



# Creating Brand Polio

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One Team, One Society

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**Polio has showed us that nothing is impossible. If you have the will, it can be done** – Joint-Secretary, Government of India

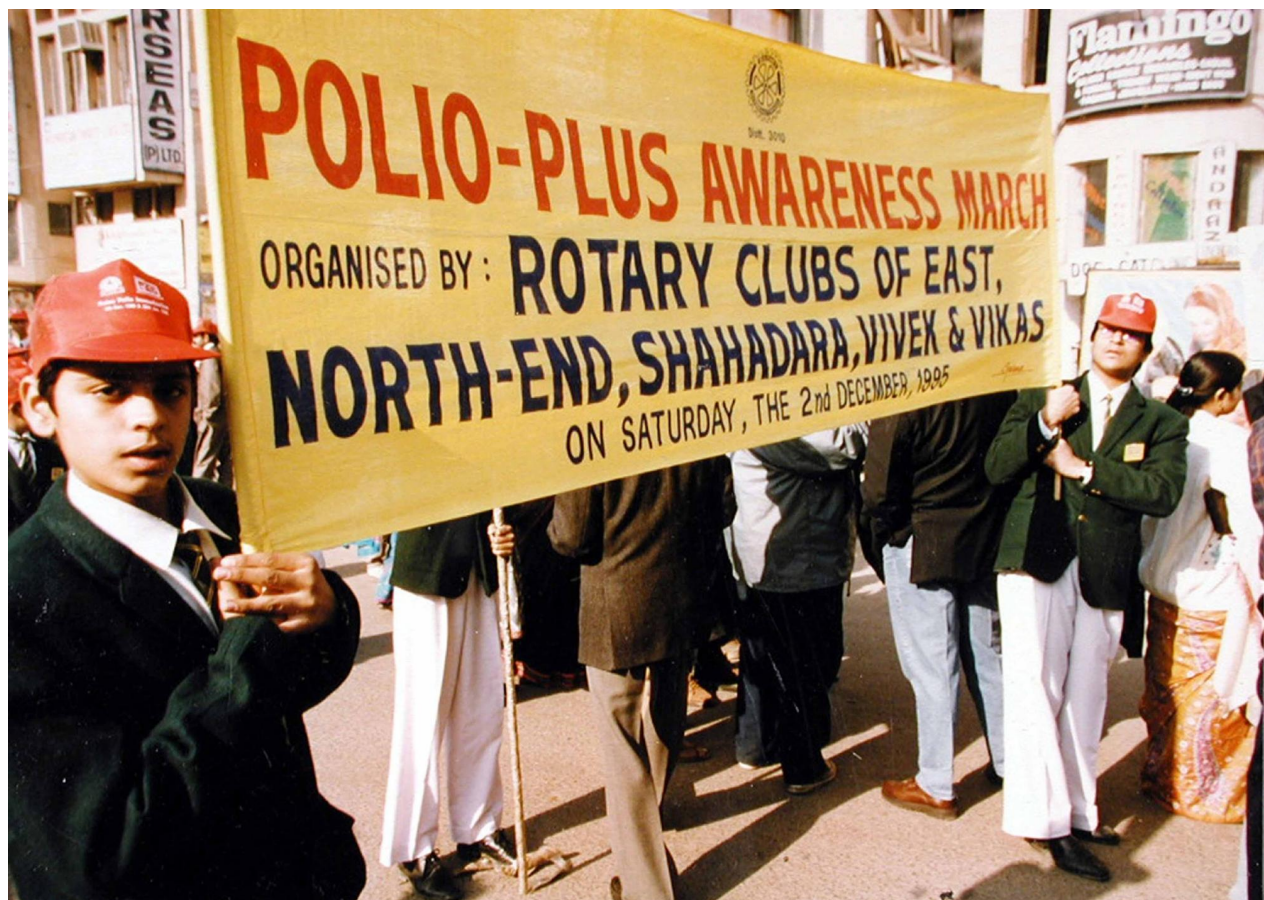
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**I**n 1994, India began a daring experiment. Rotary had persuaded the Government to attempt a mass immunization drive against polio in Delhi.

“We must have seemed like Don Quixote - tilting at windmills,” says Deepak Kapur, India’s Chair of Rotary PolioPlus. “Officials kept saying – why polio? We have so many other problems.”

Despite some skepticism, India’s first polio campaign went ahead - in the middle of a pneumonic plague outbreak. “We were all wearing masks,” says Kapur. “But the results were exciting. We had proved that – yes, we could do it.”

Emboldened by the success of the Delhi drive, the international polio partners persuaded India’s government to schedule a nationwide immunization campaign the following year.



Rotary played an important role in mobilising India around the anti-polio campaign in 1994-1995. Image courtesy of Rotary International.

But the vastness of India and the diversity of its population made it very challenging to convince everyone – and forge one, cohesive approach. “We had to be relentless,” Kapur says. “We had 130,000

Rotarians knocking on doors across the country. If a door was closed, Rotary would knock until it opened.”

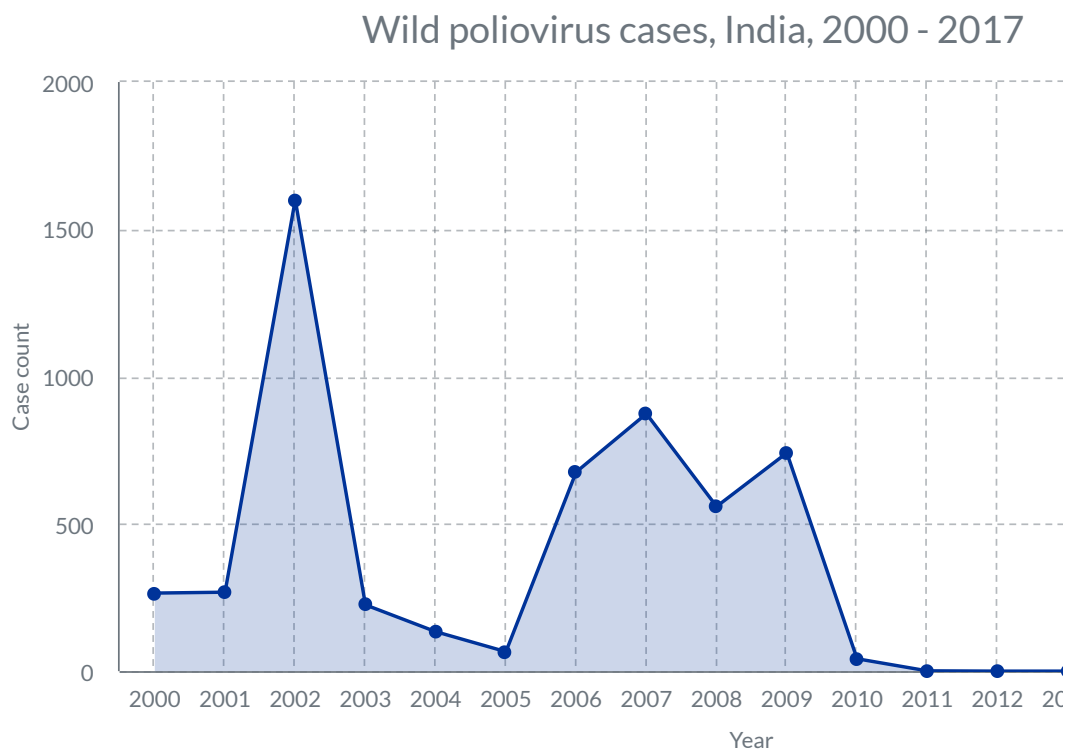
With Rotary, WHO and UNICEF leading the strategy, initial results came fast. Cases plummeted - from 150,000 polio cases per year in the 1980s to 6,000 per year in 1991 and just 268 cases in 2001.

But this internationally-driven approach soon reached its limits. An outbreak in 2002 outbreak saw polio resurge to 1,600 cases. “It was a frightening wake-up call,” says Kapur. “That’s when we started to realize that the coverage figures were exaggerated, and we had not seeded real, local ownership.”

Vikasendu Agarwal was District Immunization Officer for Moradabad at that time.

“People at my level did not feel as if this was really a government drive at first,” he said. “We thought we were helping WHO with their eradication plan. And we were confronting all this new terminology, like microplaning and social mobilization.”

Agarwal said that in the years following the initial outbreak, he began to notice a very different atmosphere. “The international organizations started making a big effort to put us in the driving seat,” he said. “At first we took over case investigations, and then trainings, and then communication. It was genuine capacity transfer.”



By 2006, the polio campaign was firmly under the stewardship of India's Government. And the trickledown effect of Delhi's forceful new focus made itself felt across the country.

Health infrastructure and manpower began to be relocated to the poorest states. A new community-based health worker system – the Accredited Social Health Activist (ASHA) – was introduced in high-risk areas.

The change in dynamics clarified roles for everyone.

UNICEF drove the communication effort while WHO conducted monitoring, surveillance and vaccinator training. Rotary provided the advocacy and the CORE Group of NGOs supported community-level mobilization.

Agawarl and his colleagues began to feel empowered by Delhi. State and district health teams were mandated to pull support from other departments – and told to expect supervision.

Pankaj Bhatnagar is Acting Deputy Project Manager for WHO's National Polio Surveillance Programme (NPSP). "By 2008, the landscape had completely changed," he said. "It was a different level of commitment, particularly as circulation began to narrow to Uttar Pradesh and Bihar. Officials became more fluent and analytical in their use of data from surveys and tally sheets – and experienced a much more consistent level of supervision."

As India began to allocate more of its own national funding for the campaigns, chains of accountability strengthened – stretching from state-level officials to field-level vaccinator supervisors. The three strikes system - introduced in 2002 but never fully implemented - became mandatory. Any vaccinator who incorrectly marked more than three houses would have to re-do her entire area.

In India's capital, polio teams sat to rethink their quality standards. The new strategies emerging from that time – the High-Risk Group strategy, the Kosi River "flood basin" vaccination plan, the Indo-Nepal border strategy – would finally cut India's ancient chains of transmission by 2011. At last, polio was no longer imported goods. It had become a national brand.

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## **Building a brand**

As the polio team began to fuse into a single, seamless partnership in the mid 2000's, it refocused on convincing Indian society – in all its myriad colours.

Public attitudes to the polio campaign in the highest priority areas were generally cautious – and often deeply suspicious. In Uttar Pradesh, the heartland of resistance to polio vaccination, media once wrote as many negative stories about the vaccine as they did positive stories. And “us” and “them” perception seemed hard to shift. Vaccinators and Community Mobilizers were still being locked out of houses, chased down the street or cursed as they tried to do their work.

Polio needed to be rebranded as a “one society” campaign. “Do-boond zindagi ki” – or 2 drops of life, became the tagline that Community Mobilization Coordinators delivered to families that celebrities repeated in TV spots and that adorned polio’s bright pink and yellow communication materials from Kerala to Calcutta.

“I once saw these vibrant polio hats and balls being given out in a local slum, with dusty earth and dusty children,” says Nicole Deutsch, Chief of UNICEF’s polio unit. “And it was both rewarding and heartbreaking to see how excited the children were to be getting them. It was the only spot of colour in their lives.”

Amitabh Bachchan, the “Big B” adored by hundreds of millions of Indians, was engaged as the voice of polio. An entire subcontinent watched him on high-frequency TV spots - applauding the vaccinators, admonishing parents who refuse and championing the eradication cause. His support soon attracted the help of other celebrities – from entertainment idols to cricket heroes. Polio stories were woven into storylines of beloved soap operas. Tens of thousands of journalists attended media workshops.



Polio became a national street-party. Campaign launches received massive media support – with rallies and music and special caps, balls and whistles for children. Even elephants would parade for polio, lumbering down small streets in gaudy colours and children chanted alongside them.

But the real work took place at community level.

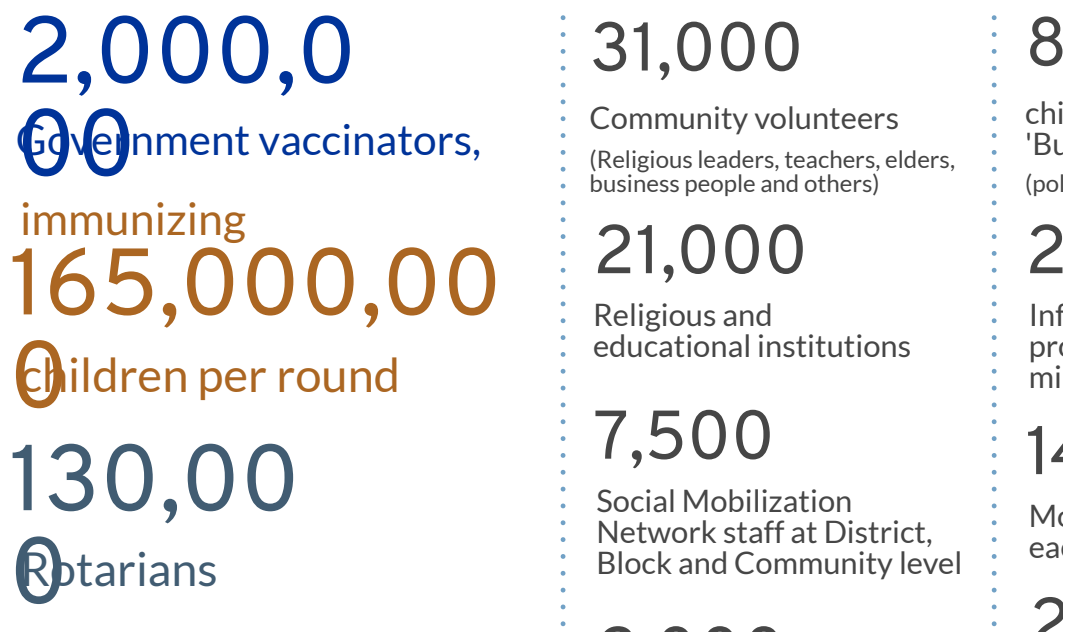
“To us, re-branding meant generating real community support,” says Harsha Mehta Pankaj, Communication for Development Officer with UNICEF. “Communities needed to feel that they were doing this for themselves, not for us.”

The launch of polio’s Social Mobilization Network (SMNet) was followed by a dedicated drive to bring local influencers on board. Rotary set up the Muslim Ulemma Representative Committee for Polio in Uttar Pradesh, including one member of every district in UP, and the UNICEF Social Mobilization Network coordinated with more than 9,000 religious mosques and 35,000 local influencers for polio eradication. “It wasn’t as easy as it sounds,” says Kapur. “Because there is not a real history of religious cooperation on health issues.”

The SMNet did its part too. Local people themselves, they spoke to their network of university professors, Imams, head-teachers, ration-shop owners, businessmen – all the lynchpins of community life.

### One team: polio’s frontline workforce

#### A FRONTLINE FORCE



One team: polio’s frontline workforce

Despite all the resistance, there was so much will to get involved. “It astonished us, to be frank,” says Nizamuddin Ahmed, Underserved Strategy Coordinator for UNICEF in Uttar Pradesh. “People were



genuinely happy to help. They would give their time and they never asked for any incentives.”

Ahmed is one of these volunteers, dividing his time between supporting campaigns and running a ration shop for poor families in Ghaziabad. The polio booth is set up outside his shop during campaigns. “I have been helping with polio since 2005,” he says. “I never give up. If a family refuses, I go to them and say – you come to me asking for good things for your child but when we come to your house, you turn us away! Then they always agree.”

By 2012, India’s polio effort could boast the support of 31,000 community influencers. An additional 27,000 people were regularly providing the SMNet with information on migrant populations. At least 85,000 children were working as activists and “Bualwa Tolis” – town criers for polio in their neighbourhoods on Booth Days. Approximately 21,000 religious and educational institutions were lending their support, and 14,000 mosques were announcing every single round.

The “one society” approach has created a genuine sense of mutual achievement. “Don’t thank me,” says Zubair Ahmed, Head of Al Sa’adul Ulum Madrassa and long-time Polio volunteer in one of the poorest districts of Uttar Pradesh. “I did this for myself, for my own grandchildren. We are not beholden to anyone else. This is our life and our future.”

“Why ask what motivates me?” says the manager of a brick kiln in Bihar, who regularly calls his contact in the SMNet to update on the arrival of new migrant workers. “I can do a lot of good with not so much effort, so where is the harm? We are all one people here.”

The change in social ownership of polio in India has been gradual and slow – but real, and deeply felt. A new polio poster was produced in 2014. It shows India as a map made up of people, from all backgrounds and religions, arms raised in triumph. “That’s how it was,” says one mother attending Booth Day in Agra district. “We did it together.”



A new polio poster was produced in 2014. It shows India as a map made up of people, from all backgrounds and religions, arms raised in triumph. ©UNICEF/Claire Hajaj

Deepak Kapur believes that the feeling of common ownership will outlast polio campaigns. He remembers returning to Kundarki block in Moradabad, after India’s polio-free certification. “We used to face hostile families, who would not let anyone immunize their child. This time I asked a mother if I could immunize her child. And she said: “you don’t have to tell me to immunize my child. Every time my child sees one of those yellow bibs you wear, he automatically opens his mouth!”



## Ground-up accountability

At eight o'clock at night in Saharsa District, Bihar, Dr. Ashok Kumar, District Civil Surgeon is holding a mixed team of WHO, UNICEF and government officials to account. A list of problems reported by the campaign monitors is on his desk. One team has marked two houses incorrectly. Another does not have the list of all babies due to be born. It's a small list, and detailed – and it explains why India no longer has polio.

In such a huge country, progress depends on district-level accountability. Nicole Deutsch, former Chief of UNICEF's Polio Unit, remembers arriving in India after working in other endemic countries. "It was a revelation to sit in evening meetings that were chaired by government officials, even down to block level," she says. "And they really held people to the fire. If a vaccinator team did not perform well, they had to do it all over again."

Dedicated teamwork and relentless monitoring at the operational level has been the key catalyst for polio's extraordinary sophistication. "Supervision was a polio-introduced concept," says Agarwal. "Before we did not really know how to monitor vaccination."

Dr. Mishba Hani is WHO's Surveillance Monitoring Officer for Harpur District in Uttar Pradesh. "I've never seen this amount of dedication I've seen in any other programme," she says. "Despite monitoring so many teams and different types of activities it's hard to find one or two slip-ups. These people thrive on recognition, on the sense of being useful to their community."

### **The Microplan**

The kernel of the polio operation is a microplan that has become more and more detailed since 2005, and monitored with intense, quantitative scrutiny. The microplan pinpoints every house and key community site, marks particularly high-risk areas such as slums, transit sites and festival areas and tracks four different type of migrant community. It defines how many vaccinator teams should work in an area, their route through an area and when they should retrace their steps to catch up with missed children. In 2005, teams started going back after a short rest to search for children again – a "second shift" that increased workloads but reduced gaps.

"Our microplan does not miss a single house member," says Hani. "And we update them every round. If a children is absent for the campaigns, we track them for the next six days until we find them. We

conduct a detailed analysis for that child – why were they not there? And if we don't catch them during a round, then that house is vaccinated first during the next round."

Hani regularly participates in Block-level and District level evening review meetings, where vaccinator tallies are checked and problems solved. Every district has a data team monitoring data round the clock. After the campaigns, a third party assessment checks the quality of the rounds. "We never had a fail," she says.

Teamwork, she believes, also keeps this rigorous, data-heavy programme in touch with the community it serves. "I'm a surveillance specialist. I could just be sitting here looking at numbers. But I've never been so in touch with the community. It's incredible."

## A boost for social cohesion

Brand polio was built on local dedication and strengthened in the crucible of fierce resistance.

"We used to have around 1,000 resisting families in just one block," says Argawal "So after the campaigns we would make teams of about 15 people and go house to house. Influencers would come with us, and vaccinator supervisors.

Argawal recalls the lengths to which people would go to avoid vaccination. "I remember once, a man jumped off a roof trying to avoid us," he says, "And one of our lady supervisors just jumped right after him! Another time, a CMC called to ask for my help to convince a family. The family gave me tea, and tried to tell me that their children were at their grandmother's house! So I told the CMC she must be mistaken. She said to me: "No, Sir, you are mistaken. She opened a box in the middle of the room – and we found three children hiding inside! When we finally managed to vaccinate them, it was a real triumph for both of us."

Surabhi Shukla has been with the UNICEF SMNet since 2009 as a District Mobilization Coordinator. Over the years she has seen communities working together on polio over lines that once seemed uncrossable.

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“The religious communities in my neighbourhood used to be divided on many issues – but now I feel it is dramatically less,”  
“Before if you were not from that community, the families would not even let you in the door. Now at the Booth Day today, we have Hindu CMCs bringing newborn Muslim children to the Booth”.

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The CORE Group of NGOs has witnessed these changes first hand in polio’s key battlegrounds – and says they should be recognized. “In Moradabad we put up a pictorial gallery of India’s polio journey,” says Rina Dey, CORE Communication Advisor. “This was a city that once sent virus all over the world. So when transmission finally stopped we decided to recognize then, to show that India despite its internal differences managed to pull together when it counted.”

The dedication of Indian society, joining forces for children, enabled the polio partners to keep faith in a skeptical world. “We believed in the programme,” says Dey. “We believed in the technical strategy and we believed in the people. We refused to give up.”

In 2013, the entire spectrum of Indian leadership – from the Prime Minister to the leader of the Opposition and all political partners - came together in the Talkatora stadium to celebrate the end of polio. “They saw the victory as their victory,” says Rotary’s Kapur. “They took complete ownership of it, and it crossed all political lines.”

While India celebrated, Rajit – a vaccinator in the Kosi River Basin – was leaning on a stick at a dusty intersection of a district that lies seven hours away by car, motorbike and boat from the nearest town. Rajit contracted polio at six months – and now works extra-long shifts as a vaccinator in a place where he used to be scorned and teased.

*Banner video provided by UNICEF India*

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“I suffered all my life,” he says. “I never even had one single day of walking on two feet. Now I will work as long as it takes to make sure no child ever suffers like I did again.”

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