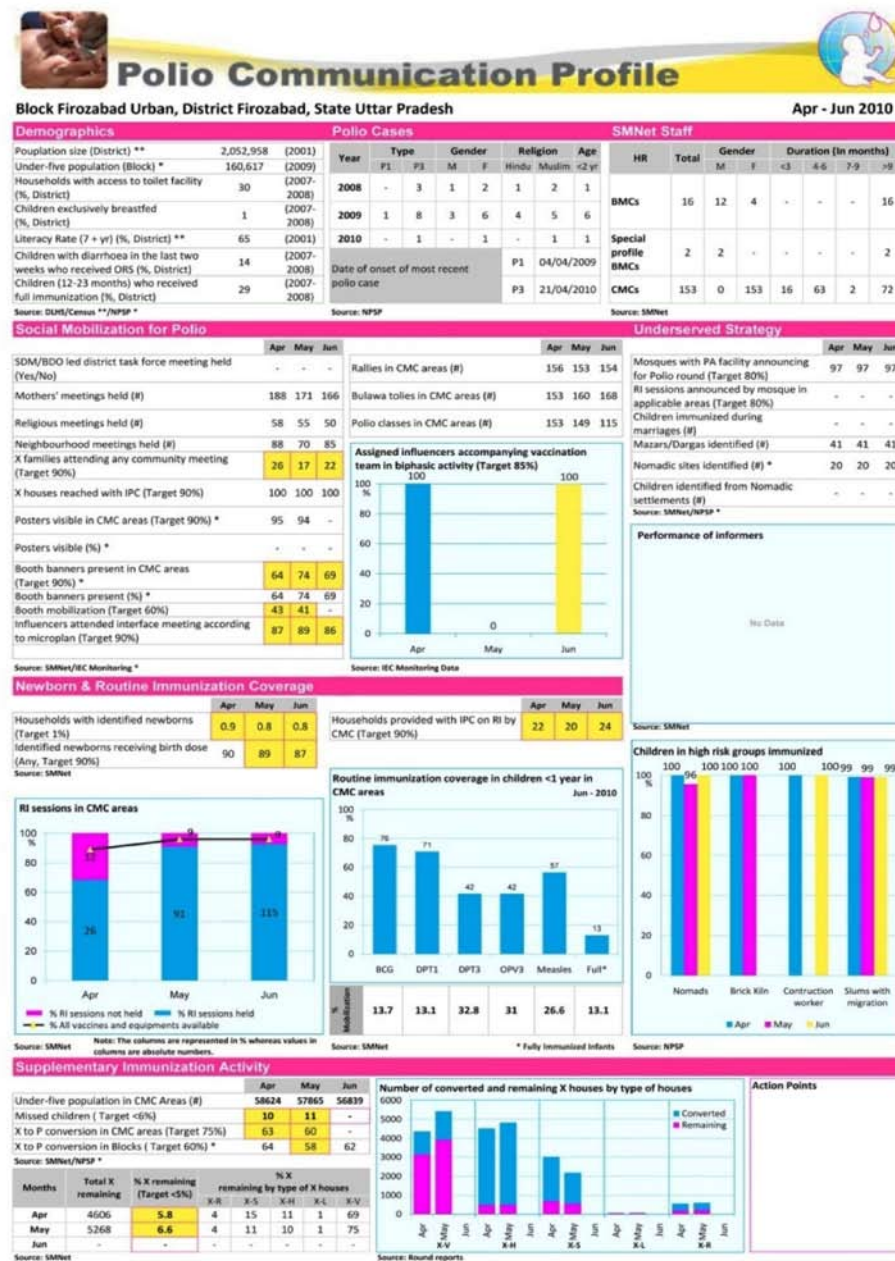


Figure 1: Sample Block Communication Profile.

In July 2010, all District and Sub-Regional SMNet Coordinators were trained on the new database and on how to use the profiles for better communication planning and management. The data and the profiles will be used in SMNet planning meetings at all levels, and District Level Taskforce meetings as the basis of SIA communication planning, and at state and national level for strategic oversight. The Polio Comms Info training is just one course in a wider Capacity Development Strategy for the SMNet which will be rolled out over the next year, in order to improve overall management, efficacy and strategic focus of the SMNet.

District and block profiles will be available for communication efforts in Bihar by 2011. ■

#### To download the communication profiles:

UP high risk block and district profiles for the second quarter of 2010 can be downloaded at the following address:

##### **District Profiles:**

[http://www.devinfo.info/support/downloads/PolioInfo/PolioComms\\_Info\\_18\\_District\\_profiles\\_April\\_to\\_June\\_2010.zip](http://www.devinfo.info/support/downloads/PolioInfo/PolioComms_Info_18_District_profiles_April_to_June_2010.zip)

##### **Block Profiles:**

[http://www.devinfo.info/support/downloads/PolioInfo/PolioComms\\_Info\\_53\\_Block\\_profiles\\_April\\_to\\_June\\_2010.zip](http://www.devinfo.info/support/downloads/PolioInfo/PolioComms_Info_53_Block_profiles_April_to_June_2010.zip)



Uttar Pradesh district staff are trained to use the database in Moradabad, July 2010.