



USS Update

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INSIDE

- 01 Isha ki Azan – “It's time for IFA”:**
An innovative messaging strategy to promote Iron-Folic Acid (IFA) consumption among pregnant women
- 02 Blessings and Vaccination at Dargah Sharif Mela:**
Bahraich Urs provide a unique platform for polio advocacy among high risk group
- 03 Breaking Barriers:**
Influencer-Supervisor Meet for enhancing mobilization among underserved communities in Patna
- 04 Influencer Appreciation Event:**
Recognizing tireless efforts by the community
- 05 Dukhni Devi:**
Polio programme platform creates leaders
- 06 Vaccination at Marriage:**
An entry point to reach missed children



01 Isha ki Azan – “It's time for IFA”:

An innovative messaging strategy to promote Iron-Folic Acid (IFA) consumption among pregnant women

According to the third National Family Health Survey undertaken in 2006, Uttar Pradesh is one of the poorest performing states in terms of many antenatal care (ANC) indicators. An important element of antenatal care is the provision of iron supplementation for pregnant mothers, since maternal anaemia is a major contributing factor to maternal mortality and morbidity. Anaemia in pregnant women is also associated with low birth weight and increased perinatal mortality. Studies show that a decrease in the prevalence of anaemia could lead to decreased incidence of low birth weight and a subsequent reduction in infant mortality.

Under the anaemia prevention and control program of the Government of India, iron and folic acid tablets are distributed free to pregnant women at government health centres and through Auxiliary Nurse Midwives (ANMs). In UP almost 50% of women aged 15-49 years suffer from some form of anaemia. About 53% of women were given or bought Iron Folic-Acid (IFA) during their last pregnancy, but only 9% took the tablets for at least 90 days or more (NFHS-3).

Through their interpersonal communication (IPC) with women, Meerut district CMCs identified that most women were not aware about anaemia, its causes or its adverse effects on maternal and child health. They also did not have the knowledge about the free availability of IFA tablets/syrup. The CMCs observed that even when women were provided with IFA tablets



CMC Naushad during IPC, counsels a pregnant lady about the intake of IFA tablets, blocks Mawana; Meerut District.

they were so busy with their household chores that they forgot to consume the tablets regularly.

Along with increased focus on IPC for routine immunisation and OPV among target families with children under-5 years of age, an initiative was introduced in Meerut district to sensitize pregnant women on antenatal care, safe delivery and breastfeeding. Communication on the advantages of IFA consumption was also introduced. To address the faltering consumption of IFA, an activity was commenced to remind pregnant women to regularly consume IFA at a specific time of the day. The loudspeaker pronouncement of *Adhan*, the evening *Azan* - known as “*Isha ki Azan*”- was linked to the consumption of IFA tablets.

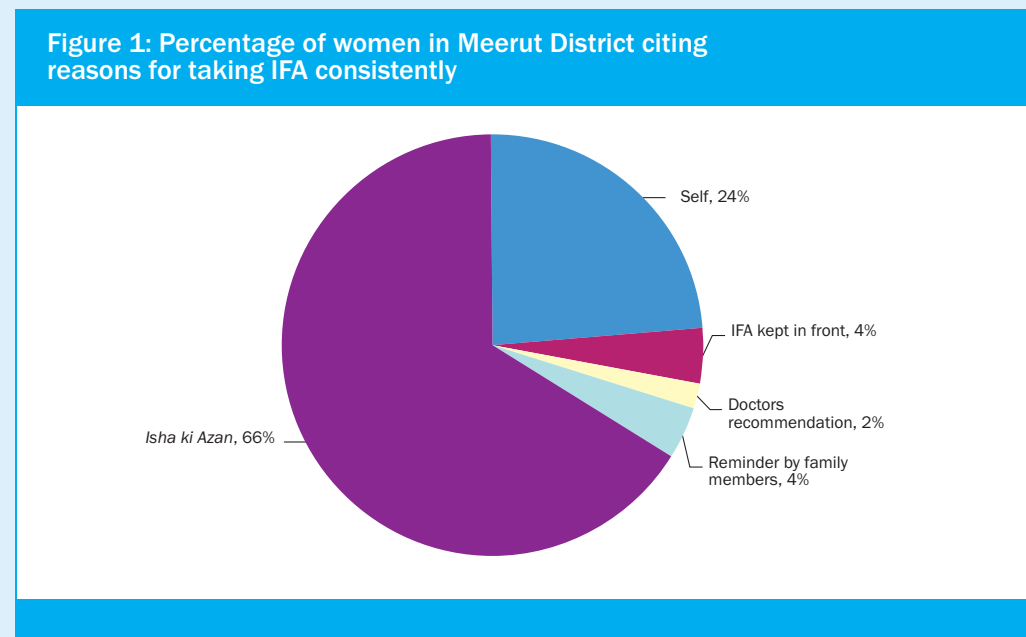
Azan - the sound of which constantly echoes around the globe at sundown is an incredible medium for the proclamation of *Tauheed* of the Almighty Allah. The main purpose behind the loud pronouncement of *Azan*, five times a day, in every mosque is to avail to everyone an easy and brief version of Islam. The Quran gives considerable importance to health of individuals and the society at large. It highlights that only a healthy individual can work hard and meet his/her needs and those of the family. Healthy individuals can efficiently contribute towards the betterment of the society.

The presence of mosques in SMNet High Risk Areas is common and is also the only source

of a public announcement system in the rural set up. Since healthy practices are propagated through the teaching of Islam, “*Isha ki Azan*” is portrayed as a reminder for IFA to the households. This initiative was started at the Mawana block by Mohd Nasiruddin (BMC) with critical inputs from Shafiq Ahmed, District Underserved Coordinator resulting in enhanced awareness and consumption of IFA. Mohd Nasiruddin initially streamlined the availability of IFA at the block level and then worked on generating demand from the community.

The intervention was undertaken for a period of five months across the district. To measure the outcome of the intervention, a study was conducted across the district with a special focus on Mawana Block, the block where the activity had been first introduced. Pregnant women in their second and third trimester were the main respondents of the study. A total of 120 pregnant mothers from the district were interviewed using a standardized questionnaire.

The study showed that 90% of pregnant women in the CMC area of Mawana consumed IFA, while 81% of pregnant women in the CMC areas across the district excluding Mawana consumed IFA. The reasons for non compliance were lack of awareness and after effects of IFA consumption. Fifty one percent of the non complying women were not aware of IFA advantage and felt that it was not going to make any difference to their



health or the health of the foetus. About 49% women felt discomfort after consumption of IFA and thereby refrained from taking it.

Data from figure 1 shows that *Isha ki Azan* acted as a reminder for 66% of the women after it was linked with “time for IFA”. Twenty four percent of

women were aware about their health and consumed IFA regularly on their own, while 4% were reminded by their family members. This also indicates that communication activities should not be limited to one target audience as family and community can play an important role as influencers.

The impact of the intervention shows that simple and easy to follow messages with constant reinforcement brings about an improvement in the dietary intake of subjects. The activity is now being replicated in all U.P. HRAs where CMCs work. Reports from the health department on consumption of IFA among pregnant women will be an indicator in the coming months to assess the effectiveness of the *Azan campaign* and the consistent efforts of CMCs.

02 Blessings and vaccination at Dargah Sharif Mela:

Bahraich Urs provide a unique platform for polio advocacy among high risk group

Urs (spiritual congregations held at shrines of *sufi* saints) at Bahraich District in Uttar Pradesh (U.P.) are held every year at the mausoleum of the well-known *sufi* saint, Saiyed Salar Masood Ghazi Rahmatullahalalai. Millions of devotees from all over India come to pay homage and seek blessings at the Dargah Sharif. This opportunity has been optimized by UNICEF and other partner organizations to reach out with polio advocacy to the large congregation of underserved communities in U.P.

It has also been established that large gathering of this nature often provides a fertile ground for the spread of communicable diseases like the wildpolio virus. In fact, the Bahraich Urs have been traced as one of the reasons for the 2002 polio outbreak in U.P. In 2008, twelve cases of P3 wildpolio virus were diagnosed in the district of Bahraich, with the majority of cases located in the surrounding areas of the Dargah Sharif. Therefore, vaccination of all under-5 year old children and sensitization of all families who come to attend the Urs is a vital communication intervention.

Bahraich Urs brings one of the largest congregations of underserved communities together at one point. The Urs in May-June 2009 drew over 2 million people from Bareilly, Badaun, Shahajahanpur, Moradabad, Rampur, Bijnor, J.P. Nagar and other states such as Bihar, Madhya Pradesh, West Bengal and Rajasthan. It is therefore somewhat of a herculean task for partner agencies to ensure vaccination of all under-5 children visiting the mausoleum.

For systematic coverage, the area of the Mela was divided into sections. Vaccination teams were deployed at the gathering place of devotees, entry points, railway stations, bus stations and other transit points. An information stall was set up with the help of the District Administration and Rotary International to provide information related to OPV and polio to the *zayreens* (devotees) who visited the Dargah.

A special IEC plan with local inputs was developed and endorsed by Dargah authorities. Forty banners with polio messages on behalf of Saiyed Salar Masood Ghazi Rahmatullahalalai were displayed at strategic sites of the Mela. More than fifty-six large and small hoardings were exhibited at different entry points. The surrounding areas were pasted with 6000 posters endorsed by Dargah authorities.

Special appeals from the Dargah authorities as well as the *Sufi's* urging parents to vaccinate all under-5 year old children were distributed in the form of hand-bills. The public announcement system was used to announce the appeals continuously during the Mela.

Maulana Sadiq Hasan along with CMO Bahraich inaugurated the vaccination drive by vaccinating the children visiting the Dargah. 389 mobile teams and 253 fixed site teams with 1,794 vaccinators were deployed at different strategic locations at Dargah Bahraich between May and June 14th. Trivalent OPV was used for



vaccinating children from the high-risk districts (Bareilly, Rampur, Badaun, Moradabad, Bijnor) and those from other states. Last year 162,229 under-5 five year old children were vaccinated. This year approximately 8000 more (170,174) children were vaccinated during the month long congregation.

Maulana Siddique Hasan, Alim of the Dargah Committee inaugurating vaccination drive during annual Urs at the Dargah of Saiyed Salar Masood Ghazi (Rah); Bahraich District.

03 Breaking Barriers:

Influencer-Supervisor Meet for enhancing mobilization among underserved communities in Patna

An "Influence-Supervisor Meet" involving critical planning units of Patna Urban was organized in Patna on 23rd May 2009. The meeting was presided by the Civil Surgeon, Dr. Pranav Kumar and facilitated by SMNet of UNICEF, under the aegis of District Health Department. The objective of the meeting was to strategize communication efforts to ensure polio vaccine acceptance by every household among the underserved communities of Patna.

Patna has had a history of persistently resistant households against OPV. Data from the months of February to May 2009 reveals that the refusal status among underserved households is in a state of flux. Table 1 indicates that the remaining refusal households decreased from 725 in February 2009 to 659 in March. However, it increased again to 761 by May 2009. Though regular efforts are being made by SMNet in these areas to bring down the refusal

Table 1: Refusal Household Status of Patna

Date	X-R Generation	Remaining X-R
Feb.09	1670	725
Mar.09	1646	659
02.May.09	1612	761



houses, influencers and supervisors need to understand the barriers which prevent refusals from going down - and staying down - among these communities.

Good coordination and interaction between influencers and team supervisors is a critical indicator of successful X-P conversion. Both influencers and supervisors contribute to the success of the programme by building an environment which helps in reducing resistance and refusal and promotes conversion and acceptance in the community. It also enables regular support to polio immunization in underserved communities. CMCs in their areas also facilitate coordination between influencers



Participants at Rajendra Nagar, Patna.

Civil Surgeon, Dr. Pranav Kumar addressing the meet.

and supervisors to ensure that refusal households are handled as a team.

To strengthen this relationship, an “Influencer-Supervisor Meet” was initiated in May 2009. The Influencer-Supervisor Meet was organized in three planning units, namely - Rajendra Nagar, Patna City and Gulzarbagh. The meetings saw good participation from all units of Patna. A total of 300 influencers, 90 CMCs, 70 team supervisors, 14 health officials and 23 UNICEF and NPSP representatives participated in the meetings (Table 2). The Medical Officer in Charge (MOIC), Civil Surgeon, District Immunization Officer (DIO), and Assistant Chief Medical Officer

(ACMO) were also present. Approximately 150 participants attended each meeting.

The agenda of the meetings included discussion on mobilization issues and specific strategies were chalked out for handling refusal houses for the May 2009 round. There was extensive sharing of experiences among CMCs, supervisors and influencers.

Civil Surgeon, Dr. Pranav Kumar directed all the MOICs and supervisors to work closely with influencers and CMCs and to take their support whenever required. The meetings were facilitated by MOIC, District Health officials, NPSP and



Participants

Table 2: Number of Participants

Planning Unit	No. of influencers	No. of Supervisors	No. of CMCs	Health officials	UNICEF and NPSP
Patna City	105	21	22	5	7
Gulzarbagh	80	24	31	4	8
Rajendra Nagar	115	25	37	5	8
Total	300	70	90	14	23

UNICEF representatives who jointly responded to all questions and queries of the participants.

Given the critical role influencers play in the programme, the forum was also used as an opportunity to demonstrate appreciation for the active involvement and consistent efforts made by the influencers towards polio eradication. The meeting ended appositively, with renewed commitment by influencers, supervisors and CMCs to support each other and jointly work towards interrupting transmission of the wildpolio virus in Bihar.

04 Influencer Appreciation Event: Recognizing tireless efforts by the community



DM Varanasi along with CMO Dr. Verma attending Influencers Appreciation Event; Varanasi District.

Clustering of resistant families is a persistent problem in the Eastern U.P. high risk areas of Varanasi District. Consistent efforts of the SMNet field functionaries have resulted in

increased community participation in the programme and a reduction in the number of resistant families over the years.

Influencers are critical in fostering change within these resisting communities. They play the role of a catalyst in bringing about attitudinal changes that is required for promoting better quality of life. To recognize the efforts of the influencers and to consolidate support for the programme, SMNet team in coordination with the district administration of Varanasi organized an "Influencer Appreciation" event to applaud their contribution.

More than 100 influencers were acknowledged in a local ceremony. As a token of appreciation they were presented with certificates and mementoes. Influencers were updated on the success of the polio programme and cases of Muslim community conversion over the years were highlighted.

District Magistrate, Mr. Ajay Kr. Upadhyay, Chief Medical Officer, Dr. R.C. Verma and other district level officers from health and administration were present at the occasion.

Moulana Zia Ur Rehman (Shaher Imam; Varanasi), Maulana Gulam Nabi Ziaai (Principal Madarsa Zia UI coordinator; Varanasi) also attended the event.

A drop in the number of resistant families in HRAs of Varanasi district was noted between the April and May 2009 rounds, from 485 households to 398. A total of 55 families were converted, vaccinating their children for the first time. It seems that encouragement and appreciation goes a long way towards motivating influencers to give their best performance.

05 Dukhni Devi:

Polio programme platform creates leaders

Lakshminia village, situated 12-km from the block headquarters, is a dusty, non-descript village in Kusheshwarsthan block of Darbhanga district in Bihar. It has a population of 1,750, comprising mostly of Mallahs, Kurmis, Telis and Poddars. There is little to differentiate Lakshminia from any other village in Kusheshwarsthan block, except that it is one of the toughest and hard-to-reach blocks in Bihar. If there's anything remarkable, it is the way people of the village lead their life of great toil and hardship with recurrent floods every year.

A leader among these is Dukhni Devi, the *Mukhiya* (village head) of Lakshminia. Her account on how the polio programme played a critical role in her being elected as the village head is inspiring. Dukhni Devi lived in Bela village in the adjoining district of Samastipur before she married Bhuneshwar *Mukhiya* in 1970 and came to live in Lakshminia. She recalls with a grin “I have had a long journey through life, especially my association with the Polio eradication programme. I began work as a vaccinator in 1995 on a royal sum of Rupees 20 per day”.

Beginning her work in the villages of Laxminia, Baghmara, Jirauna, Navtolia and Simraha, Dukhni Devi graduated to become a Polio Supervisor in 1997. According to her “the people of the village were initially critical of a *bahu* (daughter-in-law) 'working'. I had to bear quite a few taunts and comments, but people soon changed their views after they saw me working selflessly with the poorest of the poor”. Her husband, Bhuneshwar *Mukhiya*, is the village *pujari* (priest), who is also highly respected by the villagers and he too has worked as Polio vaccinator from 1995 to 2008.

Dukhni Devi was elected *Mukhiya* by the people of her *panchayat* in June 2006, panchayat elections. Being the *Mukhiya* conferred her with new responsibilities and she was compelled to forgo her work with the Polio programme. Nevertheless, her passion for working with children and serving people in need remained intact and she became associated to the programme as a third team member, in her capacity as a Panchayati Raj Institution (PRI) representative. She has involved herself with

polio advocacy and organizes meetings with community members and helps them understand the significance of getting children vaccinated.

Her sustained, never-give-up attitude has resulted in a drastic reduction in the number of Polio cases in her block. Only two P3 Polio cases have been reported from this block in 2009, which had reported 10 cases in 2007. All villages in Kusheshwarsthan block now avail Routine Immunization services as a rule. Infrastructure is also being improved. A new road connecting the block with rest of the district is also amidst construction, which will bring much-awaited relief to the villagers.

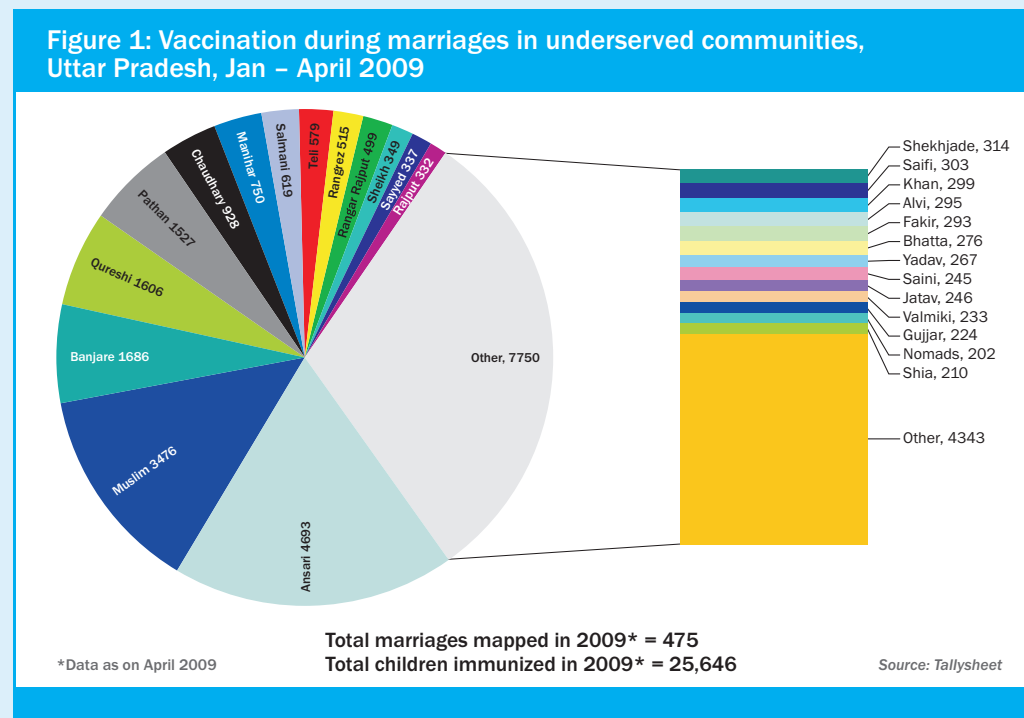
In a village virtually surrounded by rivers like Karre, Kamla and Bhuthi Balan, inundated by floods for almost 4-6 months in a year and with boats as the only medium of travel, Dukhni Devi never lost hope. A smile plays on her lips when she says: “It was my work with the Polio programme which gave me an identity and spurred people to nominate me for the post of the village *Mukhiya*”.

06 Vaccination at Marriage: An entry point to reach missed children

Marriage within a specific tribe or similar social unit - also known as endogamy - is a common practice among Muslims and other communities in U.P. Marriage season entails movement of families from one place to another and enhances the potential risk of polio infection. Epidemiological evidence of wildpolio virus in U.P. reveals that movement of families provides a medium for the transportation of infection. Aware of this threat, CMCs collect information on forthcoming marriages in their assigned high risk underserved areas prior to the rounds. A list of marriages is compiled at block level and a consolidated list is prepared at the district level by the underserved coordinators.

Most of the marriages mapped are from underserved caste groups which have in recent years contracted the majority of polio cases. The consolidated lists of marriages are shared with the Chief Medical Officer for additional vaccine procurement for these special vaccination drives. The house to house vaccination teams carries additional vaccine as per the plan in their respective areas.

Figure 1 shows the total number of mapped marriages according to different underserved communities and the number of children vaccinated in each community during the marriages. From January until April 2009, 475 marriage functions were mapped for



additional vaccination. During these marriages 25,646 under-5 year old children have been immunized.