

THE POLIO ERADICATION CAMPAIGN IN UTTAR PRADESH BY NASIRUDDIN HAIDER KHAN

“We are on the verge of eradicating polio,” says an officer from the state directorate of family welfare.

“Here, there are even cases of deaths due to polio,” notes a doctor associated with surveillance.

“One can say that polio has been brought under control or eradicated only when polio patients stop coming to us,” says a polio specialist.

“The health system is in bad condition. Though its entire machinery has been deployed, a large section of society is beyond its reach,” notes a health worker.

These views of some of the people working to eradicate polio in Uttar Pradesh reflect the diversity of perceptions on the campaign, depending on their perspectives and their experiences.

Uttar Pradesh: trapped in its own backwardness

Uttar Pradesh has the largest population of in India in terms population (14 crore according to the 1991 census). It is also a politically important state, with 85 Lok Sabha seats, and as the home state of most of the country’s prime ministers. However, in terms of development (including human development), Uttar Pradesh is on the lowest rung of the ladder. Even as a new century dawns over the world, the state is trapped in its own backwardness.

Shocking statistics

This reality is reflected in the prevalence of polio in the state. UP leads the country in the number of polio cases, with more than 1,000 confirmed cases of polio reported in 1999. The second highest number of cases come from Bihar – at less than one-fifth of UP’s reported cases.

UP is also one of the two states in the country which continues to report cases of polio caused by the P2 virus, 10 cases as of the first week of December 1999. Of the three types of poliovirus, the P2 virus is the first to disappear in any eradication campaign, and its persistence in UP reflects that the programme has far to go.

Seventy-five per cent of the population of UP lives in villages. The state is also diverse geographically, ranging from hills, low-lying areas, forests and river deltas. Socially, many differences exist between the people living on the hills and those settled on the plains, between rural and urban populations, between the various classes and languages. Many people from the eastern and hilly parts of the state migrate out of the district – some even leaving the state – in search of work as manual labourers. The Pulse Polio Campaign must take into account these factors in order to achieve its aim: administering the oral polio vaccine to the entire population under five at one go during each ‘pulse’, followed by monitoring for polio cases till the virus is eradicated from the state..

Health status of the people

The improvements in the general health situation in Uttar Pradesh since Independence are not significant when compared to similar improvements in other states. In terms of the common indicators of a population’s health, UP has the country’s third highest infant mortality rate, crude death rate and total fertility rate. Gender disparities are also significant: there are only 879 females for every 1,000 males in UP – an indicator of the girl child’s low status and the types of discrimination she faces. Malnourished women give birth to children with low birth weight who are more susceptible to the many infectious diseases – including vaccine-preventable diseases – which kill thousands of children before their first

birthday each year. Even during the Pulse Polio Campaign, there have been reports of parents taking only their male children to the booth, leaving the girl child at home.

Health services

In terms of government health services, the people of UP look for basic care in the almost 23,000 subcentres and almost 4,000 primary health centres (PHCs) which dot the state. Three hundred and fourteen community health centres are meant to provide paediatric, gynaecological and surgical services, though one rarely finds a specialist doctor in any of them.

In fact, the majority of the population receives substandard health care and is exposed to risky and unskilled medical practices.

According to Mr K L Maurya of the UP Voluntary Health Association, this situation is primarily a product of poor motivation, more than a lack of resources. Most auxiliary nurse midwives (ANMs) and doctors posted in remote areas prefer to commute to work from the nearest city or town, and hence do not give sufficient time to the work they are assigned. It is also true that the ANM is not provided any vehicle and often has to walk for miles to cover the population to whom she must provide care. Further, there is little supervision of government programmes to ensure that they are properly implemented, and to recommend changes if necessary.

Routine immunisation

For example, the oral polio vaccine is one of the six childhood vaccines meant to be provided to all children as part of routine immunisation services, and there is an administrative set-up at the village level for this purpose.

However, according to Dr. Brigithi Vivi at St. Mary's Polytechnic in Lucknow, routine immunisation coverage is negligible in UP. A baseline survey conducted by the polytechnic in a village near Barabanki found that only a small minority of the women and children in this area had been immunised.

Even government officials accept that routine immunisation is poor. People working in the field of health assert that there is little effort to ensure that routine immunisation services are actually available; it is assumed that the ANMs are doing their job. There is a shortage of manpower, a poor distribution network for vaccines, little incentive for people to work, and no motivation in the programme.

In fact, officials in some of the voluntary organisations in the state claim that the pulse polio campaign became necessary because of the failure of the routine immunisation programme. They also point out that the campaign cannot substitute for routine immunisation.

The pulse polio campaign

Starting in 1999, the booth-based National Immunisation Day is followed by door-to-door visits by health workers to administer the OPV to un-immunised children. Consequently, according to Dr. Madhu Sharma of the state's family welfare directorate "People's expectations have grown. Now they want every health programme to reach them at their doorstep." While this view was shared by many people involved in the programme, others have suggested that the addition has not resulted in a fall in attendance at the booths.

Mobilisation: a joint effort with voluntary agencies

The pulse polio campaign entails close involvement and co-ordination between the government, international organisations such as UNICEF and WHO, voluntary organisations such as the Rotary Club, Rehman Foundation, Bharat Gyan Vigyan committee, Gayatri Parivar, as well as committed individuals.

For example, the Uttar Pradesh Rotary Club has managed to get the elite to make a significant contribution to this public campaign. Rotary District chairperson Mr. P.K. Bansal is very enthusiastic about the role of the club. "Even smaller clubs have been very active. We have raised public consciousness on this issue and thereby broadened people's participation."

The Rotary Club has worked to plan a number of public awareness events, and used every opportunity to reach the message with pamphlets, posters, and audiocassettes, including announcements on rickshaws. They have involved their families in the campaign: wives of Rotarians have on occasion used their personal refrigerators to store the vaccine at the required low temperature. They can be seen in camps, wearing aprons with the slogan: "Human Chain to Chain Polio."

The Rotary's Mr B K Bansal explains, "The campaign is worthless if we do not reach the poorest of the poor. So we used mobile vans to reach every corner of the cities, including slums, construction sites and shacks along the railway line areas. The club has set up a group of Rotary Commandos who locate and report cases of AFP." The Rotary also placed public announcements on polio and the pulse polio campaign, on cable TV networks.

"The polio doctor"

She is known as the 'polio doctor' and people come to her from all over the district with polio cases. Dr Brigithi Vivi started her career at the Shantinagar hospital in Gonda, some 120 km from Lucknow. She soon became known for her interest in helping children with polio. Her fame spread beyond Gonda, so that even after she moved to the St Mary's hospital in Lucknow, parents continue to come to her for help with their polio-affected children.

According to Dr Brigithi, "The problem of polio could have easily been controlled much earlier in India. It is a preventable disease, we just need motivated people working on the issue. The current problem is basically because of the low levels of routine immunisation. It is a tragedy that the able-bodied are being disabled by this preventable disease. When society is not able to take care of its able members, how can it take care of the disabled?"

"Only when there are no cases of polio in Gonda or Lucknow can you say that polio has been eradicated. If even one case is there, you can't talk of eradication. The immunisation card should be as important as the ration card, as school admission. Only then will we be moving in the right direction."

Still, things have improved considerably in the last few years, she notes. "Until 1997, polio had taken the form of an epidemic. Now things are in a better situation. In the beginning, there were problems from the government officials but our work and dedication won them over."

The government's role

Despite many positive comments about the polio campaign, there were many complaints about the programme's management. For example, supervisors were seen doing odd jobs instead of monitoring the work. They often ignored their responsibilities in order to tend to the demands of VIPs.

Women co-ordinators in charge of booths complained that they were expected to keep detailed status reports, but were not provided basic facilities such as transport.

Since the National Immunisation Day is on a Sunday, workers had to give up their only weekly holiday to take part in the programme. Workers were also disgruntled about the incentives provided. It was also felt there was no transparency regarding the money spent in the campaign, and in some areas, such tensions made it difficult to man booths.

Partly as a result of such perceptions, there was a shortage of manpower, particularly in the urban areas. It has been reported that NGOS did not participate adequately in the house-to-house campaign.

People also complained of a shortage of posters, handbills and other publicity material, as well as armbands and badges to identify volunteers. In general, it was felt that social mobilisation was unsatisfactory, and there was a call for improvement in the panchayats' involvement.

Mr. Bansal avoids commenting on the role of the government machinery. However, he adds that in the 1999 campaign, the government has made genuine efforts to reach the people. Rural areas are being targeted. Government employees received specialised training.

However, according to Dr. Brigethi, despite these moves, a sense of community responsibility has not developed. "The community will have to play an important role in the fight against polio; it must take the responsibility to make this campaign a success." The community is not awakening, she feels, and the campaign needs to be more innovative.

The issue is complicated by the attitude of people working in the programme: rather than acknowledge that people bringing their children to the booths were contributing to a social programme, some workers – senior as well as junior --- implied that they were giving free medicine.

There are also gaps in the programme's management. For example, funds are available for the villages outside Lucknow, but are in short supply for the city itself. In some areas, the gentian violet used to mark immunised children was found to be of inferior quality.

In some places where children were given balloons or sweets when they got the drops, it became evident that the same children went repeatedly for the drops to get the presents. The targets are based on the estimated children under the age of five in the area, but it was found that the actual number of children immunised often exceeded the target substantially. Also, in some places, children older than five also got the drops.

Finally, since this programme has gone on for four years – each time with intense mobilisation of resources, manpower and public awareness – it is felt that there is programme fatigue at the community level.

Children not reached

While the campaign initially tended to reach those sections which have always benefited from such programmes, on the initiative of some organisations, there is a pressure to reach those who have till now remained excluded.

"The campaign has difficulty reaching a number of groups," says Dr. Madhu Sharma. Dr. Brigithi also feels that though the latest campaign has been quite successful, a number of villages have remained outside its ambit. According to Dr Sharma, some of the groups who were not reached in earlier rounds of the pulse polio campaign are those living in 'difficult areas' such as forests, the adivasi belt, terai, near the Nepal border, and some places accessible only by boat. Because of manpower shortages, some children were not covered in the urban slums. Among the groups with poor coverage in the first three rounds were the children of brick kiln workers near Lucknow, those near Ghosaiganj next to the Indira Canal, and populations displaced by floods at Baharj and Gorakhpur. According to a health worker in Indiranagar, Lucknow, no polio dosage has been administered in some sections of Kukrail Bandhe slums.

The problem is complex, a product of poor government services, inadequate infrastructure and geographical hurdles. On the booth-based National Immunisation Days, people from villages near the immunisation booths are able to bring their children for the OPV, but booth attendance was poor from people in villages situated further away.

Dr Sharma feels that more attention is now being given to remote villages, areas around river banks, slums, adivasi areas and nomadic populations.

Resistant groups

Dr. Madhu Sharma also points out that immunisation campaign has not been very successful among some groups. There have been rumours that the OPV drops were some form of population control.

Some people believe that minority communities refused to get their children immunised, but others feel that this perception is contradicted by the fact that the incidence of polio is lower in areas with large minority populations.

According to Mr Bansal, there were some misconceptions about the polio drops initially, but this has changed.

Regarding resistance to immunisation among minorities, Dr. Brigethi says, “There was equal resistance to this campaign from every community due to widespread ignorance and illiteracy. People’s perceptions about any campaign are also determined by the manner in which they are approached by health workers.”

To counter these misconceptions, various efforts are being made, said Dr Sharma. Religious leaders of minority communities have been involved with the campaign, and information on the polio drops has been imparted from mosques and gurudwaras. Mr Bansal agrees, and says the situation has improved.

In some places, vitamin A drops were administered along with OPV drops. In other places, they were not. This variation resulted in confusion in the community, and the public was not adequately informed on the subject.

In sum, there were a number of misconceptions on the pulse polio campaign, which need to be addressed urgently by any public information campaign, in a manner that is clearly understandable by the average person.

Cold chain

The campaign also faced a number of technical difficulties. There has been considerable improvement in the infrastructure, but till recently, there were no mechanism or provisions to protect the cold chain at the village level. According to Dr. Madhu Sharma, “In this phase of the campaign, the attempt has been to preserve the cold chain by providing generators in areas where electricity is a problem.

Though it is felt that the cold chain is properly maintained at the booth level, problems have been reported during the house-to-house campaign. One reason given is that vaccine vials are sometimes improperly transported because of a shortage of vaccine carriers. There have also been reports that some vaccine vial monitors did not change colour even after the vaccine was left out in the sun for long periods.

Polio surveillance in Uttar Pradesh

In 1997, WHO took responsibility for providing a surveillance system. It established a regional office in Lucknow and appointed 20 Surveillance Medical Officers (SMOs). The state government has District Immunisation Officers in every district. The moment an AFP case is reported, the SMOs and the DIOs look into it, and present their reports. Two stool samples from the patients are sent to a designated

laboratory to test for the presence of the poliovirus, and children in the surrounding areas receive a dose of the oral polio vaccine.

A doctor associated with the programme notes that private practitioners and nursing homes have been involved in the programme, so as to detect cases. In order to improve the surveillance, 1,250 reporting units have been set up in the state. Thus, there is a greater reporting of AFP and wild virus cases, besides an increase in the number of cases. This year, in most of the AFP cases tested, we found P-3 virus.”

Data on polio in UP are available for three years. According to 1997 data, 1,154 were confirmed polio cases, 131 were of wild virus and 05 were P-2 cases. In 1998, there were 1,901 confirmed polio cases, 881 of wild virus of which 64 of P-2 virus. As of the first week of December, 1,057 cases of polio were confirmed, in which the wild virus was identified in 612 cases. As many as 218 cases were recorded in just two weeks in November 1999.

The P-2 virus remains prevalent in Uttar Pradesh. As of the first week of December 1999, 10 of the 11 cases of P-2 cases in the country were reported from UP. Confirmed polio cases are being reported in Aajamgarh, Mau, Barailly, Bahraich, Gonda, Lakhimpur Khiri, Bijnor, Muradabad, Rampur, Bulandshahar, Gaziabad, Meerut, Mujaffarnagar, Saharanpur, Varanasi and Bhadohi districts. The P-2 virus has been identified in cases in Meerut, Bijnor, Behraich, Barailly, Mau, Jaunpur, Sultanpur.

While the surveillance is better than before, Dr. Brigithi feels that it needs further improvement.

Deaths due to polio

U.P is one state in India where deaths due to childhood polio continue to be reported even today. Government officials confirm the incidence of polio, but do not discuss reports of polio-related deaths. Even the National Polio Surveillance Project's *AFP Alert* does not mention polio-related deaths. According to a senior doctor associated with this campaign, “Abroad, no one will believe that even today, there are deaths in India due to polio. In many countries, this would be considered a matter of criminal neglect.”

According to an officer closely associated with the surveillance project, the numbers of death due to polio in the state is shockingly high.

A significant number of polio deaths were reported from Gonda district. Though it lies just 120 km from the state capital of Lucknow, Gonda district is a relatively remote area, with a primarily agricultural base. The Shanti Nagar Hospital here has regularly reported polio deaths – between April and November 1999, six deaths following AFP were reported in Gonda alone. These reports are confirmed by the experiences of Dr. P.K. Aggarwal, Women's Hospital, Gonda.

Effect of the polio campaign on other programmes

Many people have expressed the feeling that overemphasis on polio has led to the neglect of other immunisation programmes. The state of the already poor immunisation has worsened, according to Dr. Madhu Sharma. Notes Mr V R Raman of the Bharat Gyan Vigyan committee: “Routine immunisation efforts already faced a number of problems. The situation has worsened with the special attention being given to polio.”

K.L. Maurya of the UP VHA points out that each National Immunisation Day involves massive preparations, campaigns, door-to-door visits, preparing reports, and so on. All this work takes up eight to 10 days of a PHC's time. Though the PHC is supposed to immunisation every Wednesday, this routine practice is stopped during the campaign period. It is impossible to carry out both the routine and the pulse immunisation together and efficiently.

The campaign has also involved anganwadi workers and teachers. As a result, their work suffers, and schools are practically closed down during the campaign. According to Unnav, a primary school teacher, “On the day of the campaign, there is only one teacher left to take care of all the classes.” Likewise, anganwadis get shut down during the campaign.

Dr. Brigethi agrees while adding that the eradication of this disabling disease does need a special campaign. One doctor compares the situation to the Kargil war, during which many important problems took a backseat. “In the same way, other programmes will suffer a setback in such a big campaign, but this must be accepted as part of the price for eradicating polio.”

In the view of a doctor associated with the campaign, “This decisive battle against polio involves a door-to-door campaign, and we will suffer a few losses. Other countries in the world have also adopted this method. There is no other way.”

Media coverage of the polio campaign

The polio campaign received extensive coverage in the media, unlike other health-related campaigns, which are often ignored by them. Media coverage for the campaign is more than for any other social issue in decades. A number of in-depth programmes and articles on the severity of polio complemented the radio, television and print announcements. The print media in particular played a positive role.

Media coverage tends to focus on the NIDs, particularly the VIPs’ involvement. On the day of NID, the city newspapers are filled with reports on the campaign, as if this was the most important event of the day. There has been a drop in coverage with the increase in the number of NIDs.

However, it would be mistaken to assume that extensive newspaper or media coverage implies an efficient publicity machinery. The government has made no effort to promote media coverage of the campaign. There is no separate media cell to deal with the pulse polio campaign. Clearly, there is an urgent need to establish a collaborative and transparent relationship with the media on this subject – and any other subject related to the public’s health.

At present, most journalists who want to write on the subject must make innumerable visits to various government offices for even basic information. Even then, they are not guaranteed access to information on the campaign’s achievements, its problems, and the government’s plans. It is difficult even to find out where the necessary information is available. The department concerned does not seem to have a sense of either responsibility or accountability. Journalists must rely on their own sources and on partial information, which may result in misleading coverage.

It is clear that the government is not ensuring all journalists access to public information. As one of them points out: “We are working hard to give as much information to the public as possible. The health department does not help us in this effort. Their set-up to disseminate information is useless. Whenever we go they hand us old data. If you go to their press conferences, you are merely told about their achievements.”

Conclusion:

This massive state is plagued by problems of development, infrastructure, poorly managed health services and a lack of motivation among the workers. The polio eradication initiative in UP has many challenges to tackle before it can claim to be moving towards success.