Assessment of Reason for Drop Out and Left Out of RI Programme Among Children Aged 2 Year in Urban Areas of District Bhavnagar, Gujarat

By

Shikha

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Shikha**, student of **MBA Hospital and Health Management** from **The IIHMR University, Jaipur** has undergone internship training at **National Health Mission Gujarat** from 04/02/2019 to 11/05/2019.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

Col. (Dr). Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur
17 May 2019

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Sujata 17/5/2019
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The Certificate is awarded to

Dr.Shikha

In recognition of having successfully completed her dissertation in the department of **Health and Family welfare** and she has successfully completed her project on

:: Title of the Project ::

Assessment of reasons for dropout and leftout of RI programme among Children aged 2 years of Urban areas of Bhavnagar district, Gujarat (2019)

Duration of study :- **4th February to 11th May 2019**

Organization:- **National Health Mission, Gujarat**

She comes across as a committed, sincere and diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.

(Dr. A. K. Taviyad)
Chief District Health Officer
District Panchayat - Bhavnagar
Chief District Health Officer
District Panchayat
BHAVNAGAR.

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Assessment Of Reasons For Drop Out And Left Out Of RI Programme Among Children Aged 2 Years In Urban Areas Of District Bhavnagar, Gujarat"and submitted by Shikha, Enrollment No 666 under the supervision of Dr. Sujata Verma for award of MBA in Hospital and Health of the University carried out during the period from 04/02/2019 to 11/05/2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

Acknowledgement

The success of this report and final outcome of the project needed a lot of support, guidance and assistance from many people and I am extremely privileged to get this all in the completion of my project. All that I have done is only due to such guidance and assistance and I would not forget to thank them.

I, humbly thank Dr. Gaurav Dhaiya , MD & Secretory NHM Gujarat and Dr. A.K.Taviyad, Chief District Health Officer, Bhavnagar for providing me an opportunity to do the project work in NHM Gujarat .

I am greatful and fortunate to get constant support and guidance from my mentor Dr. Sujata Verma from The IIHMR University, Jaipur.

Dr. Shikha

(The IIHMR University, Jaipur)

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Abbreviations

ASHA - Acredited Social Health Care Activist

RI – Routine immunization

IRI – Intensified Routine Immunization

CDHO-Chief District Health Officer

CHC- Community Health Center

MCH- Maternal and Child Health

MD- Mission Director

MSG- Mission Steering Group

MO-Medical officer

NHM - National Health Mission

NGO- Non Governmental Organization

NUHM - National Urban Health Mission

NRHM - National Rural Health Mission

PO- Planning Officer

PHC - Primary Healthcare Center

HBNC- Home Based Newborn Care

RCH- Reproductive and Child Health

SDH- Sub District Hospital

WHO- World Health Organization

National Heath MissionGujarat

Vision

"The National Rural Health Mission (NRHM) is a National effort at ensuring effective healthcare through a range of interventions at individual, household, community, and most critically at the health system levels".

The **National Health Mission** (NHM),is a State Health Mission which is under the governance of Chief Minister and has been constituted with a similar composition, as that of the National Steering Group.

1. To implement the Policies and Institutional Reforms for effective andefficient implementation of NRHM and its functioning.

2. Planning , implementation and monitoring of various programs at state level.

3. To support District level planning and its implementation and monitoring.

4. Providing technical Training and support at district level.

5. Coordination among relevant departments.

6. Management of cash flows.

7. Enabling public involvement and decentralization.

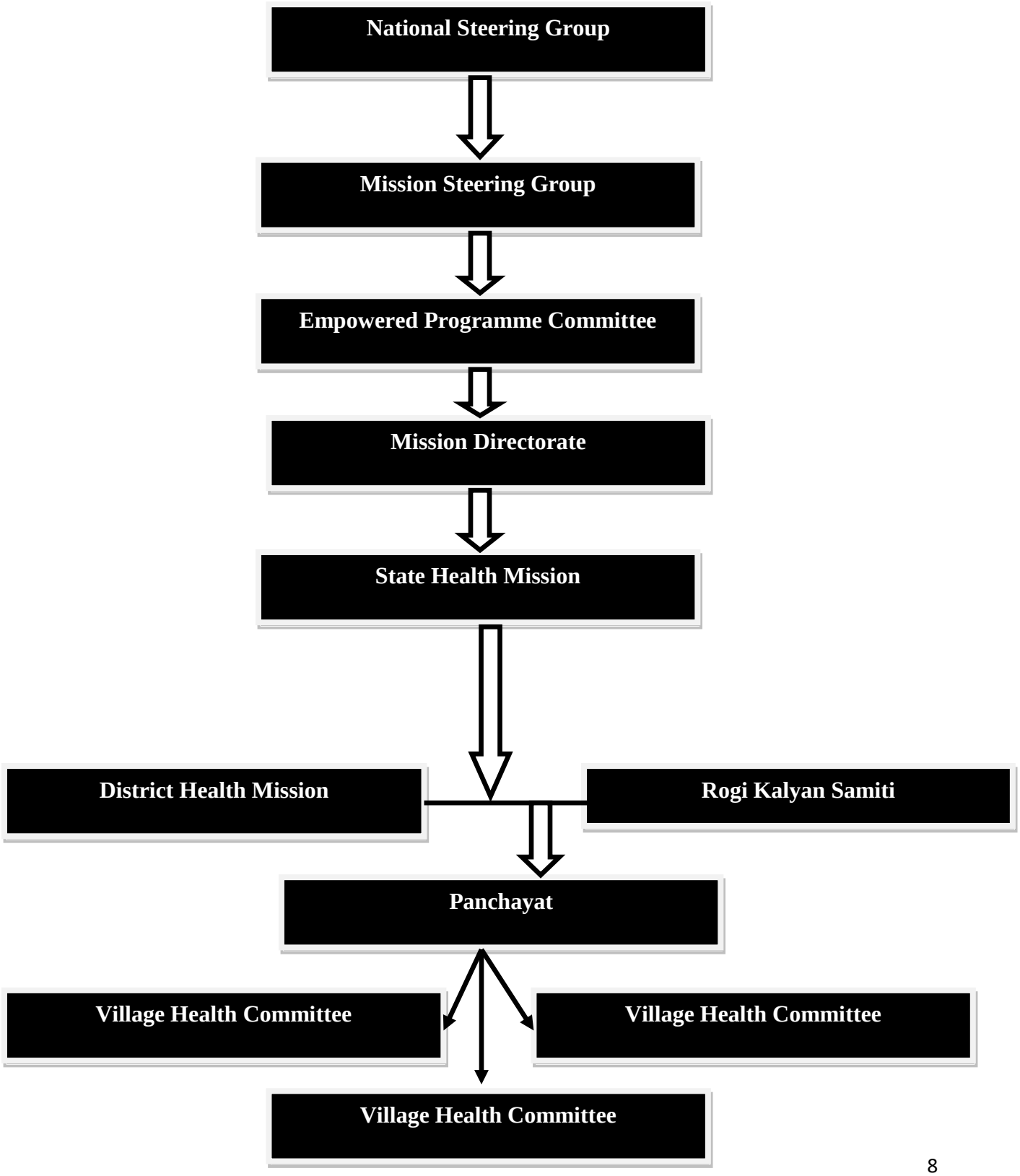
8.Interdepartmental facilities at district level.

Core Values

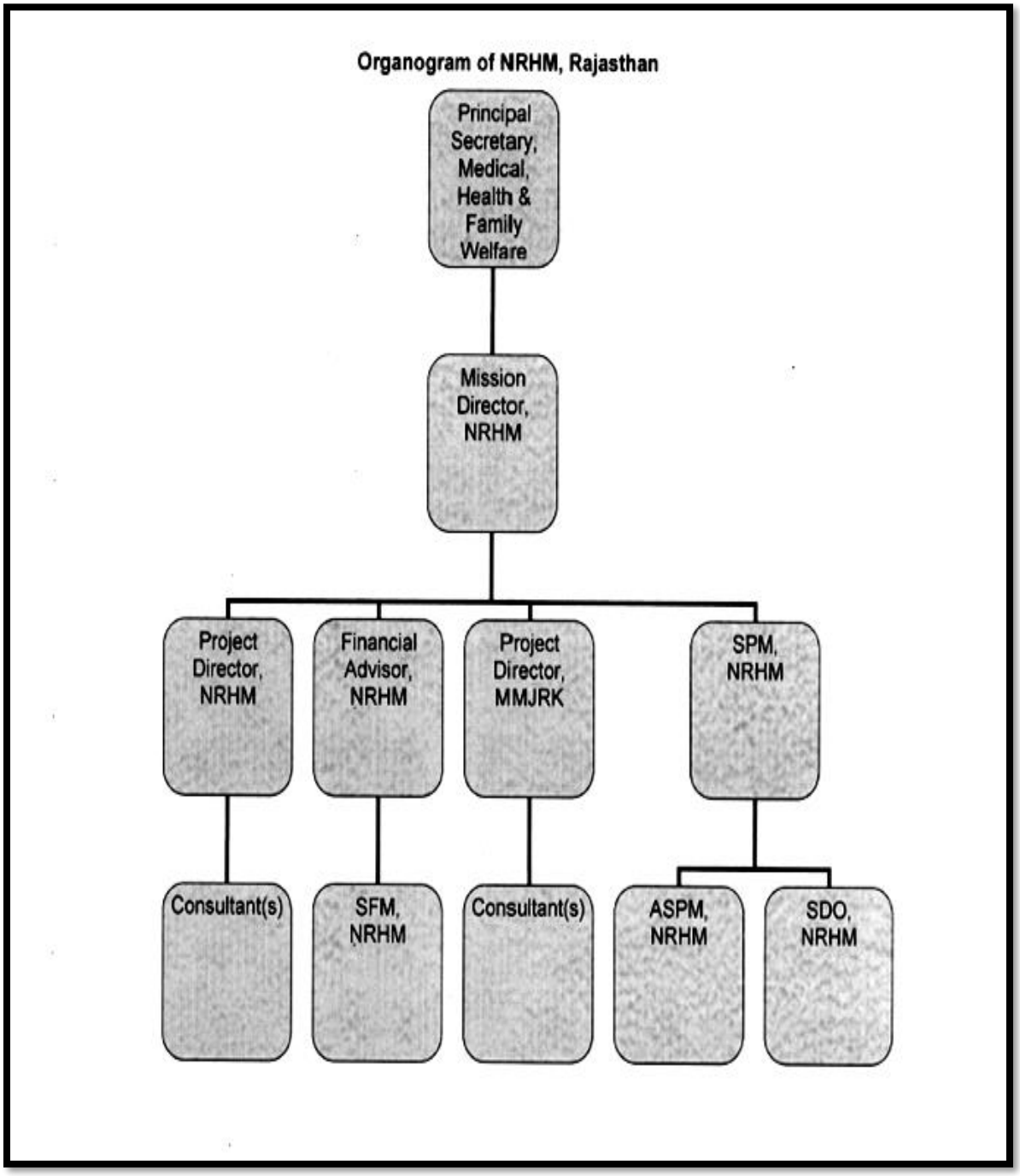
- To protect the health of the vulnerable and disadvantaged, poor people and nurture them.
- To make the public health systems efficient and strong in terms of universal access, social protection against the rapidly increasing out of pocket expenditure on health.
- To create an environment and aura of trust between the people and the health care providers.
- To empower the society by enabling active participation in the process of achieving highest possible levels of health.
- To institutionalize transparency and accountability in the process across the nation.

- To improvise the efficiency and effectivity for optimal use of available resources .

Institutional setup of NHM at Govt. Of India



Organogram


Organogram of NRHM, Rajasthan
Principal Secretary, Medical, Health & Family Welfare
Mission Director, NRHM
Project Director, NRHM
Financial Advisor, NRHM
Project Director, MMJRK
SPM, NRHM
Consultant(s)
SFM, NRHM
Consultant(s)
ASPM, NRHM
SDO, NRHM

Bhavnagar District

Bhavnagar District is the 6th largest district among the 33 districts of Gujarat. Bhavnagar is located 200 KM from the state capital Gandhinagar. The population of Bhavnagar is 2877961. Literacy rate of the district is 76.In Health structure of the district Following are some figures:

Taluka : 10

Village : 722

GSS : 645

Sub Centres: 299

PHCs: 47

CHCs: 13

Sub District: 2

District Hospital: 1

Immunization

Immunization is process through which a person is made immune and resistive towards an infectious disease through administration of vaccine. Vaccines mainly stimulate the immune system and thus protects from infectious disease. It is one of the most cost effective method which prevents the suffering caused due to disability or death or sickness.

Immunization program was launched in India in the year 1978 as Expanded Program of Immunization by Government of India. Lately in 1985 it was changed to Universal Immunization program(UIP) and under it all activities were phased across the nation by1990. Under this GOI provides several vaccines to pregnant women, infants and children. Ensuring equity and equality efforts are made to focus immunization to the most vulnerable population especially targeting poor families living in rural, urban slums, tribal areas.

Immunization schedule: (Table 1)

Age	Vaccines
At Birth	Hepatitis B, BCG, OPV-0
6 weeks	Pentavalent -1, OPV-1, FiPv-1
10 weeks	Pentavalent-2, OPV-2
14 weeks	Pentavalent-3, OPV-3, FiPv-2
9-12 months	Measles, Rubella (MR)
16-24 months	IPV, DPT (booster 1), OPV (booster),
5-6 years	DPT (booster 2)
10 Years	TT/TD
16 years	TT/TD
Vitamin A	Total 9 doses upto 5 years - 9,18,24,30,36 (months)
Pregnant women	TT-1, TT-2 and TT booster

Goal of Universal Immunization Program:

To reduce the morbidity and mortality through vaccine preventable disease through high quality immunization services.

Objectives:

1) Improve service delivery for equitable and efficient coverage.
2) To reduce the barriers in the coverage of immunization and increase the demand through improved advocacy.
3) To improvise and strengthen robust surveillance system for vaccine preventable disease (VPD) and adverse events due to immunization (AEFI).
4) Introduction of new and underutilized vaccines and technology in UIP.
5) Contribution in Global Polio eradication and elimination of maternal and neonatal tetanus elimination.

Structure of Immunization service delivery in India.

National: MoHFW is mainly responsible for the implementation of health programs in all the states.
State: Secretary of health is responsible
District: under the supervision of CDHO (Chief District Health Officer or DIO (District Immunization Officer

Mission Indradhanush

Mission Indradhanush was launched by GOI on 25 December 2014 as a special drive to vaccinate all partially vaccinated or unvaccinated pregnant women and children by 2020. Since the inception of UIP, immunization coverage has not increased more than 65%. Under Mission Indradhanush there are 201 districts mainly focused across the nation. Districts mainly focused across the nation. There have been special interventions and drives conducted to improve immunization coverage.

Intensified Mission Indradhanush (IMI)

IMI is an intensified version of the program and it was launched by Shri Narendra Modi on 8 October2017. Through this government is among to cover each and every child up to the age of 2 years and pregnant women who have remained unimmunized. It aims to immunize 90% of beneficiaries by December 2020.

Literature Review

1) Study on immunization coverage in urban slums of Ahmedabad city showed that coverage rate under routine immunization is slightly more in males than compared to females. Children in urban slums suffer more from vaccine preventable diseases.

2) Study on Immunization perception and education shows that beneficiaries were more interested in getting education about immunization at physician's own clinic. If the place doesn't seems to be comfortable people are reluctant of getting information on immunization. Respondents prefer getting vaccinated at physician/s own clinic and not anywhere else.

3) A study on strategies to improve immunization coverage in Orissa showed that poor education level of mothers, financial instability of family, wrong media rumours, temporary side effects of certain vaccines, shortage of vaccines in store leads to poor immunization coverage.

Rationale:

Immunization is a very important aspect to improve the health indicators especially focusing on maternal and child health. Timely use of vaccine provides safety and health life to both mothers and children. Immunization is one of the cheapest and most reliable way to prevent

children from various vaccine preventable life threatening disease and thus improving their health status.

Despite of lot of efforts by Government of India and launch of Intensified Mission Indradhanush also still immunization coverage has not exceeded the level of 65%.

It is very much necessary to know the reasons which hinder the coverage especially the psychology of mothers regarding immunization and vaccines. Since mothers are the first person to be contacted to get a child vaccinated therefore it totally depends on the discretion of mother to get her child vaccinated or not. The status of knowledge, attitude and culture of mother is of great use and needs to be assessed on priority basis to improve immunization coverage. Along with this correct information is to be delivered to them if wrong conception exists regarding immunization.

Immunization Status of District Bhavnagar (Urban), Gujarat as per NFHS 4 (Table 2)

Child immunization	Urban
Children (12-23 months) with 3dose of polio vaccine	51.8%
Children (12-23 months) with 3dose of DPT Vaccine	63.7%
Children (12-23 months) with Measles Vaccine	66.4%
Children (12-23 months) with 3dose of Hepatitis B Vaccine	30.3%
Children (9-59 months) with vitamin A dose in last 6 months	85.8%

"Assessment Of Reasons For Drop Out And Left Out Of RI Program Among Children Aged 2 Years In Urban Areas Of District Bhavnagar, Gujarat"

Objective of the study

- To assess the reasons for dropout and leftout children of age upto 2 years under Routine immunization in urban areas of District Bhavnagar, Gujarat.
- To assess the Knowledge, Attitude and practice among the mothers regarding immunization in urban areas of district Gujarat and do the SWOT analysis.

Research question

- What are the reasons for drop outs and left outs among the children and challenges faced by Routine Immunization in Urban areas of District Bhavnagar, Gujarat?

- What are the lessons learnt to improve the Knowledge, Attitude and Practice among the caregivers regarding immunization?

Research Design

Study area: District Bhavnagar, Gujarat (Urban)

Study design: Cross Sectional

Data collection method: Primary and Secondary

Sample size: 98

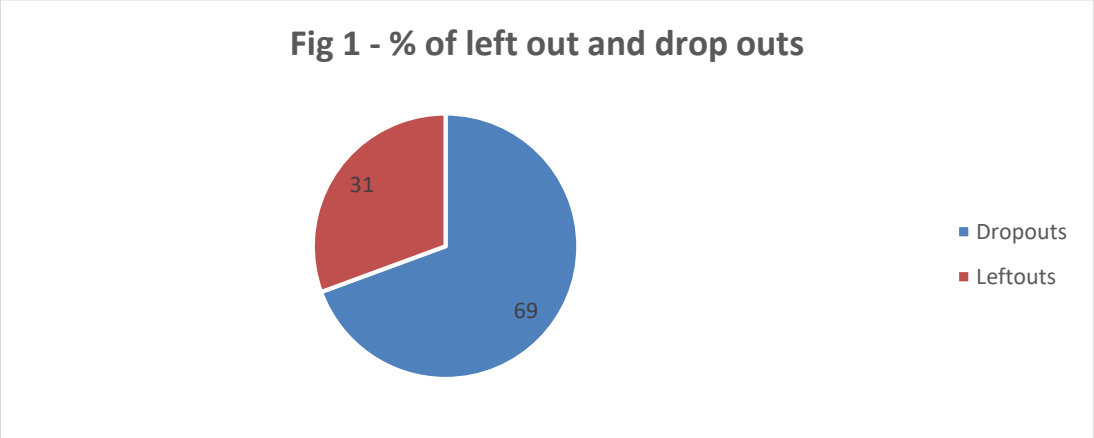
Questionnaire: Structured close ended

Primary data: Interview was conducted from the mothers of left out or drop out children aged 2 years using questionnaire consisting of close ended questions to assess the psychology of mothers and reasons behind the poor immunization coverage.

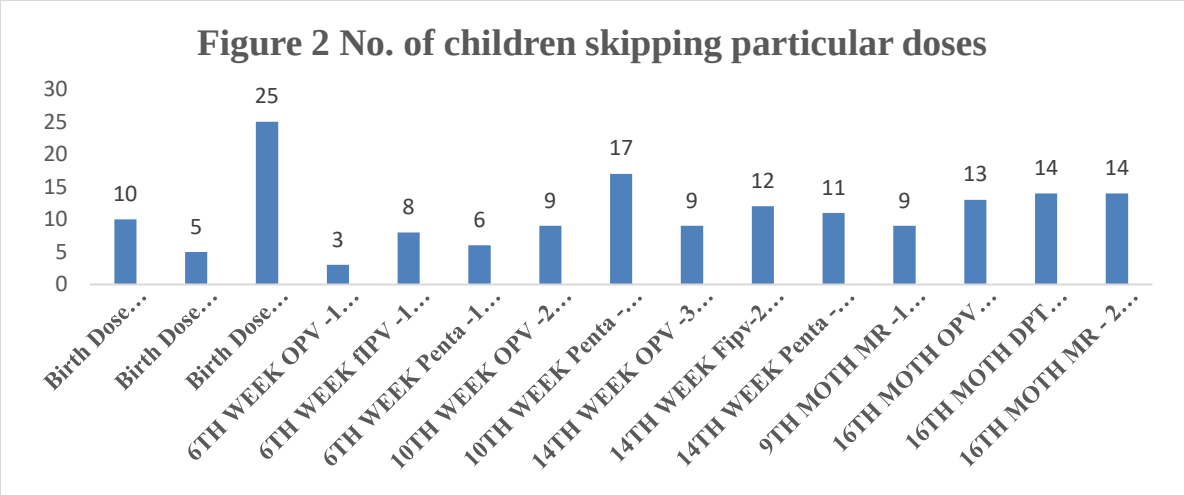
Secondary Data: Records maintained with the Immunization department CDHO and ANM register.

FINDINGS

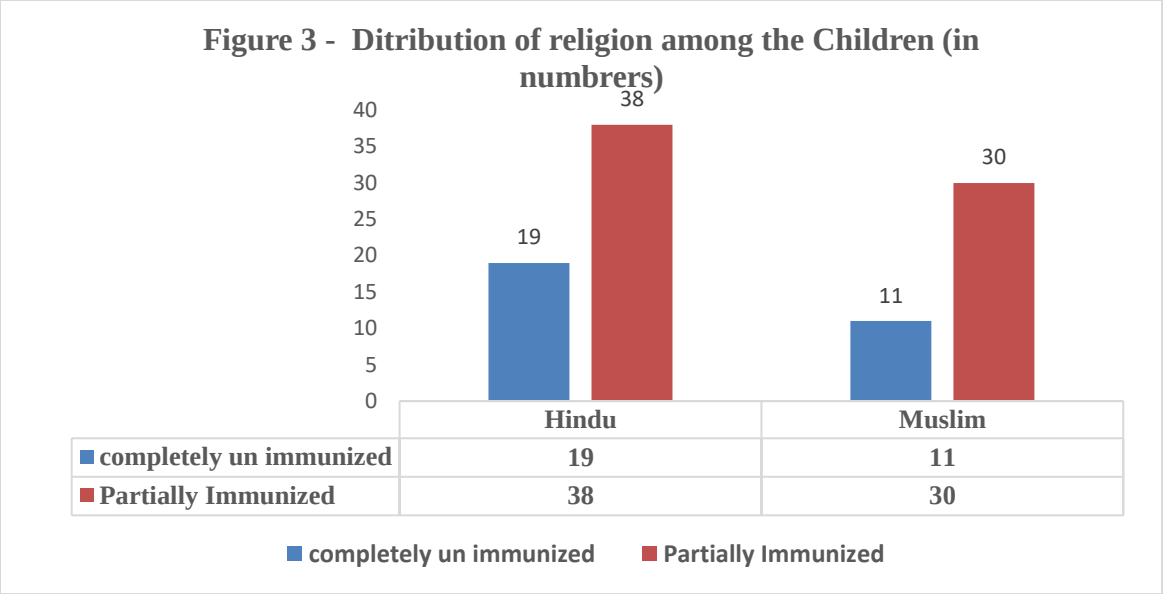
Figure 1: Percentage of left out and drop out children



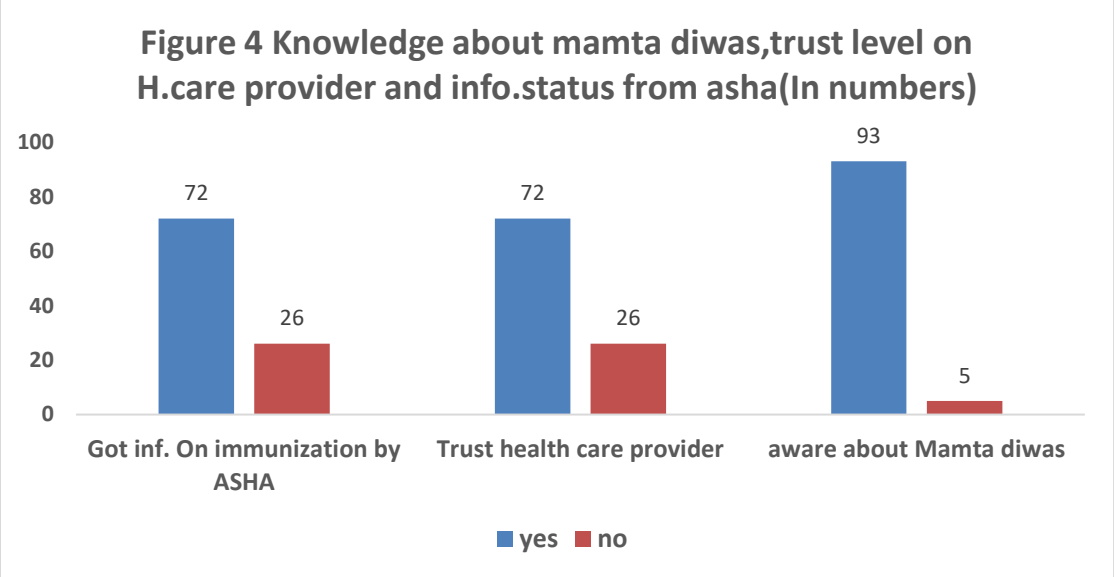
With the help of this Pie Chart out of total 98 children taken under the sample, 69% children i.e 68 were found to be partially immunized and 31% were found to be completely unimmunized.



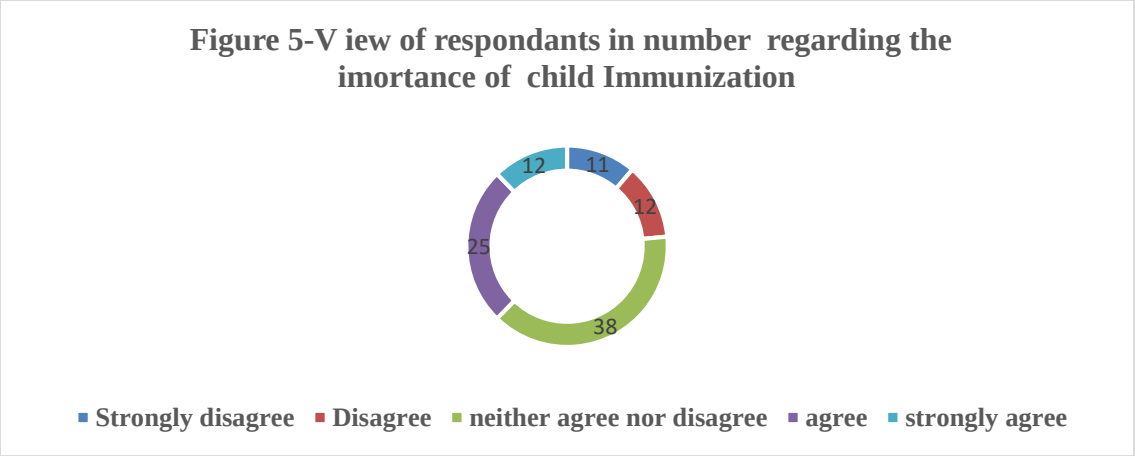
The graph shows number of children who skipped the following doses under routine immunization coverage. Maximum Children were left out with BCG Birth Dose (25) followed by Pentavalent 2/DPT 2 dose.



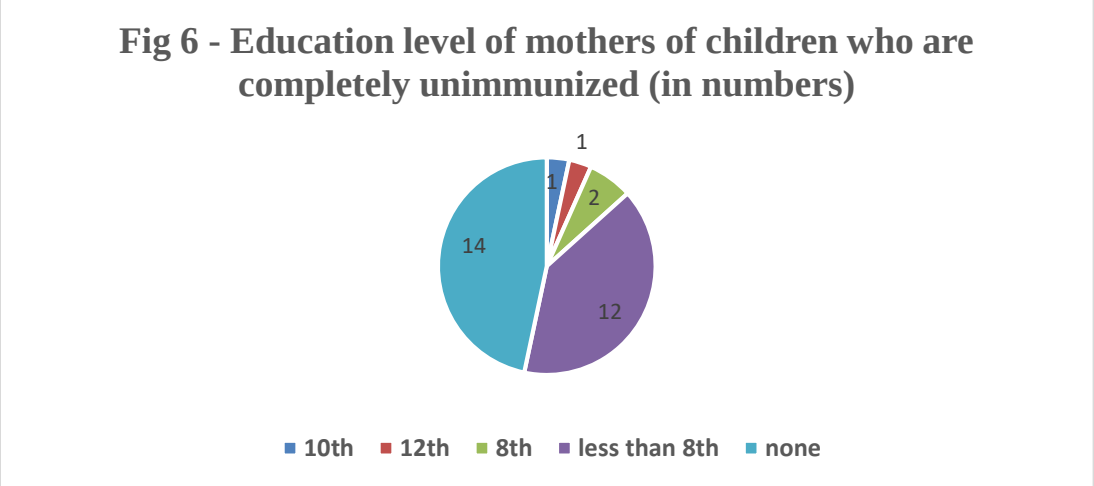
In figure 3 the graph shows that out of total 30 completely unimmunized (left out)children 19 are Hindu and 11 are from Muslim community. Similarly out of total 68 partially immunized (Drop out) children 38 are Hindu and 30 are from Muslim Community.



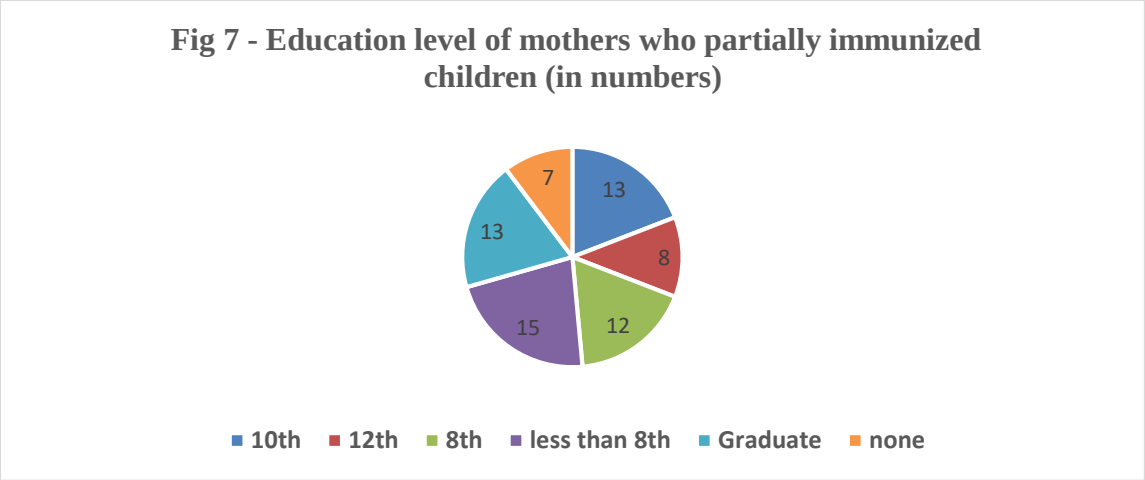
Out of total sample size of 98, 72 Mothers got information on Immunization by ASHA and 26 did not get any information. Similarly 72 Mothers trust their health care providers and 26 did not and out of complete 98 sample size 93 mothers were aware about Mamta Diwas while 5 were not.



This pie chart (Fig 5) shows number of Mothers who agree or Disagree regarding Immunizations importance. Out of 98, 11% strongly disagree that immunization is important for their child. Similarly 12% disagree, 38% were not in a condition to agree-disagree, 25% mothers agreed and 12% strongly agreed that immunization is very much important for their child.

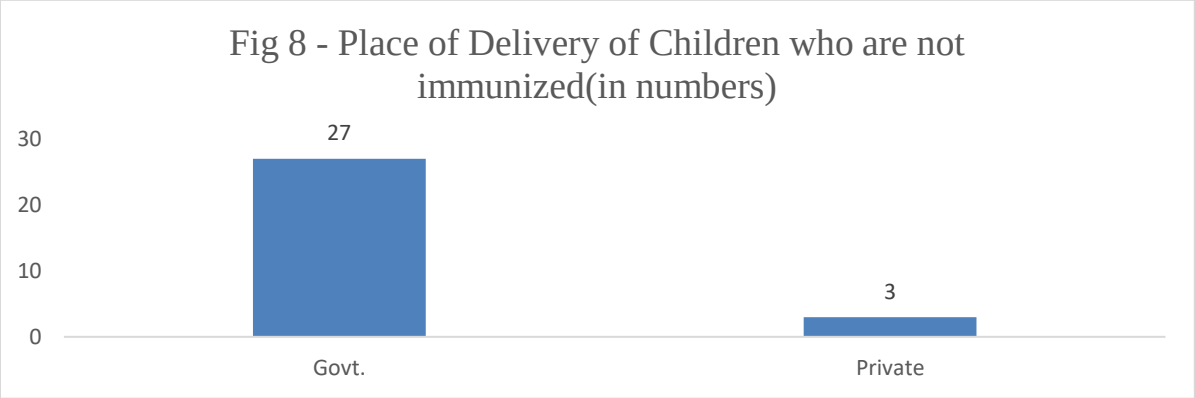


This pie chart (Fig 6) shows the education level of mothers whose children are completely left out from immunization. Out of total 30 mothers maximum i.e 14 mothers were not at all educated followed by 12 mothers who got education for less than 8th class. Only 2 mothers were found to be 8th class passed and one each 10th or 12th passed. This shows that poor education level is one of the prominent factor which affects the knowledge and understanding status of necessity of immunization.

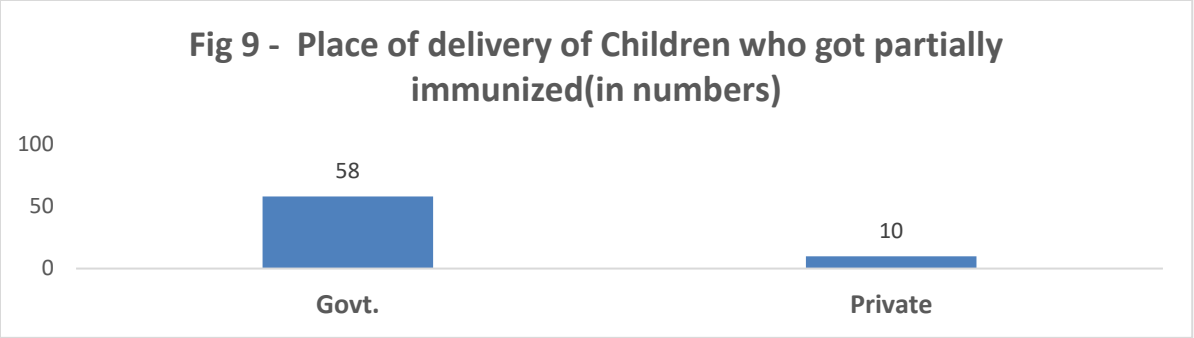


Similarly Figure 7 shows the level of education of mother's of children who were partially immunized. Only 7 mothers were found to be no educated at all, 15 were educated below 8th class, 12 were educated upto 8^{th}, 13 mothers were educated till 10^{th}, 8 till 12^{th} and 13 were found to be graduate.

In Figure 6 and 7 we can see poor education level is found more in mother's of children who are unimmunized.



In fig 8 out of total 30 children who are completely left out from Immunization 27 got delivered at Government facility while 3 got delivered at Private facility.



In fig 9 out of total 68 children who were partially immunized 10 got delivered at private facility while 68 got delivered at government facility.

Reasons given by the mothers for not getting their children immunized (Table 3)

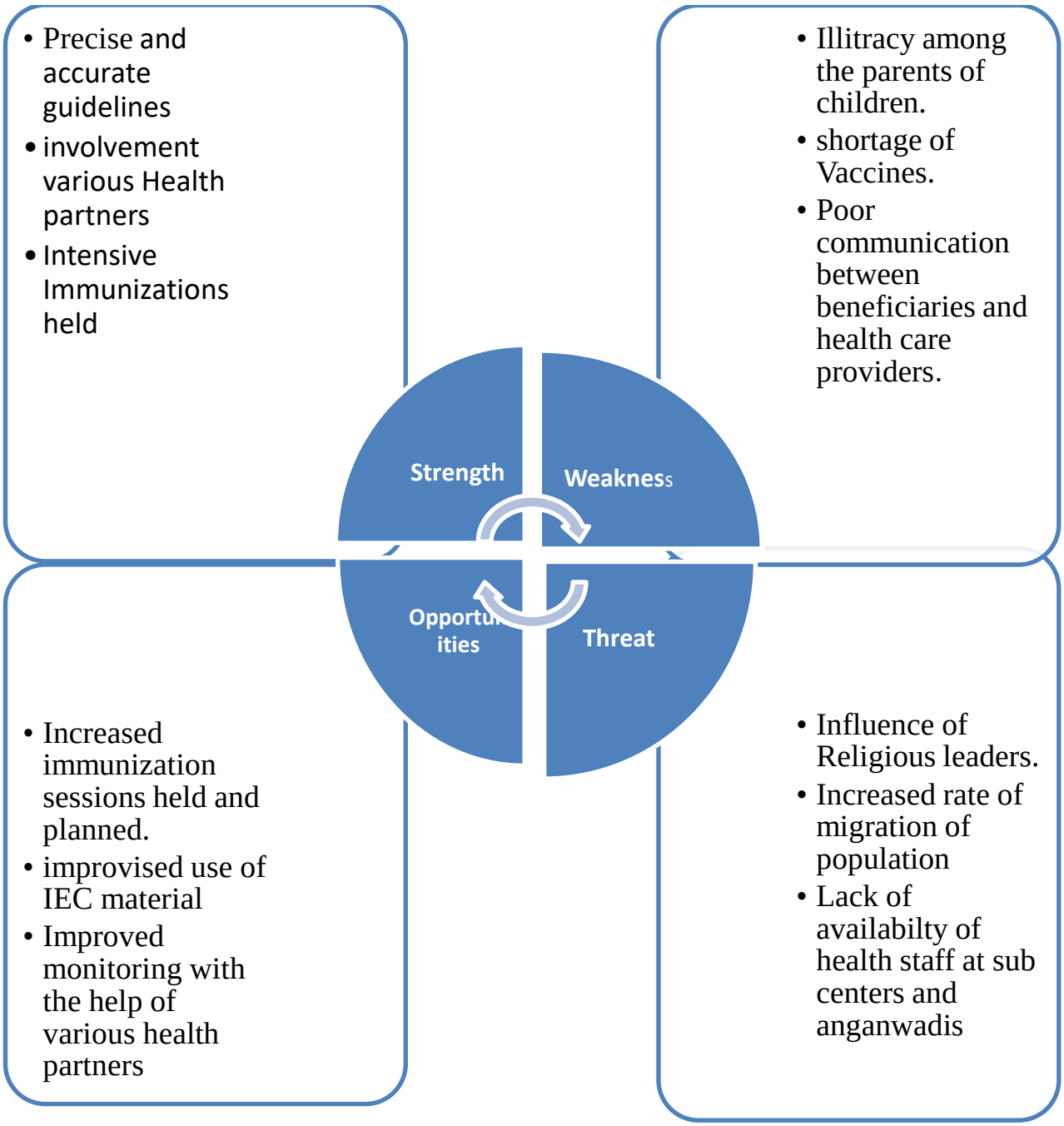
Reasons	Number
Session inconvenient	15
Concern for loss of work or wages	15
Religious Constraints	13
Vaccine shortage	11
Unaware of missed dose	10
Sick child- caregiver did not permit	9
Concern Session not held	8
Experienced pain, fever, swelling	6
Family has no definite reason	6
Child was away from home	5
Family is resistant	4

Table 2 shows the reasons given by mothers for incomplete immunization. It also shows the psychology of caregivers behind the denial for immunization and extent of knowledge regarding immunization. Following reasons were identified:

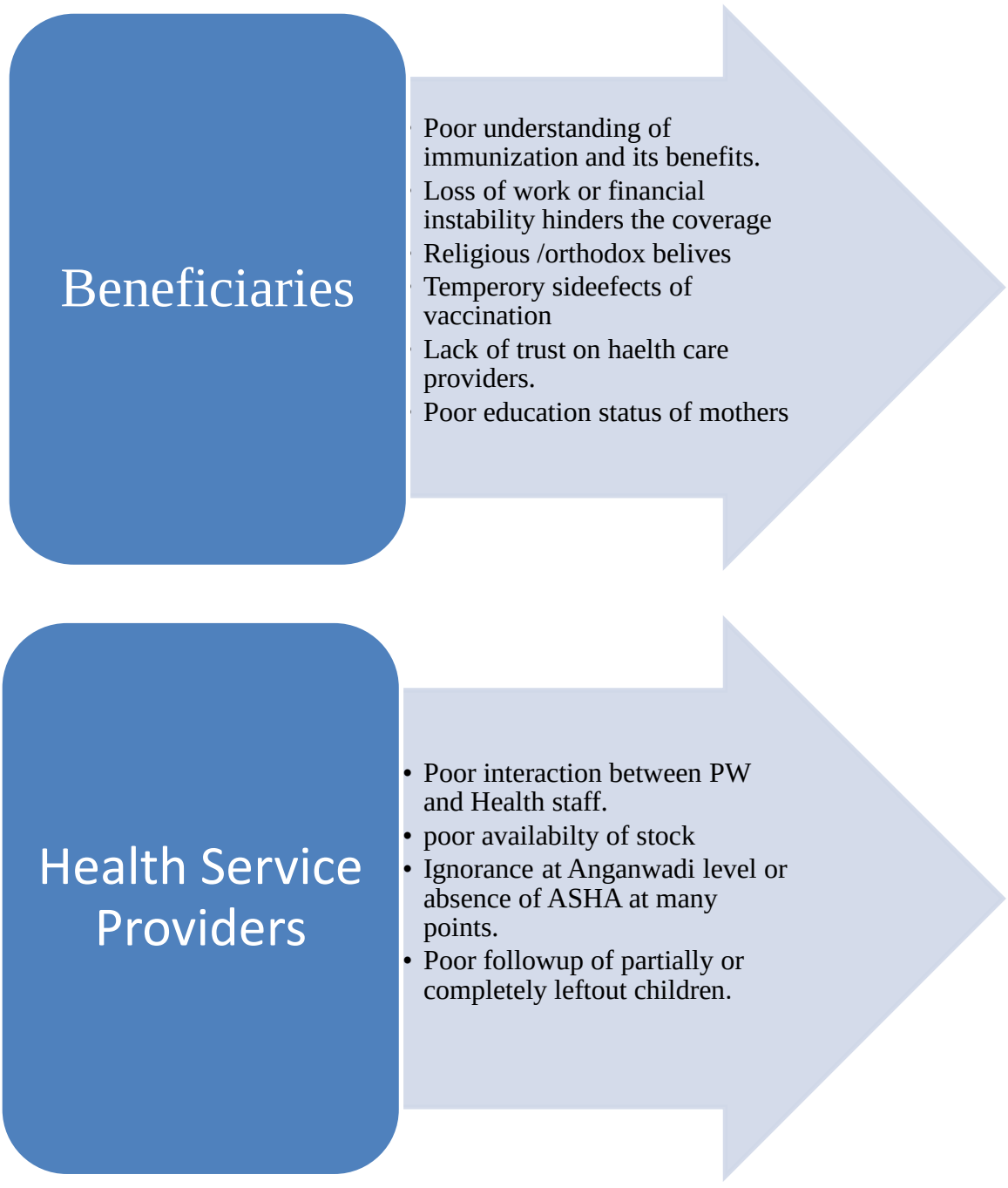
1) Maximum people found the sessions to be inconvenient as per their schedule and fear of loss of wages/work as earning money is priority.

2) 13 people gave the reason for denial or skip of dose due to religious constraints which made them reluctant towards the program. Influence of religious leaders made a big deal impact.
3) Vaccine shortage was given by 11 mothers. This needs to be rectified as it hinders the schedule progress.
4) Despite of having Immunization cards many mothers did not even know about the missed dose and thus 10 gave this reason as clarification
5) 9 did not permit to immunize there child as their child was sick. The parents have fear that the health of child will detoriate if vaccination continues.
6) 8 mothers complained of sessions not conducted on time. Irregularity of sessions detoriates the coverage.
7) 6 mothers denied immunization due to temporary side effects of vaccination. Health care providers need to make them aware of the effects and should make them clear that it will not harm the health of their child.
8) 6 did not give any specific reason for the denial.
9) 5 gave the reason that the child was away from home and so got missed with the dose. They are to be made aware that to whatever place they go can get there child immunized.
10) 4 mother denied as there family was resistant for getting the child Immunized.

SWOT Analysis



Interpretation



Challenges

- The poor economic status of people hinders them from attending session and their by resulting in poor immunization coverage as skip of wages is more serious problem for them
- Lack of proper communication between health care providers and beneficiaries leads in the lack of knowledge about date and time of Mamta Sessions held as well as the missed dose of the child.
- Poor education level of mothers leads to poor understanding of importance of immunization among the mothers and this results in ignorance of immunization sessions.
- Poor promotion of healthy life style practices and care-seeking behaviours among caregivers of Children. Government needs to conduct health programs to develop social awareness. .
- Lack of ASHA at various anganwadis hinders the follow up of left out children
- Increasing rate of migration of population especially in urban slums is one of the leading cause children being left unimmunized or partially immunized.

Suggestion:

1) Counselling measures to be taken to improvise understanding about the benefits of immunization and develop trust among the beneficiaries.
2) Older women needs to be sensitized as they have a huge impact on young ladies and pregnant women.
3) Need of behaviour change programs to change the old school ideology towards immunization.
4) Religious leaders to be made aware about health benefits and sensitize then as in return they propagate the message more fluently.
5) Follow up by ASHA/ANM of partially immunized or completely unimmunized.

Annex-1

Questionnaire

Name:

Age:

Sex:

Religion:

Block:

Place of Delivery:

1) What is the level of your education?
   Graduate=1
   12^{th}=2
   10^{th}=3
   8^{th}=4
   Less than 8^{th}=5
   None=6
2) Immunization is essential for the health of my child?
   Strongly disagree=1
   Disagree=2
   Neither agree nor disagree=3
   Agree=4
   Strongly agree=5
3) Did ASHA / ANM/Health care provider ever informed you about the immunization and its benefits? Yes/No
4) Do you trust your health care provider to honestly tell you about the risks and benefits of vaccines for your child? Yes/No

5) Are you aware about of Mamta Diwas?
   Yes/ No
6) Have you ever received (Mamta Card) vaccination card for your child? Yes/No
7) Have you ever taken your child for getting vaccinated?
   Never (Left outs)

Sometimes (Drop Outs)

8) If partially immunized, than which dose skipped.

Birth dose Hep B
Birth Dose OPC 0
Birth dose BCG
6th week OPV 1
6th week IPV 1
6th week pentavalent 1
10th week OPV2
10th week penta 2/DPT2
14th week OPV3
14th week fIPV 2
14th week penta 3
9th month MR1
16th month OPV Booster
16th month DPT Booster
16th month MR 2

9) Reason for no immunization or partially immunization, specify the reason.

Session Inconvenient
Concern for loss for loss of work or wages
Religious Constraints
Vaccine Shortage
Unaware of missed dose
Sick child- caregivers did not permit
Concern session not held
Experienced pain, fever , swelling
Family has no definite reason
Child was away from home
Family is resistant

Reference:

1) https://mohfw.gov.in/sites/default/files/5628564789562315.pdf
2) https://nhm.gujarat.gov.in/
3) https://www.ncbi.nlm.nih.gov/pubmed/28983393
4) https://www.thelancet.com/journals/lancet/home
5) http://medind.nic.in/hab/t10/i1/habt10i1p50.pdf
6) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4438454/
7) https://www.researchgate.net/publication/272165760_A_study_of_the_factors_influencing_the_knowledge_and_attitude_of_mothers_of_under_five_children_of_a_selected_area_of_Kunderki_Moradabad_UP_regarding_immunization_and_efficacy_of_a_need_based_interven
8) https://scholarsarchive.byu.edu/cgi/viewcontent.cgi?article=5107&context=etd