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

- 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

375 Medical Officers
964 Field Monitors

48
123
789
6349
Sub Regional Staff
District Mobilization Coordinators
Block Mobilization coordinators
Community Mobilization Coordinators

7500+ SMNet Manpower in 3 states

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 Educations 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

- Leadership
- Partnership
- Accountability

- Monitoring & Supportive Supervision
- Meticulous Microplanning
  - Focused on those missed out
- Integrated/360 Communication & Social Mobilization
- Capacity Building
  - Officials and frontline workers

Focus on Priority Areas with low full 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

- Meticulous Microplanning
- Focused on those missing out
- Leadership Partnership Accountability
- Capacity Building officials and frontline workers

360° Communication & Social Mobilization

Monitoring & Supportive Supervision
Meticulous Planning of Immunization sessions
To reach every child, particularly high risk/low immunized and hard to reach

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

Percent HRAs included in RI microplans
9 priority states

Data as on 27 March 2015

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

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

- 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)

First regional workshop conducted by July 2015 – 8 states / UTs
Second regional workshop conducted by November 2015 – 7 states / UTs
Routine Immunization – Mass and Mid Media from Mission Indradhanush and GAVI

- 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.
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, 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**

<table>
<thead>
<tr>
<th>&gt;350 SMOs + 964 field monitors of WHO involved with RI monitoring in 24 states</th>
<th>Total sessions monitored (2014): <strong>280,000</strong></th>
<th>Total children monitored (2014): <strong>1.5 mn</strong></th>
</tr>
</thead>
</table>

- 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

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>Andhra Pradesh</th>
<th>Haryana</th>
<th>Himachal Pradesh</th>
<th>Jharkhand</th>
<th>Madhya Pradesh</th>
<th>Punjab</th>
<th>Rajasthan</th>
<th>West Bengal</th>
<th>Uttarakhand</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>State Human Resources Vitals</td>
<td>76%</td>
<td>90%</td>
<td>67%</td>
<td>86.5%</td>
<td>67%</td>
<td>89%</td>
<td>67%</td>
<td>78%</td>
<td>84%</td>
<td>80%</td>
</tr>
<tr>
<td>2</td>
<td>Micro-planning Status</td>
<td>88%</td>
<td>97%</td>
<td>86%</td>
<td>91%</td>
<td>59%</td>
<td>68%</td>
<td>84%</td>
<td>85%</td>
<td>71%</td>
<td>83%</td>
</tr>
<tr>
<td>3</td>
<td>Training Status</td>
<td>48%</td>
<td>65%</td>
<td>88%</td>
<td>33%</td>
<td>48%</td>
<td>54%</td>
<td>48%</td>
<td>65%</td>
<td>71%</td>
<td>56%</td>
</tr>
<tr>
<td>4</td>
<td>Reporting &amp; recording Practices</td>
<td>80%</td>
<td>94%</td>
<td>38%</td>
<td>38%</td>
<td>40%</td>
<td>40%</td>
<td>38%</td>
<td>40%</td>
<td>38%</td>
<td>40%</td>
</tr>
<tr>
<td>5</td>
<td>Vaccine, logistics and cold chain management</td>
<td>88%</td>
<td>72%</td>
<td>62%</td>
<td>46%</td>
<td>70%</td>
<td>49%</td>
<td>71%</td>
<td>62%</td>
<td>32%</td>
<td>47%</td>
</tr>
<tr>
<td>6</td>
<td>Monitoring &amp; program overview</td>
<td>57%</td>
<td>62%</td>
<td>84%</td>
<td>58%</td>
<td>24%</td>
<td>50%</td>
<td>57%</td>
<td>62%</td>
<td>58%</td>
<td>50%</td>
</tr>
<tr>
<td>7</td>
<td>AEFI and Disease Surveillance</td>
<td>60%</td>
<td>62%</td>
<td>68%</td>
<td>50%</td>
<td>78%</td>
<td>68%</td>
<td>60%</td>
<td>50%</td>
<td>68%</td>
<td>68%</td>
</tr>
<tr>
<td>8</td>
<td>Social mobilization and advocacy</td>
<td>60%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>53%</td>
<td>53%</td>
<td>67%</td>
<td>53%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>Total State score</td>
<td>67%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>53%</td>
<td>53%</td>
<td>67%</td>
<td>53%</td>
<td>63%</td>
<td>60%</td>
</tr>
</tbody>
</table>
**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
Transition Planning

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Govt.</th>
<th>SMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>65</td>
<td>35</td>
</tr>
<tr>
<td>2014</td>
<td>83</td>
<td>7</td>
</tr>
<tr>
<td>2015*</td>
<td>93</td>
<td></td>
</tr>
</tbody>
</table>

- 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

Field Volunteer (Monitor) Positions, 2012-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>WHO Hired</th>
<th>Govt hired</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1472</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>102</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>246</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>495</td>
<td></td>
</tr>
</tbody>
</table>

Transitioning - supporting international health programmes

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

**Two Missions to Nigeria** - Supported GPEI
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

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)
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

2014-15

- Polio (GPEI): 6%
- Measles: 32%
- RI: 58%
- GOI (polio lab cost): 4%

UNICEF Polio + RI Funding sources 2014

- GPEI Partners (Rotary, BMGF, USAID): 61%
- GOI GAVI+: 24%
- UNICEF: 5%

Challenges and threats
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)

Thank you
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