



**PROJECT VISHWAAS**  
**BREATH OF HOPE**  
**A COMPENDIUM OF CASE STORIES**





**One child dies  
every 4 minutes due to  
Pneumonia in India**

**PROJECT VISHWAAS  
BREATH OF HOPE**

**SETTING THE GLOBAL BENCHMARK FOR QUALITY MANAGEMENT  
OF TACKLING CHILDHOOD PNEUMONIA IN INDIA**

**A Compendium of Case Stories**



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## ABOUT THIS DOCUMENT

Tackling a disease that accounts for about 15% mortality in under 5 children not only calls for urgency, it also expects discipline, expertise, and collaboration amongst stakeholders. Project Vishwaas provides an 'all hands on the deck' approach to tackling childhood pneumonia. Project Vishwaas brings in a slew of new approaches in combating the disease while remaining nested within the existing public healthcare system. While the medical expertise, technology, and treatment protocols are immensely important to combat pneumonia, the biggest challenge is to traverse the last mile and make them available to the last child. It is in the demonstration of a pathway for universal coverage of protection, prevention, and treatment of childhood pneumonia lies the success of the Vishwaas project. This document highlights some case stories of how this was made possible. These stories are a testimony to the effort of all stakeholders - program designers, implementers, field staff, community champions, and the public servants who all traversed the extra mile to ensure that pneumonia does not get an easy pass.



Save the Children works in 120 countries globally and across 20 states in India for children's rights - to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. It is determined to build a world in which every child attains the right to survival, protection, development and participation. It delivers immediate and lasting improvement to children's lives worldwide.



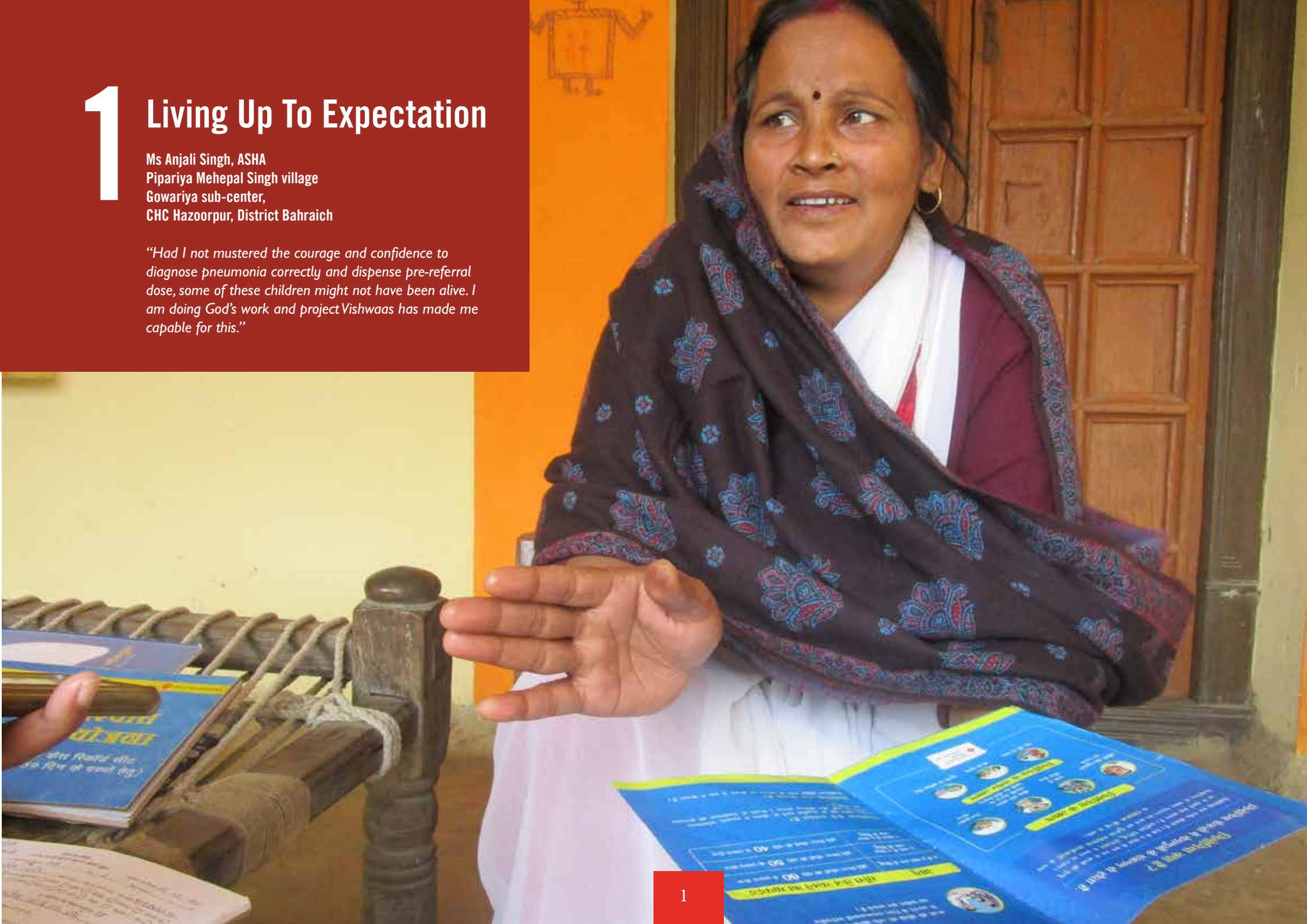
ZMQ is a non-profit organization which creates and implements practical technology linked tools & solutions to empower communities by providing timely information and connecting them with life-saving services, thus achieving sustainable development. ZMQ's model combines social mission with technology to maximize the impact of health, education and livelihood interventions.



# 1 Living Up To Expectation

Ms Anjali Singh, ASHA  
Pipariya Mehepal Singh village  
Gowariya sub-center,  
CHC Hazoorpur, District Bahraich

*“Had I not mustered the courage and confidence to diagnose pneumonia correctly and dispense pre-referral dose, some of these children might not have been alive. I am doing God’s work and project Vishwaas has made me capable for this.”*



The Childhood Pneumonia Management Guidelines bring about a paradigm shift in the role of ASHA. Till now ASHA was mostly required to be a link between the ANM and the community. Her role was largely that of creating awareness on health determinants, counseling women on reproductive child health, mobilizing the community and facilitating them in accessing health facilities, and providing primary medical care for minor ailments such as diarrhea and fevers. Under the pneumonia management protocol, ASHA is now expected to diagnose and classify pneumonia in children and administer pre-referral prescription antibiotic Amoxicillin.

The change in guidelines on pneumonia management has however not been accompanied by required capacity building, provisioning of equipment (like functional ARI stopwatch) to do diagnosis, and gearing up the supply chain so that ASHA has the requisite stocks of Amoxicillin. Resultantly the guidelines remained on paper, with not much has changed on the ground. The high mortality amongst children from pneumonia continues unabated.

### Prepared For The New Role

Ms Anjali Singh is the ASHA of Pipariya Mehepal Singh village. She is attached to Gowariya sub-center under Hazoorpur CHC, Bahraich district. Under the Vishwaas project, Anjali received extensive hands-on training at the skill lab established under the project at Hazoorpur CHC on respiration rate count and dispensing of pre-referral antibiotics to suspected pneumonia cases. *“Before this training, I never knew that ASHA was supposed to diagnose and dispense referral medicine to a child suspected with pneumonia.”*

### Combating The Hesitancy

However, despite being extensively trained under Project Vishwaas, Anjali was reluctant to administer Amoxicillin to children diagnosed with pneumonia. She said, *“I was apprehensive that the antibiotic might react adversely. If this was to happen, I would be in big trouble. I reside in this*



▲ *Anjali has attained dexterity in use of the ARI watch with constant handholding by the cluster supervisor and her zeal to learn.*

*village, if an adverse reaction happens, the villagers will make me leave the village.”* It was at this juncture that Shweta Awasthi, Cluster Coordinator, Vishwaas Project stepped in. She counseled Anjali that given her extensive training at the skill center, she will be able to perform well in her diagnosis of pneumonia. Further, she reassured that Amoxicillin is a safe drug and if Anjali follows the instructions there is no cause for worry.

The next time Anjali was called upon to attend a suspected case of pneumonia, Shweta was by her side and handheld her through the first case. The 4-month-old Prabhu was diagnosed with mild pneumonia. A pre-referral dose of Amoxicillin was administered to the child by Anjali and referred to Ramhapur PHC. The child recovered after treatment at the PHC.



### Key Learning

**Handholding of the field level health workers on the Pneumonia management guidelines helps in compliance**

Hesitancy of Anjali to dispense the pre-referral dose of Amoxicillin was not due to skill-deficit. She needed the reassurance that she was translating the knowledge into practice correctly. The presence of Cluster Coordinator, as a guide at arms reach, helped dispel the initial doubts.

### Reassured and Competent

Nothing succeeds like success, and Anjali gained in confidence. Over the next few months, Anjali has identified 10 children with pneumonia symptoms and referred them to the PHC, after administering the pre-referral dose of antibiotic. Anjali said, *“I feel extremely good to have been able to save the lives of these little children. Had I not mustered the courage and confidence to diagnose pneumonia correctly and dispense pre-referral dose, some of these children might not have been alive. I am doing God’s work and project Vishwaas has made me capable for this.”*

Thanks to the Vishwaas Cluster Coordinator, Anjali dexterously operates the MHealth mobile app for SBCC and pneumonia case management. Before this Anjali was not a savvy mobile user and would take help of her daughter to operate the mobile phone.

# 2 Learn As You Play

Children Group  
Purv Madhyamik Vidyalay  
Bankataa , Payagpur Block  
District Bahraich

“The snake-ladder game has helped us to learn a lot about pneumonia. Repeated playing has helped us to memorize the entire set of message printed on the board.”

Bimal Mishra,  
Class VII





Children groups have been formed under the Vishwaas project to create awareness amongst children on pneumonia prevention and protection. The children are drawn from schools located within the catchment of the health sub-centers under the project. The group comprises 10 children in the age group of 11-14 years with equal representation of girls and boys. Currently, there are 47 groups with 470 children members in the project blocks in the Bahraich district. The group meetings are coordinated by the cluster supervisor and pneumo-volunteers of the Vishwaas project. Along with protection and prevention protocols for pneumonia, the children are also made aware of the child rights and the constructive role they can play in their communities. The sessions use the play way method like snake and ladder, gun-bullet-rabbit, memory game amongst others. The children take the knowledge learned back to their homes and the community.

### Learning About Pneumonia At The Roll Of The Dice

At Purv Madhyamik Vidyalay, Bankataa, the members of the pneumonia children group are busy playing the snake and ladder game. At the roll of the dice, the position of each player on the snake and ladder board gets decided. If one were lucky, he/she would reach the base of a ladder where a message on what should be done to prevent and protect from pneumonia is inscribed. The player would speak out the message loud and take the ladder to climb a few notches higher on the board. On the other hand, on a rather unlucky day, if a player found himself at the mouth of a snake, he/she will be hurtled down a couple of rows. The message at the mouth of the snake would read of things that can lead to susceptibility to pneumonia. As the fortunes of the player on the snake and ladder board change, the children learn the dos and don'ts on how to keep pneumonia at bay.

Mohit Mishra, class VIII student, has been on a winning streak, he rolls a three on the dice, and reaches a ladder that says, 'exclusive breastfeeding till the child is 6 month old'. Before proceeding up the ladder, he reads the mes-



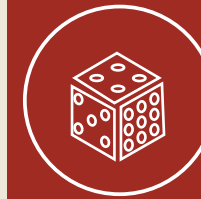
*"I feel that the child group formed for pneumonia awareness (under Project Vishwaas) prepares school children towards contributing towards the betterment of their community. This sense of purpose and direction inculcated into*

*children through the student club is one of the biggest gains for us. Pneumonia is a silent killer taking away scores of lives of young children. The effort to create awareness on early identification of pneumonia symptoms and improving health-seeking behavior is a seminal step in bringing down child mortality. Every member of the children group in our school knows about the pneumonia symptoms and the preventive measures. This is taught through unique play-way methods and our children wait for the facilitators from Project Vishwaas to visit the school. The teachers also take a keen interest. The student group disseminates the message on pneumonia prevention and protection amongst their peers and in their families. We propose to continue the student club permanently. We find this to be a powerful means to inculcate community awareness and service in young minds."*

**Mr. Karamat Ali**  
Principal, Purv Madhyamik Vidyalay,  
Bankataa

sage aloud. Vikash Sukla, a class VII student is having a difficult run on the board and reaches the box where the snake resides. The box says, 'do not defecate in the open' and Vikash goes hurtling down.

The game is extremely popular and has helped children to be well versed with how to avoid and treat pneumonia. Bimal Mishra, a class VII student said, "The game has helped us to learn a lot about pneumonia and we can



### Key Learning

**Playway method helps retention and dissemination of pneumonia management message**

Repeated playing of the snake and ladder game and constant reinforcement by the Vishwaas pneumo-volunteers has helped the child group members memorize and promote in their communities the elements of the pneumonia prevent, protect and treat approach.

confidently talk about how to manage the disease. In the board game things like breastfeeding, supplementary feeding, indoor air pollution, and pre-referral dose of amoxicillin by ASHA, dangers of smoke, amongst others are provided. We not only enjoy the game, we learn from it. Repeated playing has helped us to memorize the entire set of messages printed on the board."

### The Message Reaches The Community

The members of the child group are helping take the message of protection and prevention from pneumonia from school to back home. Amit Ojha, a class VII student spoke of how he is spreading the pneumonia prevention message, he said, "Atul, a two-year-old child, stays in my neighborhood and has chronic cough and cold. I asked his mother not to allow the child near the kitchen wood-fired chulah (oven) and to keep the house dust-free." In the same vein Saloni Sukla, class VII, said, "my younger sibling is 2 years old and on seeing him develop pneumonia symptoms I asked my mother to take him to the doctor and discontinue home remedies. I told her that I have learned about the symptoms at school. My mother listened to me and my brother got cured without any severe complications."

# 3 A Battle Well Fought

Anjum Banu, ASHA  
Barkagaon village , Payagpur Block  
District Bahraich

*“I wished , I could help in the control of this deadly disease in children. I did not have anything to offer, except for a routine referral to the government health facility. The training under Vishwaas has equipped me to fight the pneumonia battle.”*



Barkagaon is a relatively impoverished village with large household sizes. Most households work as daily wage farm labour. The cases of pneumonia in children have been high in the past. Unhygienic living conditions, poor nutrition, belief in home remedies and low health awareness meant that Barkagaon was fighting a losing battle against pneumonia.

### Poorly equipped

Anjum Banu is the ASHA of Barkagaon village and has 81 households under her charge. Despite a high incidence of childhood pneumonia, Anjum found herself ill-equipped to deal with the situation. Neither did she have the training to diagnose pneumonia, nor did she know what to advise in terms of prevention and protection. *“I wished, I could help in the control of this deadly disease in children. I did not have anything to offer, except for a routine referral to the government health facility,”* said Anjum.

### Fighting Back

Armed with the training received under Project Vishwaas, Anjum had taken it upon herself to ensure that pneumonia does not get easy passage under her watch. She is active in creating pneumonia prevention and protection awareness and screening sick children. Her newfound knowledge has found seekers, with many parents consulting her when their children show symptoms of pneumonia. Resultantly the pneumonia cases have shown a dip in Barkagaon compared to previous years and no pneumonia-related child mortality has been reported.

She has to manage cases which come in quick succession, some of which are serious. In a month, Anjum manages three to four pneumonia cases and ensures the sick child gets proper treatment, including in one instance where she accompanied the sick child and her mother to the CHC.

On being informed of Nadira, a 4-month-old child, showing severe pneumonia-like symptoms, Anjum made a house call and on checking the respiration rate



▲ Anjum with her son

of the child, found it to be high. Anjum immediately gave the pre-referral dose of amoxicillin and referred Nadira to the CHC. Nadira's father is migrant labour and works in Mumbai. Her mother manages her four children singlehandedly. She also being uneducated and with limited exposure to the outside world, did not feel confident to take Nadira on her own to the health facility. Anjum decided to accompany the child and the mother to the CHC. *“I knew that if I did not offer to go with the child, Nadira might not get the medical attention in time, or maybe none at all. Nadira was admitted to the CHC and I also stayed with the mother and the child in the hospital for two days. The child has since recovered and is doing well.”* Referring to how poor economic conditions of the household brings in their own challenges for pneumonia prevention, Anjum said, *“When I ask the parents to keep their children clothed in proper woollens during the winter*



### Key Learning

**Empowering frontline health workers with requisite knowledge and skills brings in desired outcomes**

Anjum was a non-starter towards managing pneumonia in the community under her charge. It was the skill deficit and not the sense of purpose which kept her back. Once she was provided the requisite capacities, her passion and performance as a health sentinel matched.

*season, some of the mother's retort back by saying, that why don't I buy dresses for their children, since they cannot afford. Large families with 5-6 children stretch the family resources thin.”*

### Open To Learning

Though she has education till XII, Anjum is very proficient in MHealth and SBCC tools and is considered amongst the star performers in terms of technology adoption. She finds the use of MHealth both empowering and efficient. *“When I use technology, I feel that I am in step with the digital world. The MHealth tool brings in many advantages as well. The technology enables treatment received by a child to be recorded and concurrently tracked, thereby putting pressure on the health worker to be more diligent in providing services to the sick child,”* said Anjum.

Despite such pushbacks, Anjum is soft-spoken but firm and admonishes the mothers if she sees them loitering around uncared for and in unsanitary conditions. Thanks to Anjum and her single-handed effort, Barkagaon is well on its way to winning the battle against pneumonia.

# 4

## Traversing The Last Mile

Sarvesh Shukla, Pneumo-volunteer  
Ankit Soni, Pneumo-volunteer  
District Bahraich



Pneumo-Volunteers take the message of pneumonia prevention, protection, and treatment (PPT) to the field level health workers and the community. Each pneumo-volunteer covers roughly 10-11000 population and supports around 10-12 ASHAs spread across 3-4 gram panchayats (comprising 40-50 hamlets/habitations). Each pneumo-volunteer has a catchment area of approximately 5 km radius and caters to around 1300 mothers of 0-5-year-old children.

### A Box Of Sweets

When Arvind Kumar, then one-month-old, from Ganjawa village fell ill with cough, cold, and fever, his mother Manju Devi started with home remedies followed by a visit to a nearby quack. The condition of Arvind worsened and he started to have heavy breathing with grunting and wheezing. Things were turning for the worse and the worried Manju Devi consulted ASHA Manoj Kumari. The ASHA immediately called in Sarvesh Shukla, the pneumo-volunteer and they paid a home visit. The ASHA took the respiratory count which clocked 63/min. The child was suspected of Possible Serious Bacterial Infection (PSBI) and in need of immediate medical care. ASHA made the referral slip and asked Manju Devi to take the child to Bahraich District Hospital. ASHA and pneumo-volunteer also accompanied the child to the hospital. The child was admitted for 5 days. As per the doctors, had there been any more delay in seeking specialized medical care, the child might not have survived. Both ASHA and pneumo-volunteer followed up with regular home visits for the next fifteen days after discharge of Arvind from the hospital. Grateful Manju Devi had a box of sweets ready for both of them as an expression of gratefulness for saving the life of her son.

### Prepared

Sima Devi regularly attends the mother's meeting at the Anganwadi at Khoriya Safique village. Here she attended an awareness session on pneumonia conducted by Rekha Soni, ASHA, and Ankit Soni, the pneumo-volunteer. The symptoms of pneumonia in children were



▲ Ankit Soni, pneumo-volunteer, with Sima Devi and her family

explained along with the preventive and protective measures that need to be taken. When Sima Devi's 14 month old child fell ill, she saw similar signs and symptoms as had been told in the awareness program. Sima Devi contacted the ASHA who paid a home visit along with the pneumo-volunteer. The CHARM device registered a respiratory rate to be very high and possibly suffering from severe pneumonia. The ASHA gave the pre-referral dose (125 mg of amoxicillin as per the dose chart) and referred the child to CHC. The family members were however extremely alarmed and anxious and proceeded directly to the district hospital. The child was admitted for 7 days and now is in good health. ASHA and pneumo-volunteer did regular follow-up visits to ensure that the child was taking medicines and all recommended practices for early recovery were being followed. A grateful Sima Devi said, "I would have lost my child had ASHA and pneumo-volunteer not helped us. I have come to realize that mother's meetings are so

important and help us to be vigilant towards the health of our children." Sima Devi has also started to take additional precautions so that pneumonia does not come revisiting. Most importantly she keeps the child away from the smoke of the chulah(oven) on which the household's food is cooked.



### Key Learning

**Pneumo-volunteer act as a force multiplier for ASHA**

Voluntary health workers have the potential to improve pneumonia management in rural underserved areas and contribute to community development. Pneumo-volunteers are an ideal backup for ASHA and help reduce her response time to an emergency and improve her footprint across her operational area.

# 5 Reaching The Unreached

Raat Ki Chaupaal  
Munsipurba Village, Gokulpura Gram Panchayat  
District Bahraich

*“In small, static communities, where everyone knows everyone else, societal norms around pneumonia prevention, protection and treatment start to take shape through such community deliberations.”*

Shweta Awasthi  
Cluster Coordinator



In many villages, adults of either gender are not available during the daytime at home as they are mostly busy in the fields, especially during peak agriculture season. These households get left out during regular outreach activities either through door-to-door visits or during mother meetings. Further, even if the mother is available during counsellings and awareness sessions, the father is mostly not available during the daytime. Given that many critical household decisions are taken by men, including health-seeking behavior of the household. It becomes imperative that information dissemination activities be organised in the evening when the entire household is present in the village. It is in this context that Vishwaas project in intervention villages in Bahraich district organises an evening congregation called 'Raat ki Chapual' (loosely translated means 'community meeting in the evening'). Shweta Awasthi, the Cluster Coordinator explaining the significance of such a meeting said, "At such meetings, almost the entire village is represented. Discussion happens on best practices to combat pneumonia. In small, static communities, where everyone knows everyone else, societal norms around pneumonia prevention, protection and treatment start to take shape through such community deliberations."

### Raat Ki Chaupal at Munsipurba Village, Gokulpura Gram Panchayat

Munsipurba is a small hamlet of 20 households. Shweta Avasthi, Cluster Supervisor, and Kripa Ram, Pneumo-Volunteer are busy getting things in place. The mattresses have been placed, the projector has been connected with the laptop. An inverter provides the power to the audio-visual equipment. The flip side of a banner acts as the screen. The program starts at 5.30 PM, with the lighting of the bonfire where children and adults crowd around as the evening chill sets in. The women and men arrive in a trickle and by 6 PM there are about 40 individuals. Roorprani, the ASHA Sangini also arrives. The Cluster supervisor starts the program with a briefing on the pneumonia PPT approach and how pneumonia can take the lives of children if one is not vigilant. The



▲ Bonfire at Raat Ki Chaupal

pneumo-volunteer takes over and narrates the 'tota maina ki kahani', which talks about the perils of visiting a quack doctor. Subsequently, a series of videos are played on breastfeeding, respiration counts, pneumonia protection, and prevention. After each video, there is a question and answer session pertinent to the video shown. The Cluster Supervisor, ASHA Sangini, and the Project Coordinator answer the questions with patience and using relevant examples and anecdotes. At the meeting, many unscientific beliefs like tying garlic or massaging with mustard oil when the child is having difficulty in breathing are dispelled. The myth that a weak woman will get more sick if she breastfeeds her baby is countered and the myth dispelled. An elderly lady in the audience volunteered to spread the message of breastfeeding and nutrition amongst the mothers in the village.

As the clock pushes towards 7.30 PM it's time to disperse. The program is then opened for any performance by the

audience - it could be dance, a song or even a poetry recitation. At Munsipurba the women sang Sohar, the folk songs prevalent in the region.



### Key Learning

**Community meetings on pneumonia management help create social norms on health seeking behaviour**

Community exerts a significant influence on how an individual behaves. Community meetings like 'Raat Ki Chaupal', puts the focus on the community as a fulcrum for change. Emergence of change agents at these meetings who volunteer to take the message on pneumonia management forward is evidence on the efficacy of such initiatives.

# 6 Girl Power

Kishori Group  
Anganwadi Center Number 2  
Purani Tonk  
Tonk Town





Under Project Vishwaas, the youth have been given extensive training on pneumonia management and organized into groups, with each group working from an Anganwadi Centre. The groups are mentored by the cluster supervisor. Along with conducting door-to-door awareness, the pneumonia group members also take sessions on handwashing, PneumoVaani, SBCC tool, indoor air quality, and good nutrition with the Mother's group at the Anganwadi. They also collect phone numbers of the caregivers so that outbound calls to these numbers can be made through PneumoVaani.

### Door to Door

A group of six girls who reside near Center No. 2, Purani Tonk locality, are out to make a difference. They are students studying from class IX-Masters level, and on every weekend can be seen going door to door taking the message of pneumonia prevention and protection. These girls divide themselves into groups of two and armed with pamphlets and display cards sit with the caregivers of young children and go through in detail the causes, the symptoms, the measures, and where to seek treatment for pneumonia. These girls are part of the 283 youth who have been trained and organized into pneumonia youth clubs to take the pneumonia-free neighborhood message door to door.

### Using Time For Community Good

Alka Mawar, M.Sc. final year student at St August College said, "The pneumonia club has given us a purpose and the tools to make a difference in the community we reside. Every Sunday we meet and go door to door with our message. Alternatively, we would have been busy chatting with friends of seeing videos on YouTube. Now we feel good about taking action for the betterment of society and not just talking about it." Lochan a group member and student of BA (1 year) added, "At some households we visit, mothers are not ready to listen to us, but in most of the houses we get a patient and responsive audience. As our message on prevention and protection reaches each household, things will begin to change and



▲ Members of the Kishori group practice SUMAN-K with ASHA and cluster supervisor

*a day will come that not a single child in our town will die due to pneumonia, a cause worth working hard for."*

The girls are not only now confident speakers but are also passionate about making a change. The association with the Kishori Group has developed a sense of self-belief in them. They are more ambitious and serious about their dreams. Harshita wants to be a nurse, Shivani a Youtube channel presenter, Lochan a teacher, and Alka a civil servant. Project Vishwaas wishes each of them all the best.



### Key Learning

**Leveraging the passion and energy of youth can help reach pneumonia PPT message at scale**

It may be wrong to assume that children and young people do not have referent power and thereby are not effective in influencing change in adoption of healthy habits and preferred health seeking behaviour. The Kishori Group stands out by her ability to articulate well the pneumonia PPT. Community members listened to the girls with attention and interest.

# 7 Best and the Brightest

Saistha Parvin, ASHA  
Anganwadi Center 53,  
Bilal Colony, Tonk.

*"Life has its disappointments but we need to work on the obstacles which come our way. What works for life works for our fight against pneumonia as well."*



Saistha Parvin is the ASHA attached to Anganwadi Center 53, ward no 28 at Bilal Colony, Tonk. Unassuming and with a ready smile she is one of the many ASHAs who work at the frontlines taking health care to the last mile. Saistha has something special up her sleeves, both as a person and as an ASHA which makes one look up to her with admiration, pride, and the comforting realization that the coming generations of the nation are in safe and sure hands.

### Breaking Through The Odds

Saistha comes from a conservative family, none of her siblings studied beyond class X. Thanks to her grandmother she was able to defy the existing stereotypes in the community regarding girl education and opposition from her family and completed her Master's in Urdu and B.Ed in History. She got married in 2003 and despite immense opposition from her in-laws took up the job of ASHA in 2007, and has since been serving with distinction and dedication, a fact acknowledged by her peers.

### Making Technology Work for Combating Pneumonia

Saistha is known for being very good at the uptake of new ideas. She is amongst the few who under Project Vishwaas have mastered MHealth, CHARM Device, and SBCC toolkit. Such is her grasp over these technologies, that she is asked to mentor other ASHAs in the project.

She finds the M Health tool to be very handy. M-Health enables direct entry of cases into the mobile app, check all the records as and when required, enter new cases, do the necessary follow-up and interact with ANM for closure of cases through MHealth, without requiring tedious filling of forms. *"Initially I used to find it difficult to use M Health, but with constant practice, it feels easy and intuitive. I feel that the biggest bottleneck is the fear of technology which needs to be surmounted. MHealth in itself is a simple and straightforward application."* The Cluster Supervisor has asked Saistha to go to other Anganwadies and help her peers to work on MHealth.



▲ Saistha follows the recommended practices before she does a checkup of a child, including washing of hands.

For Saistha, the CHARM device is an indispensable aid. It automates the entire process of calculating respiration and classification of pneumonia, a phenomenal advantage in field situations. Currently, 20 ASHAs have been issued CHARM devices, and Saistha is one of them. There were initial hiccups when the community feared that CHARM was a Covid-19 measuring device and will be used to impose quarantine. However, constant counseling has dispelled this doubt.

Saistha has acquired proficiency in the way she uses the mobile-based SBCC tool to conduct pneumonia



### Key Learning

Field Level health workers can transcend the digital divide if guided well

Digital technology introduced under Project Vishwaas is fundamentally an amplifier. However technology can exacerbate inequities, While the digital divide in terms of capabilities of the health worker to use technology is real, the examples like Saistha point towards the pathways that can be used to transcend it. Quality training and handholding in the field situation goes a long way in ensuring that the ASHA and ANMs can effectively use technology in combating pneumonia.

awareness sessions amongst mothers. She knows the entire flow of the lessons and where to pause, ask for clarifications and add some anecdotal stories relevant to the context. She regularly gives demonstrations to other ASHA workers on how to effectively use the SBCC toolkit.

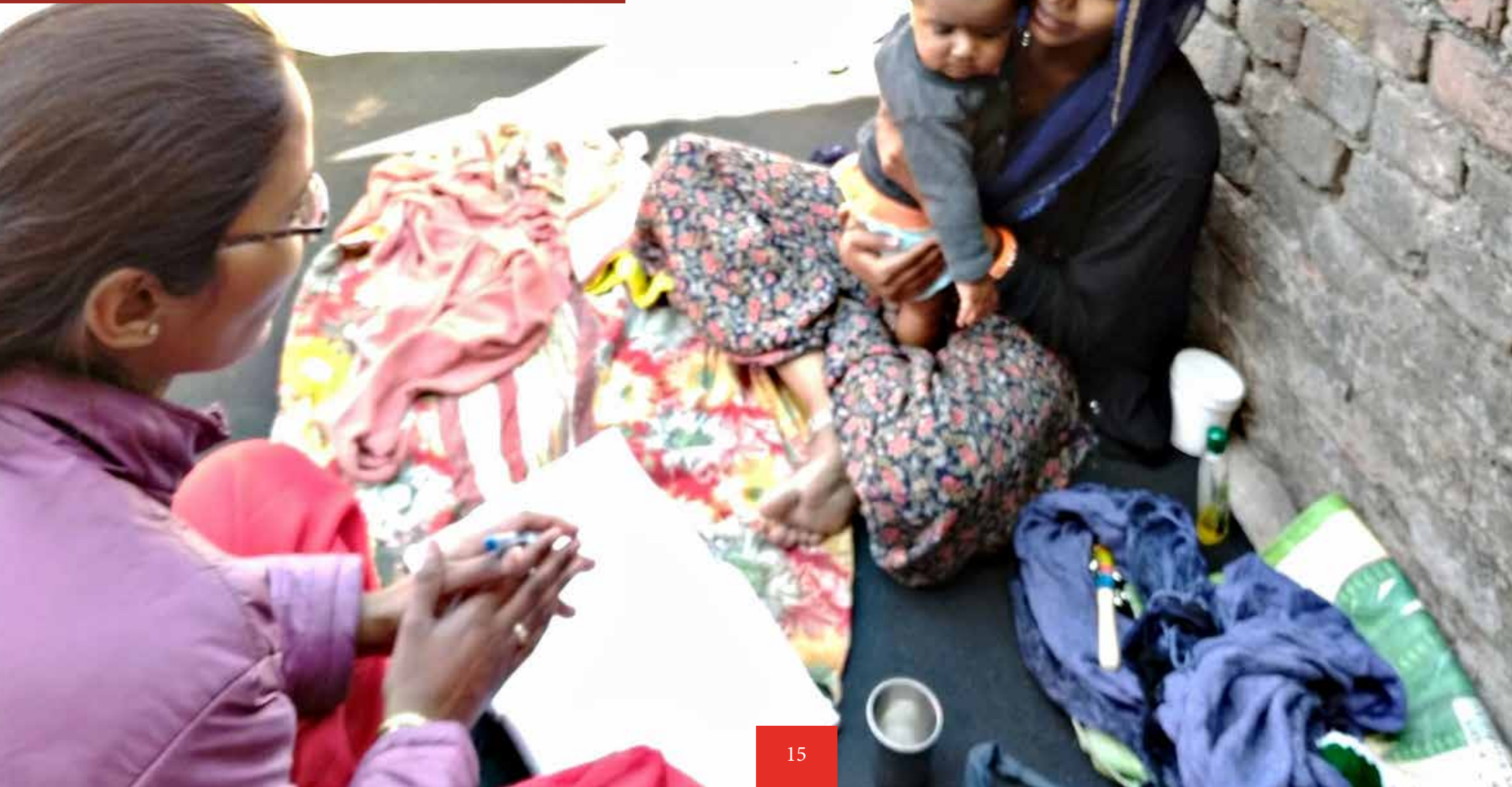
Summarising her journey with technological innovation in pneumonia management under project Vishwaas, Saistha said, *"It's true that ASHA is overburdened, the solution is in equipping her with technology and training so that she can use her time more efficiently without compromising on quality."*

Recollecting an incident when a 8 month of baby girl under her watch died, because parents refused to heed to her advice, Saistha said, *"Life has its disappointments but we need to work on the obstacles which come our way. What works for life works for our fight against pneumonia as well."*

# 8

## Importance of Followup

Mustakim  
Anganwadi Center 32  
Purani Tonk



Little Mustakim (now 10 months) had a persistent cough. His mother Farzana took it lightly taking it as a routine ailment. She would remain busy with bidi rolling, a livelihood option, which sustained the household. Mustakim's father is a daily wage worker and has intermittent income. With the cough not subsiding, Farzana took Mustakim to a local quack, but the medicines had no effect. Alarmed at the deteriorating condition of Mustakim, Farzana, on advice from her neighbors, brought the child to the Anganwadi Center 32, in Purani Tonk, where she consulted Kamlesh Mahavar, the ASHA deputed in the area.

### Referral Advice Not Followed

The ASHA as per the protocol on pneumonia management taught to her under the Vishwaas project, checked the temperature of the child, used the CHARM device to note the respiratory rate, and weighed Mustakim using the Salter scale. She noted the details in the case sheet provided under the project and immediately referred Mustakim to the government hospital. She also administered the pre-referral dose of Amoxicillin. The ASHA handed over the referral slip to Farzana and urged that Mustakim be immediately taken to the hospital.

The next day on the follow-up visit as per the laid out protocol for pneumonia management, ASHA found that Mustakim was at home. The pre-referral dose of Amoxicillin had stabilised the child and the breathing was not heavy. Farzana was reassured that Mustakim was on his way to recovery and that no further visit to the hospital was needed. Also going to the hospital meant a loss in wages for her.

### Convincing The Parents To Seek Medical Help

ASHA advised Farzana that Mustakim was not cured and the symptoms will return. However, Farzana expressed her reluctance to visit the hospital with Mustakim. Later in the day Kavita, the Cluster Supervisor from Project Vishwaas along with ASHA revisited and urged Farzana for the need for medical consultation for Mustakim. Related to the case, Kavita recalled, "It was indeed frustrating,



*the temporary subsidence of symptoms had been taken to be the cure and the mother of the child refused to take the child to the hospital. As a last-ditch effort, we said that Mustakim might not live if medical advice is not sought and this hit Farzana hard and she agreed."*

Dr. Jitendra at the MCH Hospital attended to Mustakim and diagnosed him to be suffering from pneumonia. He prescribed 5 days of medicines. ASHA and the Cluster Supervisor followed up daily to ensure that Mustakim was taking the prescribed medicines. At end of the fifth day, Mustakim was fully cured.

▲ Cluster Coordinators from Project Vishwaas follow up referred children during treatment both at the health facility and at home



### Key Learning

**Followup by health workers critical for desired pneumonia treatment outcomes**

Appropriate followup helps in ensuring conformance to referral advice, partaking of medicines, recommended diet and precautions to be taken to prevent relapse

# 9

## Keeping Watch

Sunita Chawla, ANM  
Anganwadi Center no 69  
Rani Jalwaniya, ASHA  
Anganwadi Center no 86  
Tonk



Ensuring that the laid out protocols are followed by the ASHA/ANM has been one of the main tasks of the Vishwaas project field staff. The one-off training sessions were found to be inadequate in giving the field-level health workers the requisite skill and confidence to practice the knowledge learned in the field situation. Regular meetings, supportive supervision, hand-holding during screening, classification, and administration of pre-referral dose for pneumonia were some initiatives that the project teams took to ensure the management protocol gets translated on the ground.

### Keeping Watch On The Watch ( Sunita Chawla, ANM)

On MCHN day, 5-month-old Zuveriya visited the Anganwadi center no 69, Kalipaltan area, Tonk, with her mother for her regular immunization shots. Sunita Chawla, ANM, found the child was running high temperature. The Cluster Supervisor of Project Vishwaas who was also present at the Anganwadi suggested that Sunita follow the laid out protocol under the Pneumonia Management Guidelines and screen Zuveriya for pneumonia.

In a business as usual scenario (before Project Vishwaas training), the ANM would have asked the mother to return at a later date after the child's fever had subsided. No other medical intervention would possibly have been done.

On history taking it was revealed that Zuveriya has been suffering from fever for the last 10 days and medicines from a local quack had not helped. It was then that the ANM took out the ARI watch provided under Vishwaas project to take the breath count of the baby. This was the first time that Sunita would use the ARI watch. A watch which had been issued to her some years back as part of the HBNC kit had never been used. A bit hesitant, Sunita started the respiratory count with the ARI watch keeping time. Zuveriya clocked a high respiratory rate which was an indicator of pneumonia. To be doubly sure Sunita took the readings a number of times and the Cluster Supervisor present also cross-checked and corroborated Sunita's reading. The situation was grim. Zuveriya's mother was



▲ Majidunnisa with Inayat

advised to take the baby immediately to MCH hospital. The medical staff on duty confirmed that Zuveriya had severe pneumonia and was admitted. It was indeed fateful that there was the availability of ARI watch and that ANM was trained to use it and the cluster supervisor was at hand to provide assistance. Else things could have been fatal!

### Should I (Rani Jalwaniya, ASHA)

The CHARM device display beeped a high reading, an indication that Inayat (10 months old) was possibly suffering from pneumonia symptoms. He was also running a high fever and refusing to eat. Rani Jalwaniya, the ASHA worker at Center No 86, Ward No 52 had a look of concern on her face. Nestled in the arms of his mother, Majidunnisa, Inayat was not responding much,



### Key Learning

On the job support helps health workers gain confidence in implementing the pneumonia protocol

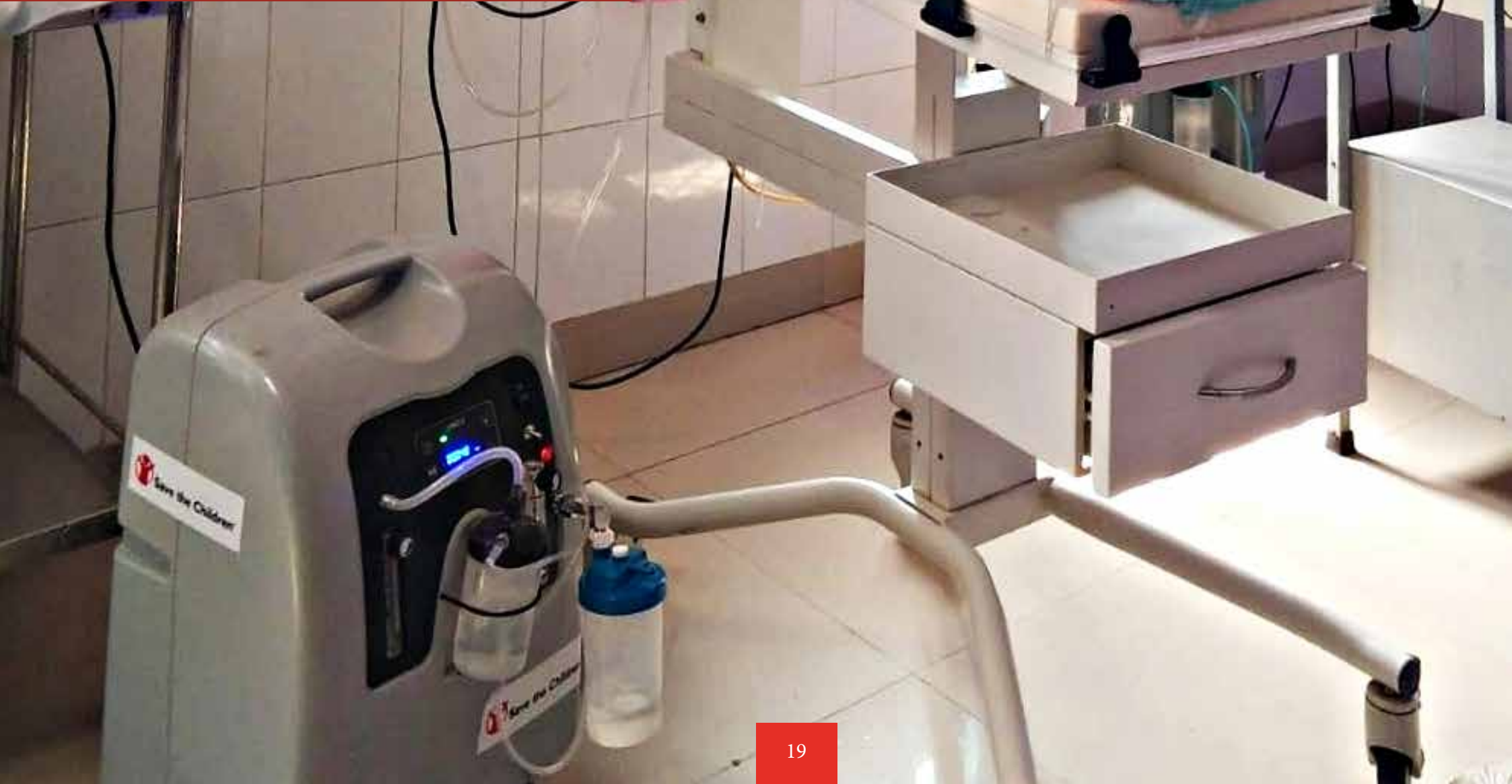
Cluster supervisors under the Vishwaas project act as mentors who provide continuous guidance, positive reinforcement and handholding support. This has been a critical input towards high compliance with the guidelines by the ASHA/ANM in the field.

his father, Naved stood close by with folded hands. This was a moment of truth for Rani. As per the pneumonia management protocol taught to her under the Project Vishwaas, she was supposed to give pre-referral Amoxicillin antibiotic to Inayat and refer him to a government health facility for further treatment.

*“Despite all the training on pneumonia management under project Vishwaas, I was not confident to administer the antibiotic to frail, unresponsive, and underweight Inayat. Previously, I would just advise the parents to take the baby to the hospital, but now I was expected to take the first step and administer an antibiotic, something I had never done before,”* said Rani. Rani called Kavita, the cluster supervisor under Project Vishwaas who reached along with ANM tutor, Shri Dinesh Sharma. Reassured that expert advice was available, Rani administered the pre-referral dose of Amoxicillin to Inayat and issued a referral slip for further consultation at the government hospital. The child was admitted for 2 days at the hospital where he got treated. ASHA did the necessary follow-up and gave guidance on for fast recovery. Now Rani no longer hesitates to follow the pneumonia management protocol and is prompt in administering the pre-referral antibiotic.

# 10 Nick of Time

Special New Born Care Unit  
Mother and Child Hospital  
Tonk





The medical equipment provided under the Vishwaas project is helping save lives. This was even more evident during the Covid-19 pandemic which had left the medical infrastructure in a disarray.

### **An Emergency at the Mother and Child Hospital At Tonk**

As the nation faced oxygen shortage due to the Covid-19 pandemic, a new born was gasping for breath at the Mother and Child Hospital, Tonk. The baby born to Nanni and Abdul Majid during the peak of the pandemic, due to prolonged labour, had aspirated Amniotic Fluid. To make matters worse, the baby was not crying, something unusual for a new born.

The Birth Attendant immediately knew the situation could turn serious. As a newborn draws its first breaths, it may sometimes aspirate amniotic fluid tainted with Meconium (a thick, green, tar-like substance that lines the baby's intestines during pregnancy) that can become embedded deep within the baby's lungs, leading to breathing difficulties and serious infections, such as pneumonia. The newborn's heart rate, muscle tone, and other vitals were taken, which revealed that he would require emergency care.

### **Urgent Need For Oxygen**

The child was shifted to the Special New Born Care Unit (SNCU). The team of doctors immediately was in attendance and diagnosed that the baby had developed birth Asphyxia, a condition of the deficient supply of oxygen to the body that leads to abnormal breathing.

There was an immediate need for oxygen, which at the time of the pandemic was in short supply. The hospital had rationed its available stock of central oxygen supply and diverted most of it to the Covid care units. The parents of the child panicked, they risked losing their child.

### **Concentrator Provided Under Vishwaas Project Comes To Aid**

As providence would have it, Save the Children a week back had provided the SNCU with a dual flow 5 litre oxygen concentrator as part of Vishwaas project on



▲ Cluster Coordinator at SNCU, enquiring about a newborn's health

combating childhood pneumonia. This was provided as a standby for an emergency similar to the one currently being faced at the SNCU. The concentrator breathed in the required oxygen and the baby survived. The baby was discharged after 5 days of hospital stay.

Abdul was moved beyond words. He thanked Save the Children, the SNCU staff and doctors for saving his child. "Because of you people my son is alive", remarked a joyously tearful Abdul.

*"My child did not cry and wasn't breathing. We didn't know what was happening. Even before we could ask, the doctor took my baby to another room with machines. We were not allowed inside. I helplessly watched him from outside, attached to a machine which provided oxygen support, as we were told later.*

*Nanni was crying inconsolably and we both were praying for our baby's life", he added.*

SNCU in-charge Dr. Trilok Chandra Verma thanked Save the Children for providing Oxygen Concentrator. "We were able to save the life of the child only and only because Save the Children provided us oxygen concentrators", he remarked.

The concentrator helped provide critical oxygen to 15 more newborns before the oxygen supply at the SNCU normalised. Without it, precious lives would have been lost.



Around 140,000 children die due to pneumonia annually in the country. There are 30 million new cases of childhood pneumonia reported every year, with an incidence rate of 0.26 episodes per child-year. Approximately ten percent of these episodes tend to be very severe. Among children under-five years, pneumonia contributes to nearly a sixth (15%) of all deaths in India.

Save the Children has launched a two-year pilot project to bring high-quality pneumonia care to approximately 90,000 children below the age of five years in Rajasthan and Uttar Pradesh. Titled 'Project Vishwaas', the program has been launched across 45 urban wards in Rajasthan and two rural blocks in Uttar Pradesh in collaboration with Philips India, Philips Foundation and ZMQ.





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