



## SAANS 2019: CAMPAIGN GUIDANCE NOTE

SOCIAL AWARENESS & ACTION PLAN TO NEUTRALISE PNEUMONIA SUCCESSFULLY

# MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA

# SAANS

साँस

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# 1. Goal of SAANS initiative

To intensify action for reducing mortality due to childhood Pneumonia in India to less than 3 per thousand live births by 2025.

## 2. Objectives of SAANS Campaign

- To create awareness in community on interventions for Protection and Prevention of Childhood Pneumonia
- To increase caregiver awareness to enable them to identify pneumonia early
- Dispel myths & notions and trigger behaviour change to take pneumonia seriously and seek care early

## 3. Pre-campaign planning

- **SAANS Campaign Planning meeting:** The lead official from State and District shall call a meeting of the Committee before, during and after the campaign month. This will help ensuring effective implementation and monitoring of the SAANS campaign. Following **departments to be invited for the meeting:** Health and Family Welfare, State Health Resource Centre / ASHA Resource Centre, Department of Women and Child Development, Ministry of Petroleum and Natural Gas, Dept. of Panchayati Raj, Dept. of Water and Sanitation, Dept. of HRD / Education, Dept. of Tribal Welfare, Dept. of Social justice and Backward and Minority affairs / Municipalities, State / District IEC Department / Publication Bureau, Song and Drama division etc. To improve the support to States/Districts, it is proposed that Development Partners may work closely with the State Governments to support respective State/District to plan, build capacity and monitor activities for the campaign.

### SAANS Campaign Planning meeting agenda

- Review status of Pneumonia using protect, prevent and treat approach.
- Assign clear Roles and Responsibilities to each department to make SAANS campaign a success.
- Nominate nodal officer from every department to facilitate the functioning of coordination committee.
- District level plan: Should contain details on SAANS booth/ Health Facilities/ Schools, etc which are part of the SAANS Campaign Month; with innovative plans for reaching out to vulnerable populations.
- Stock assessment of essential commodities viz: Amoxicillin, Pulse Oximeter and Oxygen
- Firm up plan for Display of pneumonia treatment protocols in health facilities.
- Stock assessment of IEC materials: already available materials on Pneumonia, hand washing etc. should be listed and distribution plan prepared. Additional materials should also be used after replication and adaptation to local context. Prototypes of additional IEC materials are available on the website [www.nrhm.gov.in](http://www.nrhm.gov.in)
- Development of mass media engagement plan e.g. TV, radio, social media etc.
- Chalk out daily supportive supervision and troubleshooting mechanism.

- **SAANS campaign orientation:** One day orientation of various categories of stakeholders need to be carried out with involvement of State and District officials in order to sensitize them about SAANS campaign and for planning activities in respective districts. Annexure II provides suggested agenda items to be covered during meeting/VCS.

### SAANS orientation

Level	Participants	Contents of orientation	Timeline
State level	CH nodal officer, IEC division, Media Officer, SPM, DPM, CMO/CS, SIHFW, ASHA resource centre, Partners, DCM	Managerial aspects of SAANS and planning, monitoring and IEC of SAANS.	By Nov
District level	BPM/ MOs / CH officer/ BCM		
Block/PHC level	Medical Officer, Nursing staff, ANM, ASHA & AWW, Teachers	Orientation on SAANS initiative and their roles and activities to be undertaken during SAANS campaign	By 1 week of Dec

- **Strengthen facilities for SAANS campaign-** Health Facilities to be equipped to provide both OPD and inpatient Pneumonia management.
  - Availability of Amoxicillin dispersible tablets for ambulatory management of pneumonia cases.
  - Inpatient care for severe pneumonia cases. (Antibiotics, Pulse Oximeter and Oxygen)
  - Ensure standard treatment protocols for management are available at all facilities
  - Establishing SAANS booth at the entrance of the facilities for Counselling and Messaging of Childhood Pneumonia (Annexure XIV)
- **Planning for IEC activities**
  - Assessment of relevant available IEC material stocks such as videos, hoardings, posters, pamphlets for playing / placement at strategic locations.
  - Prototypes of additional IEC material / videos are available on the website [www.nhm.gov.in](http://www.nhm.gov.in). States are encouraged to use these materials widely for the SAANS campaign. If necessary, adaptation and translation/dubbing in regional language may be carried out at the local level for better awareness generation in the communities.
  - Any other media and mid-media planning for reinforcement of messages on Pneumonia prevention and control may be used.
  - Schools should be geared up for hand washing demonstration and sessions on key pneumonia messages.

## 4. SAANS Campaign

### a. Target beneficiaries

- Primary- All caregivers/mothers/fathers having Under 5 children (for community mobilization)
- Secondary- Key opinion leaders such as Gram Panchayat Leaders, Religious Leaders, Local Administration, VHSNC members, Health & ICDS functionaries, private practitioners etc.

### b. Detail of activities during SAANS 2019

#### The following activities to be undertaken during the month:

<b>State level Launch:</b>	<p>The SAANS campaign should be launched by a Minister at State level and by elected representative/senior-most official at District and Sub District level. Raise visibility of the “SAANS” campaign month by involving Chief Ministers / Health Minister/ other ministers / MPs / MLAs / PRI members. CMs / HMs / Any other dignitary available may be requested to lead the movement and address the public through media with the message that 'No Child Should Die in the State due to Pneumonia.'</p>
<b>Media and mid-media campaign:</b>	<p>Awareness generation during “SAANS” campaign month using mass and mid media along with folk lore and other means of communication as per population needs should be undertaken in local language.</p> <ol style="list-style-type: none"><li>1. Television and Radio should be utilised to increase reach of the messaging among the target audience. Mid-media activities provide depth to the messaging but have limited reach. Hence, a mix of both mass media and mid media should be considered.</li><li>2. Social media platforms like Twitter, Facebook, WhatsApp etc may be leveraged to amplify key messages on Pneumonia during the SAANS campaign month</li><li>3. Posters, banners should be displayed at strategic locations.</li><li>4. All the IEC materials and reporting formats should be available with the stake holders, preferably distributed during orientation meeting.</li><li>5. Such material has also been developed at National level and would need to be printed at State level and distributed to all health facilities. TV, Radio spots and IEC materials are available on MoHFW website <a href="http://nhm.gov.in">http://nhm.gov.in</a></li></ol>

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<p><b>At the community /village level-</b> IPC activities by ASHA, AWW and ANM on pneumonia using the revised MCP card during home visits and VHSND</p>	<ul style="list-style-type: none"> <li>● During the household visit, ASHA will deliver key messages to the mothers/families (Key messages in box on Page 24). The MCP card will be used as a counselling tool</li> <li>● ASHAs will also educate families on the importance of hygiene and sanitation.</li> <li>● ASHA will undertake identification and referral of pneumonia cases to ANM/ health facilities and also educate mothers on the danger signs.</li> <li>● At the end of Month, a report will be submitted by ASHA→ ANM→ BCM (Block DEO will compile the data) → DCM (DM&amp;E will compile the data) → State Health Society.</li> <li>● Messaging about pneumonia through Munadis/Nukkad Natakas/ Folk lore</li> <li>● The activity of the village to be monitored by ANMs</li> <li>● Community level activities provide the last mile connectivity and complete execution of the campaign and hence must be implemented effectively.</li> <li>● Micro-plans at the village level to be compiled by ANMs / supervisor, block level by Medical Officer Incharge and at District level by CMO.</li> </ul>
<p><b>School based-</b> Key messages on Pneumonia and its prevention during sessions in schools</p>	<p><b>This activity needs to be carried out in all primary and middle schools.</b></p> <ul style="list-style-type: none"> <li>● Importance of use of LPG – The session will discuss about the importance of LPG to prevent complications related to pneumonia. The school children are expected to deliver these messages back to their homes and in the community.</li> <li>● After the morning assembly / prayers, message on importance of hand washing and use of LPG should be delivered to all the students, along with key messages on protect, prevent and early care seeking for pneumonia</li> <li>● Before mid-day-meal, all children should be taught to wash hands with water and soap following the steps in the poster. Each school should have poster pasted near the hand washing area on steps for effective hand washing</li> <li>● <i>Prabhar pheri</i> or rally by school children on topics like LPG use and Pneumonia to be carried out.</li> <li>● Key messages on Pneumonia and handwashing demonstration sessions in schools</li> </ul>
<p><b>Urban areas-</b></p>	<ul style="list-style-type: none"> <li>● Mobile health teams for urban areas and hard to reach terrains for IPC and IEC pneumonia control activities</li> <li>● Mobile teams should be formed, with the cooperation from Municipalities, for visiting slums, floating population etc.</li> <li>● There should be high visibility of activities through posters, banners, FM radio.</li> <li>● Urban ASHA (USHA), wherever available will work as outlined for rural ASHA.</li> </ul>

**At the facility level -**

- Promote standard case management of pneumonia cases through capacity building and display of treatment protocols
- The standard treatment protocol for management of childhood pneumonia is as per National Childhood Pneumonia Guidelines 2019
- During the SAANS campaign and beyond, all Front-Line Health Workers and Health Facilities should have sufficient essential supplies and logistics as per the district operational plan in Annexure IV
- Display appropriate treatment protocols in OPD and paediatric ward/General IPD and treat as per Childhood Pneumonia guidelines.
- ASHA, ANM, MLHP, nursing staff and Medical officers at health facilities including Health & Wellness Centre should be oriented on the Pneumonia treatment guidelines.

**SAANS campaign - State reporting format**

Name of Nodal Officer Implementing SAANS:.....

Email:..... Phone:.....

1	SAANS campaign State launch on	
2	State level orientation on SAANS on	
3	Period of SAANS campaign	
4	No. of Districts conducted SAANS campaign in 2019/Total No. of Districts in State	
5	State level Television and Radio activities on SAANS	
6	Use of Social media platforms like Twitter, Facebook, WhatsApp etc	
7	Posters, banners displayed at strategic locations	
8	No. of schools where SAANS awareness sessions were conducted	
9	No. of SAANS booth organized at PHC/H & W Centers	
10	No. of villages where VHNSD session on SAANS campaign conducted	
11	IPC activities conducted by ASHAs using revised MCP card	
12	Messaging about pneumonia through Munadis/Nukkad Natakas/ Folk lore	
13	Mobile health teams for urban areas for SAANS IPC	

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Signature of Child Health Nodal Officer