IMMUNIZATION WEEKS

DRAFT 2012-13

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Uttarakhand, Dehradun

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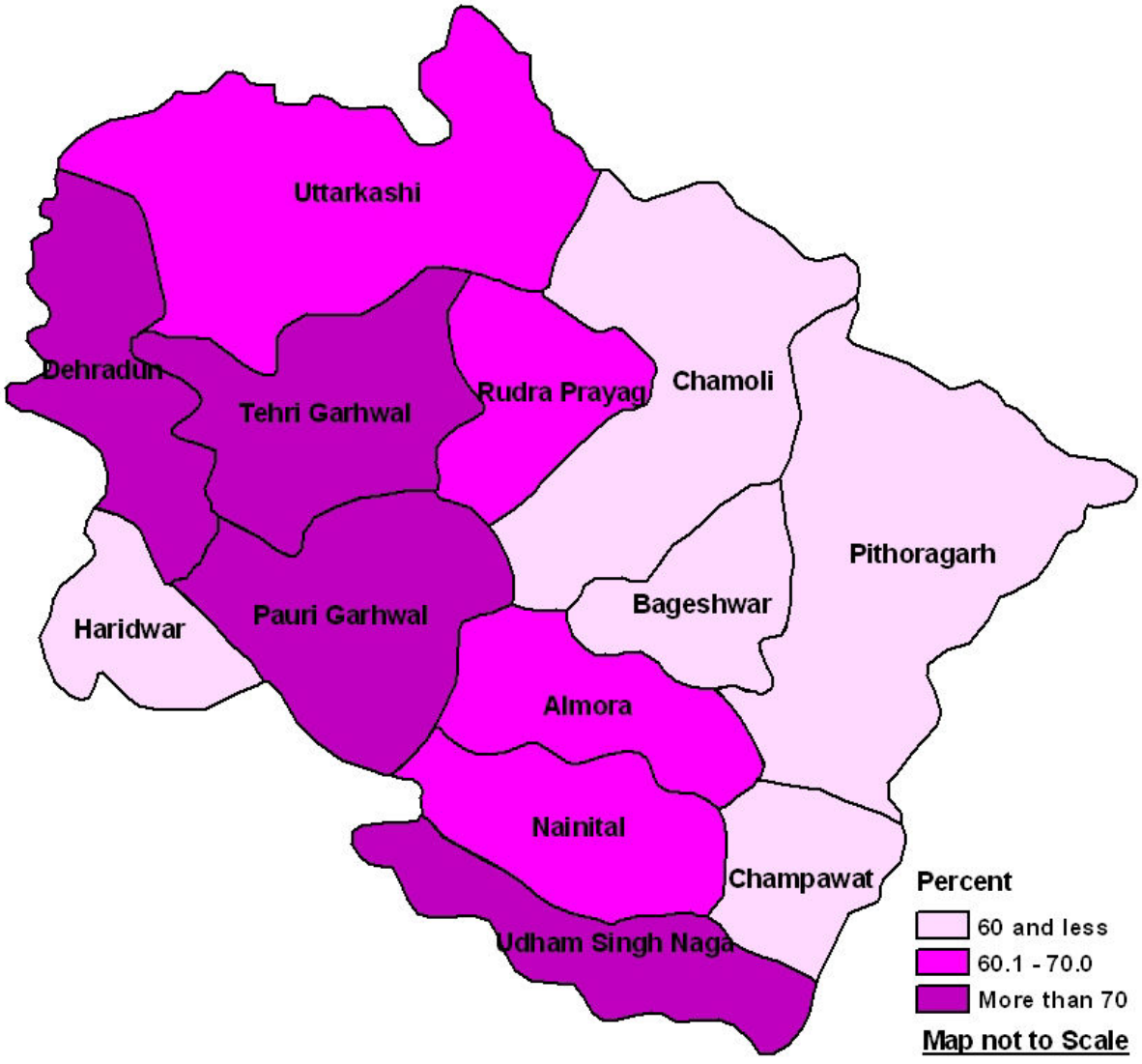
Draft Plan for RI weeks

The Infant mortality rate for Uttarakhand is 43 as per Annual Health Survey 2010-11and 38 per thousand as per SRS-2012 . Infant mortality rate can be improved by raising the level of complete immunization in the state. According to DLHS-3 percentage of completely immunized children in state is 63 % which has increased from the 44% from DLHS



There are pockets of lower immunization rates in the state mainly due to:-

1. Remote and difficult to reach areas.
2. Vacant Sub Centers.
3. Migratory and High Risk Population areas.
4. Children missing routine immunization sessions and shortage of health manpower for immunization.

The Government of India has declared 2012 as "The year of intensification of Routine Immunization". The conducting of Routine Immunization weeks is one the strategies to improve Routine Immunization coverage in areas with low coverage and 6 immunization weeks have been planned for the State of Uttarakhand. These will be conducted in two phases. The first phase, consisting of 3 immunization weeks will take place between the months of May to July 2012 The second phase, comprising of another 3 immunization weeks will be conducted between the months of October to December 2012.These Immunization weeks will be conducted in all 13 districts of the State with a focus on priority low coverage areas.

1st Immunization Week – 21st – 26th May 2012

2nd Immunization Week – 25th – 30th June2012

3rd Immunization Week – 23rd - 28th Jul 2012

4th Immunization Week – 29th Oct - 03rd Nov 2012

5th Immunization Week – 26th Nov – 01st Dec 2012

6th Immunization Week – 24th – 29th Dec 2012

Target Population

Children under 2 years and pregnant women who have not received all due vaccines according to the National Immunization Schedule will be the primary targets.Children of other age groups coming for vaccination will not be denied if eligible to receive vaccination under the NIS

Aims of Immunization Week –

1. To immunize the left out children in remote and hard to reach areas.
2. To increase the coverage of routine immunization in High Risk Areas.
3. To cover the children coming under areas of vacant sub centers

During these immunization weeks it is to be insured that children who are not being covered by existing routine immunization setup are being immunized. It is necessary to identify left out areas and beneficiaries.

Target Areas/Targeted Beneficiaries

The areas for conducting immunization weeks will be identified by planning units according to the following criteria

Category A (Highest Priority)- Areas which are never or rarely reached. These include

- Urban and Peri-urban slums
- Villages not included in micro plans
- Vacant Sub-Centers
- Remote & Hard to Reach villages/areas not in RI micro plan.
- High Risk Groups such as nomads, construction sites, brick kiln workers and slums with migrant & mobile population.
- Missed & drop out beneficiaries.

Category **B (Second Priority)-**Areas where immunization sessions were planned but not held during the previous 3-4 months

Category C (Third priority)

Villages/urban areas where RI is normally done but coverage is considered low.

The prioritization of areas will be conducted by the MOIC with the involvement of the health workers and health supervisors including urban area nodal officers.

Planning for Immunization weeks

State Level

A Sensitization meeting-

A Video- Conference chaired by the Chief Secretary/ Principal Secretary (Health and Family Welfare) will be held with all concerned DMs , CMOs and DIOs .during 1st week of May. The purpose of these meeting will be to sensitize DMs for additional efforts required for extending coverage to hard to reach areas and solicit leadership for the implementation of these activities. These meeting will also be used to familiarize CMOs/DIOS with the technical aspects of implementation of the immunization weeks

B. State Planning Meeting

A State Level Planning meeting chaired by the Principal Secretary and comprising of the SIO, CMOs, DIOs and other development partners will be held during 2nd Week of May.The purpose of this meeting will be to outline the objectives of Immunization week and give technical guidance for preparation of implementation plans for immunization weeks,including funding and

operational components. Issuesrelating to microplanning, vaccines and logistics, human resource, waste management, AEFI, IEC and BCC will also be discussed during these meetings.There would be a meeting of all the Urban Health Centers to plan the road map to cover the Under served in the Urban Slums.

District Level

A. **District level sensitization meeting –**

A meeting will be held in each of the districts to sensitize leaders to the additional efforts to be taken during these immunization weeks and solicit their active support in the recruitment of social mobilizers in hard to reach areas.The participants in these meeting wills include representatives from administration, health,ICDS, Education, PRI, IEC, Urban bodies, Professional bodies (IAP/IMA) NGOs, Religious leaders and partners.

B. District Level planning meetings

These will be conducted during 3rd week of May and will be chaired by the DM/ CMO . Participants will include DIO, DPM, MOICs, District Cold Chain and logistics In Charge, CDPO, BPMs key informants (eg. pharmacist/LHV) for each PHC knowing hard to reach areas, development partners/NGOs, private practitioners likely to participate in immunization week. The MOICs of each PHC will be expected to provide information on vaccine balances, staffing levels, and RI coverage in the last 6 months during these meetings

Block /PHC level meetings

These meeting will be chaired by the MOIC and participants will include all MOs, LHV/ ANM, ASHA, AWW, CDPO/ICDS supervisors and others involved in the Routine Immunization system. The CMOs and DIOs will participate in these meeting in the high priority areas.

Planning for Immunization Weeks

1) Micro planning for Immunization weeks will be done in the following manner-

Step 1- Identification and mapping of low coverage areas

The following data sources will be used in this process.

1. RI and polio SIA micro plans to identify missed areas

2. Vaccine distribution register- A review of entries from the last 6 months to identify frequently missed/ cancelled sessions
3. Coverage reports from immunization sessions in low coverage areas
4. Data from monitoring of RI sessions and house to house monitoring

Areas will be classified into categories A, B and C as mentioned earlier. Sessions will be planned based on the prioritization of session sites. Eg. If a village has 20 categories A areas, 10 category B and 5 category C areas and only 25 areas can be covered during the weeks, then all 20 category A areas and 5 category B areas will be covered during the Immunization week.

The microplan format will be used to list all the areas to be targeted (based on priority), and maps will be prepared to incorporate all session sites. .

Calculation of vaccine requirement and other logistics

The number of beneficiaries for each vaccine will be calculated based on the target population for each area. The suggested formula for the calculation of requirement of vaccines and other logistics is as follows

Category A- 6 times the expected monthly requirement for that areas
Category B- 3 times the expected monthly requirement for that area
Category C- 2 times the expected monthly requirement for that area

The actual requirement will be calculated on the basis of an understanding of the previous immunization efforts in the area.

Each team will be provided with a vaccine carrier with 4 conditioned ice packs. Additional ice packs will be required and a plan for their freezing will be prepared at each PHC well in advance

Calculation of Injection Load

The expected norm is 70 injections/ vaccinator/day. IF there are more than 70 injections are expected to be given then two vaccinators will be assigned for that area (at different sites if need be)

Distribution of Logistics

Alternate vaccine delivery mechanisms will be used for the transport of vaccine and logistics to and from the session site. Vaccine delivery responsibilities will be assigned at the PHC level before the week begins. Each PHC will provide it's mobile van route chart in the Immunization week microplan

Implementation of Immunization Week

The implementation of the immunization week will take place according to the following guidelines

1. One immunization week in every month from May 2012 to Dec 2012 except for August and September (due to adverse weather conditions) will be organized in each districts of the state (Total 6 immunization week).
2. Each immunization week will be organized from Monday to Saturday (06 Days). During this week a work plan is to be prepared by the district and block officers in which immunization sessions will be organized in urban and rural areas in order of priority. On Wednesday and Saturday routine immunization sessions will take place as per Routine immunization micro-plan.
3. Separate immunization sessions may be organized if any planned session is missed because of holiday or any other reason.
4. A vaccination team will be assigned to each area on each day.A team will comprise of the following persons
   a. Vaccinators (ANM/ LHV/ Staff nurse/ Alternate vaccinator)
   b. Community mobilizers – Eg. ASHA, AWW, AW helpers, Community volunteers etc.

   The names of each team member will be mentioned in the workplans
5. Prior to the session day community mobilizers (ASHA/AWW/mobilizers) will conduct house to house visits to prepare a due list of beneficiaries and inform parents about the venue and time of the sessions. Other influencers such as panchayat development officers, opinion leaders and religious leaders will also be involved in this process
6. A sufficient number of vaccine carriers will be provided to the teams and vaccine delivery responsibilities will be assigned for each session
7. Each team will be provided with a vaccine carrier containing 4 conditioned ice packs and other logistics such as tally sheets, reporting formats, supervisor check lists etc.in sufficient quantity
8. All medical officer in-charge/ Nodal officers / Health supervisors will ensure that an immunization plan is made for all the high priority areas with the help of ASHA and ICDS workers. These plans will be evaluated at block and district levels.
9. Immunization session will take place from 09 am to 04 pm. Adherence to this time line will be ensured at every level. Local adjustment as per need may be made to this time line with permission of DIO.
10. One vaccinator will be placed at every immunization session which can be ANM/ staff nurse/ Pharmacist/ LHV etc. One supervisor will be appointed for 3-5 vaccinators.
11. Supervisors will ensure timely and proper vaccine delivery at every session and will also provide technical and other operational support.

12. ASHAs will help in preparation of the plan for these sessions and mobilization of the beneficiaries to the session.
13. The **route plans of the Mobile Vans** running under NRHM would be mapped into high focus and underserved areas and a monthly plan would be taken from each district. The Block Coordinators of District ASHA Recourse Centre would be put to task on these routes to monitor the ASHA Facilitator presence in these underserved areas.
14. Concerned officers will ensure that health worker working at these sessions has no other engagement during this period.
15. Before the immunization week medical officers and nodal officers will ensure that information is provided regarding vaccination schedule, safe injection practices, cold chain maintenance, use of syringe destroyed, disposal of vaccination waste and adverse effect following immunization is given to all the vaccinators and supervisors.

Communication Strategy

The primary communication strategy used will be interpersonal communication through ASHA/ AWW/Mobilizes. The preparation of beneficiary lists is an opportunity which will be fully utilized. Based on prototypes developed for routine immunization and earlier immunization weeks, standard IEC material will be printed in the local language and distributed. Other mass media such as the newspaper, radio, television and mobile phones will be appropriately used.

Recording and Reporting

A vaccination card will be issued to each beneficiary and a record of every vaccine given will be made in the tally sheet / immunization register. At the end of each session day a report in Tally sheet (Annex 5)of the vaccination activity will be prepared and returned to the PHC with the alternate vaccine delivery system. The performance of the Immunization week will be separately reported (Annex 6) and will also be done in the standard monthly HMIS reporting format

Monitoring and Supervision

Using the existing monitoring format (Annex- 7) all available supervisors will be deployed on every day of the immunization week to monitor atleast 2 sessions per day in the hill areas and 3- 4 sessions per day in other areas. Each supervisor will carry at least vial of each vaccine in a vaccine carrier containing 4 conditioned ice-packs, RI cards, AD syringes and other logistics and will be responsible for addressing any shortages that his team may face in the field

The monitoring formats will be compiled and summarized at the end of each day's work.

A detailed supervision plan will be prepared at the district and block levels and these will be submitted at least 1 week prior to the start of the activity. In order to ensure good quality

supervision the Immunization week microplan and the supervision microplan will be shared with other officials at the block level.

Supervisors include the CMO, Dy CMOs, DIO, MOICs,LHVs , other medical officers, AYUSH doctors and available development partners

Evening feedback meetings

Evening feedback meetings will be held at the end of each day's activity. These meetings will be attended by the MOICS and MOs, supervisors, CDPO officials and other partners. The coverage report of each day's work will be collected and reviewed so that corrective mid-course action may be taken where required..

At the block/ planning unit level the details of each evening's feedback meeting should be summarized and at the end of the immunization weeks this feedback will be presented to the CMO and DIO

Adverse Events Following Immunization

All AEFIs will be reported, investigated and responded to promptly. Existing AEFI guidelines will be adhered to and all Medical officers will be expected to familiarize themselves with these guidelines and reporting formats. AEFI management centers will be identified and equipped with AEFI treatment kits to be used during immunization weeks and RI.

Immunization waste disposal

Central Pollution Control Board (CPCB) guidelines will be followed for the disposal of waste resulting from the immunization sessions.

Report writing

After the completion of each immunization week a detailed report on the coverage, vaccine utilization and other experiences will be prepared at the PHC level. These reports will then be complied to prepare district and then State specific reports. The State report will then be sent to the national level. These reports will e reviewed in subsequent meetings and the lessons derived used to improve the quality of performance in subsequent immunization weeks..