

THE ROLE OF COMMUNITY MOBILIZATION IN ACCESS TO IMMUNIZATION

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment of the award of the degree of

Master of Business Administration (MBA)

in

Development Management

by

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Under the Supervision and Guidance of

Dr. Goutam Sadhu

DECLARATION BY STUDENT

I hereby declare that this dissertation title “The role of community mobilization in access to immunization” is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Name of Student

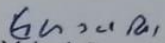
Date

CERTIFICATE

This is to certify that Seema Khalkho in partial fulfilment of the requirements for the award of the degree of MBA (Development Management) from IIHMR University, Jaipur has successfully completed her internship at Dhara Sansthan during March 01-May 31, 2023.

Place: Jaipur, Rajasthan

Date: 01-06-2023


Mr. Mahesh Panpalia
Chief Executive
Dhara Sansthan



CERTIFICATE

This is to certify that dissertation titled “The Role of community mobilization in access to immunization” is a record of the research work undertaken by (Name of Student) in partial fulfillment of the requirements for the award of the degree of MBA(Development Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide

IIHMR University, Jaipur

Date

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IIHMR University, Jaipur

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Acknowledgments

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I want to be clear that any mistakes or flaws in this work are all mine. I am hoping that this research will act as a springboard for additional investigation and add to the body of knowledge in this area.

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Abstract

Objective:- The purpose of this study is to vaccinate routine immunization through community mobilization and awareness to the mother, to get the children who do not get vaccinated on time, to get the children vaccinated on time, and to save all the children who are infected with the disease. We will do community mobilization to get the children with zero doses vaccinated regularly, and for that, we will get them vaccinated (Jaipur Urban-2 Sanganer).

Methodology:- This is a descriptive cross-sectional study of Jaipur Urban-2 Sanganer District-Jaipur with a sampling size of 100. Awareness of the mother to get vaccinated by community mobilization. Tools applied Questionnaires face to face interview. Routine immunization house to house monitoring format ODK Collect Through this tool. Awareness was created among mothers who had children across the ages of zero and five.

Results:- The analysis of available data for several indicators reflected the resulting statements. 1st March to 31st May, Jaipur Urban-2 Jaipur District The total population collected ODK. Data out of 100 children enrolled in the study. The total number of population 100 participants, in which the male children were 67% (N= 4) 0-dose and the female children were 33% (N= 2) 0-does as show the table 1 and figure The total number of population 100 participants, in which the children were 42% (N= 6) and the female children were 58% (N= 4) The total population was 100 participants, of which the male children were 69%(N=9)and the female children 31%(N=4) The total population is 100 participants. In which the male children were 29% (N=7) and the female children were 71% (N=17) the table 03and figure. The total number of population 100 participants, in which the male children were 29%(N=71) and the female children were 71%(N=12) the Table 04: and figure.The total number of population 100 participants, in which the male children were 29% (N= 4) and the female children were 71% (N=10) as the Table 05 and figure. The total number of population 100 participants, of which the male children were 36% (N= 4) and the female children 64% (N=7) in the table and figure. The total number of population 100 participants, of which child were 38% (=N 3) and the female children were 62% (=N5) .

Keywords- Routine Immunization, Community Mobilization

Acronyms

ANM – Auxiliary Nurse Midwife

ASHA- Accredited Social Health Activists

AWW Anganwadi worker.

AWC- Anganwadi Center

AS- Asha Sahyogini

JSY- Janani Surarksha Yojana

ANC – Anti- Natal Care

RI- Routine Immunization

UIP- Universal Immunization Programme

CHC – Community Health Center

UPHC – Urban Primary Health Center

HW – Health Worker

NRHM – National Rural Health Mission

PHC – Primary Health Center

RHS – Rural Health Statistics

SC – Sub-Center

1. Introduction of Dhara Sansthan

Dhara (Development of Health, Hygiene, and Rural Action) is a non–profit development organization working since 1989 and creating for the rural mass of Rajasthan with a unique approach to resource development and creating community assets.

Dhara Sansthan's main mission is to serve individuals and families in the poorest communities through an increase in health, hygiene, support through learning, decrease in poverty ,and the protection of the local natural resources.

The Objectives of the Organization are:

To improve outcomes by increasing the uptake of health service outreach sessions.

-  To promote the best sanitation and hygienic practices in the communities through demonstration & demonstration & provision of sanitary facilities.
-  To increase accessibility to education centers and promote quality of education at the center.
-  To build routine immunization
-  To provide relief service during an emergency.

Organization's Vision

- We envision the betterment of the poorest of the poor communities by addressing their most impactful needs.

Chapter 1: Introduction

1.1 Background

Jaipur is one of the districts of Rajasthan in India. There are 13 Tehsils (block), 2180 villages, and 22 towns in Jaipur district. In rural areas Dhara Sansthan is working in two blocks in Bassi and Tunga block is working in two blocks in rural areas and urban areas Jaipur is working in Urban-2 health facility total is 25 and working in 70 words Is doing and the total is 447 in outreach session. Arrow plant in Jaipur Urban-2 and routine immunization are being covered. Arrow plant work is being done in Bassi block. Every mother is doing the work of mobilization in routine immunization to get her children vaccinated.

Vaccination camps are organized monthly in Anganwadi to get more vaccinations for children 0-5 years old. ANM Asha supports vaccination. And every Thursday is held in the Urban Primary Center. (CHC) Vaccination is done every Monday and Thursday at Satellite Hospital Sanganer in Child Health Center, there is Anganwadi in every word.

To reduce this problem the Rajasthan Government provides free routine immunization and free medicine support in Jaipur Urban -2 routine immunization through team members, doctors pharmacists, and ANM ASHA. Make it so that they can lead a happy life by getting their children of 0-5 years vaccinated. This has been done to reduce the incidence of Polio diseases in Jaipur Urban-2 and to provide quality routine vaccination to make children disease-free so that all the children of Jaipur Urban-2 Block can be made vaccination free. For this, regular vaccination has been further promoted in Jaipur Urban-2 Block, which caters to the entire Jaipur Urban-2 Block Mothers Women. And according to the due list immunization support by telephone and motivate families during house-to-house families during house-to-house visits. Increasing routine childhood immunization rates and recognizing new cases of diseases that can be prevented by vaccination.

Every child should be vaccinated at regular vaccination times. For children of 0-5 years and many children do not get their mothers vaccinated on time. We will mobilize the mother community and get the children vaccinated regularly. So that all the children get vaccinated on time. and be healthy For Those children who are missing vaccination, we will motivate their mothers to get them vaccinated.

The Expanded Immunization Program was started in 1978. When its reach expanded outside of urban in 1985, it was in rural called Vaccination Program for everybody. It was integrated into. The Children In 1992, the National Reproductive and Child Health Program was launched. It was immediately followed by the Survival and Safe Motherhood Program in 1997. The National Rural Health Mission's Universal Immunization Program was launched in 2005, and since then, it has been an important component regarding it again.

Universal Programme (UIP) under which immunization is providing free regarding the price of vaccine-preventable diseases like Diphtheria, Pertussis, Tetanus, Polio Measles, Rubella, Hepatitis B, etc. A newborn can be considered fully vaccination if the Within the first year of life, the child receives every vaccination needed according with the national immunization schedule.

1.2 Working Day of Routine Immunization

S.No	Time	Activity
1.	9:00 am to 2:pm(2 days in a week)	Medicine Distribution / Vaccination in child . Routine waise .
2.	World Health DAY	Celebrating special day with the mothers and children.
3.	World Immunization Week Camp .	Conducting in a one day of World immunization week camp.

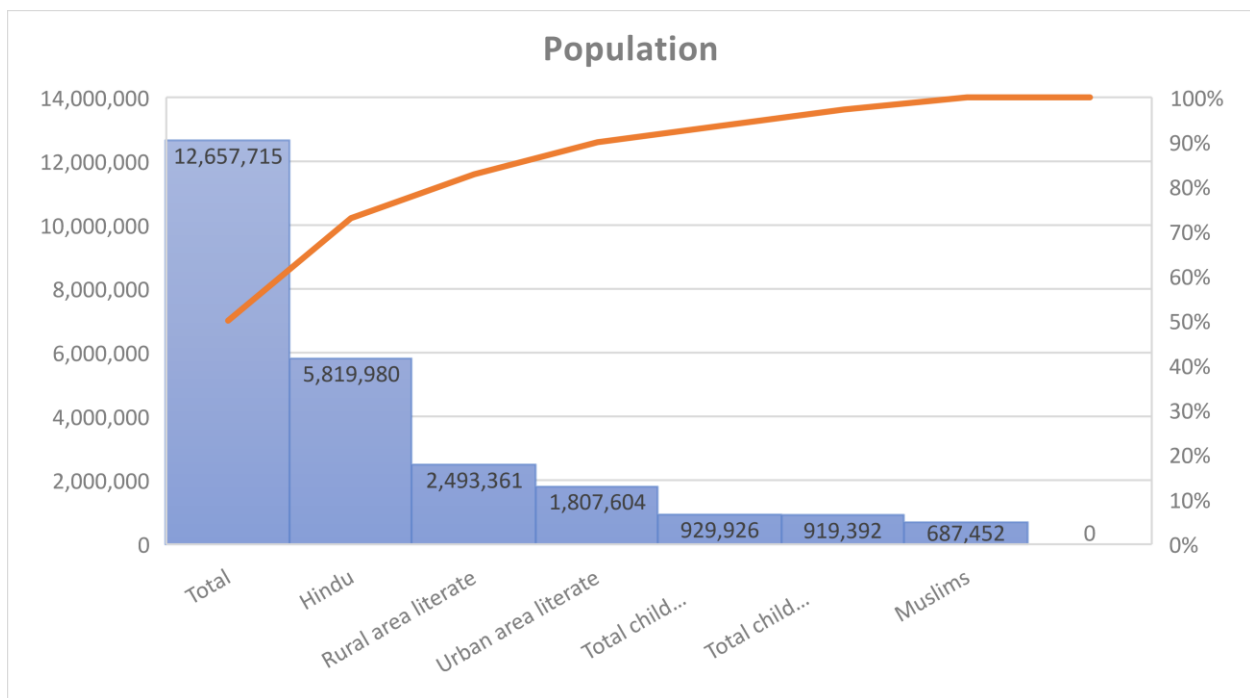


Figure 01: Total Population Census 2011 Data

Jaipur District Population of Rural and Urban

- The district covers 11,143 square kilometers in total. 10,353 sq km of rural land and 790 sq km of urban land make up. 7,355,058 people from the district's entire population, 3,471,847 live in the town, and 3,154,331 live in rural areas. 507,803 households live in rural areas, compared to 669,293 households in urban areas. There are 2,493,361 literate people in cities. And 1,807,604 are in rural areas.

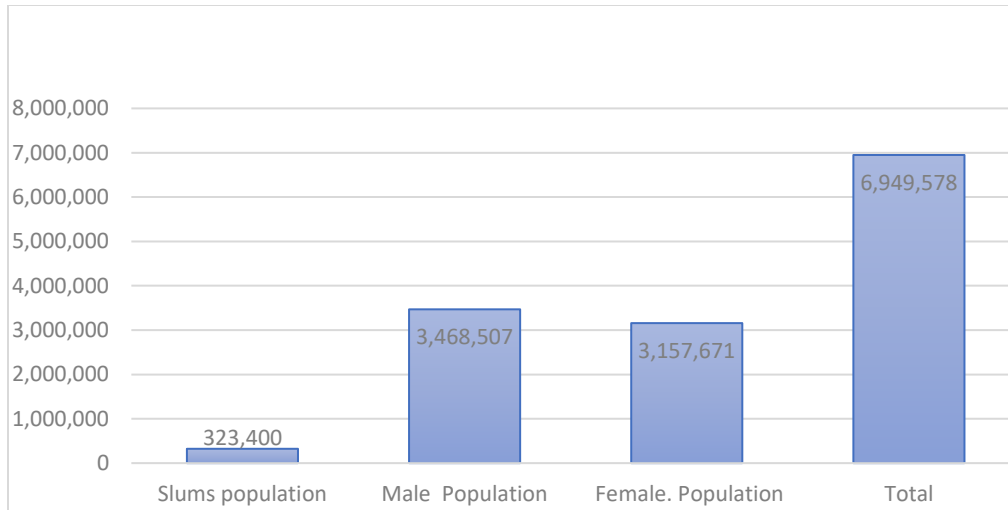


Figure 02: Slums and Male-Female Population of Jaipur District

- Marwari, Hindi, and Rajasthani Dhundhari are three of the most common cultures. is spoken mostly in Jaipur Marwari is spoken and other languages are also spoken. Hindu 87.83% and Muslim 10.37%.The population in Jaipur district is Hindu 87.83% or Muslim 10.37% in Jaipur district migration people in Jaipur district mostly women and men work as cloth tailors.

Table 01: Total Households in Jaipur district

1	Rural area Households.	669,293
2	Urban areas Households.	507,803
3	Total	1,177,096

- Jaipur district is dependent on many skills, and the total workforce is 2,464,893, of which males are 1,714,947 and females 749,946. A total of 603,136 farmers are dependent on agricultural cultivation, of which Men cultivate 343,414 crops, whereas women produced 259,722. quantity 68,390 work as laborers in a farm area, males are 39,633 and females 28,757. The sex ratio of the Jaipur district is 910 females per 1000 males.

Chapter 02: Review of Literature :

Authors (year)	Title of Study	Study location	Salient features, sampling & sampling techniques.
1.Chimpololo A, Burrowes (2019)	1.Use of Social Mobilization and Community Mobilizers by Non-governmental Health Organizations in Malawi to Support the Eradication of Polio, Improve Routine Immunization Coverage, and Control Measles and Neonatal Tetanus	1.India	1. The collection and data include document analysis and interviews with 11 Malawian organizations working to eliminate polio and control measles and newborn tetanus. The qualitative data were assessed through content analysis, whereas the quantitative data were studied utilizing descriptive statistics.
2.Jalloh MF, Wilhelm E, Abad N,(2019)	2. Mobilize to vaccinate: lessons learned from social mobilization for immunization in low and middle-income countries	2.low- and middle-income countries (USA)	2.To ensure that every vaccine-eligible people have full immunity against Vaccine-preventable illness. (low- and middle-income states) still depend mainly on social mobilization to promote vaccine demand In the early and middle of 2000 to encourage polio eradication in areas with high risk. Third, during the 2017-2018 diphtheria epidemic, we underlined community mobilization's Challenges in an emergency situation situation.
3. Choudhary, M., Solomon, R., Awale, J. <i>et al.</i> (2021).	3. Effectiveness of a community – level social mobilization intervention in achieving the outcomes of polio vaccination campaigns during the post -polio-endemic period : Evidence from CORE GROUP Polio Project in Uttar Pradesh, India	3.Uttar Pradesh , India	3.The study on title of study was conducted at Uttar Pradesh in the years 2021. Cluster-level data was used, which included 56 blocks in 12 districts of UP. Community mobilization and the operation of polio supplements vaccination activity campaigns to March 2012 to September 2017 (the post-polio endemic period).

4. Deutsch N, Singh P, Singh V, Curtis(2017).	4. Legacy of Polio—Use of India's Social Mobilization Network for Strengthening of the Universal Immunization Program in India	4. India	4. Then, run by UNICEF, started as part of a polio eradication strategy in India by mobilising over 7,000 frontline social activists to promote immunization in some of the most under-served, at-risk or marginalized populations. In association Along with elimination under-served, at-risk or marginalized populations. In association Along with elimination areas saw an increase in full routine immunization coverage.areas saw an increase in full routine immunization coverage.
5. Manojkumar Choudhary ^{1,2} , Roma Solomon ¹ , Jitendra Awale ¹ , Rina Dey ¹ (2021)	5. Singnificance of a social mobilization for engaging communities in polio vaccination campaigns : Evidence from CORE Group Polio Project , Uttar Pradesh ,India.	5. Uttar Pradesh India	5. Cluster-level secondary data from the Leadership System of Information for India was utilized in the study, including 52 SIAs conducted between January 2008 and In, there were 56 Blocks/Polio Plan 12 district-covering groups in Uttar Pradesh. We five proof were used to assess polio involvement in the community. Achieved high polio vaccine coverage during field and Supplementary Immunization Activity Campaigns (SIA) to increase awareness and develop community confidence.
6. Bosu WK, Ahelegbe D, Edum-Fotwe E, Bainson KA,(30 September 1996,)	6. Factors influencing attendance to immunization sessions for children in a rural district of Ghana	6. Rural district of Ghana(India).	6. The community's demographics is the mothers in the focus groups were similar to those of the survey questionnaire. Local leaders were all male and, Most of them were farmers, and half of them had. That figure was 51% in the research district. This has sparked concerns because Ghana will not meet the 80% objective by the year 2000. To contribute to the national focus, districts will need to sustainably increase their immunization programs.

7. Patel AR, Nowalk MP. Expanding immunization (2010)	7. Expanding immunization coverage in rural India: A review of evidence for the role of community health workers	7. India	7. The keywords "community health worker," "immunization," and "developing countries," together in order along with suitable synonyms and subject headings, were used to find relevant literature. Articles on the use of healthcare workers giving kids regular vaccinations under the age of five were reviewed, as more items were found by searching reference lists. This review focused on interventions utilized by CHWs.
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0.3 Research Objective

The objective of this research was to is to do 0-dose of 0-5-year-old children by community mobilization and make that mothers aware to get their children vaccinated regularly at the right time. in urban areas.

Research Question –What are factions responsible for immunization status in urban community Jaipur?

Objectives –

- ✚ To assess the immunization status in the urban community of Jaipur.
- ✚ To know awareness level among mothers in community urban immunization .

3.1.1. Secondary Data

The source of secondary data is both reports, both public and private. Data from primary sources are taken from papers and books., news, papers reported data from censuses, etc. Documents .In this, Data stored in values has also been collected regarding Routine immunization . Secondary sources in the form of books ,news magazines, articles etc. provided data on the community situation .

3.1.2. Tool of the Data Collection and Procedure

- The study was launched over one month from(March 1st to May 31, 2023.) Redesigned with the help of Secondary data of observation.

3.1.3 Data Analysis and Analysis Plan

- The data collection was done by MS Excel sheet and univariate analysis was done for understanding.

3.1.4 Study area:- A study will be conducted on a Jaipur Urban -2 area in the Jaipur district, Rajasthan.

3.1.5. Study tools: -

- RI routine Immunization- house to house monitoring format.
- Interview schedule (Anganwadi , Asha , ANM)

- Secondary Research

3.1.6. Sample Size: –

- The study conducted with 100 sample sizes.

3.1.7. Sampling Technique –

- A study used the technique of a simple random sampling procedure.

3.1.8. Data Collection Procedure:-

- In Both quantitative and qualitative techniques were used in the research. developed focusing on the positive and negative impacts of financial inclusion.
 - Routine immunization house to house monitoring format.
 - Face-to-face interview
 - Key persons or discussion.

Chapter 04: Key Finding

4.1.1. Mothers' awareness about immunization:-

Community immunization plays an important role in ensuring access to vaccinations. Here is some information on the topic:

According to the study findings, the mother is not aware of vaccination.:-

- Lack of awareness due to lack of information. Poor system of the government . The distance to is far away from Aaganwadi, so ANM will not go to get vaccinations, will give wrong vaccine data. Mother's awareness or Anganwadi being away from home or mother's lack of education.

4.1.2. Mother's perception of immunization:-

- Most of the aware mothers want their children to get vaccinated on time. But looking at the other side, some mothers do not pay much attention to vaccination. Those mother who are not aware of the vaccination, they are not able to get the vaccination done at the right time.
- The mother who has correct information about vaccination, wants that the vaccination should be done at the right time.

4.1.3.Challenges of the immunization:-

- ANM not coming on time to vaccinate. Sometimes he gets a high fever for which he cries and disturbs the mother. No shortage of time.
- Most of the people of lower level in villages or cities or due to migration, the husband and mother did not get the vaccination done on time.

4.1.4 .Myths of the immunization :

The mother's child does not get vaccinated many times, so the child gets infected.

- If the mother does not have the correct information about vaccination, then the mother does not get her child vaccinated. If the child gets hungry after getting the Penta-1 6 Week vaccination, then the mother does not get further vaccination done. This came to be known while doing community mobilization.
- Sometimes the child gets hungry after getting vaccinated, so his mother does not get him vaccinated due to fear.
- And as Penta-1 has 5 vaccines OPV -1 Rota-1 fipv-1 PCV -1 Penta-1 6 weeks old baby gets hungry, then the mother gets scared and second in getting a vaccination.
- Mother is also afraid of this because children get 5 vaccinations, and the mother is afraid of injections.
- That's why many times children don't get vaccinated because of their mother's illness.

4.1.5. World Health DAY Celebrating special day with the mothers and children.

- World Health Day and Routine immunization vaccination program were organized at Gram Panchayat Paliwala Jatan Sub Health Center of the Bassi rural area. This program was celebrated under the auspices of the Department of Medical and Health, USAID Momentum, and Dhara Institute, the World Health Day program.
- In which the CHO of Gram Panchayat Palawala Jatan, Smt. Simran, Anganwadi worker Asha Sahyogani Bharti and Associate Block Coordinator of Dhara Sansthan's Rajkumar Hargovind Seema etc were present. In the program, the work done by the World Health Organization, their objectives, proper eating, physical cleanliness, and cleanliness of the surroundings, getting periodic checkups done for better health, etc. were given. And by ANM Asha Meena, all the present pregnant women, clk weight vaccines, Penta 1, 2, 3 measles, booster vaccines, etc. were also examined.
- In which the CHO of Gram Panchayat Palawala Jatan, Smt. Simran, Anganwadi worker Asha Sahyogani Bharti and Associate Block Coordinator of Dhara Sansthan, Rajkumar Hargovind Seema etc were present. In the program, the work done by the World Health organization, their objectives, proper eating, physical cleanliness, and cleanliness of the surroundings, getting periodic checkups done for better health, etc. were given. And by ANM Asha Meena, all the present pregnant women, clk weight vaccines, Penta 1, 2, 3 Children were also screened for measles, booster vaccines, etc.

- Addressing the lactating women and the people of rural communities, the first message of happiness and a healthy body, every person should always try to stay healthy. It is very important to follow health rules in life. He said that on the basis of a balanced diet and regular exercise, we can take better care of our health.
- Motivated people deprived of corona vaccination to get vaccinated. And for better mental health, the news of taking a pledge to always stay away from alcohol, intoxication, beedi gutka, and to use sanitizer and mask in view of the disease Covid -19.



Few glimpses from the week of World Health DAY Celebrating

4.1.6. World Immunization Camp Conducting in a one day of World Immunization week Camp .

- World Immunization Week was organized at UPHC Kesar Vihar on 28—04-2023. Akshaya Patra in front of Jhuggi Jhopri. According to the due list the immunization support by telephone and motivate families during house-to-house visit .
- After doing community mobilization in Jhgi Jhopri, many children were found with zero does.
- By doing community mobilization door to door community mobilization was done for one week and vaccination week was celebrated.
- Doctors ANM and Asha were available in the camp.
- Health check-ups and medicines were also given in the camp.
- The total survey was done 60 and out of that total 25 males and females 16 females were vaccinated and 9 females were vaccinated.
- Day of Vaccination Week Total Vaccination done . Polio Drop (5) FIPV-2 (6)MR-1 (4)MR-2(3) DPT Booster-1 (-3)DPT Booster-2(4)Total Vaccination 25 done male and female.



Few glimpses from the week World Immunization Week Camp.

4.1.7. Routine Immunization House to House Monitoring

There are 18 Anganwadi inside CHC Sanganer, data has been collected in Anganwadi of Community Health Centre (CHC)Sanganer.

- House-to-house survey data was collected at Sanganer Kieron Ki Dhani.
Home Visit of **Jaipur Urban -2 Sanganer** Face-to-Face Communication through a home visit
- While conducting the survey, it was found that ASHA does not give information on the day of vaccination to all the mothers.
Whose house Asha goes to, she informs about the day of vaccination.



Few glimpses from the survey

4.1.8.9:00 am to 2:pm(2 days in a week) Medicine Distribution / Vaccination in child .
Routine waise.

- There are 18 Anganwadi inside the Community Health Centre (CHC) and people come to get vaccinated from that Anganwadi only. Vaccination takes place in the CHC on Mondays and Thursday.
- And in Community Health Center (CHC)Sanganer, those mothers who are doing migration also get vaccinated in Community Health Center (CHC) Sanganer.
- And all the people who live in the vicinity of Community Health Center (CHC) Sanganer, also get vaccinated in Community Health Center(CHC) Sanganer.
- 2 ANM 1 doctors support routine immunization on the day of vaccination.
- Vaccination every Monday and every. Thursday 60 to 70 children are vaccinated.
- Mothers of Madhya Pradesh, Bihar, Uttar Pradesh, and Jaipur who get vaccinated in (CHC) Sanganer come to get their children vaccinated.
- Vaccination looks AGE like BCG HEP-B OPV -0 Penta -1 OPV -1 ROTA-1 FIPV-1 FIPV-1 PCV-1 penta-2 OPV-2 Rota Penta-2 penta-3 OPV-3 Rota-3 FIPV-2 PCV-2 MR-1 Vitamin A-1 PCV booster DPT Booster -1 Vitamin A-2 OPV Booster MR-2 DPT Booster-2. All this vaccination.



CHC vaccination Few glimpses from the week

4.1.9. For Infants, (Vaccine-wise)

Comprehensive Immunization Program (UIP) Immunization Program in launched in 1978 as Expanded Programme on Immunization. The program was renamed Universal Immunization Programme in 1985 when its reach was expanded beyond urban areas.

For Infants				
(BCG)Bacillus Calmette Guerin	At birth or as early as possible till one year of age	0.1ml (0.05ml Unit 1 month age)	Intra -dermal	Left Upper Arm
HepatitisB-Birth does	At birth or as early as possible within 24 hours	0.5ml	Intramuscular	Antero-lateral side of the mid thigh
Oral Polio vaccine (OPV)-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1,2&3	At 6 weeks, 10 weeks & 14 weeks(OPV can be given till 5 years age)	2 drops	Oral	Oral
Pentavalent 1,2&3	At 6 weeks, 10 weeks & (can be given till one year of age)	0.5ml	Intramuscular	Antero-lateral side of the mid thigh
Pneumococcal Conjugate Vaccine(PCV)	Two primary does at 6 and 14 weeks followed by Booster does at 9-12 months	0.5ml	Intramuscular	Antero-lateral side of the mid thigh
Rotavirus (RVV)	At 6 weeks, 10 weeks (can be given till one year of age)	5 drops (liquid vaccine) 2.5 ml (lyophilized vaccine)	Oral	Oral
Inactivated Polio Vaccine (IPV)	Two fractional does at 6 and 14 weeks of age	0.1ml	Intra dermal two fractional does	Intra - dermal: Right upper arm
Measles-Rubella (MR) 1ST does	9 completed months -12 months (Measles can be given till 5 years of age)	0.5ml	Sub- cutaneous	Right upper Arm

Japanese Encephalitis (JE) – 1	9 completed months-12 months.	0.5 ml	Sub-cutaneous (Live attenuated vaccine)	Left upper Arm (Live attenuated vaccine)
Vitamin A (1st dose)	At 9 completed months with measles-Rubella	1 ml (1 lakh IU)	Oral	Oral
	For Children			
Diphtheria, Pertussis & Tetanus (DPT) booster 1	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
MR 2nd dose	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
JE-2	16-24 months	0.5 ml	Sub-cutaneous (Live attenuated vaccine)	Left upper Arm (Live attenuated vaccine)
Vitamin A (2nd to 9th dose)	16-18 months. Then one dose every 6 months up to the age of 5 years	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
Td	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

Figure: vaccines provided under (UPI)

CHAPTER 5: RESULTS

ACCORDING TO GENDER

O- Dose Child

Gender	Total	Percentage %
Male	4%	67%
Female	2%	33%
Total	100%	100%

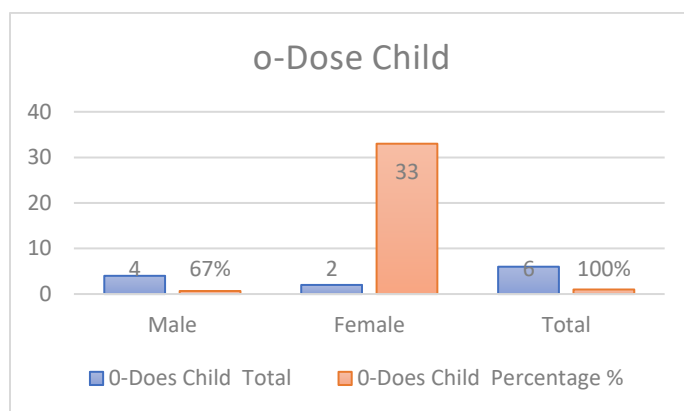


Figure 01: o- Does of Male and Female

The total number of population 100 participants , in which the male children were 67% (N= 4) 0-does and the female children were 33% (N= 2) 0-does as show the table 1 and figure .

1. At Birth

Gender	Total	Percentage	Vaccine	Age Waise
Male	3	42	BCG	At Birth
Female	4	58	BCG	At Birth
Total	7	100	BCG	At Birth

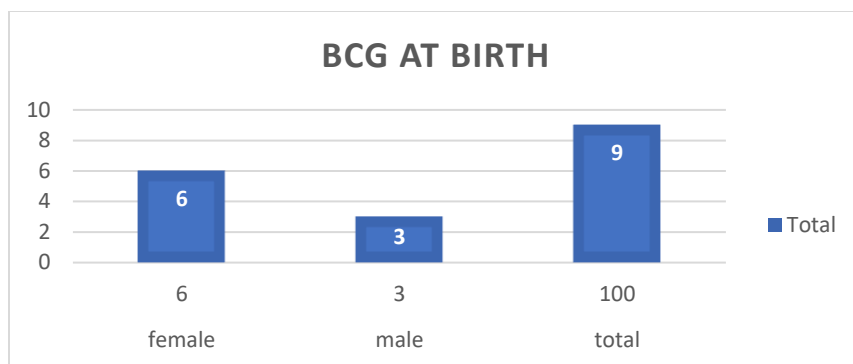


Figure 02: Vaccination of Male and Female

The total number of population 100 participants , in which the children were 42% (N= 6) and the female children were 58% (N= 4) as show the table 1 and figure .

Penta-1

Gender	Total	Percentage%	Vaccine	Age Waise
Male	9	69%	Penta-1	1 ½ Month
Female	4	31%	Penta-1	1 ½ Month
Total	13	100%	Penta-1	1 ½ Month

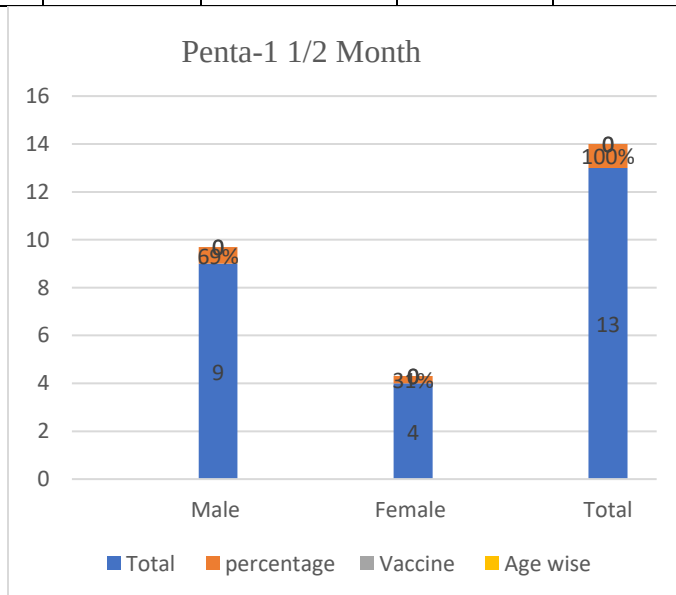


Figure 03: Vaccination of Male and Female

The total of population 100 participants, in which the male which the male children were 69%(N=9)and the female children were 31%(N=4) as show the table 03and figure.

Penta-2

Gender	Total	Percentage	Vaccine	Age Waise
Male	7	29%	Penta-2	2 ½ Month
Female	17	71%	Penta-2	2 ½ Month
Total	24	100%	Penta -1	2 ½ Month

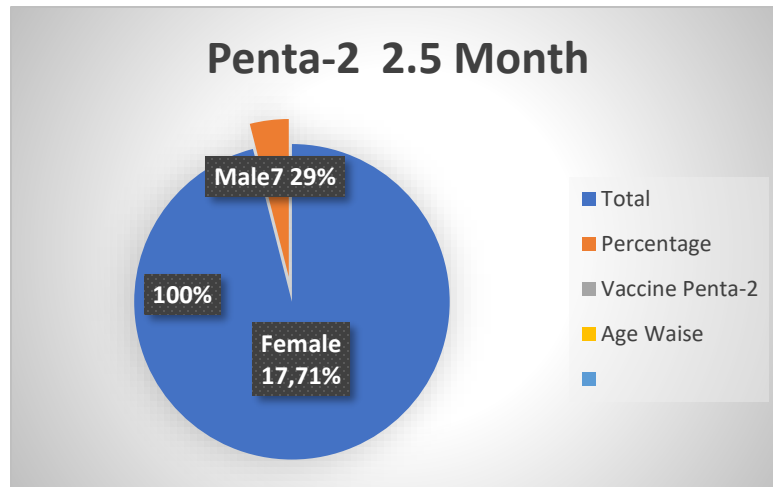


Figure 04: Vaccination of Male and Female

The total number or population is 100 participants . In which the male children were 29% (N-7) and the female children were 71% (N=17) as show the table 03and figure .

Penta -3

Gender	Total	Percentage	Vaccine	Age Waise
Male	5	29	Penta-3	3 ½ Month
Female	12	71	Penta-3	3 ½ Month
Total	17	100	Penta -3	3 ½ Month

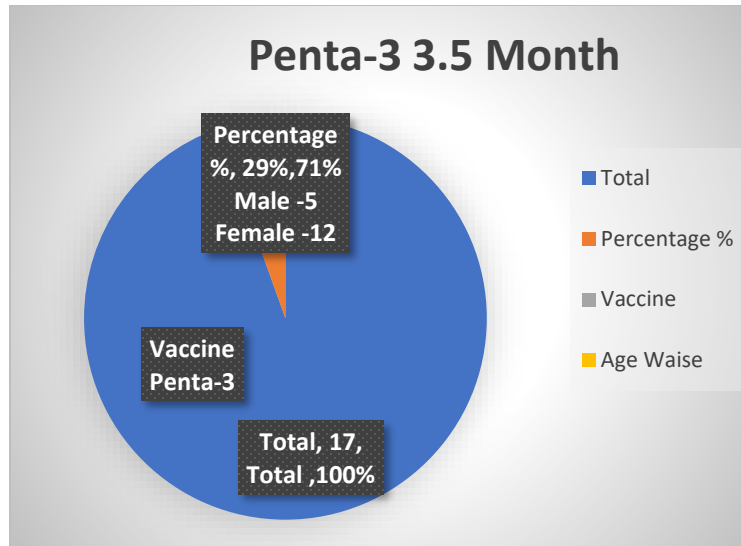


Figure 05: Vaccination of Male and Female

The total number of population 100 participants , in which the male children were 29%(N=71) and the female children were 71%(N=12) as show the table 04: and figure .

MR-1

Gender	Total	Percentage	Vaccine	Age Waise
Male	4	29	MR-1	9 Month
Female	10	71	MR-1	9 Month
Total	14	100	MR-1	9 Month

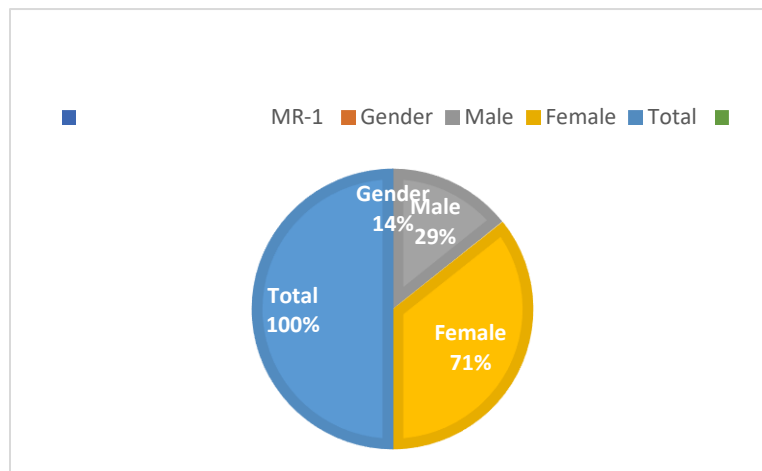


Figure 06: Vaccination Male and Female 9 Month

The total number of population 100 participants , in which the male children were 29% (N= 4) and the female children were 71% (N=10) as show the table 05 and figure .

DPT Booster -1

Gender	Total	Percentage	Vaccine	Age Waise
Male	4	36	DPT Booster-1	16-24 Month
Female	7	64	DPT Booster-1	16-24 Month
Total	11	100	DPT Booster-1	16-24 Month

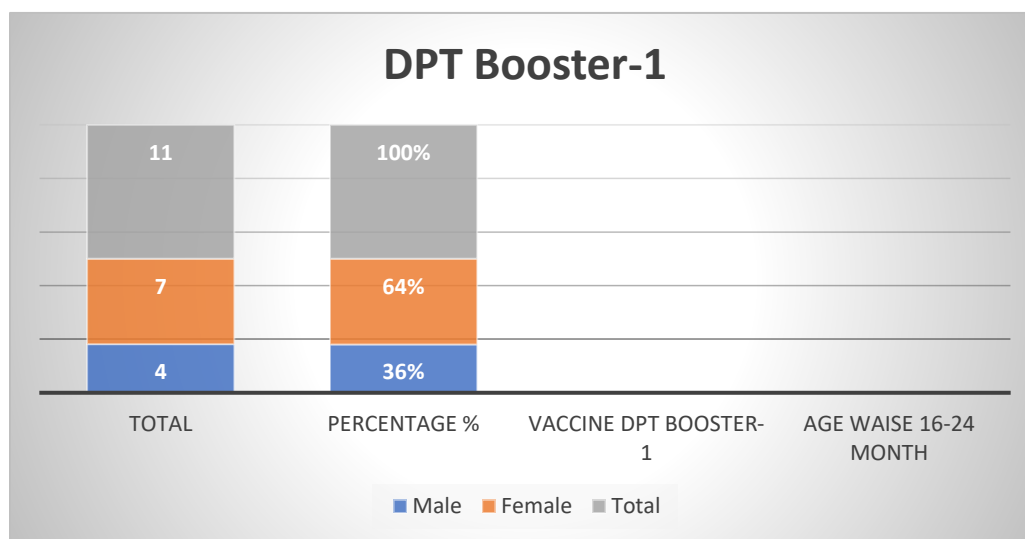


Figure 07: Vaccination Male and Female

The total number of population 100 participants , in which the male children were 36% (N= 4) and the female children were 64% (N=7) as show the table and figure

DPT Booster -2

Gender	Total	Percentage %	Vaccine	Age Waise
Male	3	38%	DPT Booster-2	5-6 Year
Female	5	62%	DPT Booster-2	5-6 Year
Total	8	100%	DPT Booster	5-6 year

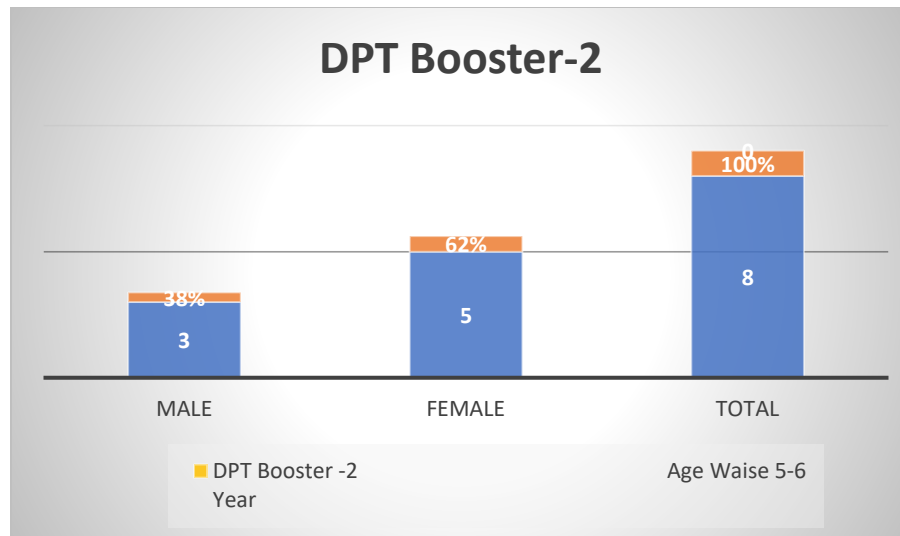


Figure 08: Vaccination of Male and Female

The total number or population 100 participants, in which child were 38% (=N 3) and the female children were 62% (=N5) as show the table 08: and figure .

Chapter 5: Conclusion and Recommendations

5.1 Summary of Findings

The conclusion of my study is that it comes out of community mobilization that 5% of mothers are not aware of vaccination. Mothers who are not educated do not even know when and in how many months the vaccination is done. When dose vaccination take place and in which Anganwadi vaccination takes place? Mothers doesn't even know which vaccination are given . From what time till what time vaccination takes place in Child Health Centre. Asha does not give information to all mothers on the day of vaccination. That's why the child is not able to get vaccinated regularly.

My study's findings show that these findings have come out through community mobilization for routine immunization. Of 100 simple sizes, 67% male and 33% female O-dose children have come out. BCG 42% male female 58% Penta -1 69% male and female 31% penta-2 male 29 % female 71% penta-3 29 male and 71 female MR-1 36 % male and female 64% DPT- Booster -1 Male 36% and Female 64% DPT Booster-2 Male 38% Female 62% These findings emerged from community mobilization.

SUGGESTION:-

- 1.To make mothers aware of the schemes of the government.
2. Women should be more aware of about immunization.
3. All the schemes related to health should reach the mothers.
4. We will make a routine immunization for the children who are in zero doses.

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