

URZA

Urban Routine Immunization Bulletin



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Editorial :

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As urbanization continues to shape the world, the need for health awareness in urban areas becomes increasingly crucial. In densely populated urban centres, community groups play a pivotal role in addressing unique health challenges and promoting well-being among residents especially to reach the most marginalized population. Mahila Arogya Samiti (MAS) is one of the key interventions under the National Health Mission aimed to take collective action on issues of health. Urban areas are often melting pots of cultures and backgrounds. These MAS representatives of the diverse population in the urban slums serve as a unifying force. By leveraging this diversity, these groups can tailor health messages and programs to resonate with specific urban population, ensuring inclusivity and better reach.

In urban areas, one of the critical challenges in ensuring effective vaccination coverage is identifying and reaching out to children who have missed their essential immunizations, often referred to as "zero dose children." MAS can play an important role in identifying and mobilizing Zero dose children through an array of support. The MAS members can act as the spokesperson to raise awareness about the importance of vaccination and consequences of missing vaccination. They can also support in mapping to identify pockets of zero dose children and support the health workers in addressing the concern of these communities for vaccination. The members of MAS committee are the peer and friends of these vulnerable population and share common behavioural attributes. Homogeneity of the community with the MAS committee can have high acceptance in mobilizing families with vaccine hesitancies. In conclusion, MAS with their localized approach, community engagement, and advocacy efforts is an essential component in improving vaccination coverage and safeguarding the health of urban populations.



Fostering Vaccine Demand: URZA Initiatives in Uttar Pradesh & Bihar



Gain deep insights into community perceptions regarding vaccination.



- Understand **community sentiments**.
- Identify **social and cultural factors** influencing vaccine acceptance.
- Unearth the origins of **vaccine hesitancy**.
- Address vaccine-related challenges at the **local community** level.



- Identify Zero-Dose and partially vaccinated children.
- Address **parental concerns**.
- Mobilize unvaccinated children through **community involvement**.



- Boost **awareness** about vaccination.
- Dispel prevailing **myths**.
- **Motivate and engage** beneficiaries.



- Ensure **people-centric**, top-quality vaccination services.
- Foster **community confidence** in government-provided vaccinations.
- Efficiently tackled **process-centric** concerns.

Aligned with the BeSD process (Plan, Investigate, Act) 2022 and in harmony with the Gavi Alliance IRMMA Framework (Identify, Reach, Measure, Monitor, and Advocate), the Urban RI project (URZA) has employed a comprehensive 5 Ds strategy (Diagnose-Design-Deliver-Demand-Diffuse) for the Demand Generation activities under the project. This approach is anchored in evidence-based insights and harmonizes with globally recognized strategies to amplify vaccination uptake. The Behavioral and Social Drivers of Vaccination (BeSD) framework is a potent tool for enhancing vaccine demand. It acknowledges the complex interplay of factors shaping behavioral choices, from cultural beliefs to economic considerations. BeSD illuminates human behavior, social norms, and decision-making, providing valuable insights for effective demand generation strategies to boost vaccine uptake.



Empowering Urban Health Advocates: Mahila Arogya Samiti (MAS)

Project Approach to Strengthen the MAS

Identifying Gap



SITUATION ANALYSIS

- MAS Baseline assessment



Development of Knowledge Product



MAS FLIPBOOK

- 14 Chapters
- Pictorial representation
- Addressing primary health care issues



MAS TRAINING PACKAGE

- Training tool kit
- Experiential training package
- Activities based learning



MAS DAIRY

- Situation card
- Information on major programs
- Resources repository



Capacity Building



MAS TRAINING STRATEGY

- State TOT
- Cascade training
- Post training plan



Mentoring



RECOGNITION & APPRECIATION

- MAS badge
- Facilitation of active members



Empowering Urban Health Advocates: Mahila Arogya Samiti (MAS)

Success Model



Identifying Gaps: A Call to Action

- Assessment of MAS and understanding of their roles.
- Knowledge gap identified, sparking the need for action.



Forging Partnerships: JSI and NUHM Collaboration

- Collaborated with National Urban Health Mission (NUHM) and District Health Society (DHS).
- Identification and Mapping of MAS committees.



Equipping for Transformation: Training of MAS

- Development of experiential learning package on diverse topics
- Implementation of Training of Trainers (ToT) framework.
- Design of one-day orientation program with interactive approach for MAS.



Ensuring Ongoing Support

- Recognition of continuous post-training support through supportive supervision.
- Government cadres and development partners committed to provide guidance.



Engaging the Community

- Monthly meetings conducted across UPHCs to facilitate community engagement.
- MAS members actively participate in health discussions.
- Topics span immunization, hygiene, maternal health, and more.



Bringing About Change

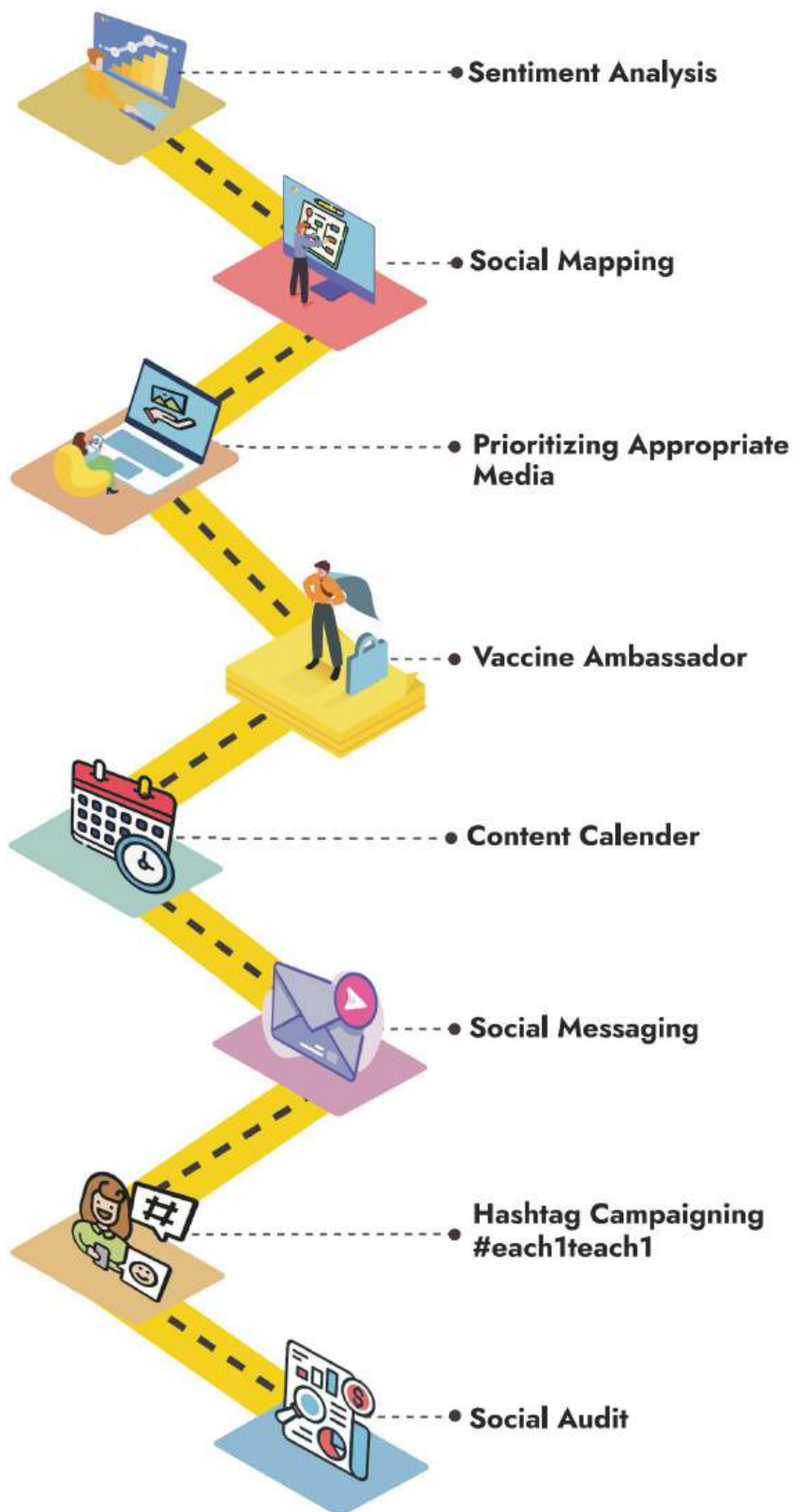
- Under vaccinated children : **382** identified → **140** mobilized



Boosting Urban Immunization: Leveraging Social-Media in Lucknow and Meerut



Geographical Scope: Phase 1 - Meerut
Phase 2 - Meerut and Lucknow



Influencers - **32**



Social Media Post - **457**



Most Engaging Theme

Importance of
immunization
(I²)

Special
Immunization
Week

Birthdose
Vaccination

Child Testimony



Reach - **5M**



Engagment to Reach Ratio - **4.4**



Testimonials



Being a member of the Mahila Arogya Samiti has been a transformative experience for me. The refresher orientation conducted by Urban and immunization department (District Health Society) with support from JSI was a game-changer. The interactive and engaging training sessions allowed us to clear our misconceptions and understand our roles better. I now feel empowered to organize effective meetings and raise awareness about crucial health services in our community. Together, we are making a positive impact and generating demand for immunization. I am proud to be part of this remarkable journey.

Jyoti Gupta - MAS, President, AB Nagar, Unnao (U.P.)

The refresher orientation has revitalized our committee's work. The experiential and interactive training methods using storytelling, and games brought a fresh and engaging approach to learning. Through this orientation, we gained a deeper understanding of our roles, the importance of collaboration, and the significance of community-based monitoring. The newfound knowledge and energy have inspired us to hold effective meetings and raise awareness about health services in our community. This training has truly empowered by sense of confident.

Maya Devi - MAS Member, Gadan Kheda, Unnao (U.P.)



I feel more confident after being identified as one of the MAS members. It gives me a pleasure and I feel grateful after listening from community that our suggestion helped them.

Pinki Kumari - MAS Member, Khaja Sarai, Darbhanga (Bihar)



Post operationalization of Mahila Arogya Samiti, their dedication toward the community is commendable and beyond our expectations. These MAS members are link to the health services in reaching out the people in the community and serving many under-privileged communities. People who were not able to reach out to the health services have now started availing the services. These committee is pro-actively working and we are hopeful to get more and more benefits from the MAS committee in the urban areas.

Vandana Kumari - Urban Consultant, Darbhanga (Bihar)



Match the Rural and Urban Attributes

Attributes	Rural	Urban
Population structure	Ethnocentric	1 Cosmopolitans
Economy/Occupation	Agriculture based	2 UPHC- Urban planning units
Area demarcation	Confined, circumscribed	3 Blurring
Governance	Panchayati Raj Institution	4 Service based
Service delivery	Mainly public sector	5 Public and private sector
Migration	Out	6 Occupationally linked
Social fabrics	Culturally bind	7 Municipal corporation
FIC	77.0 (NFHS-5)	8 75.5 (NFHS-5)
Planning units	Block - CHC/Block Public Health Management Unit	9 City Task Force for Urban Immunization (CTFUI)
Institutional mechanism	Dist. Task Force (DTF)	10 In

Answer will be shared in next issue.

Answer Key of 1st Issue Trivia : 1. Hepatitis, 2. AEFI, 3. Diphtheria, 4. Rota, 5. ICDS, 6. UWIN, 7. MAS

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