

यूनीसेफ की मदद से मिल रहा बढ़ावा

हाथों की सफाई में सेहत की कमाई

असम के बच्चे जानने लगे महत्व

प्रतिभा ज्योति कागरूप (असम)
jaipur@patrika.com

'होवा तुकोए प्रथमे हाथ दुखन लउ तियाई' स्कूल में सिखाए गए इस गाने की लाइनें जोर-जोर से गाने हुए पांचवी कक्षा की मौसमी बीरो को अब हाथ धोना अच्छा लगता है। कामरूप जिले के रानीपुर ब्लॉक के सजनपारा गांव के इस प्राइमरी स्कूल के सभी बच्चे मौसमी की तरह बार-बार हाथ धोते हैं। खासतौर पर खाने से पहले और टॉयलेट के इस्तेमाल के बाद। केंद्र सरकार की ओर से चल रहे सर्वशिक्षा अभियान में इस स्कूल में बच्चों में हाथ धोने की आदत को बढ़ावा मिल रहा है। पहाड़ और खूबसूरत चादियों से घिरा रानीपुर ब्लॉक चोड़ो और राधा आदिवासी बहुल है। स्वच्छता और

बीमारियों पर नियंत्रण



रामपुर ब्लॉक के डोहलिया प्राइमरी स्कूल में 164 बच्चों को हाथ धोने की आदत हो गई है। यूनीसेफ की शिक्षा विशेषज्ञ प्रमिला मनोहरन के मुताबिक बच्चे अच्छी आदत को ग्रहण कर रहे हैं। इससे स्वास्थ्य ठीक रहता है। प्रोजेक्ट फिलहाल असम के कामरूप जिले के 40 प्राइमरी स्कूल में चल रहा है जिसमें 2000 बच्चों व 50 शिक्षकों को रोज हाथ धोने की प्रैक्टिस कराई जा रही है।

मदर्स ग्रुप अनुकरणीय

बच्चों में सफाई को लेकर बढ़ रही जागरूकता के बीच स्कूल में ऐसे मदर्स ग्रुप से सामना हुआ जो न केवल बच्चों को नियमित तौर पर स्कूल भेजत हैं बल्कि कैम्प, क्लासरूम, टॉयलेट और खेल के मैदान तक की सफाई खुद ही कर लेता है। डोहलिया प्राइमरी स्कूल में 26 मांओं का समूह है जो योजना स्कूल को सफाई करता है। मोना दास ने बताया कि स्कूल में बुनियादी सुविधाओं के अभाव और चपरॉसियों की कमी के कारण सफाई नहीं होती, टॉयलेट गंदे होते हैं, पीने का साफ पानी नहीं मिलता। अब हम ये काम खुद कर लेते हैं। ग्रुप की सभी महिलाएं सुबह साढ़े आठ बजे जब बच्चे को स्कूल छोड़ने आती हैं तभी एक घंटा रुककर सफाई कर लेती हैं। कुछ मिड डे मील पकने और उसके परोसने तक की निगरानी करती हैं। फंड एकत्र कर फिल्टर लगाया है। लखीमा दास के मुताबिक पति भी इस काम में सहयोग देते हैं।

साफ-सफाई की कमी के कारण इस इलाके के लोग सबसे ज्यादा डायरिया और टाइफाइड का शिकार होते थे। छोटे बच्चे तो अक्सर ही बीमार रहते थे। प्रिंसीपल शुभन चंद्रा बागे बताते हैं कि पहले स्कूल में दाखिले के बाद भी बहुत कम बच्चे स्कूल आते थे लेकिन अब सफाई की आदत पढ़ने से बीमारियां दूर हो रही हैं।

यूनीसेफ के वाश प्रोजेक्ट को केंद्र सरकार के अभियान के तहत राज्य सरकार से सहायता मिल रही है तो नॉर्थ ईस्ट सेल के सेंटर फॉर एंवायरमेंट एजुकेशन की ओर से तकनीकी सहयोग मिल रहा है। जूता कंपनी वुडलैंड भी यूनीसेफ को आर्थिक मदद कर रही है। प्रोजेक्ट अगस्त 2011 में शुरू हुआ। अब न केवल घरों में भी हाथ धोने पर जोर दिया जाने लगा है बल्कि लोग शौचालय भी बनाने लगे हैं। वर्ल्ड हेल्थ ऑर्गेनाइजेशन की रिपोर्ट के मुताबिक 80 फीसदी बीमारियां स्वच्छता की कमी और साफ पानी नहीं पीने पर होती हैं।

Date: 15th May 2014

Publication: Pib.nic.in

Author: Sarita Brara

Edition: Online

Url: <http://pib.nic.in/newsite/hindifeature.aspx>

नियमित टीकाकरण से ही भारत पोलियो मुक्त हो पाया

विशेष लेख

***सरिता बरारा**

उत्तर प्रदेश में मुरादाबाद जिले के भैसियां गांव में अप्रैल के अंतिम सप्ताह के दौरान नियमित रूप से आयोजित होने वाले टीकाकरण अभियान से एक दिन पहले 20 वर्ष की मुस्लिम महिला नूरजहां गांव की आंगनवाड़ी में युवा माताओं के साथ बैठक कर रही हैं। समुदाय से जुड़े होने के नाते नूरजहां माताओं के साथ आसानी से संवाद कायम कर लेती हैं। आज उनका जोर नवजात शिशुओं और पांच वर्ष तक के बच्चों के लिए नियमित टीकाकरण की महत्ता पर है। नूरजहां अधिक साफ-सफाई पर भी जोर देती हैं। माताएं अपनी गोद में बच्चे लिए ध्यान से नूरजहां की बातें सुनती हैं। बाद में पूछे जाने पर निरक्षर और अर्ध साक्षर माताएं विश्वासपूर्वक यह बताती हैं कि टीकाकरण क्यों जरूरी है, नवजातों तथा गर्भवती महिलाओं के लिए इसका क्या महत्व है। नूरजहां पहले पल्स पोलियो अभियान में स्वयंसेवी के रूप में काम करती थीं और बाद में उन्हें कम्यूनिटी मोबिलाइजेशन को-ऑर्डिनेटर (सीएमसी) बनाया गया है।



(कम्यूनिटी मोबिलाइजेशन कॉर्डिनेटर नूरजहां गांव की युवा माताओं को टीकाकरण की जानकारी देते हुए)

वर्ष 2001 में पोलियो अभियान के लिए यूनिसेफ के सहायता कार्यक्रम के तहत लगभग 5000 सीएमसी को राज्य सरकार के स्वास्थ्य कर्मियों तथा अन्य हितधारकों के साथ 7000 अधिक जोखिम वाले क्षेत्रों में तैनात किया गया। अब समर्पित कार्यकर्ताओं के इस नेटवर्क को नियमित टीकाकरण कार्यक्रम के लिए बरकरार रखा गया है। संयुक्त राष्ट्र की यह संस्था नियमित टीकाकरण के स्तर को बढ़ाकर तथा अग्रणी स्तर के स्वास्थ्य कर्मियों को व्यापक तरीके से प्रशिक्षित कर शिशुओं को होने वाली सामान्य बीमारियों की पहचान और निदान के लिए उत्तर प्रदेश सरकार को समर्थन दे रही है।

2006 में पोलियो के उभरने के समय मुरादाबाद इसका केन्द्र था। लेकिन टीकाकरण की आक्रामक रणनीति से वहां सिर्फ टाइप वन किस्म का एक पोलियो का मामला सामने आया। अब तो पूरा भारत पोलियो मुक्त घोषित हो चुका है।

महत्वपूर्ण यह है कि 2010-2011 के दौरान 12 से 23 महीने की आयु वर्ग में केवल 24.1 प्रतिशत बच्चों का ही पूर्ण टीकाकरण किया जा सका। मुरादाबाद के जिला टीकाकरण अधिकारी डॉ. आर.के.शर्मा बताते हैं कि इस समय कवरेज बढ़कर 63 प्रतिशत हो गई है। वास्तव में यह पूरे उत्तर प्रदेश के मुकाबले एक प्रतिशत अधिक है। यहां शिशु मृत्युदर भी गिरकर प्रति 1000 शिशुओं में 52 रह गई है।

मुरादाबाद के मुख्य चिकित्सा अधिकारी डॉ. संजीव यादव कहते हैं कि भारत के पोलियो मुक्त होने के बाद सबसे बड़ी चुनौती टीकाकरण कार्यक्रम की गति को बनाए रखने की है क्योंकि विश्व को अभी भी उभरने वाली बीमारियों से मुक्त होना है। पोलियो वायरस इस समय पाकिस्तान, अफगानिस्तान और नाइजीरिया में महामारी का रूप धारण कर चुके हैं लेकिन पाकिस्तान में पोलियो की खुराक पिलाने वाले लोगों पर हुए हमले के बाद इसके सीमा पार कर भारत में भी फैलने का खतरा बढ़ गया है। विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के अनुसार पाकिस्तान, सीरिया तथा कैमरून ने हाल ही में पोलियो वायरस को अफगानिस्तान, इराक और भूमध्यवर्ती गिनी में फैलाने में सहयोग दिया है।



(मुरादाबाद में माताएं अपने बच्चों को पोलियो का टीका लगवाने के लिए प्रतीक्षा करती हुईं।)

डॉ यादव का कहना है कि स्वास्थ्य कर्मचारी अन्य हितधारकों के साथ किसी तरह की सुस्ती नहीं बरत सकते। उनका कहना है कि खसरा, डिप्थीरिया, टिटनेस तथा टी.बी. जैसी बीमारियों को रोकने के लिए उसी उत्साह से टीकाकरण कार्यक्रम चलाना होगा जिस उत्साह से पल्स पोलियो अभियान में चलाया गया। उन्होंने बताया कि बाहर से आकर बसने वाले लोगों के क्षेत्रों तथा अधिक जोखिम वाले क्षेत्रों में विशेष टीकाकरण सत्र आयोजित किए जाते हैं।

आज मुरादाबाद जिले में 271 से अधिक सीएमसी (कम्युनिटी मोबिलाइजेशन को-ऑर्डिनेटर) 1521 आशा कर्मियों और अन्य हित धारकों के साथ मिलकर जिले में अधिक बच्चों के टीकाकरण अभियान में लगे हैं। आशा कर्मियों को नियमित टीकाकरण अभियान में एक सत्र के लिए 150 रूपए दिए जाते हैं। नियमित टीकाकरण वैकल्पिक टीका डिलीवरी को मजबूती प्रदान करने में सेवा देने के लिए आशा कर्मियों को प्रति सत्र 75 रु. भी दिए जाते हैं। एक वर्ग तक की आयु के बच्चे को पूर्ण टीकाकरण के लिए आशा कर्मियों के 100 रूपए प्रति शिशु और 2 वर्ष की आयु के बच्चे को पूर्ण टीकाकरण के लिए 50 रूपए प्रति शिशु दिया जाता है।

जहां तक सीएमसी का प्रश्न है वह स्थानीय स्तर पर सक्रिय गतिविधियां चलाने के अलावा नूरजहां जैसी सीएमसी समुदाय को संगठित कर और घर-घर जाकर बच्चों का पता लगाती है। नूरजहां जैसे सीएमसी समुदाय के प्रभावशाली लोगों जैसे इमाम या शिक्षक सहित ग्राम स्तर के नेताओं से संपर्क साधते हैं। सीएमसी टीकाकरण स्वास्थ्य शिविर आयोजित करते हैं और उसके आयोजन में सहायता देते हैं। युनिसेफ द्वारा नियुक्त और प्रशिक्षित सीएमसी का चुनाव समुदाय से ही किया जाता है। वे बच्चों, नवजात शिशुओं, गर्भवती माताओं की खोज करते हैं और उनके टीकाकरण की जरूरतों का मूल्यांकन करने के साथ-साथ जागरूकता फैलाकर आशा कर्मियों के प्रयास में मदद करते हैं। इसके बाद डाटा बैंक टीकों की उगाही के लिए सहायक नर्स मिड वाइफ (एएनएम) जैसे स्वास्थ्य कर्मियों के साथ आकड़ें साझा करते हैं इस काम में आशा तथा आंगनवाड़ी कर्मियों की मदद लेकर संस्थागत डिलीवरी तथा स्तनपान के बारे में जागरूकता फैलायी जाती है। टीकाकरण के दिन सीएमसी बच्चों को टीका केन्द्र तक लाने के लिए घर-घर जाते हैं।



(बच्चों का टीकाकरण करती स्वास्थ्य कार्यकर्ता)

अभियान की गति को बनाए रखने के लिए धार्मिक नेताओं तथा गांव के प्रभावशाली व्यक्तियों से आग्रह करते हैं कि वह अपने बच्चों का टीकाकरण सुनिश्चित करें। नियमित टीकाकरण से एक दिन पहले दिनगरपुर के इमाम मोहम्मद युसुफ ने गांव के लोगों से यह सुनिश्चित करने की अपील की थी कि वह अपने बच्चों को टीकाकरण शिविरों तक ले जाएं। इसका परिणाम यह हुआ कि महिलाएं अपने बच्चों को टीकाकरण केन्द्र लेकर पहुंचीं। अख्तरी अनेक महिलाओं की तरह अपनी पोती को गोद में लेकर टीकाकरण केन्द्र पहुंची। अख्तरी ने स्वीकार किया कि इमाम जैसे सम्मानित लोग या शिक्षित लोग जब अभियान का हिस्सा बनते हैं तो अंतर आता है, उनकी आशंका और डर खत्म होता है।

लेकिन अभी भी कई परिवार हैं जिन्हें टीकाकरण को लेकर गलतफहमी है लेकिन ऐसे परिवारों की संख्या लगातार कम हो रही है। उदाहरण के लिए महमूदपुर माफी गांव में आशा कर्मी पायल और गांव के सीएमसी चमनदेश, रहिशी को यह समझाने के लिए उसके पास कई बार गए कि तीन महीने के उसके पोते असद को नियमित टीकाकरण के लिए ले जाना कितना आवश्यक है। लेकिन रहिशी अड़ी हुई थी। वह बोली 'असद के छोटे भाई (ढाई वर्ष) का वजन टीकाकरण के बाद बढ़ नहीं पाया है और टीका लगाने के बाद वह अपने बच्चे को अधिक समय तक रोने नहीं दे सकती। टीका लगाने के बाद बच्चा पूरी रात चिल्लाएगा और घर में कोई व्यक्ति सो नहीं पाएगा'।

रहिशी ने टीकाकरण का भारी विरोध किया और अपने पोते को छूने नहीं दिया। जब गांव के प्रभावशाली व्यक्ति उसे समझाने आए तो वह और उसका पति सहमत हुआ। अंततः वह झुकी और उसके बच्चे को गांव के टीकाकरण शिविर में ले जाया गया।



(गांव के प्रभावशाली व्यक्ति माताओं को टीकाकरण का महत्व समझाते हुए)

चमनदेश कहते हैं कि ऐसे कुछ मामलों को छोड़कर टीकाकरण को लेकर कोई विरोध नहीं होता क्योंकि लोग यह जानते हैं कि बच्चों के लिए यह अच्छा है।

22.6 मिलियन से अधिक नवजात शिशु नियमित रूप से टीकाकरण के दायरे में नहीं आ पाये हैं और इनमें से आधे से अधिक बच्चे भारत- इंडोनेशिया तथा नाइजीरिया के हैं।

टीकों की अपर्याप्त आपूर्ति, स्वास्थ्य कर्मियों की कमी तथा अपर्याप्त राजनीतिक तथा वित्तीय समर्थन के कारण राष्ट्रीय टीकाकरण कार्यक्रम पूरा नहीं होते। टीकों के बारे में जानकारी की कमी की वजह से वयस्क लोग न तो खुद के बच्चों को टीका लगवाते हैं और न ही दूसरों के बच्चों को लगाने देते हैं।

बच्चों की संख्या तथा भौगोलिक पहुंच के हिसाब से देखे तो भारत में विश्व का सबसे बड़ा टीकाकरण कार्यक्रम चलता है। इसके बावजूद पांच वर्ष से कम आयु के 1.4 मिलियन बच्चों की प्रतिवर्ष मृत्यु होती है। इन बच्चों की मृत्यु निमोनिया, डायरिया, कुपोषण तथा सेप्सीस जैसी नवजात शिशुओं की बीमारियों के कारण होती है। यह बीमारियां रोकी जा सकती हैं। इनकी रोकथाम का सबसे कारगर तरीका है नियमित टीकाकरण यह कहा जाता है कि सार्वजनिक क्षेत्र के यह स्वास्थ्य अभियान की सफलता से केवल भारत में प्रतिवर्ष चार लाख बच्चों को मरने से बचाया जा सकता है।

डॉक्टर संजीव यादव कहते हैं कि नियमित टीकाकरण को उसी उत्साह के साथ जारी रखने की जरूरत है जिस उत्साह के साथ पल्स पोलियो अभियान शुरू किया गया था।

ओडिशा के टीकाकरण अभियान में मप्र सरकार ने दिखाई रुचि

विजयलक्ष्मी >> नई दिल्ली

ओडिशा सरकार द्वारा चलाए जा रहे टीकाकरण अभियान में दूसरे राज्यों ने भी रुचि दिखाई है। इन राज्यों में बिहार और मध्यप्रदेश के अलावा कुछ गैरसरकारी संस्थाएँ भी शामिल हैं। मध्यप्रदेश में भी ओडिशा की तरह टीकाकरण अभियान को सुदूर इलाकों में पहुंचाने के लिए वैकल्पिक व्यवस्था और ओडिशा वेक्सीन लॉजिस्टिक मैनेजमेंट इंफॉर्मेशन सिस्टम (ओवीएलएमआईएस) अपनाया जाएगा। इस संबंध में ओडिशा और मध्यप्रदेश के बीच एक करार हुआ है।

ओवीएलएमआईएस एक सॉफ्टवेयर है जिसमें टीकाकरण से जुड़े तमाम पहलुओं की जानकारी कंप्यूटर पर देखी जा सकती है। इस सॉफ्टवेयर

के आने के बाद इस्तेमाल नहीं हो सके टीकों की बर्बादी काफी कम हो गई है और टीका स्वास्थ्य केंद्रों में समय पर पहुंच पा रहा है।

ओडिशा सरकार के स्वास्थ्य और परिवार कल्याण विभाग की उपनिदेशक डॉ. इंदिरा रथ ने बताया कि वर्ष 2009 तक टीकाकरण अभियान में काफी दिक्कतें थीं लेकिन इस सॉफ्टवेयर के आने के बाद से अभियान में गति आ गई है। हालांकि इस सॉफ्टवेयर में सम्पादन करने का विकल्प नहीं है, जिस पर काम चल रहा है। इस सॉफ्टवेयर के आने से मांग, उपलब्धता और खपत की जानकारी जिला स्तर के स्वास्थ्य अधिकारी को रहती है और इसे अब ब्लॉक से भी जोड़ने की योजना है।

ओडिशा सरकार में स्वास्थ्य सेवाओं के उपनिदेशक डॉ. विष्णु प्रसाद

महापात्रा ने बताया प्रदेश में तमाम चुनौतियों के बावजूद टीकाकरण अभियान को गति मिली है। इसके लिए सरकार ने प्रदेश के सुदूर इलाकों में भी टीका पहुंचाने के लिए मोटरसाइकल और ऑटो रिक्शा का सहारा लिया है। उन्होंने बताया कि टीकाकरण अभियान के इस विकसित मॉडल को समझाने के लिए दूसरे राज्यों में भी ट्रेनिंग दी गई है।

यूनिसेफ के स्वास्थ्य विशेषज्ञ डॉ. एके सेन ने बताया कि ओडिशा में विकसित इस सॉफ्टवेयर से कई दिशा में काम होने लगे हैं। उन्होंने बताया कि प्रदेश में बिजली की भारी कमी है और कई स्थानों पर सड़कें बेहद खरबरी हैं। ऐसे इलाकों में टीका समय पर पहुंचाना एक चुनौती है। मध्यप्रदेश में भी ऐसे कई इलाके हैं जहां समय पर टीका पहुंचाना टेढ़ी खीर है।

Date: 9th June 2014

Publication: Kashmirtimes.in

Author: Aditi Bhaduri

Edition: Online

Url: <http://www.kashmirtimes.in/newsdet.aspx?q=34170>

It is not yet six in the morning but the summer sun is relentless, the sand covered roads almost blinding the eyes. Dhruva Charan Rai, 46, is already up and ready with his **auto rickshaw** outside the Community Health Centre (CHC) in Chandanpur block of Puri district, in Odisha. This is a weekly ritual that he has been observing for the last four years and it has become an integral part of his routine. Every Wednesday, Rai wakes up at sunrise, gets ready and makes his way to the health centre instead of the auto stand. Here he waits patiently till his name is called out by the health worker. He then fills in a register, collects boxes of vaccines for the immunisation of children, loads them in his rickshaw and sets off on a mission.

Rai is one of the many **auto drivers** who have been roped in by the Odisha government for its routine **mother and child** immunisation programme. Rai delivers vaccines to five immunisation **centres** in five different villages located within a radius of 25-50 kilometres from the CHC. Additionally, he collects the unused vaccines and takes them back to the Chandanpur centre before getting free by three in the afternoon.

What has been the rationale behind the state government's move to include auto drivers in the immunisation programme? This decision emanates from the need for developing an alternate vaccine supply chain that makes use of community-based organisations and volunteers like Rai to establish a strong system of delivery. The vaccines and supplies are carried from the block and sub-blocks stores by the personnel deployed every Wednesday and also returned the very same day. Rai carries the vaccines to the last village on his route first and ensures that they are at the centre by 8.30 am when the immunisation session starts.

Auto rickshaws are perfect vehicle for this kind of work because their size allows them to ply through the narrowest of alleyways and even where roads disappear on way to the remotest of villages. Moreover, this mode of transportation has proven to be far cheaper and the unused vaccines are easily ferried back the same day preventing any wastage.

Six kilometres from the Chandanpur CHC is the village of Alikia. At their nearby Mukteshwar sub-centre Purna Chandra Saba, another auto-driver, is a familiar face. By the time he arrives with the vaccines picked up earlier in the morning from the block health centre, there is already a long queue of mothers, children and pregnant women ready to get their dose. As Saba goes about his work there is a sense of relief clearly visible on everyone's face. In a well-oiled drill now, the vaccines are offloaded and unpacked, the syringes are readied and the immunisation process starts off.

Like Rai, for every Wednesday he dedicates to this task - he has been doing for the last three years - Saba is paid a standard honorarium of Rs 500. This amount includes the cost of fuel, which is around Rs 250.

What motivates these auto rickshaw drivers, who, incidentally, were never vaccinated as children, to participate in the immunisation programme? And how did they hear about this volunteer service? A government notice announcing this initiative caught Saba's eye in 2010. Initially, it was the lure of a guaranteed day's wage every week that attracted him. When he applied he was accepted. Thereafter followed an orientation programme, where he was explained the significance of the

vaccines and what he was supposed to do. That's when he understood the importance of the activity he had signed up for. This was a turning point for him as well; he felt a sense of duty to fulfill the mission he had been chosen for. Once the actual trips to the immunisation centres began and Saba saw the long lines for vaccinations, he knew he had taken the right decision.

For Rai, this work has been an initiation into a larger mission. He ensured that his wife got her shots when she was expecting their third child. Additionally, he has helped recruit another driver while simultaneously spreading the message on the necessity of the immunisation programme. As someone who has a great deal of first-hand knowledge of the subject, Rai is now considered as something of an 'expert' on it in his community. "No one in my family had been immunised," he says, "Neither my wife nor I or our first two children. But once I came to know about the benefit and purpose of the programme, and the fact that the government is going to such lengths to deliver it free to people like us, I made sure that our youngest child availed of the benefits," he shares. He makes it a point to inform every newly married couple in his family, neighbourhood or amongst his friends circle.

Indeed, the Odisha government has made its mark on the country's routine immunisation programme through the adoption of this method of vaccine delivery. This **outsourcing** model, which has been christened Teekakaran (vaccination) Express, has reduced the burden of delivery on the already hard-pressed health system and improved the **cold chain** maintenance, coverage and return of vaccines, besides generating employment opportunities. The programme that started in 2009, with the support of UNICEF, has yielded impressive results. A study conducted in 2011, comparing the performance of the Alternative Vaccine Delivery System (AVDS) blocks with the non-AVDS blocks - the ADVS that ropes in Community Based Organisations and volunteers as stakeholders in healthcare delivery - revealed that the number of children vaccinated in AVDS blocks was significantly higher at 86 per cent, while the non-AVDS blocks only registered 61 per cent. In the AVDS blocks the entire stock of unused vaccines was returned to the health centre storage for later use, whereas in non-AVDS blocks the rate of return was 80 per cent, which meant that 20 per cent of the unused stock went waste.

Jambeshwar Mallik is another committed driver-volunteer for the Chandanpur CHC. Back at the centre by two in the afternoon to hand back the unused vaccines he is happy to have successfully finished his work for the day. Having driven around for some 40 kilometres in 42 degrees centigrade heat he is tired but beaming. "The income is not much. For the rest of the week when I ply my auto for the public, I usually earn more. But being a part of this programme is my chance to do something for the community. It is an opportunity to do something beyond the mundane task of earning a living. I am helping in the progress and development of my people and my village, and that of other villages. It feels good. There are many auto drivers, but not many are helping the government achieve its goal of providing proper health services to rural areas. So many people depend on me: the staff at the CHC store, doctors and nurses at the health centres in the village, and of course, scores of mothers and children," he says proudly.

"It's a huge responsibility," affirms Saba. He looks on affectionately at the children milling round the Mukteshwar sub-centre. They are unaware of the role this man is playing in their lives; maybe someone would tell them about it someday.

—(Women's Feature Service)

Date: 9th June 2014

Publication: Readperiodicals.com

Author: Aditi Bhaduri

Edition: Online

Url: <http://www.readperiodicals.com/201406/3355717841.html>

Feature - 'Teekakaran Express' Drives Immunisation In Odisha

By Aditi Bhaduri

Puri (Women's Feature Service) -It is not yet six in the morning but the summer sun is relentless, the sand covered roads almost blinding the eyes. Dhruva Charan Rai, 46, is already up and ready with his auto rickshaw outside the Community Health Centre (CHC) in Chandanpur block, district Puri, in Odisha. This is a weekly ritual that he has been observing for the last four years and it has become an integral part of his routine. Every Wednesday, Rai wakes up at sunrise, gets ready and makes his way to the health centre instead of the auto stand. Here he waits patiently till his name is called out by the health worker. He then fills in a register, collects boxes of vaccines for the immunisation of children, loads them in his rickshaw and sets off on a mission.

Rai is one of the many auto drivers who have been roped in by the Odisha government for its routine mother and child immunisation programme. Rai delivers vaccines to five immunisation centres in five different villages located within a radius of 25-50 kilometres from the CHC. Additionally, he collects the unused vaccines and takes them back to the Chandanpur centre before getting free by three in the afternoon.

What has been the rationale behind the state government's move to include auto drivers in the immunisation programme? This decision emanates from the need for developing an alternate vaccine supply chain that makes use of community-based organisations and volunteers like Rai to establish a strong system of delivery. The vaccines and supplies are carried from the block and sub-blocks stores by the personnel deployed every Wednesday and also returned the very same day. Rai carries the vaccines to the last village on his route first and ensures that they are at the centre by 8.30 am when the immunisation session starts.

Auto rickshaws are perfect vehicle for this kind of work because their size allows them to ply through the narrowest of alleyways and even where roads disappear on way to the remotest of villages. Moreover, this mode of transportation has proven to be far cheaper and the unused vaccines are easily ferried back the same day preventing any wastage.

Six kilometres from the Chandanpur CHC is the village of Alikia. At their nearby Mukteshwar sub-centre Purna Chandra Saba, another auto-driver, is a familiar face. By the time he arrives with the vaccines picked up earlier in the morning from the block health centre, there is already a long queue of mothers, children and pregnant women ready to get their dose. As Saba goes about his work there is a sense of relief clearly visible on everyone's face. In a well-oiled drill now, the vaccines are offloaded and unpacked, the syringes are readied and the immunisation process starts off.

Like Rai, for every Wednesday he dedicates to this task – he has been doing for the last three years – Saba is paid a standard honorarium of Rs 500. This amount includes the cost of fuel, which is around Rs 250.

What motivates these auto rickshaw drivers, who, incidentally, were never vaccinated as children, to participate in the immunisation programme? And how did they hear about this volunteer service? A government notice announcing this initiative caught Saba's eye in 2010. Initially, it was the lure of a guaranteed day's wage every week that attracted him. When he applied he was accepted. Thereafter followed an orientation programme, where he was explained the significance of the vaccines and what he was supposed to do. That's when he understood the importance of the activity he had signed up for. This was a turning point for him as well; he felt a sense of duty to fulfill the mission he had been chosen for. Once the actual trips to the immunisation centres began and Saba saw the long lines for vaccinations, he knew he had taken the right decision.

For Rai, this work has been an initiation into a larger mission. He ensured that his wife got her shots when she was expecting their third child. Additionally, he has helped recruit another driver while simultaneously spreading the message on the necessity of the immunisation programme. As someone who has a great deal of first-hand knowledge of the subject, Rai is now considered as something of an 'expert' on it in his community. "No one in my family had been immunised," he says, "Neither my wife nor I or our first two children. But once I came to know about the benefit and purpose of the programme, and the fact that the government is going to such lengths to deliver it free to people like us, I made sure that our youngest child availed of the benefits," he shares. He makes it a point to inform every newly married couple in his family, neighbourhood or amongst his friends circle.

Indeed, the Odisha government has made its mark on the country's routine immunisation programme through the adoption of this method of vaccine delivery. This outsourcing model, which has been christened Teeka (vaccination) Express, has reduced the burden of delivery on the already hard-pressed health system and improved the cold chain maintenance, coverage and return of vaccines, besides generating employment opportunities. The programme that started in 2009, with the support of UNICEF, has yielded impressive results. A study conducted in 2011 comparing the Alternative Vaccine Delivery System (AVDS) with non-AVDS blocks revealed that the number of children vaccinated in AVDS blocks was significantly higher at 86 per cent, while the non-AVDS blocks only registered 61 per cent. In the AVDS blocks the entire stock of unused vaccines was returned to the health centre storage for later use, whereas in non-AVDS blocks the rate of return was 80 per cent, which meant that 20 per cent of the unused stock went waste.

Jambeshwar Mallik is another committed driver-volunteer for the Chandanpur CHC. Back at the centre by two in the afternoon to hand back the unused vaccines he is happy to have successfully finished his work for the day. Having driven around for some 40 kilometres in 42 degrees centigrade heat he is tired but beaming. "The income is not much. For the rest of the week when I ply my auto for the public, I usually earn more. But being a part of this programme is my chance to do something for the community. It is an opportunity to do something beyond the mundane task of earning a living. I am helping in the progress and development of my people and my village, and that of other villages. It feels good. There are many auto drivers, but not many are helping the government achieve its goal of providing proper health services to rural areas. So many people depend on me: the staff at the CHC store, doctors and nurses at the health centres in the village, and of course, scores of mothers and children," he says proudly.

"It's a huge responsibility," affirms Saba. He looks on affectionately at the children milling round the Mukteshwar sub-centre. They are unaware of the role this man is playing in their lives; maybe someone would tell them about it someday.

Date: 10th June 2014

Publication: Women's Feature Service

Author: Aditi Bhaduri

Edition: Online

Url:

<http://www.wfsnews.org/searesults.php?db=wfs&dbtable=features&searchwords=Media&server=&submit=Go>

Feature - 'Teekakaran Express' Drives Immunisation In Odisha

By Aditi Bhaduri

It is not yet six in the morning but the summer sun is relentless, the sand covered roads almost blinding the eyes. Dhruva Charan Rai, 46, is already up and ready with his auto rickshaw outside the Community Health Centre (CHC) in Chandanpur block, district Puri, in Odisha. This is a weekly ritual that he has been observing for the last four years and it has become an integral part of his routine. Every Wednesday, Rai wakes up at sunrise, gets ready and makes his way to the health centre instead of the auto stand. Here he waits patiently till his name is called out by the health worker. He then fills in a register, collects boxes of vaccines for the immunisation of children, loads them in his rickshaw and sets off on a mission.

Rai is one of the many auto drivers who have been roped in by the Odisha government for its routine mother and child immunisation programme. Rai delivers vaccines to five immunisation centres in five different villages located within a radius of 25-50 kilometres from the CHC. Additionally, he collects the unused vaccines and takes them back to the Chandanpur centre before getting free by three in the afternoon.

What has been the rationale behind the state government's move to include auto drivers in the immunisation programme? This decision emanates from the need for developing an alternate vaccine supply chain that makes use of community-based organisations and volunteers like Rai to establish a strong system of delivery. The vaccines and supplies are carried from the block and sub-blocks stores by the personnel deployed every Wednesday and also returned the very same day. Rai carries the vaccines to the last village on his route first and ensures that they are at the centre by 8.30 am when the immunisation session starts.

Auto rickshaws are perfect vehicle for this kind of work because their size allows them to ply through the narrowest of alleyways and even where roads disappear on way to the remotest of villages. Moreover, this mode of transportation has proven to be far cheaper and the unused vaccines are easily ferried back the same day preventing any wastage.

Six kilometres from the Chandanpur CHC is the village of Alikia. At their nearby Mukteshwar sub-centre Purna Chandra Saba, another auto-driver, is a familiar face. By the time he arrives with the vaccines picked up earlier in the morning from the block health centre, there is already a long queue of mothers, children and pregnant women ready to get their dose. As Saba goes about his work there is a sense of relief clearly visible on everyone's face. In a well-oiled drill now, the vaccines are offloaded and unpacked, the syringes are readied and the immunisation process starts off.

Like Rai, for every Wednesday he dedicates to this task – he has been doing for the last three years – Saba is paid a standard honorarium of Rs 500. This amount includes the cost of fuel, which is around Rs 250.

What motivates these auto rickshaw drivers, who, incidentally, were never vaccinated as children, to participate in the immunisation programme? And how did they hear about this volunteer service? A government notice announcing this initiative caught Saba's eye in 2010. Initially, it was the lure of a guaranteed day's wage every week that attracted him. When he applied he was accepted. Thereafter followed an orientation programme, where he was explained the significance of the vaccines and what he was supposed to do. That's when he understood the importance of the activity he had signed up for. This was a turning point for him as well; he felt a sense of duty to fulfill the mission he had been chosen for. Once the actual trips to the immunisation centres began and Saba saw the long lines for vaccinations, he knew he had taken the right decision.

For Rai, this work has been an initiation into a larger mission. He ensured that his wife got her shots when she was expecting their third child. Additionally, he has helped recruit another driver while simultaneously spreading the message on the necessity of the immunisation programme. As someone who has a great deal of first-hand knowledge of the subject, Rai is now considered as something of an 'expert' on it in his community. "No one in my family had been immunised," he says, "Neither my wife nor I or our first two children. But once I came to know about the benefit and purpose of the programme, and the fact that the government is going to such lengths to deliver it free to people like us, I made sure that our youngest child availed of the benefits," he shares. He makes it a point to inform every newly married couple in his family, neighbourhood or amongst his friends circle.

Indeed, the Odisha government has made its mark on the country's routine immunisation programme through the adoption of this method of vaccine delivery. This outsourcing model, which has been christened Teeka (vaccination) Express, has reduced the burden of delivery on the already hard-pressed health system and improved the cold chain maintenance, coverage and return of vaccines, besides generating employment opportunities. The programme that started in 2009, with the support of UNICEF, has yielded impressive results. A study conducted in 2011 comparing the Alternative Vaccine Delivery System (AVDS) with non-AVDS blocks revealed that the number of children vaccinated in AVDS blocks was significantly higher at 86 per cent, while the non-AVDS blocks only registered 61 per cent. In the AVDS blocks the entire stock of unused vaccines was returned to the health centre storage for later use, whereas in non-AVDS blocks the rate of return was 80 per cent, which meant that 20 per cent of the unused stock went waste.

Jambeshwar Mallik is another committed driver-volunteer for the Chandanpur CHC. Back at the centre by two in the afternoon to hand back the unused vaccines he is happy to have successfully finished his work for the day. Having driven around for some 40 kilometres in 42 degrees centigrade heat he is tired but beaming. "The income is not much. For the rest of the week when I ply my auto for the public, I usually earn more. But being a part of this programme is my chance to do something for the community. It is an opportunity to do something beyond the mundane task of earning a living. I am helping in the progress and development of my people and my village, and that of other villages. It feels good. There are many auto drivers, but not many are helping the government achieve its goal of providing proper health services to rural areas. So many people depend on me: the staff at the CHC store, doctors and nurses at the health centres in the village, and of course, scores of mothers and children," he says proudly.

"It's a huge responsibility," affirms Saba. He looks on affectionately at the children milling round the Mukteshwar sub-centre. They are unaware of the role this man is playing in their lives; maybe someone would tell them about it someday.

Date: 18th August 2014

Publication: womensenews.org

Author: Swapna Majumdar

Edition: Online

Url: http://womensenews.org/story/reproductive-health/140817/indias-men-assist-maternal-health-campaign#.U_i2rvm1Yn4

India's Men Assist Maternal Health Campaign

By Swapna Majumdar

WeNews correspondent

Monday, August 18, 2014

Women are running the "cold chains" crucial to the success of any immunization drive. They're also administering the medicine, keeping track of records and swaying male attitudes that seemed unalterably opposed just 10 years ago.



Sumati Das, an auxiliary nurse midwife, counsels Aniya Mohanty and her husband on the importance of prenatal immunization in Jamarasuain village, Odisha. Credit: Swapna Majumdar

ODISHA, India (WOMENSENEWS)--As the autorickshaws begin lining up inside the compound at 7 a.m., Vijaylakmi Sahu knows she has just 30 minutes to finish her work.

Over the next half hour, Sahu works with clockwork precision. She ensures that the temperatures of the vaccines for pregnant women and children are checked before they are packed under her supervision in cold boxes. After that, three to five autorickshaws, known as the Immunization Express, head off to the villages where mothers, children and pregnant women await them.

Suha is the block program manager of the "alternate vaccine delivery system" at the Chandanpur community health center here in this eastern state.

The program has been helping pregnant women receive their antenatal and postnatal shots and children receive a full range of immunization services. By removing the responsibility for handling and transporting the medications off health workers, the program frees health workers to focus on the task of keeping the immunization sessions running on time. With the help of the autorickshaws as the delivery method, the health workers, almost all of whom are women, can spend more time counseling pregnant women, mothers and children. The autorickshaw drivers, all of whom are male, also take care of returning the vaccine waste and used syringes to the community health center.

All the way along this supply chain, women such as Sahu are critical to the rickshaw brigade that has been helping to lower infant and maternal deaths in the state.

In Sahu's case, the key function is ensuring the smooth running of the cold chain for the free vaccines.

"The cold chain is pivotal for safe immunization needed to protect pregnant women and children from preventable deaths," said Dr. Indira Rath, deputy director of immunization in the Odisha government's health and family welfare department, in an interview held at the Chandanpur health center. "Vaccines need to be stored and transported at a certain temperature to ensure their potency and efficacy. The women entrusted with the vaccines understand their importance in saving lives and have played a crucial role in reducing maternal and infant mortality."

Falling Death Rates

Between 2007 and 2012 the state maternal mortality ratio fell to 235 deaths per 100,000 live births from 258. For infant mortality the key figures in that same ratio fell to 57 from 71.

Every year 8,306,690 infants and 987,823 pregnant mothers receive immunization in the state, according to a UNICEF assessment report on Odisha's alternate vaccine delivery system. Since 2008 there have been no reports of any new cases of polio as a consequence of sustained immunization of pregnant women, health officials say.

Once the vaccines reach their first delivery point, an accredited social health worker and auxiliary nurse midwife – both of whom are usually women -- take over. It is up to these frontline health workers to make sure none of the pregnant women or children due for vaccinations misses their dose.

In a state where 50 percent of the population is difficult to reach, and 48 percent of people live below the poverty line, the services provided by the women make the difference between life and death.

Workers focused on lowering the death tolls often contend with what Dr. Rath calls the ignorance and superstition of customary attitudes towards health care. "They prefer to practice traditional customs to treat disease instead of visiting health facilities," said the physician.

Kunilata Patra, who lives in Jamarasuain village, was convinced home remedies would ward off illnesses. Having married early, Patra was unable to complete her education. Since she did not go for prenatal immunization, she was convinced there was no need to immunize her daughters either.

Only after she received training to become a social health activist did she understand how she had let superstitions endanger the lives of three of her daughters, as well as her own life. This led her to immunize her fourth and youngest daughter, the only one in the family to be vaccinated.

Since then she has been a relentless crusader, using her own example to raise awareness of the importance of immunization and motivating pregnant women and mothers to bring their children in for vaccination.

Innovative Tracking Bag

Part of the immunization program is an innovative mother-and-child tracking bag that helps workers monitor immunization cycles and try to prevent anyone from getting left behind. The bag has 12 pouches, one for each month of the year.

The pouches hold health cards placed by health workers, auxiliary nurse wives and anganwadi (child center) workers responsible for taking care of newborn babies and children up to the age of 6. Each card keeps a record of the immunizations for each pregnant woman, mother or child in the system. As the card holder receives the required immunization, the card is moved to the next pouch depending upon the dates of the next session. This system makes it easy to track the drop outs, who currently make up 12 percent of those who need postnatal care and 20 percent who need immunization.

In Alikia village, Jayanti Pradhan, the local accredited social health activist, knew the cultural importance of getting the family's acceptance for immunization. So when she found Tikina Paine was ready to bring her daughters for immunization if her father-in-law agreed, Pradhan turned to Paine's mother-in-law for support.

"It took some time to convince her but finally she understood why immunization was important for the mother and child," said Pradhan, who has twice won "best motivator" prizes from the health department. "Now whenever it is immunization time, Paine's mother-in-law sends her husband out of the house on some pretext and asks her daughter-in-law to quickly slip out to the health center."

Including Male Family Members

While this may have been the best solution in that particular case, workers are increasingly focused on pulling male family members into the process as allies. For many workers, motivating husbands to take the day off to bring their pregnant wives into the clinic and spend

time during counseling to understand the importance of timely prenatal immunization is one of their biggest achievements.

For the past 10 years, Sumati Das has worked as an auxiliary nurse midwife at the health center in Jamarasuain village. A decade ago men's participation seemed impossible, to the huge detriment of their families' health.

"The lack of male participation resulted in poor utilization of prenatal and postnatal services by pregnant women," said Das in an interview as she filled in the immunization register at the village health center. "Men did not give much importance to the health problems of women. But now many husbands take time off from their work to bring their pregnant wives to the health center."

Aniya Mohanty's husband told Das that he had closed his shop for four hours so he could bring his pregnant wife for her injections.

Dhirendra Behara, a marketing executive, set an alarm on his mobile phone because he didn't want his wife and newborn to miss their immunizations. He even informed his boss that he would be delayed as he had to take his wife and child to the health center.

Jameshwar Mallick, who has been driving one of the autorickshaws that transport the vaccines for the past five years, is also a male ally. "I talk to my friends about immunization benefits and tell them how proud I feel to transport the vaccines," he said in an interview as he loaded the cold boxes in his autorickshaw at the Chandanpur health center. "I know I am contributing to helping women and children survive."

Swapna Majumdar is an independent journalist based in New Delhi and writes on development and gender.