

Reaching Every Child for Primary Immunization

An Experience from Parsa District, Nepal.

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Village Development Committee (VDC) Orientation

Linking health facilities and the communities

To link health facilities with the communities they serve, the DPHO and BASICS first organized a one-day orientation for each VDC. Thirty-five persons participated in every VDC, including the elected VDC members, VDC secretaries, health workers, Female Community Health Volunteers (FCHVs), traditional healers, school teachers, social workers, and local non-governmental organizations (NGOs). This orientation was planned and organized at the most peripheral level. During orientation, representatives of different organizations from the community participated actively in the discussion to identify the causes of low coverage and high drop-out in their community.

VDC Orientation

- a) Listed out the causes of the low coverage and high drop-out rates.
- b) Classified these causes in four categories:
 - Lack of information
 - Lack of services and
 - Lack of motivation
 - Others
- c) Identified what they can do to overcome these problems.
 - Health workers will inform VDC president about the drop-out rate in Health Management Committee (HMC) monthly meetings.
 - FCHV will help to bring the drop-out and left-out children from her ward for vaccination.
 - During assembly time in schools, school teachers will inform the students about the dates, place and time of the immunization sessions in their VDC.
 - Village Health Workers (VHWs) will update the immunization register for newborns.
 - VDCs will allocate budget to support FCHVs for immunization activities in the ward.
- d) Developed “INDICATORS” for monitoring immunization activities at the community level.
- e) Developed a “COMMUNITY MONITORING CALENDER” to monitor indicators and improve linkages between the health system and local government.

Monitoring of drop-out rates at the health facility level

The primary indicator used for improving monitoring and reporting in the district, and thereby for increasing immunization coverage, is the health facility's immunization drop-out rate.

Monitoring the drop-out rate has distinct advantages over measuring immunization coverage, which typically relies on poor census data and inaccurately defined catchments areas. Drop-out can be simply calculated by knowing the reported number who began the vaccination series and the number that completed it.

The DPT1-DPT3 drop-out rate in Parsa District was high (more than half of the 82 VDCs had drop-out rates of at least 10%). Information on the drop-out rate and various other aspects of immunization is shared by health workers with community leaders, as well as community volunteers, NGOs, schools, social workers and donors. Villagers can recognize the potential danger that lack of immunization poses to the health of their children and to the community as a whole.

VHWs, MCHWs, and Village Facilitators (VFs) were trained by the district EPI team to monitor children who were never reached (“left out”) and children who had dropped out before receiving all the needed vaccinations. Whenever they see that a child is left out or dropped out, they are instructed to use the drop-out slip, developed by DPHO/BASICS, to call that child for vaccination with the help of the FCHV and Community Mobilizers (CM). In a two-day training session, health workers were introduced to monitoring their own work by using a wall chart that displays the facility’s cumulative monthly drop-out rate from DPT1 to DPT3.

Review meeting and district workshop

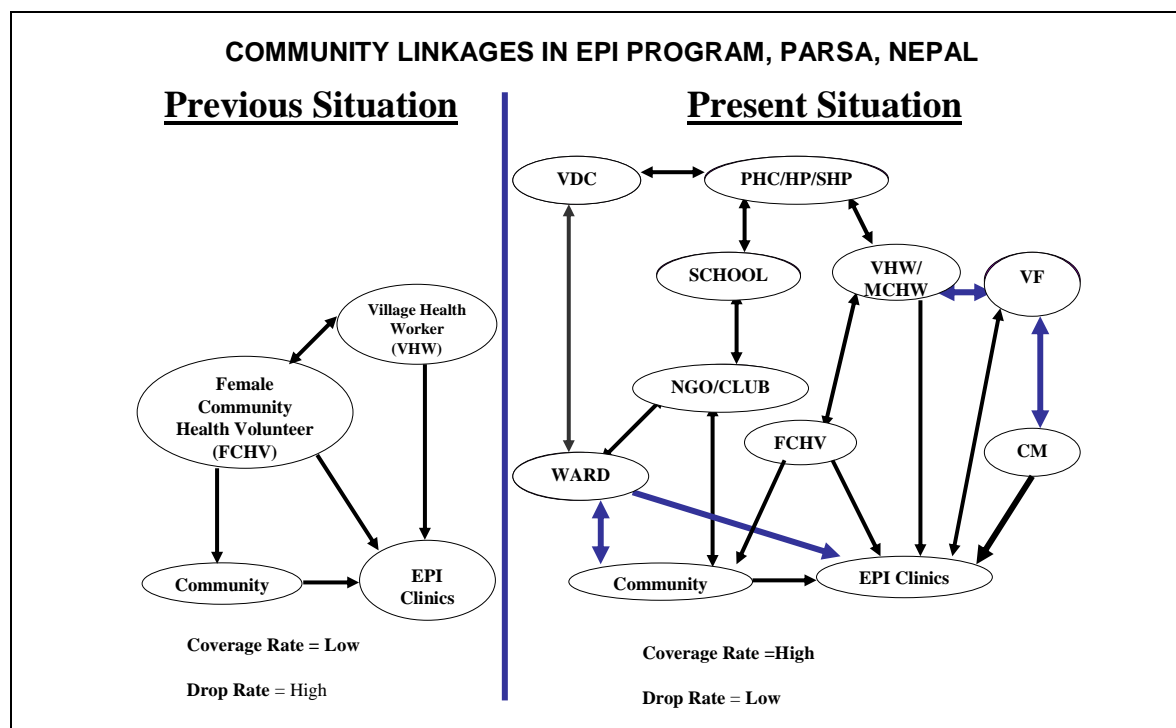
Bimonthly Ilaka-wide* review meetings were held with health workers and the members of the community. Parsa District is divided into nine Ilaka. The participants identified strong and weak VDCs and made action plans to reduce the drop-out rate. Messages on immunization were communicated through local radio, mosques/temples and schools. Six months after the program began, a district-level workshop meeting reviewed the progress and developed action plans for sustaining the effort.

Achievements

Improved linkage between the community and health system for immunization

The critical linkages between various community organizations and the health facilities were identified and established at VDC and ward level. Mobilizers and facilitators from these organizations become actively involved in immunization activities. The improved linkages between the health system and community leaders led to better coordination and collaboration. This was reflected in the regular monthly meetings of the village health management committees that discussed the barriers faced by the immunization program and how to overcome them.

*Districts are divided into Ilaka, which are divided into wards.



“This approach brought district health system closer to community and establish linkage with local government” –DPHO, Parsa

Community support for routine immunization

Community support for routine immunization was mobilized to strengthen cold chain operations and to support volunteers. In one Ilaka, the VDC supported the purchase of kerosene to run the refrigerator. This resulted in quicker and more timely distribution of vaccines to the immunization centers of the area. In addition, 41 VDCs in the district are providing NRs 100/- (US\$1.33) per month to each FCHVs for their support to the immunization and child health programs. In 250 schools, teachers now inform their students about date and place of immunization sessions in their respective VDCs, while religious leaders announce vaccination sessions from their temples (mosques/mandir) using mikes.

“We did not know that VDC has a role in PHC. With VDC orientation, we are aware of immunization activities and supporting FCHV to reach all children in the villages.” – VDC secretary, Pokhariya

Improved monitoring and quality of routine data:

All health facilities now monitor their immunization data using the DPT1-DPT3 drop-out wall chart. All peripheral level workers know how to calculate drop-out rates. Introduction of several tools improved their understanding of left-out and drop-out, calculation of drop-out and coverage, and identification of weak VDCs. One important tool was the introduction of the EPI register where each infant's immunization status is recorded by ward. Supported by UNICEF, this facilitates health workers tracking of infants. The register has a separate section for infants

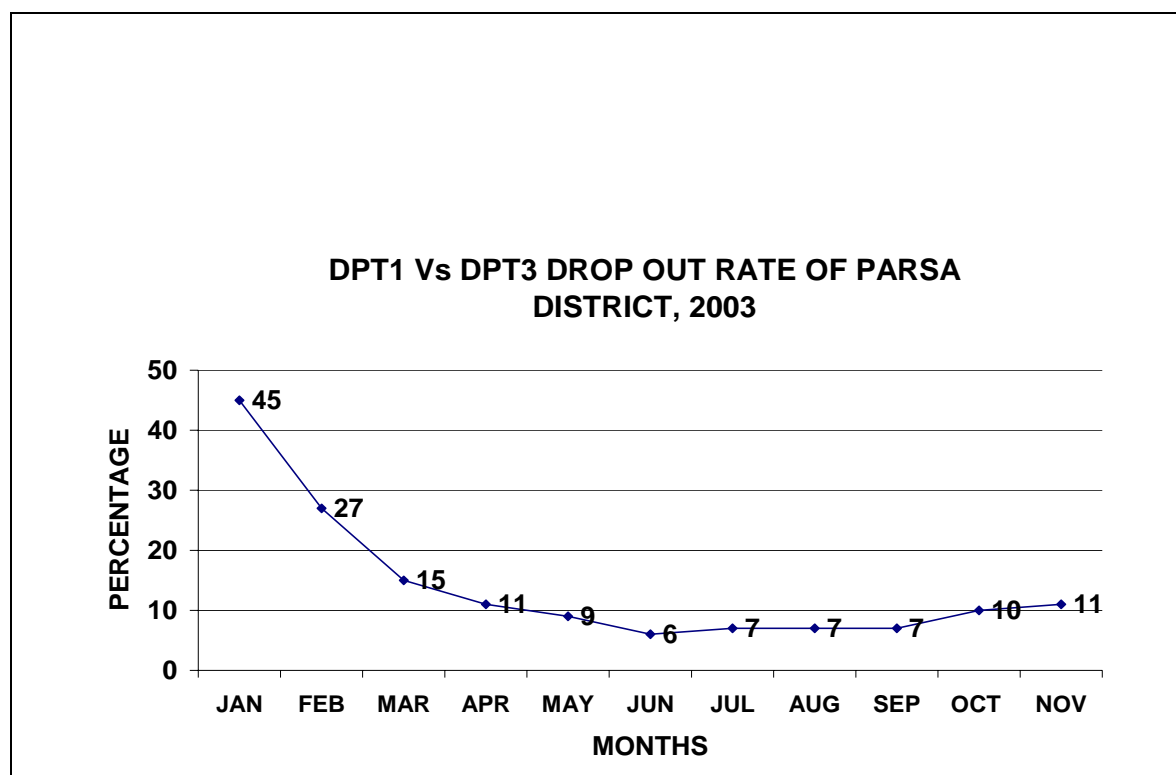
coming from neighboring VDC and India. The health facilities are now reporting data by VDC according to the format developed by DPHO and BASICS II. Drop-out slips are given by FCHVs to parents of children who have dropped out. This has resulted in a decrease in drop-out between all antigens. The drop-out slip is used by the FCHV as an appointment slip to inform the mothers at the household level on the day of immunization in the area. During July-September, 2003, 89 % of the drop-out children were informed using drop-out slips, and 42% of them came back and were vaccinated after they had received the drop-out slip. A small booklet containing the date and place of all immunization sessions was made available to the community and health workers.

“Before this strategy was in place none of the health posts knew how to calculate drop-out, and now all peripheral level health workers are monitoring their program using drop-out chart” – EPI Supervisor

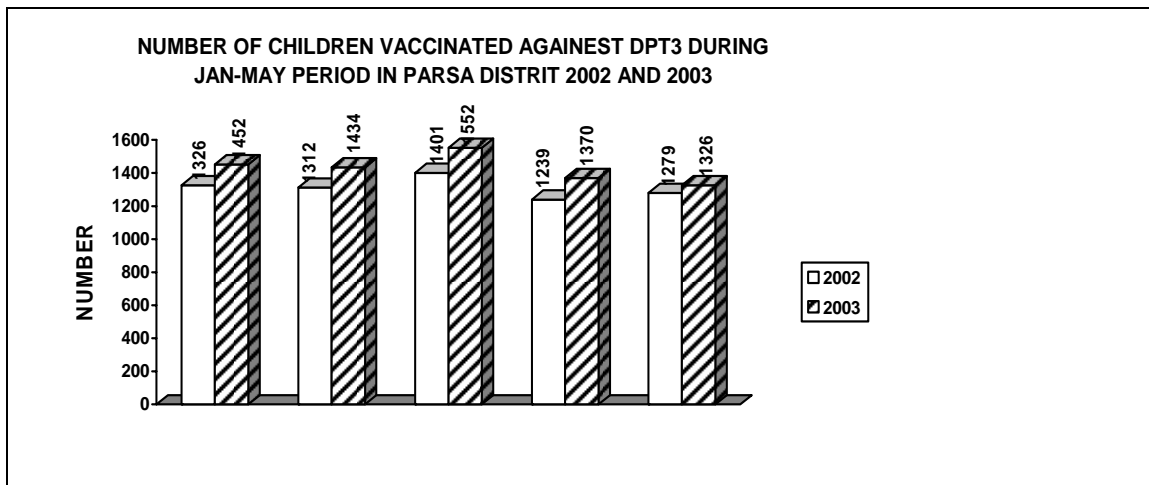
The quality of data was improved. By identifying and correction discrepancies in data at various levels compared to 2002. For example, in Lipnibirta VDC, the data on file at the DPHO level was 47% higher than what was recorded at the VDC level. This type of discrepancy had been virtually eliminated by December 2003.

Coverage and drop-out rate

During the initial phase in four VDCs, drop-out between DPT1 and DPT3 was reduced from 40% to 10%. Subsequently, the approach was introduced in the entire district and a gradual number of VDCs with drop-out rates less than 10% reduced from 45 to 6.



While 6,556 children received DPT3 during January through May 2002, 7,134 received it in the same period in 2003. This is a 9% increase in children receiving their third dose of DTP.



The indicators for VDCs under the Reaching Every District (RED) approach of WHO has improved: the number of VDCs with low coverage and high drop-out has dropped from 23 in January 2003 to only six. Parsa District is now regarded as one of the highest performing districts in the region.

“Before this approach was initiated, we did not understand drop-out and left-out, and now we know how to track them also.” MCHW Amarpatti SHP