

Full Immunization Initiative Nepal



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South Asian Meeting

HPV Prevention and Control Landscape and the way forward.

13th , 14th and 15th - Dec 2022 – New Delhi, India.

National Immunization Program (NIP), Nepal

- NIP is a priority Program (P1)
- EPI Program started in 1979 with two antigen (BCG & DPT)
- Currently provides vaccination against 13 antigens

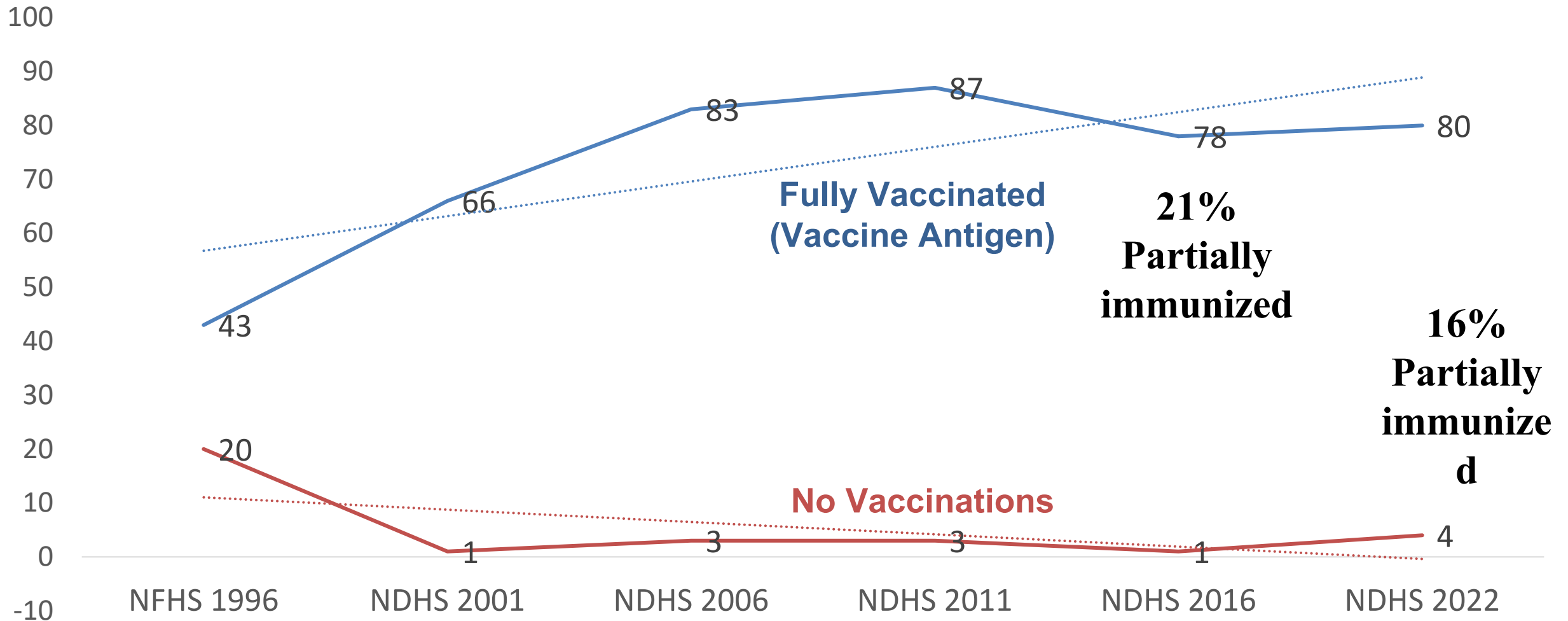
Core Program Strategies:

- Reach every child
- Accelerate, achieve and sustain VPD control, elimination and eradication;
- Strengthen immunization supply chain
- Ensure financial sustainability
- Promote innovation, research and social mobilization

Key Issues of Immunization Program

- Less than 90 percent Coverage and high dropout rate
- Reaching every child (Immunization is the right of the child)
 - Missed
 - Migrating population
 - Urban Slums
 - Big Urban Cities with high population density
- Risk of outbreaks at periodicals
- Challenge to control, elimination and eradication initiatives

Fundamental Issue of NIP



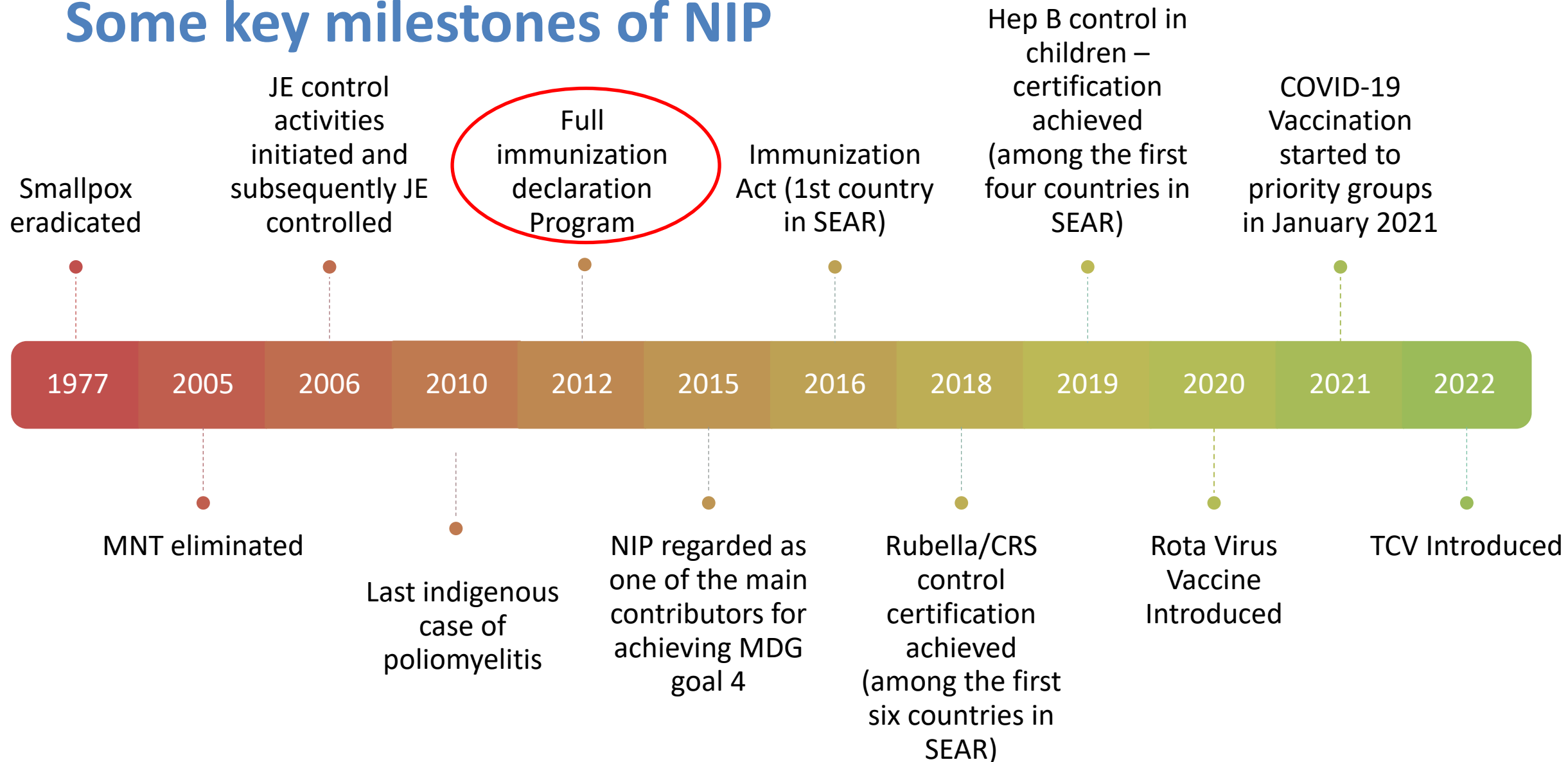
Concept generation of Full immunization initiation from Vageshwor VDC

- Immunization coverage is quite good but the Target Vs achievement was always low
- Health facility and concerned municipality initiated household survey and verified children immunization status
- During household survey, found all children were vaccinated, no missed children but few drop outs
- Then vaccinations of drop out children were done.

Then declared the VDC as Fully Immunized through a public meeting with involvement of all concerned stakeholders

Vageshwor VDC in Achham was the first VDC to be declared as 'Fully Immunized VDC' – 28 Dec, 2012

Some key milestones of NIP



Rationale for Full Immunization

As per constitution, **fundamental rights of every children** to get immunization services

As per Nepal constitution 2072 BS (2015 AD), essential health services will be provided by **the local government** and immunization is the priority service

Sustain the achievements in immunization

Still 20% children have not received full immunization including 4% zero dose of vaccination (NDHS 2022)

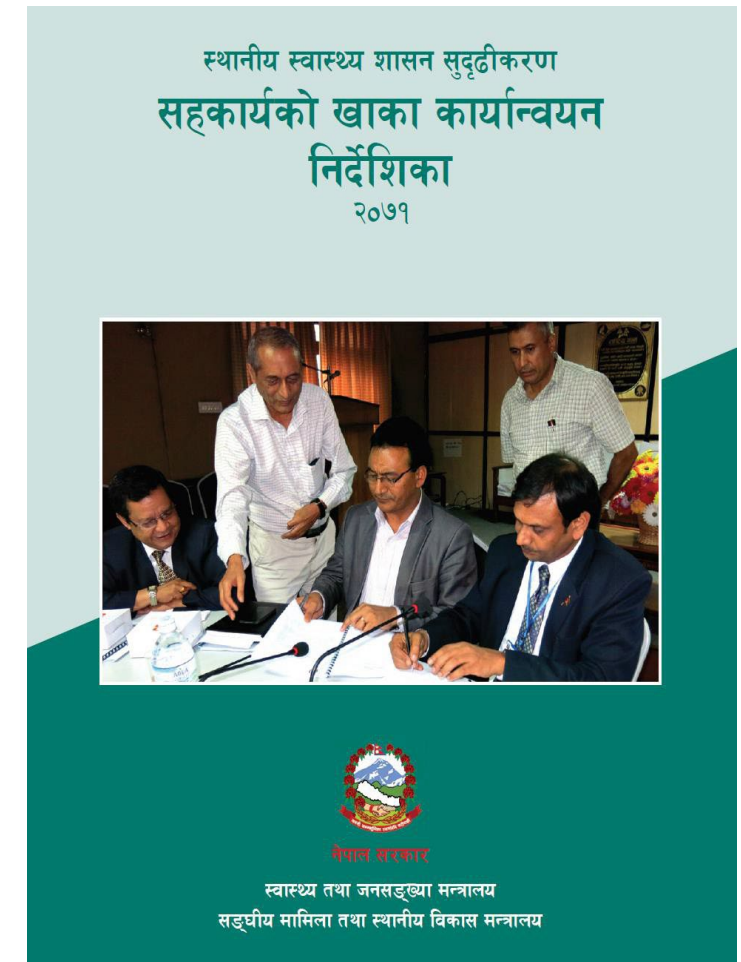
reduce childhood and maternal mortality to achieve SDG

Increase ownership and accountability of local government and stakeholders for sustainability of immunization program

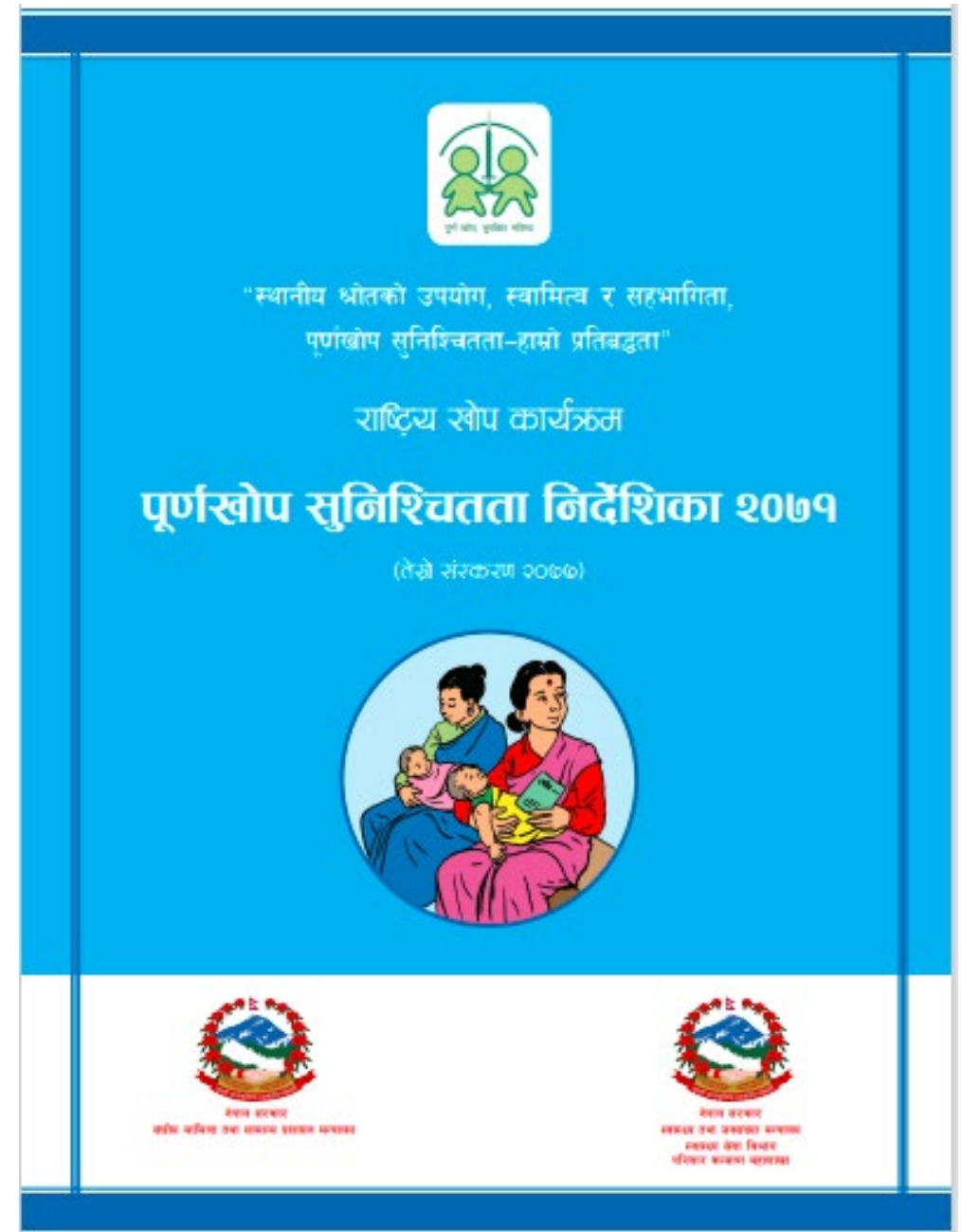
Align with Government's commitment

FID initiative: underpinning legislations and inter-ministerial agreements

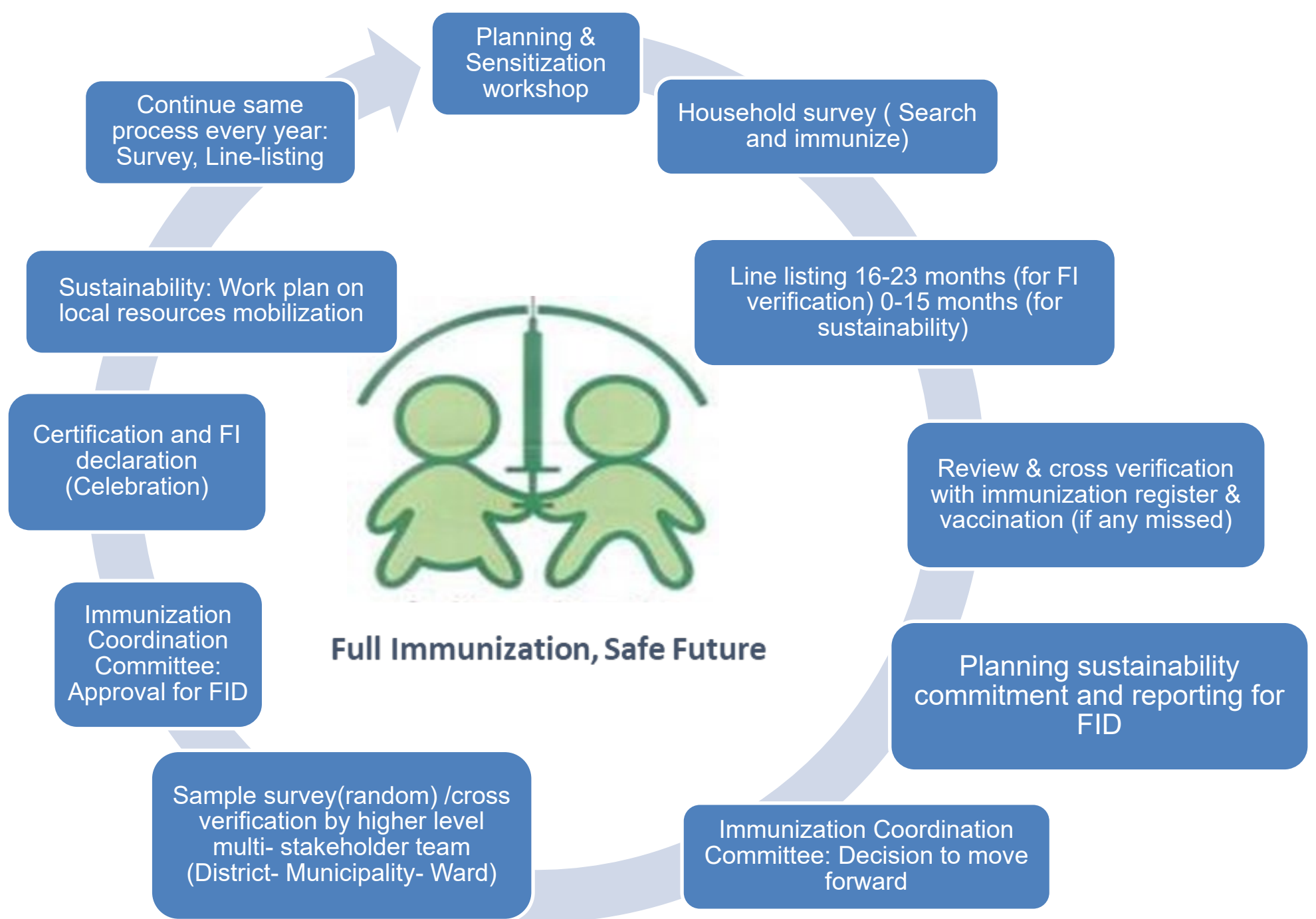
- Collaborative Framework for Strengthening Local Health Governance Joint Initiative of MoHP and MoFALD in 2013-14
- “Local self governance act 1998-99. : *District coordination committee will (among other things) Plan and implement activities of Family planning, Child health, immunization, nutrition, Public health education*



- Defining Full Immunization
 - *refers to a state when all eligible children (within 15 months of age) are fully immunized with all the vaccines offered by the program.*
- Development of the FID Guideline
- Revised and updated three times
- Jointly ownership of MOHP and Ministry of Federal Affairs



Basic/fundamental requirements for FID (Ward/Municipality)



3 prerequisite of FID Declaration

1. Household survey: (with involvement of health staffs)
 - Prepare ward-wise line list of all children aged 16-23 months to verify full immunization within 15 months of age
 - Prepare ward-wise line list of all children aged below 15 months who are currently receiving routine vaccinations and update in the immunization register
2. Microplanning for vaccination of missed children
 - Review and verification with immunization register for vaccination status
 - Re-planning and conduction of immunization session for missed children
3. Commitment for sustainability plan from Ward Immunization Committee
 - Submit a copy of **decision and report of FI children 16-23 months of age**
 - **Workplan for full immunization sustainability** with involvement of local stakeholders to Rural/Urban Municipality and district

Sample Validation Survey

(before ward/palika declaration)

- **Rural municipality of hills and mountains:** At least 25% of wards
- **Rural municipality Terai:** At least 3 wards (*Monitor at least 30 households with 16-23 months children in each selected ward*)
- **Urban Municipality:** At least 25% of wards (*Monitor 60 households with 16-23 months children in each selected ward*)
- Submit report to Immunization Coordination Committee
- Inform local health facility for vaccination if children with missed vaccination
- Approval for declaration and certification

Responsible levels of validation and certification for FID

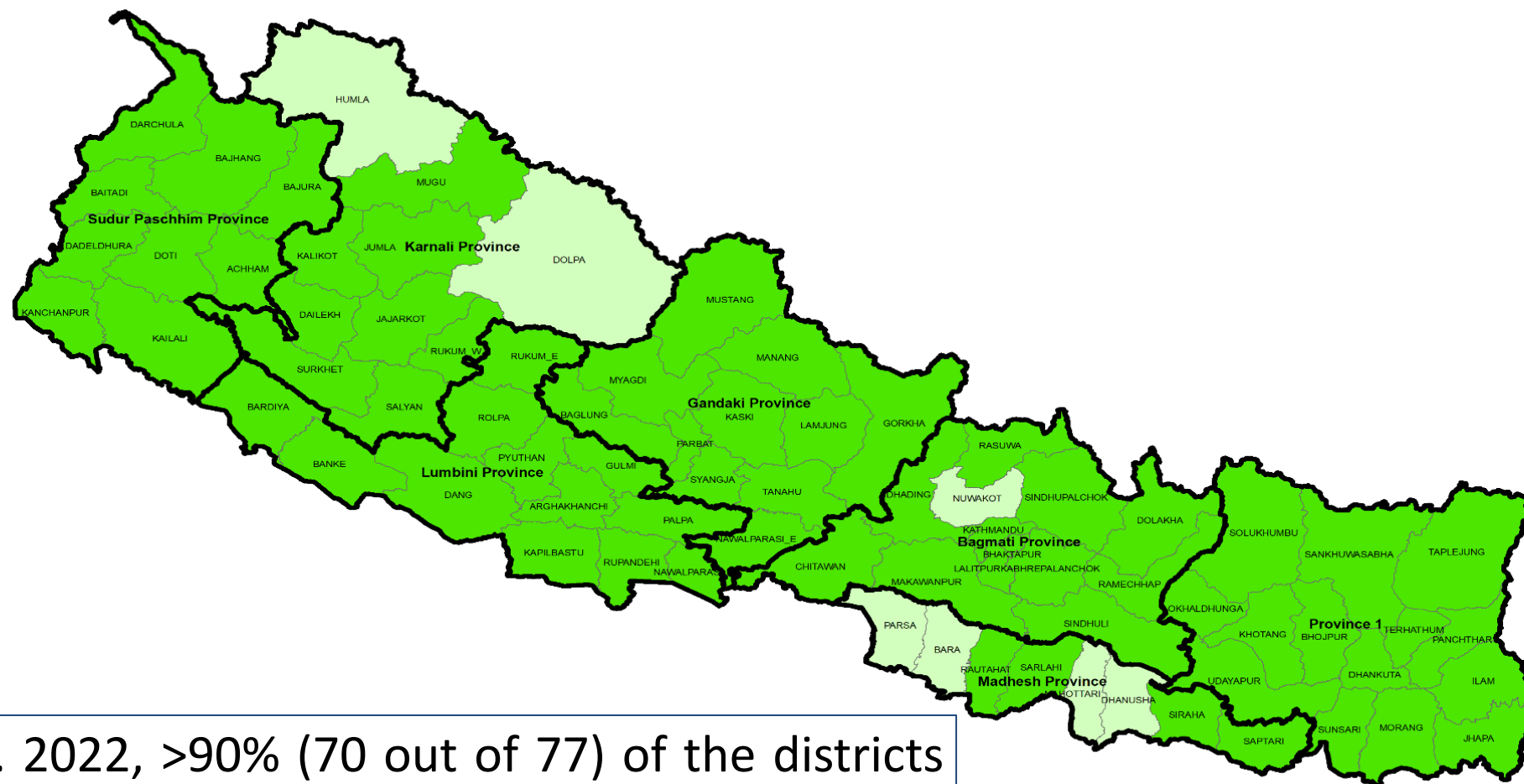
S. No.	Level	Responsible authority for certification
1	Ward	Concerned local government
2	Local level (municipality)	District Immunization Coordination Committee/ Health Office
3	District	Ministry of Social Development/Ministry of Health and Population/Provincial Health Directorate
4	Province	Ministry of Health and Population / Department of Health Services

Sustainability strategies

- Conduct effective and quality routine immunization services
- Every year at the end of Chaitra month
 - Household survey, Recording, Review, vaccination of missed children, validation and certification of FI sustainability and reporting
- Inclusion and endorsement of Full Immunization program in the annual plan of local government
- Every year universalization and approval of full immunization sustainability by ward/municipality/district assembly
- Surveillance of vaccine preventable diseases

सि.नं.	क्रियाकलाप/अतिविधि	कहिले गर्ने	कहाँ गर्ने	प्रिम्मेयर/वार्ड/निकाय	ध्यान
१.	खोप कार्यक्रमको औपचारिक समीक्षा	प्रत्येक ४ महिनामा	स्वास्थ्य चौकी	स्वास्थ्य सस्था सञ्चालन तथा व्यवस्थापन समिति	स्वास्थ्य सस्था सञ्चालन तथा व्यवस्थापन समिति र जि.स्वा.का
२.	तय्याक सकेसम्म भरी पूर्ण खोप सुनिश्चितता गर्न घरघुरी सर्वेक्षण	वर्षामा १ घटक फास्रण, वैत्र	सबै वडाको प्रत्येक घरमा (०-१ वर्ष र १२ देखि २३ महिनाका बच्चाहरूका)	स्वास्थ्य कार्यकर्ता म स्वा स्व से स्वास्थ्य सस्था सञ्चालन तथा व्यवस्थापन समिति	मा.वि.स.को कार्यालय बाट रु. २०,०००/-
३.	खोप कार्यक्रम त्नावन अन्य स्वास्थ्य चौकी को कार्यक्रमहरूको सांख्यिकी सुदवाइ	अर्कोज/कार्तिक	मा.वि.स. कार्यालय, मासिस्टु	स्वास्थ्य सस्था सञ्चालन तथा व्यवस्थापन समिति	मा.वि.स. कार्यालय, मासिस्टु
४.	प्रत्येक खोपकेन्द्रमा पूर्ण खोप सम्बन्धि होर्डिङ्ग बोर्ड राख्ने	आ.व. ०७३/७३ सम्म	प्रत्येक वडामा सबैले देख्नै ठाउँमा	स्वास्थ्य सस्था सञ्चालन तथा व्यवस्थापन समिति/मा.वि.स.	मा.वि.स.को कार्यालय तथा स्वास्थ्य सस्था सञ्चालन तथा व्यवस्थापन समिति
५.	खोप त्नावन घुट बच्चाको खोज पढ्ताल	तत्कालै देखि	सम्पूर्ण वडा	स्वा.कर्मी म स्व से र आम नागरिक	१५-२३ महिनाको खोप त्नावन घुट सञ्चालन तथा व्यवस्थापन समितिबाट प्रतिक्रिया रु. १००/- उपलब्ध हुने

Status of Full Immunization Declaration



As of Dec. 2022, >90% (70 out of 77) of the districts have declared FID

Lessons learned

- Missed children are vaccinated
- Increased awareness and advocacy of immunization
- Increased level of community participation
- Increased political commitment and ownership of local government
- Increased allocation and mobilization of local resources on NIP

“Continually orient and enhance capacity of local government for FI sustainability”



THANK YOU