

Performance of Special Immunization week in Gujarat state in an imprecise way**Shiv Kumar Yadav¹, Abhay Kavishwar², S.L. Kantharia³**¹Resident Doctor, ² Associate Professor, ³Professor and Head, Department of Community Medicine, Government Medical College, Surat, Gujarat

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Abstract:

Introduction: Vaccination has been established as an important specific protective measure against a few fatal or disabling diseases of childhood. It requires regular field work and record keeping at health worker level and data processing and decision making at higher level to organize routine vaccination activities in a manner which optimally covers beneficiaries, takes in to account vaccine wastages and reduces workloads of all kinds of health functionaries and hence allowing them to take care of other aspects of primary health care. **Objective:** To assess the appropriateness of SIWA(Special Immunization Week Activities) in Navsari district of south Gujarat. **Method:** Participant observation method, cross-sectional study in Tribal blocks of Navsari District in Pre monsoon Period (first week of June 2013) **Result:** 20 SIWA booths were attended and observed 5 hours/day for 6 days.30 house to house activities visited. Eligible children benefited -5.Total supervisory staffs deployed were 20.Moreover, no health worker could give a list of expected eligible children for that session. A few sites did not have either a Measles / BCG vaccine vial. There was no person to person contact or local publicity for information regarding SIWA and was not conducted over conventional sites or newer appropriate locations. **Conclusion:** Demographic events reflected as population movements, immigration and accumulation of labourers must be taken in account before execution of SIWA in any region. This state is in position to relook for need assessment, rescheduling of SIWA and thinking over cost effectiveness and impact on Vaccine Preventable Diseases (VPDs).

Key Words: Immunization, SIWA, Vaccine.**Introduction:**

Vaccination has been established as an important specific protective measure against a few fatal or disabling diseases of childhood. After introduction of EPI (Expanded Program on Immunization-1960) and successful adaptation in to UIP (Universal Immunization Programme) since 1985, childhood mortality and morbidity have reduced to a great extent in all countries including India.^[1]

It requires regular field work and record keeping at health worker level and data processing and decision making at higher level to organize routine vaccination activities in a manner which optimally covers beneficiaries, takes in to account vaccine wastages and reduces workloads of all kinds of health functionaries and hence allowing them to take care of other aspects of primary health care. Advanced tour programmes, estimation of eligible

and organization of vaccination sessions in varied geographical area were major components of training and retraining different cadres of health care functionaries. This communication highlights the underestimation of basic demographic, managerial and public health administration related issues while conducting Special Immunization Week Activities in a state having an excellent infrastructure as well as good ownership of state in Primary Health Care Services.

SIWA has been in process of execution since two years and the next three rounds are in pipeline. This state is in position to relook for need assessment, rescheduling of SIWA and thinking over cost effectiveness and impact on Vaccine Preventable Diseases(VPDs).

Material and Method:

Prescribed format of NPSP (National Polio surveillance Programme)

Secondary data from the District health office.
Participant observation method

Setting: Tribal blocks of Navsari District

Month of Activity: Pre monsoon period (first week of June 2013)

Results:

Table 1 suggests failure of consideration of many important operational aspects for arranging an Immunization session in absence of list of beneficiaries, Preparation for vaccination session have resulted into poor output. SIWA also give rise to non-productive (to & Fro) movements for workers, vehicles & even vaccines for the duration of 6 days. Lack of Mass publicity, retraining of workers, updation of information about vaccination policy has worsen performance of SIWA.

Table 1 : Reflections of Various 20 booths & home visits during Special Immunization week activity.

Sr. No	Activity	Observations
1	Total SIWA booths attended	20
2	Timings of observations	5 hours a day X 6 days
3	Vaccinations sessions visited	20
4	Sites for house to house activity visited	30
5	No. of eligibles benefited	05
6	Total supervisory staff deployed	20
7	Total health worker hours spared for SIWA	4/session
8	Readily available list of expected eligible children	None
9	Sessions backed up with any local mass publicity	Not known
10	Additional Training for SIWA to Health Workers	none
11	Logistics for vaccination	Not adequate
12	Knowledge about open vial policy[2]	Not adequately known

Table 2 District profile to be reviewed before SIWA operationalization^[3]

Sr. No	Indicator	Existing status
1	Total rural population of the District	921599 district(2011)
2	Crude Birth Rate (reported for 2011-12)	16.5/1000 population per year
3	Estimated eligible population for vaccination (0-1 year age group (2012-13) for BCG	24545
4	Total live birth(2010)	18615
5	Total achievement(BCG)	27049
6	Proportion of migrant infant population estimated from vaccine target and achievement(2010)	45%
7	Usual months when migrants are available in this region	Sugarcane cutting session and post-Diwali session
8	Reported average coverage for vaccination(2011-12)	91%(Measles)-145%(BCG)
9	Reported usual average frequency of vaccination session in this region	4 Session/month
10	Well known priorities for health functionaries in this region during pre-monsoon & monsoon	Water borne disease surveillance Vector borne disease surveillance Leptospirosis and other endemic disease conditions
11	SIWA proposed and planned	First week of August 13 and September 13 in the same region

Discussion :

Taking in to consideration the objectives of SIWA, it appears that the sessions sites and timings did not match. Sessions could enroll only 5 beneficiaries because of a number of possible reasons, The region do not have migrants during this time period who may avail such services. Other set up like brick kiln and construction sites do not function in these days which are the pockets of interest for improving the vaccination coverage. The region where SIWA has been executed, every year reports cases of acute diarrheal diseases, Malaria, Leptospirosis and similar kind of conditions forcing the health manpower to be on toes for surveillance and even chemoprophylaxis rounds. (IDSP)

This district has been consistently reporting lower Crude Birth Rate (CBR) in addition of regular fixed day immunization sessions in form of health and nutrition day(Mamtadiwas).Official reports of previous years shows 91%(Measles)-145%(BCG) achievements as against targets for vaccination. It means that all infants born in this region are usually covered with all vaccines under UIP in time.It highly becomes unlikely to have uncovered children for vaccination under this SIWA. Reports from IDSP (Integrated Disease Control Programme) have not shown cases of VPDs to a triggering extent. It might corroborate with reported less number of eligible and high vaccination coverage.

Moreover, no health worker could give a list of expected eligible for that session. Even the logistics like vaccine vials and syringes and needles were meager in quantity and collected arbitrarily. As per guidelines each site must have at least one vial of each vaccine. A few site in this study did not have either a Measles vial or a BCG vaccine vial. There was no information about the local publicity for SIWA, nor was any person to person contacts made for this purpose.Although Operational guidelines tells about "fixed session fixed site"^[4] SIWA were not over conventional sites or newer appropriate locations. A microplan was prepared from provider side merely suggesting health workers to reach to their site and stay there. Any kind of additional training was not organized for current SIWA for any health worker and only a few workers were aware of the open vial policy of UIP.

Conclusion and Recommendation :

In absence of potential beneficiaries and under preparedness, SIWA may end up as futile exercise in a good performing region. Regular planning, execution and monitoring of vaccination sessions would result in to readily available statistics which substitutes need assessment part for the district authority. Demographic events reflected as population movements, immigration and accumulation of laborers must be taken in to account before execution of SIWA in any region. In fact, district like this need not organize SIWA for the objectives like improving the coverage.

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