Public Health Practice

All hands against polio

Dora Maria Carbonu, Saleema Hashwani, Gulshanara Badruddin, Pamela Marshall & Salma Fazal

The students and faculty of the Aga Khan University School of Nursing, working in collaboration with other groups and organizations, have made a considerable contribution to Pakistan’s polio immunization programme in the area of District Council West and Malir, Karachi. Recommendations for improving the programme are presented on the basis of the experience gained.

Between 1988 and 1993, 5486 cases of poliomyelitis were reported in Pakistan. In 1994 the country joined the international polio eradication programme, since when eight national polio campaigns have been conducted, the first on 27 April 1994 and the eighth on 8 January 1997.

The Ministry of Health organized meetings with various government and nongovernmental organizations to encourage them to participate, and extensive publicity was placed in the mass media. Under the auspices of the Expanded Programme on Immunization, oral polio vaccine was given to children at special community centres throughout the country. The first four campaigns were held in the spring, the fifth and successive ones in the winter in order to take advantage of the cooler weather at this time of year for the maintenance of the cold chain.

Helping out

In the area of Karachi’s District Council West and Malir, the Aga Khan University School of Nursing participated in all but one of the eight campaigns, joining forces with other bodies to:

- provide technical and professional support;
- motivate parents and families to have their children immunized;
- promote a positive attitude in communities towards the national polio programme;
- identify high-risk groups.

The School’s responsibilities were planned and coordinated by its Community Health Nursing Interest Group. Students and faculty members were drawn into the
campaigns with the help of the local Coordinator of the Expanded Programme on Immunization. Special committees of the District Council dealt with such matters as motivation, communication, transportation, manpower, vaccine availability and distribution, and the cold chain. Effective collaboration was achieved between the federal and provincial governments, nongovernmental organizations and communities.

Nevertheless, not everything was plain sailing for the School of Nursing. Difficulties of transportation caused some faculty members to be late in joining up with their assigned groups, which consequently had to work in areas different from those originally intended for them. When faculty members and students arrived in some communities they found that personnel from the government sector and from nongovernmental organizations were already in place, resulting in overstaffing. Subsequently, therefore, only 30%–40% of the student body, mainly those at the stage of clinical involvement, were assigned to this work.

During the first few campaigns there were complaints from community members that no advance notification had been given, and for this reason some parents refused to allow their children to be immunized. Some people were reluctant to proceed because they believed that the vaccine would make their children unwell. Fortunately, faculty members and students were able to reassure these doubting members of the community, who eventually agreed to have their children immunized.

The School of Nursing attended planning and evaluation meetings with the local Coordinator of the Expanded Programme on Immunization, the District Council's Provincial Programme Organizing Committee, and community representatives. Special attention was given to communities in which the response had been less enthusiastic than expected. The purpose of the meetings was to discuss logistics and to:

- assess human and material resources;
- determine factors influencing the success of previous programmes;
- devise improved strategies for later programmes;
- arrange visits to certain communities in order to ensure full coverage of all areas;
- create supervisory teams;
- organize the distribution of students and faculty members, and the allocation of vehicles;
- check the organization of vaccine distribution and cold-chain maintenance.

For the first campaign, on 27 April 1994, the School of Nursing mobilized over 300 students and 21 faculty members. Smaller numbers of students participated in the subsequent campaigns. The School of Nursing was assigned to six communities and worked with health personnel who were familiar with them. The students and faculty members were deployed to health units, doctors' clinics, and the homes of volunteers and community health workers, and, in many cases, collaborated with other volunteer groups. Children were brought to these sites for immunization by parents, guardians, siblings, other family members and volunteers. It was observed

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that many fathers brought their children to the immunization centres. In very scattered communities, door-to-door visits were made.

Where attendance proved unsatisfactory the following steps were taken.

- Community volunteers approached local leaders and asked them to make announcements in mosques and churches.
- Flyers were distributed to people’s homes.
- Health units and doctors’ clinics were asked to encourage clients to take their children to the immunization centres or, if they were unable to do so, to ask other parents to take them.

The local Coordinator of the Expanded Programme on Immunization and the Directors of the School’s Diploma Programme were personally involved in:

- observing and supervising on site;
- distributing vaccine and ice blocks where shortages arose;
- reassigning students and staff in accordance with the needs of communities and immunization centres;
- administering vaccine where staff shortages occurred;
- holding meetings with private physicians who were not strongly committed to the programme;
- visiting community and religious leaders to inform them about the campaigns and promote attendance at the centres.

Towards eradication

Nationally, the programme was assessed as being 95% successful in 1994 (1). By and large the objectives of the immunization days were achieved, thanks to adequate planning and the anticipation of problems. There is evidence of a substantial decline in the incidence of polio, although many children have still not been immunized against the disease.

In the area of District Council West and Malir the eight campaigns resulted in 382 700 doses being administered (see table). The initial response in April 1994 was good but the three following campaigns produced lower numbers of immunizations. It was thought probable that the increase in coverage that occurred with the move to winter campaigns in December 1995 was partly attributable to heightened awareness of the programme in the community.

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<th>Polio immunization campaigns, District Council West and Malir</th>
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<td>Campaign dates</td>
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In the light of the experience gained, the following recommendations were made to the Coordinator and the team at District Council West and Malir.

- Early notification should be given to participating institutions of the dates of national polio immunization days, to leave adequate time for planning and organization.
- Requests for staff to be deployed in particular communities should be specific and accurate so that both overstaffing and understaffing can be avoided.
- Annual budgetary planning should meet all requirements of the programme, not overlooking those relating to nongovernmental organizations.
- The coordination of activities should be improved and there should be more input from both the government and nongovernmental sectors.

Reference


Acknowledgements

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Progress towards polio eradication

Since WHO resolved in 1988 to eradicate poliomyelitis from the world, cases have fallen by about 85%. Eradication means completely freeing all countries of naturally occurring polioviruses—a step further than elimination, which means getting rid of the clinical disease. ....

All countries of the western hemisphere have been polio-free since 1994. .... Globally, 67 countries remain endemic for poliomyelitis, including those with the greatest difficulties in achieving satisfactory immunization coverage because of remote populations, wars, civil unrest or economic chaos. About 90,000 cases a year are estimated still to occur worldwide, three-quarters of them in the Indian subcontinent.