

Migration; Threat to Polio Eradication

KAP survey in five non-endemic states of India



unite for
children

unicef 

Outline of the presentation

- Objectives
- Methodology
- Socio-economic status (Education, Occupation)
- Migration pattern
- Knowledge and practice on hand-wash, exclusive breastfeeding, colostrum feeding and diarrhea
- Knowledge and practice on Routine Immunization
- Source of Information for RI
- Knowledge and practice on Polio
- Source of Information for Polio
- Key recommendations

Objectives of the Study

- To examine the pattern of migration of high-risk groups in non-endemic states.
- To understand their knowledge, behavior and practices related to polio and routine immunization .
- To know about communication channels mostly used by these groups

Methodology

Mix of Quantitative and Qualitative

Quantitative

Household level

Tools used : semi structured questionnaire

Qualitative

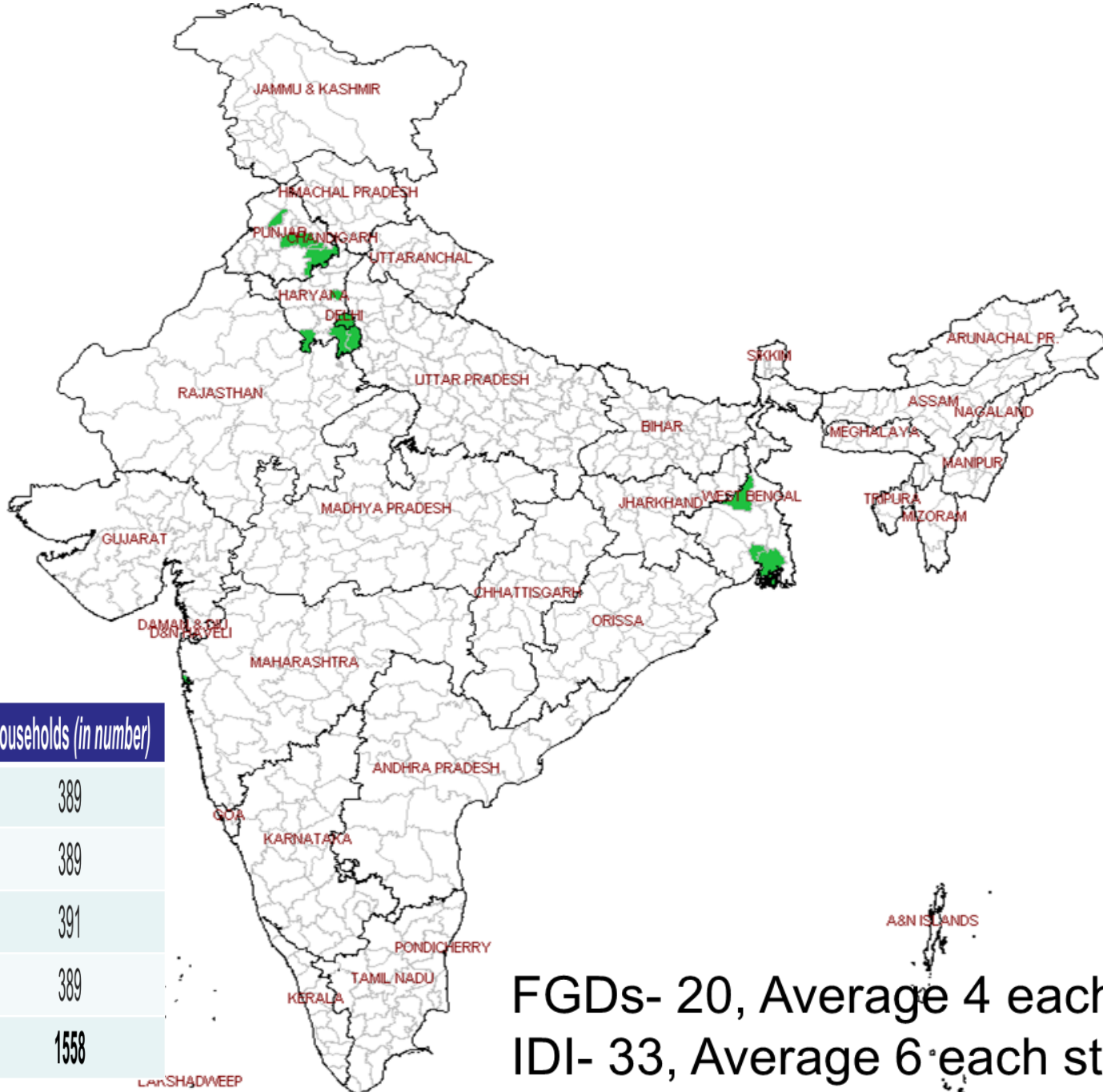
Community and service provider (ANM, AWW, ASHA, Polio Vaccinators) and Opinion/ Community Leaders, Ward members

Tools used : In-depth interview and focus group discussion

Sample Spread

State	Districts/Cities
Delhi	North east Delhi (slum areas)
Haryana	Gurgaon, Faridabad, Panipat, and Jhajjar
Maharashtra	Thane, Greater Mumbai
Punjab	Ludhiana, Jalandhar, Patiala and Mohali
West Bengal	Howrah, 24 South Parganas, Kolkata, Murshidabad

Sample spread



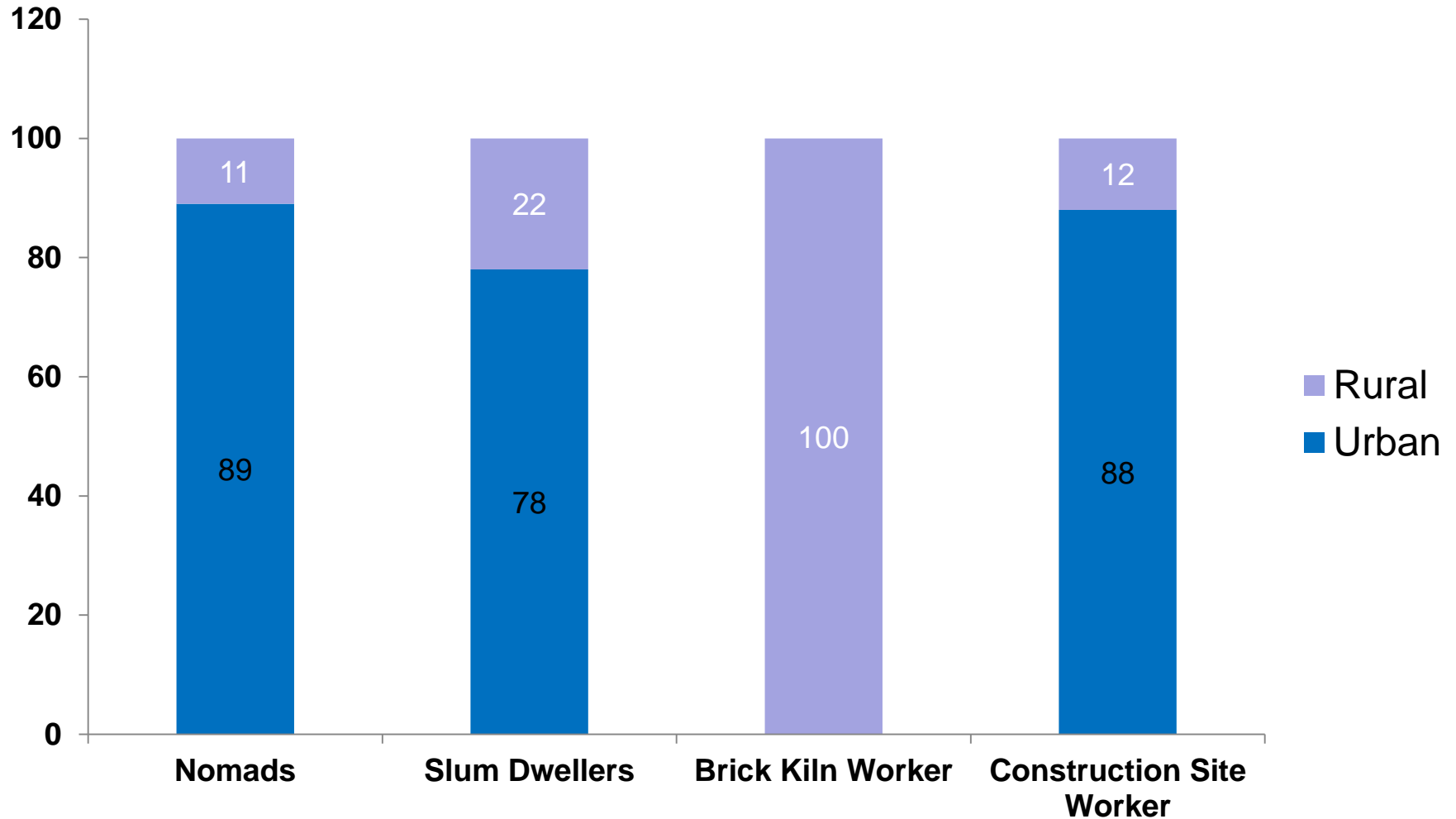
Respondent Category	Households (in number)
Slum Dwellers	389
Nomads	389
Brick Kiln Workers	391
Construction Workers	389
TOTAL	1558

FGDs- 20, Average 4 each state
 IDI- 33, Average 6 each state



Key Findings

Type of settlement

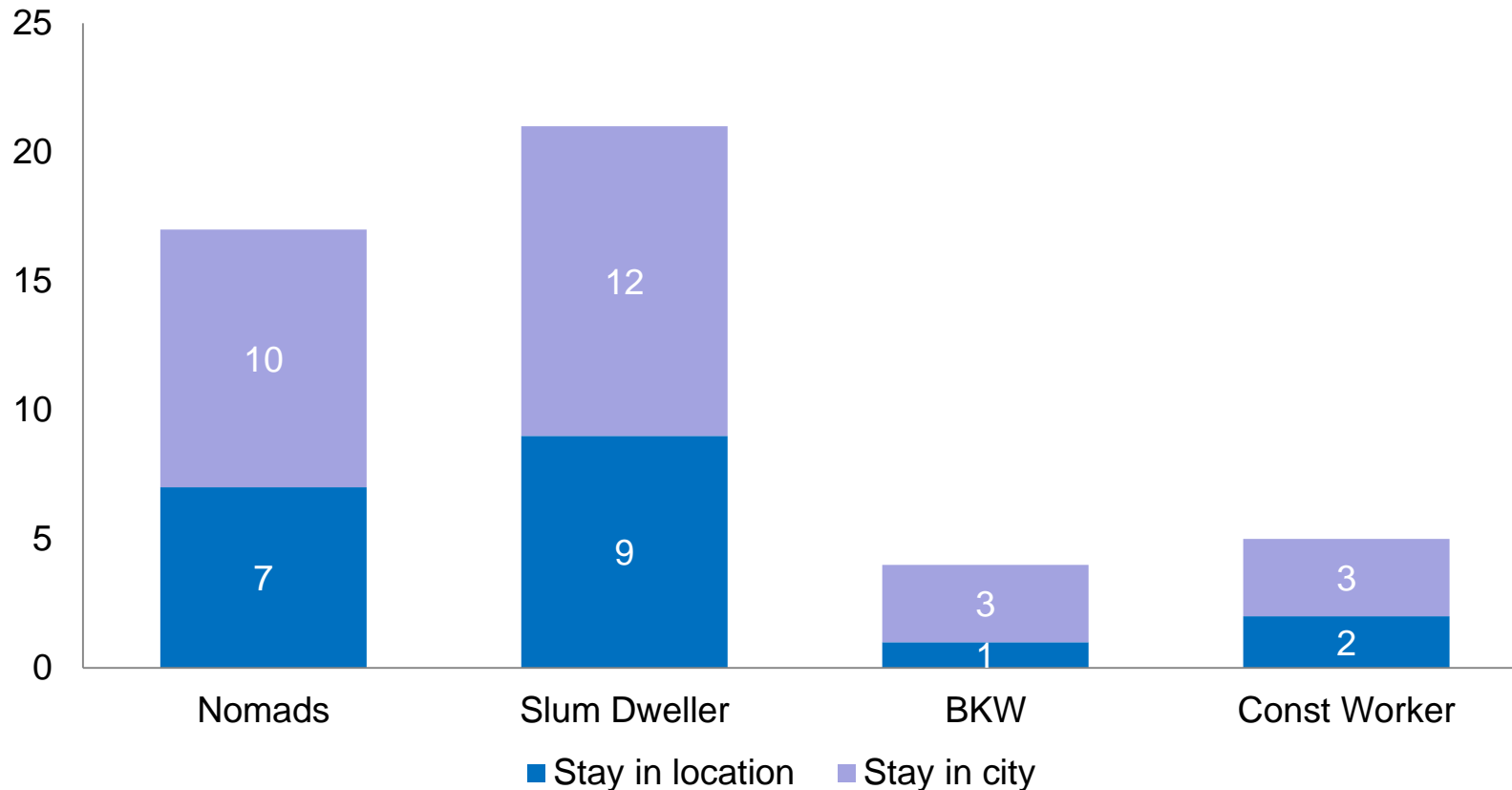


Educational Status

Educational attainment of Parents in Surveyed Households (in %)										
Indicator	Respondent Category									
Educational Status	Nomads		Slum Dwellers		Brick Kiln Workers		Construction Workers		Total	
	Mother	Father	Mother	Father	Mother	Father	Mother	Father	Mother	Father
N	389		389		391		389		1558	
n	389	385	389	385	391	388	389	389	1558	1547
Primary	14	11	16	15	9	15	12	16	13	14
Middle	5	16	11	21	4	12	12	15	8	16
High School	4	6	10	15	1	7	3	12	4	10
Secondary		0.8	4	6	0.3	2	1	3	1	3
Completed Graduation		0.3	1	3	0.3	0.5		0.5	0.3	1
Can Read & Write Only	2	3	4	5	2	3	3	5	3	4
Illiterates	75	63	55	35	83	60	67	49	70	52
<i>Total</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>

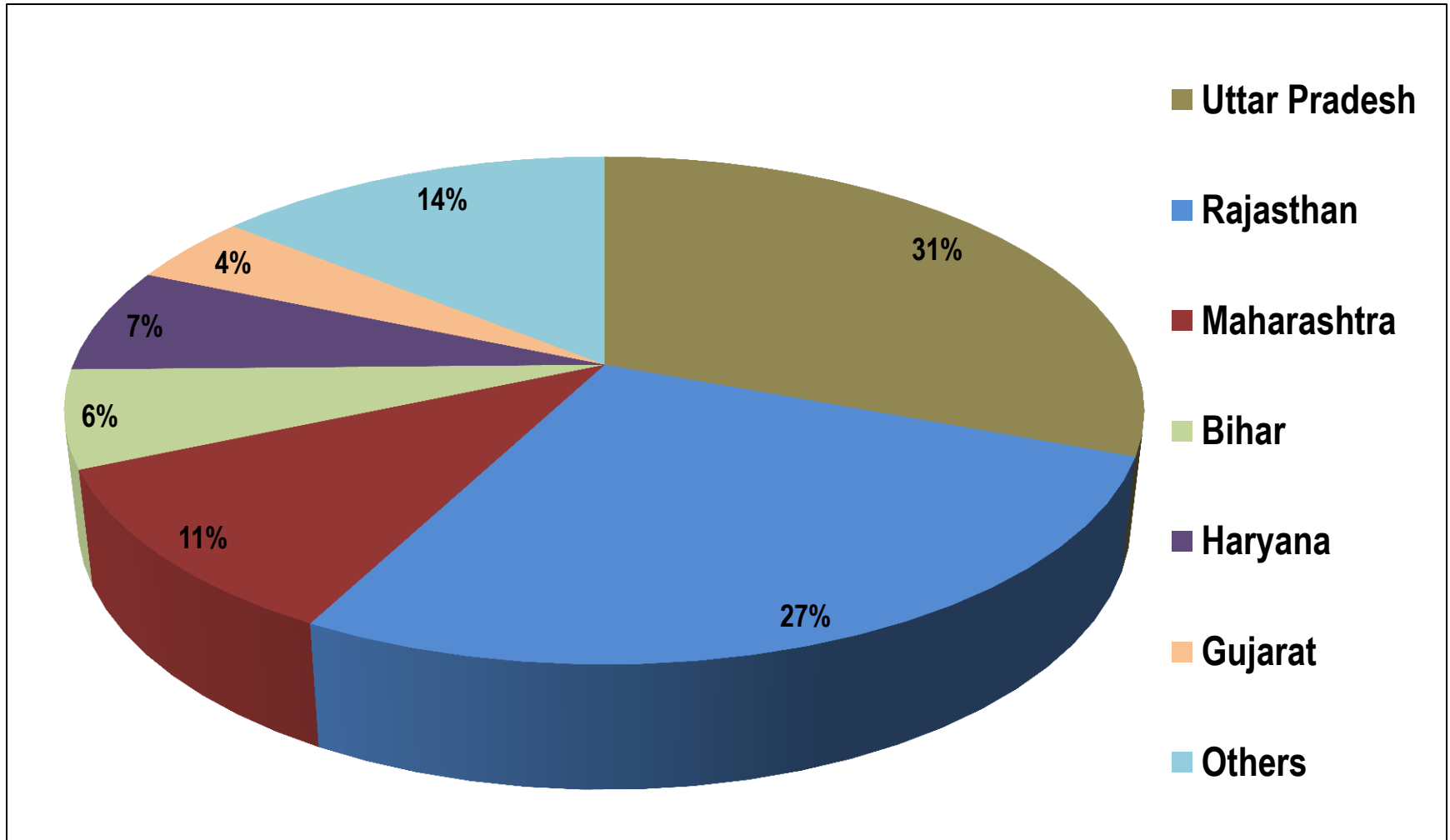
N=Total no. of surveyed households;
n=Number of persons

Migration Status: Average duration of stay in current location and stay (in years)

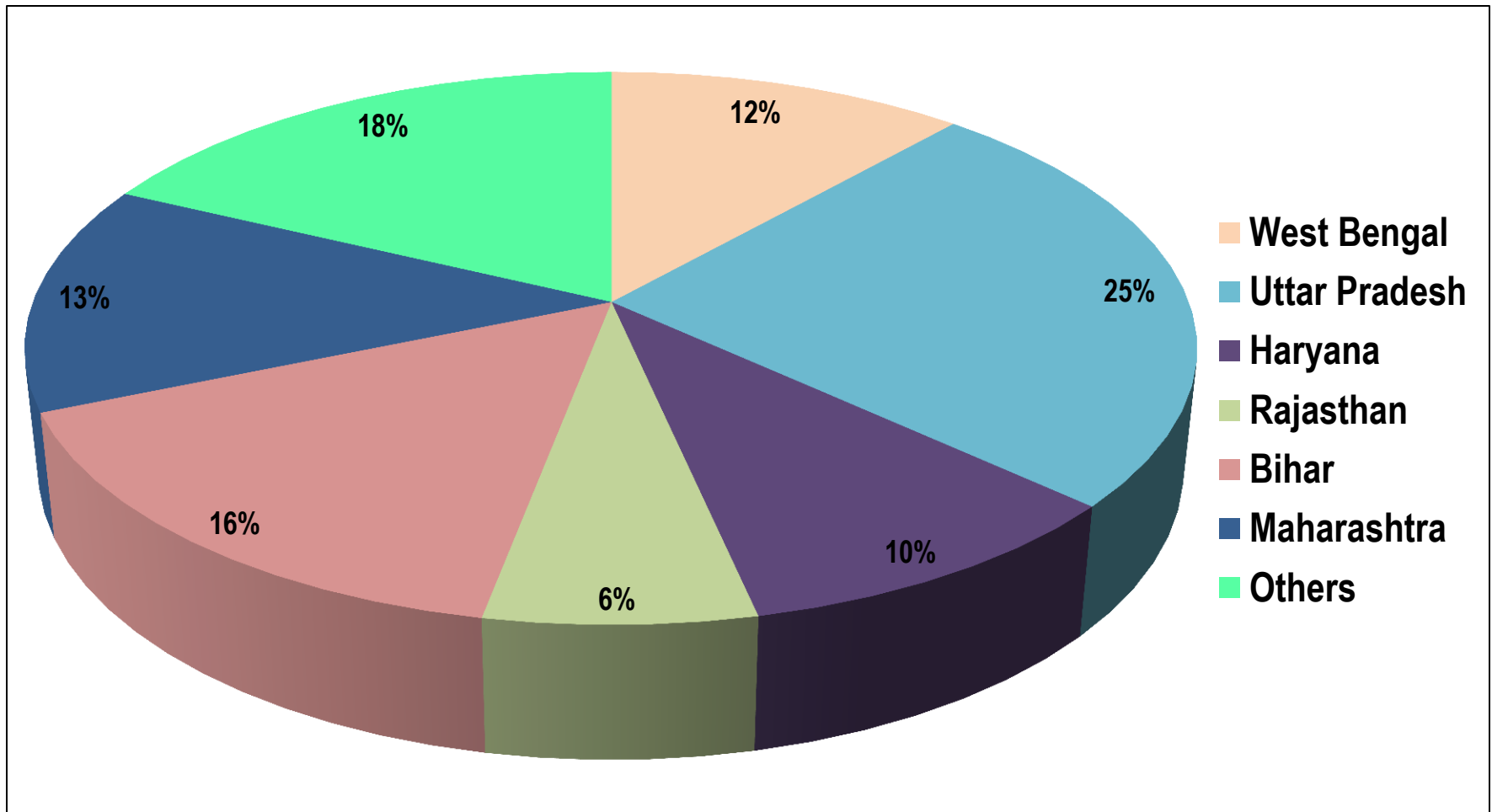


- ✓ **On the contrary to nature of nomads, the study shows that they are in same city for almost 10 years and slum dwellers are of permanent settled group.**
- ✓ Qualitative assessment also confirms that most of the slums were more of permanent settlements and nomads staying in the same city for number of years. As per FGD findings they do not vacate a place till the time they are told by local authorities to do the so.11

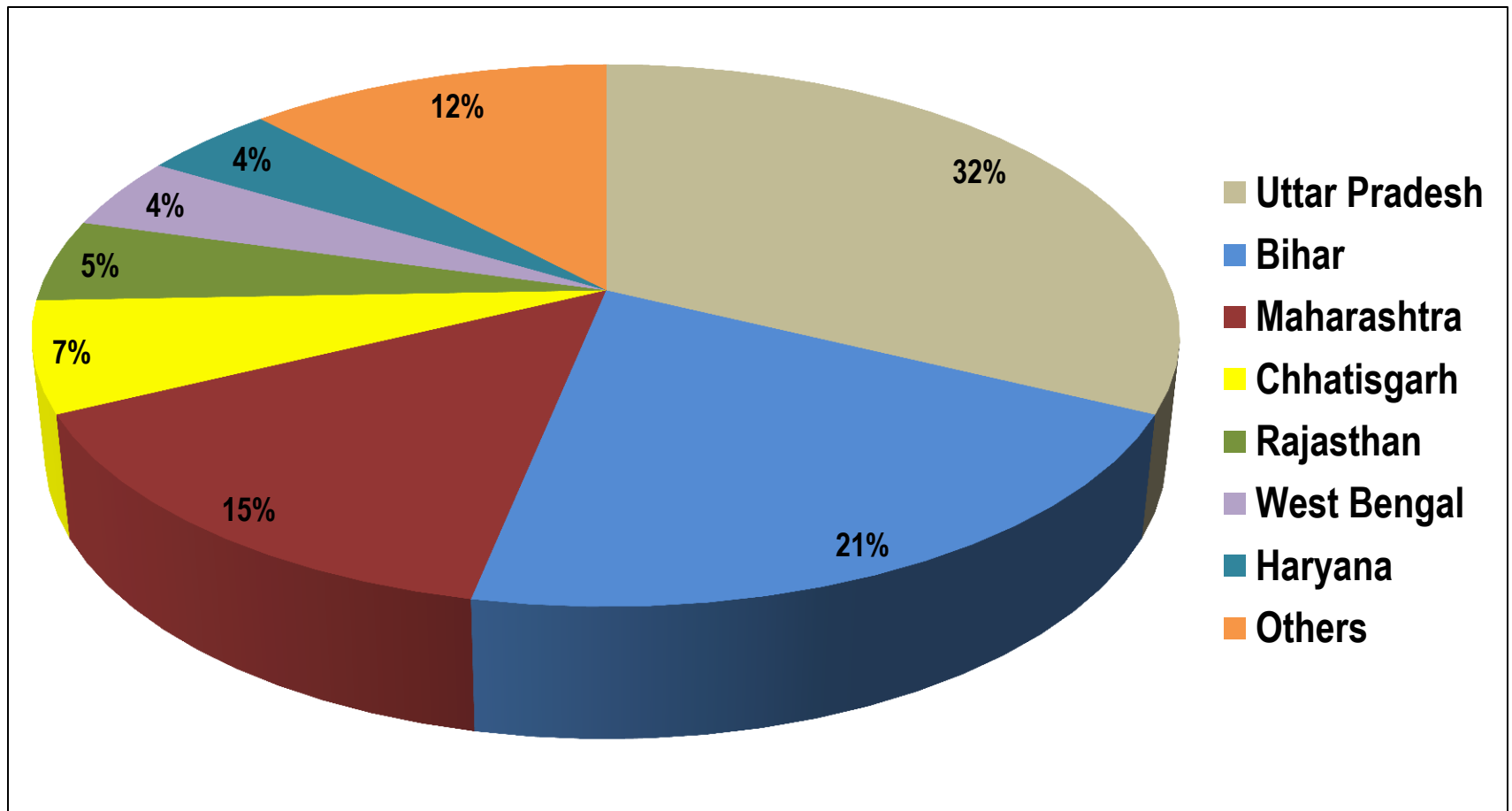
Place of Origin (in %) - Nomads



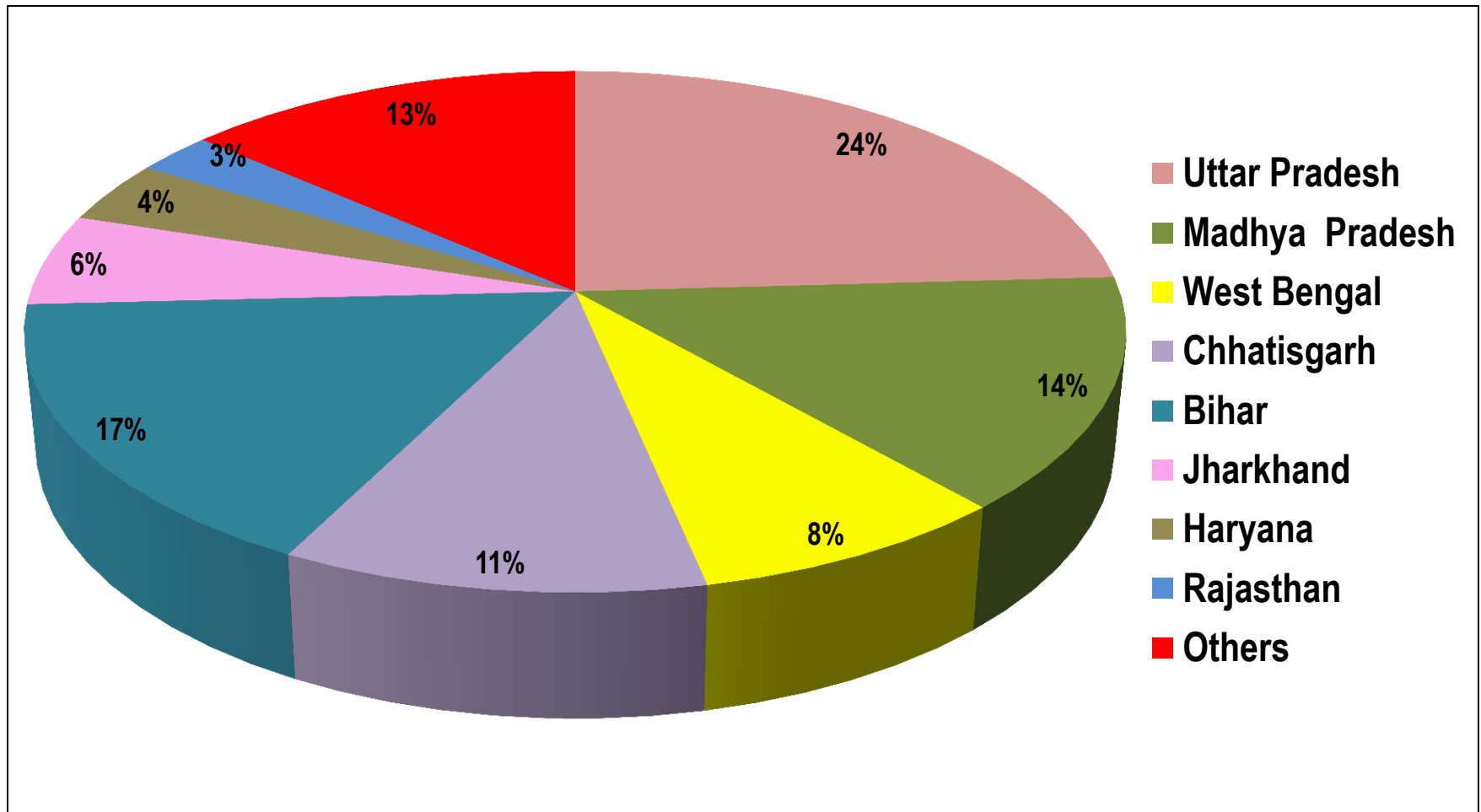
Place of Origin (in %) - Slum Dwellers



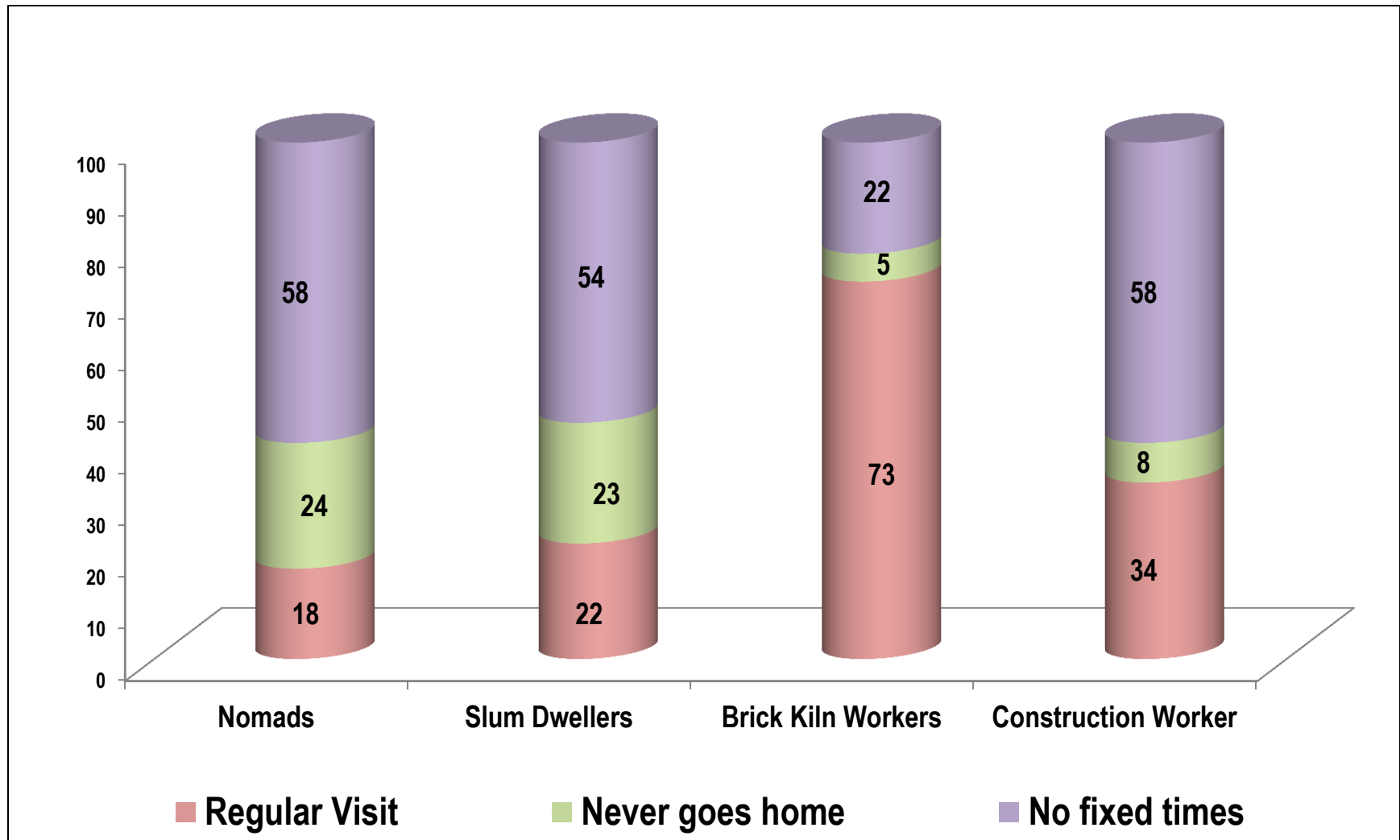
Place of Origin (in %) - Brick Kiln Workers



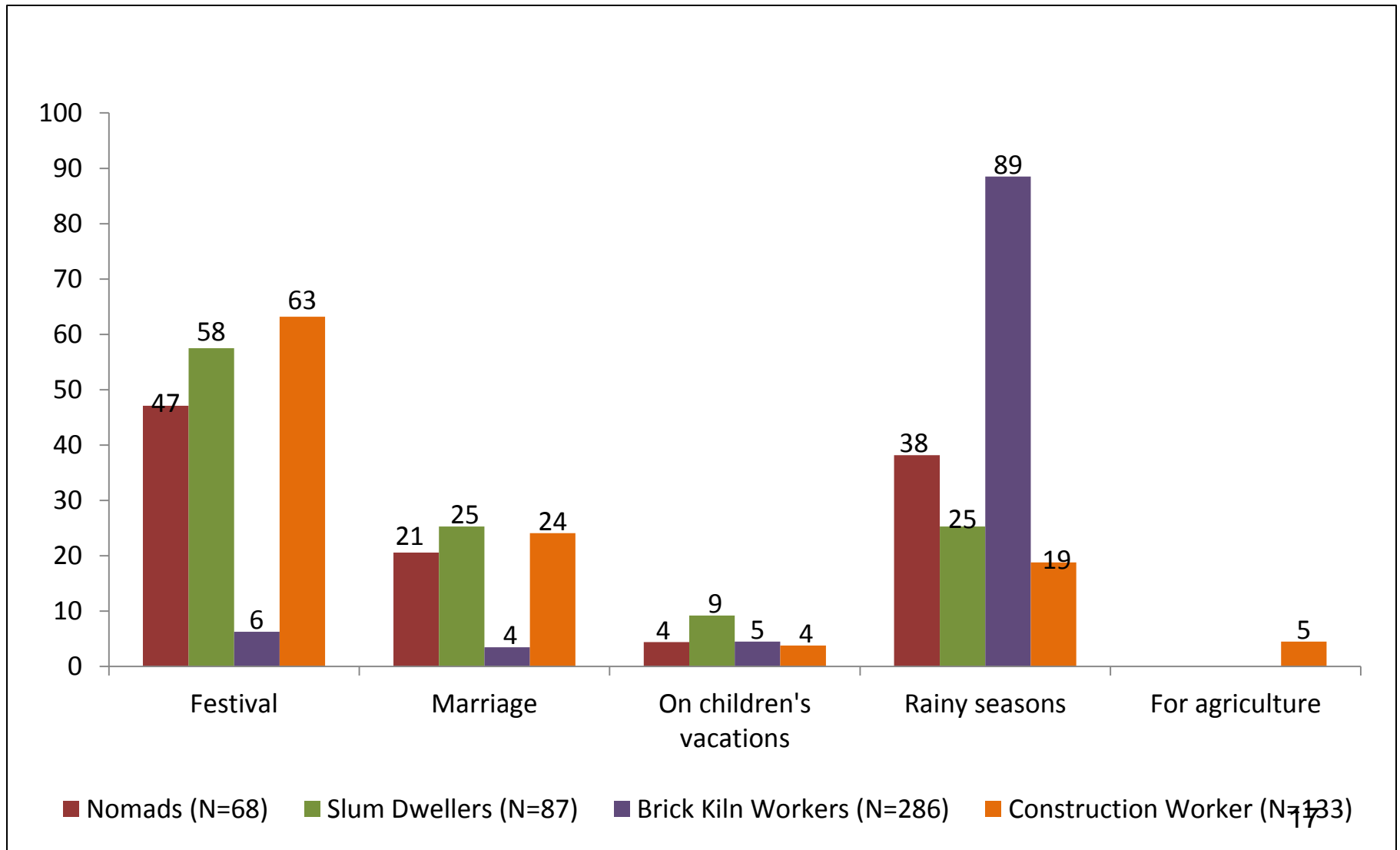
Place of Origin (in %) - Construction Workers



Trend of visit to native place



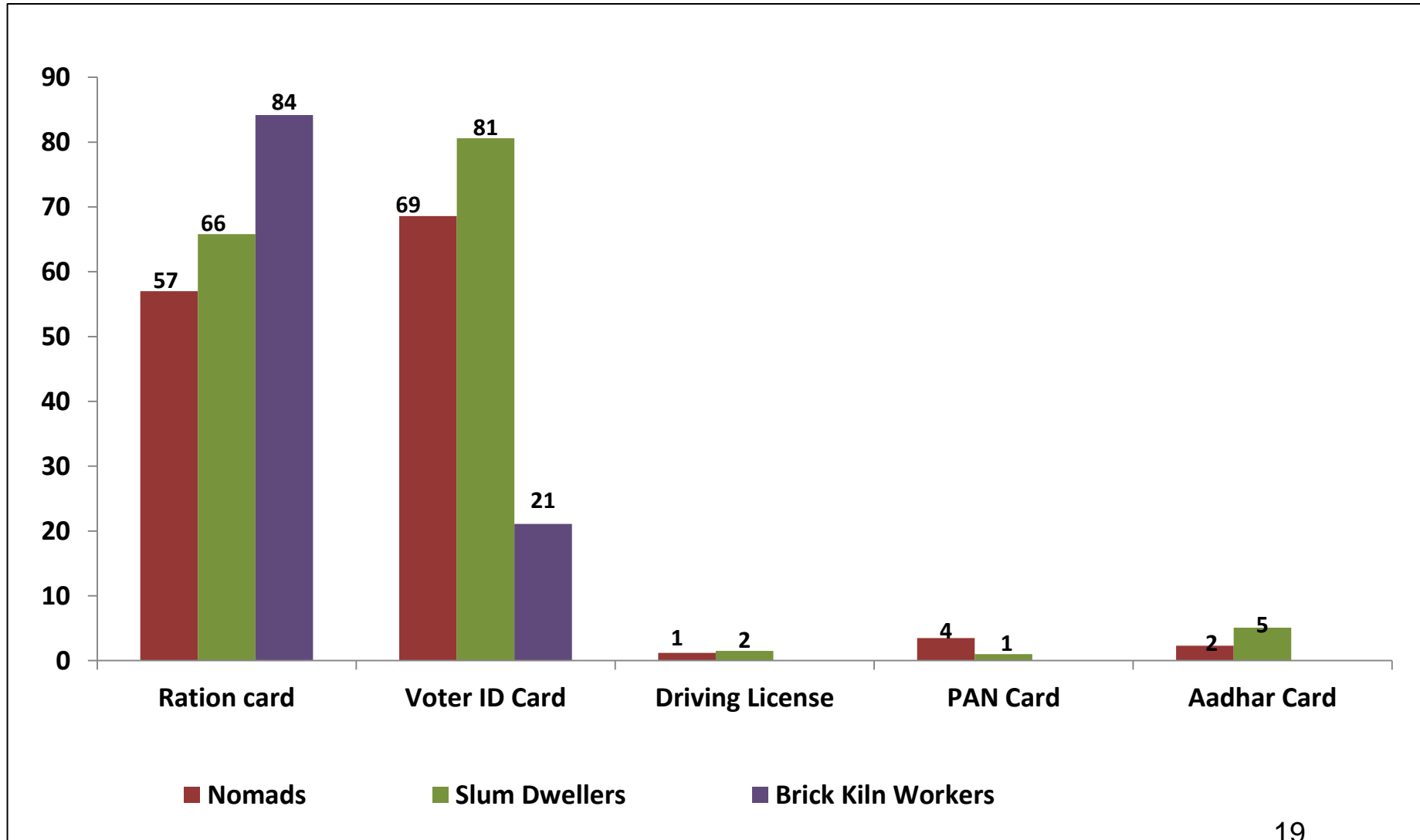
Occasion to visit native place



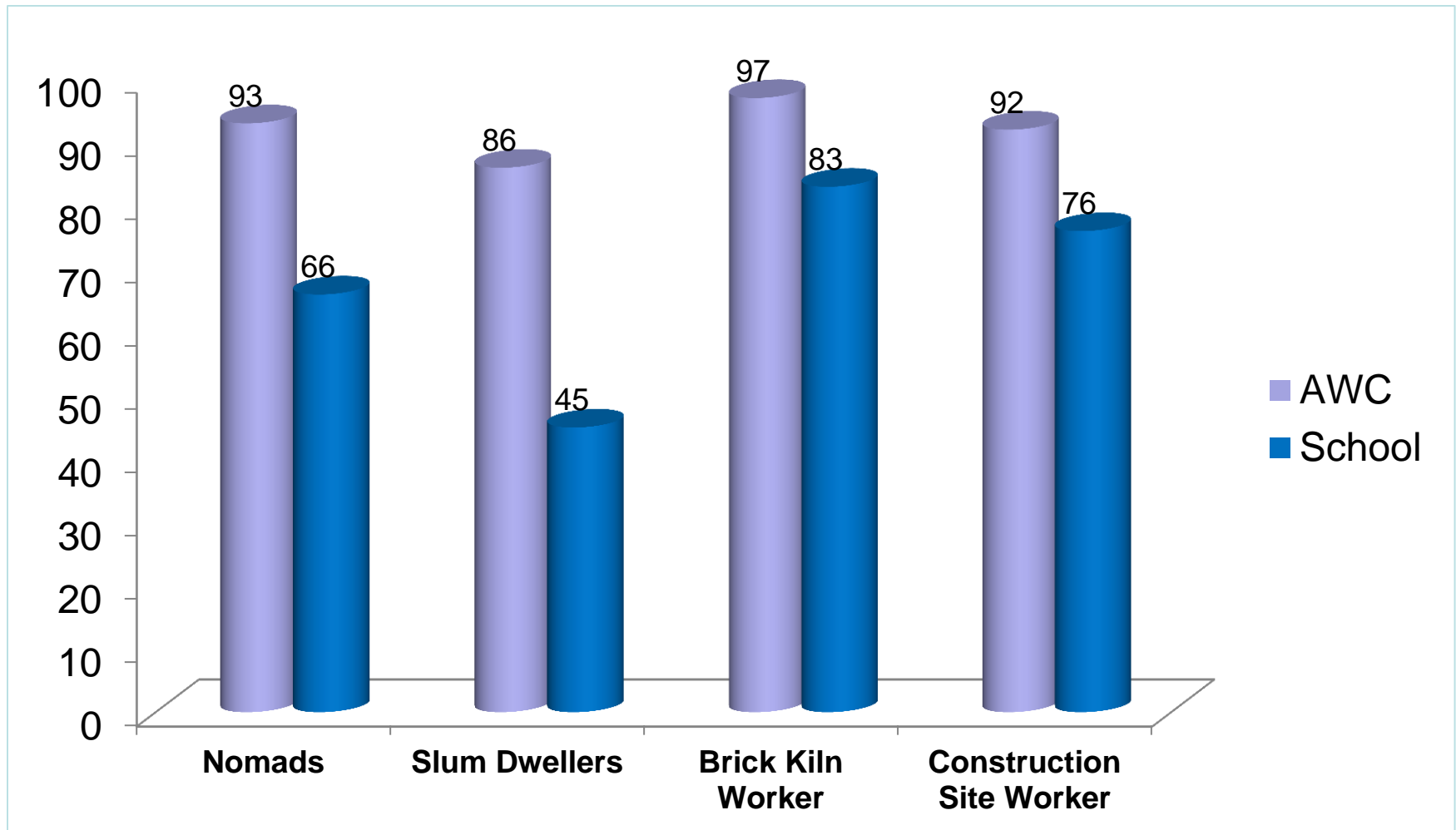
Findings from Qualitative assessment on their movement to native place

- Slum Dwellers have their fix sources of livelihood at the current place so they hardly stay for longer durations at their native places.
- Nomads were found to be staying in the group with a set of close relatives and they neither have much of connection nor any source of earning at their native places. So, even if they go to their native place they do not stay their for longer. A few nomads also reported to go to their natives in rainy seasons, they were usually Polymorphs or families who were residing under the bridges. As they do not have place to stay they go back to their native place and work in farms.
- Brick Kiln Workers usually comes from neighbouring state or district. Normally brick kiln manager brings the workers collectively when season starts. They have other family members at their native places engaged in harvesting or crop cutting etc. They go to the brick kiln to get some source of earning when they do not have much of the work in the villages and go back to their villages in rainy season to work in fields.

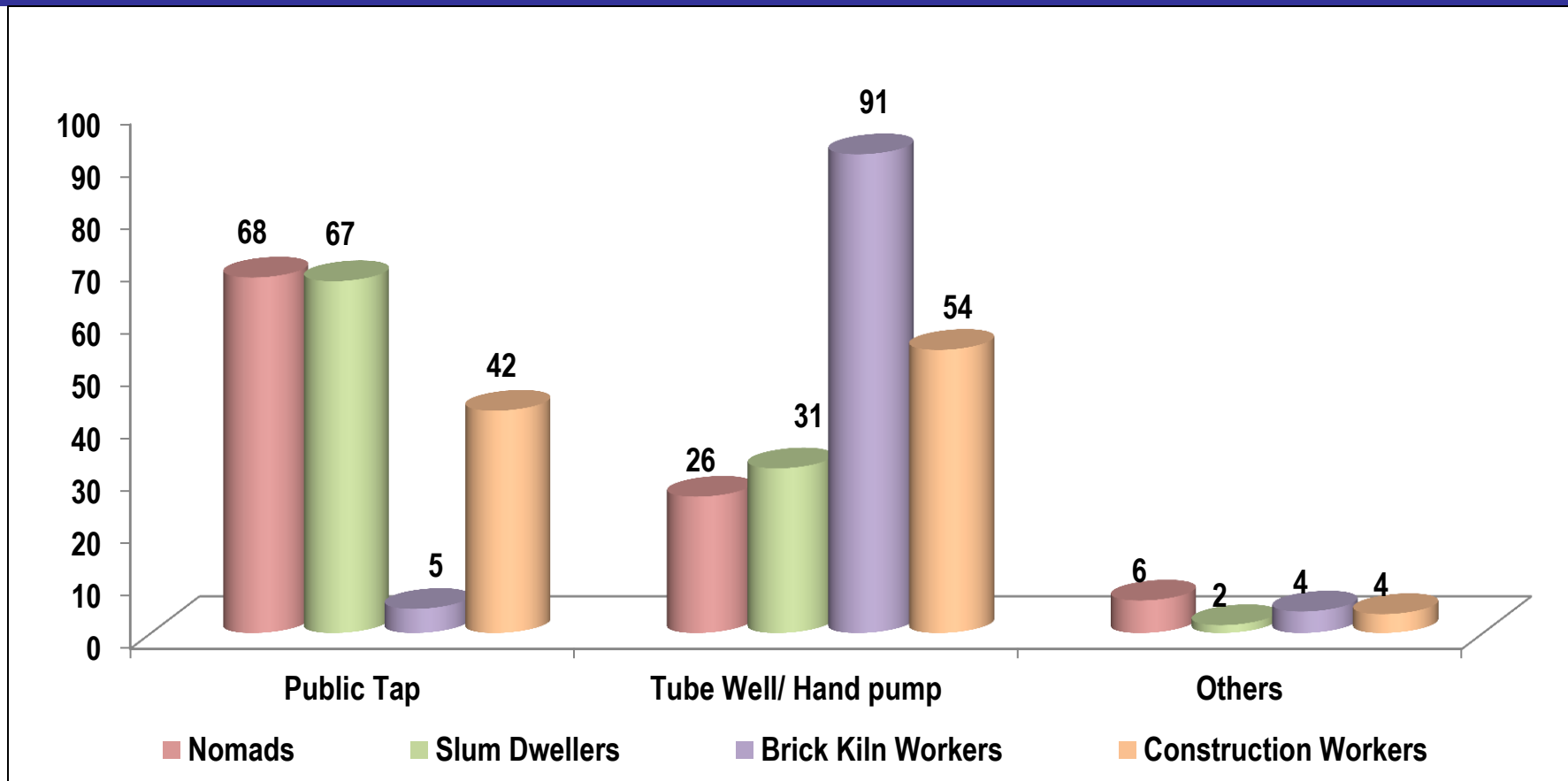
Owner of Identity card



Children not registered in AWC and School as per age (in %)



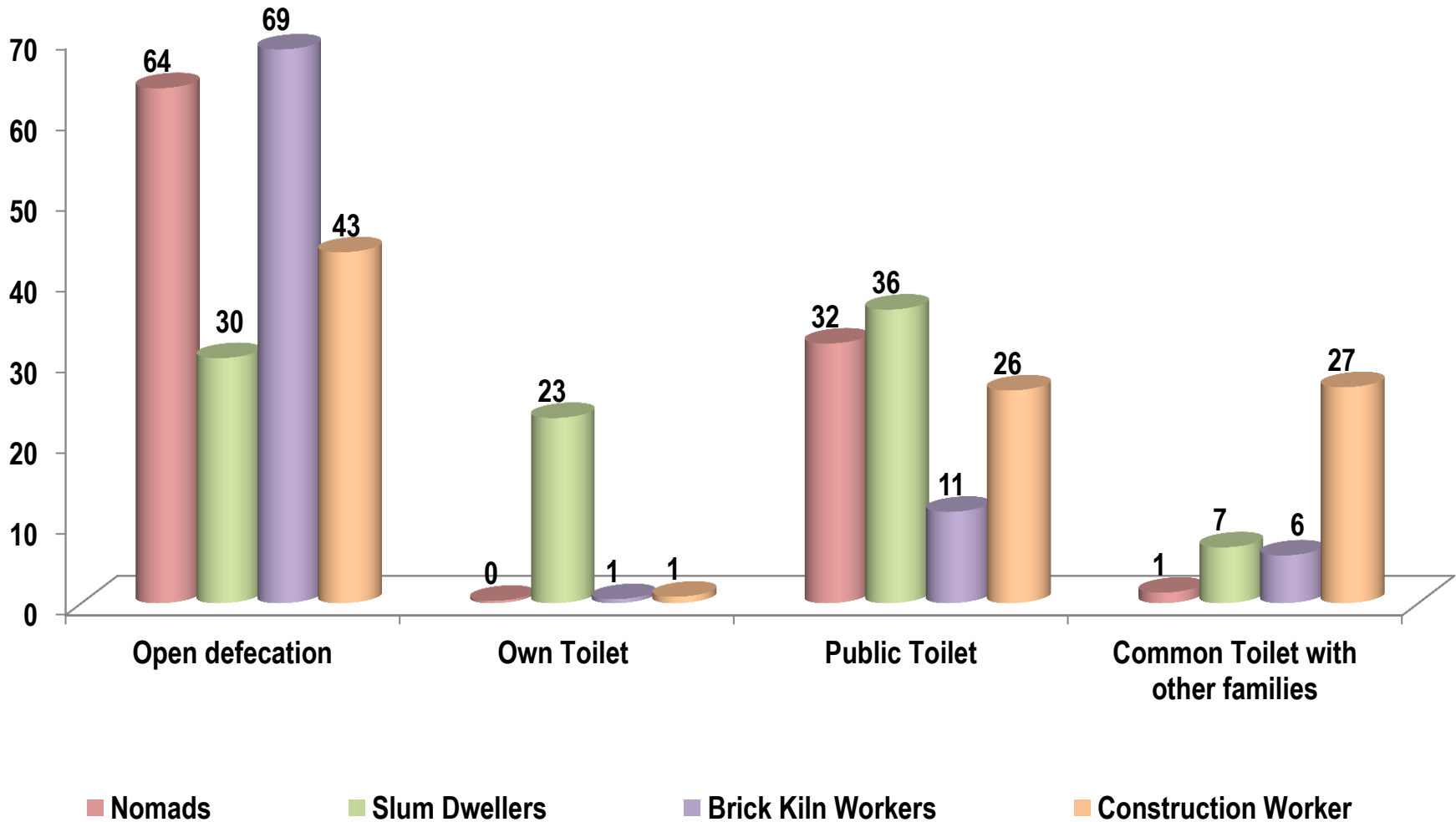
Source of Drinking Water (in %)



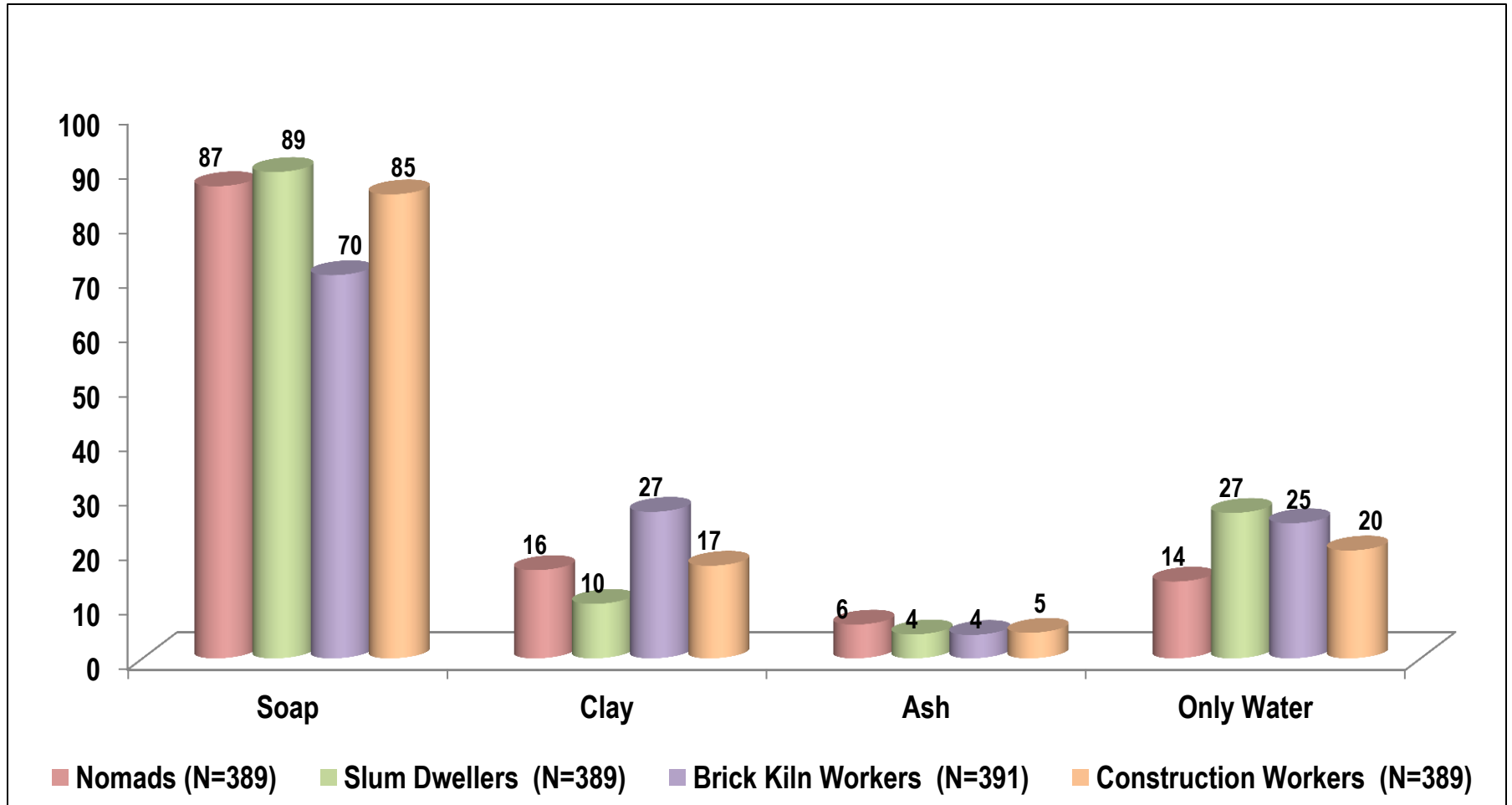
- ✓ 95 percent of the families use water without purifying it. Treatment of water has been reported mostly in slum dwellers categories

Sanitation & Hygiene:

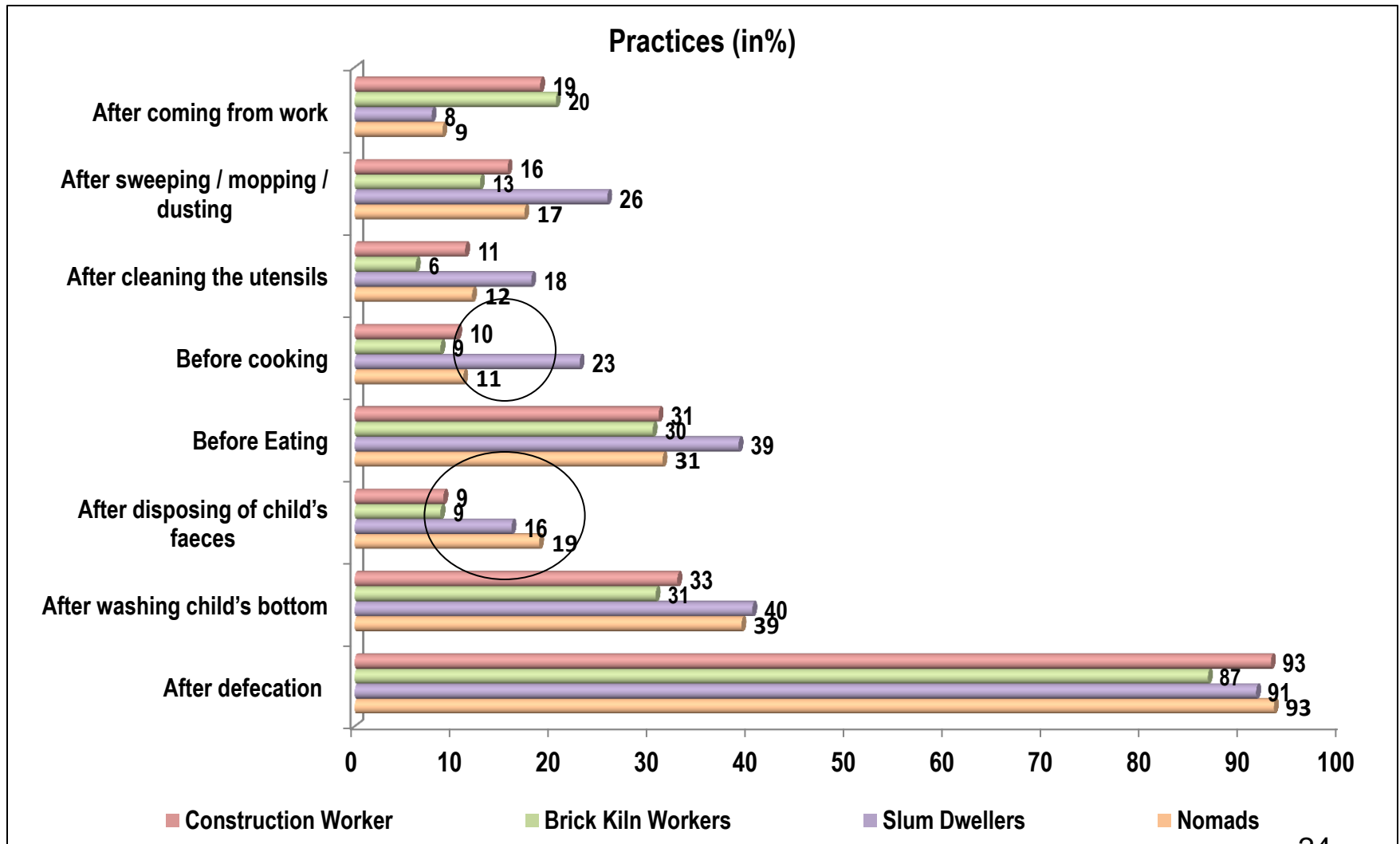
Toilet Facility (in %)



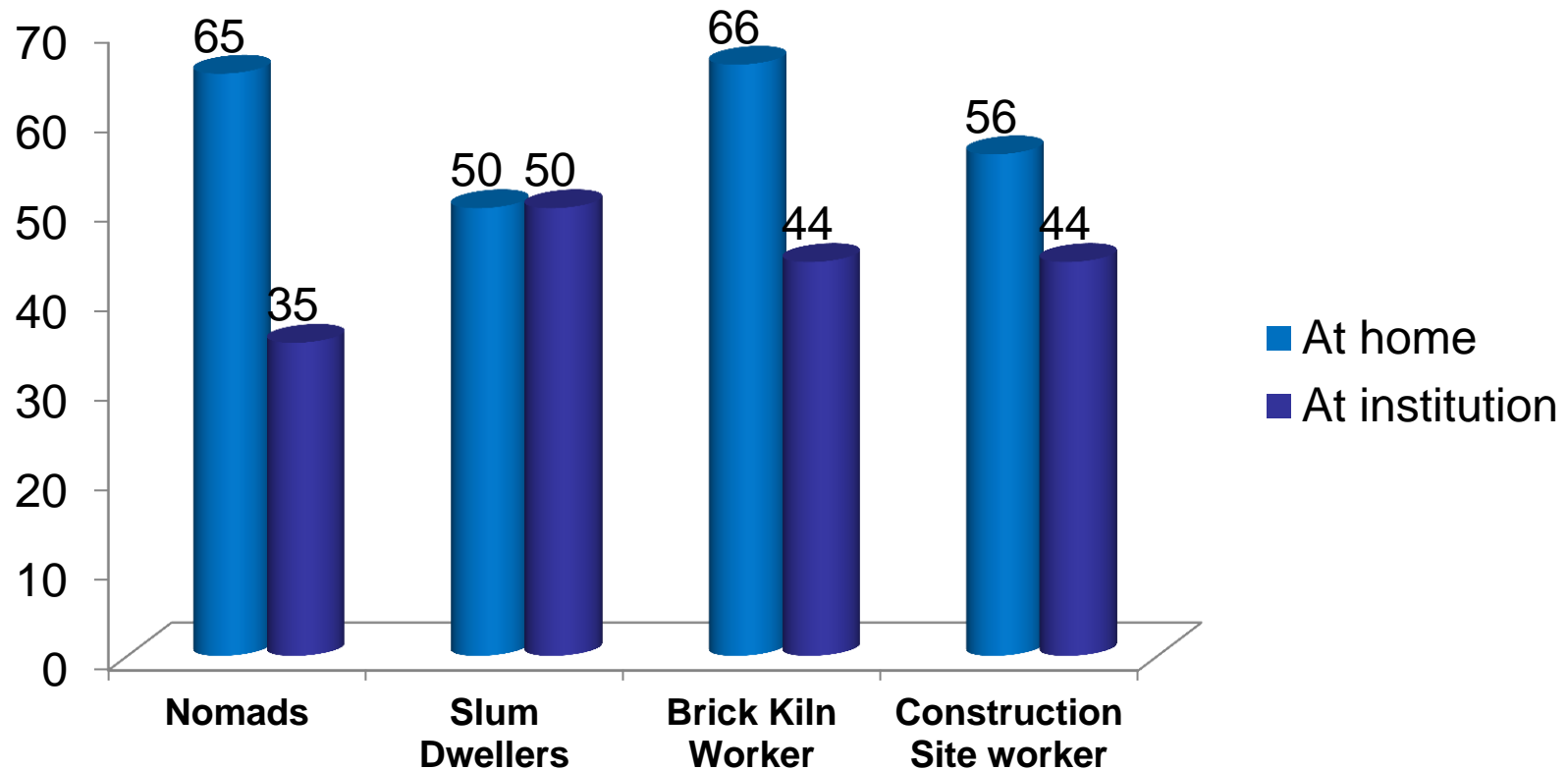
Hand washing practice (in %)



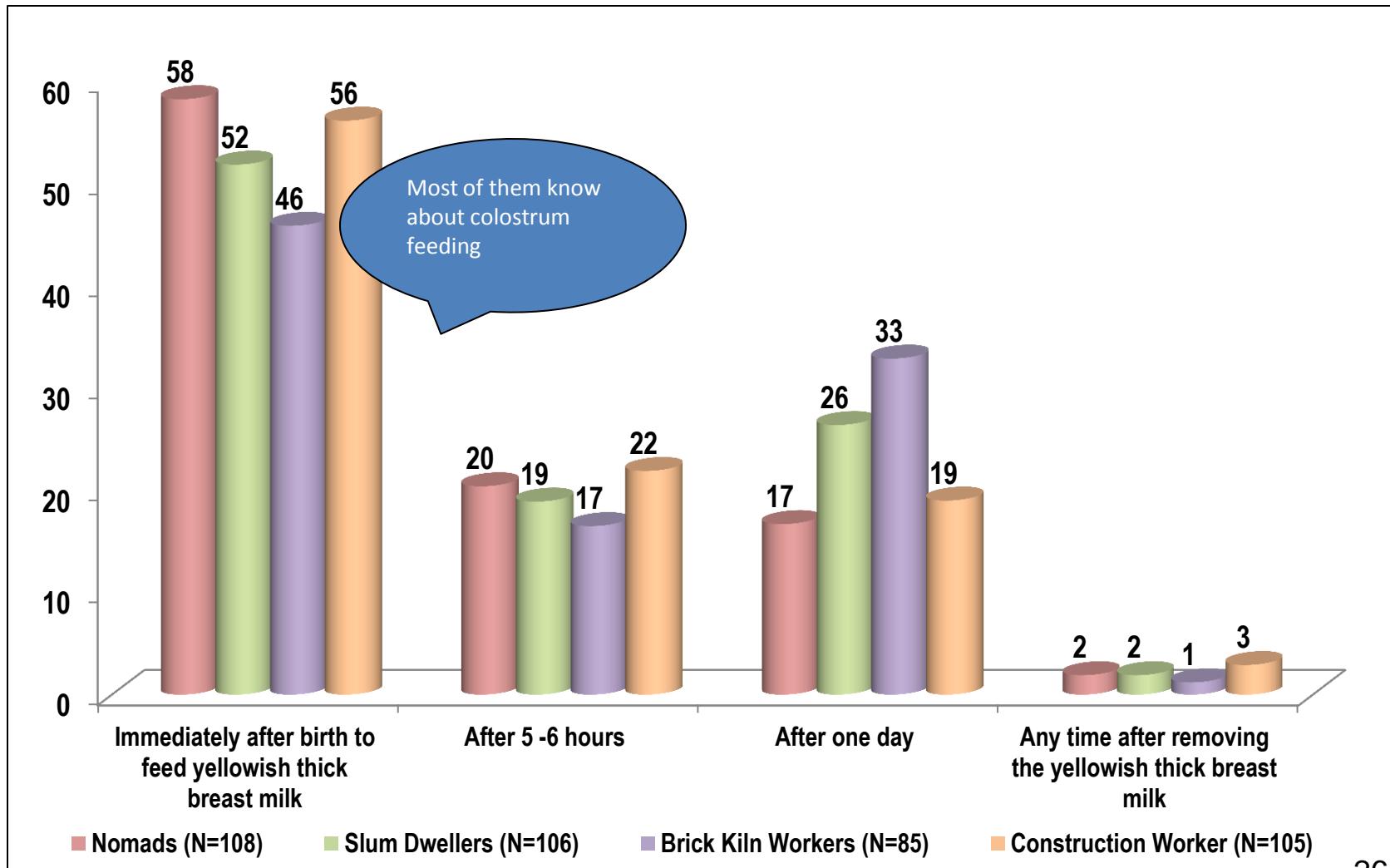
When to wash hands?



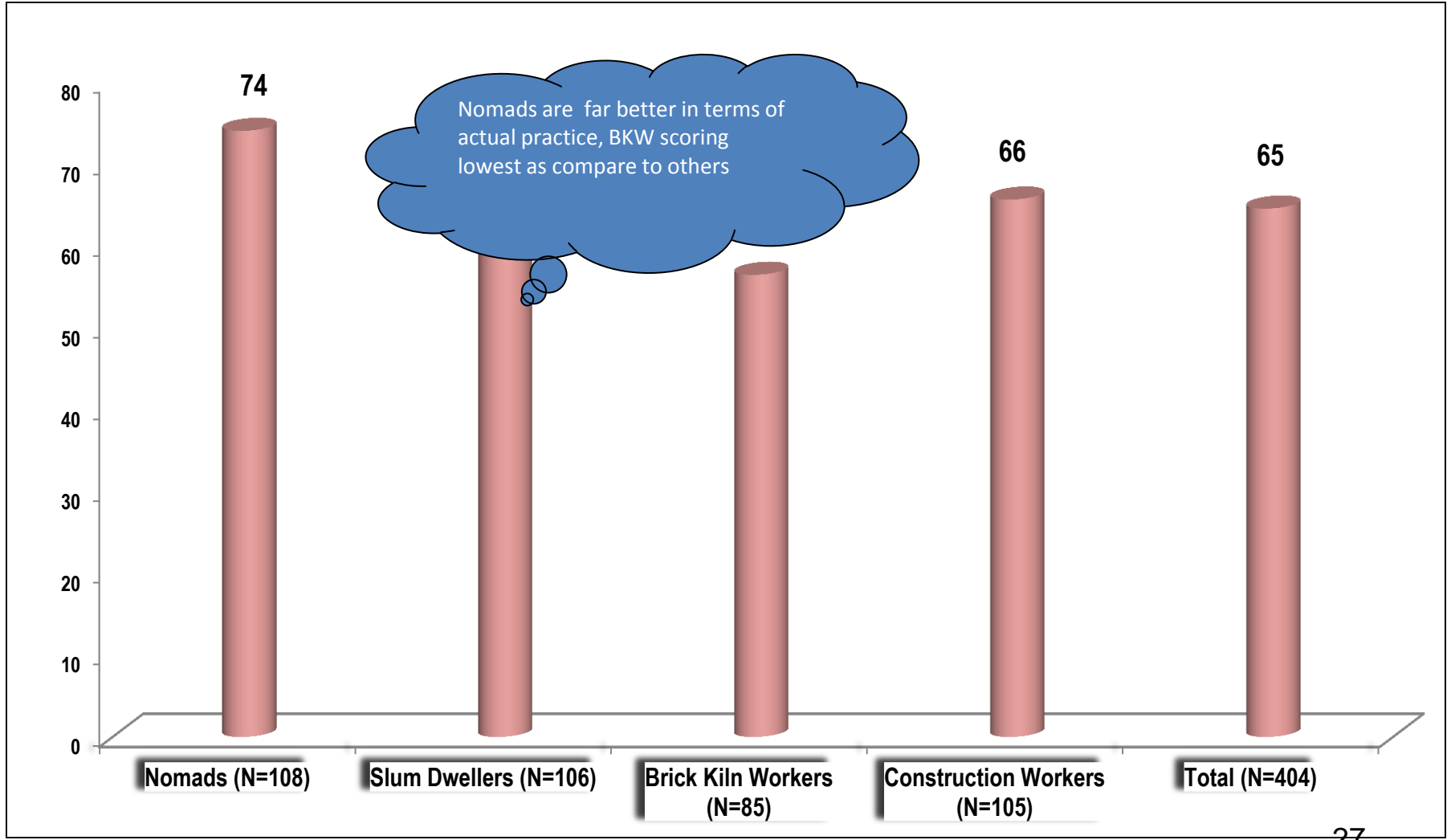
Place of Delivery (with ref to youngest child)



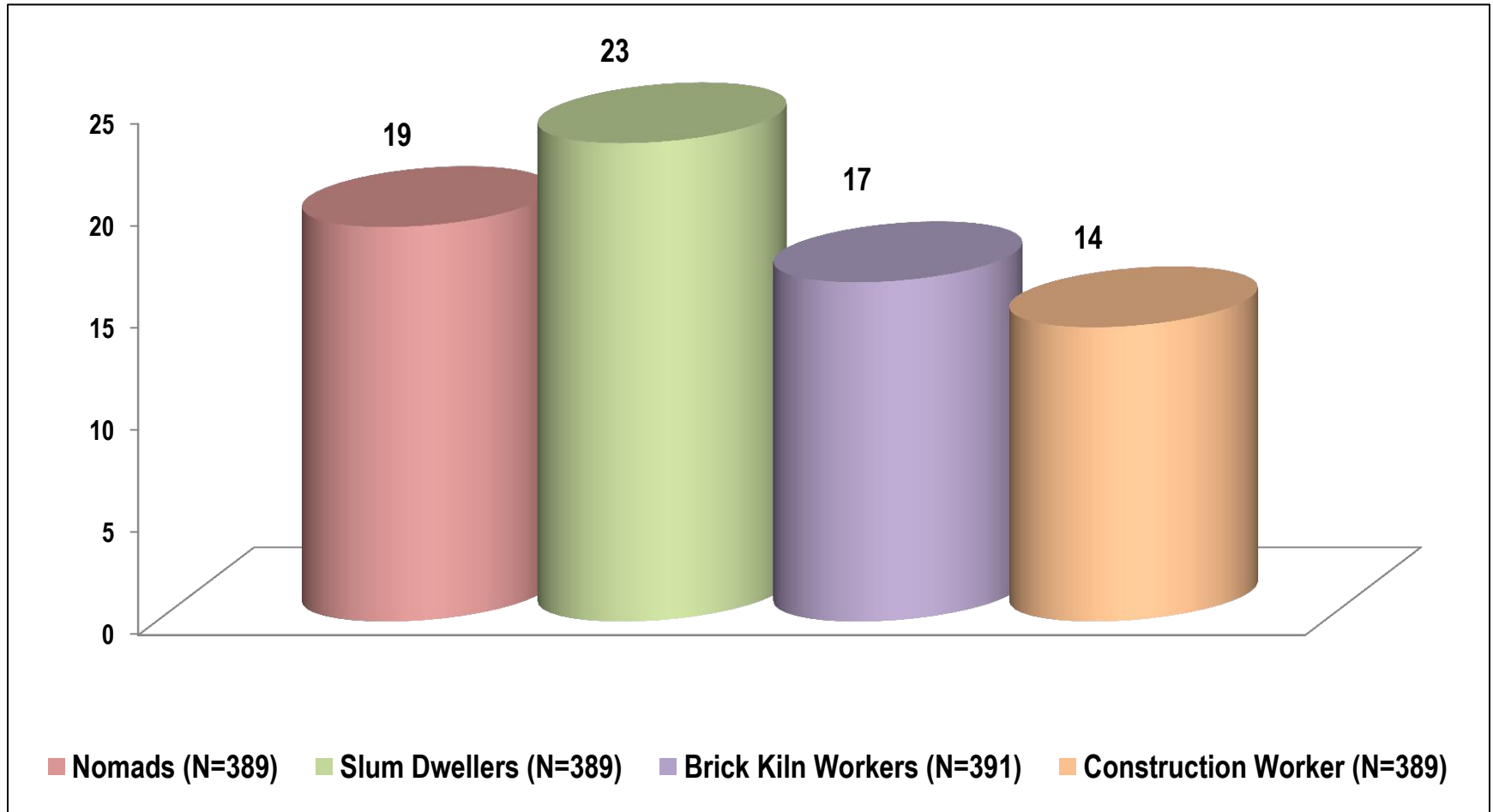
Awareness about Breast-feeding (All mothers with less than 2 years of child)



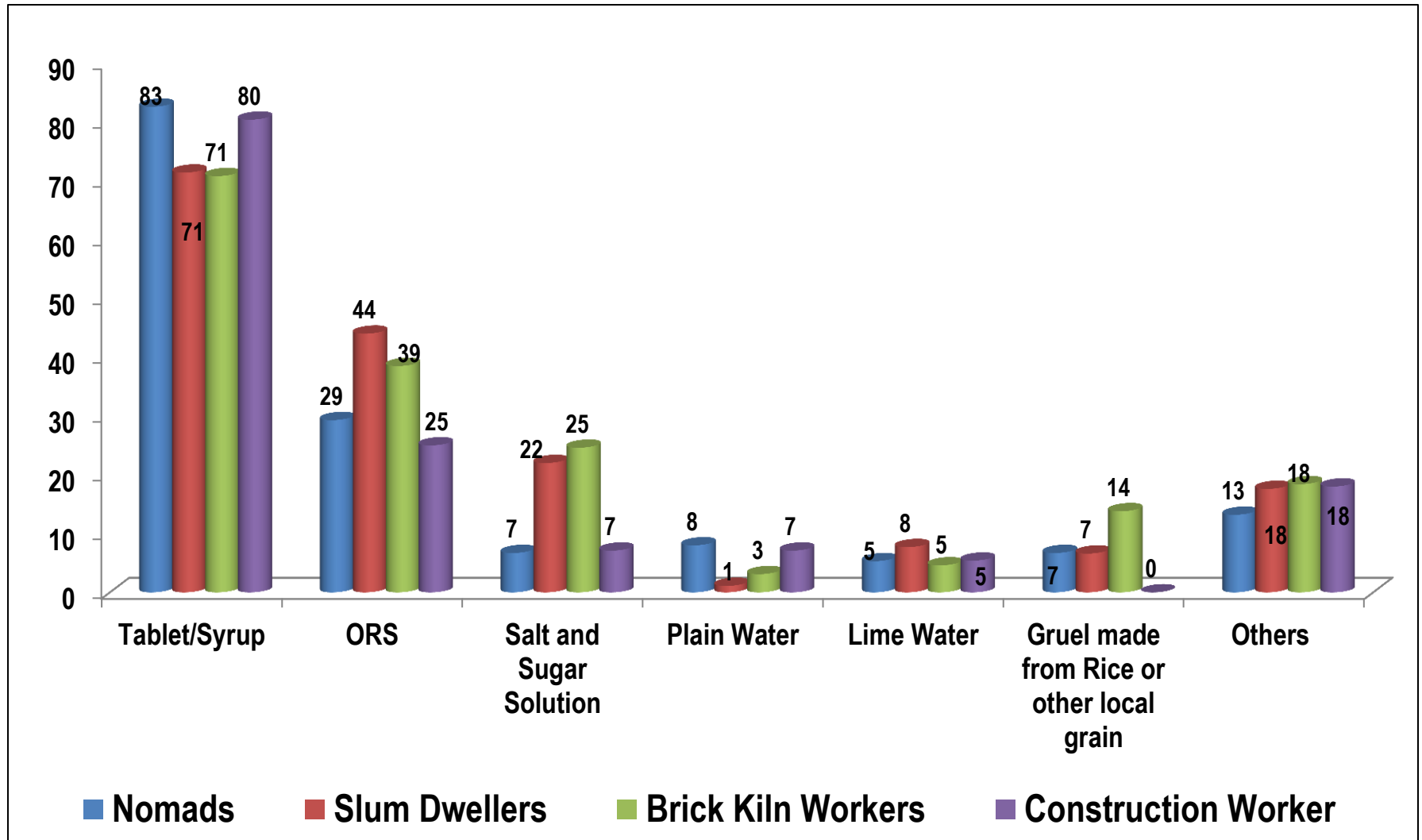
Actual Colostrum Practices



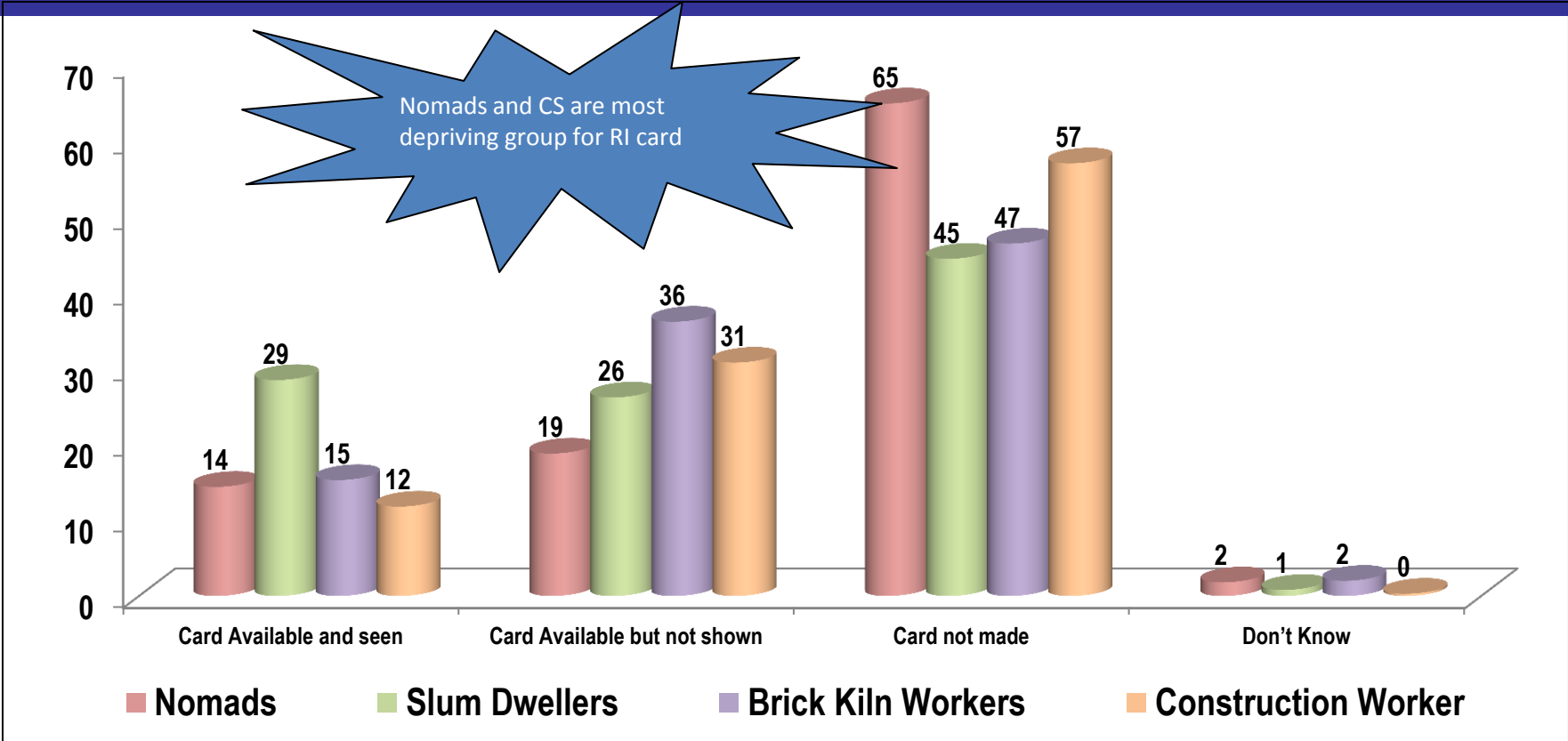
Diarrhea reported cases (in last 2 weeks)



Treatment of Diarrhea



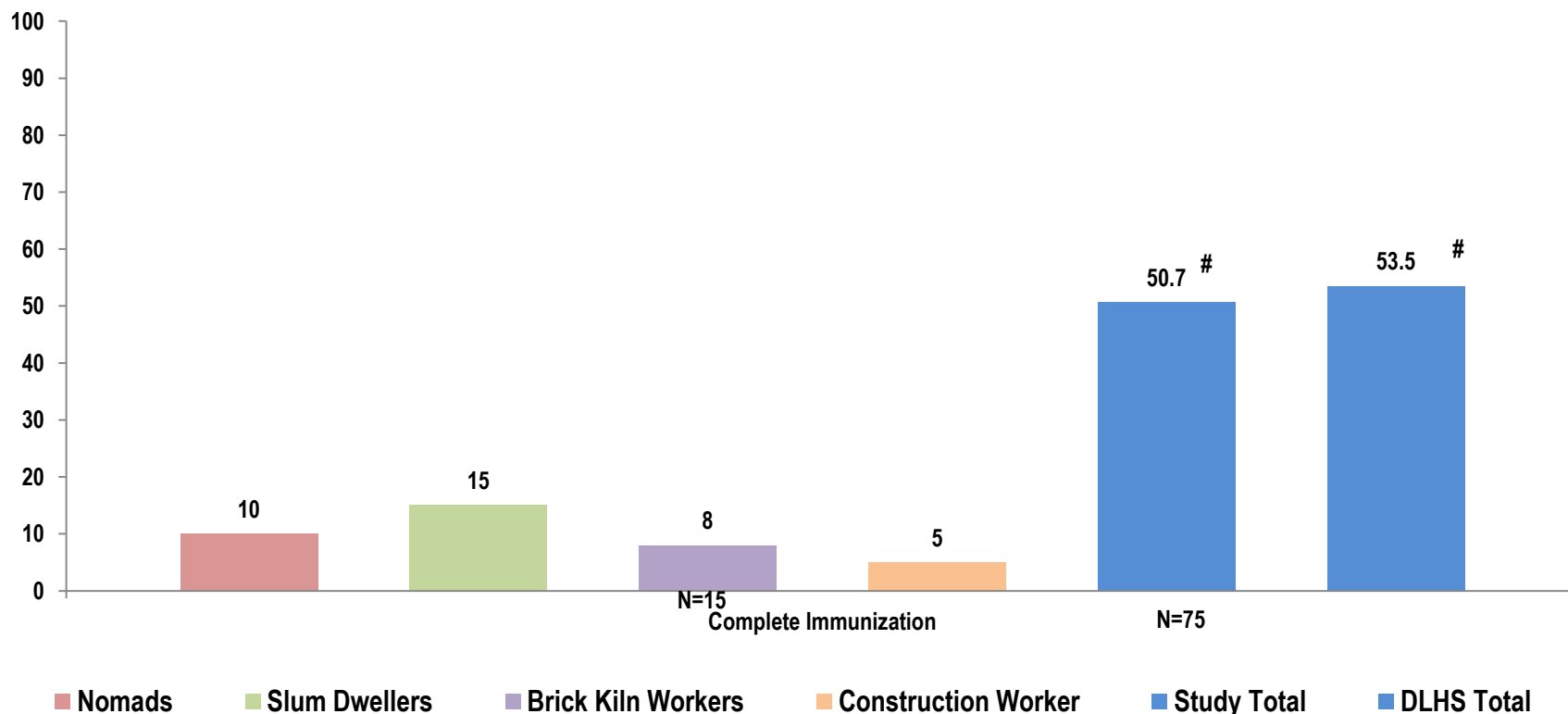
Status of Immunization Card (in %)



- ✓ 53 percent families did not have RI card made for the reference (youngest) child.
- ✓ Even those who claimed to have RI card, only 18 percent (273 nos.) families could show RI Card to the CMS Social study team at the time of visit.

Complete Immunization* (in %)

Complete Immunization in the age group of 12-23 months (in Number)

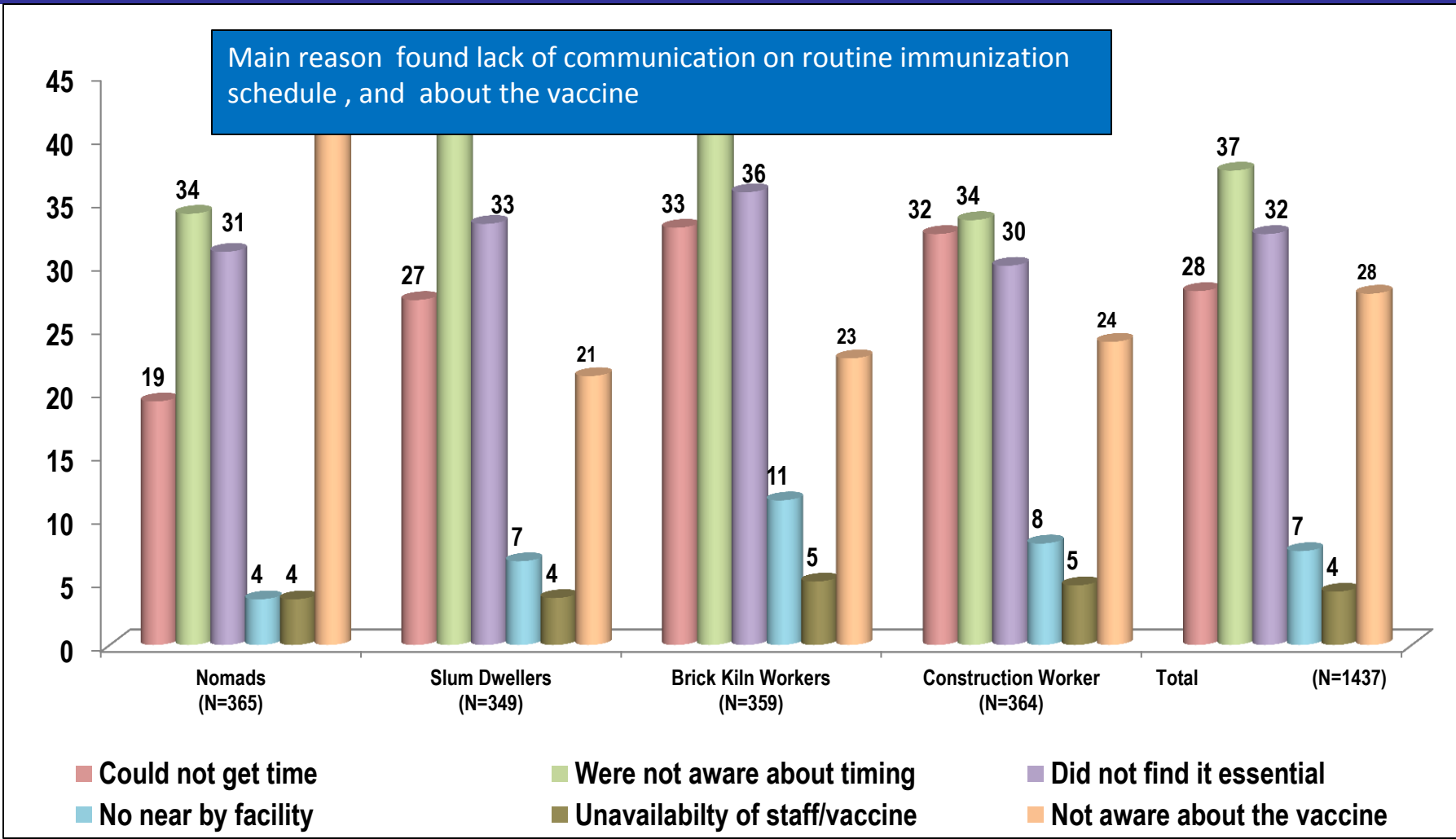


Mentioned in %

*Based on the entry details in the Immunization card of 273 families who showed RI card to the Study team.

*Age group 12-23 months considered for calculating full immunization status.

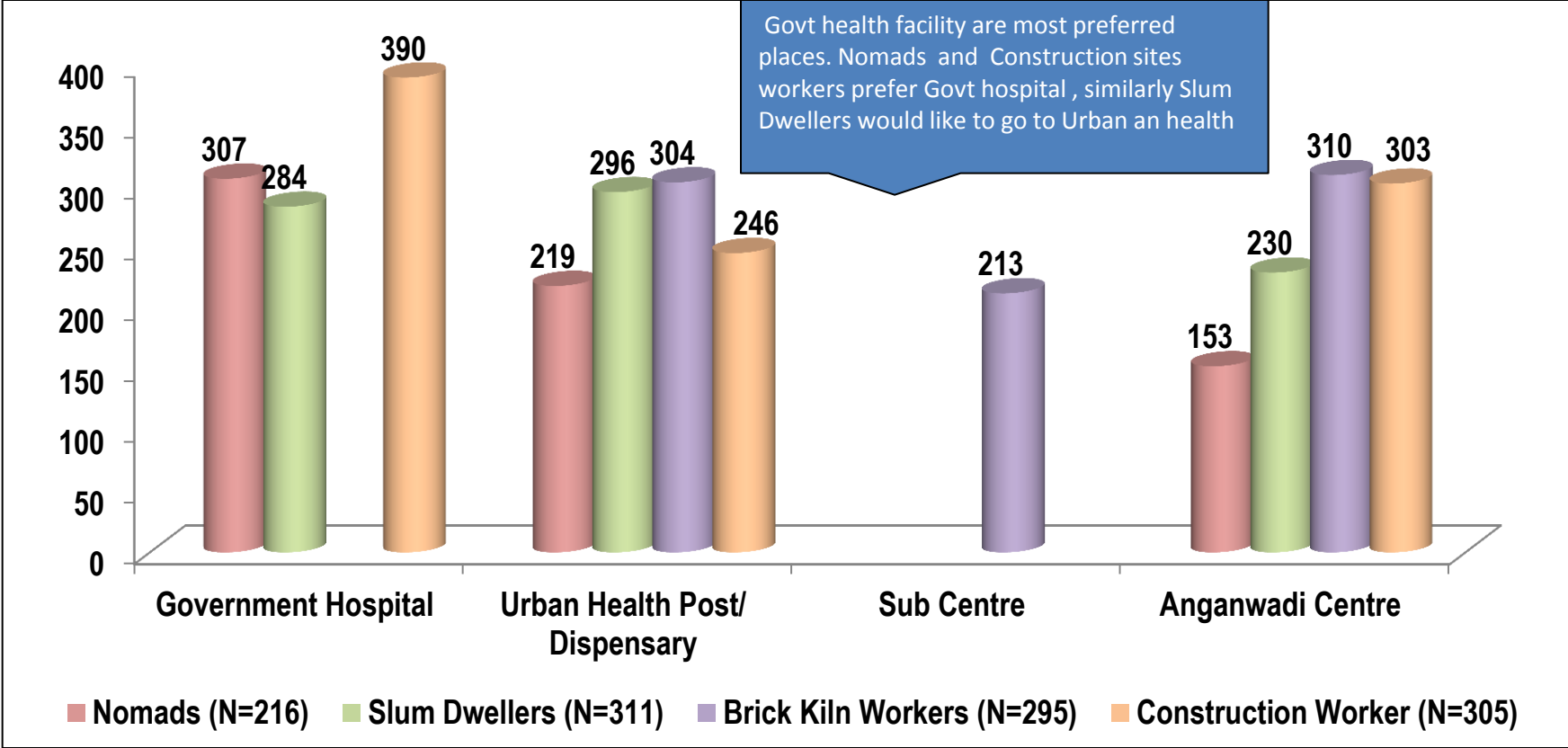
Reasons for Non-compliance of Immunization Schedule



*Multiple Response

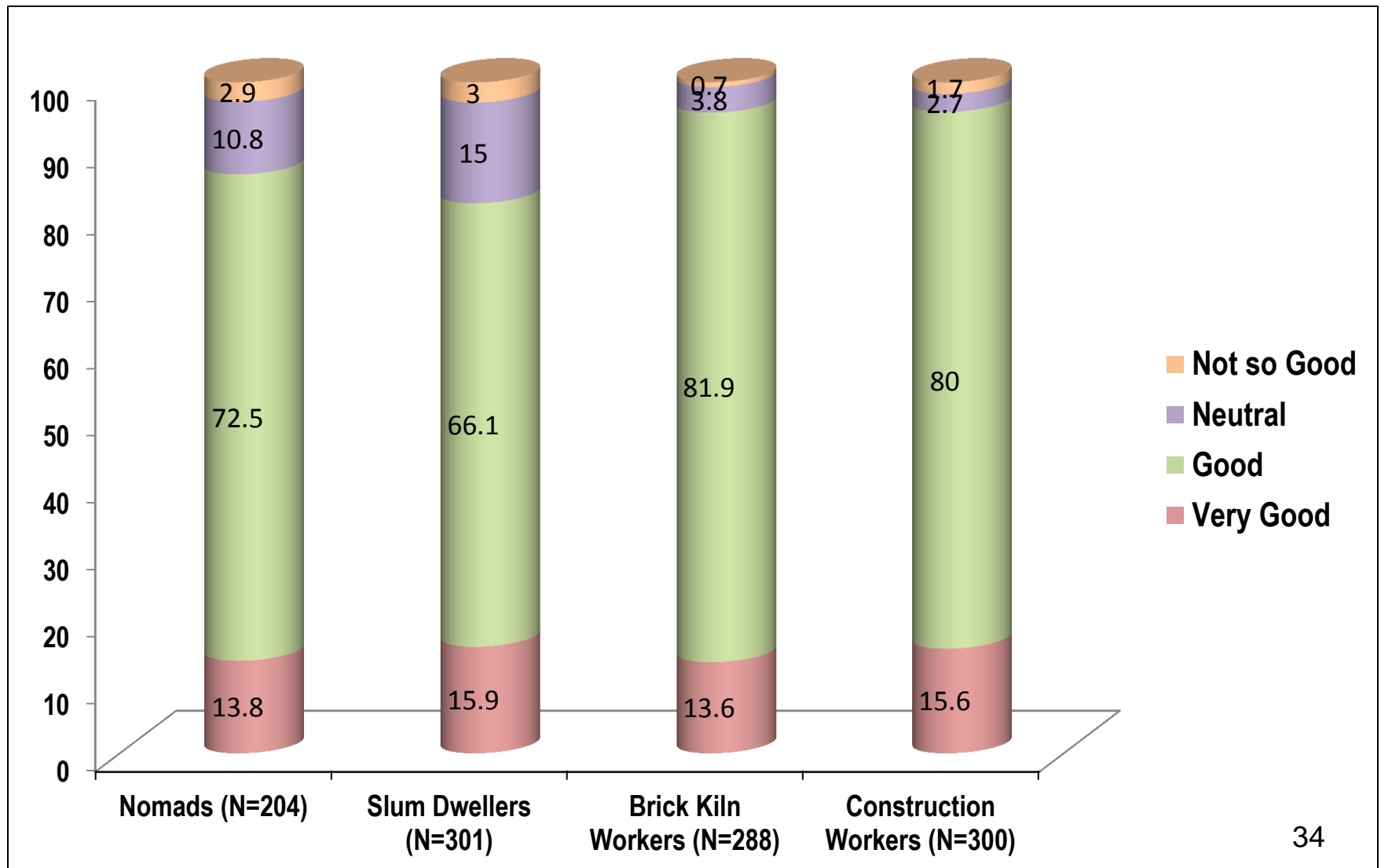
Exclude children who have been immunized as per their age

Preferred Facility/Health Centre for Immunization



- Three most influencing factors in order of preference are:
 - ✓ Proximity
 - ✓ Good facilities
 - ✓ Free service/ fee not charged

Perceived satisfaction with Health services

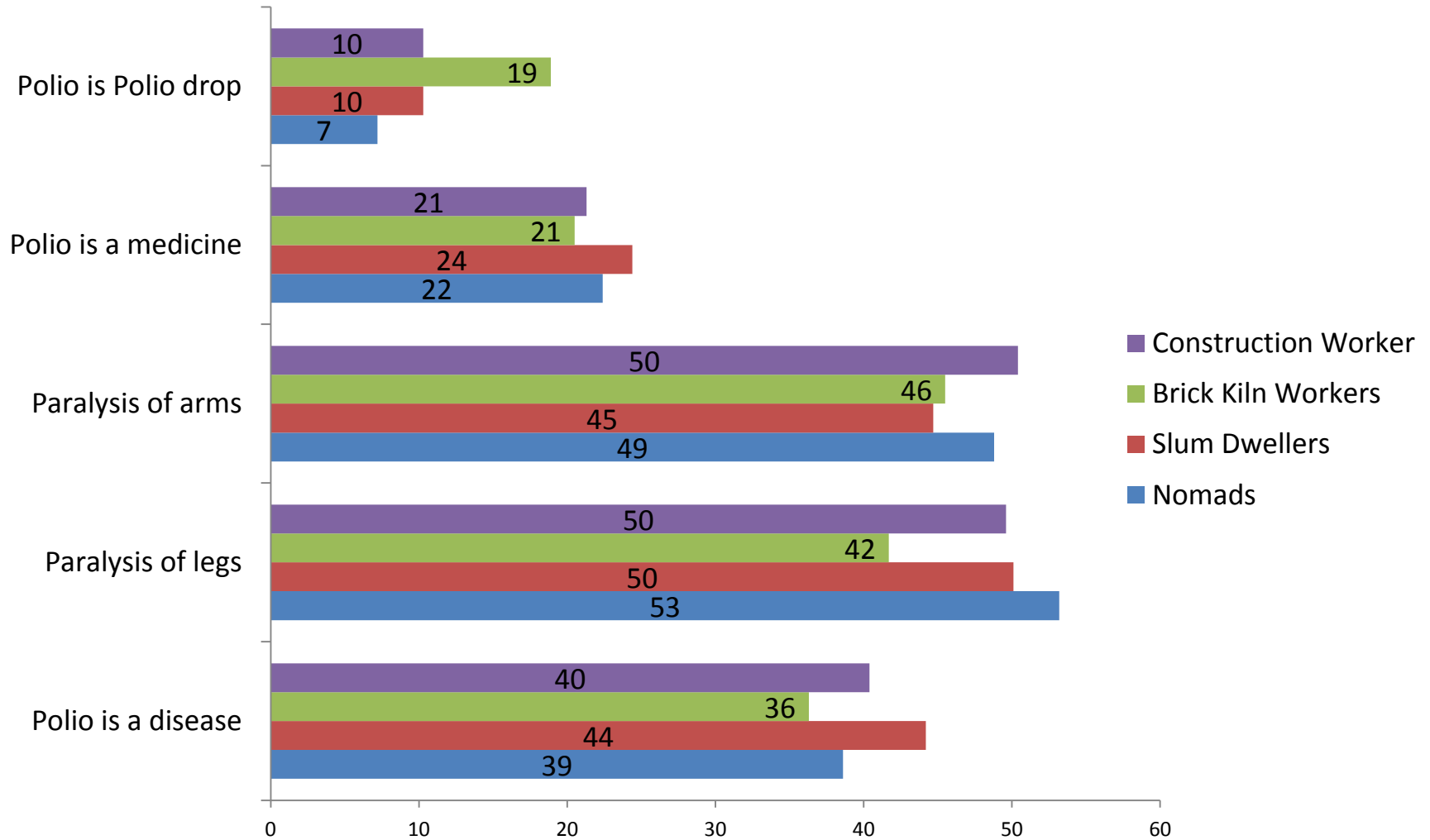




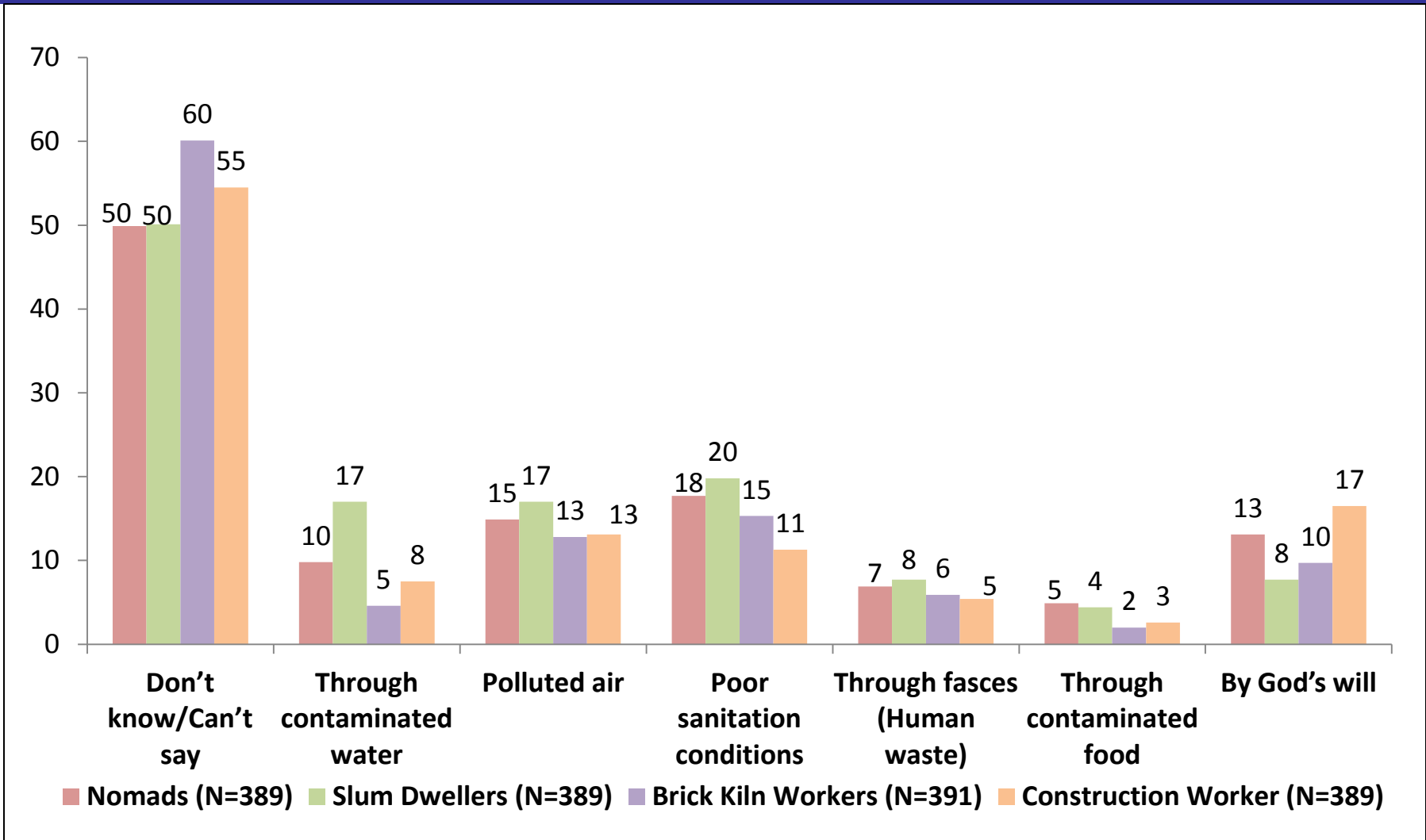
Knowledge and Practice on Polio

Polio:

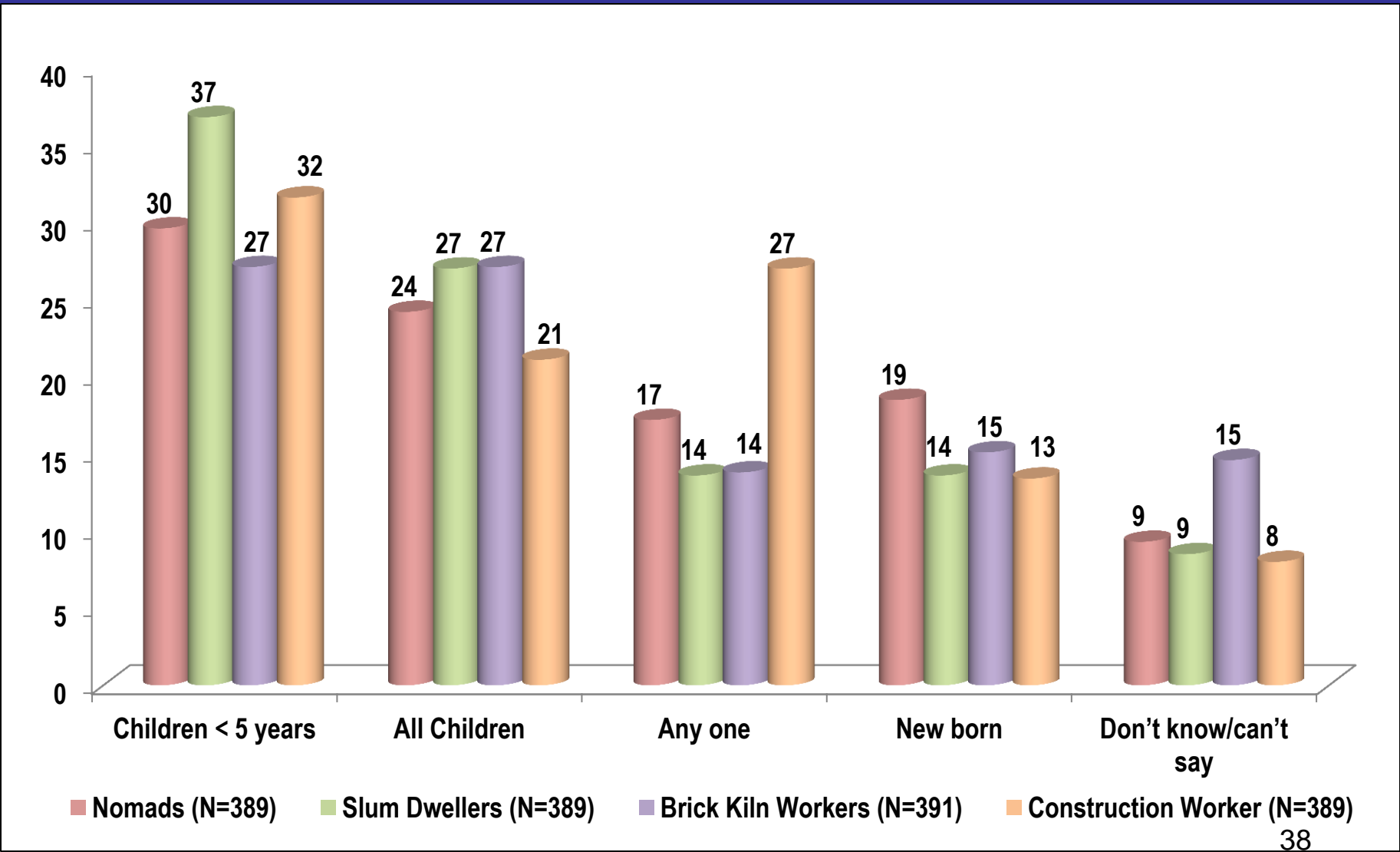
Awareness about Polio (in %)



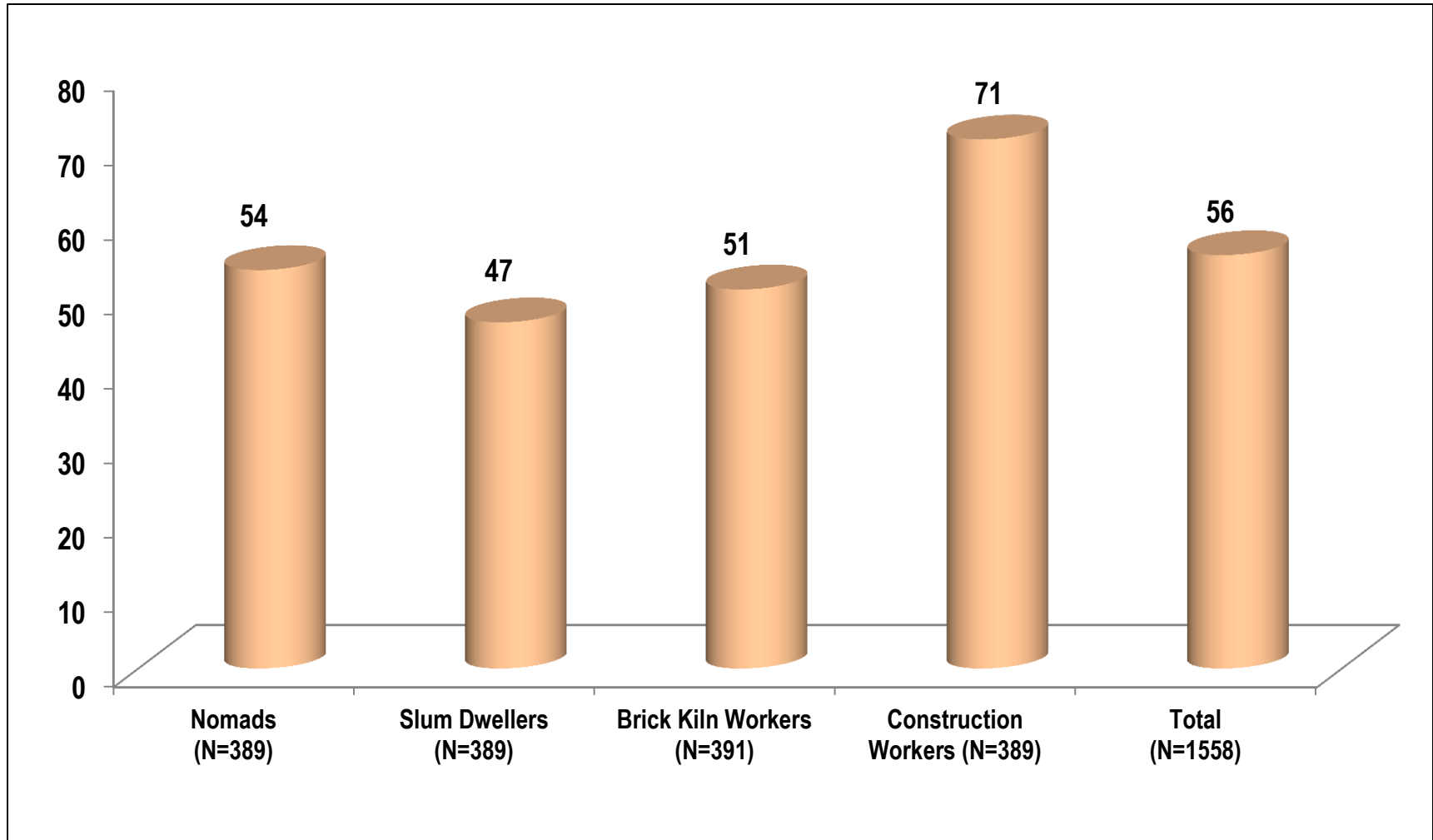
Mode of Transmission of Polio (in %)



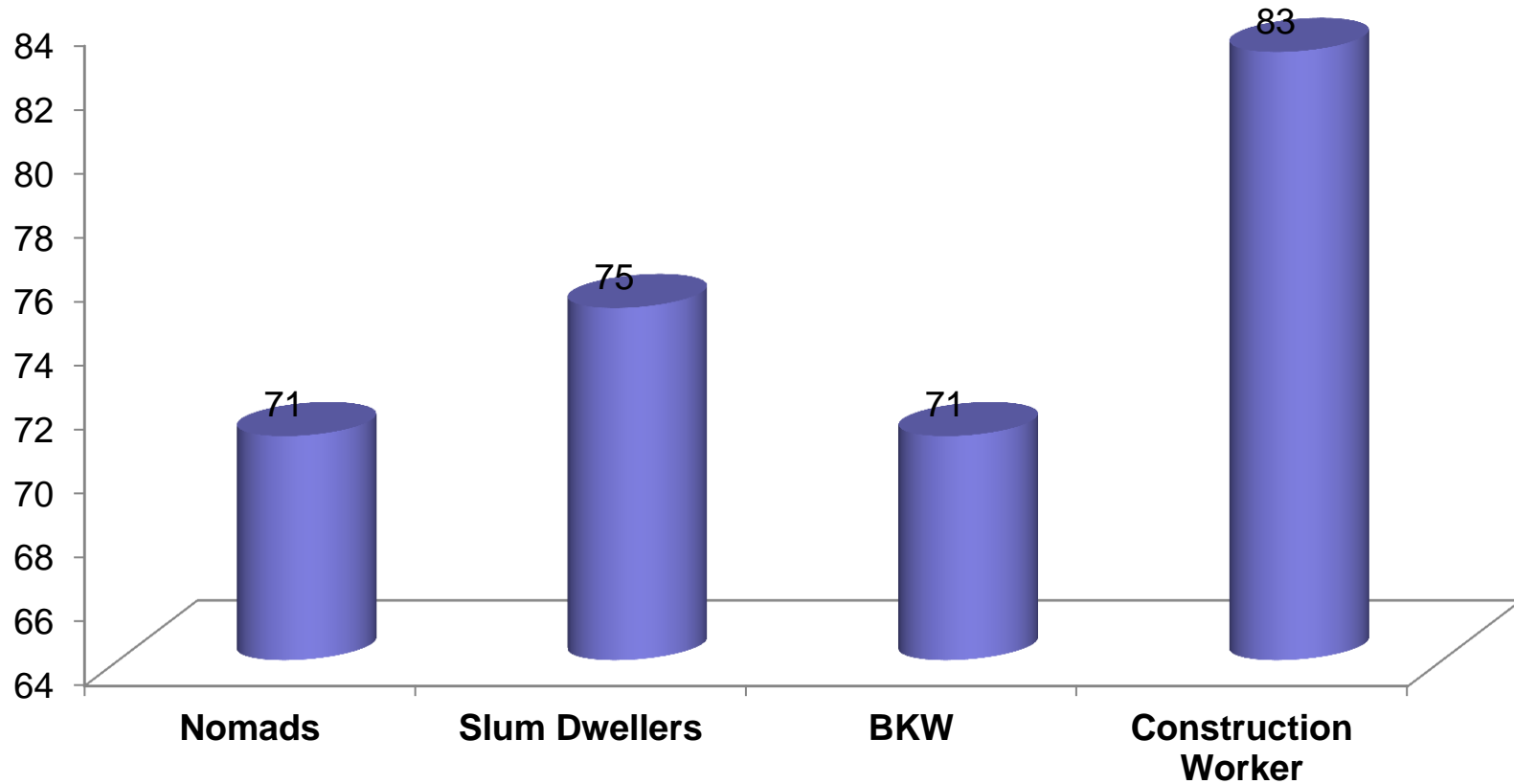
MOST affected ones by Polio



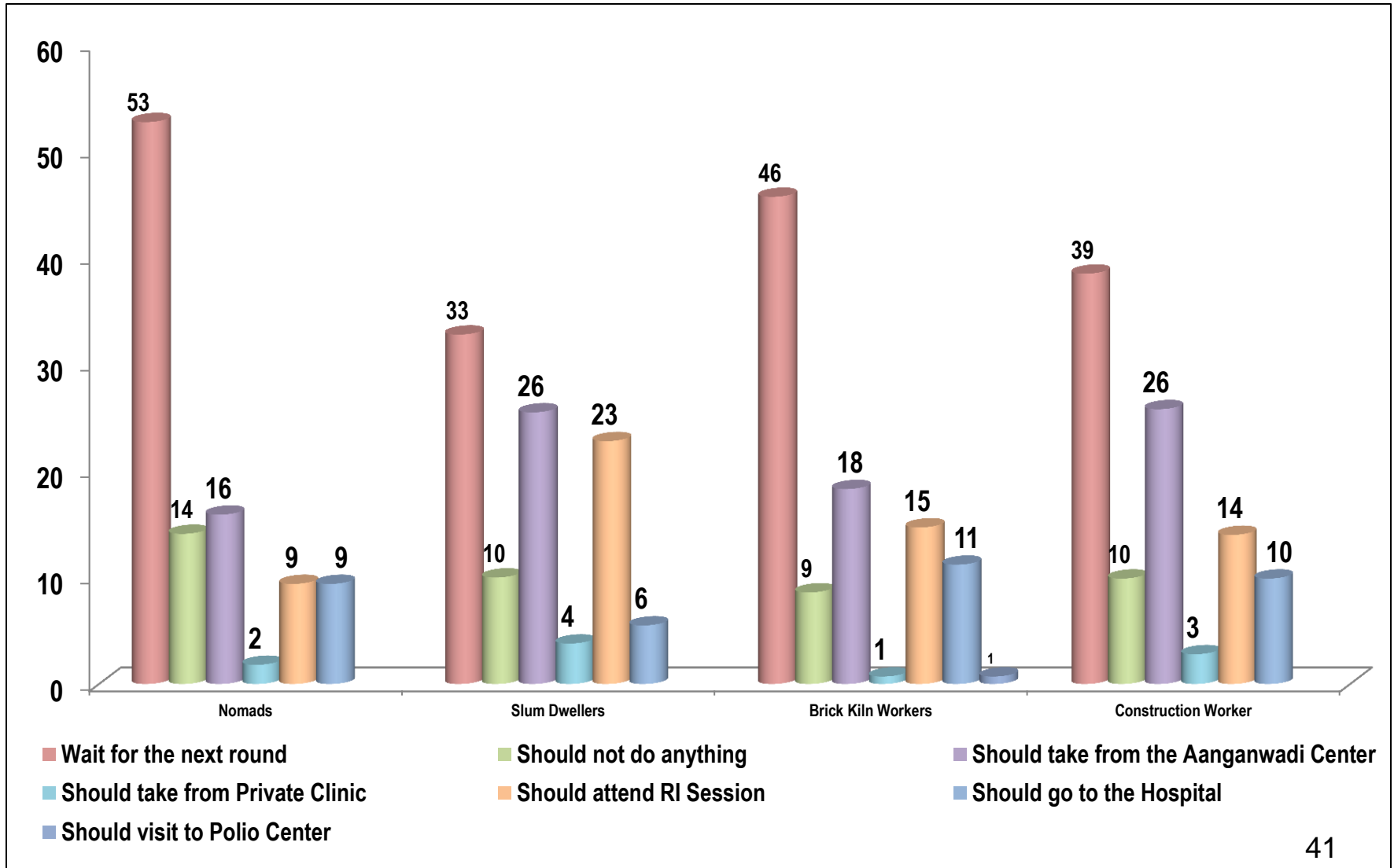
Belief that Polio is curable



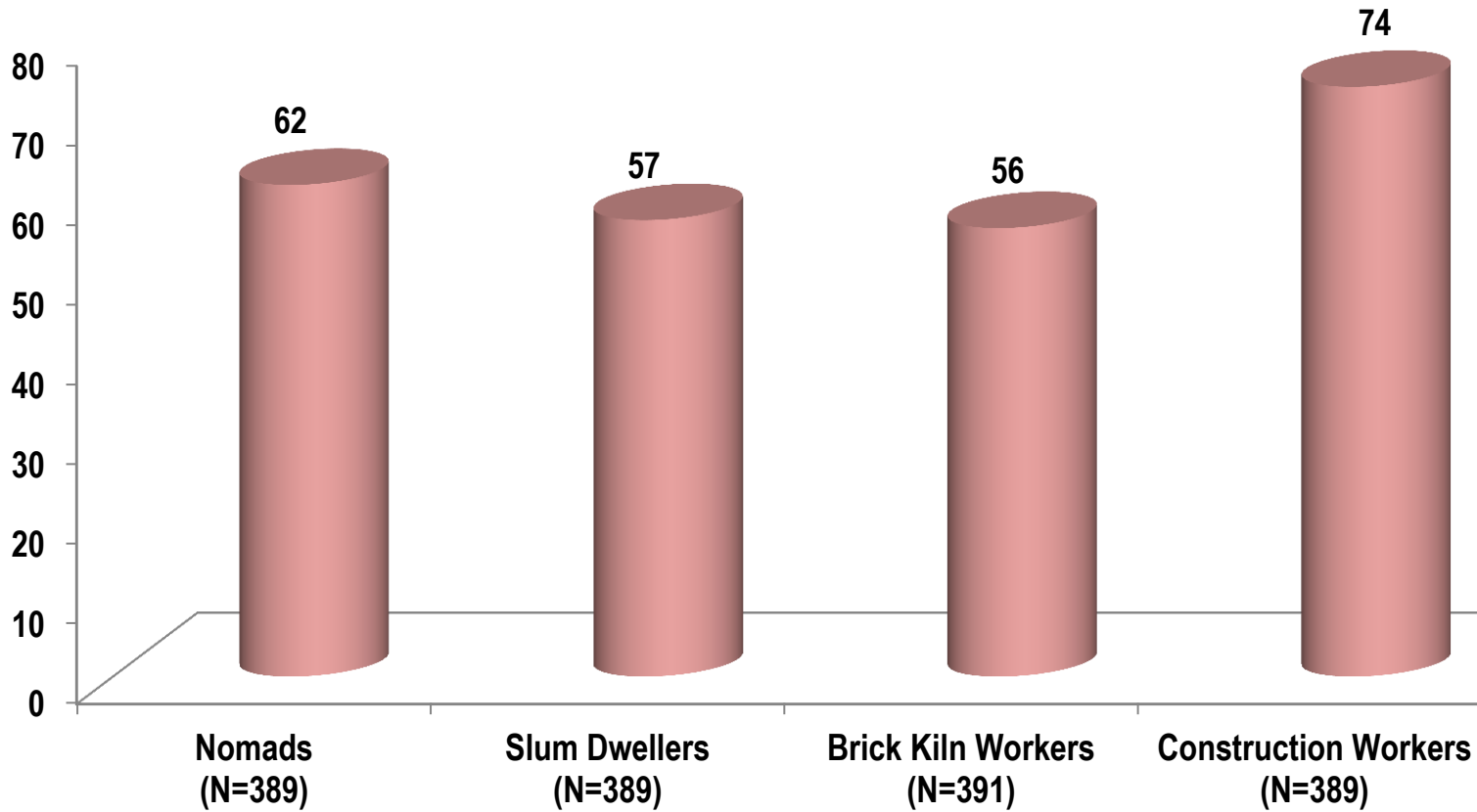
Belief that it is harmful if child misses OPV dose anytime it is offered



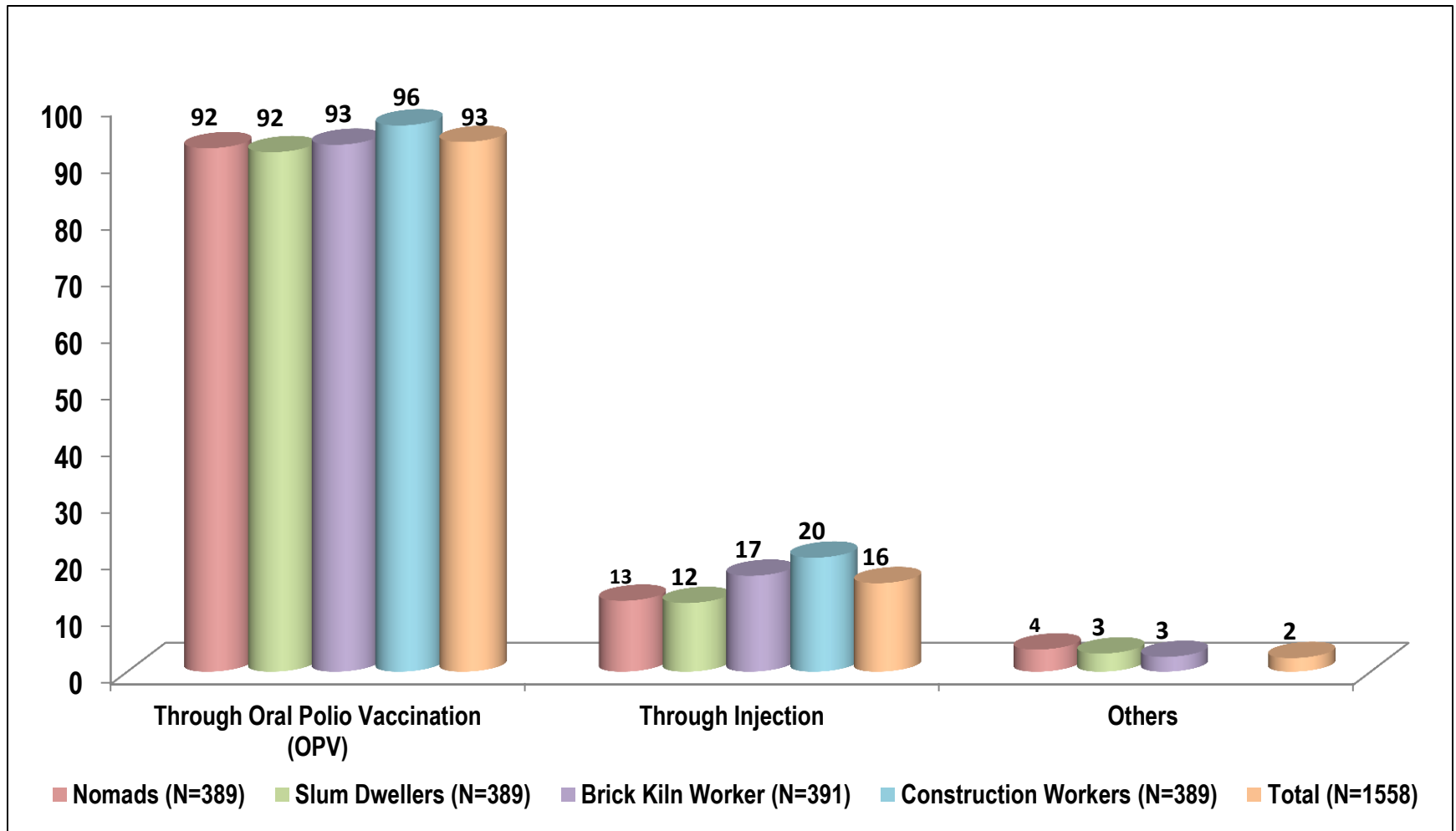
Measures to be taken if a child misses polio dose



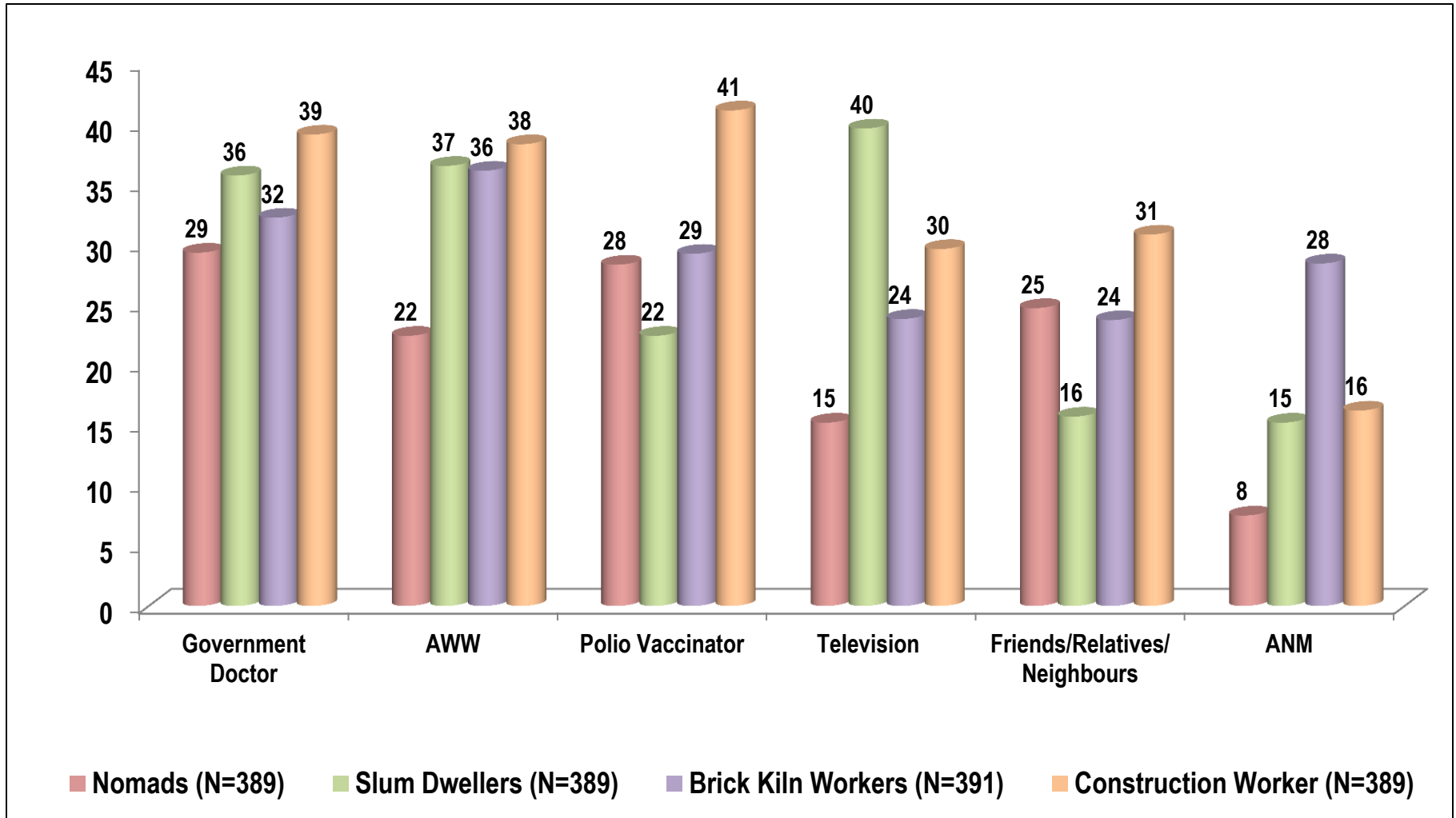
Will they give Polio drops to a sick child-YES (in %)



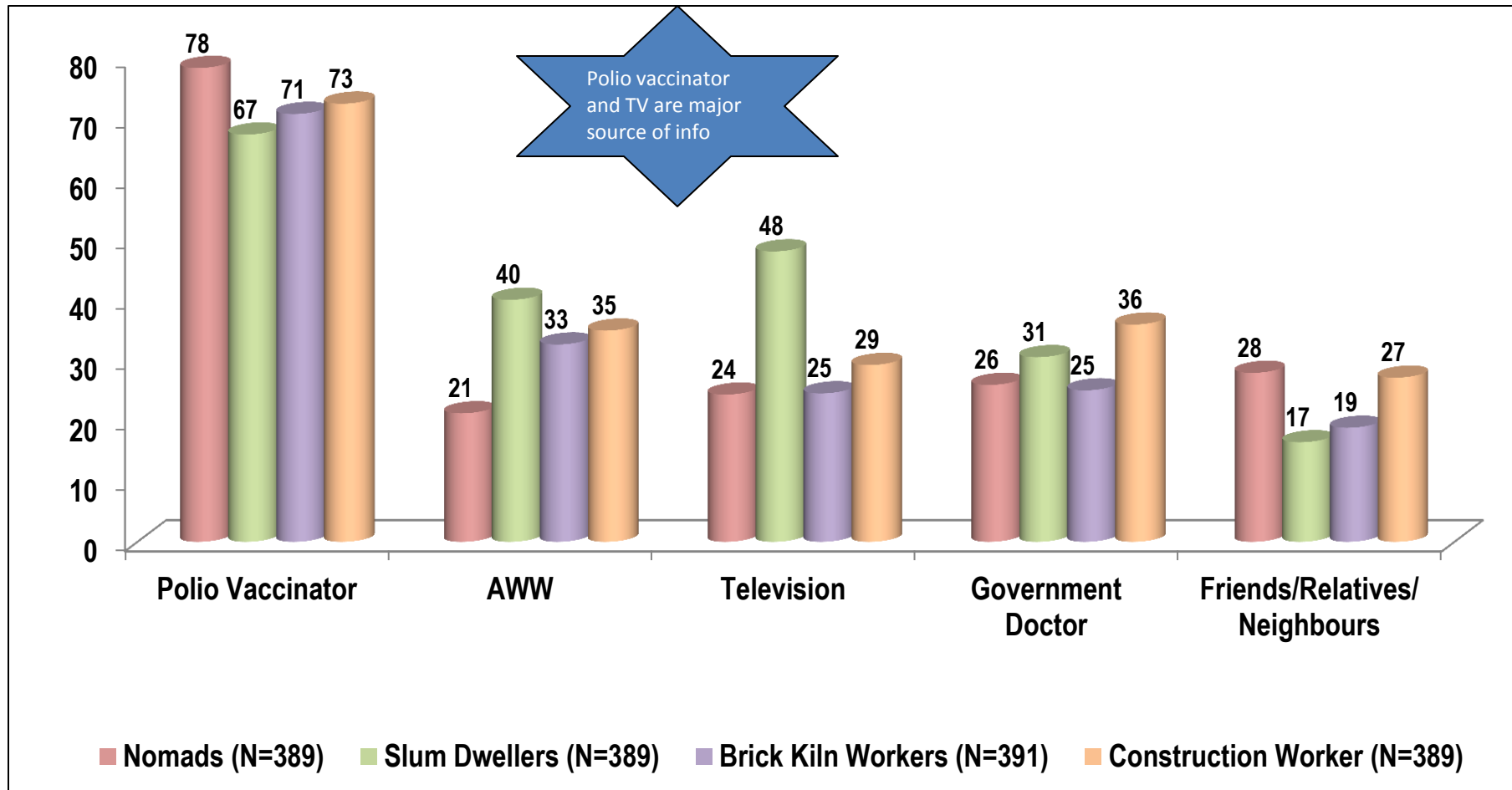
OPV for prevention



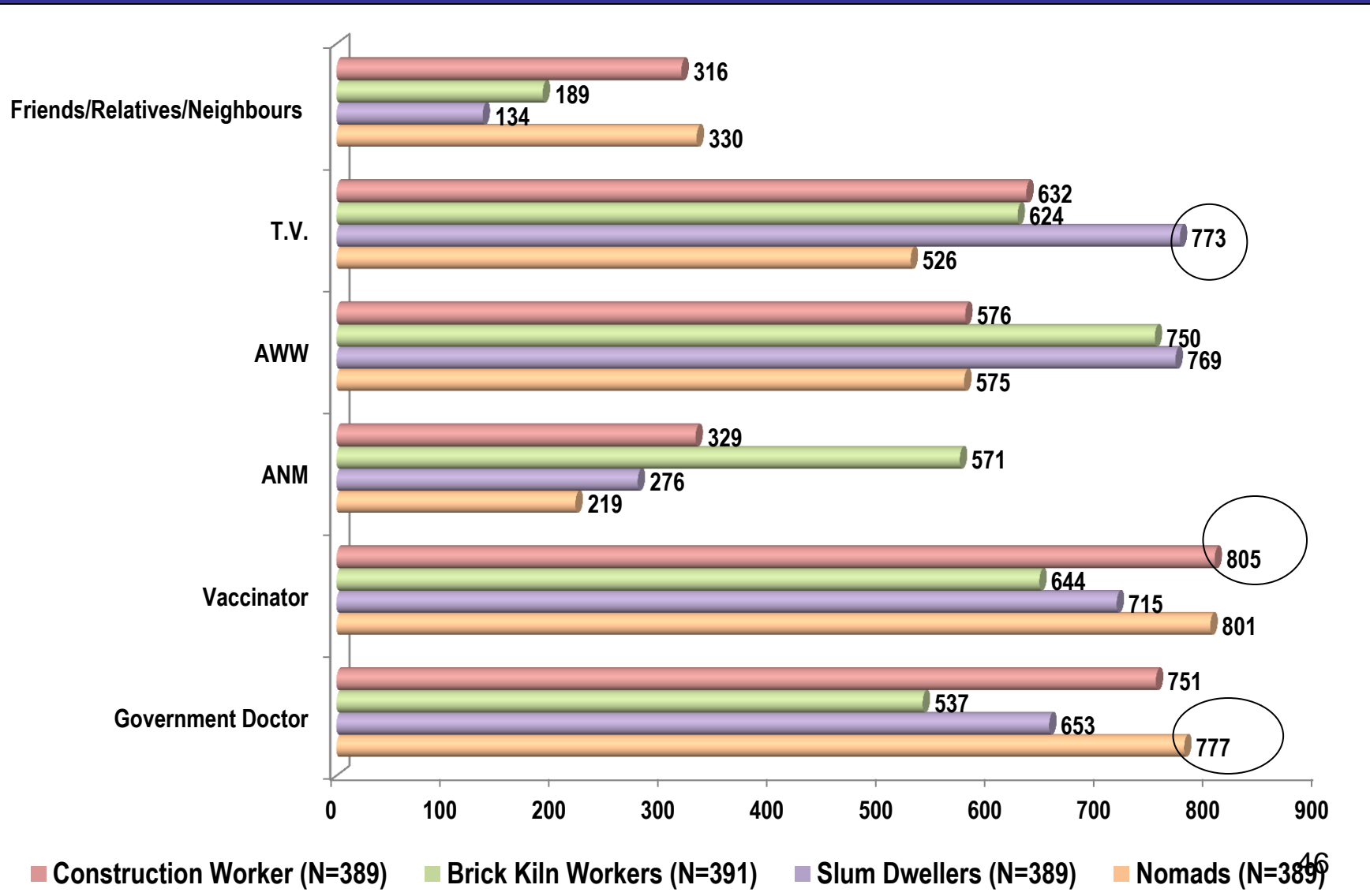
Current Source of Information about Routine Immunization (in%)



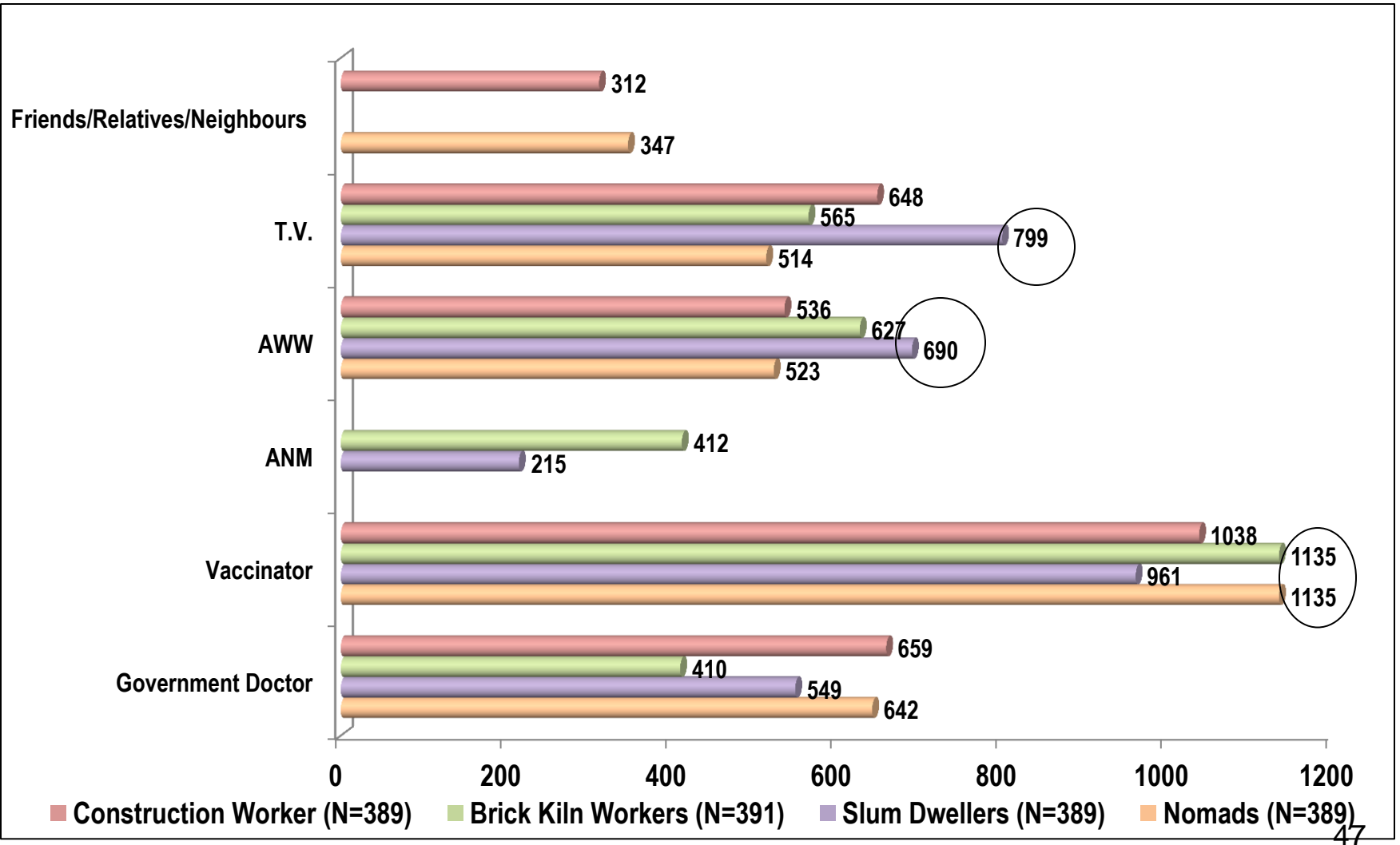
Current Source of Information about Polio (in%)



Preferred source for RI *based on weighted cumulative score*



Preferred source for Polio based on weighted cumulative score



Key Recommendations

- **RI Status of OPV Beneficiaries:** To strengthen and build on Polio micro-plans for HRG sites and their use for ensuring inclusion RI micro-plan
- **RI Card:** Providing RI card to brick kiln workers and construction workers categories on priority basis as they are always on move
- **Communication for Polio** on key message on threat perception, missing doses, modes of transmission, – vaccinator can be trained before rounds to impart the key messages
- **Polio Vaccinator** as RI Communicator for creating awareness about routine immunization schedules and facilities available for the vaccination services.

Key Recommendations

- IEC materials (pictorial) with key message on RI and ensuring visibility in Govt. hospitals /CHC/PHC
- Strengthening of transit point in UP and Bihar to reach them with key communication messages
- **Toilets at brick kiln sites:** Advocacy with brick kiln owner to have toilets build at the sites so that the workers and their families should not go for open defecation.

Thank You