Proposal under Tribal Immunization Strategy

MIZORAM

**Introduction:**

Mizoram is a state in northeastern [India](https://en.wikipedia.org/wiki/India), with [Aizawl](https://en.wikipedia.org/wiki/Aizawl) as its capital town. The name is derived from "[Mizo](https://en.wikipedia.org/wiki/Mizo_people)", the name of the native inhabitants, and "Ram", which means land, and thus Mizoram means "land of the Mizos". Within the northeast region, it is the southernmost landlocked state, sharing borders with three of the [Seven Sister States](https://en.wikipedia.org/wiki/Seven_Sister_States), namely [Tripura](https://en.wikipedia.org/wiki/Tripura), [Assam](https://en.wikipedia.org/wiki/Assam) and [Manipur](https://en.wikipedia.org/wiki/Manipur). The state also shares a 722-kilometre border with the neighboring countries of [Bangladesh](https://en.wikipedia.org/wiki/Bangladesh) and [Myanmar](https://en.wikipedia.org/wiki/Myanmar).

About 95% of the current population is of diverse tribal origins who settled in the state, mostly from [Southeast Asia](https://en.wikipedia.org/wiki/Southeast_Asia), over waves of migration starting about the 16th century but mainly in the 18th century. This is the highest concentration of tribal people among all states of India, and they are currently protected under Indian constitution as a [Scheduled Tribe](https://en.wikipedia.org/wiki/Scheduled_Tribe). Mizoram is one of three states of India with a Christian majority (87%). The people belong to various denominations, mostly [Presbyterian](https://en.wikipedia.org/wiki/Presbyterian) in the north and [Baptists](https://en.wikipedia.org/wiki/Baptists) in the south. Four major tribes in Mizoram are Chakma, Kuki, Ralte and Pawi

According to the 2011 census, the state has a population of 10,91,014 and has about 91% of its area forested. The mid-year population estimation for 2019 is 12,04,304. There are 11 districts in the state with districts namely Saiha and Lawngtlai being the most difficult and farthest from the state headquarter.



**Immunization Programme in India:**

Immunization is considered one of the key interventions for protection of children against life threatening conditions that are preventable. At the community and national levels, the benefits of immunization go beyond the improvements in health and life expectancy to an impact on social and economic indicators. Immunization is no longer seen as an intervention to reduce infant and child mortality, but also as a means to tackle diseases that occur in later life.

The Universal Immunization Programme (UIP) in India had major impact on all sections of society. At present, under UIP approximately 390 million doses are administered annually at 9 million sessions held across the country to immunize 26 million children and 30 million pregnant women. In the last decade the immunization coverage in country has increased from 44% in 2005 (NFHS-3) to 62% in 2015 (NFHS-4).

Various efforts have been made to improve the immunization coverage in the country like Mission Indradhanush (MI) was launched in 2014 to increase the full immunization coverage to 90% by 2020. As per INCHIS data, first two phases of MI led to 7% increase in FIC. This increase, however, would not have been sufficient to achieve full immunization coverage of more than 90% by 2020, as aimed under Mission Indradhanush. Additionally, there are select districts or cities that have shown slow progress in spite of repeated phases of Mission Indradhanush. Therefore, a more intensified campaign was launched and Intensified Mission Indradhanush was implemented in select districts of the country in 2017-18.

**Routine Immunization Programme in Mizoram:**

The state has been able to achieve full immunization coverage of 76% during the 1st quarter of the current financial year with few districts doing very well and few districts needing improvement. Mamit districts, being an aspirational district need to strengthen the RI coverage as it stood at 43% coverage for the 1st quarter of 2019-20. Like many other NE states, Mizoram also has difficult areas because of its terrain and its porous international border with Bangladesh and Myanmar.

Despite all the hardships, the state has overcome many obstacles to ensure that every child is vaccinated in the state through rigorous monitoring, supervision and reviews. The state has also streamlined the cold chain management system to ensure smooth running of the immunization programme. Besides, the state has completed almost 85% of the training for the frontline workers to strengthen their IPC skills. ***The survey report under NFHS 4 (2015-16) shows a coverage of 50.7% and 68.6% under RSOC (2013-14).***

Analysis of Immunization coverage as reported in ***HMIS 2017-18 and HMIS 2018-19*** shows a coverage of ***90.76% and 87.26%*** respectively. During the 1st quarter of the current year (2019-20), the state shows a coverage of ***76.35%.*** The estimated infants for the year 2018-19 and 2019-20 are 18,200 and 18,200 respectively. The coverage is expected to increase in the next three quarters of the year following extensive monitoring and supervision, reviews etc.

***Trend of Full Immunization Coverage (Source: HMIS)***

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| **District** | **NFHS 4** | **CES-IMI** | **No Immunization** | **BCG** | **OPV3** | **Penta/**  **DPT** | **MCV**  **/MR** | **Drop out (BCG-MCV1)** | **Drop out Penta1-3** |
| Lawngtlai | 42.2 | 68.5 | **6.4** | **89.9** | **81.5** | **73.3** | **73.3** | **18.5** | **11.3** |
| Lunglei | 46.4 | 79.2 | 4.1 | 90.6 | 88.8 | 88.1 | 84.3 | 6.9 | 5.9 |
| **Mamit** | 40.4 | 67.7 | **6.6** | **89.6** | **79.9** | **79.6** | **73.5** | **18.0** | **11.6** |

It may be mentioned that in the recent CES-IMI survey (2018) carried out in 190 districts of the country by WHO-UNDP, there were **3 IMI districts** from the state of which all the 3 districts showed more than or equal to 20% increase in the full immunization coverage. The districts are namely ***Mamit, Lunglei and Lawngtlai***. Despite showing good increase in immunization coverage, various steps can further be planned to enhance the performance in these districts. A detail analysis of the findings from the CES-IMI is shown below (in %):

As we can see from the findings of the CES-IMI survey, districts namely ***Mamit*** has poor coverage in various coverage of vaccines and highest dropout from BCG-MCV and Pentavalent 1-3 and hence the state will give special attention in these districts and accordingly the pilot interventions under UNICEF has also been developed. This will help in generating evidences on the planned activities in the selected geography before replication or implementation can be intensified through the support of NHM PIPs.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State/District | BCG | BCG (%) | HepB0  (%) | Penta1 | Penta3 | Penta1-3 Drop out (%) | Penta1-3 Drop out (%) | MCV/MR | BCG-MCV/MR | BCG-MCV/MR Drop out (%) |
| Mizoram | 19,152 | 99.3 | 50.1 | 19,289 | 18,642 | 647 | 3.4 | 15843 | 3,309 | 17.28 |
| Aizawl East | 2,993 | 105.1 | 25.7 | 4,379 | 4,240 | 139 | 3.2 | 3794 | -801 | -26.76 |
| Aizawl West | 4,750 | 80.2 | 66.2 | 2,752 | 2,750 | 2 | 0.1 | 2286 | 2,464 | **51.87** |
| Champhai | 1,988 | 109.8 | 71.5 | 2,250 | 2,261 | -11 | -0.5 | 1878 | 110 | 5.53 |
| Kolasib | 1,395 | 119.9 | 83.1 | 1,511 | 1,403 | 108 | **7.1** | 1203 | 192 | **13.76** |
| Lawngtlai | 2,069 | 105.5 | 38.3 | 2,208 | 2,008 | 200 | **9.1** | 1595 | 474 | **22.91** |
| Lunglei | 2,371 | 95.2 | 22 | 2,291 | 2,278 | 13 | 0.6 | 1788 | 583 | **24.59** |
| **Mamit** | 1,406 | 129.9 | 28.8 | 1,561 | 1,445 | 116 | **7.4** | 1247 | 159 | **11.31** |
| Saiha | 1,346 | 103.6 | 53.2 | 1,319 | 1,207 | 112 | **8.5** | 1086 | 260 | **19.32** |
| Serchhip | 834 | 117.8 | 62.4 | 1,018 | 1,050 | -32 | -3.1 | 966 | -132 | -15.83 |

Activities like Intensified Mission Indradhanush has helped the state in bringing a change and evidence-based action plan can be developed based on the CES-IMI survey reports. Activities on sensitizing the influencers, involvement of faith-based organizations, support to strengthen the alternate vaccine delivery system, mobility support for difficult areas are part of the strategy which are planned in the identified districts of the state.

The HMIS coverage as seen below for the year 2018-19 is shown below:

Based on the HMIS data for the year 2018-19, the dropout rates for BCG-MR is reported to be highest in the districts of Aizawl West, Kolasib, Lawngtlai, Lunglei, Mamit and Saiha. Pentavalent1-Pentavalent 3 is reported for highest drop out rates in the districts of Kolasib, Lawngtlai, Mamit and Saiha. Considering that coverage as well as dropout rates are highest in these districts and in sync with the CES-IMI survey findings with limited resources, activities on pilot basis for generation of evidence are planned to be taken up in Mamit *(Aspirational District)* which are detailed below:

**Strategic Interventions under Tribal Immunization**

This strategic plan is being developed for the low performing tribal district Mamit Aspirational District Mizoram. It is being proposed to address more community participation through faith-based organization (Churches) and motivational aspect of the health system in the Mamit District of tribal state Mizoram. As per NFHS-4, Mamit achieved only 40.4% which was the lowest in the state. The state need to have special attention in this particular district based on the pilot interventions under the support of UNICEF through MOH&FW under tribal immunization strategy.

This strategy will help in generating evidences on extensive effort to achieve Full immunization coverage (FIC) 90% through the support of development partner to ensure no child is left unvaccinated. The strategy being targeted for pilot basis to have a long-term strategy which may further scaled up within NHM umbrella by 2020-21.

Geographical terrain in this district is a major challenge with 3 different types of community namely Mizo, Chakma and Brus living in marginalized areas bordering to Bangladesh and Tripura. These pockets have huge drawbacks in terms of socio-economics as well infrastructures and communications.

It is indeed a great privilege for a small state like Mizoram to have this opportunity of community-based intervention.

**Detailed Strategic Interventions:**

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| **Intervention** | **SENSITIZATION CUM ORIENTATION/ENGAGEMENT OF SELECTED COMMUNITY INFLUENCERS TO GENERATE SERVICE DEMAND FOR ROUTINE IMMUNIZATION AND ITS IMPORTANCE** |
| **Justification for the intervention with details on resources required and proposed** | Influential people/prominent person in a community has a significant role in IEC and BCC. They will help convince the community members and pass on the importance of Routine Immunization in their respective villages.  Mamit district has 8 blocks (PHC/CHC), Sensitization cum orientation/engagement plan to be held at every block |
| **Expected Outcome** | Increase in awareness of community member about importance of Routine Immunization (Demand Generation) |
| **Estimated Budget** | INR 3,72,000/- |

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| --- | --- |
| **Intervention** | **PARTENERSHIP WITH FAITH BASED ORGANIZATION FOR IMPROVING DEMAND GENERATION** |
| **Justification for the intervention with details on resources required and proposed** | In the whole of Mizoram, the Church has a profound influence on behavior of the people. So, it is of utmost importance to orient/sensitize the church leaders on the importance of Routine Immunization.  District level one day orientation on importance of RI for Faith based Leaders for Mamit district. Mamit has 78 villages and three Faith based leaders from each village will be called for the orientation. |
| **Expected Outcome** | This will generate demand on routine immunization |
| **Estimated Budget** | INR 3,50,000/- |

Total proposed budget : **Rs.7,22,000.00**

**(Rupees seven lakhs twenty two thousand) only.**