**[Glimmer of hope?](https://www.dawn.com/news/1589723/glimmer-of-hope)**

[Huma Khawar](https://www.dawn.com/authors/618/huma-khawar) 11 Nov 2020

SAIMA, a community resource person working for a civil society organisation in Mandew Khas, Bannu, says that she tries to persuade reluctant parents to get their offspring vaccinated against childhood diseases. The village has a population of 10,000 and is identified as a low-coverage area, with many parents refusing to get their children vaccinated by the government’s health department. In order to mobilise and counsel mothers whose children have never been vaccinated, women like Saima go from door to door to check the vaccination status of each child. The work is both difficult and challenging.

With the onset of winter, her organisation is holding an awareness session on childhood pneumonia with village women where they talk about malnourishment, exposure to indoor smoke, overcrowding and low immunisation coverage — factors that make their young ones vulnerable to pneumonia, the world’s leading infectious killer of children.

The Expanded Programme on Immunisation targets 7.9 million children every year. It offers free essential vaccinations against 10 diseases. Today, Pakistani children have access to two pneumonia-fighting vaccines included in the essential immunisation list; like the other vaccines, they are administered free of cost. Despite this incentive, only 55 per cent of children complete their essential vaccination course in KP, according to the Pakistan Demographic and Health Survey, 2017-2018.

This underperformance is fuelled by caregivers’ lack of awareness. Too few parents know that vaccines are necessary for child health, that they are free of cost and available at immunisation centres nationally. At the village level, the men are neither sensitive to problems faced by the women nor is there a will to improve services that address women’s needs. This is one of the main reasons for the alarmingly low health and literacy indicators for women. Given their second-class status, they also have limited access to health facilities and are unable to travel far to have their children vaccinated.

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During an informal chat with the village women, it transpires that basic information on and awareness of essential immunisation and the benefits of vaccination against preventable diseases are missing. Though they have a vague idea of some diseases that exist, many had never even heard about immunisation that could prevent certain illnesses. No one had thought of addressing the very basic questions around vaccination these mothers had.

Immunisation programmes must include more women

Gifted with strong communication skills, Saima clears misconceptions about vaccines and convinces mothers that they are safe. Once satisfied, they agree to get their children vaccinated. Working in close coordination with the district health office, Saima arranges for the vaccinators to visit the area to make sure that the children identified are vaccinated. Following up on this is the secret of her success.

All along, the absence of female involvement in the immunisation programme has been a major impediment in the administration of routine vaccines. Strict cultural norms like purdah that place restrictions on the movement of male EPI vaccinators often does not allow the latter to conduct house-to-house visits to check on children’s immunisation status. These restrictions can be eliminated by involving more women in the programme.

Moreover, because of the absence of weak counselling, parents often do not complete the essential immunisation schedule. They get scared if their child develops a fever, a common reaction, after the vaccine has been administered. In addition, due to the remoteness of the village and the distance from the nearest basic health unit, it becomes difficult to take the sick child there. This inconvenience makes the child a ‘defaulter’.

Saima’s organisation provides paracetamol syrup to the caregiver on their first visit. This small initiative ensures that the child completes her/his immunisation schedule without the need to revisit the health unit for treating a simple fever.

Her resolve to vaccinate every child within her reach has kept her going. Although, it is unclear how many children have missed routine immunisation since the coronavirus outbreak began, Saima’s organisation discovered that there were a lot more unvaccinated children commonly referred to as ‘zerodose’ in this village who would now be enrolled in the database of the immunisation programme.

Thanks to women like her supplementing the government’s efforts, those who could not be accessed are now being reached out to. As Saima’s case shows, adding more women to the programme can be a game changer as it is helpful in reaching out to and convincing those parents who refuse to get their children vaccinated. It is through such women that we realise that the refusal of parents to have their child inoculated is based on their ignorance of vaccination and its benefits, and that it is possible to change their minds.

*The writer is a journalist.*

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