NHM Gujarat: Developing IEC for Vaccination Programme

Organization History, Vision & Mission

History

The National Urban Health Mission (NUHM) was established in 2013 under the National Health Mission (NHM), which began in 2005. The Universal Immunisation Program (UIP), originally called the Expanded Programme on Immunization, started in 1978 and was renamed in 1985. The UIP extended its reach to rural, semi-rural, and semi-urban areas, not just urban regions. The UIP offers free vaccines for 12 vaccine-preventable diseases (VPDs) nationwide, with the Japanese Encephalitis vaccine given in areas where the disease is common.

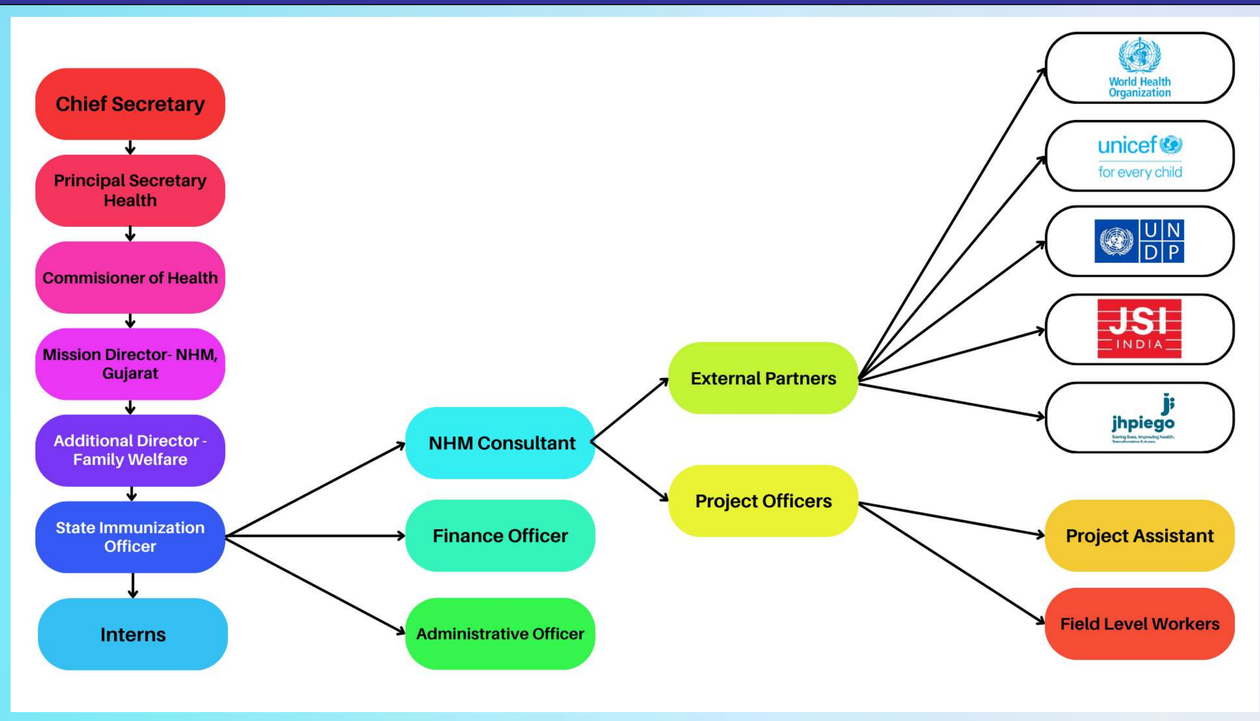
Vision

The National Health Mission aims to deliver healthcare that is accessible, fair, affordable, and high-quality to people in both urban and rural areas. It also strives to be accountable and responsive to the needs of the people.

Mission

The mission aims to make a functional public health system accountable to the community. This will be achieved through managing human resources, involving the community, decentralizing services, closely monitoring and evaluating standards, integrating programs related to health and others from the grassroots level upward, encouraging alterations, providing funding, and implementing actions to improve health outcomes.

Organization Structure



SWOT Analysis of Immunisation Programme

Strengths

- Collaboration between Govt and External Partners
- Good communication between stakeholders.
- Streamlined administration
- Strong Cold Chain infrastructure.
- Collaboration with multiple departments to enhance program outcomes with increased efficiency.
- Continuous monitoring is done to identify gaps and lapses.

Weakness

- Lack of refresher courses for ASHAs and FHWs.
- Low Immunisation Coverage in multiple districts.
- Inability of ASHAs and FHWs to convince beneficiaries for vaccination.
- Inappropriate settings of Outreach vaccination Session Sites (Mamta Diwas).
- Lack of awareness among parents and guardians related to vaccination schedule and benefits.
- Outsourcing of Health Equipment Repair Personnel.

Opportunities

- Developing strategies for vaccine hesitancy.
- Leverage technology for better education of field level workers and beneficiaries.
- Improve infrastructure of outreach session sites
- Increasing Pandemic Preparedness.
- Developing provision for transportation of beneficiaries to and from session sites.
- Provision of emergency vehicle in case of AEFI

Threats

- Vaccine hesitancy.
- Lack of knowledge among FHWs related to AEFI management.
- Incorrect data entry into HMIS, Techo+ or eVIN.
- Incorrect AEFI Causality Assessment due to poor quality of documents.

Suggestions

- Enhance linguistic inclusivity within the organization.
- Form an internal design team with the necessary expertise for IEC development and updates.
- Establish proper infrastructure and facilities at vaccination outreach sites.
- Increase the frequency of refresher courses for ASHAs and FHWs.
- Constitute a team to ensure appropriate supporting documents are sent/uploaded for AEFI Causality Assessment.

Learning and Value Additions

Difference between practical exposure at SIP organisation and theoretical understanding from IIHMR University

IIHMR-U	NHM Gujarat
• Helped us attain a theoretical understanding of a program's aim, usefulness, target, and beneficiaries. • Provided a bird's eye view of program planning, implementation and monitoring.	• Made us understand the details and logistics of program planning, implementation, and monitoring. • Provided an opportunity to understand the problems and gaps encountered on the field level.

Challenges

- Difficulty in communicating due to lack of understanding of local language.

Usefulness

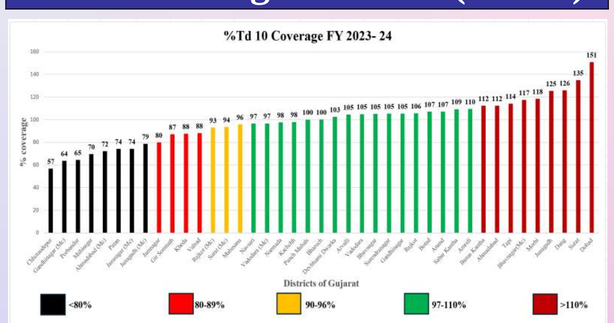
- Provided a practical experience related to the functioning of an organization.
- Provided an opportunity to gain hands on experience in program planning, implementation and evaluation.

Learnings

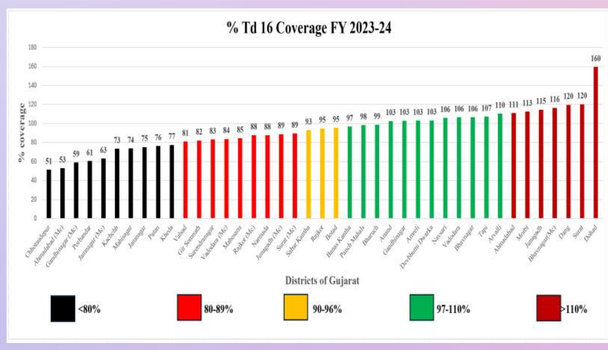
• Data triangulation • IEC development • HMIS, Techo+, eVIN, IDSP • Data representation	• Cold Chain Management • Report Writing • Interdepartmental collaboration. • Field Level Monitoring

IEC Developed

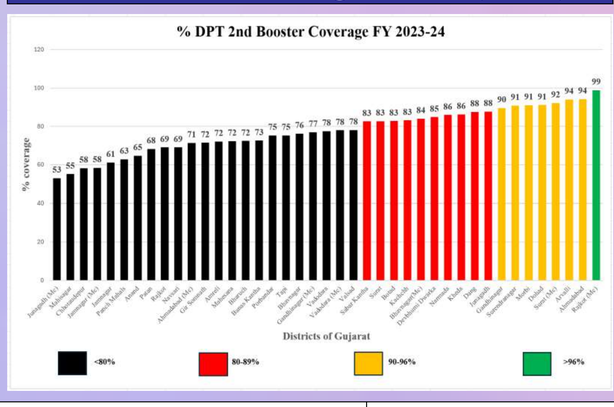
Td 10 coverage FY23-24 (HMIS)



Td 16 coverage FY23-24(HMIS)



DPT 2nd Booster coverage FY23-24 (HMIS)



Photos of campaign

Name: Dr. Srabani Chattopadhyay	**Roll Number: 1853**	**Organization Mentor: Dr. Kamlesh Parmar**
University Mentor Name: Mr. Alok Mathur	**Batch: MBA-HM 28**	**Designation: State Immunization Officer**