



Universal Immunization Programme in Luni Block of Jodhpur District

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ABSTRACT

Background: Immunization is one of the most well-known and effective methods of preventing childhood diseases. With the implementation of the Universal Immunization Programme (UIP) by the Government of India, significant achievements have been made in preventing and controlling vaccine-preventable diseases (VPDs).

Aims & Objectives: The present study was undertaken:-

- To know complete immunization of children against vaccine preventable diseases under Universal Immunization Programme.
- To know month-wise trend of complete immunization of children against vaccine preventable diseases under UIP.

Materials and methods: This is an Institutional based study and have been conducted in CHC, PHCs, and Sub-centers of Luni Block of Jodhpur District of Rajasthan from 1st January 01, 2016 to July 31st 2016. All the children who have been immunized during this period are included in the study.

Results: During our study period of 7 months, a total of 3727 children below the age of 6 years have been completely immunized under Universal Immunization Programme. Out of this, maximum number of children (622) has been immunized in the month of June 2016. Minimum number of children (478) has been immunized in the month of March 2016.

KEYWORDS : Vaccine Preventable Diseases, Universal Immunization Program.

Introduction: Routine Immunization is one of the most cost effective public health interventions and was first introduced in India in 1978. Yet, despite the concerted efforts of the government and other health agencies, a large proportion of vulnerable infants and children in India remain unimmunized [3].

National Family Health Survey (2005-06) reports that only 43.5% of children in India received all of their primary vaccines by 12 months of age. There is a wide variation among states, and states with poorer immunization coverage have higher child mortality rates [4].

Aims & Objectives: The present study was undertaken:-

To know complete immunization of children against vaccine preventable diseases under Universal Immunization Programme.

To know month-wise trend of complete immunization of children against vaccine preventable diseases under UIP.

Study design and setting: This is an Institutional based study and has been conducted in CHC, PHCs, and Sub-centers of Luni Block of Jodhpur District of Rajasthan from 1st January 01, 2016 to July 31st 2016.

Study Population: All the children upto and below the age of 6 years who have visited CHC, PHCs, and Sub-centers of Luni Block of Jodhpur District of Rajasthan for immunization purpose during this period.

Result: Luni Block is situated in Jodhpur district of Rajasthan. Jodhpur has eight blocks and one of the blocks is LUNI. In Luni block there are four Community Health Centre (CHCs), 7 Primary Health Centers (PHCs) and 94 Sub-centers. Data of the present study was collected from all these centre.

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Table No. 1
No. of Children completely Immunized Under UIP in Luni Block of Jodhpur District

S. No.	Month	No. of Children Completely immunized under UIP
1	January	480
2	February	492
3	March	478
4	April	499
5	May	551
6	June	622
7	July	605
Total		3727

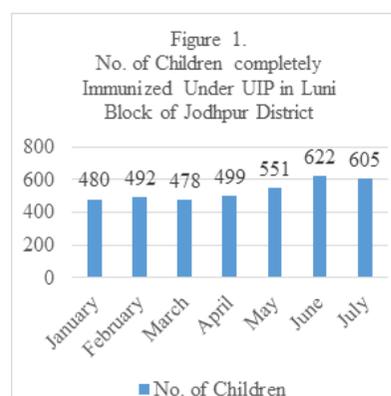


Table No. 2
No. of Children Immunized against DPT

S. No	Month	1 dose	2 dose	3 dose	B dose
1	January	0	0	0	453
2	February	0	0	0	410
3	March	0	1	2	419
4	April	2	0	0	429
5	May	0	9	0	428
6	June	0	0	0	469
7	July	0	0	0	475
Total		2	10	2	3083

Table No. 3
No. of Children Immunized against Polio

S. No.	Month	0 dose	1 dose	2 dose	3 dose	B dose
1	January	207	622	598	538	453
2	February	109	503	619	548	410
3	March	151	500	518	610	416
4	April	165	511	532	471	429
5	May	99	472	509	488	436
6	June	90	471	496	517	469
7	July	221	508	521	569	475
Total		1042	3587	3793	3741	3088

Table No. 4
No. of Children Immunized against Measles

S. No.	Month	Measles	
		1 dose	2 dose
1	January	481	393
2	February	487	375
3	March	483	399
4	April	504	405
5	May	561	403
6	June	629	444
7	July	611	473
Total		3756	2892

Table No. 5
No. of Children Immunized against Hepatitis

S. No	Month	0 dose	1 dose	2 dose	3 dose
1	January	102	0	0	0
2	February	80	2	4	6
3	March	103	26	2	3
4	April	85	0	0	0
5	May	76	0	0	0
6	June	62	34	0	0
7	July	133	0	0	0
Total		641	62	6	9

Table No. 6
No. of Children Immunized against DT

S. No.	Month	No. of Children
1	January	528
2	February	141

3	March	157
4	April	125
5	May	130
6	June	160
7	July	196
Total		1437

DISCUSSION:

Immunization against common childhood diseases has been an integral component of mother and child health services in India since the adoption of the primary health care approach in 1978. The UIP was introduced by the Government of India in 1985-86 to cover at least 85 per cent of the infants against the six vaccine-preventable diseases by 1990 [3]. It was hoped that by the turn of 20th century, the coverage of children for vaccination against the 6 VPDs would reach 100 per cent. In our study there (except slight dip in the Month of March and July) is increasing number of the children who have been completely immunized. Similar level of coverage was documented in other studies by Khokhar et al and Kar et al in urban slums of Delhi [8, 9]. Singh et al have reported the complete coverage for India to be lower at 63.3 per cent [10]. National Family Health Survey-III reports that only 54.7 per cent of the urban children are fully vaccinated [4]. All the children who received measles vaccination have also received Vitamin A. The main reason for dropout or non-immunization of the children may be ignorance and illiteracy among parents which can be improved through effective communication efforts and other awareness campaigns.

CONCLUSION:

While Routine Immunization has played a significant role in preventing childhood deaths and disability, thousands of children in India continue to die from vaccine preventable diseases each year. Yet Strengthening of Immunization under NRHM has been done under the following points [3]:-

Introduction of Auto Disable (AD) syringes and hub cutters.

Support for alternate vaccine delivery to session sites from the last storage point.

Mobility support to State and District Immunization Officers and other supervisory staff.

Alternate vaccinators for sessions in urban slums and under-serve d areas, including vacant SCs.

Mobilization of children and pregnant women by ASHA/link-workers to increase coverage, decrease dropouts and for convergence of Nutrition with Immunization.

Biannual Routine Immunization review meetings at national and state levels.

Computer Assistants for every district and at state.

Routine Immunization Monitoring System (RIMS).

Decentralized printing of recording, reporting and monitoring tools (e.g. Immunization cards, monitoring charts, tracking bags, temperature charts).

Miscellaneous (e.g. polythene bags, POL for generators etc.)

Strengthen cold chain maintenance and expansion.

Strengthen vaccine management.

ASHAs/ Link Workers provide critical support in mobilizing and tracking beneficiaries for immunization.

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