



UTTAR PRADESH
TECHNICAL SUPPORT UNIT

Missed Community Or A Missed Opportunity?

THACKER D, CHOUDHARY K, PRAKASH R, ANTHONY J

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University of Manitoba – IGPH

Mission:

To improve health equity globally

Aim:

- Improve public health policies, programs through high-quality research, education and training.
- Develop innovative program delivery models

Program Focus Areas



Maternal Health



Nutrition



Family Planning



Adolescent Health



Health System Strengthening



Infectious diseases



Neonatal & Child Health

Key Geographies

India
Pakistan

Nigeria
Kenya

Ukraine
Canada

Ghana

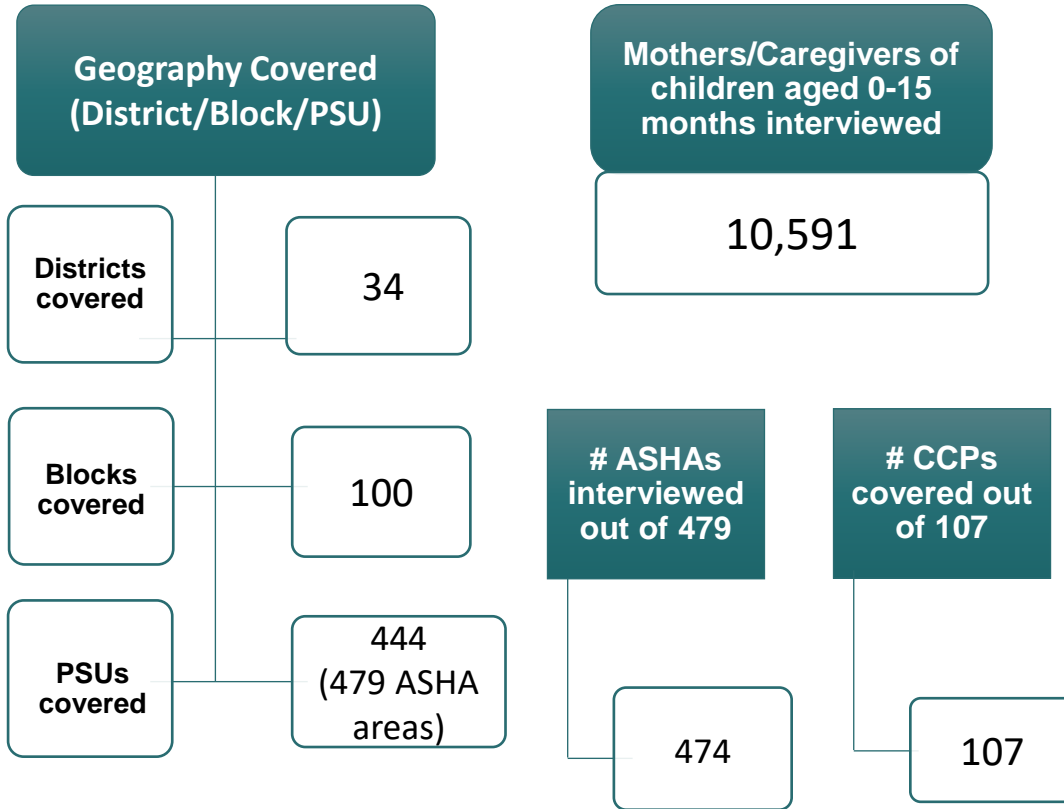
Uttar Pradesh Technical Support Unit

- Established in 2013 based on BMGF and GoUP MoU
- **Key Geography:** Uttar Pradesh: India
- **Aim:**
 - **Strengthen** health systems **statewide**
 - **Improve** RMNCHN, including RI, outcomes **statewide**
- **Embedded and Integrated Technical Assistance** to Government of Uttar Pradesh.

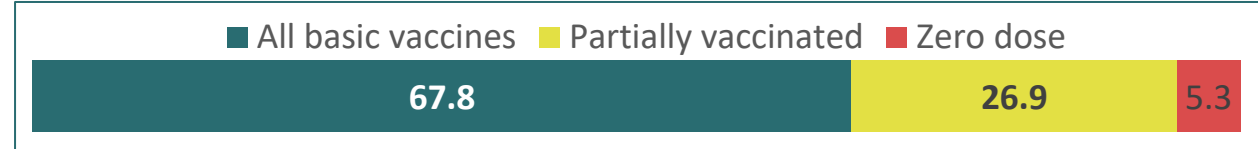


Rapid Assessment Survey (RAS), 2021

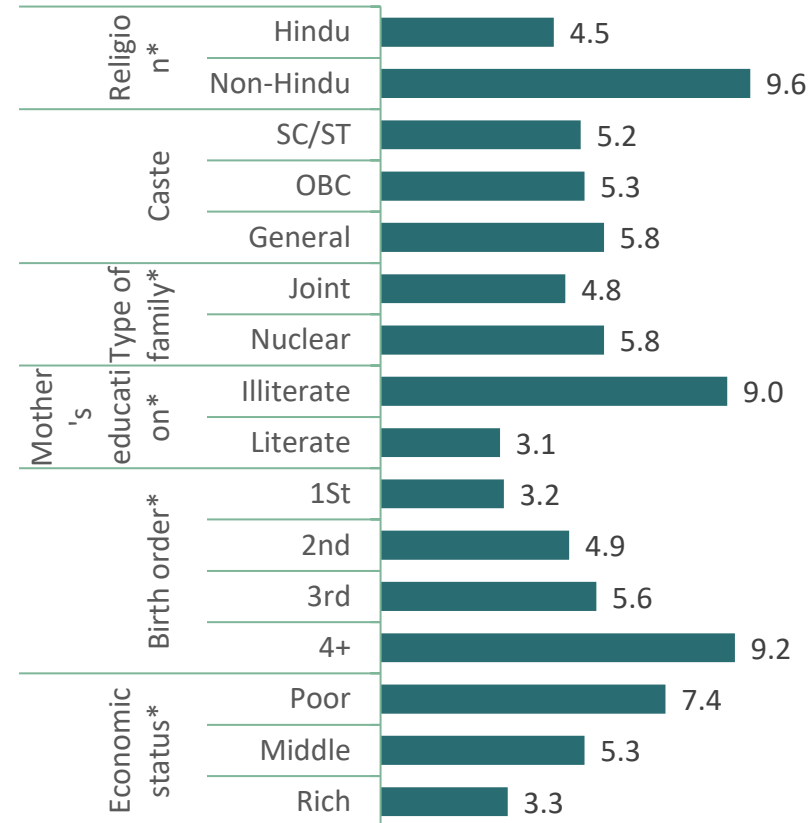
Domains



Immunization Coverage (N= 2528, children aged 12 to 15 months)



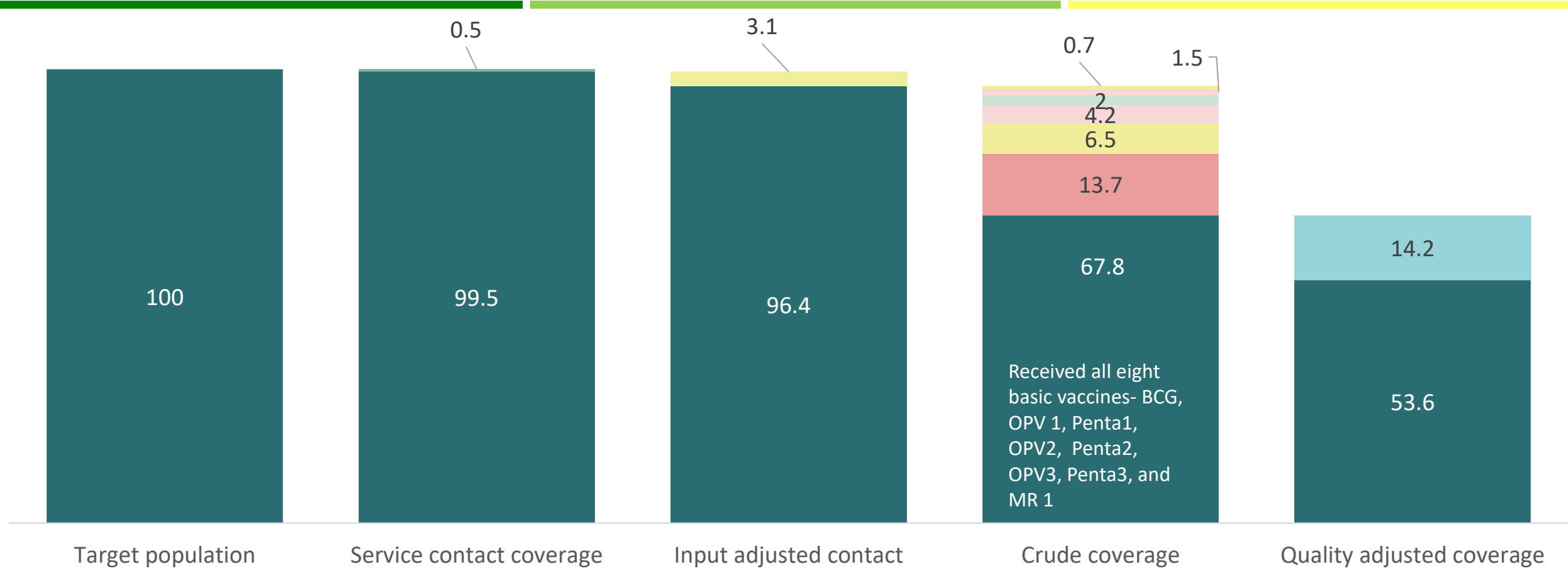
Prevalence of ZD children by background characteristics



*p<0.05

Field data collection started on 20th July 2021 & completed on 30th November 2021

Effective coverage cascade for immunization | RAS 2021



No contact

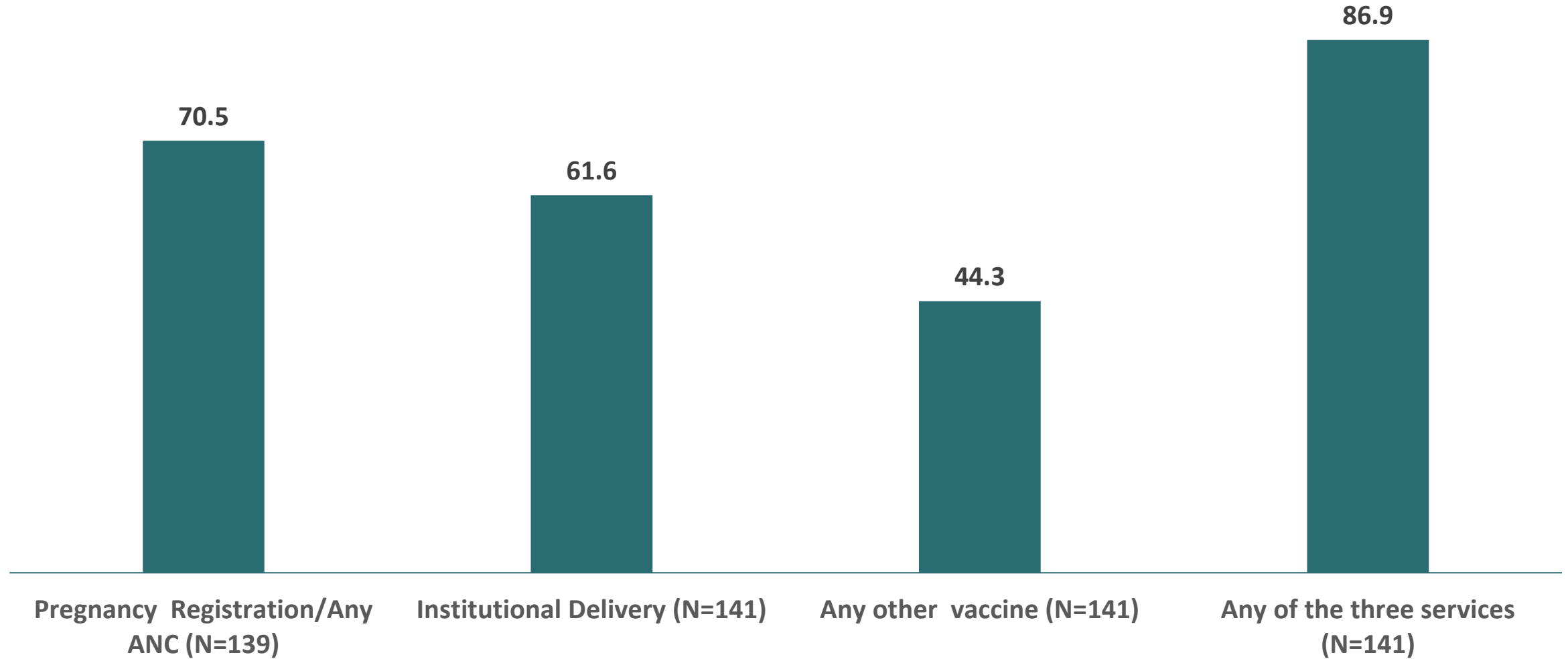
Vaccine not available
(BCG 0.2%, OPV, 2.2%,
Penta 0.1%, MR 0.7%)

- Operational related
- Personal
- AEFI related
- HCP related
- Session not held/due to covid
- Other

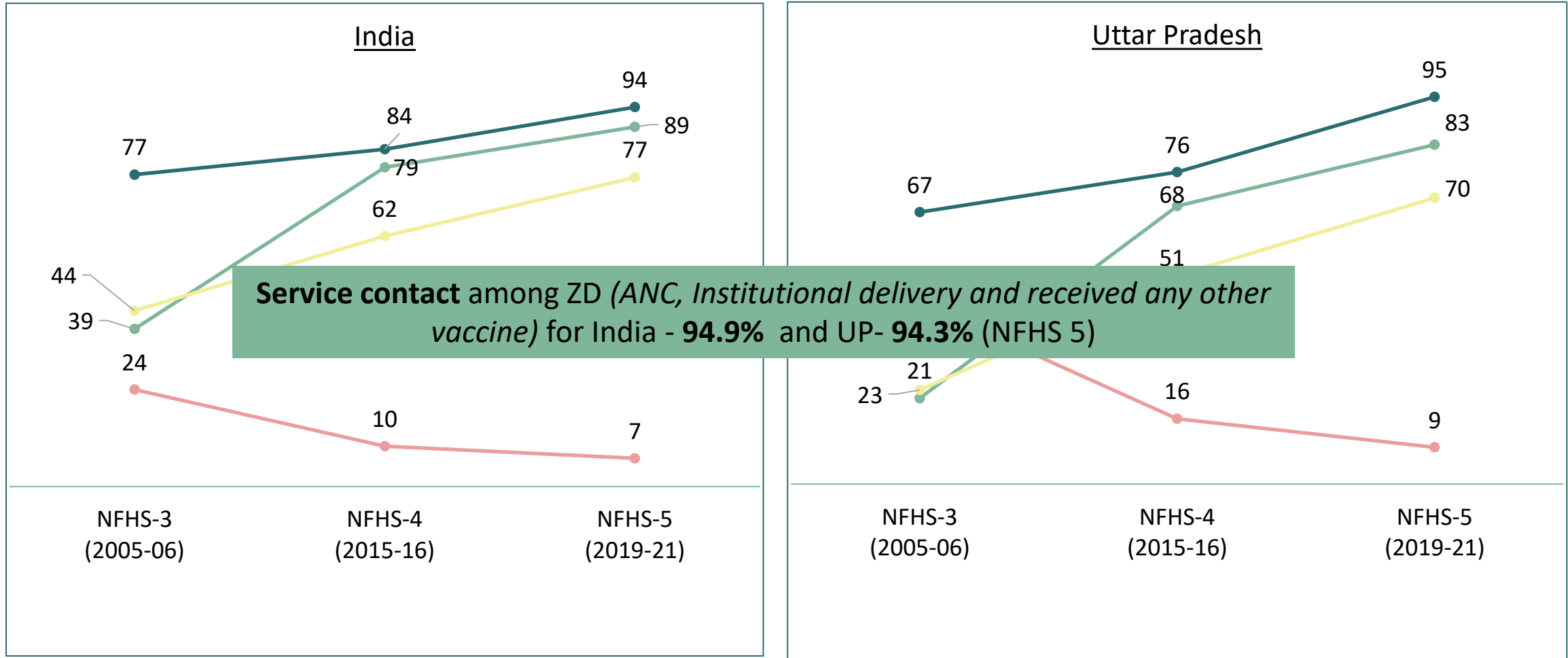
Delayed all basic vaccination

Service Contact: Met ASHA during last one year, received any information or service, delivered at an institution, child received any vaccination

Service contact among ZD children/families | RAS 2021



MNCH services received by women and children across the survey rounds

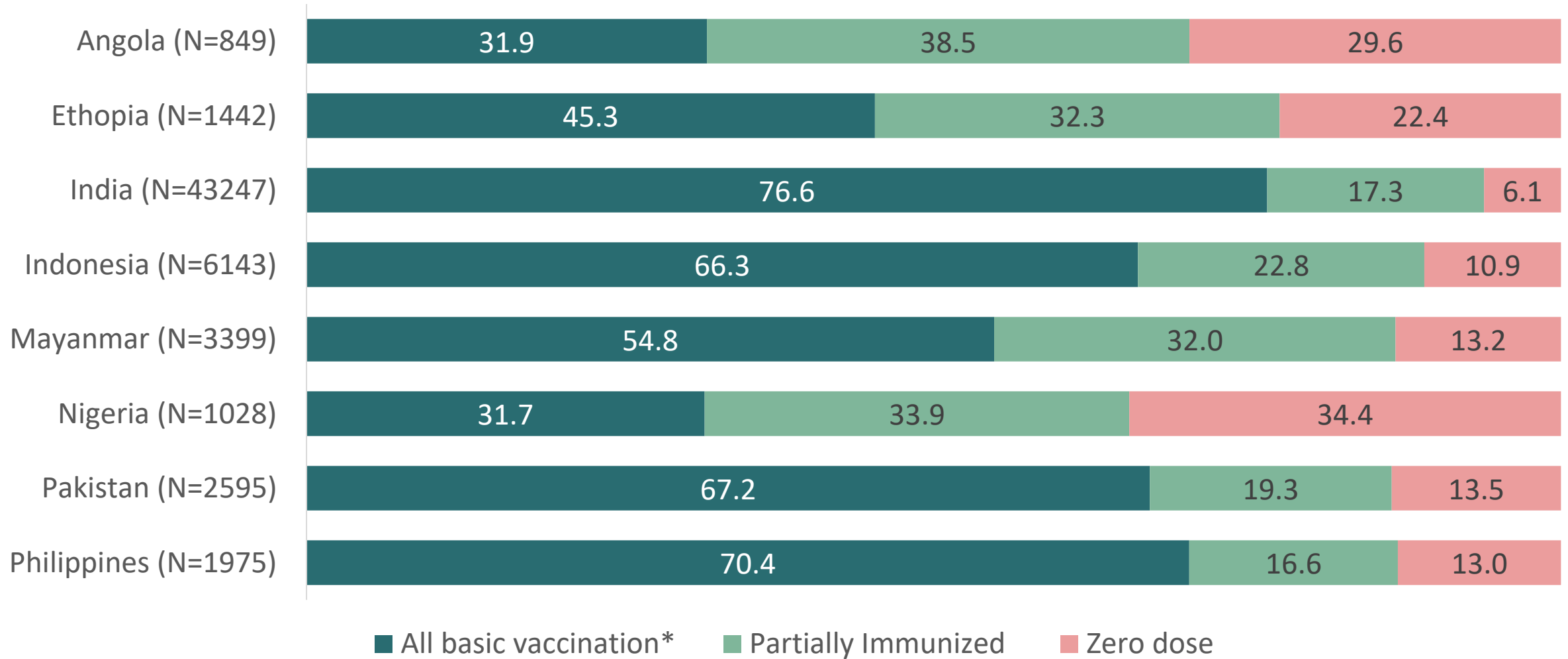


— Any ANC — Institutional delivery — All basic vaccination — Zero dose

Abstract 2 | Methodology

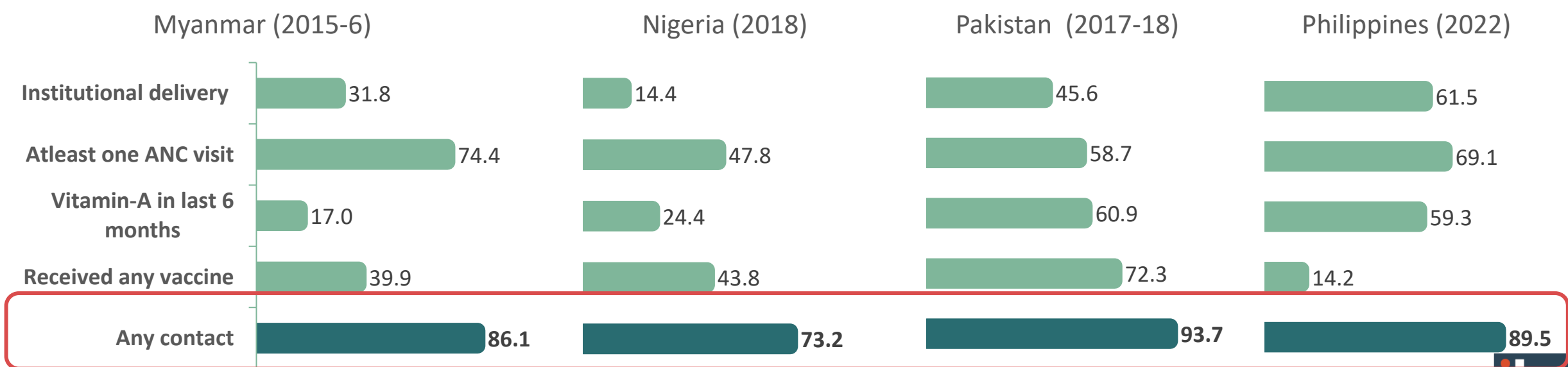
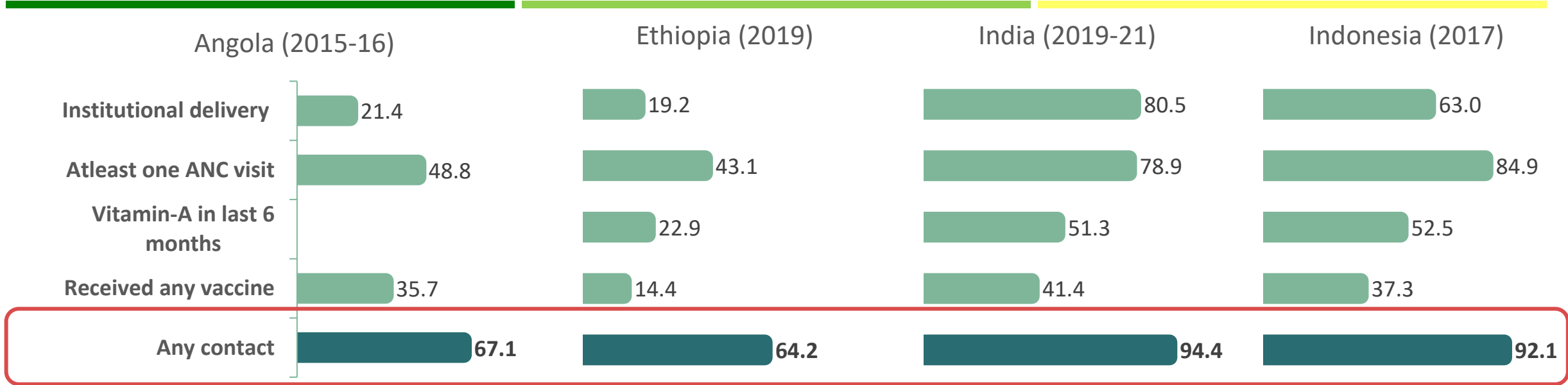
- Eight of the ten high ZD burden countries (India, Nigeria, Indonesia, Ethiopia, Philippines, Pakistan, Angola, Myanmar) for which Demographic and Health Surveys (DHS) datasets were available were included in this analysis.
- The most recent dataset from the survey conducted between 2015 and 2022 was used to estimate the prevalence of ZD and service contact for MNCH services.
- The prevalence of all basic vaccinations, partially immunised and zero dose children was estimated among children aged 12-23 months
- Service contact among ZD families was calculated for seven services: Antenatal care visits, Institutional delivery, Vaccination, Vitamin A within the last six months, Birth registration, Availability of vaccination card and Post-natal services within two months of delivery
- Due to limited incremental gain in service contact through Birth registration, Availability of vaccination card and Post-natal services within two months of delivery these indicators have been excluded from subsequent analysis

Immunization coverage across countries

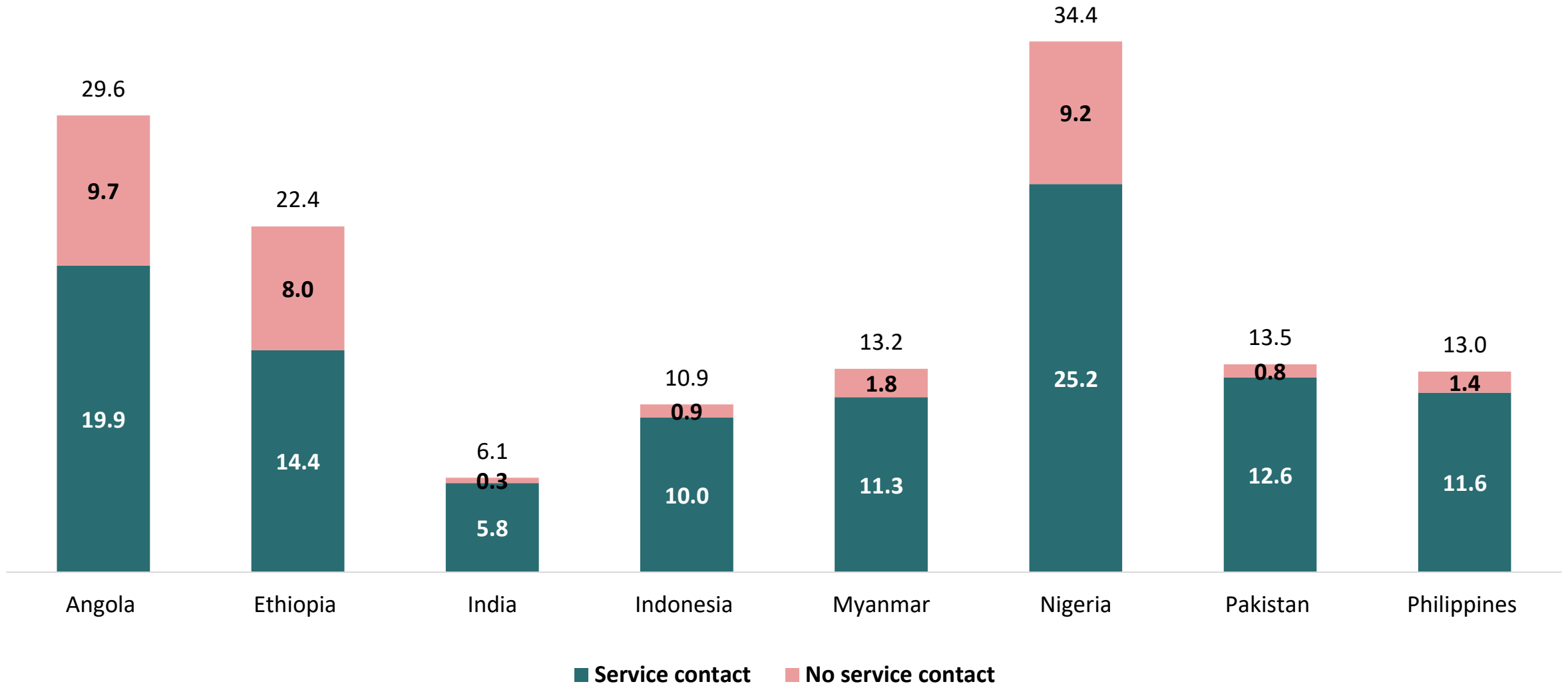


*All basic vaccination-BCG, MCV/Measles/MMR/MR, and three doses each of DPT/Penta and polio vaccine (excluding polio vaccine given at birth)

Service contact among ZD children/family by countries



Any service contact among ZD children/family



Implications & Recommendations

- Designing mechanisms to track service delivery records across the MNCH continuum of care could potentially identify a significant number of ZD children in high-burden countries
- Integrating primary healthcare service delivery and investments in building capacities of frontline workers to utilize the information available with them should be the strategy to reach these missed communities
- Integrated digital systems or inter-operable digital systems for primary healthcare could potentially be explored to identify & track zero dose children/missed communities

Thank you

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- GoUP for providing the necessary approvals for the study
- Colleagues at IHAT & UoM

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The views expressed herein are those of the authors and do not necessarily reflect the official policy or position of the BMGF.

For any further information, please reach out to: Dr. Deep Thacker (deep.thacker@ihat.in)