

Letter to editor

Field Report by Regional Child Survival Officer, Gujarat

Harsh Shah, Regional Child Survival Officer, Surat Region

Correspondence to Dr. Harsh Shah, E-mail ID: harsh.423@gmail.com

Introduction:

To raise health needs is the difficult task in Health as we are not talking about single entity but so many simultaneous variables defines Health. Here I am sharing you one of my field observation of last year November 2012 of Bhavnagar where I was working as a Regional Child Survival Officer under Additional Director (FW), Gujarat. Pithalpur is one of the Village in Talaja Taluka, Bhavnagar District, Gujarat State. It is located 60 kms away from Bhavnagar and 231 km distance from Gandhinagar. Pithalpur PHC is not up to marks according IPHS standard and barring 21 villages of Talaja Taluka. I visited this PHC on 29/11/2012 for the infant death review and final conclusion was death due to diphtheria with diagnostic laboratory confirmation and from Medical officer's report of the PHC.

During my Investigation I found, no vaccine was given to the child and it was home delivery. As per talk with MO PHC Dr. Narendra and FHW+ ASHA worker, I found the PHC barring villages have high migration ration and many children remained unvaccinated because of culture and customs of locals plus their migration to this village.

Work Done

I requested MO PHC and field staff to conduct a survey to know how many children were not vaccinated and what are the reasons so as to identify the gaps and put efforts in needed direction. After survey we found 186 children were unvaccinated with no vaccine was taken till date (some of them had taken OPV) and many are suffering from more than 6 spells of continuous illness through the year. So after getting the data on their reasons for no vaccination, I and MO PHC took help of local leaders and elders of the

specific communities and mobilize the children for vaccination as campaign basis for one week. Mamta Abhiyan was there to communicate and produce trust among the beneficiaries to reduce their fears. Still after efforts and limitation, we were able to vaccinate only 78 (41.9%) children. I requested MO PHC to cover the children if not migrated by taking help of local leaders, Sakhi Mandal and our health team. I also facilitated efforts from Taluka Development Officer and Taluka Health Team. Next approach was to catch and cover them through social mobilization by ASHA and AWW. So with district officials we planned for intensified trainings and I had facilitated afterwards training of front line workers from district level and block level on every aspects immunization and micro planning of VHND session.

Short Analysis of Data

Facility	Pithalpur PHC, Talaja Block, District: Bhavnagar
Villages	21
Population	39787
Infant deaths reported till Nov 2012	15
Maternal deaths	0
No. villages had unvaccinated children	17
Total unvaccinated children	186

The Mean age of the unvaccinated children was 23.6 months with minimum age starts from 2months to 59 months. Out of them 114 were girls and 72 were boys. The data revealed the reasons for denial of vaccinations was 54.3% due to culture and customs (Mataji ni chundadi), 30.1% due

to fear of being diseased and 15.5% due to migration.

Conclusion:

In recent years, Govt of India is putting efforts in the direction to achieve full immunization over 85% - 90% but still according to CES-2009 Gujarat had achieved 56% and according to HMIS data from GOI on Jan – 67.7% full immunization. The reasons are many not to achieve full immunization and to catch drop outs and to include left outs into immunization schedule. Last year we emphasized on Immunization Year and this year also we are organizing special immunization weeks. But still we have to achieve lot more.

Few learning points, I extracted from my observation of Pithalpur to achieve higher coverage

- Revised and strengthen the micro plan of VHND session.
- Special Plans for high risk and hard to reach areas.

- Adequate logistic and cold chain management from the PHC level.
- Communication strategy according to local need and local community.
- Regular supervision by PHC level, Block level and District Level Supervisors.
- Regular reviews of coverage and drop outs in sector + review meetings.
- Proper use of immunization budget line “C” in main PIP and Supplementary PIP.
- Advocacy on inter sectoral coordination in district task force meeting under DM.

I appreciate Dr. Narendrasinh Parmar, MO, PHC Pithalpur, Bhavnagar and his staff for helping us to identify the gaps and probable answers of having low immunization coverage.



healthline
GLOBAL JOURNAL OF HEALTHCARE

PUBLISHED BY
INDIAN ASSOCIATION OF PREVENTIVE & SOCIAL MEDICINE,
GUJARAT CHAPTER
GLOBALLY INDEXED,
PEER REVIEWED,
OPEN ACCESS,
BI-ANNUAL
SCIENTIFIC JOURNAL DEDICATED TO
PRIMARY, SECONDARY & TERTIARY HEALTHCARE
Indexed with
INDEX COPERNICUS, DOAJ, OPEN J GATE, CABI, GULIB
GEORGETOWN.EDU.....