**BRIEF REPORT ON THE IMI MONITORING VISITS TO JHARKHAND**

**(RANCHI & KHUNTI)**

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**Dates of Visit: 5th -7th February 2020**

**I. Jharkhand, Ranchi District (5th February 2020)**

**A. Session Site – Brick Kiln, Kochbong SC, Namkum CHC, Ranchi District**

1. Head count survey was not available at session site. ASHA (“Sahiya”) informed that she had left it at home.
2. Head count done by “Sahiya” had not been validated by ANM/supervisor.
3. Due list was not proper. It listed 3 children as due for vaccination; however, 4 more children were later found due in the HTH survey conducted by Monitors. (See below at B).
4. AVD mechanism is not working. The vaccines are brought to and returned from sessions by “Sahiya”/ANM. This was also confirmed by cold chain handler at Namkum CHC. This may not be true for the entire district though.
5. “Sahiya” was not very certain about exact amount of incentives and financial norms for IMI.
6. There was just one banner of MI displayed at the session site. There was no IEC on “5 saal, 7 baar”.

**B. House to House Survey**

1. The monitors found two eligible children (less than 2 years), who were left out of the head count/due list. The reason stated by ANM and “Sahiya” was that their mothers had lost the MCP card and hence they did not include them. ANM made no proactive efforts to find out left out children in the vicinity of the session site.

Another child was left out because “Sahiya” assumed that she was above two years (the mother did not remember exact date of birth). However, upon deeper questioning the child’s age turned out to be just about 2 years and was due for vaccination. Yet another child (above 5 years) was left out and found due for vaccination.

At the end of house to house survey, new MCP cards were issued for these 4 left-out children and vaccines were given to all.

1. This indicates that Head Count Survey was not done properly by “Sahiya”. This particular “Sahiya” was probably not proficient at reading and writing and needed help of family members to fill out survey forms. Should it be advisable in such cases that the ANM herself is given the responsibility of conducting and documenting the household survey, headcount and preparing the due list?
2. There is a need to train the front-line workers (both ANMs and “Sahiyas”) on IMI Guidelines, including its importance in covering missed children, head count survey, eligibility criteria. Supervisors must validate the head count survey as well.

**C. Block**

1. The MOIC was not really aware of IMI Guidelines. No hard copies of IMI Guidelines were available at the CHC. However, the MOIC had attended the District level training on IMI.
2. Block had appointed 4 supervisors. However, no official letter was issued to supervisors to designate specific session sites.
3. Supervision of IMI is poor, no formats used by supervisors.
4. Not certain if detailed daily review meetings are being held at the block level. The previous minutes were very sketchy and did not reflect any detailed discussion of substantive issues.
5. Block level trainings are not as per schedule of the IMI Guidelines.
6. Cold chain was properly maintained; however, the handler had forgotten how to conduct freeze test. The mentors explained it to her. She said that the AVD is not really functioning and “Sahiyas” (ASHAs) bring and take back vaccines from session sites.
7. The Block had not made a proper consolidated plan of its own as given in IMI guidelines. The microplans from all ANMs in the block had been put together and forwarded to the District as block microplan.
8. Block had not organized a meeting of ANMs where the microplans are finalized and disseminated to ANMs. It seemed that the whole exercise of head count and microplanning is done in a casual way, probably over phone, by ANM and “Sahiyas”.
9. Communication plan was elaborate on paper, but probably all activities had not been conducted as mentioned. However, the block had organized IEC activities for IMI (rallies, nukkad natak, media slots etc.). They had also engaged with religious leaders. Announcements from mosques are made in several places.

**D. District**

1. DTFI meeting not held before this round (3rd).

2. Trainings were not conducted as per IMI schedule. Training calendar need to be maintained.

3. Printed IMI guidelines not available at District either.

4. After reminders, the “5 saal, 7 baar” banner was printed and displayed at District. Hopefully it would be utilized for the next round.

5. Monitoring by district needs to be strengthened.

**E. State (briefing meeting with State)**

1. State had conducted Steering Committee meeting on 25.11.2019 and STFI meeting on 9.01.2020.

2. Steering Committee meeting not held before Round 3.

3. STFI not held during Round 3

4. No tracking of Head Count Survey activity by State. The State Immunisation Officer was informed about the gaps in head count survey.  
ASHAs should be provided printed diaries for Head Count Survey by the state, to know the exact target children for IMI and other RCH activities. The survey should then be verified by ANMs and supervisors. At present, there is probably no documentation of headcount survey at any level (Block/SC) and due list is being prepared randomly by ANMs.

5. No definite plan of replenishing adequate vaccines/diluents or for AD syringes/logistics. Proper headcount survey can help in effective microplanning of vaccine and logistics.

6. DTF was held in 15 districts, out of a total of 24.

7. Monitoring by States needs to be strengthened.

8. Findings from the house to house survey, session site, block and district level were shared with the State. State was advised to focus on proper head count, microplanning and effective supervision and monitoring. The formats in the IMI Guidelines should be used for all activities. Also focus on proper communication plan and distribution of IEC material as per IMI guidelines is required.

**II. Khunti (7th February 2020)**

1. **Session site – Dugdugiya Anganwadi Centre (Model Anganwadi Centre)**
2. This is also a site for RI sessions.
3. ANM did not have due list with her at the session site.
4. ANM was writing the date of opening on all vaccines **but not the time**.
5. There were two ANMs with the same duty roster.
6. The ANM informed that they had **different RCH registers** for different villages under the same SC.
7. “Sahiya” had the headcount survey. But the survey only had forms 2A and 2C. She said **she had not been given Form 2B**. Further, the headcount was done for children upto 5 years of age, instead of upto 2 years only for IMI. “Sahiya” was instructed to do so by the Block level officials. The headcount survey should be done again.
8. Here also the head count has not been validated by the supervisor.
9. **House to House Survey – Village Bhut, Block Khunti, District Khunti**
10. No left out/drop out cases found in the houses surveyed.
11. All the households visited had the children vaccinated on time and the MCP card was also available with the families.
12. The mothers knew the names of the vaccines given and the diseases for which they were given. This also points to the **effective counseling by ANM and “Sahiya”**. They were also counseled on contraceptive use. Most of the women that we talked to, had got institutional delivery and had adopted contraceptive measure (mostly PPIUCD).
13. The ANM and “Sahiya” were both very well versed with MI and the immunization schedule, etc.
14. **Block**
15. The MOIC at CHC Dugdugiya was not really aware of IMI Guidelines. No hard copies of IMI Guidelines were available. However, he had attended the District level training on IMI. Soft copy of IMI guidelines was provided by mentors to MoIC.
16. The MOIC was also not aware of the financial norms of IMI.
17. Block had appointed supervisors. However, no official letter was issued to them.
18. Not sure if detailed daily review meetings are being held at the block level.
19. Trainings are not as per schedule of the IMI Guidelines.
20. The Block had not made a proper consolidated plan of its own as per IMI guidelines but had microplans from ANMs. It had forwarded all the ANM microplans to the District as block microplans
21. Block has not organized a meeting of ANMs where the microplans can be finalized and disseminated to ANMs.

**D. District**

1. Briefing on findings of session site, house to house and block level given.
2. Advise to stress on regular DTFI meetings, proper training on using formats for head count, and microplanning (with all its components).
3. Printed IMI guidelines not available at District.