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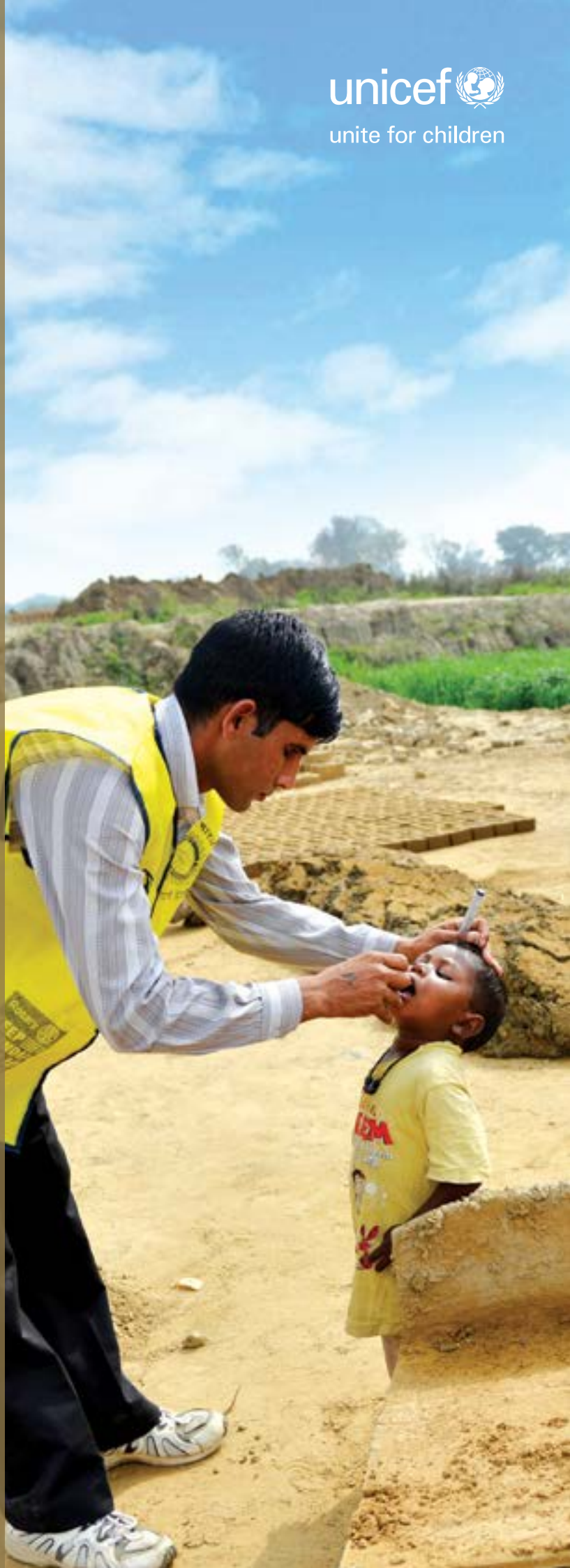
Successful Strategies for Stopping Polio in India

Overview of the key strategies

- **Leadership and Partnerships:** Leadership and commitment at the national, state and local government levels with role clarity among core polio partners to avoid duplication and maximize synergies; and strong partnerships built on trust with local religious leaders, community influencers, NGOs and the media. **This made it a people's program.**
- **Planning and Strategizing:** Using data to identify and map continually missed groups and communities; and ensuring micro-plans reach every household and every child.
- **Mobilization:** Engaging and persuading communities to ensure parents vaccinate their children. Identifying and involving influencers, 'informers' and mothers from high risk and underserved communities to address concerns, build trust and motivate families to vaccinate children. **The polio program became a national movement.**
- **Monitoring Accountability and Supportive Supervision:** Using data for action, continually adapting strategies based on evidence gathered through intensive monitoring; and ensuring high performance by making corrections on the spot and overall through supportive supervision and implementing a robust accountability framework.
- **Multi-pronged Mass Media Strategy:** Consistent messaging that reaches audiences at all levels through celebrity messaging, IEC materials and other collaterals.



Leadership and Partnerships

India's incredible achievement of polio free certification is a result of strong leadership and commitment of the Government of India, State and Local governments, supported by the core partners – UNICEF, WHO, Rotary International and US Center for Disease Control and Prevention (CDC), CORE and donors such as Bill and Melinda Gates Foundation, USAID and Japan. This was complemented by an integrated accountability structure.

This leadership was essential in implementing the intricate accountability structure at the District, Block, as well as State and National levels to ensure quality campaigns, address issues as they arose and take corrective measures in the short and longer term.

The role of each partner was well defined – the government led implementation, direction, vaccine supply and funding; WHO led surveillance, operational support and monitoring; Rotary led global advocacy and fund raising and contributed to local social mobilization; while UNICEF was the lead partner for communication in mass and local media, including IEC material production, social mobilization leading to demand generation, raising awareness and reducing resistance.

Institutional partners such as the Indian Medical Association (IMA), Indian Academy of Pediatrics (IAP), and universities such Jamia Milia Islamia and Aligarh Muslim University all contributed to building an environment of trust for the program.

At the community level, partnerships with local religious leaders, public representatives, influencers and informers, along with the SMNet helped to cajole and persuade caregivers and parents to support the program.

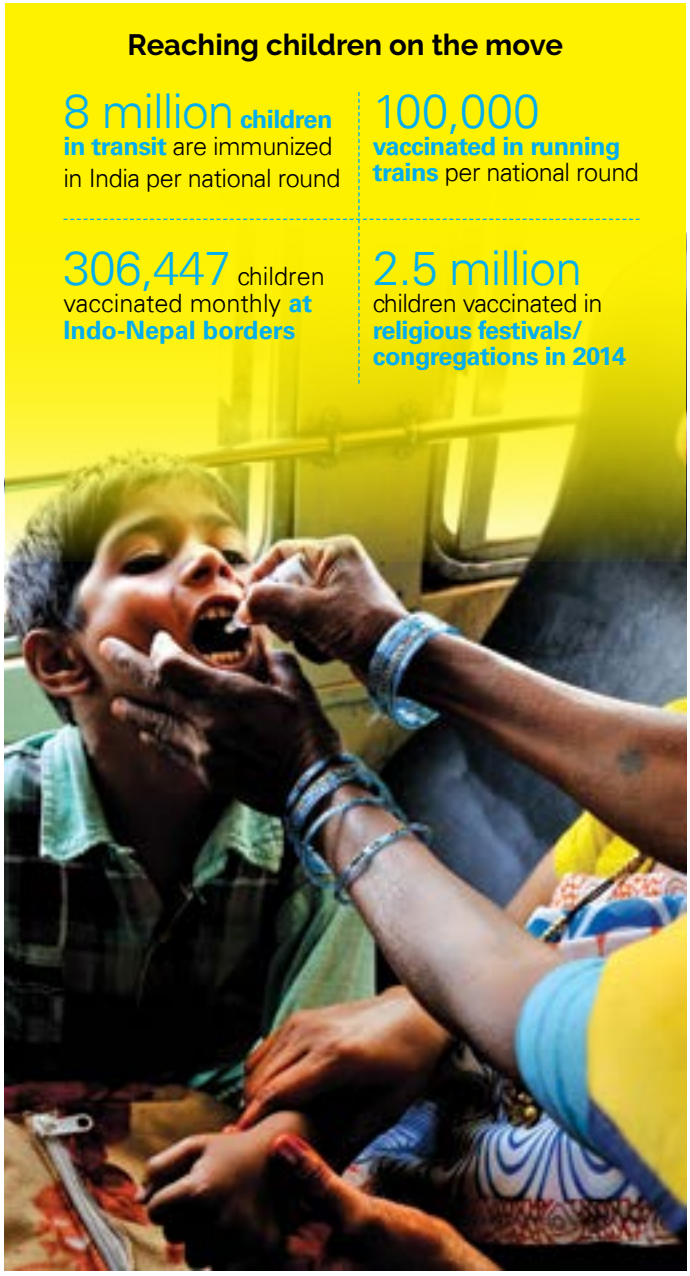
Strong advocacy and partnership at the community level among government, polio partners, religious and other leaders helped make it 'a people's program' owned and managed by local communities.

Planning and Strategizing

The backbone of the polio program was intricate planning based on monitoring and analytics: constantly tracking and responding in real time. The information was used to adapt strategies for reaching missed children and groups – including them in micro-plans and communication plans, ultimately reaching every child.

Specific strategies key to success

- **Tracking migrant groups/high risk groups:** In 2009, the program began targeting slums, nomads, construction workers and other migrants - reaching communities and families that had been continually missed. 'Informers' were particularly effective in providing real time information on location and movement of these groups.
- **Reaching children on the move - transit sites, festivals and borders:** Innovative strategies of ensuring immunization of children on the move led to immunization of over 8 million children every national round.



  - Transit vaccination teams and mobilizers at major railway and bus stations helped immunize over 100,000 children every national round.
  - Festival/congregation vaccination: Creating an event calendar covering all religious and other festivals, led to the vaccination of over 2.5 million children in Bihar and UP in 2014 and helped cover populations coming from outside the state.
  - National borders teams at the Indo-Nepal borders vaccinated over 300,000 children monthly – an increase of 25% from 2011 to 2014.
- **The Kosi River strategy:** To reach areas continually flooded during the monsoon season, (causing displacement of people and challenges for vaccination teams), the Government, UNICEF and WHO-NPSP developed a joint plan to identify these villages and allocate resources to reach them. The grid plan recruited people from these villages, and set up overnight points and satellite offices to help vaccination teams access remote, difficult-to-reach destinations so that the polio program reached every child.

- **107 block strategy:** In 2009, the polio partners found that more than 80 percent of polio cases were persistently occurring in just 107 blocks of Uttar Pradesh and Bihar. Using this evidence for action, the polio program focused on these blocks to improve the quality of campaigns and to tackle the underlying factors behind the virus transmission (poor water, sanitation, open defecation, high incidence of diarrhoea and low immunization rates). UNICEF created the polio plus - convergent messages around the need for full routine immunization coverage, colostrum feeding and exclusive breastfeeding until six months of age, hand washing with soap at four essential times, and the use of ORS and Zinc for the treatment and prevention of diarrhoea.

  The 107 block plan had a quick and profound impact, with no wild polio virus transmission recorded within 12 months of the plan.

Mobilization

Social mobilization was a key strategy to persuade communities to accept polio vaccination. The 7,300 SMNet mobilizers worked tirelessly in the face of resistance, to ensure that every last child was reached. Successful strategies include: the strategic engagement of influencers and informers, involvement of children, mothers meetings and new strategies to target high risk underserved communities.

Social Mobilizers became the voice of the underserved and offered a platform for dialogue with local officials as agents of change.

- **High Risk Areas (HRAs):** WHO and UNICEF jointly identified 400,000 HRAs using specific criteria and some 17 indicators. The India program focused on these areas for polio interventions and convergent activities to improve vaccine efficiency. All SMNet mobilizers work in these identified high risk areas.
- **The right influencers:** Identifying and including relevant influencers in micro-plans and mobilization and accompanying vaccination teams during biphasic/ follow-up activities helped acceptance and conversion. The success of this was largely due to identifying the right influencer for addressing a specific family's reason for refusal. Influencers included religious leaders, doctors, local medicine men and even housewives - all with their own perspective and experiences who were able to penetrate resistant households and convince to vaccinate. They became champions for the polio program and now are involved in other initiatives.
- **Underserved strategy:** Created in 2004, this strategy addresses concerns of the underserved - socially and economically underprivileged communities, especially Muslim communities. The crux of the strategy was to involve the people of these communities in planning, implementing, and monitoring of the polio program in order to gain full ownership which was critical for success. Mobilizers and vaccinators were women from the community. Religious leaders served as influencers who worked with the teams. The program went beyond the polio messaging into convergent health issues to address communities' concerns and to boost immunity to disease and effectiveness of the vaccine
- **Involving children - the agents of change:** Polio classes in schools highlighted the importance of vaccination against polio, which children then conveyed to their families. Some were selected to be part of the children's calling groups (*Bulawa Tolis*) who brought other children to vaccination booths. Colourful, energetic children's rallies ensured that the entire community came out to vaccinate all children under five years.
- **Targeted mothers meetings:** Mothers meetings are a great platform for addressing concerns and raising awareness. Following causal analysis, mothers' meetings were targeted to address mothers' specific concerns, instead of a monthly general topic. This made them more focused with better results in converting resistance to acceptance.
- **Targeted capacity development:** The program's rigorous capacity development involved targeted training and orientation for 7,300 SMNet mobilizers, influencers and other frontline workers in communication, mobilization and IPC. Training of over 100,000 government health and nutrition workers (Anganwadi and ASHAs) in social mobilization and counselling for polio and RI was a major contribution to system strengthening and reduced RI drop outs.

Monitoring, Accountability and Supportive Supervision

The program continually adapts strategies based on data and evidence. Block, district and state task force meetings, every evening during rounds, adopts corrective measures for the next day. This is part of the strategy of continual adjustments to focus on missed children.

Supportive supervision helped corrective measures on the spot. Mentor community mobilizers and front line workers feed into task force meetings to resolve operations and communications issues. This ensures robust planning and selection of high risk areas, groups and adjustments to micro-plans to reach them.

India's integrated accountability structure

- **Government led district and block task force meetings:** These included all partners and were chaired by the District Magistrate at the district level and Block Development Officer at the block level. They meet before every round to review performance of the previous round and prepare for the next round, using all the data and information collected for strategic shifts and targeted corrective action.
- **Daily evening feedback sessions:** These took place during polio rounds (and now, during RI campaigns). Partners and vaccination team supervisors reviewed performance of every block based on a variety of monitoring indicators, to decide appropriate action for the next day. This included (i) ensuring presence of teams where planned; (ii) vaccine supply; (iii) influencers with the team in biphasic activities, etc. The government leadership, overview and follow-up helped quality campaigns.
- **Finger and house marking:** This strategy was initiated in India and has been replicated globally. The marking helps to ensure that every child was vaccinated by allowing supervisors/monitors to verify a marked finger and hold teams accountable for reaching every child in their catchment area.
- **Three strikes and re-do:** If supervisors or monitors found more than three houses with missed children/ marked incorrectly (false P) during the spot check then the vaccination team must redo the entire area.
- **Tally sheet analysis:** Tally sheets are reviewed daily during and after rounds for corrective action. Tally sheets demonstrate whether the teams are visiting as per the micro-plan, if there were missed children and if they were followed-up, whether there were newborns, and if the team vaccinated on the street, etc.
- **Ensure all team members were present as planned:** It was important to ensure that the program trained vaccinator and not another was used, as had occurred earlier. Teams were composed of those who were trained and local women recruited from the community with the appropriate skills and who had built trust.

These accountability tools and structures are now being used in monitoring the Routine Immunization mission.

Mass Media Multi-pronged Strategy

A multi-pronged media approach got messages to communities at all levels including the hardest to reach, underserved and illiterate.

- **Creating a distinct polio brand and message:** With the strongly branded pink and yellow theme, all polio communication materials have a distinct look and feel which is relatable by low literate audiences. Ensuring high visibility for the IEC materials in the community keeps the program on top of minds during the polio rounds. **Simple messaging** created an emotional connect with care-givers '*do-boond zindagi ki*' (2 drops of life).
- **The celebrity persuaders:** The polio program engaged high visibility celebrities (movie stars such as UNICEF ambassador Amitabh Bachchan and cricketers) as persuaders and role models for polio through public service advertising. Celebrities gave messages that hit home and built trust.
- **Entertainment education approaches:** Building on the huge reach of the soap operas, polio and other health messages were woven into storylines and episodes for subliminal messaging.
- **Media advocacy and sensitization:** A unique strategy was conducting media workshops and field visits to improve the quality of reporting and possitive tonality of stories by educating the media about polio and the program. As a result, positive reporting increased from 27 percent in 2008 to 91 percent in 2014.

  Religious leaders were trained on how to talk with the media in relation to refusal (in Gaya district in Bihar) and it was very successful. This will be replicated in areas with a high Muslim population.

Beyond Polio: Legacy in Action

The polio program including the SMNet has been building systems and demand for and raising awareness about health, hygiene, sanitation, and nutrition practices in high risk areas. Every month in non-polio rounds 6,700 mothers meetings are held reaching some 81,000 mothers to discuss routine immunization, exclusive breast feeding, diarrhoea management and more. The SMNet has been agents of change for the communities on one hand in the behavior change and well-being of the community and on the other as an advocate for underserved to help improve health and sanitation services.

The Polio Program has been demonstrating its legacy in action most notably in routine immunization through Mission Indradhanush which builds on the polio lessons to boost full RI rates to 90% by 2020 by focusing on the lowest vaccinated areas. This equity approach using polio tools such as micro-planning and communication planning, capacity development, monitoring, supportive supervision, and immediate feedback for corrective action is already showing dramatic results and increasing full RI rates by 1.3% per MI campaign.

The polio legacy is contributing to strengthening of health systems in India by systematically integrating lessons learnt into rigorous microplans that reach every child – ensuring a fair chance in life.