EGYPT: VILLAGE WOMEN BRING THE MNT CAMPAIGN TO WOMEN’S DOORS

Egyptian efforts to protect women living in the countryside from MNT kept backfiring in rural villages where there is no shortage of rumors and misconceptions about the tetanus vaccine. Health officials needed a secret formula, and they finally found it in the very women they were trying to reach.

For the past four years, the Maternal and Neonatal Tetanus (MNT) Campaign in Egypt has been using the help of young village women to dispel the gossip that constantly stands in the way of immunizers trying to protect women against MNT. Often the vaccinations are wrongly seen as contraceptive and sterilization injections, leading many women to reject them and put themselves and their babies at risk.

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“In the countryside, women prefer to be treated by women,” said Essam Allam, UNICEF Assistant Project Officer for Health and Nutrition in Egypt. “Unlike health workers, raydats can go into women’s houses and persuade them to be vaccinated.”

And thanks to these young women and the dedication of health workers, the North African country is well on its way to eliminating MNT by early next year.

The Egyptian MOH, UNICEF, and its partners are trying to immunize 2.7 million Egyptian women of child-bearing age in 68 districts that are at especially high risk for neonatal tetanus. Since the country began the campaign, 43 high-risk districts have completed the three rounds of immunization needed for protection, and 1.4 million women have been reached. Reported neonatal tetanus cases have also dropped dramatically from 471 cases in 1998 to 93 cases in 2003.

The success of the MNT drive is due largely to the aggressive approach taken by Egypt’s MOH and UNICEF. Health officials effectively promoted the immunization campaign through TV and radio announcements and won the support of Christian and Muslim leaders. Although community support and publicity were effective in the campaign, some women were still not visiting their local health posts for immunization, as health officials had urged. To reach these women, the campaign decided to change its strategy; instead of having women come
to them, it would go to their doorsteps.

To enter women’s homes and vaccinate them, the health ministry decided to train young village women between the ages of eighteen and twenty-five in interpersonal communication skills and health promotion so they could act as raydats. Through their familiarity with the women in their villages, raydats gain the trust needed to allow health workers to enter their homes and immunize them. The Egyptian MOH always requires that at least one of the health workers on the vaccination team be female, because certain traditional customs forbid women to be treated by men.

But there are times when even raydats and female vaccinators aren’t enough to convince some women. Allam remembers an incident in one district in which a raydat and a female vaccinator went into a home where there were approximately 20 women of child-bearing age who refused to be immunized. In order to persuade the women, the female vaccinator immunized herself in front of them.

“She told them, ‘If it’s a bad thing, I wouldn’t have used it and hurt myself,’” Allam recounts. “The women then agreed to be vaccinated.”

Raydats are also helping the ministry of health and UNICEF educate midwives, who remain popular birth practitioners in rural areas, about the importance of hygienic conditions and use of clean instruments during deliveries.

As Egypt approaches its goal of ridding the country of MNT, it has already laid the groundwork for sustaining elimination once it receives official status from the World Health Organization (WHO). The government plans to increase surveillance of neonatal cases, continue promoting sanitary birth practices, and strengthen routine immunization of pregnant women and schoolchildren. About 95 percent of Egypt’s 10.5 million children are currently inoculated with the tetanus vaccine during regular immunization rounds.

Egypt’s successful door-to-door system using raydats has been the springboard to the country’s fast progress towards MNT elimination, said Dr. François Gasse, UNICEF Senior Project Officer.

“They are the perfect example of effective strategy,” Gasse said. “They are optimizing all their assets, and that’s what will help them to succeed in eliminating MNT.”

NEPAL AND YEMEN: CROSSING MOUNTAINS TO HELP MOTHERS AND BABIES

Previous editions of the MNT Monitor featured articles on the effort to end the threat maternal and neonatal tetanus poses to women and newborns in Nepal and Yemen. Here is an update on the progress that has been made in both countries.

In Nepal, vaccinators have faced grueling two-week-long hikes through the Himalayas to reach communities with lifesaving tetanus toxoid (TT) vaccine, while in Yemen immunization teams have trekked across remote regions to protect women and their newborns from MNT. The hard work is paying off, with both countries on the verge of eliminating the deadly disease.

“Yemen and Nepal are perfect examples of countries that have done the job they set out to do, which is to protect women and infants from tetanus,” said U.S. Fund for UNICEF president Charles J. Lyons. “And we’re extremely grateful that our donors have played big roles in both success stories. This is a winning situation for everyone. We’ve provided the Nepalese MNT effort with $3.1 million in support, and made a $1.1 million contribution to Yemen to fund tetanus elimination. These are significant resources that are bringing about historic changes in both countries.”

Prabhat Bangdel, UNICEF Nepal’s Project Officer for Health, explained that the Nepalese Government launched its MNT campaign in 2001 and is on track to eliminate the disease later this year.
“So far we’ve reached 4.4 million women with three doses of TT in 75 territorial districts, including 23 districts in the last year alone,” said Bangdel, who is from Nepal and has worked for UNICEF for 23 years. “And that includes nine districts that are not connected to any highways. Five of them are so remote they don’t even have telephones. To reach these areas, some of our vaccine teams have to make trips that take two weeks, and with winter temperatures we have to be careful that the vaccines don’t freeze.”

In spite of Nepal’s current political instability, caused in part by a Maoist armed insurgency, Bangdel said his UNICEF colleagues have been able to help expand the MNT vaccination drive despite increasing security concerns.

“There are now so many military and police searches on the roads, it is difficult to keep our logistics together, and when you set out to provide immunization services through 5,000 outreach posts and when you’re working with 10,691 volunteers, logistics really matter,” said Bangdel, fifty-five. The volunteers, called FCHV (for Female Community Health Volunteers), promote TT vaccination drives in their communities. “A five-hour bus ride from the capital, Katmandu, to the city of Pokhara can now take ten hours. But these complications don’t stop our FCHV volunteers. Many of them not only identify women of child-bearing age who need TT immunizations, they also make sure that the women get their injections on the vaccination days.”

As in Nepal, women are playing a big role in the success of the MNT campaign in Yemen. “Yemen is a country with strong Islamic traditions, and women must be approached in ways that respect these traditions,” said Jos Vandelaer, UNICEF’s Senior Project Officer for the Maternal and Neonatal Tetanus Elimination Program, who monitored Yemen’s MNT campaign in May. “We’ve found elders and families are much more willing to support vaccinations of women in Yemen if the vaccinators themselves are female. So as much as possible in every vaccination team at least one member of the group is a woman, if not more.

“Much of the countryside we visited in May was dry and quite hilly, and people there live in scattered and small communities,” Vandelaer continued. “In the areas we visited, there are very few big villages, so the vaccination teams have to go door-to-door and cover a large territory before they can reach a sizeable number of women. Even with the great distances to travel, we’re making terrific progress.”

After launching TT vaccination pilot programs in Yemen in 2000, UNICEF and its partners now project that by the end of this year some 1.6 million women will have been targeted to receive three rounds of TT vaccinations. Plans are being drawn up to reach an additional 1.2 million women in 2005 and 2006.

“As in Nepal, campaign managers in Yemen have come to realize the potential of immunizing children while they are at school,” Vandelaer said. “This is an exciting development, and not only because of tetanus. It’s a very effective way of developing sustainable health care services, including administering other lifesaving vaccines that protect kids from polio and measles.”

ON THE FRONTLINES:
UNICEF’S JOS VANDELAER

Sometimes a single event can change a life forever. For UNICEF’s Jos Vandelaer, the catalyst occurred in 1984 when as a medical student he spent seven months working in a remote village in the Democratic Republic of the Congo (DRC).

“That opened a whole new world to me, both of cultures and of a different kind of medicine. I was used to my country, Belgium, where there are all sorts of health care options. In that remote hospital in eastern Zaire, which the DRC was known as then, if we couldn’t provide the service or medication, the patients
were not going to get it. The needs were just so great, and that led me to make a decision to study tropical medicine and work in developing countries."

What followed in the intervening years was a series of medical and public health postings with United Nations agencies and NGOs (non-governmental organizations) in countries as far-reaching as Croatia, India, Sierra Leone, and Thailand. Then, in 2001, Vandelaer joined UNICEF.

Now he is on the frontlines of the organization’s fight to eliminate MNT. As UNICEF’s Senior Project Officer for the Maternal and Neonatal Tetanus Elimination Program, the forty-four-year-old Vandelaer, a medical doctor and public health expert, works with governments, the World Health Organization, and UNICEF country offices to help end the threat that MNT poses to hundreds of thousands of mothers and newborns.

“MNT is difficult to fight because the people who suffer from it are part of hard-to-reach populations, where illiteracy and lack of access to health care are widespread,” he said. “Reaching these people, however, is one of my greatest motivations in joining the MNT team.

“I feel great about my work, and it’s very diverse. It’s a managerial challenge and an epidemiological and scientific challenge. Our team works well together, at the global planning level in Geneva, at UNICEF headquarters in New York, and with colleagues in the field. It’s an extremely focused program, which is evident in our results. Since the elimination campaign got under way in 1999, 41.5 million women -- and their newborns -- have been protected against tetanus through TT vaccination campaigns,” Vandelaer said.

“The lion’s share of my MNT duties is to monitor and evaluate tetanus vaccination programs in developing countries,” he continued. “For example, I was in Togo in July assessing the country’s progress towards MNT elimination. We analyzed the results of vaccination campaigns with the ministry of health and other partners and reviewed specific real-life situations and their impact on the program. I’ve also helped set up a global database on MNT activities, and I coordinate surveys to estimate the levels of neonatal tetanus in selected high-risk countries.”

A highly trained public health professional who is fluent in four languages, Vandelaer said one of the achievements of the MNT Elimination Program is helping governments pinpoint geographic areas that are not receiving adequate health care services.

“We help governments identify underserved districts so that TT vaccination campaigns can be targeted where they are most needed. This helps to put the most neglected areas back on the map of priorities,” said Vandelaer.

“Tetanus vaccination campaigns in the most remote areas can be the first step in re-establishing routine child and adult immunization services through sustainable outreach programs. Later, additional interventions can be added, such as the distribution of vitamin A, essential to the immune system, and in malaria-affected zones the provision of insecticide-treated bed nets.

“We’re starting to see results with such programs, for example in the Lao People’s Democratic Republic, where a strategy was adopted that focuses on eliminating MNT while strengthening overall immunization services,” Vandelaer said. “One way we’re doing this is by helping to set up regular outreach services, where health workers visit villages not just to administer the TT vaccine a single time but to immunize women and children on an ongoing basis.

“All of us with the MNT team are optimistic that such an approach will help create sustainable programs that protect women and children against vaccine-preventable diseases,” said Vandelaer. “And with the continued support of the U.S. Fund for UNICEF and other key partners, we’ll definitely get the job done.”
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*Ongoing MNT Immunization Rounds*

*March 2004 through August 2004*

*As of July 8th 2004, data subject to change

**# of districts unknown**
WORKING TOGETHER FOR A COMMON GOAL

Some of our staunchest allies in the campaign have been fellow non-governmental organizations (NGOs) with whom we’ve had longstanding partnerships.

Zonta International, an organization devoted to advancing the status of women worldwide, was one of the first NGOs to support MNT immunization when it contributed $350,000 in 2000 to a pilot project in Nepal. Since then, the Chicago-based international group has helped Afghanistan’s MNT immunization efforts with additional grants totaling more than $97,000.

“We saw this as a clear, concerted effort to improve women’s lives within a reasonable time frame and have an impact on future generations as well,” said Zonta International’s president Mary Ellen Bittner.

In July, the Greek Orthodox Ladies Philoptochos Society, a UNICEF supporter for over 30 years, donated $25,000 to fight MNT. Most recently, several U.S. Fund partners joined an MNT Mother’s Day fundraising campaign.

The General Federation of Women’s Clubs (GFWC), a 113-year-old national women’s organization, began distributing Mother’s Day greeting cards in exchange for donations. So far, GFWC members have distributed over 8,000 Mother’s Day greeting cards and have raised $12,523 for the MNT program. “GFWC clubs across the nation have embraced this important campaign,” said Ernie Shriner, GFWC International President. “We’re proud to contribute our efforts throughout the coming year.”

Rotary International District 7230 also participated in the Mother’s Day fundraiser by sending out an appeal that resulted in more than $5,000 in the district area that includes Bermuda, Westchester County, N.Y., and three New York City boroughs (Staten Island, the Bronx, and Manhattan).

Said U.S. Fund president Charles J. Lyons, “The fact that we are united under a single cause proves that together we can put an end to this preventable disease.”

MEETING AND GREETING AT MAY RECEPTION

Manhattan’s new American-Japanese restaurant, Riingo (co-owned by U.S. Fund for UNICEF National Ambassador Marcus Samuelsson), was the setting for a reception in May that gave supporters of the MNT Elimination Campaign a chance to meet some of the people fighting the disease on the frontlines — UNICEF’s international field staff.

The evening, hosted by U.S. Fund for UNICEF president Charles J. Lyons, also served as a celebratory kick-off for the U.S. Fund for UNICEF’s Mother’s Day fundraising promotion, which generated $1.1 million.

“The reception gave us a chance to thank all of our partners for their commitment to UNICEF, and the rare opportunity to spend quality time with a truly impressive and important group — the UNICEF headquarters MNT team and regional immunization staff from around the world,” Lyons said.

Guests included representatives from Parfums Givenchy, Aaron Basha, BD, Zonta International, and the Greek Orthodox Ladies Philoptochos Society, all active participants and contributors to the fight against MNT.