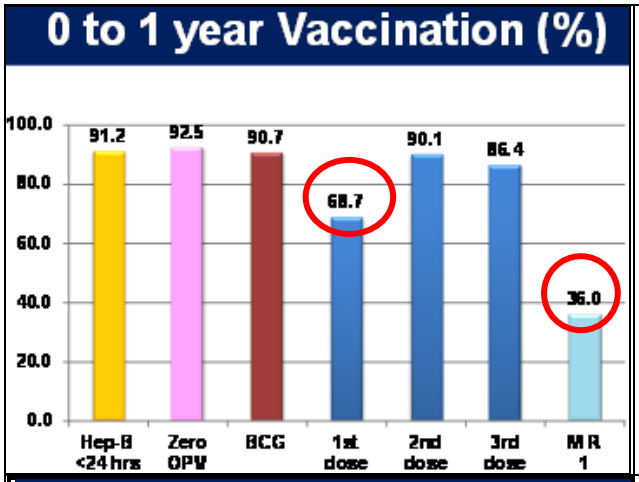
Follow up activities: 2nd Phase: 28-08-2018

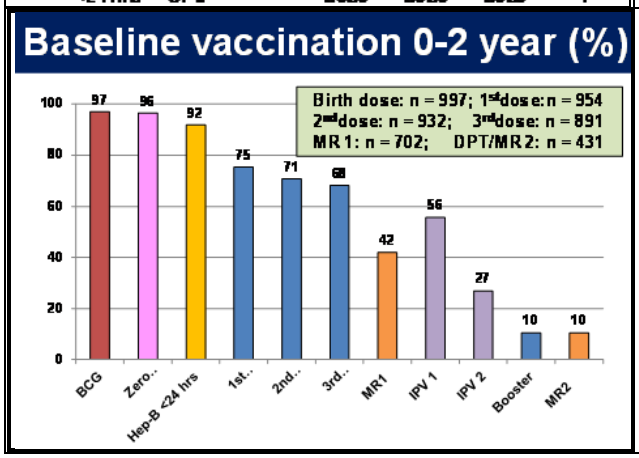
In continuation, Master Register from 01 April 2016 is obtained. bOPV SWTCH was operated on 25th April 2016, tOPV was withdrawn, bOPV and IPV were supplied – a new era in RI programme; hence the data between April 2016 and July 2018 of 28 months were analysed.



First Phase - 'n' for different antigens and doses vary. For this illustration we considered the children who could have received antigens and doses as of 31st July 2018.

1st dose of OPV/Pentavalent=627(n).
2nd dose of OPV/Pentavalent=591(n)
3rd dose of OPV/Pentavalent=415.(n)

Though children qualify at the age of 10 weeks/14 weeks for 2nd and 3rd doses, it can be administered only after minimum interval of 28 days. Timely data updating in the master register minimizes the gap between 'n's & significantly improves coverage.



Second Phase: Vaccination data of 28 months between April 2016 & July 2018 were analysed ***as recorded in the master register*** – 'n' expanded.

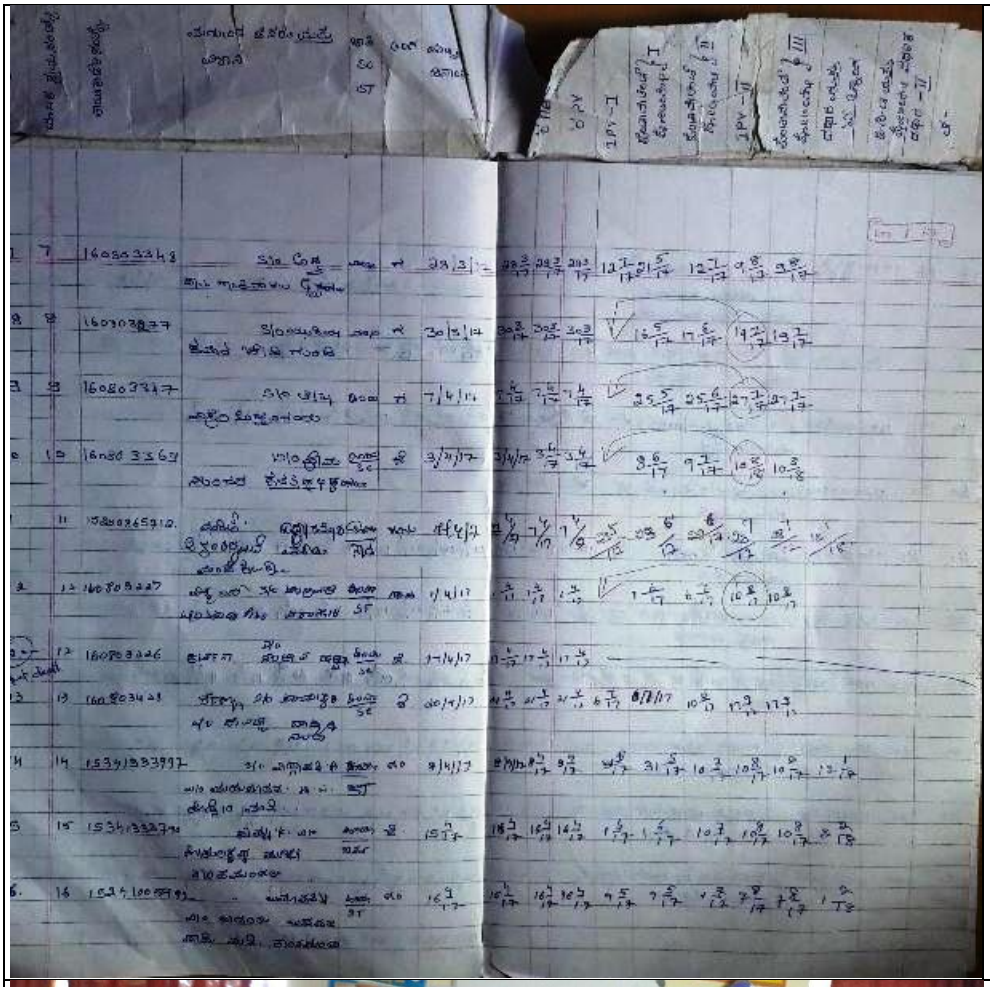
1st dose of OPV/Pentavalent=954(n).
2nd dose of OPV/Pentavalent=932(n)
3rd dose of OPV/Pentavalent=891(n)
MR 1st dose=702(n)
DPT/OPV booster/MR 2nd dose=431(n).
PHC population: **37,938**
0 to 1 yr infants: **478.**

Data for action: ***"What is not documented is not done".*** PHC Aranthodu is one of the good performing PHCs of Sullia block of good performing Dakshinakannada district. However, data analysis revealed very low coverage.

On discussing with ANMs, we learnt that, vaccination data were entered in the master register on monthly basis, not Sub-Center (SC) wise, no chronological order is maintained and often ANMs who were on leave did not enter. Master register is manual, column heads were "shrunken", not matching with the current schedule - strongly objected by the SMO of partner agency. MO post is vacant for a long period; the register is not used for performance review.

ANMs/AWWs & ASHAs in triangulation provide vaccination service, maintain up to date child-wise and antigen-wise vaccination data in the SC register from which duelist is prepared.

Hypothesis & strategy: Hence we made the hypotheses that compilation and analysis of vaccination data from SC register will yield true coverage picture. As third phase, we are line-listing vaccination data SC wise in the field tested "Extended Immunogram" having column heads compatible with current National Immunization Schedule (NIS), providing Mission Indradhanush (MI) specific micro-plan and due list: the two key elements of MI. At the end of this phase, we will get "TRUE" coverage, revised SC vaccination record and SC wise, child wise, antigen wise master register for the PHC, thus upgrading RI to "All Time Mission Mode".

	Master register in which vaccination data recorded in regional language. Column heads are “shrunken”; not matching with the revised national immunization schedule. Often, IPV first dose administered late due to short supply along with third dose of OPV / Penta are recoded as 2nd IPV. Data cannot be used by the superiors for reviewing as it is inadequate with no denominator / numerator hence indicators cannot be derived.
	Learning by doing and working together to facilitate the ANMs. In the third phase, vaccination data is being line-listed with mutual participation. The hard copy will help them to make 100% sensitive (MCTS theme based) and 100% specific duelist to reach every child with every antigen graduating regular session to mission mode for sustenance.

Way forward: We are now in the third phase. On completion, we will come to know the “TRUE” coverage. This intervention is expected to build the capacity of ANMs/AWWs and the ASHAS, they can supervise themselves, attain and sustain very high coverage jubilantly forever without necessitating special drives and fatigue.

Positive threat: Through peer education, it may spread to 3 ‘Aces’ of neighboring PHCs. We wish to share the final outcome once we complete **3rd phase.**