



Routine Child Immunization and Migrants

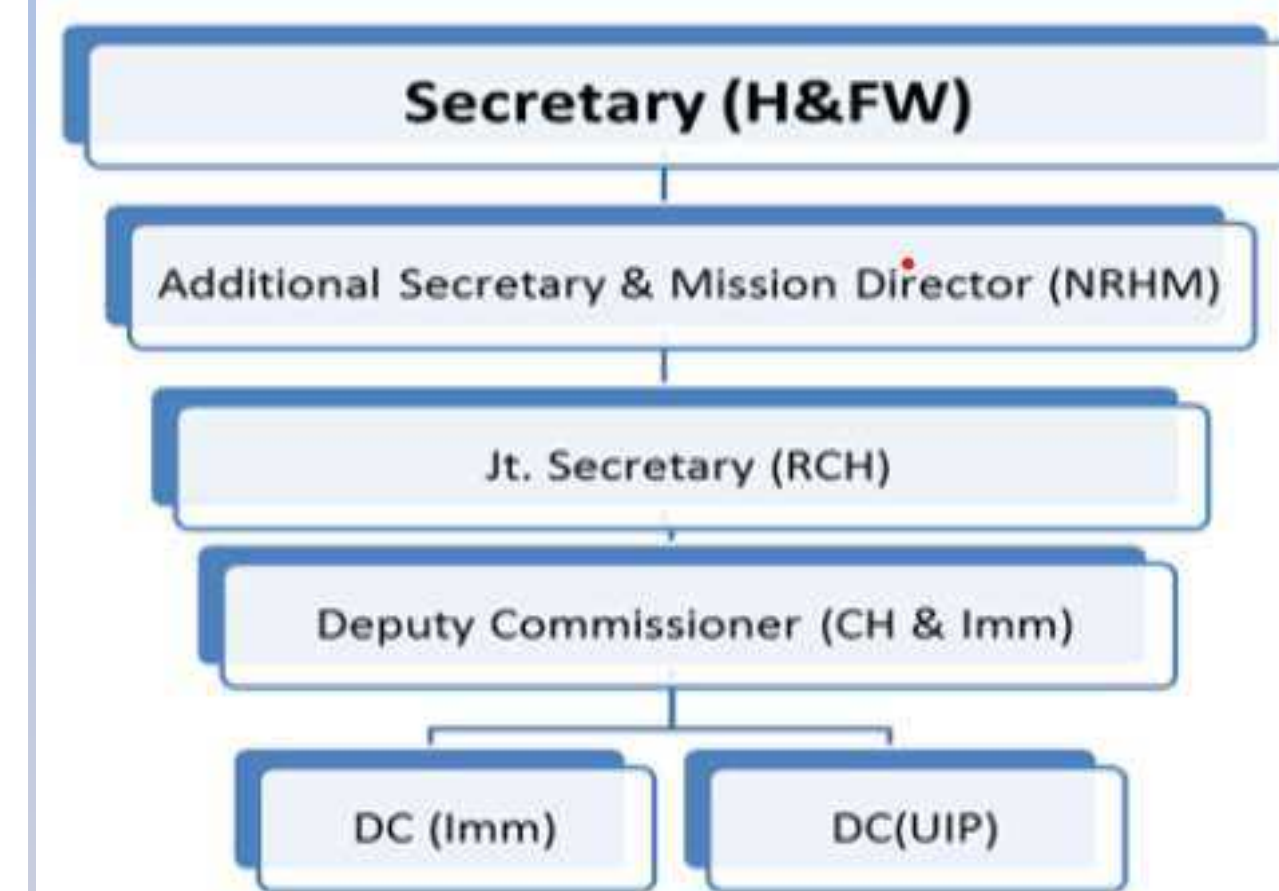
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About Mission Indradhanush:

To fortify and recharge the program and accomplish full vaccination inclusion for all kids and pregnant ladies at a fast speed, the Government of India sent off "Mission Indradhanush" in December 2014.

The ultimate goal of Mission Indradhanush is to ensure full immunization with all available vaccines for children up to two years of age and pregnant women. The Government has identified 201 high focus districts across 28 states in the country that have the highest number of partially immunized and unimmunized children. (<https://www.nhp.gov.in/mission-indradhanush1>).



Objectives of the Summer Training Assignment:

- To review Mission Indradhanush Guidelines, immunization schedule, and NFHS 5 fact sheet to update the progress
- To study child immunization among the migrant population

METHODOLOGY

Study design: Cross-sectional study design

Setting: Kathputli Nagar Jaipur

Respondents: 50 Parents /Caregivers of U5 children; 2 ASHAs

Study duration: 2 months

Data Collection method and tool: Interview; review of guidelines and relevant documents

Data Analysis – Descriptive statistics (%)

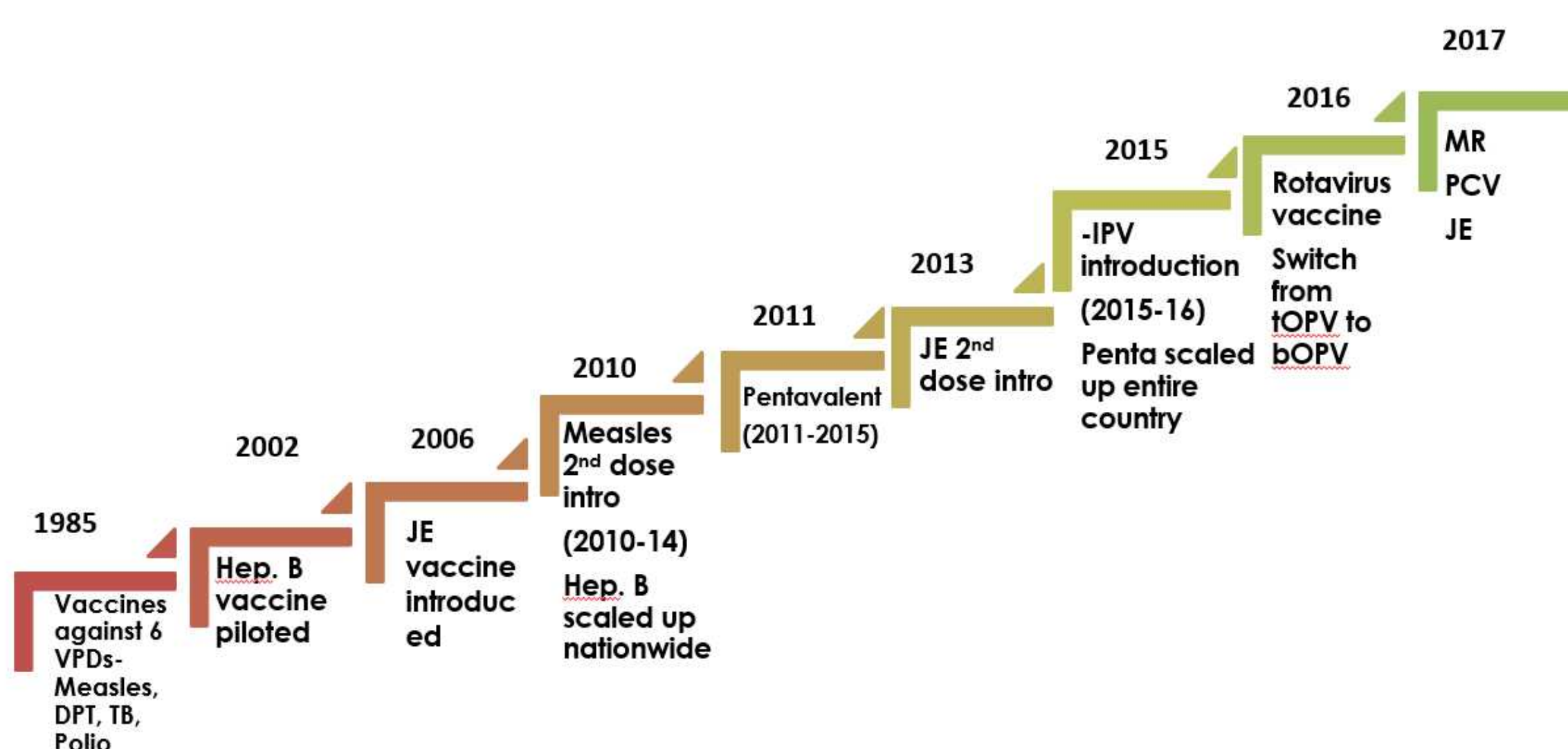
Age	Vaccines given
Birth	Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV)-0 dose, Hepatitis B birth dose
6 Weeks	OPV-1, Pentavalent-1, Rotavirus Vaccine (RVV)-1, Fractional dose of Inactivated Polio Vaccine (IPV)-1, Pneumococcal Conjugate Vaccine (PCV) -1*
10 weeks	OPV-2, Pentavalent-2, RVV-2
14 weeks	OPV-3, Pentavalent-3, IPV-2, RVV-3, PCV-2*
9-12 months	Measles & Rubella (MR)-1, JE-1** , PCV-Booster*
16-24 months	MR-2, JE-2**, Diphtheria, Pertussis & Tetanus (DPT)-Booster-1, OPV – Booster
5-6 years	DPT-Booster-2
10 years	Tetanus & adult Diphtheria (Td)
16 years	Td
Pregnant Mother	Td-1, Td-2 or Td-Booster***

* PCV in selected states/districts: Bihar, Himachal Pradesh, Madhya Pradesh, Uttar Pradesh (selected districts) and Rajasthan; in Haryana as state initiative

** JE in endemic districts only

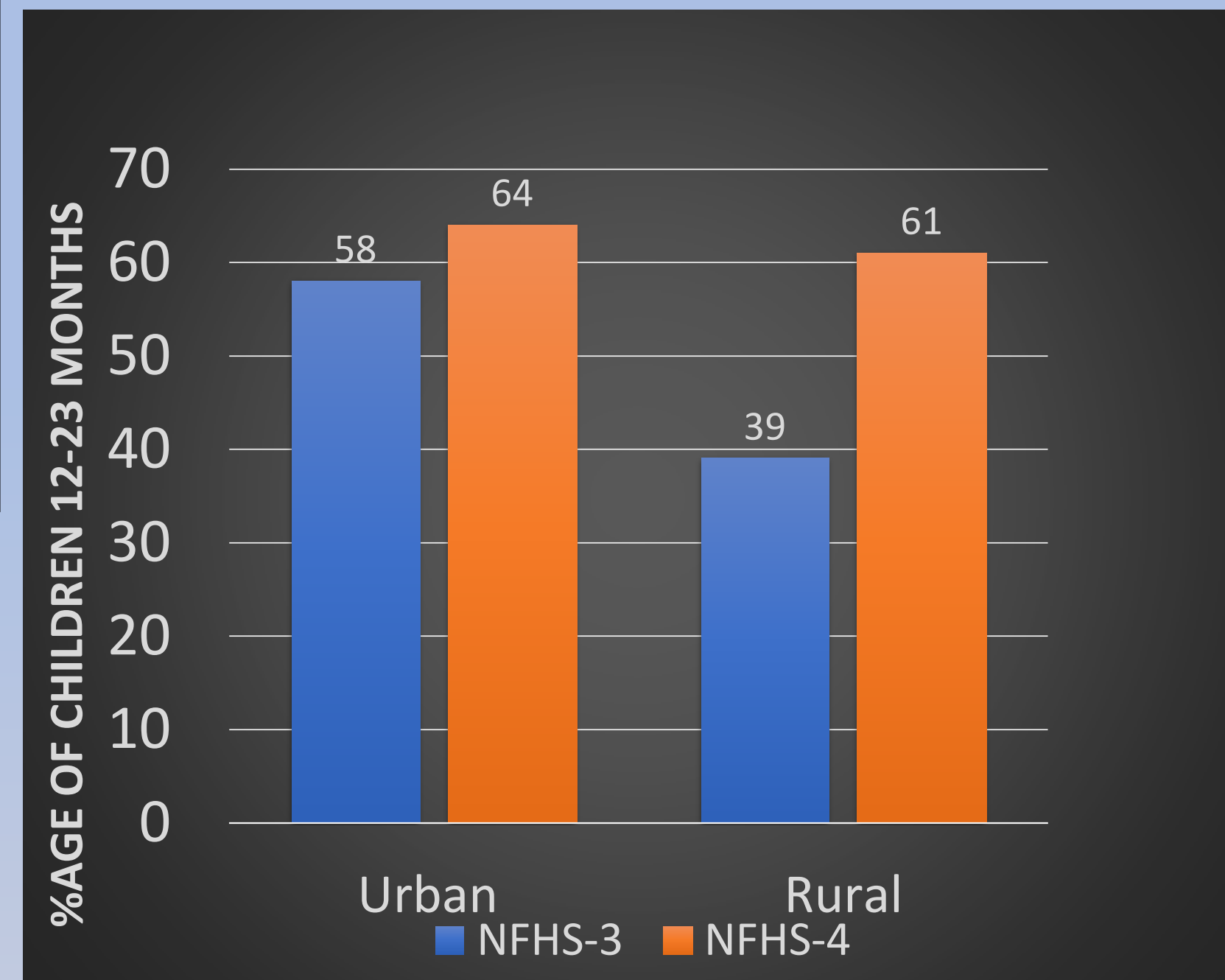
*** One dose if previously vaccinated within 3 years

Roadmap of vaccine Introduction

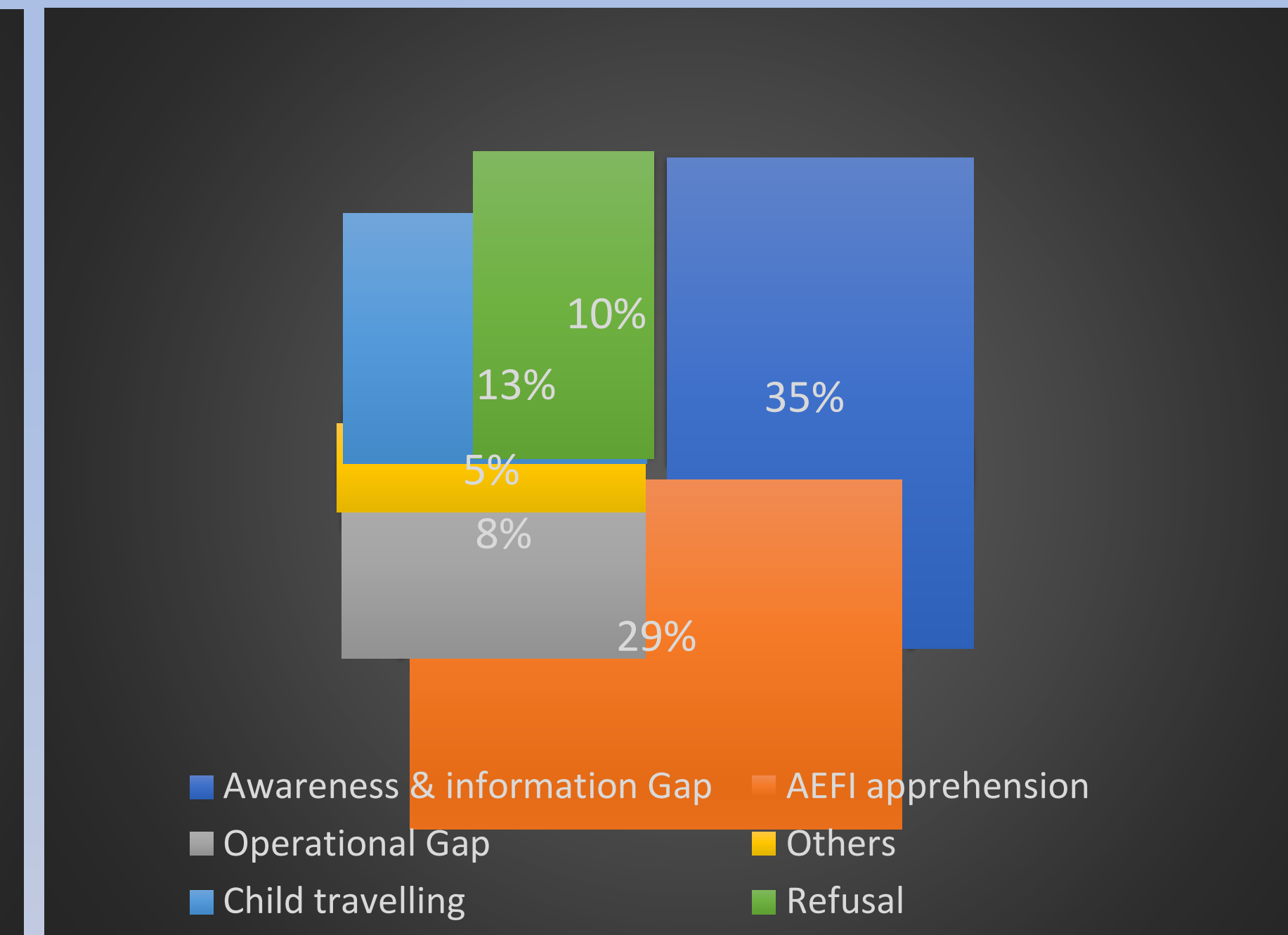


NFHS 5 Rajasthan Key findings related to Child Immunization

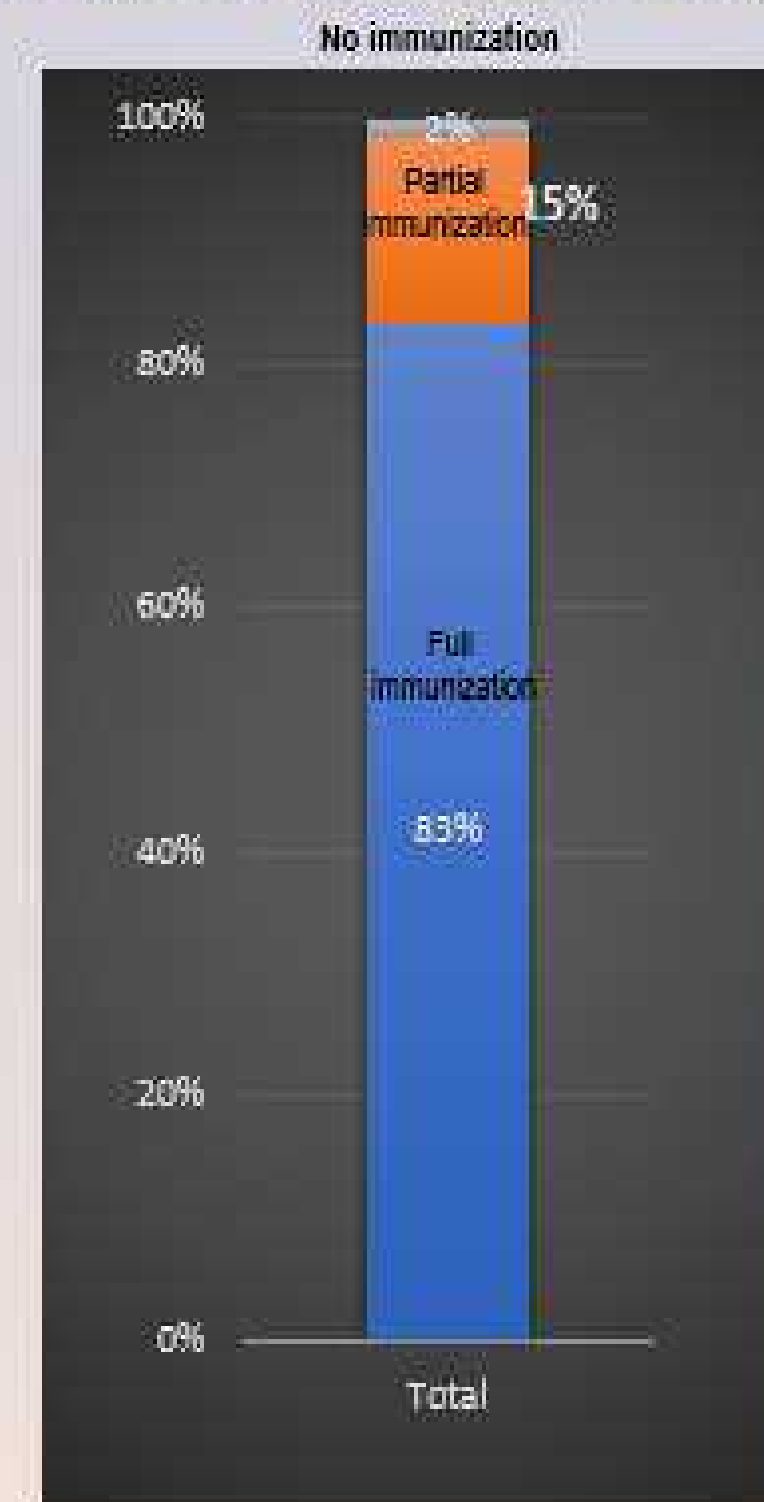
Full Immunization Coverage in Urban & Rural areas



Reasons for children missing their due vaccine



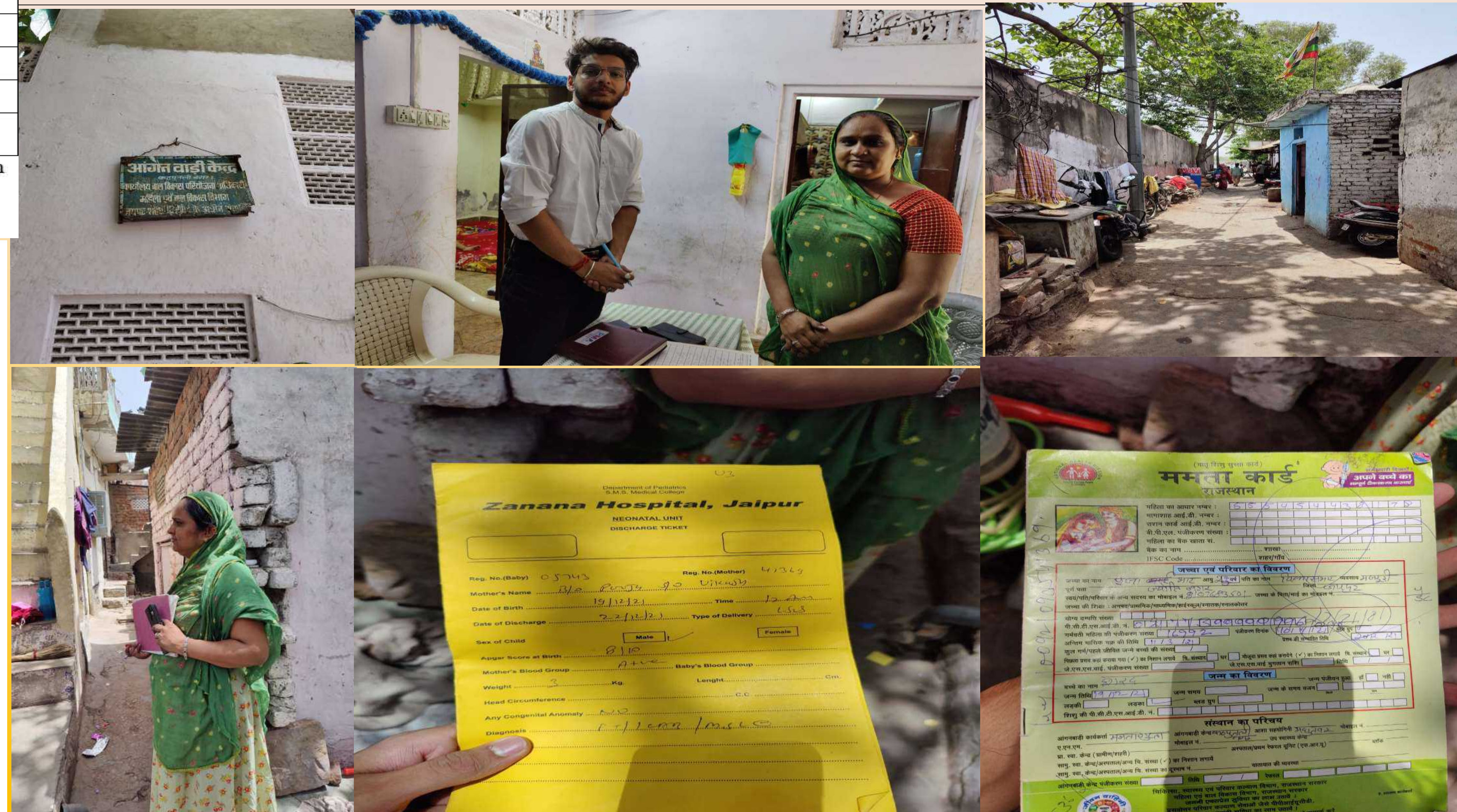
COMPLETE TIMELY AND PARTIAL IMMUNIZATION



Study Key Findings

- Almost every family had a Mamta card but it was not completely filled
- 42% of Migrants from Kathputli Nagar are from U.P
- 44% of children were timely and completely immunized with the Polio vaccine
- 36% of children immunized in the Anganwadi center
- 30% Of the Population are non Immunized

Glimpses of Activities



SWOT Analysis

Strength

- Mission mode for Strengthening Routine Immunization Program
- applicable to all children/ universal coverage
- Free of charge services

Weakness

- Weak Monitoring system
- Lack of feedback system, focus on quantity rather than the quality of services
- Community engagement to clarify doubts and myths

Strength

Weakness

Opportunity

Threats

Multi-Sectional Convergence

- Willingness of international agencies to support
- availability of resources (financial and other)

Lack of Political commitment/ instability

- Private health providers

Learnings and value additions

- The summer training provided the exposure to the real world health settings in an urban slum with migrants in Jaipur
- Provided Child Immunization schedule as per the Mission Indradhanush and its implementation on the ground.
- Gained Confidence and overall learning
- The summer training Provided practical knowledge of routine immunization activities.

Challenges during the summer training

Lack of availability of migrants for interaction, therefore, took more time

Suggestions

As per the discussion held with the State Program Manager and Project Director of Routine Immunization and ASHAs at the community level, the following suggestions were mentioned for complete and timely child immunization

- Interventions such as counseling of parents, pre-listing of migrant children with the help of local brick kiln managers/contractors at construction sites
- Mechanisms to track migrants and supervision needed to be strengthened to improve the coverage by interacting.
- Providing resources (e.g., information, pamphlets, websites, hotline numbers) to parents who have questions or concerns about vaccine safety or who want more vaccine information

References

- <https://nhm.gov.in/>
- <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=824&lid=220>
- <http://www.sarthakindia.org/kathputli.html>
- <http://rchiips.org/nfhs/rajasthan.shtml>