

Urbanization and the Need for Strengthening the Immunization Programme

Dr. Sanjay Kapur, JSI

India has undergone a fast-paced urbanization to the tune of 19.6% in the last decade. With increasing population growth in the urban areas, reaching out to every citizen with public health services like immunization, has become even more challenging. Government of India (Gol) is continuously striving to achieve the ambitious target of 90% Full Immunization Coverage (FIC), however, with around 475 million urban population of the country it is indeed a mammoth task. The challenges of urban immunization are evident from immunization trend (FIC) across NFHS-3 (2005-06) to NFHS-5 (2019-21) which has shown a considerable improvement in the rural areas by 38.2 percentage points compared to a slow-footed progress of 17.9 percentage points in urban areas. Also, the proportion of fully immunized children which was marginally higher in urban areas than rural as per NFHS-4 (2015-16) survey now shows an inverted pattern in NFHS-5 (2019-21) survey. Socio demographic factors like rural-urban migration, limited access to health care, poor health seeking behaviour etc. makes the urban population vulnerable to increased morbidity and mortality due to various diseases. Poor immunization coverage adds to this vulnerability and makes the urban population susceptible to the adversities of Vaccine Preventable Diseases (VPDs).

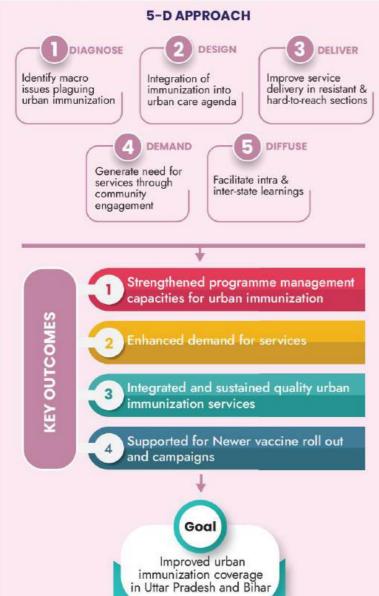
'Service Delivery' and 'Demand Generation' are two major

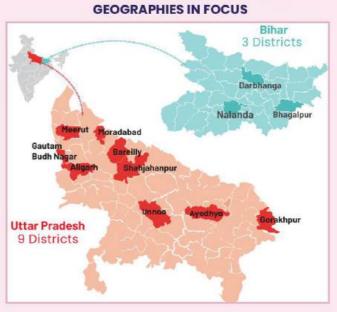
elements affecting immunization uptake and coverage status in a programme. In the urban areas, service delivery challenges encompass inefficient service delivery platforms, suboptimal infrastructure, limited human resources and unclear data details. Demand generation and community awareness is influenced by the educational and socio-economic status, size and structure of the families etc. The other major challenge that has emerged is suboptimal coordination between health and non-health stakeholders.

These challenges in the urban areas are multidimensional and multisectoral requiring a comprehensive, inclusive and strategic approach. This calls for urgent action, rethinking our processes and systems in a comprehensive, to meet this urban immunization gap.

Understanding the need for strengthening urban immunization, under the stewardship of the Government of India (GOI), JSI India with support from Bill and Melinda Gates Foundation (BMGF) has initiated the project 'Technical Assistance for Improving Urban Immunization in Bihar and Uttar Pradesh'. The project has been envisioned under the strategic leadership of the state government of Bihar and Uttar Pradesh for strengthening urban immunization.

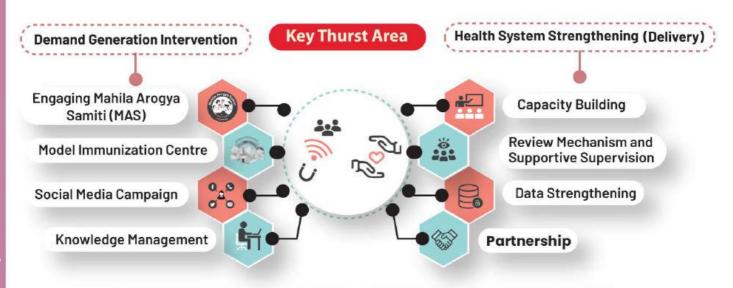
To strengthen urban immunization in high priority 104 National Urban Health Mission (NUHM) cities, the immunization division, Ministry of Health and Family Welfare has initiated the City Embrace Model (CEM). JSI Urban project supports the 23 NUHM cities of the CEM cohort. Over the coming years, the expansion and improvement of urban immunization and reaching out to the last mile is our priority and we at JSI are committed to support the programme.







Baseline assessment was done to identify challenges in the Project areas.





## PARTNERSHIP TO STRENGTHEN **URBAN IMMUNIZATION**

Dr. Kayla Laserson, BMGF

India, one of the most populous countries, is currently urbanizing faster than ever before. The expanding urban landscape is being burdened with multiple diverse challenges, generating wide health inequities. Amongst these, an important one is limited integration amongst the multiple stakeholders across the health and non-health domains. Partnerships has emerged as one of the core principles under the Immunization Agenda 2030 and Sustainable Development Goals (SDGs). Considering the complexities associated with healthcare and health system in the urban areas, partnerships have become an even more critical area of work for strengthening urban immunization.

In the past, with polio eradication, intensified immunization campaigns, and the recent COVID-19 pandemic, the country has witnessed significant collaborations between health and non-health sectors. The contribution of Education department to raise awareness; Women and Child Development Department to identify vulnerable pockets and to support in reaching the unreached for RI & COVID-19 Vaccine campaigns; Urban Local Bodies contributed to planning of immunization sessions are exemplary.

Building on the learnings from public-private partnerships in other programs such as tuberculosis control, maternal health, and family planning, we need to develop a holistic strategy that assimilates the best practices to support the urban immunization program. As illustrated by the work done by the ISI team in Bihar and Uttar Pradesh, there is a great scope of collaboration amongst private medical bodies like IMA, IAP, and FOGSI towards this goal.

Success in achieving our goal to reach every beneficiary in the urban areas will rely heavily upon the various partnerships formed within and outside the health sectors to provide quality, beneficiary centric and affordable immunization services.

### State Level Consultative Workshop for Strengthening Urban Routine Immunization (RI) Lucknow, Uttar Pradesh- 19th Dec'22

Outcomes: Strategic framework for improving urban immunization utilizing multi-sectoral approach.









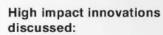






Education





- Engagement of Urban Local Bodies(ULBs)
- · Mahila Arogya Samiti (MAS) for Mobilization
- Social Media for Demand Generation
- · Beneficiary Centric 'Model Immunization Centre (MIC)'
- · Private Healthcare Provider Engagement for RI

LDING VACCINE CONFIDENCE

### **POTENTIAL AREAS:**

- Model Immunization Centre as Centre of Excellence
- Building Vaccine confidence for Demand Generation
- Birth Dose Vaccination Saturation
- Training and capacity building of healthcare professionals
- Supportive Supervision of Urban Health and Nutrition Days (UHND)

John Snow India (JSI) has signed a MoU with AIIMS Gorakhpur and District Health Society (DHS) Gorakhpur to establish Model Immunization Center (MIC).



Inauguration of Model Immunization Center (MIC) at AIIMS, Gorakhpur, UP



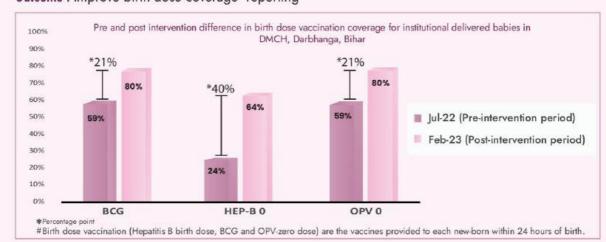
CME on Vaccine Hesitancy, AIIMS, GKP



Cross - learning visit of John Hopkins University (JHU) and JSI Headquarter team to MIC, AIIMS, Gorakhpur.

Intervention Unit: Darbhanga Medical College & Hospital, Darbhanga, Bihar
Objective: Streamline medical college recording and reporting for Birth Dose Vaccination

Outcome: Improve birth dose coverage# reporting



**MODEL ADOPTED** 

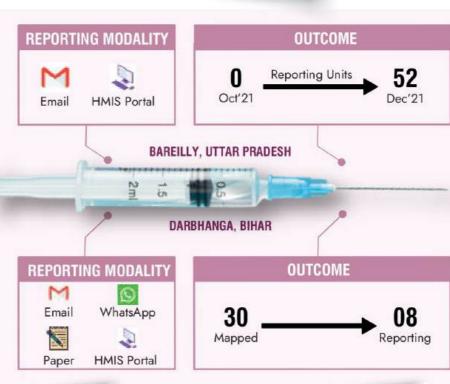
· Private Healthcare Providers

· Orientation and Registration

Support for Reporting

Mapping

# PRIVATE HEALTHCARE PROVIDER ENGAGEMENT





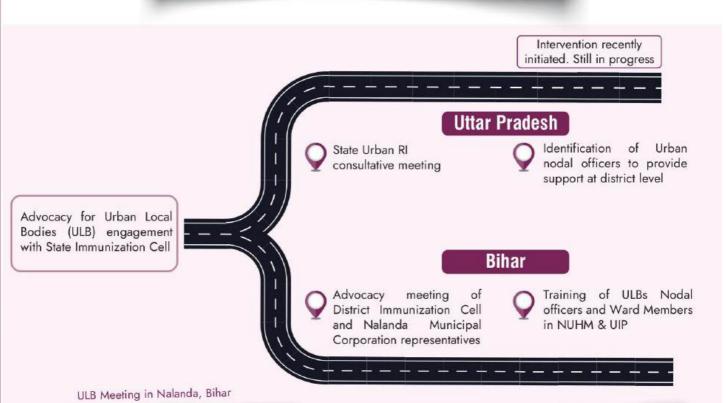


Private Healthcare Providers Meeting, Darbhanga, Bihar



UP State advisory for Private Healthcare Providers engagement in Urban RI

# **URBAN LOCAL BODIES (ULB) ENGAGEMENT**





ULB Meeting in Darbhanga, Bihar





#### Left to Right:

- 1. Vaccine to be provided within 24 hr of birth
- 2. Minor are common after vaccination

#### Up to down:

- 3. This disease causes 'A thick, gray membrane covering the throat and tonsils' apart from fever and other symptoms
- 4. This vaccine prevents diarrheal disease
- 5. Anganwadi Workers mobilizes beneficiaries to \_\_centers for nutrition, education and Immunization
- 6. India recently launched a new digital platform for UIP service delivery called\_
- 7. NUHM utilized this community engagement platform for Urban development
- Answers will be shared in next issue.



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