Minutes of the meeting held in the chamber of the District Magistrate & Collector, Khowai on 23.06.2012 at 11:00 a.m.

Agenda: 4 month action plan to improve the coverage of children under full Immunization

Participants

1. Ms. Tanusree Deb Barma, IAS, DM & Collector, Khowai
2. Dr. Pradip Kumar Majumdar, CMO, Khowai
3. Dr. Mrinal Bhattacharjee, MOI/C, Teliamura Rural Hospital
4. Dr. Joydeep Chakraborty, MD, Khowai SDH
5. Sri Uttam Roy, SDPM/DPM, Khowai SDH
6. Sri Dipankar Das, MPW

A meeting was held with the above participants to prepare an **Action Plan to improve the coverage of children under full Immunization in the short run and achievement of 100% Immunization of children under 9 health institutions in the district eventually**. In order to achieve this, it was decided that the following strategy shall be followed.

- Increasing **social acceptance** and generating public demand for the service through IEC
- **Sensitization and Mobilization of health staff** for the upcoming task
- Identifying all children in the target group through **door to door survey** and covering all cases of drop outs.
- **Meeting monthly targets** of full immunization by each institution (HSC /PHC/CHC/SDH) in the period of study (short term plan) i.e. **Aug-Oct 2012**
- Updating the **MCTS database** with phone numbers and drop out cases.
- Follow up on individual immunization cases of each mother and child using MCTS
- **Use of MCTS** for close monitoring of achievement
- Establishing a **system of performance based rewarding and disincentives** for under performance.
- **Achieving 100% immunization by March 2013.**

Accordingly the following decisions were taken:-

1. **Present Status**
   - The immunization is presently being done through weekly/biweekly/monthly immunization sessions being carried out at each health institution up till the Sub Centre level.
   - Based on the village population, each sub centre is given a target-number of full immunizations to be achieved every month.
   - 100% immunization is achieved by a institution if it covers the total year's target of full immunization within that financial year.

- Besides full immunization, due immunizations are followed up by maintaining records like immunization registers, tickler cards for each mother and child, due list (a compilation that shows the due immunizations for the month with the name of mother and child), full immunization register etc.
- ASHA also gets an incentive of Rs. 300 per full immunization achieved by her.

The performance of PHC wise full immunizations in the last 5 years (enclosed in Annexure-A) was discussed in the meeting. The Sub-Centre wise performance (Annexure-B) as achieved in the last 2 years was also checked. After detailed discussion all participants agreed that

i) There was possibility of bringing up % immunization of Ampura, Baijalbari, Kalyanpur and Mungiakami PHC substantially (up to 80% within 3 months).

ii) PHCs namely Teliamura, Behalabari and Tulashikar had potential to achieve more than 95% immunization.

iii) The performance of Khowai SDH and Chebri PHC was good but Chebri PHC would also be required to improve % coverage and meet the monthly targets of 100% every month in the coming 3 months.

2. **The gaps areas were identified as :**

i) Non maintenance/ improper **maintenance of records/ registers**

ii) Lack of **coordination** between ASHA and AWW

iii) Lack of tracking /follow up in cases of **drop outs**

iv) **Uneven distribution of population between ASHAs** that leads to less incentive for full coverage for ASHA.

v) **Non performing** health staff

vi) Difficulties is **monitoring**

vii) Difficulties in tracking **moving population**

viii) Cultural inhibitions

3. **Mobilization of health staff:**

ii) It was decided that the Action Plan would be discussed in detail in the coming meeting of all MOI/Cs on the 3rd of July,2012 followed by a workshop that shall be held in the Conference Hall of D.M.'s Office, Khowai to sensitize all MOI/Cs.

iii) The MOI/Cs shall further conduct meetings at the PHC level with all MPSs, MPWs & ASHA workers within the 1st week of July,2012.

iv) The objective would be to explain the whole plan and sensitize the field functionaries of the possibility of achieving the short term and long term goal of 100% immunization and ensure ownership of the project goals.

4. Action Plan for July – October,2012:

i) **Door to door survey and enrollment:**

The month of July shall be utilized by the field level staff, i.e. MPSs, MPWs & ASHA workers with the help of Angan Wadi Workers(AWW), to do detailed survey to ensure enrollment of the whole target group in their jurisdiction i.e. between the age of 0 – 12 (Zero to twelve months). As almost 90-95% of the target group has already been covered in the MCTS database with respect to Khowai, the enrollment process shall only require that unregistered infants are sought for. This shall reduce the work load of the MPW and ASHA workers to a great extent.

ii) **The use of MCTS reporting:**

The MCTS data has been updated by all Health Institutions up to the month of May, 2012 in this district. This means that all children who have ever been registered in any Health Institution shall find their names in this Data base even though they might not have been immunized as per schedule. This database shall be a very important tool in our hands for achieving various aspects of the strategy as follows:

a) Enrollment Stage: As discussed above the **enrollment sheet** containing names of all children and mothers already registered (infants who have ever been registered in any institution and have already found their name in the MCTS database) shall be given to ASHA. Details of the children, mothers as well as his/her immunization status would be generated electronically/automatically by the computer. Within July,2012 all ASHAs will verify the Data, add children who have not yet been covered, add phone numbers or other details which are missing in the existing Data base etc. This would reduce the work of MPWs & ASHAs to a huge extent and improve the efficacy of the door to door survey.

b) Updation of MCTS by door to door survey and routine procedure:

From the additional data collected **from the door to door survey**, the **MCTS data base shall be updated by the 1st week of August,2012**. Thereafter every time a child gets

immunized, his status shall be updated in the MCTS. Also every month registration of new pregnant women shall have to be ensured and **monthly updating of MCTS database shall be given top most priority.** It was suggested that reporting on immunization achieved each month at the sub centre level shall be reported to the Primary Health Center by the MPW within the 1st three working days of every month (in the MCTS format) and the same shall be updated into the MCTS data base within the 7th working day of every month.

c) Use of MCTS Reports for achieving monthly targets

This updated data base shall then be used to generate ASHA wise reports regarding the immunization due in the current month with respect to children by name. This shall ensure that the ASHA worker will be able to closely monitor which of these children are to be immunized in the current month.

iii) **Monitoring:**

Once MCTS data base is updated for the previous month, the MOI/Cs, based on the performance report generated by the MCTS Website, will be able to **review the performance of each and every Sub-Center as well as ASHA**. He shall also be able to **generate reports with respect to drop out children** i.e. those who have missed any dose as per the due lists. Such reporting shall help the MOI/C and MPSs to pressurize their MPWs as well as ASHAs for covering the drop out cases in the next immunization session. **Alternatively special immunization drives** may be conducted for drop out cases.

iv) **Performance indicators and Incentives:**

Since the achievement of immunization for every month shall be entered in the MCTS data base within the first seven days of the next month, it shall be possible to generate the **performance reports** of all ASHAs/ MPS/ MPWs as well as MOIC. It was suggested that the best performing health staff/official shall be adequately rewarded every month. The following shall be taken as indicator of their performance

- The achievement of monthly full immunization target
- Timely immunization of target group as per monthly due list.

However, the award at each level shall not be given to the same person for consecutive 2 months. The following awards shall be given each month:-

- **MOI/C (PHC) level:-** Best performing MPW and best performing ASHA.

- **At district level** :- Best performing MOI/C and best performing MPS.

5. **Anticipated bottle necks and strategies to meet the challenges:**

i) **Combating AIFI and Ensuring safety measures**: Adverse effect following immunization was discussed. It was informed that these cases were few and spaced far apart but have considerable impact and often bring down the acceptance of immunization. It was emphasized that in no circumstances shall any compromise be made in the safety procedures being maintained. Chief Medical Officer, Khowai informed that it was essential that **refresher training be conducted for some of the MPWs** in regards to administering vaccines. He was requested to report to the MD, NRHM and Director, H&FW regarding training requirement and the same training shall be conducted within the month of July, 2012 in consultation with the State Mission Director, NRHM.

ii) **Breaking cultural resistance:** Many tribal areas have the characteristic problem of non acceptance of immunization. For this some of the MOICs shall have to take special IEC measures making use of VHNDs, Radio Broadcasts, other Mass Media, screening of Films on Bazar Days etc within the month of July. Also the involvement of PRI bodies shall have to be ensured at each and every level.

iii) **Shortage of Staff:** MOICs shall have to be asked to prepare strategy depending on their target population and identify their weaknesses. In many tribal areas the population is sparse and scattered and therefore the success of the door to door survey would be scrutinized very closely and health staff might have to go that extra mile to cover the entire population. CMO may consider a reshuffle of staff for the period of July where extra IEC measures shall be adopted as a strategy. Also many newly constructed sub centres shall be handed over during the period and the projection of additional staff requirement shall have to be referred to the Health department within the month of June so that additional MPWs are posted in the district.

iv) **Disincentive for under performers**: During the discussion it became clear that in many sub centres the immunization percentage actually came down in the last 1 year. This was definitely due to the change in MPW (posting of newly appointed MPW or old non performing MPW). As the proposed system enables the measurement of performance at each level, there shall have to be a component of disincentive as much as a component of incentive as mentioned above. It was suggested that notwithstanding the area specific problems faced by the field-staff, under performers shall be weeded and strictly dealt with.

6. **Technical Support of NIC**

Technical **Support of the state NIC and NRHM for some custom generated reports through MCTS** shall have to be sought for. To summarise, the NIC shall have to ensure that MCTS data base shall be used in the following way

- Generation of base line report for the purpose of field survey (door to door)
- Generation of monthly due dates specifying child/mother names who are to be brought to the health institution for monthly immunization session(above 2 reports are to be customised)
- Sending of reminders to mothers and concerned ASHA worker through SMS (already existing feature of MCTS)
- Generation of health staff wise/institution wise performance reports

7. Anticipated outcomes:

The above action plan for the 4 months including 1 month preparation time and 3 months of execution on a mission mode (August, September and October) is expected to set the stage for ensuring the year's target. The following outcomes shall be targeted by all staff and officers

- 100% enrolment
- 100% updation of MCST database
- Meeting monthly full immunization targets
- Ensuring 100% coverage/ attendance in the monthly institution wise immunization sessions based on due list
- Close monitoring using MCTS reporting
- Achieving annual target of immunization

All present agreed that the possibilities were immense if we are able to implement the program in toto. The example of Khowai SDH was reiterated where the percentage was 73.6% in 2010-11 and due to the close monitoring and initiative of the MOIC and MOs they had achieved close to 100% immunization in 2011-12. Another example of Golabari sub centre was discussed where due to the efforts of the MPW, the 2 villages under the sub centre were declared 100% immunized early this year. CMO was requested these case studies shall be prepared in Bengali and circulated to all Health staff, Officers and PRI representatives to convince them of the possibility of achieving the goal of 100% immunization in the district. The meeting ended with thanks to all and words of encouragement from the District Magistrate.

(Tanusree Deb Barma, IAS)
District Magistrate & Collector
Khowai District:Tripura

Government of Tripura
Office of the District Magistrate & Collector
Khowai District: Tripura

NO.109-143 /F.VII(14)/DM/KH/GL/2012, Dated, 26th June,2012.

To
All concerned for necessary action.

The Chief Medical Officer, Khowai
The DISE, West Tripura, Agartala.
The SDMO, Khowai SDH / Teliamura Rural Hospital

The MO, I/C, Behalabari PHC/Tulashikar PHC/ Ampura PHC/Baijalbari PHC/Chebri PHC/ Kalyanpur CHC/ Mungiakami PHC

The CDPO, Khowai/Tulashikar/Padmabil/Kalyanpur/Teliamura/Mungiakami / Khowai Nagar Panchyat / Teliamura Nagar Panchayat.

Sri Tapas Saha, MIS Manager (NRHM), O/O the Health Director building, Gurkhabasti, Agartala.

Copy to:-

1. The Director, NRHM, Govt. of Tripura, Gurkhabasti, Agartala
2. The Director, Health & Family Welfare Deptt. Gurkhabasti, Agartala.
3. The Member Secretary, HFWS, Khowai, C/O, Health Directorate, Gurkhabasti, Agartala.

Copy forwarded to:-

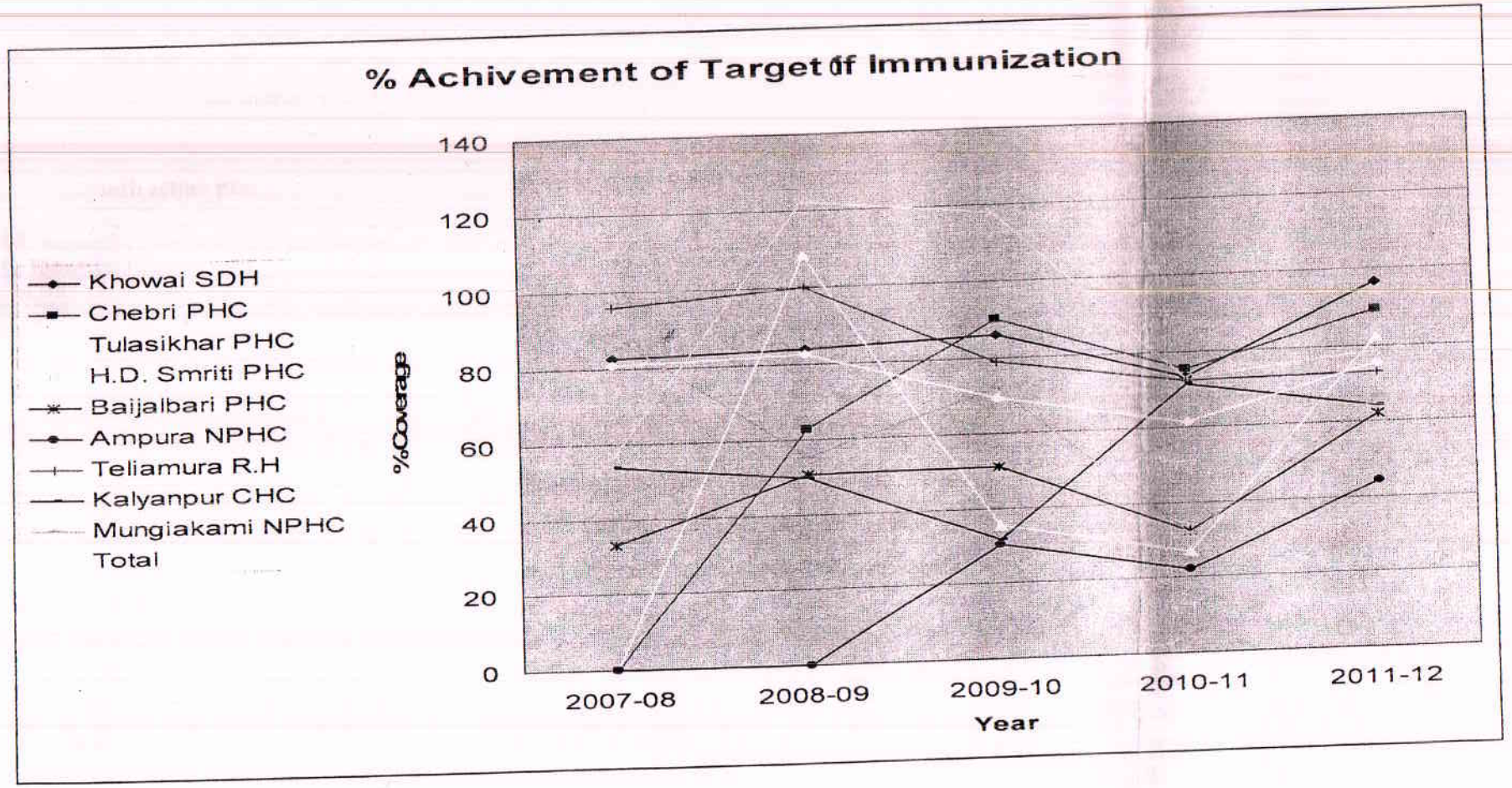
4. The PS to Chief Secretary, Govt. of Tripura for kind information to the Chief Secretary.
5. The Principal Secretary, Health & Family Welfare Deptt. Govt. of Tripura, Agartala
6. The Secretary, Health Department, Govt. of Tripura, New Secretariat Building, Agartala

26/06/12
District Magistrate & Collector
Khowai District:Tripura

Annexure A

Institution wise Full Immunization coverage

Sl	Name of the Institution	2007-08			2008-09			2009-10			2010-11			2011-12			
		Target	Achievement	%	Target	Achievement	%	Target	Achievement	%	Target	Achievement	%	Target	Achievement	%	
1	Khowai SDH	2250	1863	83	1300	1092	84	950	818	86	995	732	73.6	998	964	97	*
2	Chebri PHC	0	0	0	296	186	63	320	288	90	330	249	75.5	348	311	89	*
3	Tulasikhar PHC	0	0	0	330	357	108	350	124	35	350	95	27.1	372	306	82	
4	H.D. Smriti PHC	65	37	57	280	342	122	310	365	118	310	226	72.9	330	259	78	
5	Baijalbari PHC	362	120	33	405	206	51	415	212	51	415	134	32.3	445	276	62	
6	Ampura NPHC	0	0	0	0	0	0	105	32	30	140	31	22.1	160	71	44	
7	Teliamura R.H	1390	1332	96	1400	1401	100	1440	1135	79	1470	1065	72.4	1488	1085	73	
8	Kalyanpur CHC	325	175	54	525	262	50	750	237	32	830	593	71.4	860	553	64	
9	Mungiakami NPHC	239	213	89	339	187	55	339	244	72	495	157	31.7	536	357	67	
	Total	4631	3740	81	4875	4033	83	4979	3455	69	5335	3282	61.5	5537	4182	76	


% Achivement of Target of Immunization
Khowai SDH
Chebri PHC
Tulasikhar PHC
H.D. Smriti PHC
Baijalbari PHC
Ampura NPHC
Teliamura R.H
Kalyanpur CHC
Mungiakami NPHC
Total
%Coverage
140
120
100
80
60
40
20
0
2007-08
2008-09
2009-10
2010-11
2011-12
Year

Government of Tripura
Office of the District Magistrate & Collector
Khowai District :: Tripura.

No. 14201-30 F.VII(44)/DM/KH/Health(Full Immunization)/12

August 03, 2012.

MEMORANDUM

Sub:- **Launching of Mission 100**: Project on achieving 100% immunization in 12-13.

It gives me great satisfaction in congratulating all concerned upon your achievement in getting the MCTS system in vogue in our district in such a short notice. After starting work as per the **4 month action plan starting July 1st 2012**, all the heath institutions have successfully **completed the house to house survey** for all children and mothers who are our target group. Accordingly the MCTS data has been updated. In the period of 1 month, the **child data entered has jumped from 25% to 77% of the target**. Similarly the mother data added had jumped from 33% to 55% (enclosure). Also unlike the beginning most of the mother and child data is now linked to the health provider i.e. ASHA and MPW and this is **critical to generating health provider wise work plans as well as judging their performance**.

The immunization achieved during the month is also commendable. It is expected that the **"Special VHNDs" being conducted in the remote tribal areas** shall also show considerable achievement in the next month towards attaining immunization targets. Overall it is very encouraging to see the response of all the health officials in our district as is reflected the reports of the MCTS software. However, we must not forget the ultimate goal of achieving the targeted number of full immunizations by the year ending. MOICs may take stock of the situation as indicated below:

1) Some of the Health institutions are still not using the ASHA wise monthly work plan as generated by the MCTS software for ensuring 100% achievement of monthly ASHA wise and HSC wise targets.
2) HD Smiriti, Baijalbari, Mungiakami PHC and Khowai SDH have considerable number of child data that are not linked with an ASHA or MPW.
3) Teliamura PHC has entered some mother data that is not linked to an ASHA but ANM has been entered for them.
4) Mungiakami and Kalyanpur, who have achieved more that 100% of the target, may want to make sure that duplicate data hasn't been added.

After consultation with all, the Districts initiative for achieving 100% immunization for the year 12-13 has been rechristened as **"Mission 100"**. In order to flag off the project, the Hon'ble Chief Secretary, Tripura has consented to be present for a formal inauguration ceremony in the 2nd week of Sept 12. It is therefore important that the following steps are taken up by all concerned by 8th Sept '12:

1) The deficit mother and child data should be immediately entered as per the house to house survey conducted in June.
2) The phone numbers of all mothers collected should be entered immediately.

- The ASHA and ANMs should be immediately linked to all Child and Mother data

4) The use of manually prepared workplans shall be discontinued from Oct 12 and only MCTS shall be relied upon. For the month of Sept, MOICs shall use the manual system as well as MCTS workplans together.

5) ASHA wise and HSC wise workplans for each institution shall be taken on Sept 10th and shall be compared with the manual due lists. The extent of similarity between the two shall be an indicator of the authenticity of the MCTS data entered. This shall be used for ranking the HSC within the PCH. The PHC and HSCs that shall show best achievement shall be rewarded.

All concerned shall immediately take steps for ensuring the successful launch of the program.

(**Tannisree Deb Barma, IAS**)
District Magistrate & Collector
Khowai District :: Tripura.

To
1. The CMO, Khowai
2. DIO, Khowai
3. SDMO Khowai/All MOICs
4. All HMIS Assistants/ NRHM or other contractual staff in charge of data entry

Copy to :-
1. The PS to the Chief Secretary, Govt. of Tripura, Agartala for bringing it to the kind notice of the CS.
2. The Secretary, Health, Govt. of Tripura, Agartala.
3. Mission Director, NRHM, Govt. of Tripura, Agartala.

01/09/12
District Magistrate & Collector
Khowai District :: Tripura.