BRIEF COMMUNICATION

My Good Friend, the Humble House to House Vaccinator

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SUMMARY

The corresponding author served with the WHO between March 2011 and July 2013 in polio eradicationas an Acute Flaccid Paralysis(AFP) Surveillance Medical Officer(SMO) inSupaul district of Bihar state of India.Going by experience and official data,thispart of India is among the most impoverished areas in the world.The publichealthcare system is rudimentary and grossly inadequate.The polio eradicationprogram is one of the few bright spots in terms of operational efficiency. Thechallenges to mass immunisation included poor infrastructure(in terms ofroads, electricity, and trained manpower),widespreadilliteracy,superstition,chronic poverty,malnutrition and extremes of weather.Supaul,with a population of 2.2 million,had about 1800 vaccinators inapproximately 900 two-woman teams. The money that was paid to them wasofficially dubbed an honorarium, which might seem to imply that the recipientwas never in any real need of it.But that was obviously not the case. A vexingissue that was faced all through was that of delayed payments to vaccinatorsand supervisors,which had a negative impact on the morale of the vaccinators and their supervisors. Arriving at trainings to purvey dismal attendance anddisappointed faces was a most unpleasant task for the corresponding author.India was certified polio free bythe WHO in January 2014.A good part of the credit for that goes to our very good friend,the humble vaccinator,the single most valuable human asset in theentire Global Polio Eradication Initiative. We salute her indomitable spiri*t.*

FULL CONTRIBUTION

The corresponding authorserved with the WHO in polio eradication as anAcute Flaccid Paralysis(AFP) Surveillance Medical Officer(SMO) in Supauldistrict of Bihar state of India.Going by experience and official data,this part ofIndia is among the most impoverished areas in the world.The public healthcaresystem is rudimentary and grossly inadequate.The polio eradication program isone of the few bright spots in terms of operational efficiency.The challenges tomass immunisation included poor infrastructure(in terms of roads, electricity,and trained manpower),widespread illiteracy,superstition,chronicpoverty,malnutrition and extremes of weather.

The entire polio eradication initiative in India is operationalised through more than 2 million vaccinators who go from house to house, vaccinatingchildren with 2 drops of the vaccine in each polio "round".Supaul district,with apopulation of 2.2 million,had about 1800 vaccinators in approximately 900two-woman teams.Every 3 teams had 1 supervisor.Each team would have tovisit 80 to 120 houses in the morning,and then visit them in the afternoon againto vaccinate those children under 5 years of age who would have been missed in the morning. Every "round" would last 6 days.

Most vaccinators werepoorly paid community health workers.The rest were volunteers who wereroped in for areas that didn't have community health workers or for accesscompromised areas where they would need to wade through waist deep water,or walk across deserts that did not have roads and were hence unmotorable.Themoney that was paid to them was officially dubbed an honorarium, which might seem to imply that the recipient was never in any real need of it.But that wasobviously not the case. The amount was INR 75 (PKR 122) per day.This was halfof minimum wages in Bihar.6 days of vaccination work brought themINR 450(PKR 732).As a comparison,the S.M.O. who trained themwas paid INR 4000 (PKR 6514) a day. Or 53 times as much.

The WHO SMO office had a mandate to assist the government technicallyand operationally on 2 aspects of polio eradication:AFP surveillance andImmunisation.Lack of popular demand for a robust healthcare system and theconsequent lack of political will to establish the same meant that the WHOoffice was left to partner with an acutely understaffed skeletal public healthcareinfrastructure.Therefore,the SMO office had to take significant ownership ofwhat was supposed to be a predominantly government owned

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program.A vexing issue that was faced all through was that of delayed payments tovaccinators and supervisors,which had a negative impact on the morale of thevaccinators and their supervisors.The payments were said to be delayed becausesomething called a Statement of Expenditure (SOE) had not been submittedeither by the Primary Health Centres to the District Headquarters(DQ),or by DQto State Headquarters.Either that or some other mode of bureaucraticbungling.Nobody in government seemed to take the initiative to solve thisvexing issue. The SMO office had no jurisdiction in the matter since allpayments to vaccinators and supervisors were with government funds throughgovernment agencies.The delay in payments,sometimes running into more than2 months,caused a drop in attendance at vaccinator trainings,especially whenvaccination activity was scheduled in consecutive months,which was very oftenthe case in Bihar which had 8 to 10 rounds every year at the time the corresponding author was there.Vaccinator attendance data was analysed by theSMO's superiors in WHO,not by anyone in government,and instructions toconduct catch-up trainings were issued to the SMO office,not to the districtgovernment health office. What this meant was,that though the SMO office hadno jurisdiction in the matter of payments to volunteers in a governmentprogram,it had the responsibility of ensuring that all of them turned up fortraining.This was responsibility without authority,violating one of Henri Fayol'sfourteen principles of management.It seemed like the cycle of delayed payments,falling attendance of vaccinators at trainings,the conduct of catch uptrainings and giving shaky assurances to vaccinators that the money would bereleased soon had become de rigueur.

Arriving at trainings to purvey dismal attendance and disappointed faces wasa most unpleasant task for the corresponding author. There would most certainly have been many moresurveillance medical officers and vaccinators in other districts who would havegone through similar emotions. India was certified polio free by the WHO in January 2014.A good part ofthe credit for that goes to our very good friend,the humble vaccinator,the singlemost valuable human asset in the entire Global Polio Eradication Initiative. We salute her indomitable spirit.