



**Coverage of pentavalent vaccine third dose and reasons for dropout among children
receiving immunization at Sirsi CHC in Jaipur Rajasthan India**

A Capstone Project submitted to

IIHMR University

in partial fulfillment of the requirement for

the award of the degree of

Master of public health (implementation science)

by

Kulmie Mohamud Abdulle

MPH (IS) - Cohort 01 (2022-24)

Under the guidance of

Dr. Vinod Kumar SV

June 2023

Abstract

“Dropout rate is one of the determinants of vaccination coverage and program performance program continuity and follow up immunization drop out signifies that the child has received the first recommended dose of the vaccine and yet has missed the next recommended dose it is the rate difference between first and the final dosage.”

Methods and Source of Data:

This study is based on secondary source of data from the Sirsi CHC vaccine data records and primary data also that we used questionnaire observation checklist and Interviews with health providers on availability of tools. And provision of immunization service.

Objective:

To assess the coverage of third dose of Pentavalent vaccine among children at CHC Sirsi, Jaipur.

To identify the determinants affecting the Pentavalent vaccine in children under 5 years

Results:

Pentavalent Dropout rate

- $467-445/467 \times 100 = 4.7\%$ it means the dropout rate of pentavalent3, was 4.7% in 2021
- $541-519/541 \times 100 = 4\%$ that means in the year 2022 the dropout rate of pentavalent3, was 4%

Pentavalent Coverage rate in 2021 and 2022

- $445/567 \times 100 = 78.5\%$ and this shows that 21.5 percent was remaining in 2021
- $519/699 \times 100 = 74.2\%$ this means that 25.7 percent was remaining in 2022

Conclusion:

The reasons for dropout of third dose pentavalent are included.

- Migration of some parents from the district before completing third dose of pentavalent to their children.
- In adequate visit and access to immunization service for some caregivers while they are busy for their daily and hesitate to complete pentavalent vaccine doses to their children due to in adequate awareness of vaccine importance to their children's health.

Key Words: Pentavalent coverage, reasons for dropout rate, Challenges and Enablers.

Acknowledgments

First and foremost, I would like to thank my faculty advisor, Dr. Vinod Kumar for his unwavering support, expert guidance, Insightful feedback and greatly enhanced the quality of this project. I am truly grateful for his dedication and mentorship.

I would also like to extend my gratitude to the faculty members of IIHMR University management team, for their relevant field in shaping my approach to this project.

Furthermore, I would like to express my appreciation to all health providers of Sirsi CHC for their flexibility, interaction and facilitating my field observation.

Table of Contents

Abstract.....	2
Acknowledgement.....	3
Content page.....	4
Background.....	4
Conceptual framework of Pentavalent Vaccine Coverage.....	6
Program Design and Service Delivery.....	7
Capstone work area with objective of the Capstone Project.	8
Field Visit Documentation	9
Methods and Data Source	9
Interview Assessment.....	11
Shortlist five most important Challenges.....	13
Important enablers for vaccine delivery service.....	13
Pentavalent coverage and dropout rate	15
Annexures 1.....	16
Annexures 2.....	17
Annexures 3.....	18
Annexures 4.....	20
Annexures 5.....	22
Annexure 6.....	24
Reference.....	27

Background.

Vaccination is considered the most successful and effective public health intervention against infectious diseases(1) and significantly lowers the morbidity and mortality rates in children by protecting them from Vaccine Preventable Diseases(2)

Globally, vaccine preventable diseases are responsible for nearly 20 % of the 8.8 million deaths annually among children under five years of age(3)

It is estimated that each year about two million deaths occur globally due to VPDs with approximately around 1.5 million occurring in children under five years of age and constituting 15% of under five deaths(4)

“Vaccine-preventable diseases are major causes of under-5 mortality in India. As per World Health Organization (WHO) estimates, India has the largest dropout rate for three doses of DPT vaccine(5)”

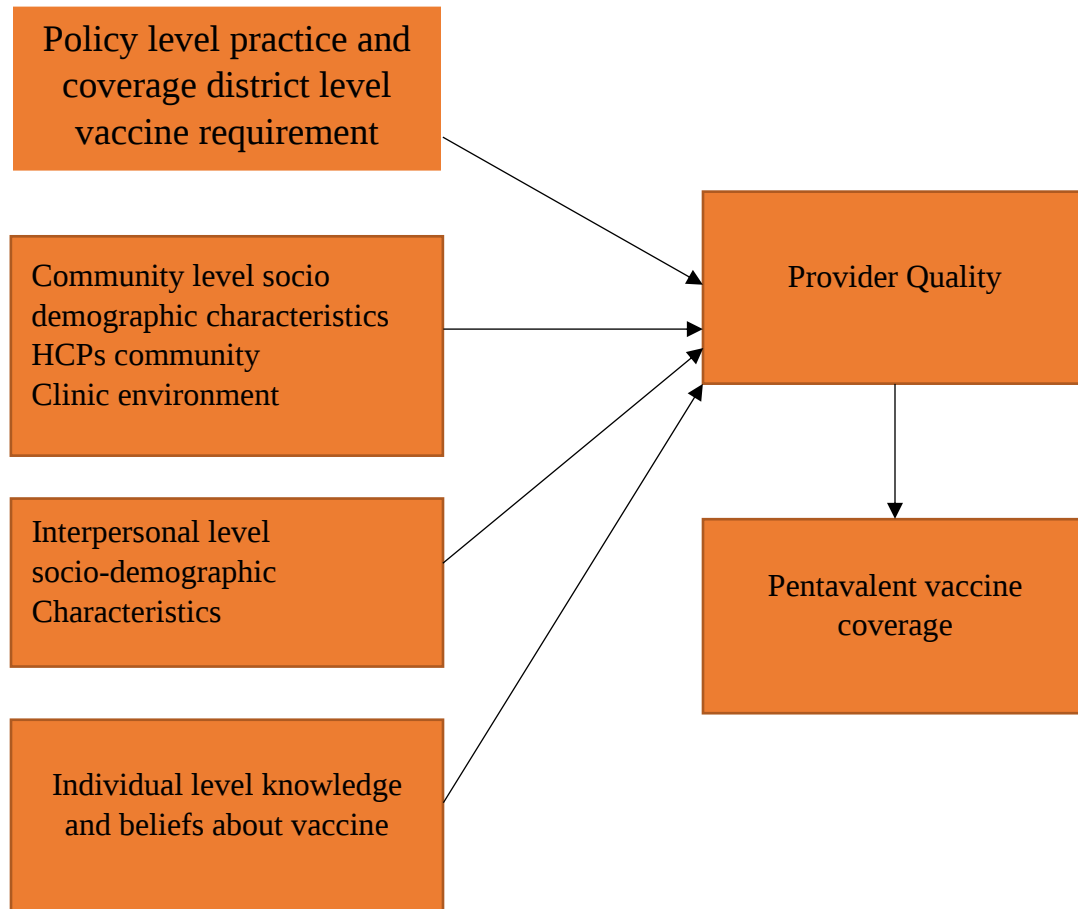
Immunization dropout signifies that the child has received the first recommended dose of the vaccine and yet has missed the next recommended dose(6)

The drop-out rates of pentavalent or any vaccines, for example between DPT1 and DPT3, are defined as the percentage of children that started a course, but couldn't finish the routine immunization for some reasons(4)

Pentavalent vaccine coverage differs substantially from regional coverage, and can help identify behavioral factors that affect the success of vaccine implementation programs including vaccine hesitancy(7) In 2019, 19.7 million children worldwide did not receive the third dose of the diphtheria, tetanus, and pertussis (DTP3)(8)

In India Dropout rate from pentavalent 1 to pentavalent 3 was 7.4% on 29 December 2022(9)

Conceptual Framework of DPT Vaccine Coverage



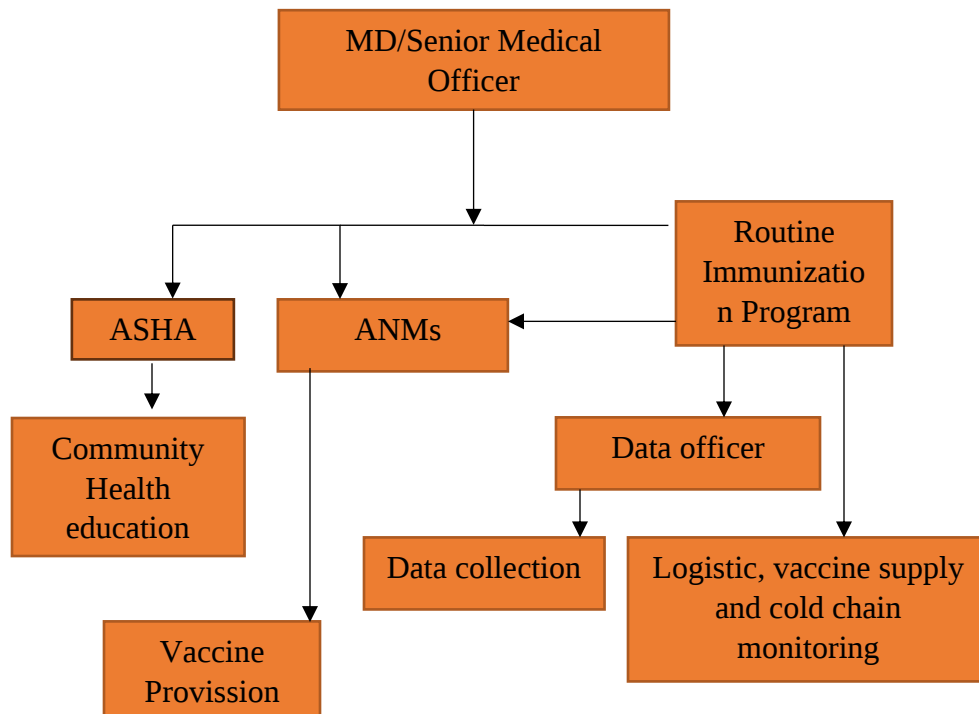
General objectives:

Coverage of pentavalent vaccine third dose and reasons for dropout among children receiving immunization at Sirsi CHC in Jaipur Rajasthan India 6

- To assess the coverage of third dose of Pentavalent vaccine among children at CHC Sirsi, Jaipur.
- To identify the determinants affecting the Pentavalent vaccine in children under 5 years
- To determine possible reasons for sub optimal coverage of Pentavalent vaccine administration after first dose of Pentavalent.

Program Design and Service Delivery

Sirsi Community Health Center



Capstone work area with objectives of the Capstone Project.

Capstone area is Sirsi community health center that located in Jaipur city Rajasthan India that provide wide range of community health services to local communities.

The services typically include preventive care immunization service

Maternal and child health service

Health education and family planning and

Treatment for common illness and injuries.

Prevention and control of infectious and non-infectious diseases.

Basic laboratory and diagnostic services.

Population: 50,000

Staff: 14 staff 2 ANM and 1 Medical doctor

Schedule: from 8:00am to 2:00pm 6 hours/day

Routine Immunization: BCG DPT Hep B, OPV, ROTA, IPV, MR, TD and Covid Vaccine.

Objectives

To collect data related to the coverage of pentavalent 3 vaccine and

To understand the reasons for pentavalent dropouts in CHCs and relevant information and records about immunization coverage

To assess a routine immunization program at Sirsi Community Health Center, ensuring the delivery of high-quality immunization services to the target population.



Field visit documentation (Activity description)

We visited a community health center in Jaipur called SIRSI. And met with medical doctor of the health center after greeting we interviewed him about the routine immunization service they provide center, and he gave us introduction about the health center. Then by using our observation and assessment checklist we critically observed the cold chain room Ice line refrigerators (ILR) and Deep freezers, voltage stabilizers, functional thermometers and temperature sensors and logbook, cabinet temperature, vaccine vials stored also correct placement of ice packs inside Deep freezers and No of Routine Immunization vaccines stored inside Deep freezers (DF)

We also interviewed two of the ASHA workers and auxiliary nurse midwife and they gave us explanation about vaccine service and their responsibilities for routine immunization program.

The next visit we interviewed three of the parents who came to the health center to vaccinate their children and on the last day of our visit we received the immunization data from the data office.



Field visit activity photos

Methods and Source of Data

This study is based on secondary source of data from the Sirsi CHC vaccine data records and primary data also that we used questionnaire observation checklist and Interviews

with health providers on availability of tools. And provision of immunization service. The vaccine equipment that we observed are as follows.

Deep freezer and ice lined refrigerators with about 240 litter capacity for making ice packs and to store oral polio vaccine and measles.

Small deep freezers and ILR all vaccines at center are stored in ILR vaccines like TT DPT DT and diluents are kept in basket provided ILR. a thermometer that is kept in ILR and temperature recorded twice a day. Vaccine carriers that are used to carry small quantity of vaccine (16-20 vials) for the out of reach sessions.

1. Assessment of RI program at Sirsi CHC

a. Observation Checklist: The observations are summarized as per the checklist format below:

A	Program Management	
1	Contents of micro plan (for dependent subcenters) available	yes.
a.	Catchment area map for implying sub centers and distance from vaccine storage area point	yes.
b.	Beneficiaries of estimation of a village area wise for this year	yes.
c.	Estimation of immunization logistics, syringes, vaccine cards as a village wise	yes.
d.	Auxiliary nurse midwife roster and immunization calendar	yes.
e.	Planned day wise for visits by the supervisor	yes.
2	Auxiliary nurse midwife roster and vaccine calendar displayed at the health center	yes.
3	Monitoring coverage & dropout charts (BCG, Measles or DPT 1 to 3) presented	yes.
B	Cold chain observation	
1	Ice Line Refrigerators and Deep Freezers	
a.	Laid on wooden block and at least 10cm far from walls and surroundings	yes.
b.	Dedicated voltage stabilizers for each equipment	yes.
c.	Functioning thermometers inside every ILR and DF	yes.
d.	number of frost or ice less than 5mm inside walls of every ILR	yes.

2	Temperature and Logbooks	
a.	Monitoring temperature twice per day in respective logbooks	yes.
b.	Periodic checks of logbooks by facility in charge (signature)	yes.
3	ILRs	
a.	Temperature cabinet is between +2 - +8 °C	yes.
b.	All vials of vaccine are correctly stored inside cartons (expire date, batch)	yes.
c.	No of hepatitis or T-series vaccine are kept in the deep inside of ILR	yes.
4	DF	
a.	Cabinet temperature between +2 - +8 °C	yes.
b.	The ice packs are correctly placed inside the deep freezers including reconstituted vaccines	yes.
c.	No of IR vaccines stored inside DF (including reconstituted vaccines)	yes.

b. Interview summary

Interviews of ASHA, ANM and parents of children were undertaken at the facility. In all 2 ASHA, one ANM and 3 parents of children who came for immunization were interviewed. The key challenges and enablers which emerged from the observations and interviews are summarized below:

Challenges
• Illiteracy and lack of knowledge and awareness about benefits of completed immunization for child survival
• Vaccine hesitance of some people to vaccinate their children due to moving or travelling to another villages
• Shortage of vaccine supply at district level is some time can be major challenge for the implementation of routine immunization program
• Visiting each household in population of 15,000 can be logistical challenges for implementation of routine immunization services
• Vaccination teams do not have transportation facilities in reaching the Health center that are far
• High workload and low salary level
• No coordination, overcrowding, space, and there is no queuing protocol. During vaccine administration time
Enablers
• The government invests in all the necessary infrastructure, and the immunization service provided by Community health Centers is free of cost to all children regardless of their socio-economic status.
• The use of social media, electronics and mobile applications can help to improve the efficiency and effectiveness of routine immunization program
• Community engagement and awareness campaign can help promote benefits of routine immunization program and encourage parents to vaccinate the children.
• Receiving training of routine immunization program, vaccine storage and handling resource and government support
• Awareness and accessibility of routine immunization service by the most of community
• Reminders and health education provided by ASHA workers.

c. Five most important Challenges

1	Vaccine hesitance of some people to vaccine their children due to moving or travelling to another villages
2	Shortage of vaccine supply at district level is some time can be major challenge for the implementation of routine immunization program
3	Lack of awareness of some people of the importance of immunization
4	High workload and low salary level
5	Visiting each household in population of 15,000 can be logistical challenges for implementation of routine immunization services

Problems	Suggestive Actions	Feasibility	Priority
1. Vaccine hesitance of some people to vaccine their children due to moving or travelling to another villages	- Informing the parents to timely visit the health facility to vaccine child. - Giving referral card to parents	Swift	
	Connect parents to nearest health facility in the district they traveled.	Swift	
2. Shortage of vaccine supply at district level	Improving the supply chain management system		
	Prioritizing the allocation of vaccine	Swift	
	ensure that vaccines are distributed efficiently and effectively to all districts		
3. Lack of awareness of some parents of the importance of immunization	Conducting awareness campaign the importance of vaccine	Swift	
	Developing and disseminating accurate and credible information about vaccines Using social media	Swift	
	Utilizing and disseminating any vaccine information	Swift	

4. High workload and low salary level	• Provision of non-financial incentives like Certificate of Appreciation or other means of recognizing good performers	Swift	
	• Providing financial incentives to healthcare workers	Difficult	
	• Increasing the salary levels of health providers • Improving working conditions	Difficult	
	• Increasing number of healthcare workers • breaks and vacations to reduce stress and improve well-being.	Difficult	
5. Visiting each household in population of 15,000 can be logistical challenges	Creating campaigns that are tailored to parents of young children	Challenging	
	Recruiting additional health workers ANM and CHWs	Difficult	
	Increasing number of health workers to support vaccine distribution efforts	Challenging	

Shortlisted five most important Enablers

1	The government invests in all the necessary infrastructure, and the immunization service provided by Community health Centers is free of cost to all children regardless of their socio-economic status.
2	The use of social media, electronics and mobile applications can help to improve the efficiency and effectiveness of routine immunization program.
3	Community engagement and awareness campaign can help promote benefits of routine immunization program and encourage parents to vaccinate the children.
4	Receiving training of routine immunization program, vaccine storage and handling resource and government support.
5	Awareness and accessibility of routine immunization service by the most of community Reminders and health education provided by ASHA workers.

Best Practices	Supporting actions required to sustain the best practices
1. The government invests in all the necessary infrastructure, and the immunization service provided by Community health Centers is free of cost to all children regardless of their socio-economic status.	Ensuring that free immunization service is sustained
	Increasing capacity to deliver vaccine at home or alternative immunization sites
2. The use of social media, electronics and mobile applications can help to improve the efficiency and effectiveness of routine immunization programs.	A social media campaign from health department
	Supervision to monitor immunization activity at health center.
3. Community engagement and awareness campaigns can help promote the benefits of routine immunization programs.	Ensure the community are satisfied to the service provided by the center
	Encourage parents to vaccinate their children
4. Proper vaccine provision, vaccine storage and handling techniques	Training or coaching of primary care providers in strategies for effective vaccine
	Regular temperature monitor and proper vaccine storage equipment
5. Awareness and accessibility of routine immunization service by the most of community	Reminders and health education provided by ASHA workers.
	Promotion and ensuring that immunization are accessible

2. Pentavalent Coverage and drop rates in Sirsi CHC.

Pentavalent Dropout rate

1. In 2021 467 children received Pentavalent 1 while 445 children received Pentavalent3, and the target coverage was 567.
 $467 - 445 / 467 \times 100 = 4.7\%$ it means the dropout rate of pentavalent3, was 4.7% in 2021
2. In 2022 541 children received Pentavalent1 were 541 while 519 children received Pentavalent3, and the target was 699 children.
 $541 - 519 / 541 \times 100 = 4\%$ that means in the year 2022 the dropout rate of pentavalent3, was 4%

Pentavalent Coverage rate in 2021 and 2022

1. $445/567 \times 100 = 78.5\%$ and this shows that 21.5 percent was remaining in 2021
2. $519/699 \times 100 = 74.2\%$ this means that 25.7 percent was remaining in 2022

Table for DPT immunized Children at Sirsi CHC

Year	Target No	No pentavalent 1	No of pentavalent 3	Dropout rate	Coverage rate
2021	567	467	445	4.7%	78.5%
2022	699	541	519	4.06%	74.2%

The above table summarises the coverage and drop out results of pentavalent 3 in 2021 and 2022 and shows that the vaccination coverage was <80% and poor.

And the drop out rate was <10 that shows the vaccine utilization was good.

IV. Number of Immunization Sessions			
a. Immunization Sessions Planned	7	8	16
b. Immunization Sessions Held	7	8	8
c. Number of Immunization Sessions where ASHAs were present	7	6	7
V. Adverse Event Following Immunization (AEFI)			
a. Number of cases of AEFI – Abscess	0	0	0

3. Reasons for dropout (Pentavalent 3 dose)

The reasons for dropout of third dose pentavalent are included.

- Migration of some parents from the district before completing third dose of pentavalent to their children.
- Inadequate visit and access to immunization service for some caregivers while they are busy for their daily and hesitate to complete pentavalent vaccine doses to their children due to inadequate awareness of vaccine importance to their children's health.

Recommendations

- Improve vaccine supply transportation system.
- Training health providers every six months.
- Informing migrant parents to visit service delivery areas.
- Maintain good record keeping.

Annexure 1 Routine Immunization Program

Part I (This needs to be filled in by concerned facility)

Name of the Institution:

I. Child Immunization (0-9 month)	2021	2022	2023	Remarks
a. Pentavalent 1				
b. Pentavalent 3				
Number of Immunization Sessions				
a. Number of immunization sessions planned				
b. Immunization sessions held				
c. Immunization sessions planned where ASHAs were present				
Adverse Effects Following Immunization				

Annexure 2: Provision and Organization services (Observation and assessment Checklist)

A	Program Management	Consult facility In charge and records
1	Contents of micro plan (for dependent subcenters) available	Yes ☐ No ☐
a.	Catchment area map for implying sub centers and distance from vaccine storage area point	Yes ☐ No ☐
b.	Beneficiaries of estimation of a village area wise for this year	Yes ☐ No ☐
c.	Estimation of immunization logistics, syringes, vaccine cards as a village wise	Yes ☐ No ☐
d.	Auxiliary nurse midwife roster and immunization calendar	Yes ☐ No ☐
e.	Planned day wise for visits by the supervisor	Yes ☐ No ☐
2	Auxiliary nurse midwife roster and vaccine calendar displayed at the health center	Yes ☐ No ☐
3	Monitoring coverage & dropout charts (BCG, Measles or DPT 1 to 3) presented	Yes ☐ No ☐
B	Cold chain observation	Consult SN/MO Record
1	ILR and Deep Freezers	
a.	Laid on wooden block and at least 10cm far from walls and surroundings	Yes ☐ No ☐
b.	Dedicated voltage stabilizers for each equipment	Yes ☐ No ☐
c.	Functioning thermometers inside every ILR and DF	Yes ☐ No ☐
d.	number of frost or ice less than 5mm inside walls of every ILR	Yes ☐ No ☐
2	Temperature and Logbooks	
a.	Monitoring temperature twice per day in respective logbooks	Yes ☐ No ☐
b.	Periodic checks of logbooks by facility in charge (signature)	Yes ☐ No ☐
3	ILRs	
a.	Temperature cabinet is between +2 - +8 °C	Yes ☐ No ☐
b.	All vials of vaccine are correctly stored inside cartons (expire date, batch)	Yes ☐ No ☐
c.	No of hepatitis or T-series vaccine are kept in the deep inside of ILR	Yes ☐ No ☐

4	DF	
a.	Cabinet temperature between +2 - +8 °C	Yes ☐ No ☐
b.	The ice packs are correctly placed inside the deep freezers including reconstituted vaccines	Yes ☐ No ☐
c.	No of IR vaccines stored inside DF (including reconstituted vaccines)	Yes ☐ No ☐

Annexure 3 Provider Interaction Medical Officer, ASHA and ANM.

A. Provider Interaction-Medical Officer

I. Demographics.

1. Age.....years
2. Gender
3. Current affiliation and designations
4. What kind of responsibilities you have under the IR program?
5. Tell me a little about IR
6. Have you undergone any specific training about routine immunization programs? if yes, when was it and duration?

II. Context and challenges

1. Were there any major factors (political, social, economic, technical, legal) that affected the implementation of IR ?

Political lack of governance, political structure non-conductive to coordinated action.

Social: communities are non-accepting and/or resistant to the intervention

Economic insufficient revenue sources

Technical: slow or limited advances of technologies used in implementing program activities, technological and infrastructural challenges affecting vaccine.?

Any other?

2. How did these changes hinder implementation? Did you used any strategies to address these challenges?
3. Were there any health system factors that affect implementation of IR?

For example, changes to service delivery, health workforce shortage, heavy workload? How did these factors affect implementation? Did you use any strategies to address challenges?

4. Were any operational challenges that affected the implementation of IR program? For example, logistical challenges? Did you used any strategies to address the challenges.?
5. Were there any challenges related to the process of program implementation that affected the implementation of IR?

Planning: any implementation schemes or methods not planned?

Execution: failing to carry out interventions according to plan due to accountability issues and environmental disruption geographical challenges?

Engaging: any difficulties to identify appropriate and key stakeholders to engage given diverse administrative structures cultural beliefs, norms, or customs community mistrust about RI?

Evaluating and reflecting: any difficulties to monitor quality and program process including lack of regular observation of program progress and experience?

B. Provider interaction-ASHA/ANM

1. Age years
2. Current affiliation and designation
3. Are you doing this work under the national immunization program?
4. What do you know about this program tell me about RI?
5. What support do you provide under this program? (Discuss MCHN/VHND activities due list immunization awareness,)

6. What is your contribution to this program?

7. Do you ever find any difficulty in working with this program? If yes then tell in more detail?

8. What suggestions would you give to improve this program?

Annexure 5:

Community Interaction-Mothers of Children reporting to immunization clinic/OPD

	1	2	3
Age of child(month)			
Gender	M ☐ F ☐	M ☐ F ☐	M ☐ F ☐
Is your child immunized all vaccines up to date?			
How far is your house is from here?			
What are the benefits of getting immunized in your opinion?			
Did anyone explain to you about the benefits of RI? If yes how? Please tell in detail.			
Have you had a problem with your test or medicine?			

Have you ever experienced any problem with immunizing your child? If yes, please explain in detail.			
What else should be improved in the hospital facility to according to you?			

Annexure 6

Interview With Service Provider (Medical Officer) Working In the Community Health Centre/ सामुदायिक स्वास्थ्य केंद्र में कार्यरत सेवा प्रदाता (चिकित्सा अधिकारी) के साथ साक्षात्कार

CONSENT FORM/ सहमति पत्र

Introduction: Namaste. My name is _____, and I am a student of IIHMR University, Jaipur. This is a university where I am currently enrolled as a Master of Public Health (Implementation Science) student. This interview is a part of my Capstone project which is needed to be completed for course curriculum. My capstone topic is _____. The purpose of this interview is to understand the _____ program and the implementation challenges faced by the service provider (doctor) working in this community. I am going to ask you a few questions. Your participation in this interview is completely voluntary. You may choose to not answer a question at any point during the interview. You can ask me to repeat the question if you come across anything which may be confusing. There is no to minimal risk for you if you decide to participant in the study. Your name and personal information will be kept confidential and will not be revealed to anyone else other than the person conducting this interview. In case of any query, you may reach me at _____.

परिचय: नमस्ते। मेरा नाम _____ है, और मैं आईआईएचएमआर यूनिवर्सिटी, जयपुर का छात्र हूं। मैं इस विश्वविद्यालय में मास्टर ऑफ पब्लिक हेल्थ (इम्प्लीमेंटेशन साइंस) का छात्र हूं। यह साक्षात्कार मेरी कैपस्टोन प्रोजेक्ट का एक हिस्सा है जिसे पाठ्यक्रम के लिए पूरा करने की आवश्यकता है। मेरा कैपस्टोन विषय _____ है। इस साक्षात्कार का उद्देश्य इस समुदाय में काम करने वाले सेवा प्रदाता (डॉक्टर) के सामने आने वाली _____ कार्यक्रम और उसकी चुनौतियों को समझना है। मैं आपसे कुछ सवाल पूछने जा रहा हूं। इस साक्षात्कार में आपकी भागीदारी पूरी तरह स्वैच्छिक है। आप साक्षात्कार के दौरान किसी भी समय किसी प्रश्न का उत्तर नहीं देना चुन सकते हैं। यदि कोई ऐसा सवाल हो जो आपको समझ ना आये, तो आप मुझसे प्रश्न दोहराने के लिए कह सकते हैं। यदि आप अध्ययन में भाग लेने का निर्णय लेते हैं तो आपके लिए कोई जोखिम नहीं है। आपका नाम और व्यक्तिगत जानकारी गोपनीय रखी जाएगी और इस साक्षात्कार को आयोजित करने वाले व्यक्ति के अलावा किसी और के सामने प्रकट नहीं की जाएगी। किसी भी प्रश्न के मामले में, आप मुझसे _____ पर संपर्क कर सकते हैं।

I _____ (agree/disagree) to take part in this study.

मैं इस अध्ययन में भाग लेने के लिए _____ (सहमत/असहमत) हूँ।

Date/ दिनांक: _____ Signature of participant/ प्रतिभागी के हस्ताक्षर: _____

**Interview With ASHA/ANM/AWW Working In the Community/ समुदाय में कार्यरत
आशा/एएनएम/आंगनवाड़ी कार्यकर्ता के साथ साक्षात्कार**

CONSENT FORM/ सहमति पत्र

Introduction: I am _____, a student of IIHMR University, Jaipur. This is a university where I am currently enrolled as a Master of Public Health (Implementation Science) student. This interview is a part of my Capstone project which is needed to be completed for course curriculum. My capstone topic is _____. The purpose of this interview is to determine the work done by the ASHA/ANM/AWW working in this community on the health program _____. I am going to ask you a few questions. Your participation in this interview is completely voluntary. You may choose to not answer a question at any point during the interview. You can ask me to repeat the question if you come across anything which may be confusing. There is no to minimal risk for you if you decide to participant in the study. Your name and personal information will be kept confidential and will not be revealed to anyone else other than the person conducting this interview. In case of any query, you may reach me at _____.

परिचय: नमस्ते। मेरा नाम _____ है, और मैं आईआईएचएमआर यूनिवर्सिटी, जयपुर का छात्र हूँ। मैं इस विश्वविद्यालय में मास्टर ऑफ पब्लिक हेल्थ (इम्प्लीमेंटेशन साइंस) का छात्र हूँ। यह साक्षात्कार मेरी कैपस्टोन प्रोजेक्ट का एक हिस्सा है जिसे पाठ्यक्रम के लिए पूरा करने की आवश्यकता है। मेरा कैपस्टोन विषय _____ है। इस साक्षात्कार का उद्देश्य इस समुदाय में स्वास्थ्य कार्यक्रम _____ पर काम करने वाली आशा/एएनएम/आंगनवाड़ी कार्यकर्ता के काम को समझना है। मैं आपसे कुछ सवाल पूछने जा रहा हूँ। इस साक्षात्कार में आपकी भागीदारी पूरी तरह स्वैच्छिक है। आप साक्षात्कार के दौरान किसी भी समय किसी प्रश्न का उत्तर नहीं देना चुन सकते हैं। यदि कोई ऐसा सवाल हो जो आपको समझ ना आये, तो आप मुझसे प्रश्न दोहराने के लिए कह सकते हैं। यदि आप अध्ययन में भाग लेने का निर्णय लेते हैं तो आपके लिए कोई जोखिम नहीं है। आपका नाम और व्यक्तिगत जानकारी गोपनीय रखी

जाएगी और इस साक्षात्कार को आयोजित करने वाले व्यक्ति के अलावा किसी और के सामने प्रकट नहीं की जाएगी। किसी भी प्रश्न के मामले में, आप मुझसे _____ पर संपर्क कर सकते हैं।

I _____ (agree/disagree) to take part in this study.

मैं इस अध्ययन में भाग लेने के लिए _____ (सहमत/असहमत) हूँ।

Date/ दिनांक: _____ Signature of participant/ प्रतिभागी के हस्ताक्षर: _____

Interview With Beneficiaries (Patients) Visiting the Community Health Centre/ सामुदायिक स्वास्थ्य केंद्र में आने वाले लाभार्थियों (मरीजों) के साथ साक्षात्कार

CONSENT FORM/ सहमति पत्र

Introduction: I am _____, a student of IIHMR University, Jaipur. This is a university where I am currently enrolled as a Master of Public Health (Implementation Science) student. This interview is a part of my Capstone project which is needed to be completed for course curriculum. My capstone topic is _____. The purpose of this interview is to determine the experiences of patients visiting the Community Health Centre. I am going to ask you a few questions. Your participation in this interview is completely voluntary. You may choose to not answer a question at any point during the interview. You can ask me to repeat the question if you come across anything which may be confusing. There is no to minimal risk for you if you decide to participant in the study. Your name and personal information will be kept confidential and will not be revealed to anyone else other than the person conducting this interview. In case of any query, you may reach me at _____.

परिचय: नमस्ते। मेरा नाम _____ है, और मैं आईआईएचएमआर यूनिवर्सिटी, जयपुर का छात्र हूँ। मैं इस विश्वविद्यालय में मास्टर ऑफ पब्लिक हेल्थ (इम्प्लीमेंटेशन साइंस) का छात्र हूँ। यह साक्षात्कार मेरी कैपस्टोन प्रोजेक्ट का एक हिस्सा है जिसे पाठ्यक्रम के लिए पूरा करने की आवश्यकता है। मेरा कैपस्टोन विषय _____ है। इस साक्षात्कार का उद्देश्य सामुदायिक स्वास्थ्य केंद्र में आने वाले मरीजों के अनुभवों को जानना है। मैं आपसे कुछ सवाल पूछने जा रहा हूँ। इस साक्षात्कार में आपकी भागीदारी पूरी

तरह स्वैच्छिक है। आप साक्षात्कार के दौरान किसी भी समय किसी प्रश्न का उत्तर नहीं देना चुन सकते हैं। यदि कोई ऐसा सवाल हो जो आपको समझ ना आये, तो आप मुझसे प्रश्न दोहराने के लिए कह सकते हैं। यदि आप अध्ययन में भाग लेने का निर्णय लेते हैं तो आपके लिए कोई जोखिम नहीं है। आपका नाम और व्यक्तिगत जानकारी गोपनीय रखी जाएगी और इस साक्षात्कार को आयोजित करने वाले व्यक्ति के अलावा किसी और के सामने प्रकट नहीं की जाएगी। किसी भी प्रश्न के मामले में, आप मुझसे _____ पर संपर्क कर सकते हैं।

I _____ (*agree/disagree*) to take part in this study.

मैं इस अध्ययन में भाग लेने के लिए _____ (सहमत/असहमत) हूँ।

Date/ दिनांक: _____ Signature of participant/ प्रतिभागी के हस्ताक्षर: _____

Reference

1. Mogoi D, Muchiri EM, Mutuma AM. Vaccine Coverage of Newly Introduced Vaccines and Factors Influencing among Children Less Than 23 Months in Laikipia North Subcounty. *Open J Prev Med*. 2020;10(02):9–43.
2. [ijcrbm3.pdf](#).
3. Haji A, Lowther S, Ngan'ga Z, Gura Z, Tabu C, Sandhu H, et al. Reducing routine vaccination dropout rates: evaluating two interventions in three Kenyan districts, 2014. *BMC Public Health*. 2016 Dec;16(1):152.
4. Shrestha SR, Shakya B, Oli R. Assessment of Factors Associated with Dropout for Pentavalent Vaccine in Tertiary Care Hospital of Kathmandu, Nepal. *Nepal Med Coll J*. 2020 Nov 2;22(3):106–10.
5. Datta A, Mog C, Das S, Datta S. A cross-sectional study to assess the immunization coverage and vaccine dropout rates among 12 to 23 months old children in a rural area of Tripura. *Int J Med Sci Public Health*. 2017;6(2):1.
6. Ntenda PAM, Sixpence A, Mwenyenkulu TE, Mmanga K, Chirambo AC, Bauleni A, et al. Determinants of pentavalent and measles vaccination dropouts among children aged 12–23 months in The Gambia. *BMC Public Health*. 2022 Dec;22(1):520.
7. Gunning CE, Mwananyanda L, MacLeod WB, Mwale M, Thea DM, Pieciak RC, et al. Implementation and adherence of routine pertussis vaccination (DTP) in a low-resource urban birth cohort. *BMJ Open*. 2020 Dec;10(12):e041198.
8. Gebeyehu NA, Asmare Adela G, Dagnaw Tegegne K, Birhan Assfaw B. Vaccination dropout among children in Sub-Saharan Africa: Systematic review and meta-analysis. *Hum Vaccines Immunother*. 2022 Dec 30;18(7):2145821.
9. Dhalaria P, Kapur S, Singh AK, Priyadarshini P, Dutta M, Arora H, et al. Exploring the Pattern of Immunization Dropout among Children in India: A District-Level Comparative Analysis. *Vaccines*. 2023 Apr 13;11(4):836.
8. Dhalaria P, Kapur S, Singh AK, Priyadarshini P, Dutta M, Arora H, et al. Exploring the Pattern of Immunization Dropout among Children in India: A District-Level Comparative Analysis. *Vaccines*. 2023 Apr 13;11(4):836..