POLIO ADMINISTRATION

A CASE STUDY PREPARED BY TEAM – A on 02.11.06

Represented by: (1) Sri Jitendra Roy
(2) Sri Anik Baran Mahata
(3) Smt. Sonali Chaki
(4) Smt. Parul Datta
and (5) Sri Urfan Ali Mandal

1. Poliomyelitis is a preventable disease and can be eradicated through vaccination. Pulse Polio Immunization Program was initiated all over the country in 1996 to eradicate the disease. Children below five years of age are mainly sufferers with long-term effect of handicapped condition. Many countries of the world successfully eradicated the disease with the assistance of different child welfare agencies. However, due to various constraints polio eradication has not been successful in our country even till 2006.

2. Village "X", having a population of 1700 mostly belonging to a particular community with about 250 children of below 5 years, is located in a Block quite close to Kolkata. Like two or three villages of this block, it is a remote, secluded and backward village. There is no metal road connecting the village. No transport facility is available to reach the main road, which is 2.5 km away from the village. However, telephone and electricity connections have already reached there. Presently, people of all ages including the school-going children have engaged themselves in "zari" embroidery, which has given a scope of earning money to some extent. There is a primary school, a Sub-centre of Health and an Anganwadi center in the village.

3. In 2003, the district administration took a special initiative and launched a drive and to make the Pulse Polio Immunization Programme a grand success. People of various levels and different organizations decided to work hand-in-hand so that not even a single child was left uncovered by the polio vaccine. At that time, the Block Medical Officer of Health (BMOH) of the concerned block drew the attention of others to the fact that most of the children of village 'X' were immunization dropouts. Moreover, in the last few Pulse Polio rounds some of the families in the village flatly refused to dose their children with pulse polio vaccine. This time the situation was more alarming as there was a polio case detected in one of the bordering blocks.

4. The block administration arranged a meeting with the concerned local religious leaders, members of clubs, political leaders, representative officials of the block and karmadhakshyas. It was decided that a special campaign would be conducted to promote the Pulse Polio schedule before the next programme. The local administration, Panchayat members, officers and workers of Health as well as Women and Child Development and Social Welfare departments would participate in the special campaign. Emphasis would be laid on both routine immunization and special immunization.

5. According to that decision, 5 days before the day of Pulse Polio Immunization Programme a health check up and immunization camp was arranged by the BMOH. To help him there was his own team of grass-root level workers and doctors as well as the workers and supervisors of the Integrated Child Development Services Scheme (ICDS) along with medicine and vaccine.

6. It was decided that home visits would be conducted in groups for building awareness.

It was found that the village was a congested one with minimum awareness of health, hygiene, sanitation and cleanliness. Moreover, a general picture of poverty was visible. It appeared from the faces of the household members that they were little interested in their unknown 'guests'. Nobody bothered to attend to what they were talking about. Suddenly, one young man, when asked about taking his child to the polio booth on the scheduled day, burst into anger that his child was attacked with severe pain in the leg after taking the last polio vaccine. Now other people started buzzing around the visitors. Complaints came that they did not receive satisfactory treatment from the local hospital and that many of the youths did not have ration cards. A chorus arose, "If we are not given ration, what is the use of taking polio vaccine! Will it keep away hunger?" In one house a little baby of a couple of months was found severely ill. The guardians were asked to take the baby to the temporary camp, equipped with doctor and medicine, being held just opposite to that house. They refused strongly saying, "Let him die, as it is his fate. Will he get government loans?" A mother was furious: "If I do not allow my child to take polio vaccine, will the officials be paid less!" Ultimately, the camp was not successful.

7. On the booth day of Pulse Polio Immunization Programme, a team comprising of Block Development Officer (BDO), BMOH, Child Development Project Officer (CDPO), Sabhapati of the Panchayat Samity, political leaders, a member of the local religious committee and a representative of the District Administration reached the place at an early hour. Not a single child could be administered the polio vaccine till then. Villagers crowded around, but only the male adults were there. As soon as they were asked to bring the children to the booth, there was agitation in chorus. The prime demand was for ration cards and other necessary services and grants. According to them, Polio vaccine was of no use if they did not have adequate food to live. Then the block administration was asked to explain the situation regarding the lacuna in issuing ration cards to the eligible applicants. It was explained that there were not sufficient ration cards to be allotted compared to the need. The reason was that a good number of invalid ration cards prevalent in the locality had not been surrendered in case of death, migration and similar reasons. People could not be motivated and time passed. They were resentful and were about to tear off the posters and banners. At this, it was somehow promised that the matter would be looked into and action would be taken accordingly. People went back to bring the children for the vaccine drops. Almost all the eligible children were administered the vaccine. The block had a successful figure this time.

8. In the subsequent rounds, however, the figure of vaccinated children in the village 'X' kept decreasing. On the whole, there was not much difference in the total immunization figure of the block. Everyone was happy with the report. The block is in a satisfactory position.

9. Three years later: On a visit of an officer of the ICDS project on the day of the Pulse Polio, not a single child had been vaccinated even two hours after the start. Vaccinators were asked the reason. The reply came in a rather indifferent voice: "**The people are asking for ration cards, not the polio vaccine**".

****

Annexure -I

Anganwadi Centre

This is the village unit of the ICDS Scheme. There is supposed to be one Anganwadi centre for every 1000 population in the rural areas. However, the rapid rise in population has out-paced development. As such, the above standard can hardly be maintained. The Anganwadi centre has to often cater to much higher population than 1000.

Targeted Beneficiaries

The Scheme targets the most vulnerable groups of population including children upto 6 years of age, pregnant women and nursing mothers belonging to poorest of the poor families and living in disadvantaged areas including backward rural areas, tribal areas and urban slums. The identification of beneficiaries is done through surveying the community and identifying the families living below the poverty line.

Recipients	Calories	Grams of Protein
Children upto 6 Years	300	8-10
Adolescent Girls	500	20-25
Pregnant and nursing mothers	500	20-25
Malnourished Children	Double the daily supplement provided to the other children(6000 and/or special utrients on medical recommendation	

Objectives

The objectives of the scheme are :-

- to improve the nutritional and health status of pre-school children in the age-group of 0-6 years;
- to lay the foundation of proper psychological development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school drop-out;
- to achieve effective coordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Package of Services :

To achieve the above objectives, the ICDS aims at providing a package of services, consisting of

- Supplementary Nutrition;
- Immunization;
- Health Check-up;
- Referral Services;
- Non-formal Pre-school Education; and
- Nutrition & Health Education.

The programme provides an integrated approach for converging basic services through community-based Anganwadi Workers and helpers, supportive community structures/women's group -through the Anganwadi Center, the health system and in the community. Besides this, the AW is a meeting ground where women's/mother's group can come together, with other frontline workers, to promote awareness and joint action for child development and women's empowerment.

Annexure -II

Routine Immunization for Children

Beneficiaries	Immunization	Dose
At Birth	B.C.G.	Single Dose
	O.P.V.	Zero Dose
Infant (6 Weeks)	D.P.T. & O.P.V.	1st Dose
Infant (10 Weeks)	D.P.T. & O.P.V.	2nd Dose
Infant (14 Weeks)	D.P.T. & O.P.V.	3rd Dose
Infant (9 Months)	Measles & Vita A Oil	Single Dose
Children (16-24 Months)	D.P.T. & O.P.V.	Booster Dose
Children (5 Years)	D.T. & O.P.V.	Booster Dose
Children (10 Years)	T.T.	Booster Dose

B.C.G. Vaccine :- Bacilli – Callmate-Guerine Vaccine for Tuberculosis

O.P.V. :- Oral Polio Vaccine for Poliomyelitis

D.P.T. : -Diphtheria – Pertusis-Tetanus vaccine for Diphtheria, whooping cough and Tetanus

D.T. :- Diphtheria and Tetanus

T.T. :- Tetanus Toxoid

Vitamin A Oil: Total 5 (Five) doses to be given within three years of age.

Teaching Note (revised)

Administration

1. The Governance has not been people friendly.
2. The benefits and importance of the programme should have been explained to the people well in time.
3. The people have a general feeling of mistrust in the prevailing government system.
4. No attempt has been made to overcome the alienation of the people from the mainstream and the local administration.
5. The Block administration should not have neglected development of the area.
6. There should have been a convergence of efforts of the various Government departments towards the overall development.
7. Every effort should have been made by the authority to ensure Community Participation in the programme.
8. There is lack of accountability among the Government functionaries.
9. A fool proof IEC mechanism should have been developed.
10. Assistance of good NGOs, CBOs and local key persons should have been taken.
11. Although 'immunization' is the work of the Health and Family Welfare Department, as the Principal Co-ordinating Officer of the Block, the BDO should have exercised his control through the monthly health monitoring meetings.
12. The Data collection system should be such that it reflects both quantitative and qualitative achievements.
13. Panchayat should have been activated to take major responsibility for the implementation of the programme.

Planning

14. The development plan of the Block does not appear to be need based
15. Benefits are not reaching the target population
16. Planning should be 'bottom up' and not 'top down'.
17. Additional Anganwadi Centres should have been planned.

Socio-Economic

18. Livelihood options are not available to the people. Denial of Govt. loans, ration cards etc has further aggravated their precarious condition.
19. Male domination of the society may be a reason for the failure of the programme. Women empowerment should have been attempted.
20. Lack of education may have led to lack of motivation towards the programme.
21. Attempt should have been made to identify if there was any religious sentiment playing against pulse polio programme.
22. The human ego system may have created a conflict situation between the community and the administration.