



Polio Legacy in Action in India

Geneva Polio Partners Legacy Planning Meeting 23 October 2015



India Stopped Polio now Legacy Planning

India as part of SEARO was certified polio free on 27 March 2014

India is applying the basic principles of Legacy/Transition Planning

Objective 4 Legacy Planning

“to ensure that the world remains permanently polio-free and that the **investment in polio eradication provides public health dividends for years to come.**”

...ensuring the **transfer of lessons learnt** to other relevant programmes and/or initiatives, and transitioning assets and infrastructure to benefit other development goals and global health priorities.

Mainstreaming critical polio eradication functions into other priority health programmes

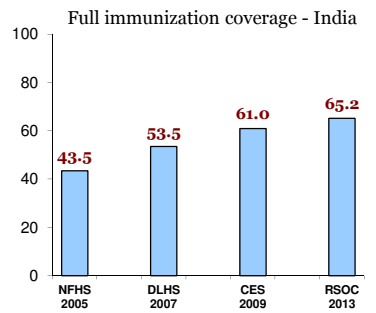
Ensuring that the best practices and knowledge gained over years are shared with other health initiatives

Transitioning certain polio functional areas to government counterparts

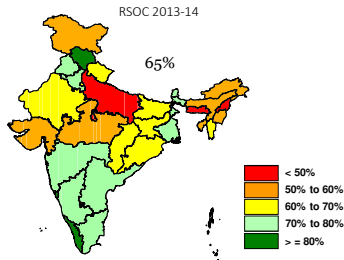
Transitioning the capacities, processes and assets created by the programme to support other vaccine preventable diseases & strengthening health systems



Routine immunization status in India



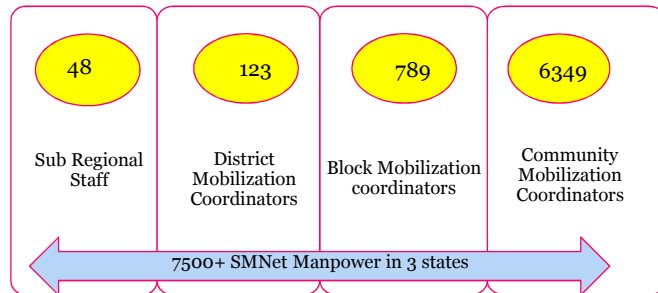
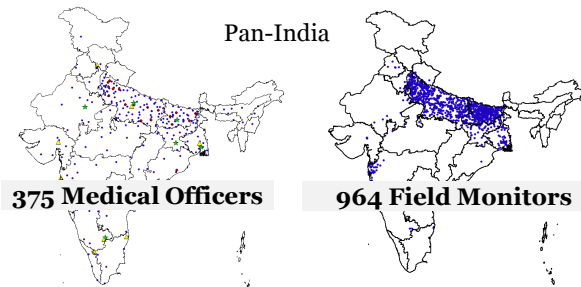
Percent Full immunization coverage, 12-23 months



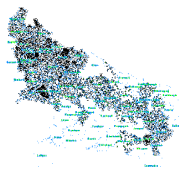
Approximately 500,000 children under five die every year due to VPDs in India.

- 1 out of every 3 children **not** fully vaccinated
- ~ 9 million children remain partially vaccinated/unvaccinated annually
- Slow rate of increase in immunization coverage over past few years
- States with uneven immunization services identified
- Major reasons for partially vaccinated/unvaccinated children – lack of awareness & fear of AEFI
- Last case of polio due to WPV was on 13 Jan 2011

Network on the ground :WHO + UNICEF + CORE



The Army of Voluntary Community Networks engaged by UNICEF's Social Mobilization Network involved in mobilization for RI



31,079

Community Influencers



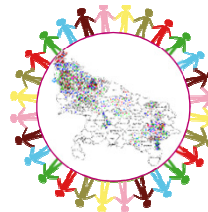
26,649

Informers for migrants



85,000

Children



2,075

Religious and Educational institutions



14,261

Mosques with public announcement system

Assets/infrastructure being used

Surveillance

Network & systems

Laboratories

Data management

Operational

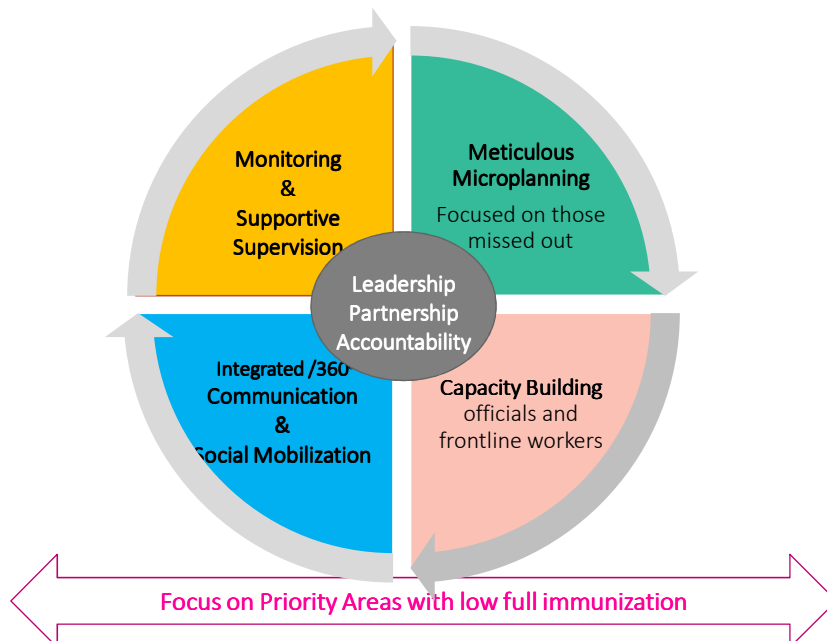
Offices (state and district level)

Vehicles

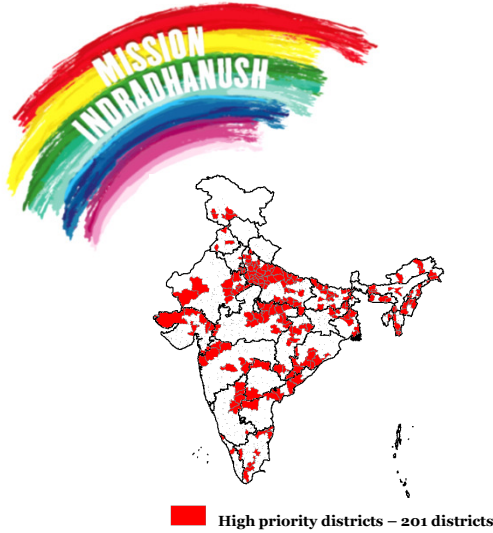
IT systems

Using the network on the ground

Using Polio strategies and assets for Routine Immunization



Focus on districts with high left-outs & drop-outs Mission Indradhanush (Rainbow)



Equity based strategy focusing on

- 201 districts with 50% of left-outs & drop-outs of India Phase II focusing on 352 medium priority districts
- Aim - increase full RI to 90% by 2020 (from 65%)
- Catch up campaigns for low RI areas (under-served/vacant health center, migrant population, recent measles/diphtheria outbreaks, high drop out)
- 7 days/month (starting on 7th) for 4 months (Phase I April-July 2015, Phase II Oct-Jan)
- Intensive planning, training, monitoring, communication using polio network and tools and supervisory structure,
- Active engagement of polio partners (WHO, UNICEF, Rotary) supporting Govt.
- Focus on addressing communication Lack of awareness about the need and fear of AEFI-60% of drop outs



Leadership, Partnerships and Accountabilities at all levels

Commitment and leadership of government highest levels to the local level

Clear roles of Polio Partners

Involvement of religious leaders, medical institutions, officials-national and local influential people

Intricate accountability structure – feedback and planning chaired by government and corrective action taken (daily and between campaigns)

Replicating the polio programme

4B HP Teams : YIN	Phone No:	Description of the area to be covered	HRA	HRA
	Name: Bhabani Samanta Designation: A.W.W Phone No:	Name of first house owner	Hansury Sarder Mohis, Darui Paras	Hansury Basu, Samanta Paras
		Address of first house owner	Gopinath Halder Hansury Sarder Paras	Bhiswanath Basu Paras
		landmarks in the area nearest in the house	Hooi Nam to	Paras
		Name & address of middle house owner with landmarks	Shoat N Sarder Rothika	
		Name of last house owner	Basuf	
		Address of last house owner with landmarks	Han 2nd	
		Names of VHND centre in the area		
		Address and day of immunization		
		Name of local influencer(s)	AN	
		Meeting point before afternoon activity	Mondir	
		Name of nearest ICDS Centre and No	Han	

Microplan for Routine I	
1	Name of VHND/ Sub Health Post/ Outreach session site and address
2	RI Session day
3	Name of A.N.M (HAF)/ 2nd A.N.M
4	Name of ASHA (for the session)
5	Name of AWW (Mobiliser for the session site)
6	Name of anganwadi helper
7	Name of mobilizer (for the session)
8	Name of Sub Centre
9	Name of GP/Ward
10	Name of health supervisor
11	Name of MOIC

Monitoring & Supportive Supervision

Meticulous Microplanning
Focused on those missing out

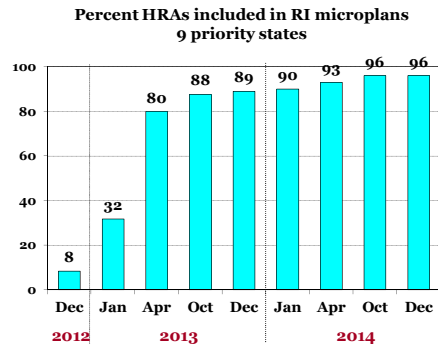
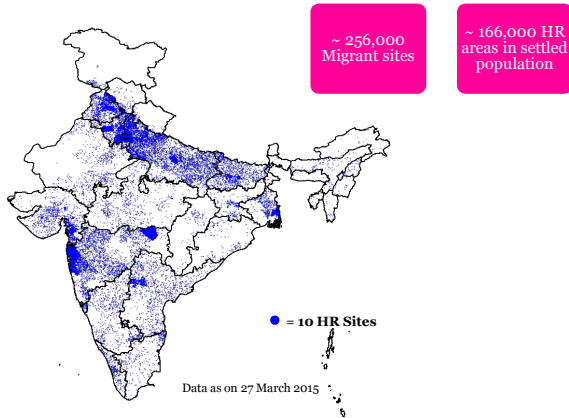
Leadership Partnership Accountability

360° Communication & Social Mobilization

Capacity Building officials and frontline workers

Meticulous Planning of Immunization sessions

To reach every child, particularly high risk/low immunized and hard to reach



Micro-plans for routine immunization being continually revised with support from WHO & UNICEF polio network to ensure completeness of RI service reach

- Inclusion of 400,000 polio high risk settlements in RI microplans
- Those identified for MI added to regular RI microplans

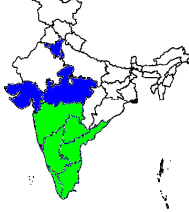
Tracking high risk groups - UNICEF SMNet track over 2000 sites tracked regularly, reaching over 83,000 families, and 61,000 children under-five that were previously left out



Training of health workers - high priority states



Regional trainings on AEFI & causality assessment



■ First regional workshop conducted by July 2015 – 8 states / UTs
■ Second regional workshop conducted by November 2015 – 7 states / UTs

- Over 2.1 million frontline workers trained for Mission Indradhanush,
- Training materials developed by WHO-NPSP, UNICEF and ITSU (GOI-BMGF funded)
- Cascade training with focus on interpersonal communications skill building
- Extensive use of WHO polio network to monitor quality of trainings at sub-district level
- Capacity development in AEFI –surveillance in 14 states in regional workshops, 9 states conducted by Sept 2015, 5 planned.
- Communication on AEFI guidelines developed & rolled out (60 GOI spokespersons trained, media sanitation workshops etc)



Routine Immunization – Mass and Mid Media from Mission Indradhanush and GAVI



AV Tools used in the van: RI films, TV spots, IPC films

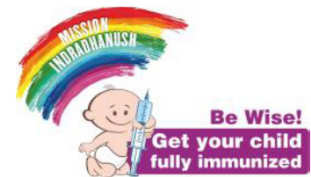
- 5040 mobile AV shows
- 1080 street plays rolled in nine GAVI states
- Reached more 230,000 till date in high risk areas (brick kilns, slums, construction sites).
- Tin board signage in 9 states
- 6000 metal boards for session sites
- Over 7500 radio spots and 6500 TV spots aired



Mass and Mid Media for RI



- Transitioning the Polio using mass media techniques and celebrities (New campaigns planned with Amitabh Bachchan underway)
- 360 degree communication campaign
 - Mass media (PSAs , Radio spots, Cinema and print)
 - Branded IEC materials
 - IPC material and
 - Motivational material for frontline workers
 - Outdoor visibility
 - Specific audio messages for miking
 - Mobile messages / applications
 - Social media



MISSION INDRADHANUSH
 is a Government of India initiative
 to fully immunize all children against
7 vaccine preventable diseases
 through intensive efforts and special immunization drives

Know India

Social Mobilization: Celebrities in the Community

- **7500 mobilizers**
- Over **6300 community mobilizers** from the same high risk community (98% Female)
- Covers **250-500 households** each
- Reaching **3 million households** with messages every month in H-H IPC
- **Tracking pregnant mothers and newborns**, due lists – to reach every child <5, <1, for polio, RI
- **Engaging 50,000 influencers/Informers**
- **Conducting Mothers Meetings** about **7000 /month** for RI
- **Involving children** as agents of change

Using data for action- continually adapting strategies based on robust real-time and trend monitoring

- Monitoring & Supportive Supervision**
- Meticulous Microplanning**
Focused on those missing out
- Leadership Partnership Accountability**
- 360° Communication & Social Mobilization**
- Capacity Building**
officials and frontline workers

Monitoring, Accountability and Supportive supervision

District and block monitoring: human resource availability, quality of planning for RI and availability of vaccines and other supplies (Zinc, ORS, Vit A)

Vaccination session sites monitoring: availability of vaccines/ other supplies & quality of services

Random household visits: to assess vaccination coverage and reasons for missed vaccination

Monitoring feedback available at district and state to guide programmatic decision making

>350 SMOs +
964 field
monitors of
WHO involved
with RI
monitoring in
24 states

Total sessions
monitored
(2014):
280,000

Total children
monitored
(2014): **1.5 mn**

- National communication monitoring framework developed, coordinated 1,100 monitors', analyzed data
- Polio SMNet deployed to other states - 81 to Madhya Pradesh and Rajasthan, 40 within Uttar Pradesh and Bihar- for RI Campaigns in Mission Indradhanush
- District/Block Task Forces and Daily Evening feedback sessions Block District State
- Government Led -government leadership, overview and follow-up helped a quality campaigns.

MI Results (April – July 2015)



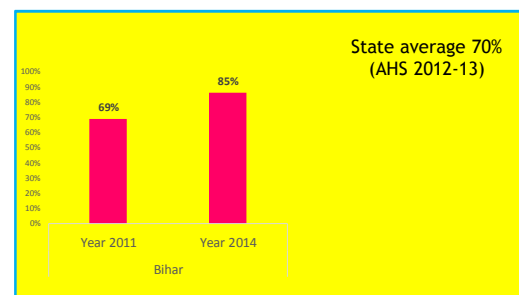
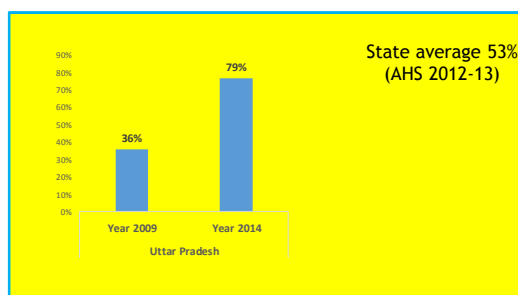
- 7.5 million targeted children immunized of which 2 million children fully immunized
- Over 2 million pregnant women immunized
- 74% ASHA and 86% ANM trained in IPC /mobilization
- Due list availability at session site was 80%
- District communication plans increased up by 28% (from 50.1% to 78.1%).
- IEC visibility up to 85%
- 74% ASHA, and 86% of ANM trained in IPC and mobilization.

RI System strengthening MI and Beyond

not just campaigns but improving the system

- Microplans /planning and reaching missed communities (including new sites integrating into regular RI plans)
- Corrective action taken based on monitoring and supportive supervision
- Equity based approach for most-vulnerable, hard to reach, previously underserved/off the radar minority and migrant populations
- Cold Chain – monitoring identified issues and location needing support or follow up
- System strengthening for communication plans and IEC
- Capacity building in IEC and mobilization
- Surveillance of VPD including AEFI

UNICEF Polio Assets support Routine Immunization- Results



- Full-RI coverage in the SMNet high-risk areas has increased from 36% in 2009 to 79% in 2015 in UP and from 69% in 2011 to 85% in Bihar in 2014.
- Total 4,754 (UP) & 3,854 (Bihar) RI sessions monitored by SMNet per month
- Each month SMNet holds over 240,000 IPC sessions and over 7,000 mothers meetings on RI in UP and Bihar

Data source: SMNet MIS records



Polio Network supporting other vaccine related activities and beyond- New Vaccine Introduction, Measles, Surveillance, + Convergent activities

New vaccine introduction with WHO & UNICEF support

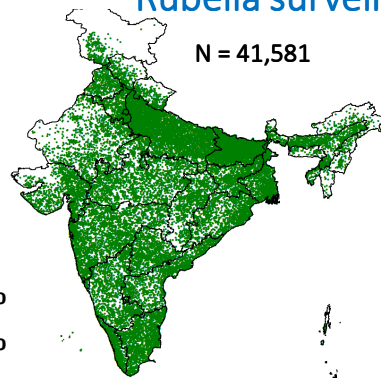
- Post Introduction Evaluations conducted
- Developed checklists for strengthening RI and assessing preparedness at District & State levels for **Pentavalent & IPV introduction**
- Capacity building at national & sub national levels (ops/comms)
- Monitoring of trainings

Review of state preparedness based on checklist submitted by state governments

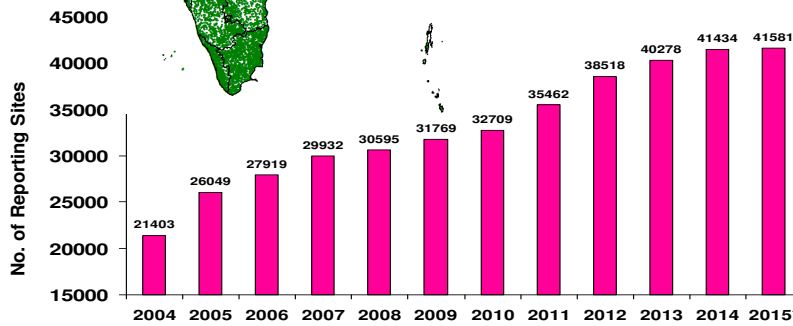
S. No	Indicator	Score by the state (%)											
		Andhra Pradesh	Telangana	Assam	Bihar*	Chattisgarh	Delhi	Jharkhand	Madhya Pradesh	Punjab	Rajasthan	West	Uttarakhand
1	State Human Resources Vitals	76%	89%	47%	84%	86.50%	67%						84%
2	Micro-planning Status	89%	87%	49%	91%	50%	69%						
3	Training Status	48%	65%	46%	55%	48%	54%						
4	Reporting & recording Practices	80%	84%	20%	30%	20%	40%						
5	Vaccine, logistics and cold chain management	69%	72%	62%	61%	73%	49%						
6	Monitoring supervision & program overview	57%	50%	84%	59%	24%	50%						
7	AEFI and disease Surveillance	60%	62%	68%	86%	78%	60%						
8	Social mobilization and advocacy	64%	68%	80%	42%	26%	28%	46%					
Total State score		67%	69%	63%	66%	53%	53%	67%					76%



Use of polio surveillance network for Measles and Rubella surveillance



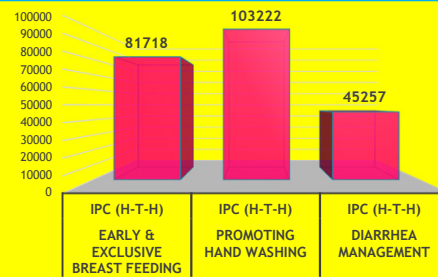
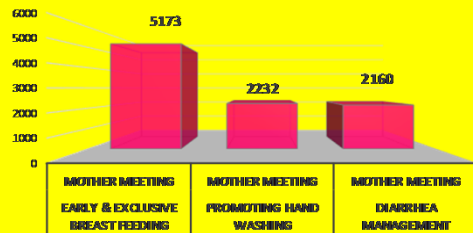
Private & government sectors, modern & traditional systems of medicine incorporated



* data as on August 2015



SMNet/UNICEF supporting Programme Areas beyond Polio & RI



- SMNet mobilizing caregivers about early and exclusive breastfeeding, hand washing, diarrhea management – lifesaving practices (Above)
- Demonstrated behavior change in use of ORS and Zinc from 2013-2015:
 - UP increased from 16% in 2013 to 42% in 2015. (ORS only from 11% in 2013 to 32%)
 - Bihar increased from 66% in Jan 15 to 86% in May 15. (ORS only from 25% to 39%)
- SMNet and UNICEF staff supporting Ebola response
- SMNet Bihar responded to acute encephalitis
- Support to Nutrition Mission (Village Health Nutrition Days)
- Support Sanitation Missions



Legacy/Transition Planning

INDIA PROCESS

- Government leadership in convening for legacy in RI (GAVI/Mission Indradhanush),
- Till recently partner legacy planning has been progressing through concurrent strategies, and without a steering group
- Recently convened Partners Legacy Group agreed on initiating common dialogue and exercise with Government and some key interventions

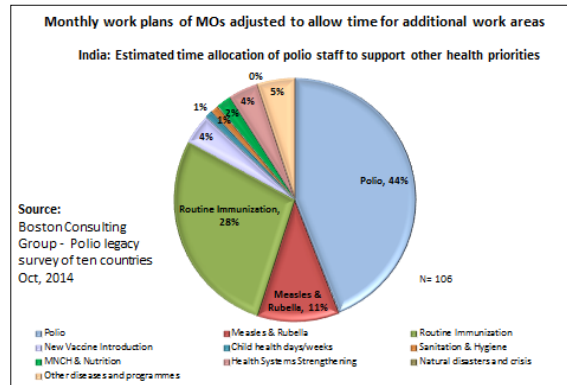
PARTNERS PROGRESS

CORE funding till 2017, focusing increasingly on RI, helping the network integrate into national systems eg ASHA, and linking to others in NGO consortium. Seeking funding from non-GPEI on RI, sanitation and TB, legacy in action –staff moving to govt programmes. Documenting best practices

ROTARY- phased out is grass roots 'volunteers' (50) in June 2015. Maintains a large network of influential Rotarians working on Polio-Plus including other diseases, literacy, and school toilets

WHO Human Resources - Managing new responsibilities in the field

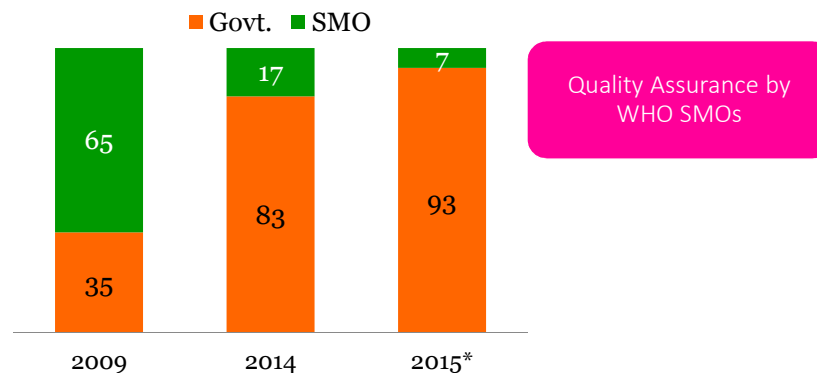
- WHO-NPSP Field staff re-distributed (reorganized)
 - 12 to 15% increase in MO positions in states with low RI coverage by shifting positions from UP & Bihar
- ToRs of MOs revised to include additional responsibilities
- Capacity building of all MOs done to help adjust to new roles & responsibilities



Managing new responsibilities: Handing over select functions to the government

Investigation of AFP cases being transferred to Govt

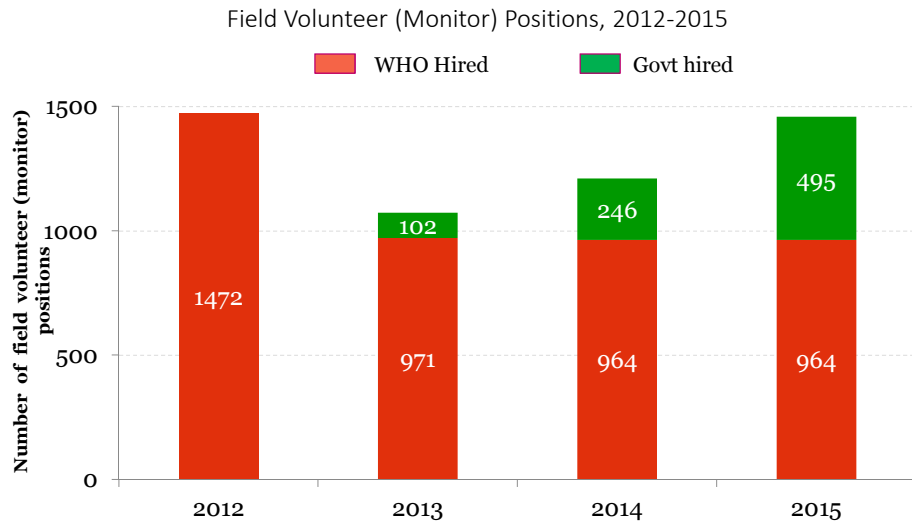
Percent AFP case investigation by Medical Officers



- Polio laboratory costs handed over to government Jan 2014 onwards

* Data as on 10 October, 2015

Managing new responsibilities: Encouraging govt. to hire field monitors through National Health Mission



Transitioning - supporting international health programmes

Ebola outbreak response – 26 Medical Officers on ground – Sierra Leone, Liberia

Two Missions to Nigeria - Supported GPEI



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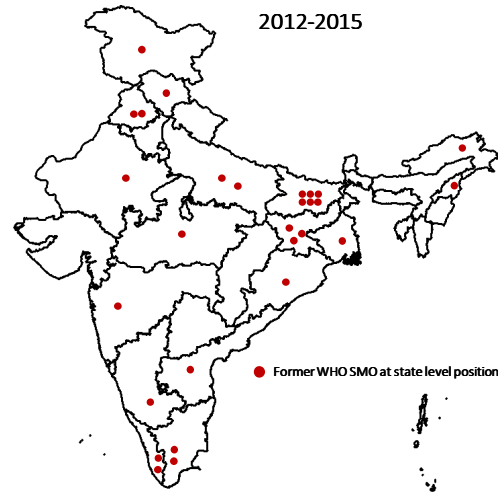
Strengthening health systems

Capacity building of deputed Govt Medical Officers in field epidemiology , surveillance , immunization, management etc.

Contributing to health systems strengthening upon their return back to Government

Former WHO NPSP polio staff at state level positions in Government

2012-2015



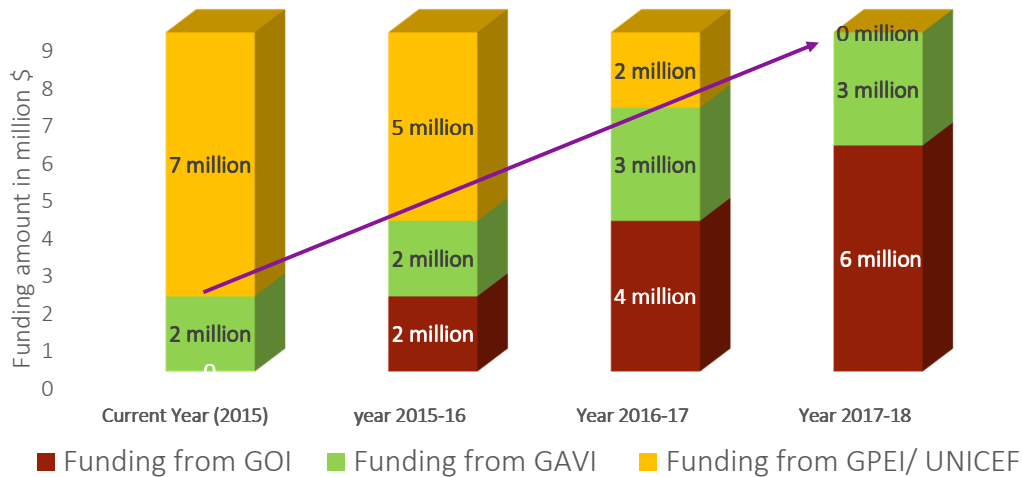
Transition of Polio Programme Assets- UNICEF

- Discussions between UNICEF and the government at national and state levels
- Currently at the national level pending final formal agreement
- Each of three states involved (UP, Bihar and West Bengal) have incorporated strategies into state Program Implementation Plans (PIPs) for 2015-2016
- The three states different approaches

Proposals developed for SMNet Transition

- **proposals for takeover of funding** (GOI progressively 2->\$6m leading to 2018. This with GAVI funds could eventually cover full funding)(next slide)
- **proposal for SMNet transition programmatically** (for UP –RI+Measles and Nutrition Mission, for Bihar RI+ RMNCH+A, for WB RI + RMNCHA/ Sanitation)
- **Proposals being developed for structural modalities by Price Waterhouse Cooper**(other slide)

Transition Strategy: Proposed Funding Sources for SMNet

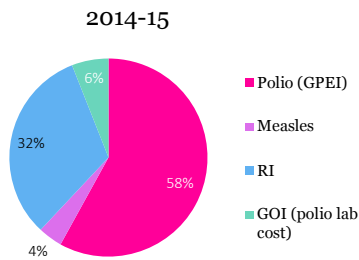


Proposals on transition by PWC

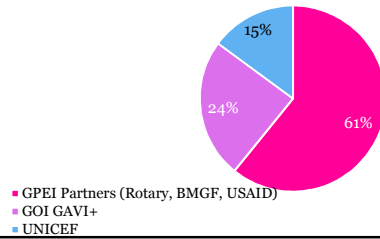
For all options SMNet broadens programmatic scope for Polio+RI and convergent areas such as RMNCH+A, Nutrition Mission, Sanitation Missions.

- Contains options to retain SMNet as is but cover more programmatic scope, or to adjust
- Broaden Geographical coverage – eg cover priority districts for RI, Polio-SMNet blocks+ high burden 'RMNCH+A' districts, focusing on certain block
- Increase client/catchment coverage (eg CMCs cover more families but focus on those needing follow-up/additional IPC, and support ASHAs and ANW in regular work – mothers meetings)
- Adjusting SMNet structure (reducing some CMCs or BMC based on programmatic need, increasing or expanding coverage of BMCs and CMCs)

WHO Polio + RI Funding sources



UNICEF Polio + RI Funding sources 2014



Challenges

- **Funding** for sustaining the polio network and its assets requiring support from donors and government (and there's competition for new funding sources)
- Variable **understanding of transitioning** within organizations, donors and governments
- Finding the right balance between support for PEI and new activities
- **Retooling of staff** to take up new responsibilities and challenges, some may not be able to change (eg community mobilizers to a new location)
- **Retention of staff** due to concern about future and competition among others players
- **Difficulty getting formal agreement by Government** (changes in government at national and state level, divergent views between union and state governments, political sensitivities)
- **Administrative challenge for integration of SMNet**
- **One Ministry (health) is lead but as the SMNet transitions other ministries need to be involved**
- **Competition with other established players-** For Polio eradication the network was the leader, now competition among others such as HPEIGO, John Snow International, IPE, technical support units set up by donors in UP & Bihar etc.
- **Measuring the process** will be difficult (need clear milestones for process and outcome indicators)

Threats /Need for GPEI to support legacy planning

- The gains can be lost – RI coverage increased in SMNet area 39%-74% etc
- 500,000 children die every year from vaccine preventable diseases
- The trust in the system has been developed and networks link them to services
- We should **strive for transition** to national ownership, funding and integration into or in support national system to the extent possible (**not phase out**) so it can replicate these gains in other areas (including RI, but also nutrition, sanitation) (around 100,000 toilets converted)
- **If we don't it will be a phase out and the legacy and further benefits will be lost**

Summary

Transition in Action in India:

- ❑ Polio funded assets of WHO, UNICEF & CORE and others are supporting RI strengthening activities in India
- ❑ Lessons learnt from polio/best practices being applied for RI & control/elimination of vaccine preventable diseases
- ❑ Mission Indradhanush as a good example of government led legacy in action for RI campaigns.
- ❑ Early results show positive trends in RI coverage in traditional low coverage areas
- ❑ Other transition areas- health, sanitation, nutrition, Ebola
- ❑ Transition/Legacy Plans are progressing and new initiatives to bring it under one umbrella.
- ❑ Legacy Documentation is a major priority and ongoing (films, papers etc)





Documenting Lessons for Legacy

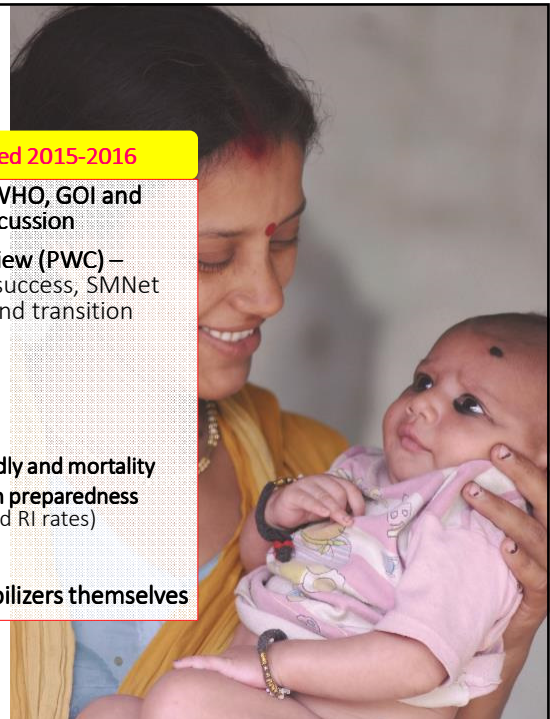
Legacy Documentation/Studies

Completed

- **Hosting Learning Missions** – Afghanistan and Pakistan
- **Staff supporting other Regions** – Afghanistan and East Africa
- **Documents on Transition and Successful Strategies in States**
- **Completed Legacy photographic book** – demonstrating innovations/game changers to triumph over polio
- **Several films** 7 documenting Social Mobilization strategies, *new PBS film on transition polio to RI, short film polio for RI.*
- **India Polio Learning Exchange website:** www.iple.in

Underway/planned 2015-2016

- **Joint papers with WHO, GOI and partners** under discussion
- **SMNet Legacy Review (PWC)** – critical factors for success, SMNet location/# for RI, and transition options
- **SMNet Impact on**
 - RI
 - Convergence
 - Diarrhea morbidity and mortality
 - IPV Introduction preparedness (focus group and RI rates)
- KAP
- **Impact on the mobilizers themselves**



IEAG recommendations on Legacy in India

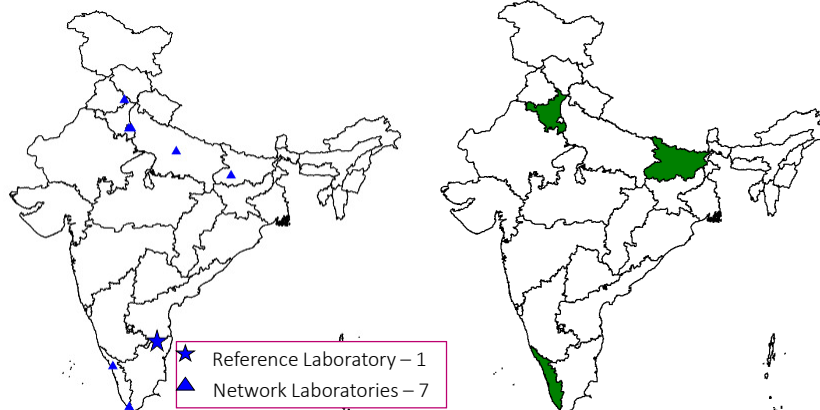
Maintain the capacity of the polio network

- The IEAG urged the Government of India, partners, and donors, to prepare an inventory of polio assets and infrastructure **and invest in maintaining the human, material, and financial infrastructure of polio eradication until the process of eradication of all poliovirus globally**, and the implementation of post-eradication immunization policy, is completed.
 - *The IEAG recommended to the government and partners to document the lessons learned and how polio infrastructure is currently contributing to other public health priorities.*
 - *The government should develop a plan to re-programme polio assets for other immunization and health priorities and, with the help of partners, identify national and partner resources to sustain the polio assets.*

Laboratory supported case based VPD surveillance

VPD Laboratory Network

States that have initiated VPD surveillance



Technology transfer on globally accepted diagnostic protocols on diphtheria and pertussis from Public Health England and CDC Atlanta