

Lessons from India

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Overarching Lessons

1. Weaving the net – to vaccinate all children
2. Timely data - immediate accountability for corrective action

Weaving the net to catch missed children

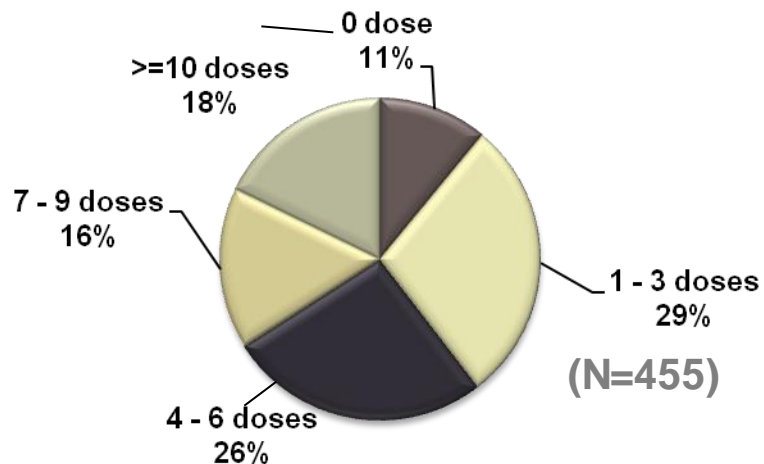
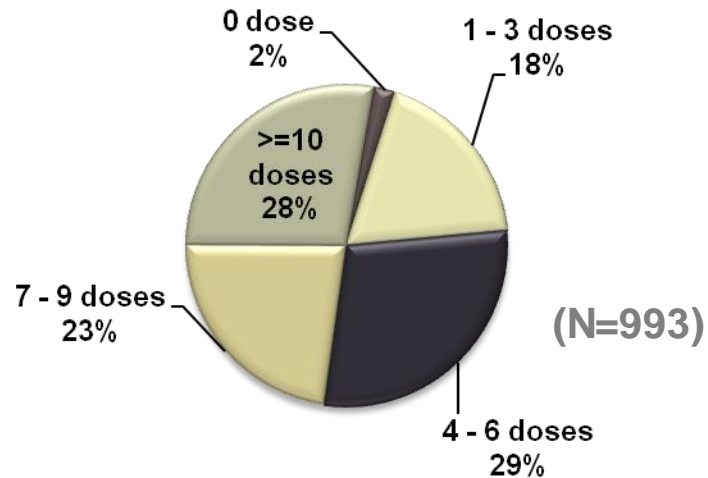
- Refusal by parents/community
- Mobile and migrant
- Geographically inaccessible
- Repeated home visits
- Newly born

**Risk Analysis + Concentration of resource +
Validated micro-plans + Monitoring**

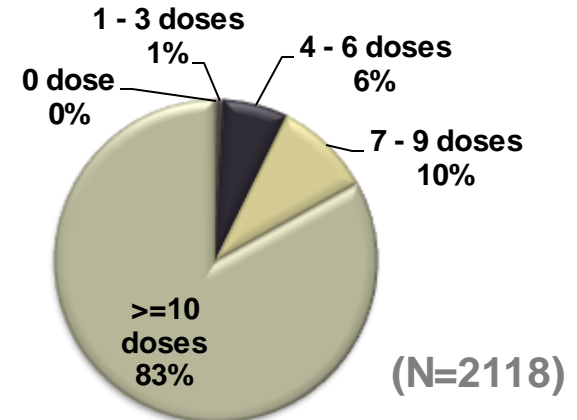
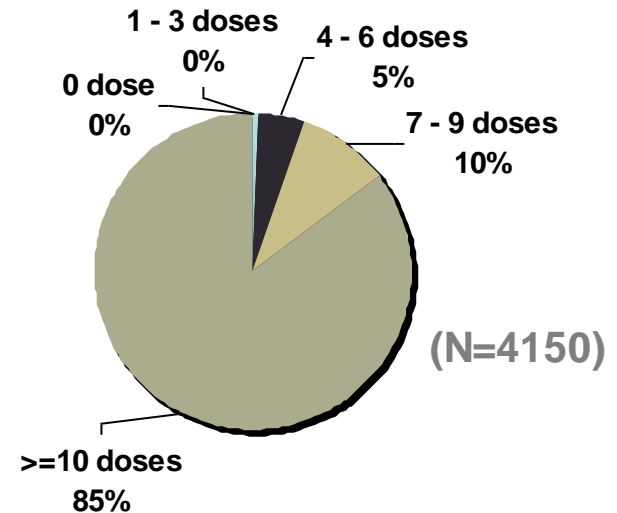
Addressing Resistance: Reported OPV doses*

Children 6-59 Months of Age, Uttar Pradesh

2002



2008



*among non-polio AFP cases

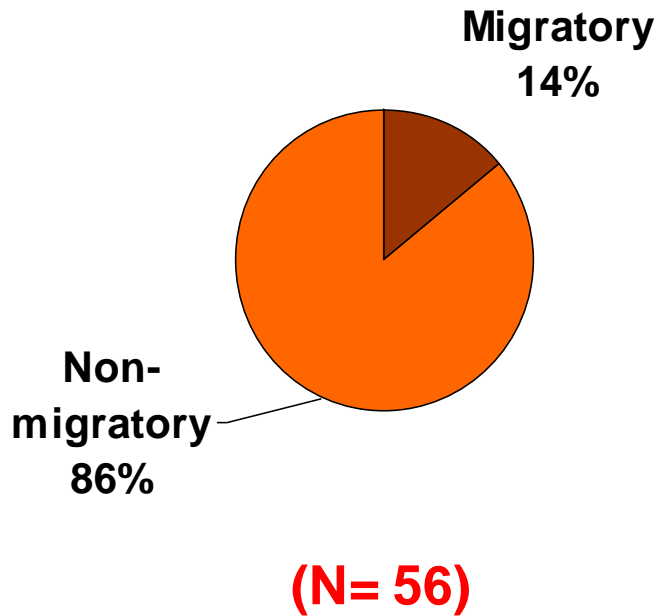
Addressing Resistance

- Massive human resource deployment for community mobilization –
 - ~ 6000 mobilizers in high risk areas of Uttar Pradesh by UNICEF and CORE
- ‘Underserved strategy’ to reach Muslim minority communities – by all partners
 - Engagement of leaders
 - Optimization of vaccination teams
 - Inclusion of influencers in micro-plan

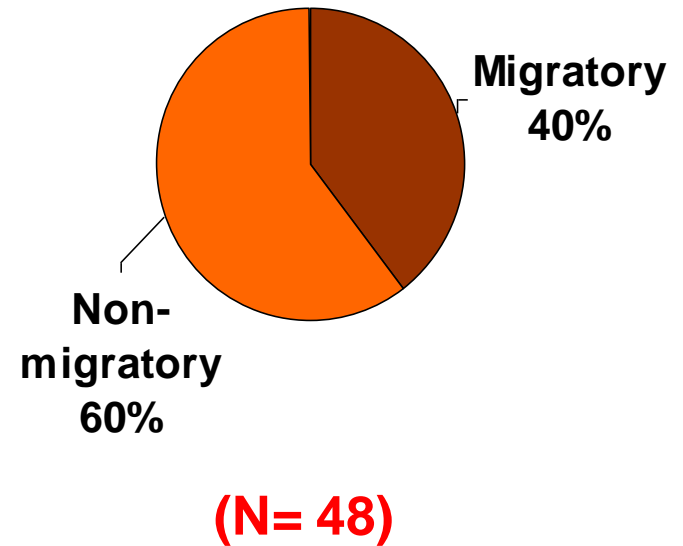
Survival and Movement of Viruses in Migrants

Migration status WPV1 cases, 2007-2011

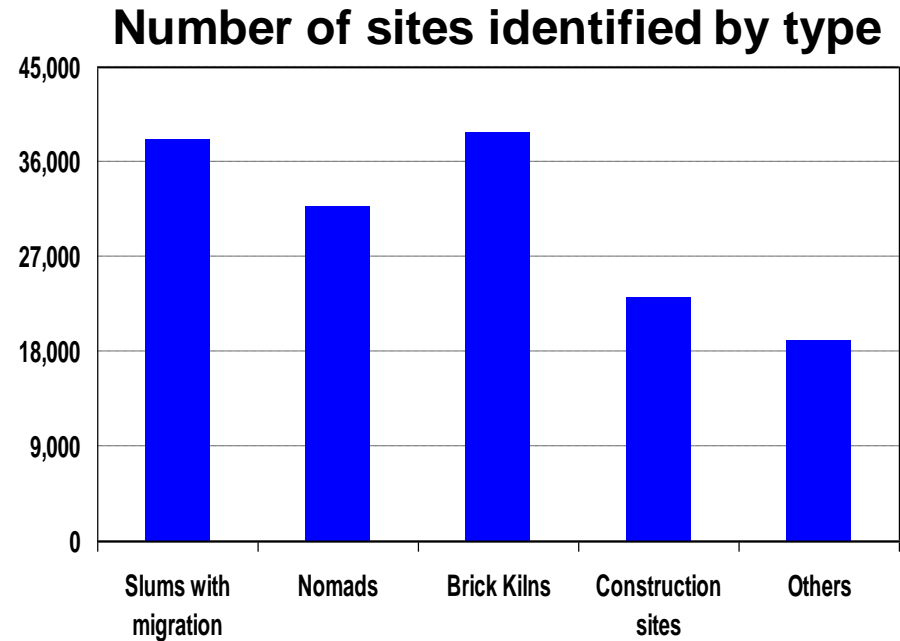
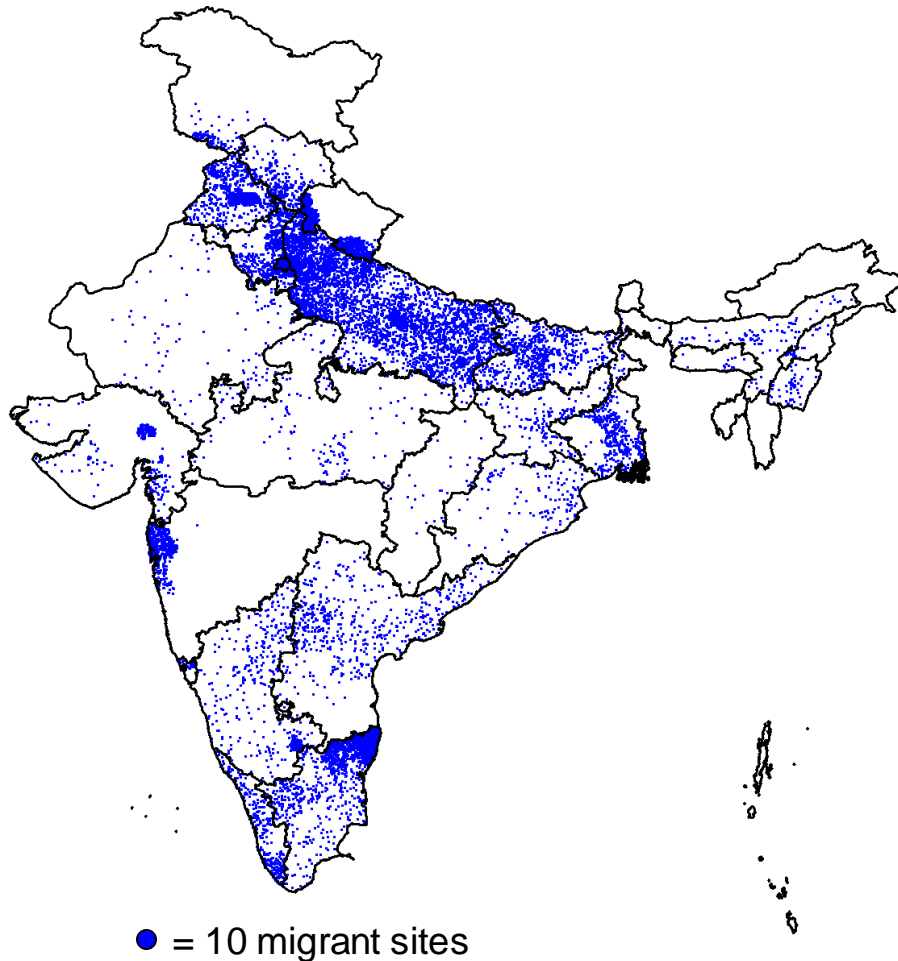
Non epidemic UP*



Rest of India



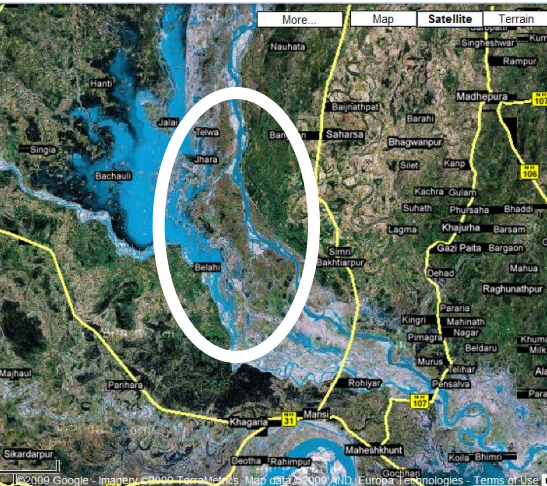
Mapping and reaching migrants, India, 2011



Number of sites with migrants identified : 162,000

Number of children < 5 yrs in these sites : ~ 4.2 million

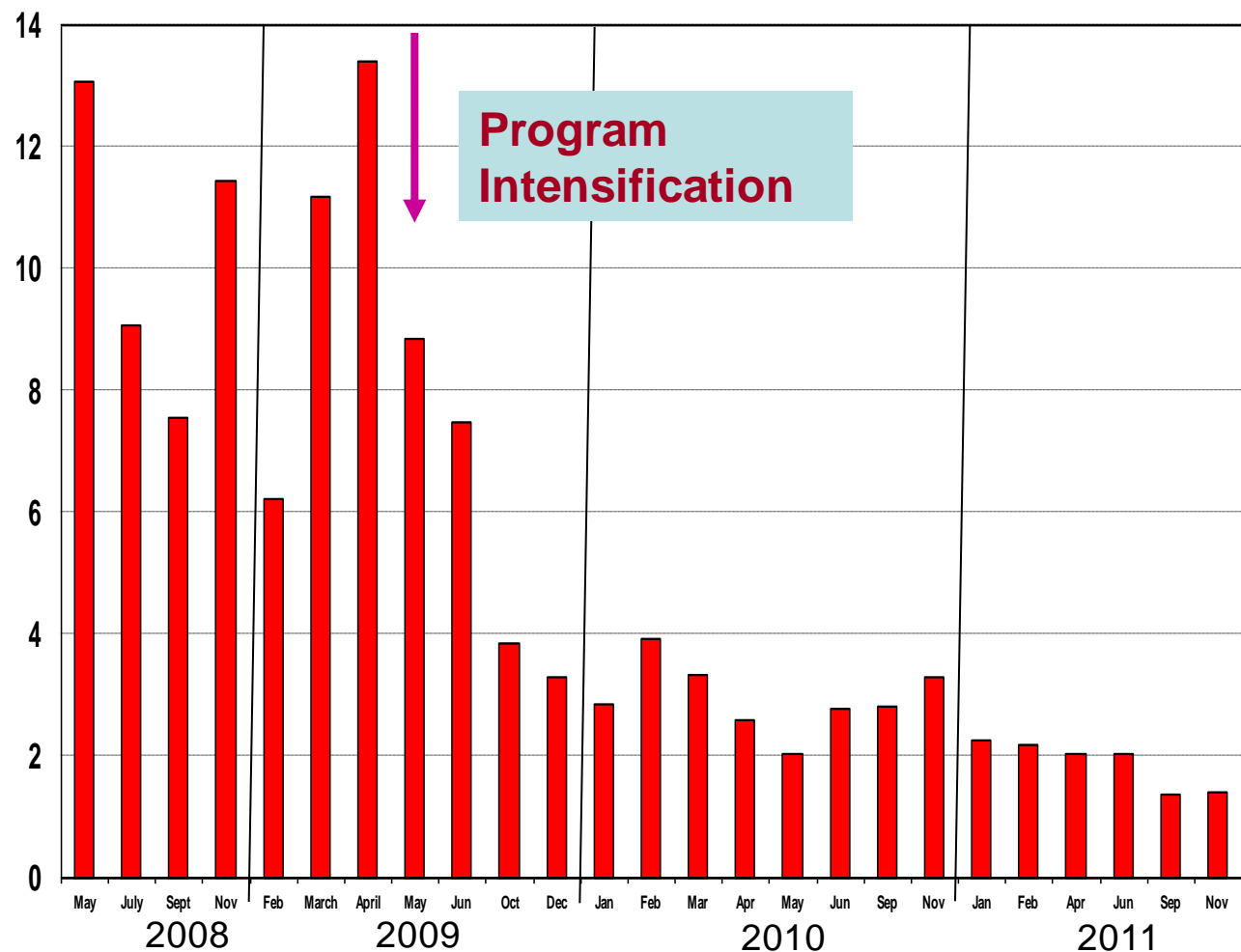
Inaccessibility: Coverage in field huts of Kosi area, Bihar



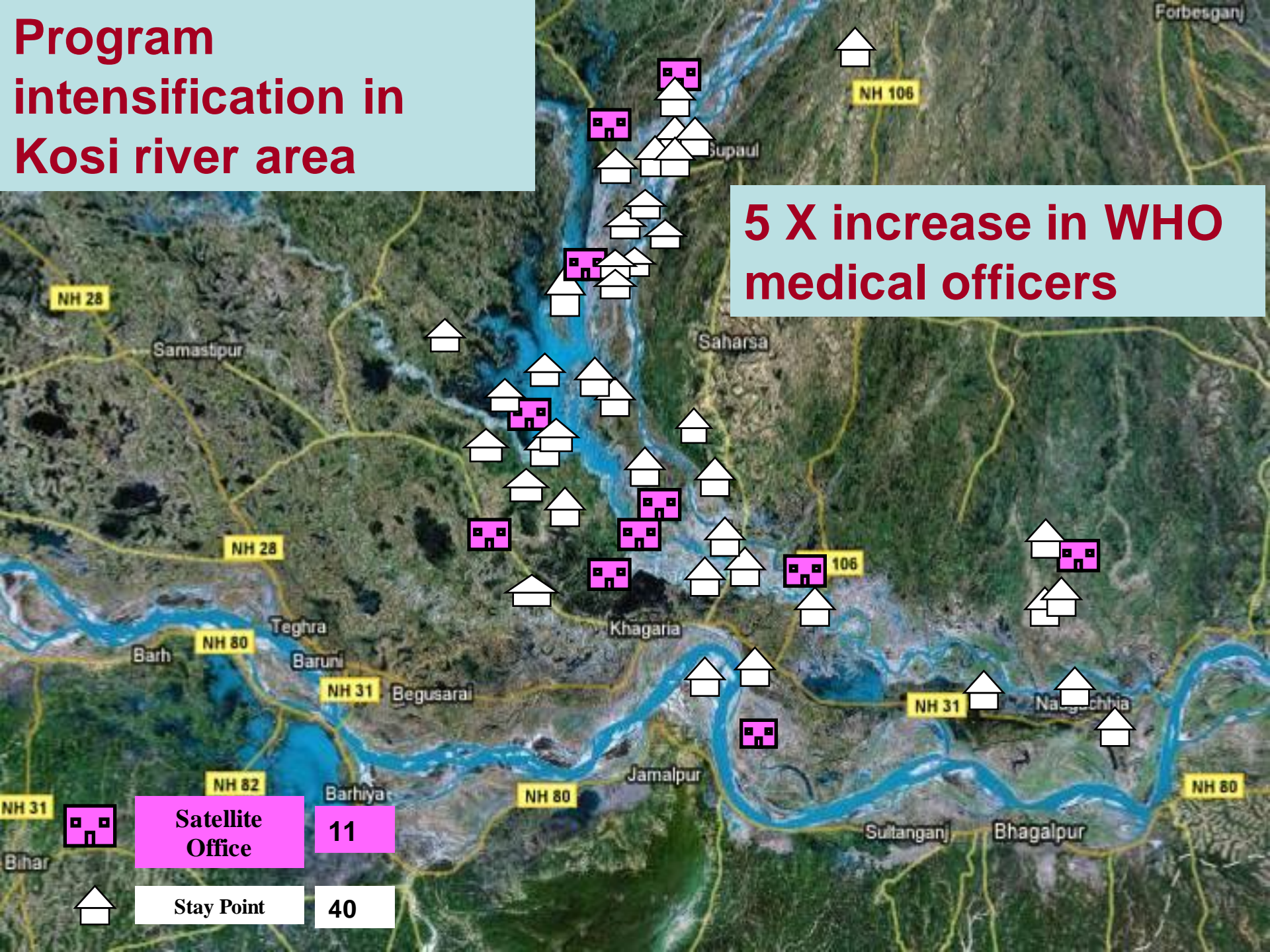
**~ 3,000 children
checked each round**

Source of data : NPSP monitoring

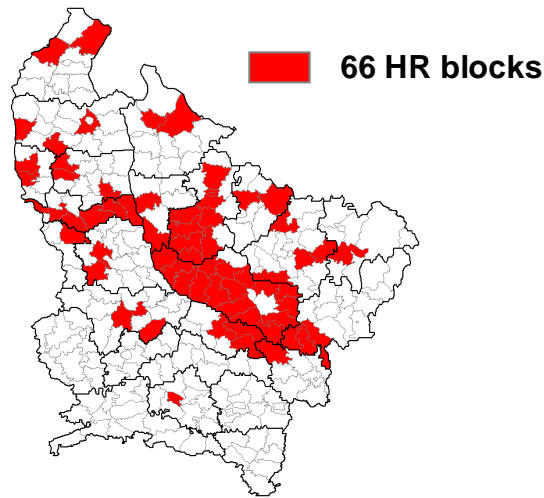
% unimmunized children in field huts in Kosi riverine area



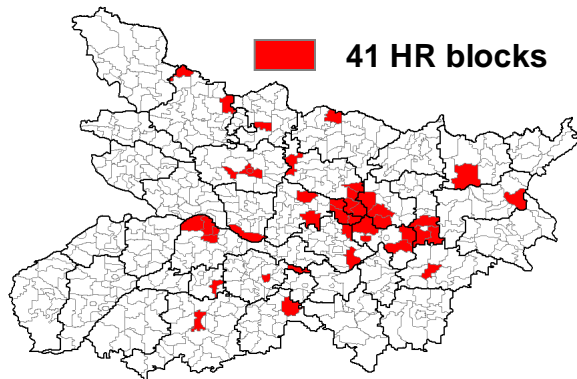
Program intensification in Kosi river area



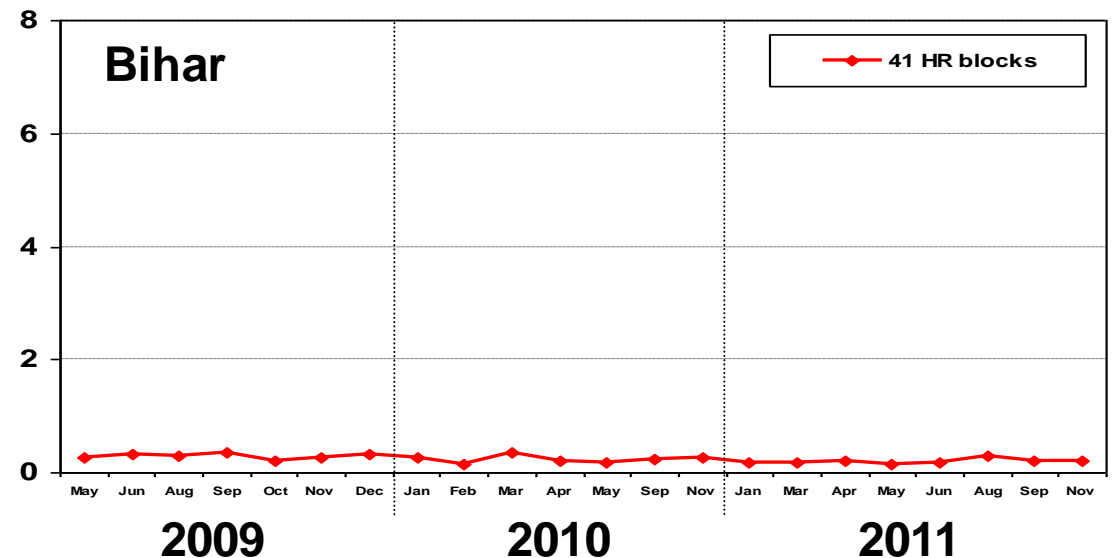
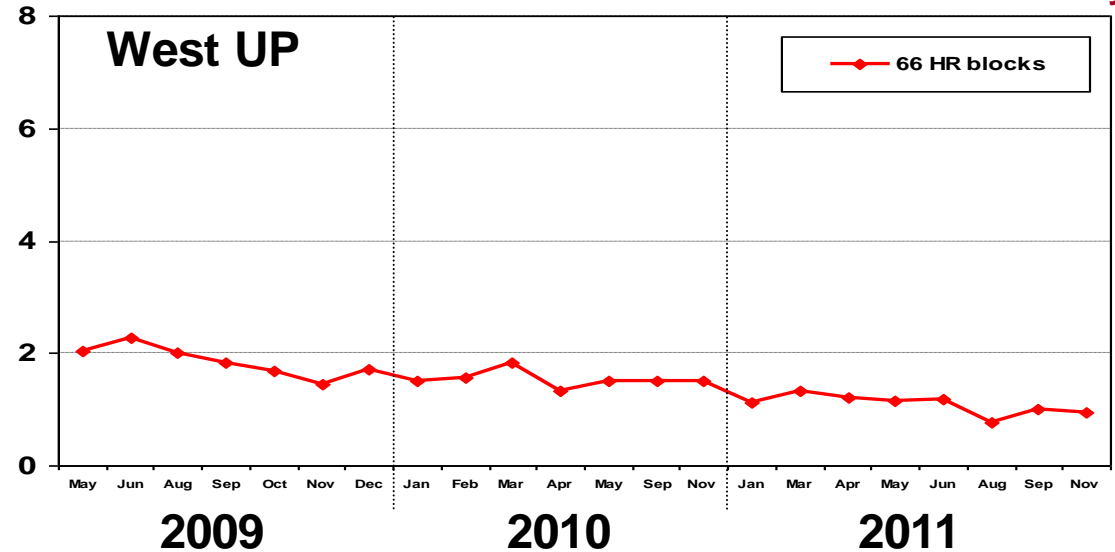
Concentration of resources and effort in 107 highest risk blocks of UP and Bihar



1 WHO medical officer per block



Percent unvaccinated children – end of round survey*



*~40,000 children checked for vaccination status each round in 107 high risk blocks

Timely, credible data – Immediate accountability

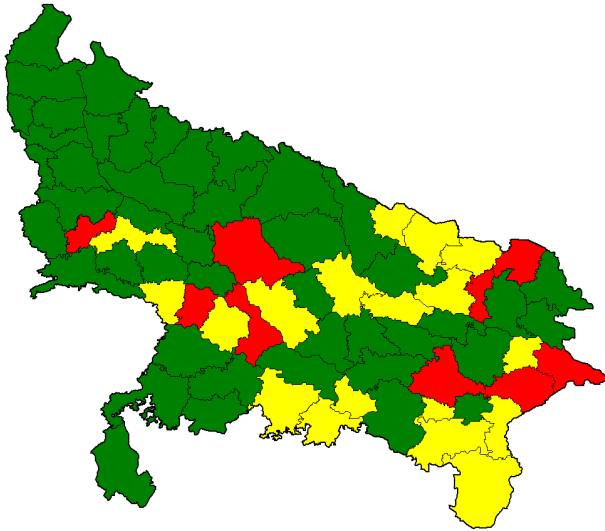
- Video-conferences by state leadership to monitor preparedness
- District Task Force meeting
- Carefully planned independent monitoring
- Monitoring of monitors

Timely, credible data – Immediate accountability

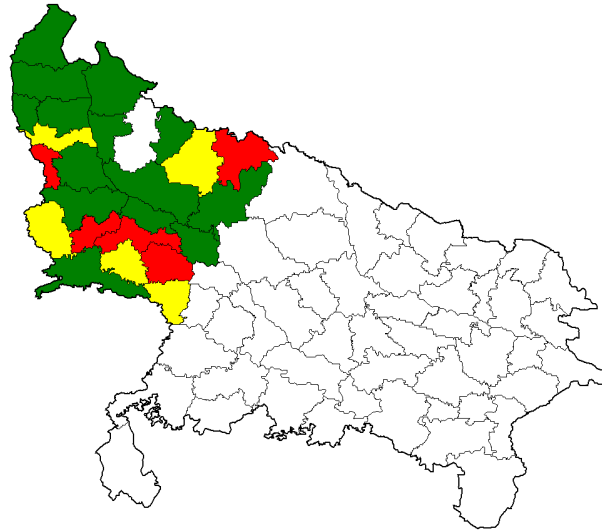
- Daily compilation of monitoring data
- Daily evening meetings chaired by District Magistrate and Chief Medical Officer
 - Operational & coverage indicator data reviewed
 - Timely accountability and corrective action
- ‘Zero tolerance’ within the Project

Quality of District Task Force Meetings

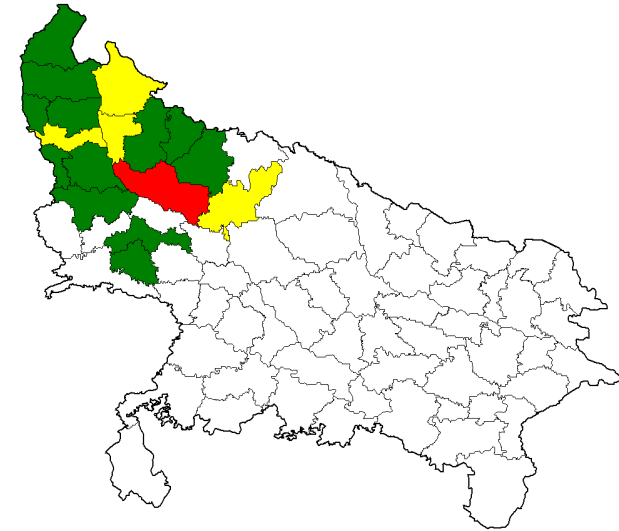
Before Sep 11 round



Before Nov 11 round

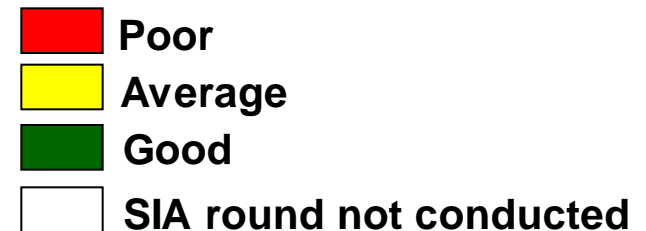


Before Jan 12 round

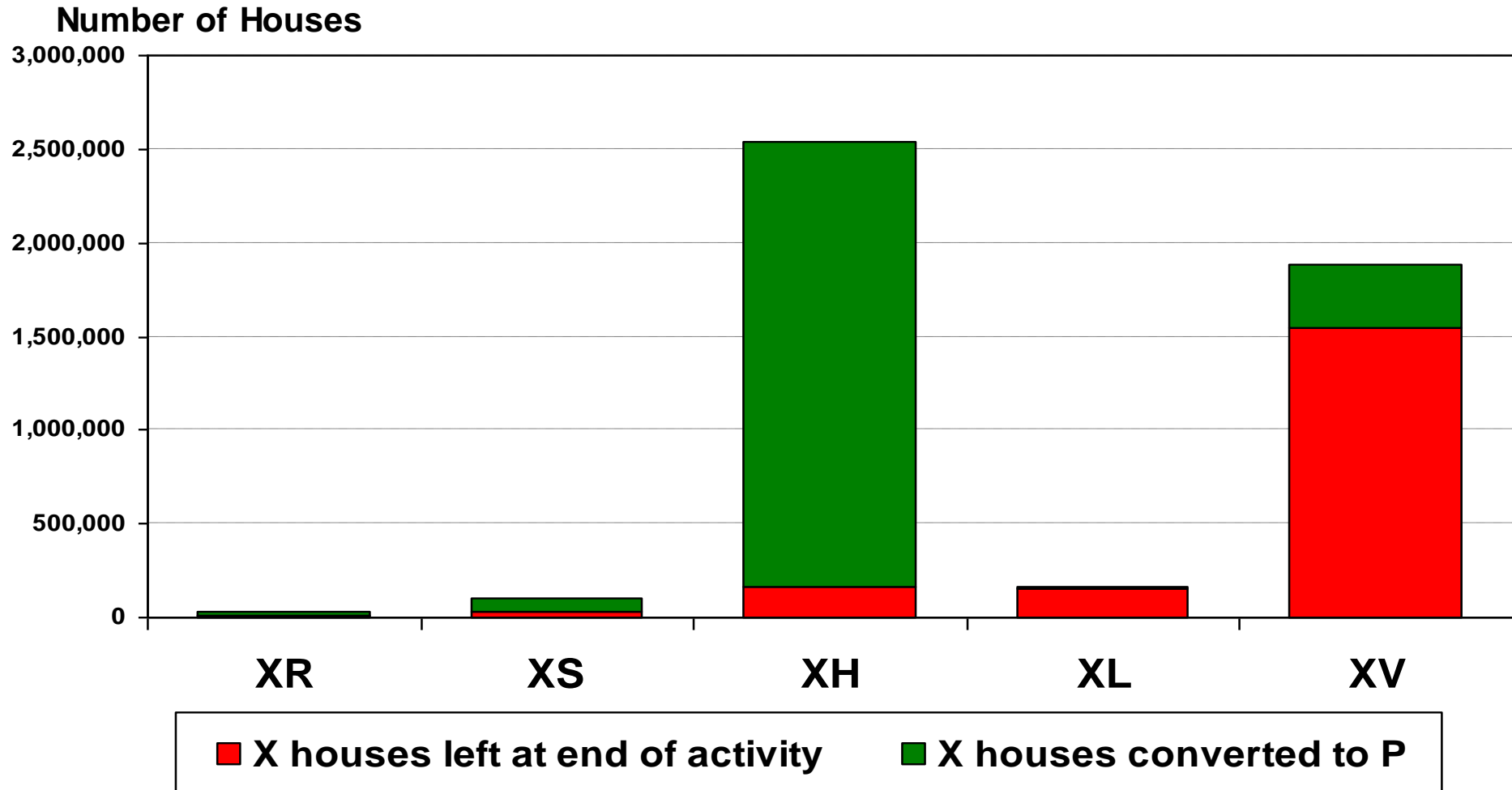


Ranking of DTFs based on:

- Presence of District Magistrate
- Discussion time on polio
- Presence of appropriate members
- Appropriateness of decisions
- Implementation of decisions



Vaccination at home: X generations & conversions by category, Uttar Pradesh, Sep 2011



XR – resistant family

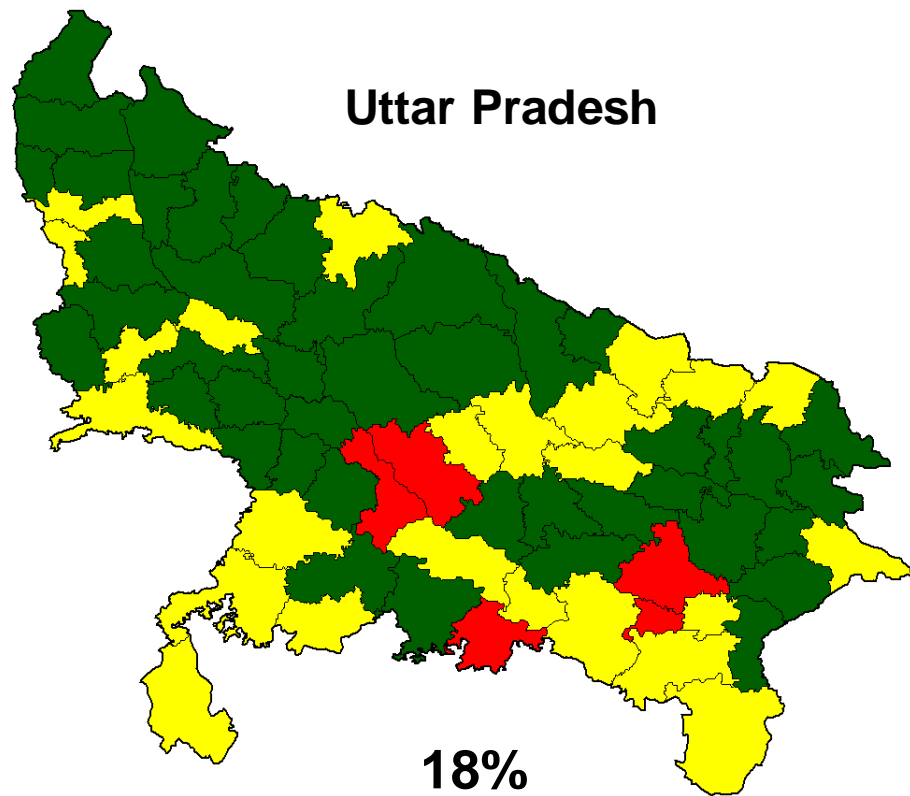
XS – child sick

XH – child out of house (likely to return before end of B-team activity)

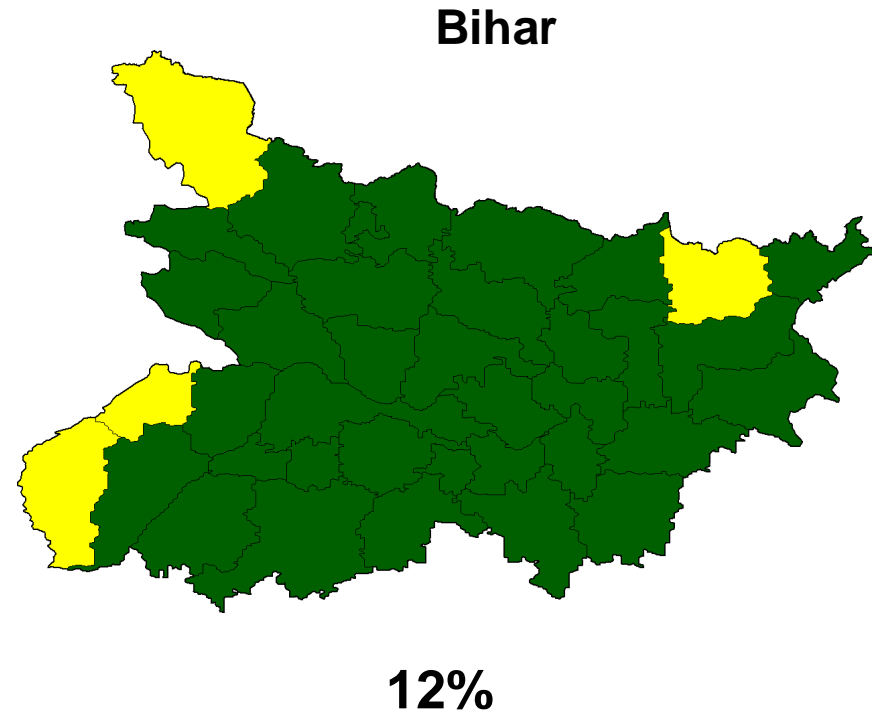
XL – house locked (not likely to return before 6 weeks)

XV – child out of village (not likely to return before the end of B-team activity)

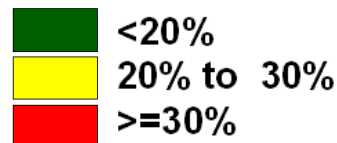
Percent teams with one or more members replaced, Sep 2011



N = 17,349



N = 20,794



Internal WHO Accountability

- Supervisory checklists & enforced performance evaluation system
 - Shortened contract with a written performance improvement plan
 - Termination/resignation based on evidence
- In 2011:
 - Total of 70* staff have faced personnel action
 - Terminated - 9
 - Non-renewal - 16
 - Resigned - 11
 - Shortened contract – 34

*Total Project staff: ~1000

Rukhsar: Is she the last polio case in India?

