DISPELLING MYTHS

Case Studies of Default/Missed Children From District Jhelum, Punjab Province & District Skardu, Gilgit Baltistan Province of Pakistan

December 2014
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PREAMBLE

Civil Society Human and Institutional Development Programme (CHIP) is a not-for-profit company created in October 2004 under Section 42 of the Companies Ordinance and registered with Security and Exchange Commission of Pakistan under registration number 0000004052/20041001. It has 5 offices and 60 staff members.

CHIP in partnership with Federal EPI and UNICEF designed ‘health system strengthening’ project being implemented in 15 villages of district Jhelum, Punjab Province and 20 villages of district Skardu, Gilgit Baltistan Province of Pakistan. The financial support for the project comes from GAVI, the Vaccine Alliance. Although the project objectives and approach remained consistent, the project has had multiple phases since June 2009. The present phase of the project being implemented is for 12 months starting from December 15, 2013 and concluding on December 14, 2014. The overall objectives of the project are:

a. Establishing functional village health committees (VHCs) that will monitor services of first level care facilities for extending quality healthcare to communities;
b. Providing improved quality of services of first level care facilities for mother child health care and routine vaccination;
c. Training local human resources available for extending improved mother and child health services;
d. Enhancing awareness level of mothers and decision makers regarding safe delivery and immunization for children and expecting mothers; and
e. Increasing routine vaccination coverage of children and pregnant mothers.

The project made its efforts that children received all vaccination doses as per schedule. At the time of the baseline study in January 2014:

a. District Jhelum had total 1009 children and out of the total 167 were default/missed children. As a result of mobilization and awareness raising activities during January-December 2014, all of them have re-begun/begun vaccination.
b. District Skardu had 709 children and out of the total 477 were default/missed children. As a result of mobilization and awareness raising activities during January-December 2014, 83% of them have re-begun/begun vaccination.

This booklet considers the stories of 9 children of which 6 are default children while the remaining 3 are missed children. As will be seen, the type and extent of the barriers faced varied considerably from one household to another and overall it is difficult to generalise. This set of case studies provides just an overview of the types of issues faced. However, one thing that is noticed is that the types of barriers that cropped up were similar between default and missed children but the intensity of hindrance was far greater in the case of missed children.

Education, socioeconomic difficulties and lack of vaccination facilities were all factors standing in the way of greater routine immunisation coverage in the two districts. But at the same time, there was a massive information hiatus that was adding fuel to fire. For many, vaccination was a concept shrouded in mystery. As will be seen, this fear of the unknown took several forms. For some vaccination was a cause of disability; for others it was the cause of infertility; for the rest it was either the reason behind their previous children’s death or could potentially manifest in some other form of harm towards their child. Therefore, one of the most critical roles that the CHIP staff played in extending vaccination services to these children was to raise the curtain on these mysteries that had attached themselves over the years to the notion of vaccination. The fundamental focus of this project and the CHIP staff, Village Health Committees and health promoters was thus, to dispel myths.

This booklet provides just a snapshot of this field action.
1. **Overbearing Fears**

Irum had always known a life fraught with difficulties. Her father had struggled to meet her everyday needs and she remembered all the nights that she had gone to bed with a stomach only half full. On her wedding day, a realisation dawned upon her. She realised that her life after marriage was going to be no different. Her husband was from an equally deprived background. Like her, he had also always known a poverty stricken life. Like her, he had been deprived from education because there was barely enough money in the household to feed everyone. Her husband was a daily wages worker with an average monthly income of barely US$ 100/- for the entire family. They lived with her parents-in-law in a small house in Jangoriala, Union Council Sanghoi in Tehsil and District Jhelum of Punjab Province of Pakistan. With so many mouths to feed, it was no surprise that there was very little to go around.

But Irum had grown accustomed to the dull hum of her restricted lifestyle. She stayed at home to look after the house and her mother and father-in-law. She had thought that the day she found out she was expecting her first baby marked a turning point for her. It was the happiest day of her life and was perhaps, the start of something new, a happier time for her home. She prayed for the safety and well-being of her child but her financial condition could not let her implement this in practice. An inadequate diet meant that both she and the baby were not getting the nutrition they needed. She was overjoyed when she held her first-born son for the first time; she was grateful for all that she had been blessed with. But her happiness did not last long. Her son passed away after a few days.

Aged 28, Irum was unfortunate enough to witness the death of two of her children both just a few weeks old. She had also suffered from a miscarriage. That is why, when her first daughter was born, five years ago, Irum was frantic with worry. She wanted to be happy but was scared; what if she would lose her daughter too, the same way she had lost her sons. Irum was equally afraid when Aisha was born 9 months ago. She was repeatedly told by a LHW in the village who was also a family friend, that she should get her daughters vaccinated and get a TT injection for herself the next time she is pregnant again. But she was suspicious of all these new medications. What if they were the cause behind her children’s deaths? She had been pressured into by her friend to get the first few vaccination doses for her children.

She had wanted to say no the first time her Lady Health Worker friend tried to convince her as well; but how could she when her friend was insisting so much? The moment she got a chance, she made an excuse and managed to ‘save’ herself and her children. She had a feeling there was something wrong with the vaccination doses and she could no longer put her and her daughters’ lives in danger. This was the reason why Aisha had been given the first two vaccination doses but her mother had made sure that the rest of the doses were stopped. Thank God, her husband did not want their children vaccinated either! The two unaware parents did not see the error in their judgment until they were visited by the CHIP team at their home. Three of the female staff members spoke to Irum about the importance of vaccination for Aisha and the diseases that they protected against. Similarly, the village Health Promoter briefed her husband about the real side effects of vaccination and long term protection from nine deadly diseases if the child gets fully immunized.

The two concerned parents decided on the spot that they will make sure they complete the entire vaccination course for Aisha and for any of their future children. They are grateful for the positive role that CHIP has played in their lives and hoped that other parents like them realised the importance of getting their children vaccinated in time.
<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Aisha</th>
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<tbody>
<tr>
<td>Age</td>
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</tr>
<tr>
<td>Village</td>
<td>Jangoriala, UC Sanghoi</td>
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<tr>
<td>District</td>
<td>Jhelum</td>
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2. The Last Straw

As she clutched her sick twenty-two month old daughter, tears rolled down her cheeks. Sitting in the hospital’s patient room and waiting for her turn to see the doctor, she regretted every decision she had made. She had been constantly warned but she had ignored everything. Why? It was only because her mother-in-law and husband had not allowed her to. They had sounded so sure when they said that vaccination causes diseases rather than preventing them. She had hoped for her daughter’s sake that they were right in their assertions. In hindsight, she should never have gambled with the health of her daughter.

Mariyam, aged 45, lived in village Khurd in Union Council Chotala, Tehsil and District Jehlum of Punjab Province of Pakistan. She had only obtained primary level education and spent her day completing household domestic chores. In her 20 years of marriage, no one in her family had once told her about the importance of vaccination. She had spent almost half of her lifetime in a small household scrubbing and cooking day in, day out. With 12 family members living in a small 5 room house and her husband earning a meagre US$ 50/- per month for the entire family, she could barely afford the basic necessities of life. She often regretted the little time she had given to her six children growing up. But sitting in that waiting room, she realised how fortunate she had been that all of them had been grown up to be healthy. She had taken it almost for granted. She had never imagined that her youngest daughter, Umm-e-Iman, would be faced with such diseases. Her little girl; oh how could her tiny body bear such pain?

“Did you get her polio drops?” the doctor had asked. She shook her head. “Did you at least get her the six vaccination doses? It protects against 9 fatal illnesses that can easily be prevented by completing the vaccination course,” he had asked again. She was shocked; her friends had repeatedly told her the exact same thing but she had dismissed it consistently. Every time she had tried to discuss it with her husband and mother-in-law, they had mocked her for being gullible and listening to her friends. They had continued claiming that the vaccines were the real cause of the illness. They blamed her for not looking after her children properly; blamed her for wanting her own children to fall ill. She was accused of being negligent. What more could she say after that? Could a mother want to harm her child? There was little, if any, room for any reply to that question.

The Lady Health Worker and CHIP staff had visited their house several times as well but to no avail. She had tried to explain to not only her but also the rest of the family that vaccination for her daughter was absolutely imperative for her short and long-term health and well-being. And the worker only received one reply in return, “If it really is as important as you say it is then why haven’t our other four children fallen ill?” Nevertheless, the Lady Health Worker and staff members continued to visit their house to try and convince them of the importance of vaccination for the children and TT injections for the mother. It was not until that moment in the doctor’s room when Mariyam had been told that her daughter was suffering from pertussis, tuberculosis and meningitis and if she had gotten her vaccination doses, this could possibly have been prevented that she decided that enough was enough. She would get her daughter vaccinated whether her mother-in-law or her husband agreed or not. But fortunately after seeing Umm-e-Iman’s condition, no one in the family had any objections either.

Persistent efforts by the CHIP team and the doctor’s diagnosis on her daughter’s condition had borne fruit. Umm-e-Iman has now restarted vaccination and her mother, fully convinced of the advantages of immunisation, will ensure that she receives all the six doses as required.
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<th>District</th>
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<tr>
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<td>22 Months</td>
<td>Khurd.</td>
<td>Chotala</td>
<td>Jhelum</td>
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3. **BREAKING THE MOULD**

As a mother, Sadia had always been extremely protective of her children. She wanted to give them everything she possibly could, look after their every need. All she wanted was to see them happy and normal, like the other children in the village. This was why it had completely broken her heart to see her children suffer the way that they had. She had sought the best possible treatment that her modest income could afford. But there was little she could do; her husband was a shop keeper and earned an average monthly income of US$ 100/- only for the entire family. They lived as a joint family in a small house in village Toor, Union Council Sanghui, Tehsil and District Jehlum of Punjab Province of Pakistan which meant that her financial resources and the available health facilities were severely restricted. Despite this, she had taken her children from one doctor to the other in search for a solution, an alternative diagnosis, anything. Unfortunately and ironically, it was this desire to protect her children that was one of the biggest barriers to their continued well-being in the future.

Her eldest daughter Rabia, aged 8, suffered from a physical disability in both her legs, which made it impossible for her to walk. At the same time, she also found it difficult to speak and therefore, lack of communication only served to exacerbate Rabia’s difficulties. Sadia was almost frantic with worry when she first discovered that her first born baby was disabled. She was quick to rush her to the doctor who confirmed that the cause of Rabia’s physical disability was due to a poliomyelitis attack. However, she was constantly reassured that there was nothing to worry about and the doctors would try everything they could to try and get Rabia to walk again. With persistent efforts, she can now walk and is also beginning to communicate slowly with the rest of the family.

Two years following Rabia’s birth, Sadia was blessed with another baby; this time it was a boy. Given the problems faced by Rabia, Sadia was afraid that her son would be born with a disability as well. Her worst fears came to life when she discovered that he too suffered from eyesight problems. Once again, the doctors reassured her that given that he took precautions, his eyesight would improve. Even though she saw her son and daughter recover, she could not help but feel caught in a vicious cycle. She knew that she could not provide a luxurious lifestyle for them. But this was not something that she had planned for them at all. When Amina, her youngest child was born, she began to wonder whether the disabilities had been triggered by the vaccination doses that her older children had received. She thought to herself, even if there was a small chance that the vaccines were causing the disabilities in her children, she would never risk it again.

This was the reason why Amina, 12 months old, had only received the first few vaccination doses before her mother stopped the course midway. She was worried that Amina too would suffer from the same fate that her siblings went through in the first few years of their life. Sadia’s fear of disability amongst her children, solidified further by her lack of information regarding the importance and effects of vaccination, was the biggest barrier that the CHIP team had to overcome when they first met her. The health promoter working in the village made frequent visits to her house briefing Sadia about how vaccination had prevented the onset of nine fatal diseases amongst children. At the same time, she told her about getting TT injections for herself and the importance of maintaining health and personal hygiene within the house. Following several counselling sessions, Sadia finally agreed to complete the vaccination course for her daughter Amina and also to get TT injections during her pregnancy. She is relieved that her daughter is healthy thus, far and very grateful for the information provided to her by the CHIP team.
<table>
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<tr>
<td>AGE</td>
<td>9 Months</td>
</tr>
<tr>
<td>VILLAGE</td>
<td>Toor, Sanghoo</td>
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<tr>
<td>DISTRICT</td>
<td>Jhelum, UC</td>
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4. Costs and Benefits

“Don’t you know? The vaccines damage the child’s immunity system entirely. It makes them more prone to diseases,” her friends’ voices echoed back in her head as she sat by her 9 month old son’s cot. She stroked his forehead lovingly caressing him to sleep. He whimpered and shivered. His small body was heating up with a fever and his stomach had been unable to hold anything he had eaten for the last few days. She could not figure out what had upset his stomach so much. But for some reason she kept thinking that it was the vaccination dose. What did it do anyways? The only reason she had gotten it was because the vaccinator had come to their village and everybody else seemed to have been getting it for their children. May be her friends were right. May be she had made a big mistake.

Believing in her own suspicions and her friends’ claims, that was the day when Shakeela decided not to get her youngest son vaccinated any further. This was the mindset that she was in when she was visited by the CHIP staff from the Sanghoi field office in her home in village Jango, Union Council Sanghoi of Tehsil and District Jhelum of Punjab Province of Pakistan. During the course of the interview, the staff discovered that Shakeela had decided not to get her son vaccinated recently. They tried to explain to her about the importance of vaccinations for her child but she was adamant. She had experienced what these strange vaccines could do to her child first hand. She could not risk her child’s health because some strangers were saying that it was a good thing.

A Village Health Committee was formed in village Jango. She had previously been informed by the CHIP staff about the committee’s roles and responsibilities but she had not considered how it would affect her in any way. But her dismissive attitude changed for the better following a one-on-one session with a health promoter working as part of the committee. At the session she was informed about the names and timings of the vaccines that are required for her child and the nine fatal diseases that they help protect against. They also informed her that even if the child gets a fever after the second, third or fourth vaccine, there was nothing to worry about. All it meant was that the vaccine had worked! The session gave Shakeela a full and complete understanding of vaccination doses and schedule.

The session was a wakeup call for Shakeela. She felt embarrassed that despite having a basic education she did not understand how important vaccination was for the health of her child. She was embarrassed that the CHIP staff members, people who had nothing to do with her child, were more concerned about his well being than she had been being his mother. She discussed the issue with her husband who shared her sentiments exactly. He had been contacted by a male health promoter as well individually who had explained the importance and effects of vaccination for the child’s health. Together the parents decided that they would make sure that Abdul Rafay received all of the vaccination doses in time.

Shakeela now tries her best to spread the word amongst her social circle. She managed to convince one of her relatives living in a nearby village to restart the vaccination doses for her daughter who had stopped after the first dose because the injection had left a bruise on her daughter’s arm. She imparted the knowledge that she had learnt from CHIP about vaccination and that such small side effects were common among children but nothing to worry about. Shakeela reminded her that in trying to protect her from a bruise, her friend was in fact exposing her daughter to much greater harm. She informed her that Abdul Rafay had recently gotten his fifth dose and expressed her gratitude towards the CHIP staff that had made repeated visits to her house to stop her from making the same mistake her friend was making.
<table>
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<tr>
<th>NAME OF CHILD</th>
<th>ABDUL RAFAY</th>
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<tbody>
<tr>
<td>AGE</td>
<td>9 MONTHS</td>
</tr>
<tr>
<td>VILLAGE</td>
<td>JANGO, UC</td>
</tr>
<tr>
<td>DISTRICT</td>
<td>SANGHOI JHELUM</td>
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Rizwan had grown up with a passion for helping others and working with children. He had dedicated his education and career to it. After completing his postgraduate degree in Education, Rizwan had decided to pursue his interest in social work. He had become a teacher in a local school in his village Kamango in Union Council Totli of District Skardu and Gilgit Baltistan Province of Pakistan and enjoyed his job greatly. Imagine his frustration when he discovered that he was not able to do the same for his own daughter. His hands were tied. He was almost entirely at the mercy of someone else who was not concerned in the same way with the welfare of his child the way he was.

Coming from an educated background, Rizwan and his wife Tahira understood the importance and effects of vaccination for their young daughter’s health. They lived a modest lifestyle but unlike others in their village, they realised that vaccination was imperative for Nusrat’s future health. The recognised that the rest of the people in their village were so deep in their financial difficulties and so busy working hard and trying to make ends meet that they did not have the time, energy or knowledge to expend in worrying about things that did not relieve their immediate troubles. But Rizwan and Tahira did not want to make the same mistake. But despite this realisation, they were in the same boat as everybody else. Their daughter was as deprived as their next door neighbours’ children who were against vaccination.

The vaccinator was available at a Union Council level but he visited the village on a monthly basis. The visits were erratic and sometimes, the time period between the visits would exceed the usual 30 days. And because the vaccinators did not come on a weekly basis, children were born after the vaccinator’s visit had to wait for the next month before they could get their first vaccination dose. While there was a rough schedule that the vaccinator followed, there was no information available about the next visit until the day of the actual visit itself. Perhaps even more frustratingly, the vaccinator only had a limited number of vaccines which would often run out and his rude attitude towards the people was off-putting.

There were no health facilities offering vaccination services nearby. The nearest Expanded Programme on Immunisation (EPI) fixed centres was located at a considerable distance from the village with the Out-Patient Department (OPD) charging PKR 10 (0.1 US$) for each visit per patient. Due to ongoing electricity issues, the cold storage facilities were not adequately functional. This coupled with the extensive travel costs was an additional hindrance for Rizwan in the vaccination of his daughter.

Against this background, Rizwan was grateful for the role that the village health promoters had played in ensuring that he was aware of the vaccinator’s visit in time for his daughter’s scheduled dose. Following the mosque announcement informing the villagers of the vaccinator’s arrival, the health promoter would convey the message to Rizwan individually making sure that he did not miss the vaccinator on the day. Simultaneously, the health promoter working as part of the Village Health Committees also organised sessions informing on the importance of vaccination and further, vaccination camps for the children with the help and support of CHIP. It ensured that his daughter received her vaccination doses as regularly and on schedule as possible. She has now completed the entire course and received all 6 vaccination doses.
NAME OF CHILD: NUSRAT
AGE: 5 YEARS
VILLAGE: KAMANGO YUI, UC TOTLI
DISTRICT: SKARDO
6. AGAINST ALL ODDS

Zubaida enjoyed watching her children play. She would often sit on the wooden chair on the side of the porch with a steaming cup of tea in her hand after completing her household chores for the day and watch her children play with their toys. She loved the sound of their laughter piercing through the silence of the afternoon. Her heart would skip a beat every time one of them fell or she caught them running too fast. But she understood that all children were this way: carefree and full of life. She too was like this once, not so long ago. All she hoped for was for them to stay this way, happy and healthy.

Zubaida and Ahmed were a young couple living in village Daso of Union Council Tormik, District Skardu, Gilgit Baltistan Province of Pakistan with her in-laws in a small kacha house. It was a simple life but they were content. Zubaida was a stay-at-home mother with no education; she spent her days looking after the house and completing her domestic chores. She wanted to learn a vocational skill so she too could contribute to the household income but she did not have the resources for it. Her husband on the other hand was a daily wages worker and ran his own shop. He earned a basic average monthly income of US$ 50-100/- only which is less than US$ 4/- per month for the entire family. This was the main source of income for the household of 9 members. They lived in a small house with four rooms and only the most basic facilities.

Aged 22, Zubaida had two children. Her youngest daughter, Hakeema, was twenty-two months old and had not been vaccinated before the CHIP team visited her. When the team visited their house, she did not have any idea about vaccination, the names of the doses and their respective timings. It was difficult for her to contemplate why it was so important for her child to be vaccinated. She herself had never been vaccinated before and she had grown up fine. Surely it cannot be the be-all-end-all. If she had survived without it, if her siblings had grown up healthy, then what really could these vaccines do that was of such utmost importance for the wellbeing of her child. This perception based on her past experiences was the biggest barrier that the staff had to overcome in trying to sensitise her and her husband about the importance of vaccination.

At the same time, there was a lack of health facilities offering regular vaccination services. The EPI centre was located at a distance from Zubaida’s village and even when she had tried to get her daughter the first vaccination dose, she had been met with a rude vaccinator. There was general shortage of vaccines and that was why the vaccinator had refused to open the BCG vaccine just for Hakeema. He told Zubaida to bring her when there were six other children at the same time. She was told that unfortunately, he could vaccinate her daughter today. This lack of facilitation coupled with her general disinterest in vaccination meant that Hakeema did not receive most of the vaccines on time.

The female health promoter working under the village health committee established by CHIP conducted sensitisation sessions with Zubaida about the importance and effects of vaccination and immunisation, the danger signs of pregnancy and the importance of getting TT injections for pregnant women and preparation of ORS solutions at home. She explained to her the different diseases that the vaccines protect against and their respective names and timings. The health promoter also informed her of the vaccinator’s visits to the village so that she could get her daughter vaccinated in time. With such help and support, not only was Zubaida convinced of its importance but was also able to get all the six vaccination doses for her daughter. She has also decided that she will keep the vaccination card safe in place and remember the vaccination schedule for all of her children in the future.
NAME OF CHILD: Hakeema
AGE: 22 Months
VILLAGE: Daso, UC Tormik
DISTRICT: Skardu
7. **CORRECTING REGRETS**

As a mother of three daughters, Sadiqa ensured that her daughters got the life that she could never have. She had never received a formal education and that was perhaps, her biggest regret. But she did not want the same for her children. She spent her day buried deep in household chores. She lived with a large family with over 15 people living together under one roof. The house that they lived in was a *kacha* house with seven rooms, barely enough to fit them all. Her husband ran a business, which was the primary source of income for the household. His shop was in Skardu located at a distance of 80 km from their village Kamango Yui in Union Council Totli, District Skardu of Gilgit Baltistan Province of Pakistan.

It was no surprise that the majority of Sadiqa’s day was spent making food for her children, cleaning the house and hand washing clothes for the entire family. She was also responsible for giving fodder to the livestock and watering and ploughing the fields behind her house. When her body tired, the thought of her hard work fetching money for her children’s education gave her the energy and motivation to keep going. Growing up, she remembered that education and school was not a preference at the time and even more so for girls. In fact, there was no school for girls available in her village then. Conversely, her husband had completed intermediate level education at school. It made her wonder even more what she was missing out on. And that is why she had vowed to herself that she would not let her children experience the same sense of deprivation.

When the CHIP staff visited her home, Sadiqa’s knowledge of vaccination for children was seriously lacking. She did not understand the concept of immunisation and unfortunately, none of her relatives or friends had highlighted to her how importance these six vaccination doses were for child health. She had a vague understanding that they protected from deadly diseases but she considered, well, if she had not heard about it from other mothers that she knew, then how important could it really be? During the first meeting with the CHIP team, Sadiqa’s youngest son, Asgher Ali, was a little over 6 weeks old and had missed the first two doses. They tried to convince her of the importance of seeking vaccination for her son but she had ignored any warnings.

Following the initial meeting, a female Health Promoter for the village visited Sadiqa in an attempt to orient her with the basics of vaccination. She visited at least two more times after that in an attempt to convince Sadiqa to get her son vaccinated. She explained the vaccination dosage names and timelines, sensitised her regarding the need for paying attention to everyday health and hygiene, registered her children for vaccination and educated her in preparing ORS at home. Simultaneously, she dispelled any myths and suspicions embedded in her mind by her unaware relatives and friends all of which Sadiqa had internalised against vaccination. The Health Promoter explained to her that although the vaccines have side effects such as fever, it is nothing to worry about as it signifies that the vaccine is productive and will help the baby in building immunity against nine deadly diseases.

With the support and sensitisation sessions, Sadiqa found herself convinced of the importance of vaccination. She ensured that her son received all the six doses as per schedule as much as possible. She had spent her entire married life working hard to protect her children. How could she deprive them of such an important thing? She is grateful for the knowledge imparted by the CHIP staff that has helped in bringing her children a step closer to achieving the goals that their loving mother has set for them.
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<th>Asgher Ali</th>
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</tr>
<tr>
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</tr>
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<td><strong>DISTRICT</strong></td>
<td>Skardu</td>
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8. FINDING HER WAY

Her father consoled her as she cried. “Do not worry! Everything will be fine soon enough,” he said. “But what will I do without him? Who will take care of my children? Who will feed them? How will I look after them all by myself?” she wailed. She felt embarrassed but she needed to vent out her despair and anger. And where else could she go? Who else could she turn to? She clutched her youngest daughter Nergis close to her heart as she wiped the tears off her cheek. She looked down at her beautiful girl searching for an answer for her troubles. Her daughter smiled back at her. She wondered how she would raise all of her children on her own, how she could look after their wellbeing without the protective shadow of their fathers above their heads.

Nazir felt that she had lost her way after her husband divorced her, came to drop off all of their children and left the village and her behind. It had all happened so fast that it was difficult for her to digest what had just happened to her. She had been left all alone at such a young age with 5 children to look after and very little money. She had moved in with her parents again but she understood that there was not room for so many more mouths to feed. But alas! Nazir had not had any formal education and did not have any vocational skills with which she could contribute to the meagre household income. She spent her day completing household chores, and collecting fuel for wood and potable water.

Her father spent the day grazing sheep and cow. He earned a modest income ranging from US$ 50-100/- only per month by selling wood and fodder. He did not have any other source of income. Nazir understood that her presence in the house was an additional burden on her ageing father. All eleven of them lived in a small kacha house comprising two rooms in village Kindarek of Union Council Kharmang Khas of District Skardu, Gilgit Baltistan Province of Pakistan. They lived in a deplorable condition but Nazir had no one else to turn to and nowhere else to go. What could she do? The weight of her troubles was ever increasing. Unfortunately, one of the worst consequences of her dire personal and financial position was that she had almost entirely forgotten about protecting the health and well-being of her children.

Growing up, Nergis had received vaccination doses on a very ad hoc basis. Nazir did not understand exactly why they were important; all she knew was that it was prescribed by the doctor so it must be a good thing. Her father’s knowledge level of and attitude towards vaccines was somewhat similar when he met with the CHIP team for the first time. Both Nazir and her father were sensitised regarding the importance and effects of vaccination for Nergis. They were explained that the vaccination doses protects against nine fatal diseases and clarified that the fever that the child gets from the vaccine is nothing to worry about as it signifies that the vaccine works and in any case is only temporary and recoverable.

The staff then later suggested that Nergis could receive her doses at the vaccination camp organised in the village at the time. While the mother was unavailable at the time of the visit, Nergis’ grandfather has promised that he will take her to the camp for the remaining doses. Both Nazir and her father are now convinced of the need to get their granddaughter immunised as urgently as possible. However, due to lack of availability of the vaccinator, who only visits the village one every three months, Nazir has not yet been able to get her daughter the schedule dosage. She plans on restarting vaccination for her daughter within the month as soon as the vaccinator visits her village.
NAME OF CHILD | NERGIS
AGE | 14 MONTHS
VILLAGE | KINDAREK, UC
DISTRICT | KHARMANG KHAS
SKARDO
Masooma stroked her son, Arman’s, hair as she watched him sleep. It was almost part of her routine to sit by his bedside every night for at least an hour. He was her only baby, the centre of her life. It was her alone time with him. She spent the day looking after the house, cooking and cleaning. Her everyday chores kept her so busy that she barely got time to sit and play with her son, to speak to him. And that is why no matter what she had to do, she would put everything aside and sit at her son’s side. She would vow that she would never let harm come his way, that she would give him the best life she possibly could.

Aged 25, Masooma came from a difficult financial background. She had known a hard life both when she lived with her parents and now after marriage. She had never been able to receive a formal education because there was no school available for females in her village at the time that she was growing up. She was a housewife and a stay at home mother. When her son was born, Masooma felt that her whole world had changed. She was ecstatic. And it was then that she had decided that she wanted to be more than that. She did not want her son to know only a life fraught with financial worries. This is what led her to seek to learn sewing and tailoring so she could run her own business from home and contribute to the financial income of the household.

Her husband, Muhsin, aged 28 was a carpenter running his own shop and business in village Kamango Yu in Union Council Totli od District Skardu of Gilgit Baltistan Province of Pakistan. He earned an average monthly income of US$ 50-100/- only, which was barely enough to provide basic necessities for his small family. They lived together in a small kacha house with only the most basic of facilities. Without any additional source of income, him and his family barely scraped by. This was the reason Masooma worried so much. There was so much that the world had to offer to her son but there was so little that they as parents could afford to give to him. Unsurprisingly, Masooma’s protective motherly instinct propagated her to seek vaccination for her child.

Masooma had always had a vague understanding of vaccination being important for the health of children. But it was not until she was visited by the village health promoter that she realised exactly how it could protect her child. Following an individual sensitisation session, she was told about how the vaccines protect against fatal diseases and was also given a lecture on taking care of our general health and hygiene. But the real problem that Masooma had to face was the attitude of the vaccinator. She was told that her child could not be given the requisite dose unless there were at least 5 to 6 other children that would be getting the same dose that day. The vaccinator did not want to waste the vaccine on just one child. Understanding the urgency of seeking vaccination on time for her son, Masooma tried to reason with the vaccinator but in vain.

But she understood well enough now that her child’s health could not wait. This was why she decided to rush Arman to Skardu city for his vaccination. Entirely put off by the vaccinator’s behaviour, Masooma decided that she could not risk another similar incident repeating. That is why she decided that for the rest of the doses, she would take her son to the EPI Civil Hospital in Totli. Twenty-two month old Arman has now been given all six doses. Both Masooma and Muhsin are grateful that they were made aware of the importance of routine immunisation by the CHIP staff for their son well in time.
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<th>NAME OF CHILD</th>
<th>Arman Ali</th>
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<tr>
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