

Editorial

Health Workers Training: An Important Step to Increase Immunization Coverage

The Expanded Program on Immunization (EPI) is a priority program of His Majesty's Government of Nepal. EPI is considered as one of the most cost effective health intervention. Vaccine preventable diseases are routinely reported through the HMIS system complemented by appropriate surveillance, outbreak investigations and responses. The main objective of the EPI program is to increase routine immunization coverage and decrease drop out rates. The immediate goal is to eliminate neonatal tetanus, to reduce measles morbidity and mortality and to eradicate poliomyelitis by the end of 2005.

National coverage of different vaccine preventable diseases has shown satisfactory results. In the fiscal year 2057/58, Saptari had the highest coverage (87%) followed by Siraha (83%) and Jhapa (81%), whereas, Morang and Sunsari districts were having comparatively lower measles coverage among Terai districts in Eastern Development Region. At districts level, the immunization coverage differs and many districts have shown sub-standard performance and health care provider role seems to be important for better achievement. It has been proved that the training component is a tool for the success of any program. Implementation of different training activities in immunization and other health areas has shown significant impact on the program achievement.

This is a short communication based on the review and analysis of the situation of measles vaccine coverage in Morang and Sunsari districts. It also assesses the measles vaccination coverage before and after health education intervention. The training workshops were organized in two Terai districts Morang and Sunsari,

which were selected on the basis of their low performance in measles vaccine coverage. In-charges of Health Posts, Primary Health Care Centres, Sub Health Posts and Cold Chain Assistants, had participated the training workshops. Objective of these workshops was to increase measles vaccine coverage in the respective districts.

The status of measles coverage reported before training intervention has been compared with corresponding months after intervention in Morang and Sunsari districts. In Morang district, the coverage before training intervention was 74 percent and which reached 87 percent after intervention. In Sunsari district, the coverage before training intervention was 77 percent and which reached 88 percent after intervention. Interview with EPI supervisors of Morang and Sunsari has suggested the consequence of training workshop has resulted increase in EPI coverage in respective districts. Analysis of HMIS reports available at Eastern Regional Health Directorate has also noted remarkable increase in measles as well as other antigens in the districts. In non-intervention Jhapa and Saptari districts, the coverage of measles vaccine had decreased whereas in Siraha district it was slightly increased.

Training workshops were successful to result measurable increase in measles vaccination coverage in Morang and Sunsari districts. Morang and Sunsari districts have experienced remarkable increase of measles vaccine coverage, which was also statistically significant ($P < 0.05$). Training workshops are useful for poor performing districts in order to strengthening EPI program.

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