



Convincing Strategies in Afghanistan

Making Polio Matter in a Nation Under Pressure

UNIFYING FORCE: AFGHANISTAN'S POLIO FRONTLINE WORKERS

National and Provincial Emergency Operations Centers

led by the Government of Afghanistan and including polio partners



72,000

vaccinators delivering over

9,000,000

doses of oral polio vaccine in each immunization round

7,000

Immunization Communication Network social mobilizers

15

cross-border vaccination points

43 Permanent Transit Teams vaccinating over

1,000,000

children in August 2018 alone

TENS OF THOUSANDS of community members (religious leaders, teachers, elders and others)

+ Afghanistan's National Cricket Team and other popular celebrities (actors, comedians, singers)

powered by
 PIKTOCHART

Veteran polio campaigners in Afghanistan often say that the eradication effort and Afghan people are alike: both are survivors in some of the most hostile conditions on earth.

Like Afghanistan's people, the polio eradication effort has had to innovate to survive. Where other endemic countries held rallies in the streets and sang polio songs on television, polio's workforce in Afghanistan had to speak quietly.

During Taliban rule in the 1990s, many traditional communication avenues were closed. In the unpredictable early years of the new millennium, it was more important to negotiate safe passage for vaccinators crossing battle lines than to plan parade routes. In those days, polio became synonymous with Days of Peace as guns were laid down while vaccinators rushed in to deliver drops of life-saving polio vaccine.

Alongside the slow rebuilding of Afghanistan's media and civil society post-2002, polio's public profile also grew. Polio branding cropped up in towns and villages, and campaigns launched on new radio and

TV channels. Journalists were trained on polio reporting as part of Afghanistan's media revival. Friendly football matches were arranged between vulnerable provinces, with players wearing polio logos on their shirts. Rickshaw drivers carried messages along insecure roads, and mothers were given public health material to share with other women over tea in private courtyards.

Each of these initiatives yielded progress. But when outbreaks hit the country again in the late 2000s, and transmission spilled over into the new decade, that progress began to look fragile and disjointed.



UNICEF Afghanistan National Goodwill Ambassador, Raees Ahmadzai, famed cricketer and a former Afghan National Team, marks finger of a girl after immunizing her during the National Immunization Days (NIDs) in Herat on 22/04/2012. ©UNICEF/UNI140717/Froutan

Understanding attitudes on polio's frontline

A 2014 Harvard-supported study of attitudes towards polio in Kunar, Nangarhar and Kandahar – among Afghanistan's highest-risk polio districts – showed how much still had to be done to make polio matter in the country's most vulnerable communities.

“Families in these districts have borne the brunt of everything Afghanistan has been through,” said Dorn Townsend, UNICEF's Polio Communication Specialist. “They are literally on the front line of the fight – for polio eradication, and for their country's stability.”

The study showed a society gripped by fatalism. More than half of those asked believed polio paralysis was a result of God's will for their children. Another 42 percent thought that if God willed it, then the disease could be cured. Families claimed to support the campaigns, but fewer than half (46 per cent) thought their neighbours did too. Trusted community elders were even less convinced: in some areas, a full half doubted that vaccinators cared for their children.

The study proved what had long been believed: that trust was an essential factor to ending polio in Afghanistan. Polio was still seen as an outside element.

Afghanistan's polio drive needed to return to Afghan hands. Only this way could the chain of critical polio communication initiatives be knit into a single, convincing strategy.



Kuchis in Spin Boldak, Kandahar, Afghanistan on January 29, 2018. ©UNICEF

Taking the reins – The Launch of Emergency Operation Centers

“When the administration changed, it felt like a real opportunity to reset our priorities and really focus. Cases had been going up since 2005. But until then we lacked a strong national focus to deal with it.” - Dr Stanekzai, Afghanistan’s former National Polio Focal Point, now Senior Advisor to the Minister of Public Health.

In June 2015, Dr Stankezai began coordinating all partners, putting Afghanistan firmly back in the driver seat. “The Minister himself said polio was now his top priority,” Dr Stankezai said. “So we had to deliver.”

One of Dr Stankezai’s first jobs was to travel to Pakistan to see how that country’s newly established Polio Emergency Operations Centres (EOCs) brought all polio partners under one roof. Teams were no longer to be divided by agency but by function: communication, data and monitoring, operations and so on.

“The minute I came back from Islamabad, I picked up the phone. I called all the relevant people and I said, ‘Look, we can implement this and we have to implement this.’”

Establishing Afghanistan’s EOCs was an act of will. “Frankly, at first we were all volunteers,” Dr Stankezai said. “It was not easy to convince everyone that we could change a decade of doing things independently, with everyone able to go their own way.

With support from the Bill & Melinda Gates Foundation, the so-called interim EOCs soon became permanent EOCs – one in Kabul and five in the most critical provinces. Each hosted Strategy, Operations, Communications, Data and Vaccine Management working groups, which liaised with field teams and counterpart EOCs in Pakistan to synchronize cross-border activities.

“It didn’t take long for us to see a difference in coordination and performance, and in our ability to track the National Emergency Action Plan,” said Dr Asmatullah Arab, Afghanistan’s representative for the Bill & Melinda Gates Foundation.

“The EOCs provide reassurance that there is a government structure and that everyone has a place in that structure,” said EOC manager Dr Maiwand Ahmadzai. “Trust and cooperation has to start at the top, before you can really expect to find it in the most vulnerable districts.”

A child is vaccinated against polio at a circus in Afghanistan in 2014. ©UNICEF

Creating a new buzz: a people-friendly communication strategy

The new EOCs also looked at communication, starting with a new “Kabul to Community” strategy that moved the message from politics to people.

Polio campaigns in Afghanistan have long worked to bring the country’s key political and religious authorities on board. National and local Ulema conferences have produced vital pro-polio fatwas, providing the impetus for local religious authorities to support eradication.

But the Harvard study showed how much families relied on information sources closer to home. More than twice as many people said they would believe a knowledgeable local woman on a health matter than a mullah from outside their area.

So the EOC's Communication Working Group gave fresh thought to new voices.

One of the most effective was Afghanistan's new national cricket team – local heroes who were bringing their nation back to the international stage. The cricketers vaccinated children on the pitch and lent their image to new posters and TV spots. Millions of Afghans saw them finish games and rush out to deliver drops of polio vaccine.

“The cricket team was already popular in the cities, but now I see them becoming more popular even around the rural districts near my home in southern Afghanistan,” said Kamal Shah, UNICEF Communications Officer in Kandahar.

“They are outside of politics – something that can really unite everyone in a good way.”

Another people-friendly channel came courtesy of Afghanistan's beloved radio shows, as the Harvard study suggested radio was the most important route for news and gossip for families in polio hot zones.

So the polio programme asked popular soap opera *Da Pulay Poray (On The Borderline)*, airing for over a decade with an audience of four million Pashto speakers along the polio-critical Afghanistan-Pakistan border, to weave polio storylines into its weekly story arcs. These addressed common misconceptions around polio, including how the disease travels and how it can be prevented, tackling the root of rumours that still hindered the vaccination effort.

Weekly polio talk show programmes also started on Voice of America's Pashto service and BBC Media Action, often bringing frontline workers and caregivers together to answer each other's questions.

“Radio is really the only source of information for remote areas, and it can answer the questions in people's minds,” says Azizullah Popal, Voice of America Correspondent for the South Region and the presenter of VOA's weekly polio show. “On my show, I talk to religious scholars to get the position of Islam, and I talk to families affected by polio about the condition of their paralyzed child. And I get so much feedback, even from remote areas, which shows people are really interested in these issues.”

Another popular addition to polio's communication arsenal is comedian and satirist Jalali, "When you think of Afghanistan, perhaps you don't think of comedy," he said. "But my people love laughter and they trust someone like me to tell them the truth, more than politicians and the authorities."

And then there are the unexpected advocates. Townsend recalled a colleague running into his office one day to tell him that singer Ariana Sayeed was on the radio talking about polio. "It's a beautiful example of a drumbeat effect – people coming together to pass on a call for children's health."

Other recent innovative strategies have included a UNICEF-supported mobile circus group that educates children about polio and the importance of vaccinations, as well as thousands of "speaking books" for children titled, "Grandpa Knows Best; A Story of Polio" with easy-to-understand text, illustrations and a soundtrack recorded in Dari and Pashto, distributed by UNICEF frontline workers and Rotary International volunteers.

Polio communication at Mirwais hospital, Kandahar. ©UNICEF / Claire Hajaj

A trusted presence: the Immunization Communication Network

In Afghanistan's highest-risk communities, local knowledge and contacts are the only way to open a closed door. The Immunization Communication Network (ICN) has been pivotal in getting the polio message out, reaching millions of Afghanistan's most vulnerable children in high-risk districts.

The ICN mobilizes social networks in polio "hot spots," including caregivers, mothers and grandmothers, religious and community leaders, women's groups, youth, and key local influencers.

It reaches from remote communities to provincial capitals, with teams stationed at every level, from grassroots to leadership. Social mobilizers work directly with families – visiting houses, providing information where needed, tackling refusals and trying to build local support.

Afghanistan's deeply conservative culture makes this work near impossible for a woman to do, particularly in rural areas. Yet remarkably, 30% of social mobilizers are women, challenging convention to build trust, one door knock at a time.

In Eastern Afghanistan, the “Woman’s Courtyard” initiative sent ICN-trained women into courtyards to meet with women as they gathered for tea and conversation. Polio messages would then spread from the courtyard to the community, boosting trust and uptake in areas accessible to vaccinators.

Another win came in 2016, when ICN made its community-level staff full time rather than temporary employees, so they could work during and between campaigns in their areas to build awareness and demand for polio vaccine. There are now over 7,000 full-time ICN workers.

“Right now it’s all about trust – and that means continuous relationships with credible, trusted and above all local social mobilizers,” said Dennis Chimenya, UNICEF Communication for Development Officer for Polio.

“If our frontline teams can become permanent, trusted faces, then they can be a voice for polio even when access comes under threat and usual channels can no longer be heard.”

The ICN has proved essential in building bridges to inaccessible areas. Wherever Taliban and other anti-government elements control towns and villages, just getting to the doorstep is a challenge.

Mohammed is a mullah and a District Communication Officer in one of Kandahar’s least accessible districts. “The road to my work is controlled by the government on one side and the Taliban on the other,” he says. “There are mines in the area, if you think of trying to take a different route. Sometimes it takes a day to come and a day to go – and every moment I worry that something will happen.”

Faced with fierce resistance in a Taliban-controlled area, Mohammed took the initiative to print out pro-vaccination fatwas from Afghanistan’s Ulema Council and take them directly to the Taliban Commander. “Luckily he was convinced, and sent the fatwa to different mosques with an instruction to allow vaccination,” Mohammed remembers.

“The insecurity makes everyone suspicious,” he said. “So many times I have mothers tell me, ‘No, I have no child’. But if the house has been marked with a dot by a social mobilizer or a vaccinator team, I know a child is present. I remember to be kind. I say, ‘Sister, I know you are afraid, but please bring the child out’.”

Despite challenges, the ICN is making an impact on communities, reducing the risk that children will miss the polio vaccine. Between April and December 2015, the number of so-called soft refusals in ICN areas – a mother saying a child is newborn, sick or sleeping – nearly halved to under 1 percent. Innovations like the ICN will continue to play a critical role in ensuring that the polio programme is able to reach every last child and close in on the poliovirus for good.

Harnessing technology

“One of the worst things about insecurity is that it isolates people from each other,” said Wazir Khan, UNICEF System Development Officer. “But we have technologies now that can keep a link alive between communities and us here in Kabul, even when we can’t meet face to face.”

As well as the more traditional polio information SMS messages that reach four million people per round, UNICEF has established a network of advisors in the highest priority districts. These mullahs, elders, teachers and doctors are regularly polled by phone to check how campaigns are working and to provide feedback on the work of frontline staff wherever access is compromised.

Interactive Voice Response (IVR) has also been used to link frontline workers with the programme so they can give feedback on trainings, report changes in access, conduct quick refresher courses and report missed clusters of houses.

“IVR is a great system for places that are occasionally inaccessible. It’s also perfect for settings where most people can’t read and write. Because you just have to listen to your phone message and respond, we’ve found that people are much more likely to use it,” said Khan.

Banner video provided by UNICEF Afghanistan

“We have to be mindful of the limitations,” Khan said. “Even having a cellphone in some areas is forbidden. But the feedback we’re getting is that people want new ideas on how to stay connected. Isolation kills trust, and trust is our ultimate goal. Only when we are all on the same page will the last virus vanish.”
