

# **Rapid Assessment of Routine Immunization Efforts of NYK**

**For**

**UNICEF**

**By**



**State Institute of Health & Family welfare, Jaipur**

**(An ISO 9001: 2008 certified Institution)**



## Executive Summary

Addressing to the intricacies of Infant Mortality across the country, India did subscribe to EPI in 1978 to reach the children below 5 years of age with 6 effective antigens in the form of vaccines. Subsequently, prioritized, in view of the time frame, epidemiology of Vaccine Preventable Diseases, and learning from Immunology; the approach shifted to UIP (1985) focusing on primary immunization of children below one year of age.

Results were encouraging as the management was brought into vaccination approach through micro planning and, logistics along with cold chain were taken care of.

The child and mother health issues got integration into CSSM program (19962) which was later baptized as RCH(1996) incorporating some more missing dimensions like adolescent reproductive health and RTIs.

The basic approach to address childhood mortality through vaccination against 6 VPDs, however, got messed up in the process. Priorities shifted and knee jerk reactions could not handle the resurgence.

Though the vaccination continued to be an important activity the coverage data defied the reported progress.

In view of this, it was aptly thought to put some fresh thrust to vaccination by using the potentials of NGOs. Six of the districts in the State of Rajasthan were assigned to Nehru Yuva Kendras for boosting vaccination coverage under the program “Strengthening of Routine Immunization”.

In order to assess the impact on coverage, SIHFW took up the study, on behalf of UNICEF and Govt. of Rajasthan, in the NYK study districts besides assessing the coverage in the control villages in the same districts where NYKs did not reach.

The present study, by SIHFW, Jaipur, is an attempt towards rapid assessment of the immunization coverage that was assigned to Nehru Yuva Kendras by UNICEF in six districts of the state, namely, Bikaner, Bharatpur, Bhilwara, Tonk, Jhalawar, and Rajsamand. The



assumption was that NYKs through social mobilization and demand generation will have the immunization coverage boosted in the study districts, justifying the extra inputs and the approach shall be replicable at a larger scale in future.

The study was conducted in the first quarter of 2009.

### **Sample:**

A total of 30 cluster from villages of category I (pop. <1000) and category II (pop. > 1000), were to be included in the study from Tonk district, but for operational problems only 28 clusters were studied. 7 children between 12-23 months of age from each of the cluster village were assessed for immunization coverage.

For rest of the districts, 6 villages were randomly selected from each block to serve as control, while 7 children between 12-23 months of age were reached and assessed for their immunization, from each of the study cluster village.

### **Observations:**

#### Coverage:

Total Immunization coverage in the sampled districts was found 48.7% (9.52 % in Rajsamand to 68.88% in Tonk). The observation simply leaves no room for complacency. Highest coverage was observed for BCG (84.09%) while Measles could reach only 62.08 % of children. Overall, Bharatpur and Jhalawar were found better placed and Rajsamand needs to pull on. BCG coverage was highest in Bharatpur and Jhalawar (94.05) and lowest in Bikaner (64.29 %).

#### Availability of Immunization Card:

Terse, Immunization Card was available with 72.07 % of all the children surveyed. Again District Jhalawar (91.6%) stands above others, followed by district Tonk (88.77% Bhilwara (71.42%), Bikaner (69.4%), Bharatpur (50%) and Rajsamand ((39.28%). Incidentally more cards were retained for female children (73.77%) as compared to male children (70.6%) by their parents, a healthy sign suggestive of awareness and a reason for Gender activists to exult and crow.



### Completeness:

The no. of children fully immunized was only 48.70% in the study districts. It was higher in Tonk District (68.88%) and lowest in Rajsamand District (9.52%). On an average, 16.40% never had an interaction with health system for vaccination (2.38% in Bikaner district to 45.24% in Rajsamand) and 34.90% were dropped somewhere in the process before completing the primary immunization-a strong punctuation to the sanguinity.

### BCG Vaccination:

Out of the total 406 children in study villages where NYKs took the initiative, almost 84.09% of the children have received BCG Vaccine. The coverage of BCG was highest in Tonk (94.39%) followed by Bharatpur and Jhalawar (94.39% each), Bhilwara (77.38%), Rajsamand (66.67%), while Bikaner settled for the bottom (64.29%).

Those who received BCG, **scar** was present on the arm of 74.52% of children (61.11% in Bikaner compared to 88.6 % in Bharatpur).

### DPT 3:

53.89% of children surveyed, had received all 3 doses of DPT. Coverage was highest for district Tonk 72.96% followed by Bharatpur (67.86%), Jhalawar (58.33%), Bikaner (55.95%), Bhilwara (25%) and Rajsamand (17.86%).

The dropout from DPT1 to DPT3 in all the six Districts was 46.10%. This needs to be addressed by identifying the bottlenecks, consequent fever could be one such reason and failure on part of workers to make mothers understand the importance of vaccination could be other, probably.

### OPV3:

All three primary doses of OPV were received by 53.90% of children surveyed. Coverage was highest for district Tonk (73.47%) followed by Bharatpur (69.05%), Jhalawar (58.33%), Bikaner (55.95%), and Bhilwara (25%), Rajsamand (15.48%). The dropout from OPV1 to OPV3 in all the six districts was 28.45%. Highest no. of dropouts was in Rajsamand (71.11%) while Bikaner managed to keep it as low as 12.96%.



#### Measles Vaccination:

As the last antigen in the primary immunization, Measles is a critical indicator of complete vaccination. Overall coverage for measles in all the six districts was 62.18 % Jhalawar 78.57 %, Tonk 78.06%, Bharatpur 71.43%, Bikaner 54.76%, Rajsamand 35.71% and Bhilwara 33.33%.

#### Place of immunization:

45.46% of the immunized children received their vaccine doses at a static Public facility, 10.88% had it during an outreach session while 6.3% had it from some private practitioner (than other services for immunization. contribution of other services is 31.98%, after that Outreach services were given 10.88 % contribution to immunize the children whereas the lowest contribution was of 6.33% which was given by Private sector.

#### Information on immunization:

Close to 51% of families had the information on immunization either from ANM, LHV and other workers from Health System. AWW (22.72 %) and ASHA (12.01%) were also instrumental in making people aware about immunization, while 9.09 % of the respondents had it from other sources including News papers, Television, Friends etc.

#### Polio vaccination during Pulse Polio Camp:

Out of 406 children covered from NYK covered Districts, 401 children got their polio drops during Pulse Polio Campaign. In Rajsamand and Jhalawar 100 % children were reached through Pulse Polio Campaign, while percentage of children in Tonk (99.49 %), Bikaner and Bhilwara (97.62 %) and Bharatpur (95.28 %) were also fairly high.

#### Reasons for No immunization:

Availability (13.92%), busy parents (9.8 %), and No faith in immunization (7.6%) were some of the reasons for which children were left vulnerable.

The logistics being not a problem anymore and with increasing awareness amongst families, the overall coverage of vaccination (48%) puts a big question mark on the approach to vaccination by the system. NYK efforts could reach 56% of children for complete immunization and the system's achievement was restricted to 37%. The only observation that can make system



comfortable is that even amongst non-immunized children, contrary to the common perception, girls were at an advantage (13.29% girls were non-immunized as compared to 16.67% boys).

The substantial drop out rates even for OPV (from OPV1 to OPV 3) in the study area (25%) and control villages (36%) is a matter of concern. The observation that a large no. of children could be reached through pulse polio campaign (95-100%) leaves one to think –is pulse polio making people more dependent? is System deviating from its focus on routine immunization and concentrating on camp approach.