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Synopsis: A High-Impact Intervention— Institutionalizing Newborn Vaccination



BACKGROUND

Vaccination helps newborns to build up defenses against serious illness and life-threatening, vaccine-preventable diseases, because following delivery the natural immunity of newborns begins to wear off. Newborn vaccination rates are highly correlated with overall immunization coverage in a country. The World Health Organization (WHO) recommends administration of three vaccines—Oral Polio Vaccine (OPV), Bacillus Calmette-Guerin (BCG), and Hepatitis B vaccine—as early as possible after birth, preferably within 24 hours.

The Maternal and Child Health Integrated Program (MCHIP) carried out an initial assessment from January to June 2011 in two districts of Jharkhand (Deoghar and Jamtara) and three districts of Uttar Pradesh (Banda, Gonda and Varanasi) with the aim of understanding the status of newborn vaccination and the knowledge and practices of health staff.

The at-birth coverage rates for BCG and OPV vaccine in government facilities in Jharkhand and Uttar Pradesh were as follows:

	JHARKHAND	UTTAR PRADESH
BCG at birth	36.6%	33.4%
OPV zero dose	36.8%	38.8%

MCHIP/USAID developed an intervention “Institutionalizing Newborn Vaccination” aiming to strengthen newborn vaccination, specifically for babies delivered at government health facilities. The intervention was initiated in 46 health facilities in the five focus districts of Jharkhand and Uttar Pradesh from July 2011 onwards.

METHODOLOGY

The intervention was initiated in April 2011 in Uttar Pradesh and, in July 2011, in Jharkhand. Findings from a baseline survey were analyzed to prepare a roadmap for the intervention.

The initial step was to sensitize district- and block-level officials and concerned staff from health departments during staff review meetings organized at different levels about:

- Key findings of the preliminary assessment,
- Existing policies and operational guidelines regarding newborn vaccination, and
- Steps required to address the issue.

This was followed by advocacy efforts and technical inputs to strengthen early vaccination (within 24 hours of birth) at these facilities. Availability of vaccines was ensured round the clock in the labor rooms of the health facilities, and recording and reporting practices were streamlined to ensure proper documentation for reporting purposes.



RESULTS

The coverage data compiled for 6-month periods revealed progressive improvements not only for BCG and zero dose of OPV, but also a sharp increase in coverage of Hepatitis B birth dose, as soon as it was introduced in the national immunization schedule in November–December 2011.

Table 1: Initial status and progress of newborn vaccination during intervention

PERIOD	JHARKHAND (2 DISTRICTS, 13 HEALTH FACILITIES)				UTTAR PRADESH (3 DISTRICTS, 33 HEALTH FACILITIES)			
	Total deliveries	BCG coverage	OPV zero dose coverage	Hep B birth dose coverage	Total deliveries	BCG coverage	OPV zero dose coverage	Hep B birth dose coverage
Jan–Jun 2011	5638	36.6%	36.8%		30161	33.4%	38.8%	
Jul–Dec 2011	9366	66.3%	61.7%	12.0%	46825	53.1%	53.4%	1.2%
Jan–Jun 2012	8692	76.2%	69.6%	69.1%	31723	55.1%	69.0%	59.4%
Jul–Dec 2012	10753	79.6%	74.4%	74.3%	43115	67.1%	78.4%	74.7%
Jan–Jun 2013	9349	82.4%	83.9%	81.3%	30249	60.6%	75.4%	64.2%

**Orange cells reflect findings after the intervention.*

The findings clearly reflect that this is an effective intervention, which results in high coverage with birth doses.