Research And Development Solutions

Overlapping Child Health Risks in Urban Poor Communities
Linking immunization completion with nutrition screening

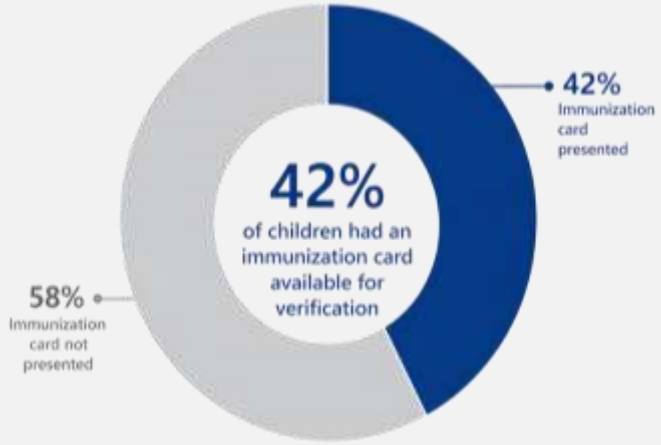
INTRODUCTION

The Primary Healthcare – Doorstep Delivery Project (PHC-DSDP) implemented by RADS with funding support Gates Foundation looked at immunization coverage in 5,010 urban poor households in Orangi, Karachi and Dhoke Hassu Rawalpindi. The objective was to generate evidence for improving immunization coverage and identify barriers. Data shows that immunization, record verification, and nutrition screening are operating in silos. Even though those missed by vaccination are also more likely to be nutritionally vulnerable and vice versa. For Pakistan to reach 100% vaccination we need to build a combined child health response where every health interaction checks on vaccination status, nutrition risk, and follow-up date.

KEY FINDINGS

Immunization Coverage is Overstated: Self-Reported full immunization coverage is **85% in Rawalpindi** and **72% in Karachi**, but only **42% of mothers** had an immunization card. This means coverage estimates depend heavily on caregiver recall and may overstate true completion.

Figure 1. Immunization claims vs reporting card



Follow- Up for the Vulnerable: One in four children are either not unimmunized or malnourished. This shows that combining vaccination with malnutrition risk assessment makes practical (and financial) sense. Targeted follow-ups using digital tools can improve coverage while keeping costs low.

Referral is the Backbone: Around **16% of children are acutely malnourished**, including 12% with severe acute malnutrition. Community outreach for routine screening, counseling, referral and post-referral follow up is essential to reduce early child mortality and morbidity in this marginalized risk group.

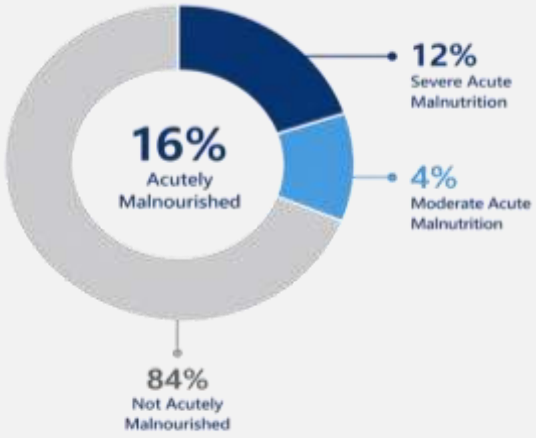
POLICY RECOMMENDATIONS

Community (UC) level Tracker: Using EPI household lists, have one tracker for immunization-nutrition record cards, and routine screening to identify missed or at-risk children.

Combine Rapid Nutrition Screening to Immunization Interactions: Screen children for acute malnutrition during vaccination visits and refer moderate or severe cases for care and follow-up.

Engage Private and Public Health Providers: Check immunization cards and nutritional assessment at each health provider interaction (even out-patient acute care visits).

Figure 2. Concentration of Severe Malnutrition Among Children



Acknowledgement

RADS is grateful for the Gates Foundation for supporting this work. The views expressed in this document are the sole responsibility of RADS and do not reflect the funder or any other party. For any queries, please reach out to Dr. Adnan Khan, Email: Adnan@resdev.org or our website www.resdev.org

For more information, please contact
Dr. Adnan Khan, MBBS, MS.
adnan@resdev.org