

Applying Human-centered design to identify the drivers for low vaccine uptake among children in Nepal

Authors :

Surakshya Kunwar 1, Nicole Castle2, Leela Khanal3, Lisa Oot2, Anjali Joshi1, Swechhya Shrestha4, Prasanna Rai1, Prajita Mali1, Ishwori Byanju Shrestha1, Vidya Chaudharya1, Namita Dahal1, Anusha Basnet1, Manish Rajbanshi1, Deepa Guragain1, Sanju Bhattarai4, Akina Shrestha, 1Biraj Man Karmacharya1

Affiliations :

1 Dhulikhel Hospital, Kathmandu University School of Medical Sciences, Dhulikhel, Kavrepalanchowk, Nepal
 2 JSI, Arlington, VA, USA
 3 Independent Researcher, Kathmandu, Nepal
 4 UNICEF Nepal, UN House, Pulchowk, Kathmandu, Nepal

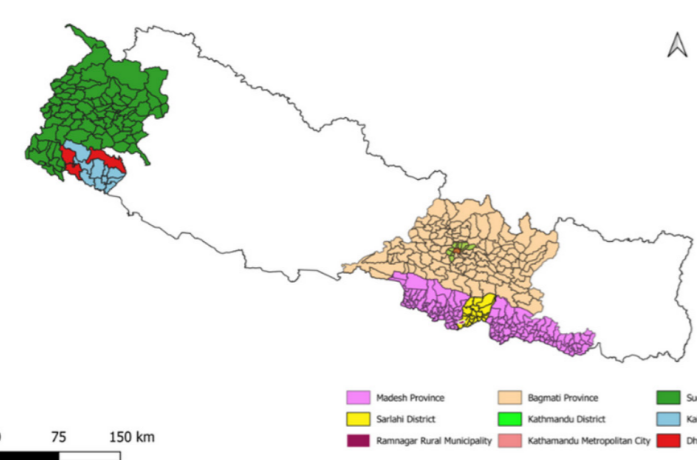


01 Introduction

- There has been a rapid increase in the volume of internal migration in Nepal over the last 30 years, with the volume increasing from 15% in 2011 to 18.2% in 2022. Higher mobility poses barriers to continued care. ¹
- The Nepal Demographic Health Survey 2022 reports a concerning increase in the percentage of children not receiving any vaccination, escalating from 1% in 2016 to 4% in 2022. ²

02 Objective

To understand the routine vaccination status among these children, we conducted a rapid assessment to explore the behavioral and social drivers influencing the low routine vaccine uptake among caregivers and health workers (HWs) including Female Community Health Volunteers (FCHVs) in selected provinces of Nepal.



03 Methodology

- The team conducted a qualitative study using human-centered design and rapid inquiry tools.
- Different anthropological tools were adopted to verify and identify members of the community to interview such as transect walk, kuragraphy, observation and snowballing.
- A purposive sampling was used to select three provinces with low childhood vaccine uptake among underserved and marginalized communities.
- Interviews with caregivers and HWs were conducted using tools from the WHO Behavioral and Social Drivers of Vaccination guidance.



Transect walk

Observation

Kuragraphy

04 Results/Findings

- 54 caregivers of children under two (total 48 children) and 12 HWs were enrolled in the study.

48

Total under-two children

12

Under-immunized

3

Zero dose

- These children were primarily from low-income and migrant families (internal and external).
- The external migrants were from border country India, and the internal migrants were particularly the mobile population representing the geographical variation from the eastern part to the western part of Nepal.

05 Analysis

FIGURE 1: THE JOURNEY TO HEALTH AND IMMUNIZATION | BARRIERS

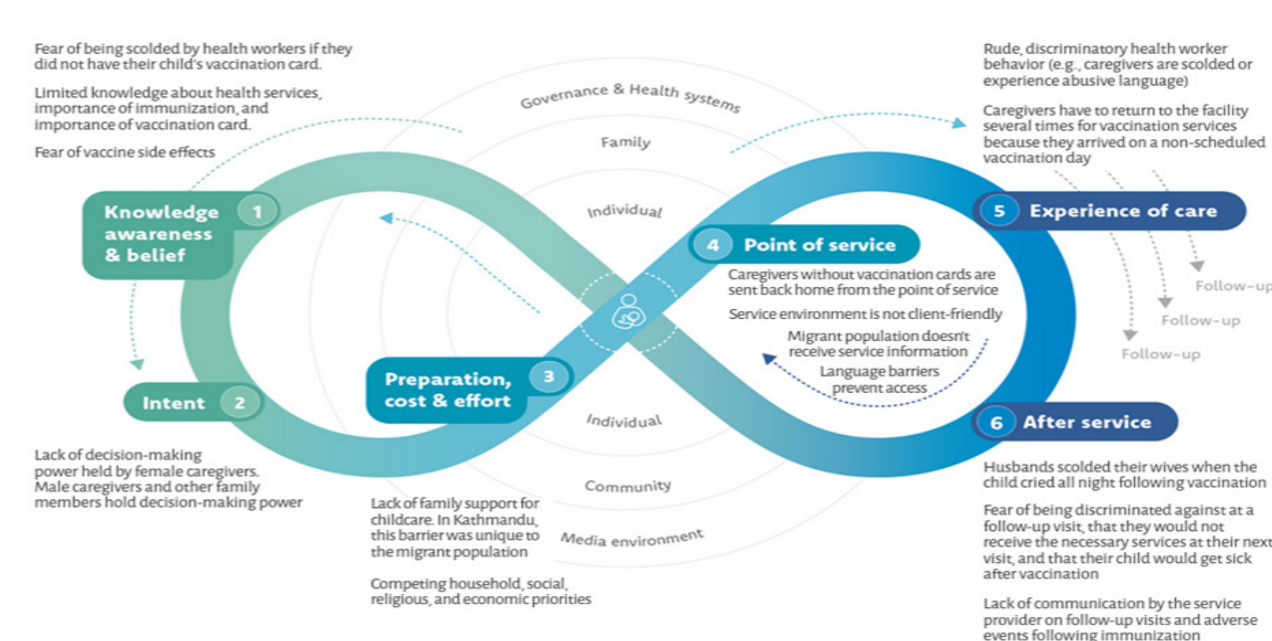
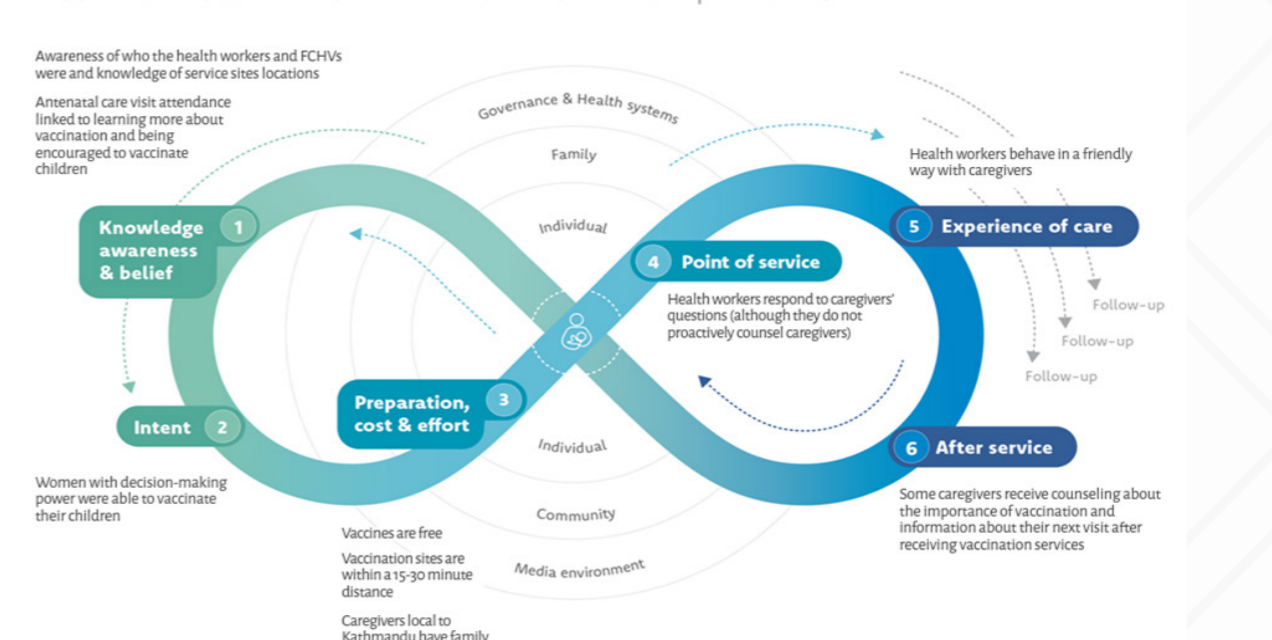


FIGURE 2: THE JOURNEY TO HEALTH AND IMMUNIZATION | ENABLERS



06 Conclusion

Tailored and targeted interventions and strategies should be designed specifically to these migrants and floating populations in order to reach the immunization targets and ensure that immunization service is accessed by all, contributing to universal health coverage.

07 References

- Nepal Labor migration report 2022. Retrieved from https://moless.gov.np/storage/files/post_files/Nepal%20Labour%20Migration%20Report_2022.pdf
- Nepal Demographic Health Survey 2022. Retrieved from <https://dhsprogram.com/pubs/pdf/FR379/FR379.pdf>

