MASTER OF PUBLIC HEALTH

A cooperative Program of

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
&
The IIHMR University

Practicum at

WHO Country Office for India,

National Polio Surveillance Project Unit,

Aurangabad, Bihar, India

By

GOPINATH THIRUGNANA SAMBANDAM

IIHMR/JHSPH MPH

2014-2016

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Learning Advocacy and Leadership skills through practice

By

Gopinath Thirugnana Sambandam

Under the guidance of

Dr. Suresh Joshi

Year 2014-2016

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Gopinath Thirugnana Sambandam,** student of Master of Public Health Program offered by Institute of Health Management Research IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at WHO Country Office for India – NPSP Unit, Aurangabad, Bihar on the topic Learning Advocacy and Leaderhsip skills through practice from 19th March 2016 to 18th April 2016.

The Candidate has successfully carried out the study designated to him during practicum training and his approach to the study has been sincere, scientific and analytical.

The Practicum Training is in fulfillment of the course requirements.

I wish him success in all his future endeavors.

Dr. Suresh Joshi
Practicum Faculty Advisor

Dr. Ashok Kaushik
Dean – Academic Affairs

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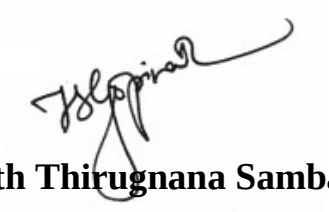
CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled ***Learning Advocacy and Leadership skills through practice*** submitted by me, **Gopinath Thirugnana Sambandam** with Enrollment No. IIHMR-JHU/MPH/2014-2016/2-15 under the supervision of Dr. Suresh Joshi for award of **Master of Public Health** carried out during the period 19th March 2016 to 18th April 2016 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Gopinath Thirugnana Sambandam
MPH Candidate 2014-16

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Learning Advocacy & Leadership skills through practice

MPH FIELD PRACTICUM REPORT

Gopinath Thirugnana Sambandam
JOHNS HOPKINS / IIHMR UNIVERSITY | MPH CANDIDATE 2014-16

CONTENTS

ABBREVIATIONS

AFP - Acute Flaccid Paralysis

BCR - Block Control Room

CS - Civil Surgeon

DCR - District Control Room

DIO - District Immunization Officer

DTF - District Task Force

EPI - Expanded Program on Immunization

GoI - Government of India

NIDs - National Immunization Days

NPSP - National Polio Surveillance Project

OPV - Oral Polio Vaccine

PPI - Pulse Polio Immunization

RI - Routine Immunization

SIA - Supplementary Immunization Activities

SMO - Surveillance Medical Officer

SNIDs - Sub-National Immunization Days

UCI - Universal Childhood Immunization

UIP - Universal Immunization Program

VPDs - Vaccine Preventable Diseases

WHA - World Health Assembly

MY PROFILE

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Academic Program enrolled	:	Full-time MPH
		(Cooperative program of Johns Hopkins and IIHMR University)
Period	:	Oct 2014 – May 2016

PRACTICUM DETAILS

ORGANIZATION INFORMATION

Name of Organization	:	World Health Organization Country Office for India
Name of Project	:	National Polio Surveillance Project
Location	:	NPSP Unit, Aurangabad, Bihar
Name of Position	:	Surveillance Medical Officer

DETAILS OF FACULTY ADVISOR

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BRIEF DESCRIPTION OF NATIONAL POLIO SURVEILLANCE PROJECT

Mission	:	To vaccinate all unvaccinated and partially vaccinated children, under the Universal Immunization Programme by 2020
Population focus	:	Strengthening routine immunization will ensure a decrease in the incidence of deaths due to vaccine preventable diseases. Also the high population immunity against polio will help maintain the polio-free status of the South East Asia Region.
Organization's URL	:	www.npspindia.org

PRACTICUM PROJECT TITLE

Learning Advocacy and Leadership skills through practice

PRACTICUM PROJECT GOALS AND OBJECTIVES

Goal:

- To apply advocacy and leadership skills learnt in the MPH program in the workplace

Objectives:

- To strengthen advocacy skills and ensure the required change in policy or practice is evident
- To develop leadership abilities and bring out a positive and a motivated working environment among peers and sub-ordinates

IMPORTANT DATES

Start date	:	19 March 2016
Mid-point Report submission date	:	5 April 2016
End date	:	18 April 2016
Total Practicum Hours	:	1 month

ABOUT NATIONAL POLIO SURVEILLANCE PROJECT

India introduced the Expanded Program on Immunization (EPI) in 1978 with the objective of reducing morbidity and mortality from diphtheria, pertussis, tetanus, polio and childhood forms of tuberculosis. 1985 saw the introduction of measles vaccine and in the same year the Universal Immunization Program (UIP) was established, aimed at rapidly raising coverage, with a target of reaching nationwide coverage of 80% by 1990. During the 1990s, following the introduction of the Universal Childhood Immunization (UCI) goals, reported coverage levels for all antigens reached more than 90% of eligible children in India.

Since 1990 routine immunization coverage has declined, probably in all areas, but most markedly in some populous northern states, where no more than 50% of the eligible infants are estimated to receive all scheduled immunizations. In spite of declining coverage in routine immunisation, the outcome of the supplementary immunization activities for polio has been impressive, with polio incidence declining from 24,000 reported cases in 1988 to 134 cases in 2004. From 1995 onwards, the routine UIP was supplemented by intensive pulse polio immunization (IPPI) campaigns aimed at national polio eradication.

Childhood immunization is one of the most cost-effective health interventions. GoI is committed to the reduction of morbidity and mortality due to vaccine preventable diseases (VPDs) and to the establishment of reliable surveillance for VPDs. The goal to eradicate poliomyelitis adopted under the UIP has retained its position of high priority under the newly launched RCH Program.

THE GLOBAL POLIO ERADICATION INITIATIVE

In May 1988, members of the 41st World Health Assembly (WHA) passed a resolution calling for the global eradication of poliomyelitis by the year 2000 (WHA41.28). As referenced in the resolution, the decision was based upon the progress made toward achieving the EPI goals and objectives, as well as the existence of regional goals to eradicate polio by the year 2000. In May 1999, the 52nd WHA reaffirmed the commitment for global polio eradication by the end of 2000 (WHA52.22). At that time, three of the six WHO regions – the Americas, Europe, and Western Pacific – had successfully interrupted transmission of poliovirus. Although the world had been expected to be polio-free by the year 2000, official certification was not expected to occur until 2005 at the earliest, and is now delayed further due to ongoing wild poliovirus transmission in a very small number of countries in Africa, Asia and the Eastern Mediterranean Region.

POLIO ERADICATION IN INDIA

The oral polio vaccine (OPV) was one of the scheduled antigens under the EPI programme (which was launched in 1978), to be administered in early infancy as three doses. In 1988, India was a signatory to the World Health Assembly resolution calling for the global eradication of the wild poliovirus by the year 2000 and adopted the same target for its National Program. Administration of OPV in mass campaigns was piloted in 1994 with two "Pulse Polio" immunization rounds in the state of Delhi in October and December and led to a decision by the GoI to conduct two national rounds of Pulse Polio Immunization (PPI) each year.

The first national PPI rounds in India were held on 9th December 1995 and 20th January 1996 and reached more than 87 million children aged 0-3 years with two doses of OPV. In subsequent years, the target age group was expanded to include children aged 0-5 years, and based on analysis of Acute Flaccid Paralysis (AFP) surveillance data Pulse Polio Immunisation(PPI) rounds were conducted as NIDs (whole country), SNIDs (High Risk Areas only) and Mop-up rounds in areas with localized virus transmission.

In 1997 the National Polio Surveillance Project (NPSP) was established as a joint collaboration between the World Health Organization and the Ministry of Health and Family Welfare, GoI, with the primary objective to intensify surveillance for polio eradication through detection and investigation of childhood Acute Flaccid Paralysis. NPSP comprises of a central unit for providing guidance, support, coordination, monitoring and data analysis of various activities related to surveillance of polio and NPSP field units headed by Surveillance Medical Officers (SMOs) who are deployed in all States and Union Territories, with primary responsibility for facilitating surveillance and immunization activities aimed at polio eradication.

ABOUT MY JOB

This MPH field practicum was done at my workplace as Surveillance Medical Officer at WHO-NPSP Unit in Aurangabad, Bihar. After one week of on-field Induction training under the Sub-Regional Team Leader – Patna, I was posted in my home unit - Aurangabad on 19th April 2016. In my project unit, there is one Administrative Assistant, five Field Monitors (FMs), one driver and one janitor. It is my responsibility to lead them as a team and ensure that all requirements of the regional office are fulfilled.

MY ROLES AND RESPONSIBILITIES

1. Provide technical guidance to the government and non-government staff on polio eradication activities including AFP Surveillance, Supplementary Immunization, Polio- free certification and Polio End Game strategies.

2. Facilitate the support for activities related to intensification of routine immunization, measles elimination and rubella control and surveillance of vaccine preventable diseases.

3. Build capacity of the government and non-government stakeholders involved with polio eradication, routine immunization, measles elimination and rubella control and VPD surveillance.

4. Monitor and evaluate the planning and implementation of activities related to polio eradication, measles elimination and rubella control, routine immunization and VPD surveillance.

5. Conduct regular analysis and interpretation of epidemiological, surveillance and immunization data to support appropriate follow up actions by the government and partners.

6. Liaise and coordinate with partner agencies including UNICEF, Rotary and others for strengthening of activities related to polio eradication, routine immunization, measles elimination and rubella control and VPD surveillance.

7. Support implementation of other health priorities as a part of WHO's Country Cooperation Strategy.

8. Provide oversight and support for administrative and finance duties of WHO field unit as per established guidelines.

9. Undertake any other tasks/duties as assigned by supervisors.

OBJECTIVES OF MY FIELD PRACTICUM

Based on my 3 years public health experience in Tamil Nadu Health Systems Project, I felt that I have to improve my communication, leadership and systems thinking skills to further advance my career. The MPH program at IIHMR University, Jaipur in cooperation with Johns Hopkins University, Baltimore taught me the right skills and competencies required to achieve my goals. I want to apply the same in real life situations during my field practicum.

Fortunately, the job at WHO is highly field intensive and requires efforts to advocate at the district level and bring measurable changes in the system. It demands plenty of management and advocacy skills. My primary objectives of field practicum are:

- To strengthen advocacy skills and ensure the required change in policy or practice is evident
- To develop leadership abilities and bring out a positive and a motivated working environment among peers and sub-ordinates

I would like to go in detail of how I dealt to develop the above two skills and my experiences during the practicum course.

OBJECTIVE 1: TO STRENGTHEN ADVOCACY SKILLS AND ENSURE THE REQUIRED CHANGE IN POLICY OR PRACTICE IS EVIDENT

As a SMO, it is important for me to identify the issues at the field level regarding Acute Flaccid Paralysis (AFP) surveillance, Routine Immunization (RI), Supplementary Immunization Activities (SIA) and Introduction of New Vaccines. The issues have to compiled and advocated at the district and state level for action and policy changes.

In order to track any change, it is essential to have a specific and measurable indicator. For advocacy, some of the indicators are number of meetings held in a month, number of key persons attending each meeting and compliance of decision and action taken during meetings. There are monitoring formats where all details are recorded and consolidated monthly. The District Magistrate / Collector of Aurangabad district conducts District Task Force (DTF) Meeting on Routine Immunization every month where all In-charge Medical Officers, Block Health Managers from the block level and Civil Surgeon, Additional Chief Medical Officer, District Program Manager, District Health Manager, Social Mobilisation Coordinator (from UNICEF) and CARE and PATH

representatives from the district level attend to discuss and review Routine Immunization. Various monitoring indicators are compared on the basis of different blocks and time period.

In addition to the monthly DTF meeting, there are also weekly review meetings called as Block Control Room meeting on every Tuesdays and District Control Room (DCR) meeting on every Saturdays. The discussions are based on the feedback provided by WHO monitors and public health officials. There are also various capacity building workshops during events of introduction of new vaccines and programs.

As a whole, these meetings provide a great opportunity to apply the advocacy skills learnt through the MPH program. Depending on the target audience, the information has to be moulded and delivered in the right sense. I initiate the sessions with positive motivating points and then go to the negative issues in the field. Further, as a WHO staff, I do not have the direct powers of taking action against the defaulters working under the government side, but have to do it indirectly through advocating District Magistrate and Civil Surgeon. Therefore, it is very critical to keep District Magistrate and Civil Surgeon always on loop, give them the correct information and drive them to take appropriate actions.

OBJECTIVE 2: TO DEVELOP LEADERSHIP ABILITIES AND BRING OUT A POSITIVE AND A MOTIVATED WORKING ENVIRONMENT AMONG PEERS AND SUB-ORDINATES

Within the WHO-NPSP – Aurangabad Unit, SMO leads the entire team. The WHO field monitors are assigned the task of intensive field level monitoring of routine immunization sessions (which are usually held on Wednesdays and Fridays), providing feedbacks to in charge Medical Officers, surveillance of AFP, analysing tally sheets and monitoring SIAs. It is SMO's duty to approve their work plan and ensure that all areas in the district are covered in the monitoring process. SMO should also monitor the monitors at the field level to ensure quality data is collected.

Secondly, the SMO closely liaisons with District Immunization Officer (DIO) in respect to planning and monitoring immunization activities at the district level. Any issues in the field are conveyed to DIO for immediate actions. Any proceedings received from the state authorities are filed and delivered at the block level through the office of DIO after approval of CS. DIO also ensures the availability and distribution of vaccines from the Regional Vaccine Store at the district level to Cold Chain Points at the block level.

Other peers of SMO include Social Mobilization Coordinator (SMC) from UNICEF, representatives from partner agencies like PATH and CARE and also SMOs from other districts. Monthly meetings are conducted with representatives of partner agencies to coordinate activities.

Considering the various types of peers and subordinates, it is important for the SMO to drive the show with leadership skills and create a positive work environment for all. Nevertheless, it's a wonderful opportunity to hone my leadership skills learnt from the MPH course.

CONCLUSION

Overall, the MPH practicum experience at the NPSP unit was productive and engaging. The practicum was a multi-dimensional skill development process. For example, in the routine office work, I need to do lot of planning, prioritize and perform the activities. During review meetings, I need to analyse the data available and present it in graphical pictures to make the audience understand in a better way. In order to keep my team in loop, it is essential that we make use of the latest technology available like usage of smartphones, whatsapp and other social media. For surveillance, WHO has an online data entry system called Surveillance Information Management System (SIMS) which is integrated with ArcGIS software. It was an opportunity to know these advanced epidemiological applications as part of the practicum.

I would like to specially thank my preceptor and faculty advisor who gave their valuable time and suggestions throughout the practicum course. I would also like to thank all faculties in IIHMR and Johns Hopkins University who directly or indirectly have been the guiding stones for this wonderful experience.