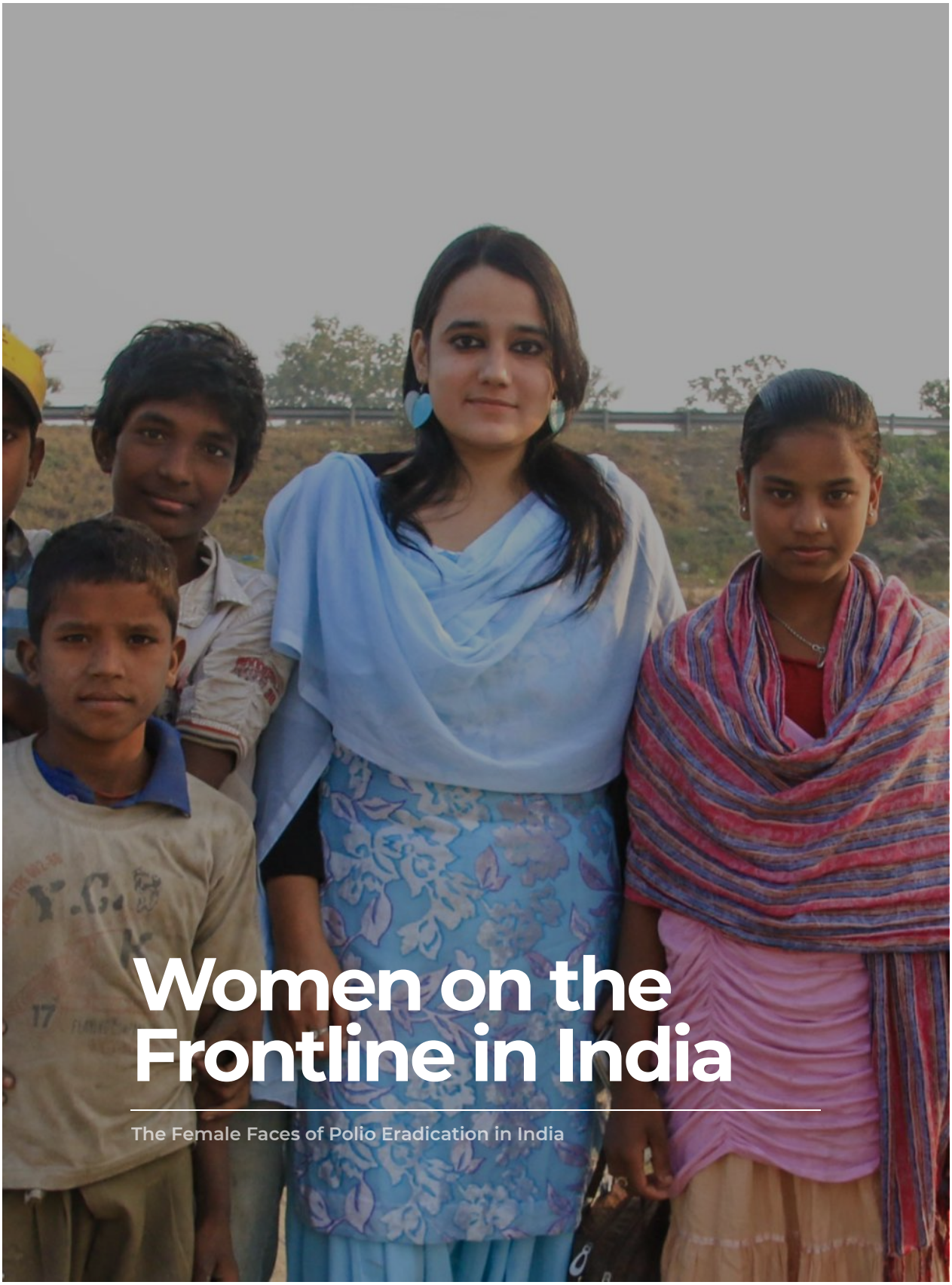


Women on the Frontline in India

The Female Faces of Polio Eradication in India

In 2012, 26 year-old Asmeena Chand stepped out of her house in India's northern state of Uttar Prad on the most important morning of her life. She walked down the road towards the town centre, waving at mothers passing with their infants and stepping aside for motorized rickshaws. "I remember it was raining," she says. "And I took this as a good omen."

Asmeena Chand joined the polio programme as a CMC in 2007 before becoming an elected official in 2012.

Uttar Pradesh is a state of jumbled cities, slums and dust-soaked villages – one of the most populous places on earth.

The people of Bhojpur block would that day vote to elect new members to their Panchayati Raj Institution (PRI) – a local administrative council. Successful candidates would have plenty to do. Roads needed repair, water hand-pumps needed installing, open sewage needed cleaning off the streets. Local people needed a strong voice to advocate for them. And, with luck, Asmeena would be that voice. Because she – a woman born in one of India's most conservative communities - was standing as a PRI candidate, competing against men on equal terms.

It's a journey that still amazes her. "If you would have told me that I would one day be an elected official, I would not have believed you," she says. "I did not even finish school."

What gave her the courage to stand? In 2007, Asmeena joined the polio eradication initiative as a Community Mobilization Coordinator (CMC), part of the UNICEF-run Social Mobilization Network, or SMNet.

"The families in my area encouraged me," she says. "Whenever I would visit them to talk about polio and their other health issues, they would say, 'Asmeena, you are already doing all the things the PRI is doing. You should run!' And my father encouraged me to listen to their advice."

Aseema's unlikely path to leadership began with a disaster. In 2001, India's long journey towards polio eradication was nearing its end. The nationwide, house-to-house Pulse Polio campaigns were beating the virus, driving it out of the nation's sewers and polluted waterways. Just 268 cases were recorded for the year – down from nearly 2,000 in 1998. Everyone believed eradication was near.

But then the virus exploded across the country. In 2002, nearly 1,600 children were paralyzed. The blow fell most heavily upon Uttar Pradesh and its eastern neighbor, Bihar. Between them, these two heaving states flanking India's Ganges River comprised 300 million of India's poorest and most marginalized people and 80 percent of its polio cases. Over half of all cases were among minority Muslim families.

Having been so close, what went so wrong? In the soul-searching that followed, one factor clearly stood out – a lack of trust. Vaccinators sent each month to knock on doors where the virus thrived were all-too-

often chased away with curses and stones and protests. Resistance was particularly high among the Muslim community – suspicious of outsiders and prey to rumours fueled by deprivation and a lack of familiarity with health services.

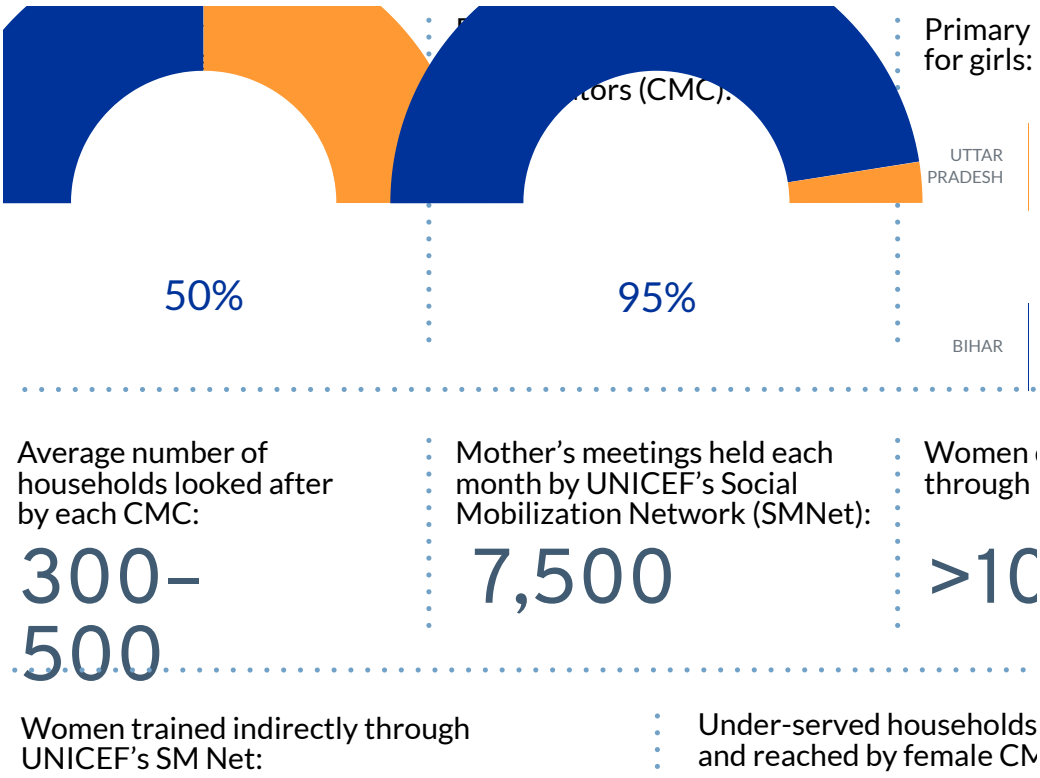
“It was clear that we needed a continuous presence,” says Dr. Anisur Siddique, UNICEF Polio Specialist, then working with WHO. “There had to be someone who could get behind these closed doors, to be the bedrock of a much more intensive outreach effort.”

India’s response to the crisis was a massive expansion of the fledgling Social Mobilization Network. The SMNet - a structured team of social mobilizers at local, block and district level – had been trialed in 2001. Community mobilizers had visited resistant families and heard their concerns, rallied local influencers to support vaccination, organized mosque announcements and school rallies, held mother’s meetings and conducted a range of basic communication and outreach activities. They also conducted a census of every household to list all children under five and to track expectant mothers.

The early results were promising. Communities appreciated the consistent presence of one of their own, to provide information and address fears. But one barrier remained: male SMNet members were still being stopped at the doorway, not because of their message, but because of their gender.

“It seemed that eradication in India really did have a face,” says Dr. Siddique. “And it was the face of a local woman.”

Volunteers fill out their paperwork and submit empty vaccine bottles at a dispensary near a slum area in New Delhi, India on 13 September 2012. Credit: Anindito Mukherjee for UNICEF



Infographic: Women on the Frontline of Polio Eradication - by the numbers

The female face of eradication

In 2004, the polio programme launched a massive recruitment drive for women to work as Community Mobilization Coordinators in India's highest-risk areas. It did not go smoothly. Nizamuddin Ahmed, UNICEF's Underserved Strategy Manager for Uttar Pradesh, remembers the community's disapproval.

"At first they laughed at us," he says. "The community would say to any woman who joined up, 'Look at her, going from house to house. She has no shame! She's only doing it for money!' We really had to work to fight this attitude and convince our new recruits that things would get better for them. We knew they would never stay for the salary. They cared much more about dignity."

One of these early recruits was Asmeena's elder sister, who inspired her sibling to follow in her footsteps. "I saw what she was doing and I wanted to follow her, because before women did not go so easily outside of the house at that time," she says. "I convinced my parents that this was my best chance."

At her first training session, Asmeena remembers being intimidated by the scale of the job. "My new colleagues and I, we all knew so many resistant families," she says. "There was so much new information and so much work to do. But we all felt it was important work and a good opportunity for us. Many women here have a low level of education, and we are often stuck caring for family or working in the fields."

Volunteers fill up their paper work and submit empty vaccine bottles at a dispensary near a slum area in New Delhi, India on 13 September 2012. ©UNICEF/Anindito Mukherjee

A way out of the kitchen

It's no coincidence that polio's last stand in India occurred in regions with appalling standards for women's rights. Less than half of women living in Bihar are literate. And even fewer - 45 percent - attend primary school. Figures for Uttar Pradesh are little better, at 69 per cent according to India's Status of Literacy report. Female infanticide is a barely kept secret. And many women are trapped in lives of seclusion.

In desperate conditions like these, disease and malnutrition thrive. Women lack the basic knowledge to look after their young children's health effectively, and the confidence to help break vicious cycles of undervalued womanhood, all contributing to desperately underdeveloped communities.

Joshila Pallapati, UNICEF's Capacity Development Focal Point for the Social Mobilization Network says it was like solving a riddle. "We desperately needed to recruit women who came from these very poor, polio-stricken communities – but these were often women with the least education and the least experience of leadership. A good 90 percent of them had barely stepped out of their homes. It took a while for them to adapt to the idea of influencing community behaviors and being accountable for the community."

A team of Muslim women vaccinators in black burqas go house to house looking for children in the homes of the area. Credit: Sandeep Biswas for UNICEF.

Personality development, not just capacity development.

For India's polio partners, the first critical step was to embark on a major capacity building programme - one based on training, re-training and mentorship to constantly refresh and monitor skills.

"This is more than capacity development – it's personality development," says Ms. Pallapati. "You have to understand how routine life is for a very poor woman, particularly from a conservative Muslim family. And now they are being asked to think about very strange issues – how to persuade, how to influence behaviours of other people think, how to listen rather than just rattle out what they have learned. They are equipped with knowledge, skills and the right attitude required for their role."

Even the least educated new female recruits were quick to familiarize themselves with polio's difficult, quantitative tasks.

"These women easily learned to conduct surveys, fill in microplans and register pregnant women," says Dr Pankaj Bhatnagar, Technical Officer for the WHO National Polio Surveillance Project. "But it was much harder for them to learn how to train other women and convince resistors. That takes a whole other skillset."

The polio programme had to adjust to this reality. Since 2002, India's polio partners have trained tens of thousands of women multiple times on an extraordinary range of skills – with a heavy focus on inter-personal communication, negotiation and smart listening.

As the SMNet expanded its remit beyond polio to address other family health needs, the package of knowledge gained by women became even richer. A family visited regularly by a CMC would now understand how full immunization protected children from nine vaccine-preventable diseases, they would have a routine immunization card and fixed appointments for due vaccinations. They would know about how and when to wash hands, why exclusive breast milk is best for the first six months of an infant's life, and how to prevent and manage their children's diarrhea.

Becoming the present face of health information to deprived communities was empowering. It pushed women beyond community limits to seek more responsibility. Every year saw more women represented in the higher levels of the SMNet management chain.

Yes, I know her – she’s my friend

> “You should see them, going out fully covered and walking through the streets by themselves with their books and forms … It amazes me how they can knock on doors and speak to families with such authority.”

Surabhi Shukla joined as a Block Mobilization Coordinator (BMC) for Ghaziabad District in Uttar Pradesh at the height of its community resistance.

“The learning package they gave us was very useful,” she says. “As a BMC I learned how to manage other people, how to speak to families and challenge misplaced views in a sympathetic way. I learned also how to understand and use data – so many useful things. This is why I stayed even though the work was hard.”

Surabhi soon became a candidate for promotion to District Mobilization Coordinator. Now, she and her two fellow DMCs manage a network of 275 CMCs and 25 BMCs for Ghaziabad – once considered the world’s highest-risk polio district. Her team is full of single mothers, widows and conservative women, among many other phenomenal coordinators who continue to work tirelessly to protect the health of their communities.

She remembers watching one CMC with little formal education show a visiting dignitary around her village. “She explained everything about the campaigns so well - many things this dignitary did not even know himself,” she says. “It shows you that you can never judge a person by where they come from.”

As communities began to accept CMCs as welcome aspects of daily life, the memory of resistance vanished. Mothers no longer took out their frustrations or suspicions out on the CMCs – or the polio programme. Instead, the CMCs and mothers have become partners, together passing community concerns onto higher authorities.

“Yes I know her,” says one mother in a Ghaziabad village, smiling as she jiggles her toddler in her arms. She points at one of the CMCs on Surabi’s team. Zeinab, a conservative Muslim CMC, smiles back. “She is my friend. If I have an issue, I call her. She can call the local ANM (Auxiliary Nurse Midwife) or whoever I need.”

But Zeinab remembers how different it used to be. “They used to resist,” she says. “It took time. I had to become close to them. If something good happened in their family I would celebrate together with them. I tried to help them where I could. Now it is as if they were never resisting.”

Surabhi Shukla, DMC, Ghaziabad in field. ©UNICEF/Claire Hajaj

Ripples of change

Today, India has 6,349 CMCs, 789 BMCs and 123 DMCs across 107 high-risk blocks. Each unit is directly responsible for up to 500 households. And together they reach 3 million of India's most deprived citizens

each month. They join polio's extraordinary vaccinators, the Auxiliary Nurse and Midwives, as well as the ASHAs (Accredited Social Health Activists) and Angawaris, community-based workers inspired in part by the CMC model.

Many of India's female polio fighters are veterans, with more than a decade on the frontlines. Some describe it as 'growing up in the programme'. Retention rates are extremely high. Barely five percent of workers are lost each year – some to traditional career complications, such as marriage or moving. But a growing proportion of those leaving their roles are finding more senior positions within polio and beyond it.

Harsha Mehta was a Communication for Development Officer with UNICEF in Lucknow, Uttar Pradesh. "The SMNet was not specifically designed to challenge India's gender norms," she says. "But when we started seeing these women cast off their limits, compete for senior roles, guide other women and deal with men on equal terms, it was pretty powerful for all of us."

Women across the CMC network describe the change in themselves as "maturity" – a term that embraces both capacity and confidence.

Rehana, a CMC from the rural district of Hapur in Uttar Pradesh was functionally illiterate when she joined the programme; she blushes when she recalls her shame when she had to ask her colleagues help fill in her forms. But over the course of 10 years, with the help of her colleagues and her daughters, she learned to read and write. "Now I only need help with my eyes!" she laughs.

Rehana says that polio has acclimatized conservative communities to the idea that a woman can work in public. "They used to hide their children from us," she says. "And now they ask when I'm coming round."

Social mobiliser Habiba Khatoon (left) speaks with Nwrjahan Begum and child Arman Seikh as part of the Inter Personal Contact program (IPC) at their home in Magrahat Block 2, West Bengal, India, to raise awareness of the importance of polio vaccination. Credit:©UNICEF/Graham Crouch

From Self to Society

Years of experience and a deep reservoir of knowledge began to work profound changes in the CMCs. “You can easily see the difference between a person who joined recently and a person who has been a few years in the programme,” says UNICEF’s Pallapati. “They discover their initiative and their voice. They don’t have to wait for instructions or help. They become fearless.”

CMCs and BMCs easily articulate the chances they now see around them. They see a changing balance – a greater acceptance of female authority outside the household, the rise of women managers in communities where they’ve traditionally held little value.

“Some of these ladies were working outside the house for the first time,” says llma Azeem, 24, a Block Mobilization Coordinator from Hapur District, Western Uttar Pradesh. “And now they are even talking to government officials, advocating with them and holding them to account. If they had not been given this chance, all of their potential would have been wasted.”

The strong links of friendship and respect forged between women of different religions and social groups are priceless in Indian society. CMCs working in mixed areas learned about each other’s cultures – how to greet, how to commiserate and be respectful in other traditions and languages. UNICEF trainers recall how initial hesitancy dissolved into a hunger for knowledge – a desire to breach rigid social barriers.

Deepak Kapur, Chairman of PolioPlus for Rotary in India, is one of the key people pushing for continued investment in the SMNet, as part of a bigger push towards a more cohesive society.

> “These are seeds of real equality – growing across gender barriers and social barriers, and promoting confidence in society itself…it has become normal for communities to see both Muslim and Hindu female teams working together, where once there was no place for this kind of cooperation. It’s amazing to witness change to this degree.”

Women in the SMNet believe that their relationship with each other – and with society - is unique. “There is no other place for us to collaborate with men equally,” says DMC Surabhi, “It has changed the way that men look at women in these communities - and also the way we women see ourselves.”

Social leaders are also feeling the change. Zubair Ahmed is Head of the Al Sa’adul Ulum Madrassa and a Polio Volunteer Influencer in the Uttar Pradesh village where Rehana works. “From the start, I saw these women investing a lot of time in our community,” he says. “It’s not just the amount of time, but also the

quality. They are helping to reduce ignorance."

Ahmed believes that a CMC's training and experience has corollary benefits for women's rights. "Islam is a very progressive religion for women, but there are still cultural attitudes that repress the girl-child," he says. "But if a women has education, she has confidence, and if she has confidence she can ask for her rights. She can go alone – she does not need anyone to help her."

A group of FTFV workers sit down to meet to discuss the finer points before the booth day at Bhiwandi. They are all Muslim women from various families in the town & have now convinced their families to become an extremely effective campaigners against polio. Credit: Sandeep Biswas for UNICEF.

Empowering the future

These gains for women in polio's highest-risk areas will long outlast the eradication effort. But how should they be harnessed and nurtured in a post-polio India?

"This is a discussion about people and capacities, not just about programmes and money," says Pallapati. "The CMCs are, in many places, the only constant and trusted face of health care. We need to make these

decisions very seriously and rigorously – because our people are our most important asset."

As of 2015, the Government of India has committed to retain the backbone of the SMNet to serve India's routine immunization programmes – supported GAVI. The governments of Uttar Pradesh and Bihar have agreed to progressively absorb funding for the SMNet completely over the next four years, using the network's unique skills to make a critical leap for India's health and development needs.

"We have so many challenges in India for women's rights," says Rotary's Kapur. "We simply cannot afford to waste the opportunity these women are giving us. They have shown that you can absolutely challenge ingrained behaviors and address human rights failings that affect us all."

For Asmeena, becoming a CMC has been life transforming. But her most cherished hope is that her experience will empower her community.

After election, she returned to school part-time to achieve her graduation certificate. Now her community is encouraging her to stand for the next level of government representation, to Council Chairperson.

Banner image provided by UNICEF India

"Let us not imagine that women like me can only work locally, and only on health," she says. "Our talents are much bigger, and they should be unleashed. Each CMC's identity should be known to everyone. They should be celebrated by the whole country."