



In Focus: SOCIAL MOBILIZATION

India's 107 Block Plan

In 2009, the prospects for polio eradication in India looked bleak. Cases were up, polio was stubbornly persisting in a number of areas, and children who had been vaccinated multiple times were still getting polio. “There was a feeling in the program,” a UN official said in an interview, “that there was a real need to dig deeper.”

Beginning from the observation that polio transmission was primarily concentrated in just 107 blocks or subdistricts, and further recognition that, in the words of another UN official, “vaccine is not as effective in these 107 blocks,” **the program turned its attention to the underlying causes of polio transmission in these areas.** In the 107 “high risk” blocks, the program focused on **improving RI, increasing rates of breastfeeding, lowering diarrhea rates, and improving sanitation practices.** The 107 Block Plan was a far-reaching strategy that provided additional attention to enhancing the quality of campaigns while simultaneously conducting a wide variety of other activities from filling vacant medical officer positions to the construction of latrines in some cases. **In this section, we will focus on one piece of the 107 Block Plan—its extensive communications strategy.**

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Polio eradication’s communications strategy in India had long included RI messages, but under the 107 Block Plan, much greater attention was given to issues beyond polio vaccination—in the words of one interviewee, it was “polio plus plus plus plus.” Specific, targeted messages included information about diseases prevented by RI, the normal side effects of immunization, and where immunizations were available; the importance of oral rehydration solution in cases of diarrhea and how to prepare it; instructions to feed colostrum to infants and to exclusively breastfeed for six months; and to wash hands with soap at specific times throughout the day.



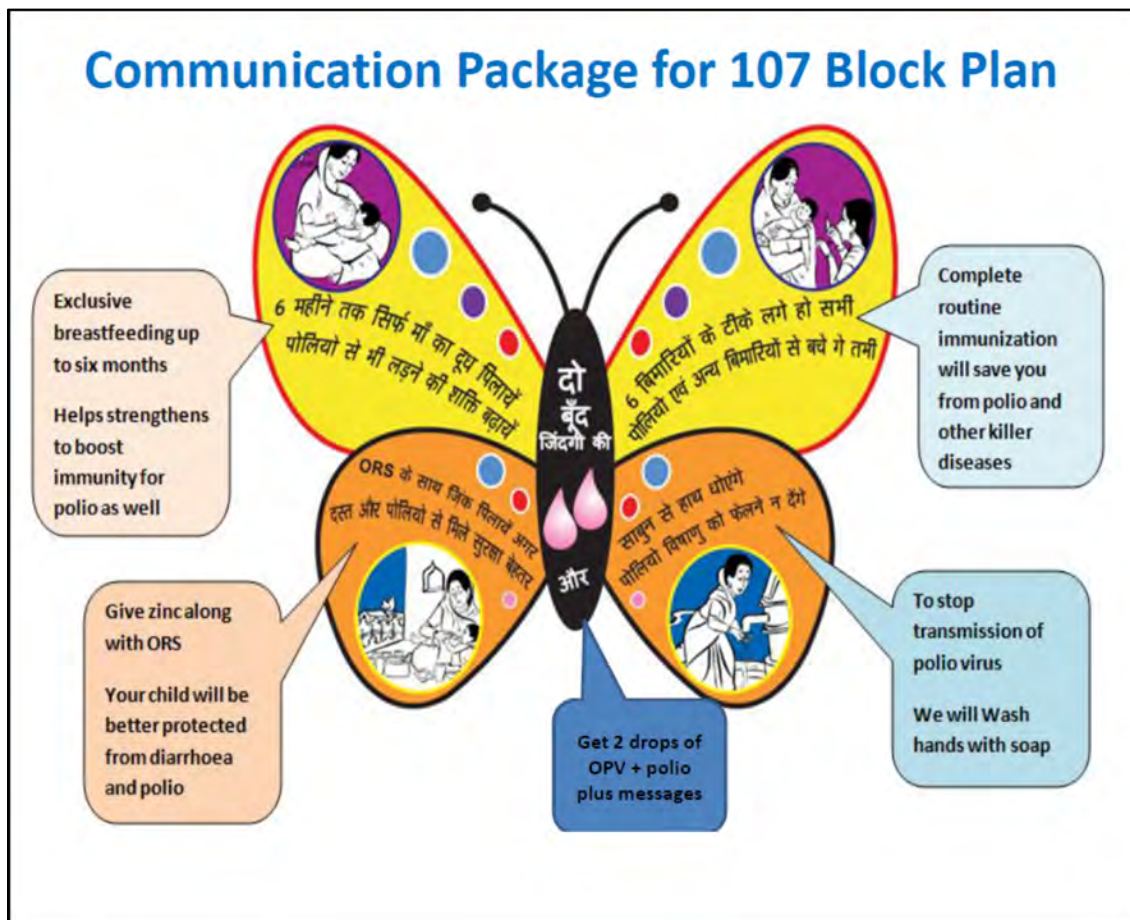
In areas of India with a high risk of polio transmission, communications staff promote routine immunization, breastfeeding, handwashing, and ORS along with polio vaccination

Additional staff were hired to disseminate these messages: up to 1,500 community mobilizers were deployed in Bihar (and even more in Uttar Pradesh). Initial concerns about social mobilizers’ ability to quickly learn and disseminate these messages proved unfounded. One UNICEF official said that, rather, **the mobilizers “embraced it”**—excited that after years of the same polio messaging, they could do more.

Several blocks within our study district of Purba Champaran were included in the 107 Block Plan. A staff member there described her work:

We are promoting hand washing.... We are promoting breastfeeding. We are promoting zinc and ORS [oral rehydration solution] for controlling diarrhea. **We conduct counseling meetings with the targeted families and slowly, slowly, it has developed awareness in their behavior....** When we interact with families, our objective is to create awareness of environmental factors as well as their behavior.

The project was embraced by the Indian Ministry of Health and Family Welfare, who were the architects of the project, along with high-level officials at WHO and UNICEF who contributed great interest, input, and support. Beyond this cooperation, **rolling out the project also required collaboration between staff focusing on polio eradication, RI, nutrition, and sanitation**—including staff found within different ministries in the Indian government. One participant considered this a positive because it, “satisfied a lot of people’s belief that polio should be a convergent program.” Still, some interviewees said it was not always easy to coordinate so many different agencies in so many different districts. Differences of opinion existed over whether the comparatively well-funded polio eradication program should kick in funding for, as an example, water and sanitation projects. One respondent called this a “**push-pull collaboration**” that was ultimately worth it.



The 107 Block Plan included a range of communication messages on underlying causes of polio transmission. Image from Ogden and Dey.

Government ownership of the 107 Block Plan was never in question. Many of the communications activities, however, were taken on by UNICEF staff at the ground level, raising questions of long-term sustainability. **Efforts are now underway to expand these convergent approaches to government staff at the community level—ASHAs and anganwadi workers.**

The potential to roll out 107-Block-Plan like programs in other polio endemic areas should be given serious consideration. However, international officials familiar with the program caution that its success was to a large degree dependent on a “very robust” polio program, as well as government support for programs like RI. For example, in Bihar, the 107 Block Plan coincided with the Muskaan program, an initiative founded upon renewed interest in RI at the state level and, according to one interviewee, in part because of concerns that polio eradication activities were distracting from RI. Another respondent said the recent, striking increase in RI coverage in Bihar was “amplified and supported by” the 107 Block Plan, but certainly not a result of the plan alone.

While the 107 Block Plan was not implemented in isolation, it is probably not a coincidence that India saw its last polio case only a few years after its inception. Overall, the 107 Block Plan represents a **clear and inspiring example of how polio eradication can spearhead a project with broader impacts on RI and PHC**—impacts that then positively affect the polio program as well.