

Letter to the Editor

Supplementary pulse polio immunization program: an experience from Ground zero

Sir,

India has showed an unprecedented success story towards achieving the aim of “Polio free country” on 13 January 2014, marking a landmark for the country, which in 2009 accounted for nearly half of the World’s polio cases.¹ But, the porous borders with Pakistan and Afghanistan marks a threat to this commendable success.²

Independent polio immunization campaign monitoring is carried out to assess the quality and impact of supplementary immunization activities.³ It is critical in guiding any necessary mid-course corrections if gaps or problems are found. Objective of this article is to highlight some of the observations by a WHO external monitor posted in a district of Tamil Nadu.

The first day started with Polio booth surveillance activity. This was followed by 2 days of monitoring the door to door mopping up activity as well as monitoring of high risk areas like slums, migratory sites, brick kilns, Worker colonies etc. for unvaccinated children. The final fourth day included random monitoring of public places like transit stations, market places, festival sites etc. to check for the immunization status of under 5 children.

A total of 24 booths were inspected to monitor the immunization activity. Two booths were found closed before time. The Booth workers were traced and asked to reopen the booths.

A total of nine groups who were doing the door to door mopping activity were inspected on the second day. Each of the group would visit all the houses in their respective areas and marked ‘P’ for houses with vaccinated children, houses with no children and mark ‘X’ for houses where children could not be traced or unwilling for vaccination. Further attempts will be made to trace and motivate them. Most of the groups in the urban areas were headed by Village health nurse together with volunteers, mostly students from nearby community colleges. The rural areas were catered by the Community & Nutritional Worker along with their helpers. Two nomadic settlements as well as a migratory worker colony were given a visit. The final day was dedicated for inspecting random sites where people gathered. The fingers of all the children who gathered at these sites were checked to prove the vaccination status. The results were submitted to the WHO office in the following evening.

Some of the highlights of my observations would be:

1. Rural Tamil Nadu is served better in context to Polio immunization initiative as observed in the District. As CNW caters to a smaller population of only 1000, she knows the community well and so able to serve them better. She knows all the under 5 children and mothers in the respective locality and so able to deliver vaccines effectively.
2. Better connectivity has welcomed a large number of migrants to Tamilnadu. These worker families are often isolated and face difficulties in accessing health services. Linguistic & cultural differences further aggravate this isolation.

The children of a migrant family from Bihar in a settled colony were not vaccinated. The VHN & Community Nutrition Worker were explaining about the language hindrance and the inability of the migrant wife to interact with the society as the reason. In the second instance in a settled migrant population, another family from Uttar Pradesh was isolated. Health staff should be advised to identify and interact with this group. Efforts should be directed more towards this new group.

3. The door to door teams could have worked better if they were provided with a microplan along with the routine immunization component included in the format. None of the teams inspected carried the micro plan.
4. Most of the community volunteers were not provided with any training. Either they were not motivated to attend the training or they were not provided with an opportunity for training. The teams could have worked better if they were trained about the importance and functioning of the polio immunization campaign. Some of the community volunteers were found not carrying the vaccine carrier while going for house to house marking. They have kept the carriers back at a near point usually at the Anganwadi centres and probably asked the unvaccinated children to get themselves vaccinated at the Anganwadi centre. When the question was raised they replied that they would serve the unvaccinated children at their door step.

The special need of the hour is to maintain this status by continuing the immunization activities without any discrimination based on caste, creed, sect, state or religion. It was a great sight to witness the Polio workers in the interiors of the country doing a great job to make India proud and continue as a Polio Eliminated Country. All the credit goes to these workers who tirelessly cycles and walks withstanding the rain and sun that made India a Polio Free country.

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