

**POST GRADUATE DIPLOMA IN HOSPITAL AND HEALTH
MANAGEMENT
BATCH 19 (2014 – 2016)**

Summer Training At

**District Reproductive & Child Health Office
Ajmer, Rajasthan, India**

(08th April 2015-05th June 2015)

**Urs Pulse Polio Programme – Innovative strategy
A descriptive study**

**By
Dr. Priyanka Sharma**

**Under the Guidance of
Dr. Anoop Khanna**

INSTITUTE OF HEALTH MANAGEMENT RESEARCH JAIPUR



CERTIFICATE

This is to certify that Dr. Priyanka Sharma, has completed the Summer training at **District Reproductive & Child Health Office, Ajmer** from 08.04.15 to 05.06.16 and have conducted a descriptive study on **"Urs Pulse Polio Campaign - innovative strategy by GOI"** in Ajmer city under the guidance and supervision of Dr. Ramlal Choudhary (RCHO) and Dr. Roopchand Yadav (Assistant nodal officer polio programme).

Her approach to the study has been sincere, scientific and analytical. This work is partial fulfillment to the course requirements, recommended for the MBA in Health and Hospital with specialization in Health Management.

I wish her all the success in future endeavours.



Colonel (Dr.) Ashok Kaushik

Dean (Academic & Students Affairs)

IIHMR University, Jaipur



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:-TO WHOM SO EVER IT MAY CONCERN:-

This is to certify that Dr. Priyanka Sharma Student of 19th Batch MBA in Hospital and Health Management (MBAHM), IIHMR University, Jaipur has undergone summer training at District Reproductive & Child Health Office, Ajmer from 8th April 2015 to 5th June 2015 and conducted a descriptive study on "URS Pulse Polio Campaign (SNID)-Innovative Strategy by GOI" in Ajmer.

As per the study design Dr. Priyanka Sharma, has collected the required data form Ajmer and shared the major findings of the study with District Reproductive & Child Health Officer, Ajmer. She has worked under the guidance of Dr. Roop Chand Yadav (Assistant Nodal Officer Polio Programme) and Mr. Mudit Mathur (Divisional RI Consultant-UNICEF).

I wish her every success in all her future endeavours.

District Reproductive & Child Health Officer,
Ajmer

जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी
अजमेर

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Acknowledgement

At the onset of the report I would like to express my special gratitude and appreciation Dr Ram lal Choudhary for allowing me to pursue my summer internship from The District Reproductive And Child Health Office, Ajmer (Rajasthan)

I would also like to acknowledge with much appreciation the crucial role of Dr Roopchand Yadav, Assistant Nodal Officer (Polio) who despite of other pre occupations and busy schedule was there to guide me and whose stimulating suggestions and encouragement helped me complete my training.

This training wouldn't have been completed without a substantial support from Mr. Sukhpal Choudhary (DNO) and a great number of people so I would like to thank all the consultants in various departments and other staff members at RCHO for being so helpful all the time and making this summer training work an unforgettable experience.

I express my gratitude and respectful regards to my mentor Dr. Anoop Khanna, IIHMR, Jaipur for her able guidance and useful suggestions, which helped me in completing the Training.

A special thanks to Dr. P R Sodani, Dr Shilpi Mishra Sharma and Dr. Neetu Purohit for guiding me throughout my training and answering any queries that came along the way.

I would also like to thank my institution and faculty members without whom this learning would have been a distant reality.

Finally, and most importantly, I would like to thank God for allowing me to complete my Training, my beloved parents for their blessings and my husband for his help and wishes for the successful completion of this training.

PREFACE

Summer internship is an integral part of the MBA Health Management curriculum. As a part of the course; students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get a better understanding of the health care delivery system.

The major objectives of the summer training programs are as follows:

- 1) To better understand the existing health delivery system including public and private sectors.
- 2) To observe the implementation of various National Health Programmes at National/State/District levels.
- 3) To understand various functions of health systems by interactions with key stakeholders, policy makers, programme managers, academicians and researchers
- 4) To work on the project/task assigned by summer training organizations.

During my training period I had an overview of various programmes undertaken in The District Reproductive and Child Health Office ,Ajmer including the current status of the programmes. I also carried out a small Descriptive study on “URS Pulse Polio Programme”

Dr. Priyanka Sharma

(MBA-HM 19)

Roll no 1600

Abbreviations

A.D.S	Auto Disable Syringe
AEFI	Adverse Effects Following Immunization
AFP	Acute Flaccid Paralysis
ASHA	Accrediated Social Health Activist
BCG	Bacillus Calmet Guerin
CHC	Community Health Centre
DIO	District Immunization Officer
DPT	Diptheria, Pertusis,Tetanus
Hep-B	Hepatitis –B
ILR	Ice Lined Refrigerator
LHV	Lady Health Visitor
MCH	Maternal Child Health
M.O	Medical Officer
NGO	Non Government Organisation
NID	National Immunization Day
NRHM	National Rural Health Mission
OPV	Oral Polio Vaccine
PHC	Primary Health Centre
SNID	Sub National Immunization Day
T.B	Tuberculosis
T.T	Tetanus Toxoid
U.I.P	Universal Immunization Programme
V.P.D	Vaccine Preventable Disease
V.V.M	Vaccine Vial Monitor
PW	Pregnant Woman
SC	Sub Centre
CFC	Chloro –Flouro-Carbon
CCO	Cold Chain Officer
DF	Deep Freezer
°C	Degerr Celsius
WIC	Walk in Cooler
WIF	Walk in Freezer

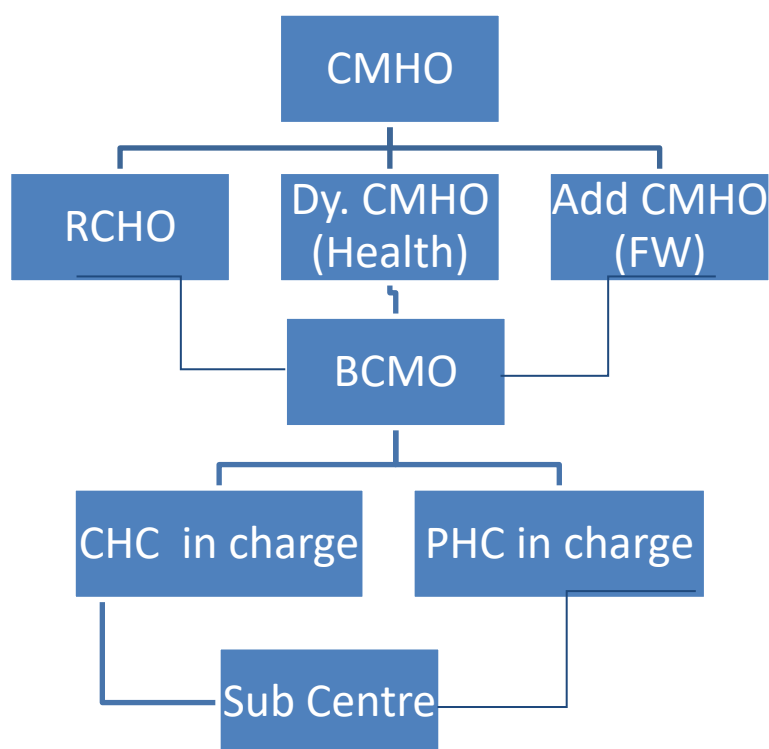
Introduction

Organization and Management at District Level

All health programmes in a district are placed under a unified control. It is a link between the State/Regional structure on one side and the peripheral level structures such as CHC/PHC/sub centre on the other side.

The district officer with the overall control is designated as the Chief Medical and Health Officer (CMHO). The CMHO is the overall in charge of the health and family welfare programmes in the district. CMHO is supported by Deputy CMHO (Health), Deputy CMHO (Family Welfare), District RCH Officer and Programme officers. At the Block level, there is Block Chief Medical Officer (BCMO).

Organogram of District Health System (Ajmer)



District Reproductive and Child Health Office:-

- The RCH program incorporated the earlier existing programs i.e. National Family Welfare Program and Child Survival and Survival & Safe Motherhood Program (CSSM) and added two more components one relating to sexually transmitted disease and the other relating to reproductive tract infections. The program was formally launched on 15 October 1997.

RCH programme

Family Planning

- Improved method mix
- Private sector inclusion
- Address quality
- Collaborate with NACO in condom distribution

Maternal Health

- Quality ANC
- Institutional Deliveries
- Skilled Birth Attendance
- Emergency Obstetric care
- Home based post-partum & NBC
- Quality safe abortion services
- RTI/STI

Child Health

Intensify existing services

- **Immunization**
- NBC
- Micronutrient Supply
- CDD
- ARI
- IMNCI.

Adolescent health

- Anemia
- Awareness about RH issues

Program Objective

- Promotion of MCH to ensure safe mother hood and child survival
- Reduction of maternal and child morbidity and mortality
- Attainment of population stabilization

Highlights of Program

- Integration of all programs related fertility regulation, maternal and child health and reproductive health.
- Services are client oriented, demand driven through decentralized participatory process and target free approach
- Up-gradation of facilities : creation of First referral units
- Provision of specialist services for STD and RTI
- Provision of outreach services for vulnerable groups.
- Deliveries by trained personnel in safe and hygienic surroundings are encouraged
- Institutional deliveries are encouraged for women having complications.
- In case of complication referrals are made to First Referral Units for Management of obstetric emergencies.
- Three postnatal checkups are given to mothers after the delivery.
- Spacing of at least three years between children are encouraged.
- Essential newborn care like keeping the baby warm, checking the baby's weight and giving the baby mother's first milk are encouraged.
- Babies that are premature or have low birth weight are provided special care.
- Babies with any complications referred to the health center.
- Exclusive breast-feeding encouraged for the first three months.
- Immunization administered to every child meticulously to prevent death and disabilities.
- Vitamin A Prophylaxis
- ORT.
- Acute respiratory infection in children treated by cotrimoxazole tablets.
- Treatment of Anemia

List of people interacted during training period

S.No	Name	Designation
1.	Dr.Rajesh Khatri	CMHO
2.	Dr. Ramlal Choudhary	Reproductive and Child Health Officer
3.	Dr. Lal Thadani	Deputy CMHO
4.	Dr. Roopchand Yadav	Medical Officer In charge (Assistant Nodal Officer Polio)
5.	Mr. Sukhpal Choudhary	District Nodal Officer
6.	Dr. Prashant Sharma	Urban Health Society Consultant
7.	Dr. Dharam Chand Napit	District Ayush Officer
8.	Mr. Mudit Mathur	Routine Immunization Consultant
9.	Dr. K.K Soni	Block Chief Medical Officer
10.	Mr. Atul Bhatnagar	District Account Manager
11.	Dr. Manish Joshi	District Programme Officer (AIDS)
12.	Dr. Pradeep Jaisinghania	Senior Medical Officer
13.	Dr. Kuldeep Kaviya	Medical Officer
14.	Dr. Tejshri Shekhawat	Medical Officer
15.	Dr. M.K Agrawal	Block Chief Medical Officer
16.	Mr. Rajendra Kumar	Statistical Inspector
17.	Mr. Jagjit Singh	NGO's Law Consultant
18.	Dr. Rajneesh Soni	District Epidemiologist
19.	Mr. Nilay Singh	Statistical Inspector
20.	Mr. Santosh Kumar	District Programme Manager
21.	Mr. Jitendra Herchandani	District Fluorosis Consultant
22.	Dr. Ajay Mahavar	Medical Officer Incharge
23.	Mr. Tajendra Singh Nirwan	Information Assistant
24.	Mr. Gulsher Khan	Public Health Nurse
25.	Mr. C.P. Sharma	Refrigerator Mechanic
26.	Mr. Mahendra Singh Jodha	Pharmacist
27.	Mrs. Thresia Kutti	Lady Health Visitor (LHV)

28.	Mrs. Nand Kanwar Rathore	Auxiliary Nurse Midwife (ANM)
29.	Leela Mishra	Auxiliary Nurse Midwife (ANM)
30.	Rekha Sindhi	Auxiliary Nurse Midwife (ANM)
31.	Sunita	Auxiliary Nurse Midwife (ANM)
32.	Yashmin	Auxiliary Nurse Midwife (ANM)
33.	Malti Panwar	Auxiliary Nurse Midwife (ANM)

Polio Free INDIA - Innovative Strategy

INTRODUCTION:-

INDIA was recently declared polio free by the United Nations WHO after 3 years of no case of the disease being reported in the country.

INDIA, once considered the core of the world polio problem, is now free of the highly contagious virus. This achievement, considering the poverty, sanitation and population of the country is no small feat and has set an example for rest of the countries that are still plagued by the disease namely Pakistan, Afghanistan and Nigeria.

RATIONALE:-

For a country to be declared polio free it should have at least three years of zero polio cases and it means that the virus is no more in the environment and new cases if any ,would be caused by infection in another country where infection persist.

So India, declared polio free, a big achievement required creativity, perseverance and professionalism. So the country should keep a constant check on polio cases through surveillance system to maintain this status.

Keeping this thing in mind GOI has taken several initiatives to keep INDIA polio free: one example is Urs pulse polio programme (SNID).

Urs Pulse Polio Programme:-

Objective:

This SNID programme is a supportive immunization programme conducted in Ajmer to prevent re-introduction of polio virus in INDIA from neighbouring countries during URS festival. In this activity initially three days SNID programme is implemented, in this period one day booth activity is performed and the next two days House to House activity is done to cover maximum local population of Ajmer before arrival of Jayreen from various countries in Ajmer for URS festival. After this three days activity the Campaign is continuous from April 15 to April 30, 2015 including Sarwar city.

During these 16 days activity only booth activity is done at transit points from where maximum rush of migrant population will pass through.

Planning for this programme-

A micro plan is prepared for SNID:-

It includes:

- Map of the area
- Estimate of beneficiaries
- Estimate quantity of vaccine and equipment
- Who will provide this facility?
- Who will help in providing this facility? (ASHA, Anganwadi worker, social worker, NCC, NGO etc.)
- Where this service will be provided?
- When this service or facility will be provided?

Summary of man power for Urs Jayreen Pulse polio (2015)

s.no.	Name of the Place	No. of Supervisors	Booth Sr. No.	Position of Place	Shift and No. of Vaccinators				Total
					6.00AM to 12	12Noon to 6 pm	6PM to 12 Night	12Night to 6 AM	
1	Railway Station Inside	3	1	platform no.1	2	2	2	0	6
			2	platform no.2	2	2	2	0	6
			3	Platform no.3,4,5	4	4	4	0	12
			4	RMS Bridge	4	4	4	0	12
			5	Mal Godam Bridge	2	2	0	0	4
2	Railway Station Outside	4	1	First class Gate	4	4	4	4	16
			2	Sec class Gate	4	4	4	4	16
			3	outside Bridge Madar GATE	4	4	4	0	12
			4	Temporary Disp. Rly station	2	2	0	0	4
3	Roadways Bus Stand	4	1	Gate no.1	2	2	2	2	8
			2	Gate no.2	2	2	2	2	8
			3	Gate no.3	2	2	2	2	8
			4	Deluxe Platform	2	2	2	0	6
4	Mahavir Circle	3	1	Mahavir Circle	4	4	4	0	12
			2	Rishi Ghati	2	2	2	0	6
			3	Dalut Bagh Main Gate	2	2	2	0	6
			4	Dalut Bagh Bjarang Grah Gate	2	2	2	0	6
			5	Chamar GhATI	2	2	2	0	6
5	Vishramsthali Kayad	3	1	Vishram Sthali	8	8	8	0	24
			2	Tempory Disp. Rly station	2	2	2	0	6
			3	Check Post university crossing	4	4	2	0	10
			4	Vishramsthali Main Gate]	4	4	4	0	12
			5	Mehfil Khana	2	2	2	0	6
			6	Rest House-1	2	2	2	0	6
			7	Rest House-2	2	2	2	0	6
6	Vishramsthali Transport Nager	3	1	Vishramsthali	6	6	6	0	18
			2	Temporary Disp.	2	2	2	0	6
			3	Check Post Tabiji Phatak	2	2	2	0	6
7	Entry Point 1st Dargahshareef (Madar Gate)	3	1	Madar Gate	4	4	4	0	12
			2	New majectic Talkis	2	2	2	0	6
			3	Hindu Prawasi Hotel	2	2	2	0	6
			4	Diggi Choak	2	2	2	0	6
8	Entry Point 2nd Dargahshareef	3	1	Temp.Disp.Motikatla	2	2	2	0	6
			2	hotel Regency	2	2	2	0	6
			3	Shiv Mandir Ghati	2	2	2	0	6
			4	Delhi Gate Inside	4	4	4	0	12
			5	Delhi Gate outside	4	4	4	0	12
			6	Laxmi Choak	2	2	2	0	6
9	Temp.Dispensary	3	1	786 sultani Parking	4	4	4	0	12
			2	Yadgar Guest House	4	4	4	0	12
			3	Dhai dIN Ka Jhopra	4	4	4	0	12
		29	4	Near Dargah Gate	4	4	4	0	12
	Total				124	124	118	14	380

Sarwar City									0
1	sarwar city	4	1	Town Hall/Vijaydwar	2	2	2	2	8
			2	Balubawri	2	2	2	2	8
			3	Temp.Disp.Bus stand/Pani ki tanki	2	2	2	2	8
			4	Dargha Gate	2	2	2	2	8
	Total	4			8	8	8	8	32
	Grand total	33			132	132	126	22	412

Man power planning format (see annexure)

Supervisor Daily Reporting Format (URS Pulse Polio) (see annexure)

Details of Manpower Planning for URS Pulse Polio Campaign 2015 Ajmer City																										
Name of Block	Name of CHC / PHC / District Hospital / Dispensaries / other Planning units	No. of Booths (Day 1) (Only Booths Excluding Transit and Mobile Teams)			Total Manpower	House to House (H-t-H) teams					No of Transit teams (Plan in format 4C)					No of Mobile teams (Plan in format 4D)							No of Supervisors			
		2 Member (A)	4 Member (B)	Total Booth (A+B)		No of H-t-H teams Day 2 (C)	No of H-t-H teams Day 3 (D)	Total Team Days (C+D)	Total Manpower	Day 1	Day 2	Total Manpower (G)	Day 3	Total Manpower (H)	Total Manpower (F+G+H)	Day 1	Total Manpower (I)	Day 2	Total Manpower (J)	Day 3	Total Manpower (K)	Total Manpower (I+J+K)	Day 1	Day 2	Day 3	
Ajaynagar	26	0	26	52	26	26	52	104	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	3	3	
Anderkot	11	19	30	98	49	49	98	196	6	12	6	12	6	12	36	2	4	2	4	2	4	12	7	7	7	7
Diggi	0	27	27	108	54	54	108	216	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5	5	5	
Gaddimalayan	3	10	13	46	23	21	44	88	0	0	0	0	0	0	0	1	2	1	2	1	2	6	3	3	3	3
Gulabbadi	0	33	33	132	66	66	132	264	0	0	0	0	0	0	0	0	0	0	0	0	0	6	6	6	6	
Kasturba	20	7	27	68	34	28	62	124	8	16	8	16	8	16	48	0	0	0	0	0	0	6	6	6	6	
Paharganj	0	22	22	88	44	44	88	176	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5	5	5	
Panchsheel	0	14	14	56	28	28	56	112	1	2	1	2	1	2	6	1	2	1	2	1	2	6	3	3	3	3
Policeline	0	24	24	96	48	48	96	192	6	12	6	12	6	12	36	0	0	0	0	0	0	5	5	5	5	
Ramganj	0	20	20	80	40	40	80	160	2	4	2	4	2	4	12	0	0	0	0	0	0	4	4	4	4	
Ramnagar	6	24	30	108	54	54	108	216	1	2	1	2	1	2	6	1	2	1	2	1	2	6	5	5	5	5
Setellite	3	26	29	110	55	55	110	220	2	4	2	4	2	4	12	1	2	1	2	1	2	6	6	6	6	6
Shrinagar Road	0	20	20	80	40	40	80	160	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4	4	4	
Vaishlinagar	2	16	18	68	34	33	67	134	3	6	3	6	3	6	18	1	2	1	2	1	2	6	4	4	4	4
RCHO Office	0	0	0	0	0	0	0	0	5	10	5	10	5	10	30	1	2	1	2	1	2	6	0	0	0	0
TOTAL	71	262	333	1190	595	586	1181	2362	34	68	34	68	34	68	204	8	16	8	16	8	16	48	66	66	66	66

Cold Chain Management:-

Cold Chain is a system of storing and transporting vaccine at the recommended temperature range from the point of manufacture to point of use.

Vaccines lose their potency due to either exposure to :-

- Excessive heat or
- Excessive cold (some vaccines like DPT, TT, Hep. B)
- Light (some vaccines like BCG and measles)

The physical appearance of the vaccine may remain unchanged even after it is damaged which is permanent.

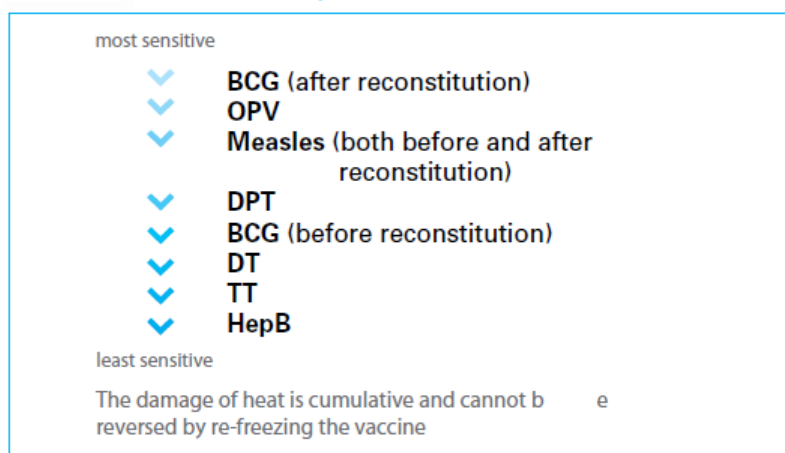
Chart below shows the thermo-sensitivity of the vaccines used in UIP.

Evidence suggests that excessive cold or freezing could occur at any level and the vaccine handlers should take precautionary steps to prevent vaccine freezing and discard vaccines that are damaged due to freezing.

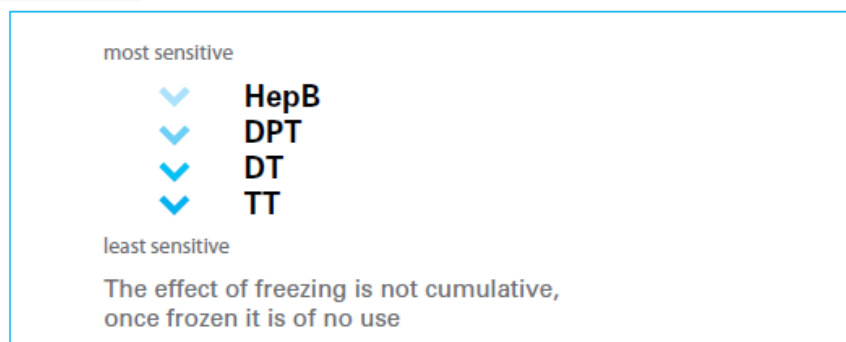
Damage due to light

BCG and Measles vaccines are also light sensitive, which is why they are supplied in amber-coloured vials. Therefore, they need to be kept away from light.

Heat sensitivity



Freeze sensitivity



Heat Damage

All vaccines are damaged by temperatures more than $+8^{\circ}\text{C}$ whether they are exposed to a lot of heat in a short time (e.g., as a result of keeping vaccine in a closed vehicle in the sun) or a small amount of heat over a long period (e.g., as a result of the frequent opening of lid of ILR).

Reconstituted BCG and measles vaccines are the most sensitive to heat and light. Since these live vaccines do not contain preservatives, there is risk of contamination. Therefore, BCG and Measles should not be used after 4 hours of reconstitution.

Checking for heat damage: The Vaccine Vial Monitor:-

Usable Stages	Unusable Stages
	
Reading the Stages of the VVM The inner square is lighter than the outer circle. If the expiry date has not been passed: USE the vaccine.	Discard Point: The color of the inner square matches that of the outer circle: DO NOT use the vaccine. If the color of the inner square is darker than the outer circle, DO NOT use the vaccine.

(VVM): A VVM is a label containing a heat-sensitive material which is placed on a vaccine vial to register cumulative heat exposure over time.

The combined effects of time and temperature cause the inner square of the VVM to darken gradually and irreversibly. Before opening a vial, check the status of the VVM.

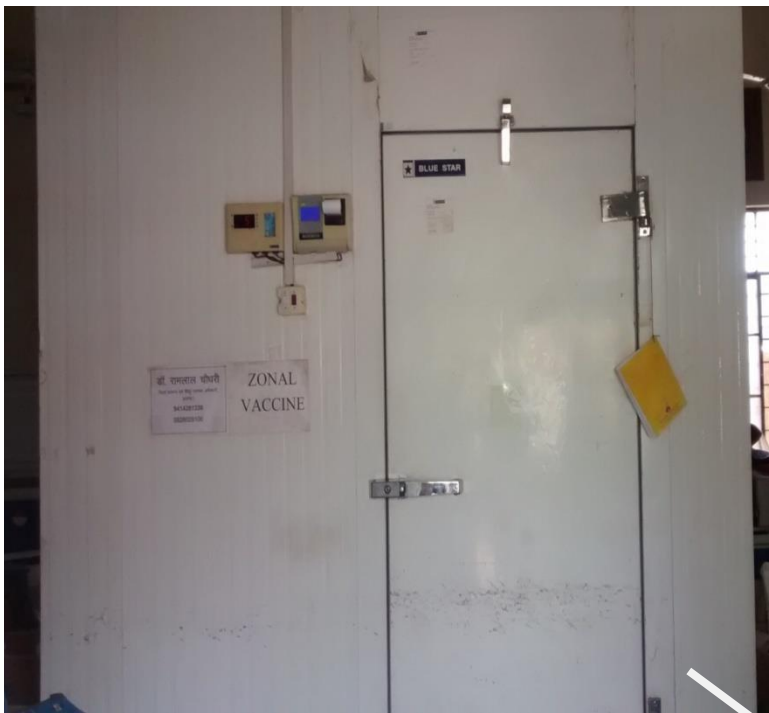
The VVM does not directly measure vaccine potency but it gives information about the main factor that affects potency: heat exposure over a period of time. The VVM does not, however, measure exposure to freezing that contributes to the degradation of freeze-sensitive vaccines.

The equipments for storage of vaccines must have recommended temperature conditions for vaccine storage round the year. There are different equipments of different capacity for storage of vaccines at different levels. Some of the equipments are dependent on electric supply to maintain the recommended temperature, while others can maintain the desired temperature range even in the absence of power supply for a specific time period.

Cold Chain Equipments

Walk-in-Coolers (WIC)

These are used for bulk storage of vaccines at State and Regional/Divisional Stores. They maintain temperature of $+2^{\circ}\text{C}$ to $+8^{\circ}\text{C}$. They are available in sizes of 16.5 Cum. and 32 Cum. These are used for storage of large quantities of vaccines, like DPT, DT, TT, Measles, BCG, Hepatitis B. They have two identical cooling units and standby generator sets with automatic start and stop facilities. They are also provided with temperature recorder and alarm systems. Once the temperature of WIC is more than $+10^{\circ}\text{C}$, alarm system gets activated. Walk-in Coolers are established at regional levels, which store vaccines for about 4-5 districts. WIC/WIF store vaccines of three months requirement and 25% buffer stock for the districts they cater.



Deep Freezer

Deep Freezers with top opening lids have been supplied under the immunization programme. The cabinet temperature is maintained between -15° to -25°C . This is used for storing of OPV (district level and above only) and also for freezing ice packs. In case of power failure, it can maintain the cabinet temperature in the range of -15° to -25°C for 18 & 26 hours at ambient temperatures of 42°C and 32°C respectively, **if not opened**. The deep freezers have vaccine storage capacity and ice pack freezing capacity. These are available in different sizes (Large and small).

The Deep Freezer is provided with special insulation, which helps in maintaining inside temperature in the range of $(-) 25^{\circ}\text{C}$ to $(-) 15^{\circ}\text{C}$.

All districts have been provided 2-5 large deep freezers whereas most of the PHCs have been provided with one small deep freezer.

*Large deep freezers at **district headquarters** have been supplied for:*

- Storage of OPV
- Preparation of ice packs

*Small deep freezers at **PHC headquarters** have been supplied for:*

- Preparation of ice packs only



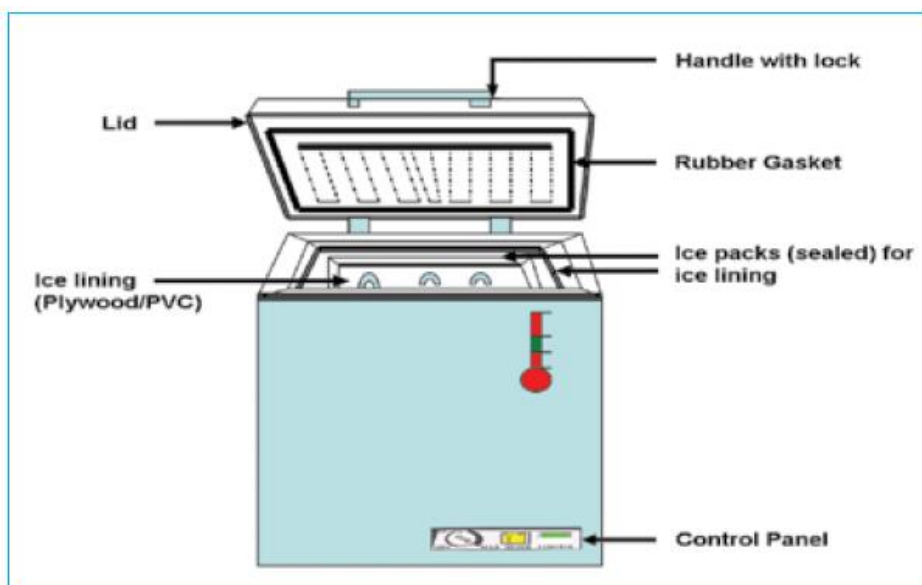
Ice Lined Refrigerator (ILR)

These type of refrigerators are top opening because they can hold the cold air inside better than a refrigerator with a front opening. It can keep vaccine safe with as little as 8 hours continuous electricity supply in a 24-hour period. It is available in different sizes. The larger ILR is supplied to district headquarters and smaller ILR to PHC headquarters.

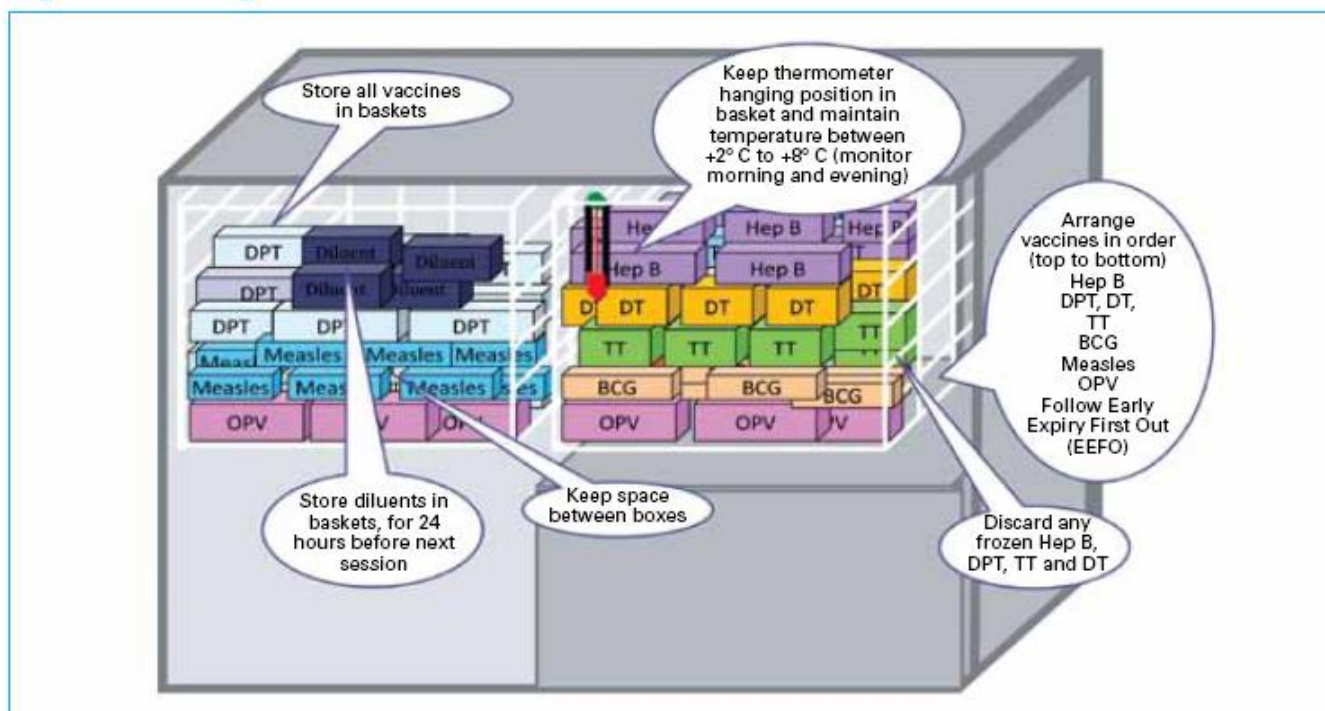
Inside the ILR there is a lining of water containers (ice packs or tubes) fitted all around the walls and held in place by frame. When the refrigerator is functioning the water in the containers freezes and if the electricity supply fails, then the ice lining maintains the inside temperature of the refrigerator at a safe level for vaccines. Therefore the temperature is maintained in ILR for much longer duration than in deep freezers and ILRs can keep vaccine safe.

The ILR has got two sections – the top and bottom. The bottom of the refrigerator is the coldest place and is shown as section A. The DPT, DT, TT and BCG vaccines should never be kept directly on the floor of the refrigerator as they can freeze and get damaged.

The top section of the ILR is known as section B and it maintains the temperature of +2° to +8°C. All the vaccines should be kept in the basket provided with the refrigerator. OPV and Measles can be kept at bottom of the basket while BCG, DPT, DT and TT vaccines are kept in upper part of the baskets. In case basket is not available keep two layers of empty icepacks laid flat on the floor; do not keep the vaccines on the floor of the ILR.



Storage of vaccines in ILR



Storage Temperature

Temperature of ILRs/Freezers used for storage of vaccines must be recorded twice daily. These records should be checked during supervisory visits. A break in the cold chain is indicated if temperature rises above +8°C or falls below +2°C in the ILR; and above -15°C in the Deep Freezer. The ILR and Deep freezers each should have separate thermometer and temperature record book.

Hold over time of equipments

It is a time taken by the equipment to raise inside vaccine temperature at the time of power failure from its minimum temperature to 10°C, subject to the condition that the equipment is functioning well e.g. in the case of ILR, the minimum temperature is 2°C the time taken to reach 10°C from 2°C will be the hold overtime of the ILR.

Hold over time depends on the following factors:

- Ambient temperature, Number of frozen Ice Packs inside the D/F, Frequency of opening of lid and use of basket, Quantity of vaccines kept inside with adequate space between the containers.
- Condition of icepacks inside Non electrical cold chain equipment.

Measuring and recording temperature

To measure the temperature during storage/transport different type of thermometers and instruments are used.

Alcohol stem thermometer

Alcoholic thermometers are much sensitive and accurate than dial thermometers. They can record temperatures from -50°C to +50°C and can be used for ILRs and deep freezers.

Electronic data logger

The electronic data loggers are also being introduced to monitor the temperature of ILR. It is an electronic device placed with the vaccine which records the vaccine temperature for 30 days. It has an alarm system and as soon as the temperature of the equipment storing the vaccine crosses the safe range alarm alerts the handlers.

Freeze Indicator

It is also an electronic device to monitor vaccines exposed to less than 0°C. It contains an electronic temperature measuring circuit with associated LCD display. If the indicator is exposed to a temperature below -0.5°C for more than 60 minutes the display will change from “good” status in to the “alarm” status. The fridge indicator is placed in between freeze sensitive vaccines (Hepatitis B, DPT, TT, DT etc.) Once it changes the cross, it cannot be re-used or reset and will be discarded. **The vaccines should never be used without shake test when freeze tag shows the cross mark.** Its shelf life is five years.



Recording and Monitoring of storage temperature

The temperatures in the ILR & DF, must be monitored TWICE DAILY (morning and evening). The thermometer should be kept in between the freeze sensitive vaccine inside the basket of the ILR. As it is an alcoholic stem thermometer, it is very sensitive therefore **while taking reading of the thermometer it should not be taken out from the ILR**. After recording the temperature, cold chain handlers should sign on the temperature record book.

Temperature Record Book (see annexure)

Non Electric Cold Chain Equipment

Cold Box

Cold boxes are big insulated boxes. These are of different sizes- 5, 8, 20 and 22 liters with requisite number of ice packs. The 5 & 8 liters cold box can transport about 1500 & 2400 doses of mixed antigen vaccines respectively and 20-22 liters cold box has enough space to transport about 6000 – 6600 doses of mixed antigen vaccines respectively .

Cold Boxes are mainly used for transportation of vaccines. In emergency they can also be used to store vaccines as well as frozen ice packs. Before the vaccines are placed in the cold boxes, conditioned ice packs should be placed at the bottom and sides of the cold box as per the diagram given on the top lid .The vaccines should be placed in cartons or polythene bags and then place in the cold box. The Vaccines are to be covered with a layer of conditioned ice packs and close the cold box. **The vials of DPT, DT, TT and Hep B vaccines should never be placed in direct contact with the ice packs** and they should be surrounded by OPV/BCG/Measles vaccines.

Note that vaccines should be transported/stored in cold boxes only with sufficient number of conditioned ice packs.

Uses

- Collect and transport large quantities of vaccines.
- Store vaccines for transfer up to five days, if necessary for outreach sessions or when there is power cut. The hold over time is more than 90hours for 5 Liter and six days for 20 Liter cold box at +43°C ambient temperature, if the cold box is not opened at all.
- Store vaccine in case of breakdown of ILR.



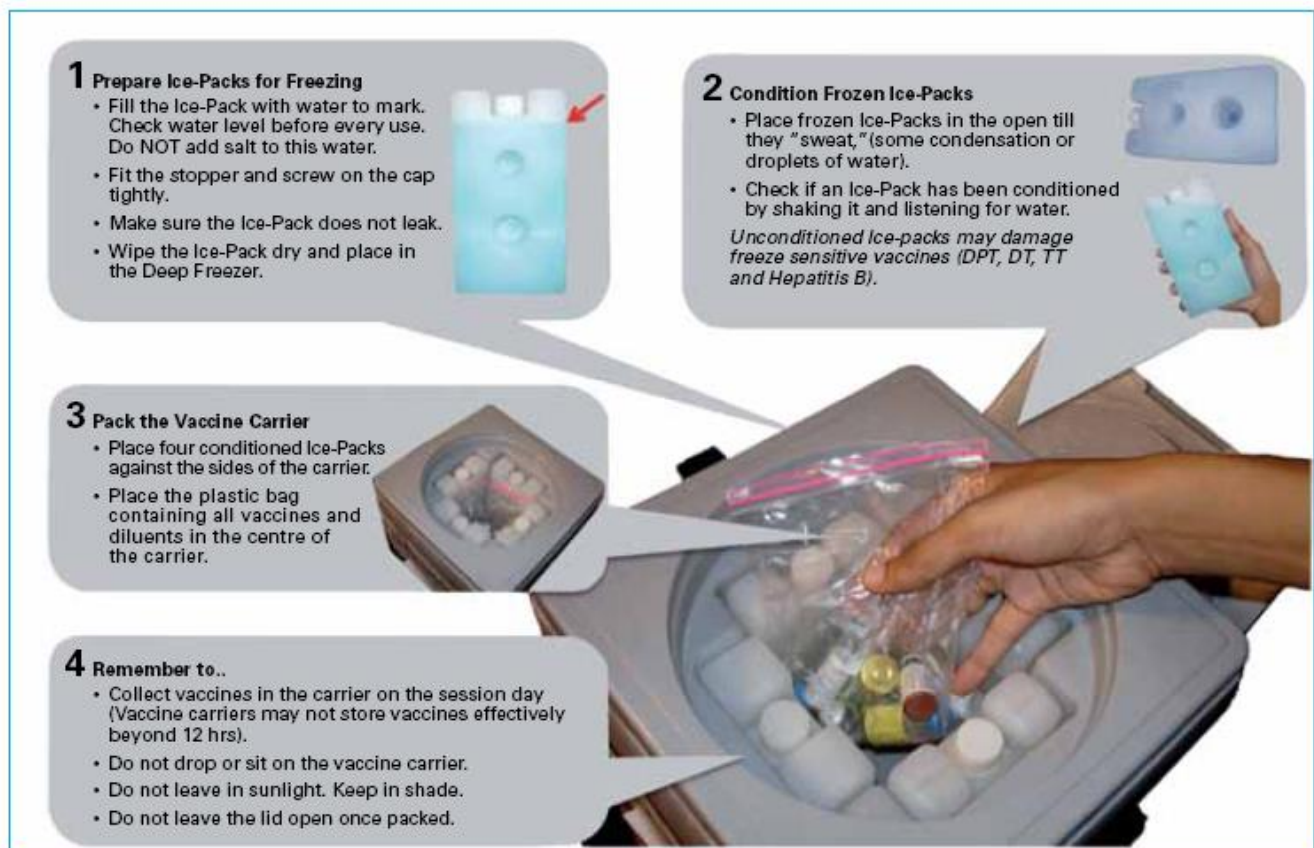
How to Pack:

- Place conditioned ice packs side by side against the inside walls and floor of the cold box as per the diagram given on the lid of the cold box.
- Stack vaccine and diluents in the box.
- Place packing material between DPT/DT/TT/Hep B vaccine and the ice pack to prevent vaccine from freezing.
- Place conditioned ice packs over the top of the vaccine and diluents.
- Place the plastic sheet to cover the ice packs kept on top to ensure full hold over time.
- Secure the lid tightly.
- Do not open the lid when not required.

Note: Ice packs are frozen in between -15°C to -25°C and therefore need to be conditioned before laying out in the cold boxes to prevent freezing of vaccines. To condition the hard frozen ice packs keep them out of deep freezer to allow them to 'sweat' and a cracking sound of water would be heard on shaking the icepacks. This will protect 'T' series vaccine from getting frozen. Use 'spacers' while using Cold Box so that 'T' series vaccines do not touch ice packs directly, otherwise keep 'T' series vaccines in small card board cartons.

Vaccine Carrier

Vaccine carriers are used for carrying small quantities of vaccines (16-20 vials) to the sub-centers or session sites. The vaccine carriers are made of insulated material, the quality of which determines the cold life of the carrier. Four ice packs are laid in the vaccine carrier as per manufacturer's guidelines. Conditioned icepacks should only be placed and the lid of the carrier should be closed tightly.



- If more than one vaccine carrier is being carried, keep the whole range of the vaccines required for the day's use in each carrier so that only one carrier is opened at a time.
- Keep the vaccine carrier in good condition when not in use.
- Do not keep any load or sit on the carrier.
- Do not use any sharp tool to open the lid of the carrier.
- Clean and dry the inside after every use.
- **Never use day carrier containing two ice packs.**
- Avoid direct sun light and knocking.

Ice packs and their use

Ice packs are key component of the cold chain. It is used for ice lining inside the cold box and vaccine carrier. The ice packs are frozen inside the deep freezer under the temperature range of (-) 15 to (-) 25°C. The specifications of ice packs vary with the manufacturers.

Salt should never be added to the water, as it lowers the temperature to sub-zero level, which is not recommended for DPT, DT, TT, Hep B and BCG vaccine. For emergency requirements a PHC should have at least 60 frozen icepacks at any given time.

Conditioning of Ice packs

- Icepacks come out of the freezer at -15°C to -25°C.
- If placed immediately inside carrier, freeze-sensitive vaccines may freeze accidentally.
- Keep at room temperature for a period of time to allow temperature at core of icepack to rise to 0°C (conditioning).
- At start of session day, take all the frozen ice-packs you need from the freezer and close the door. Lay out on a table leaving a 5 cm space all round each icepack.
- Lay out icepacks, preferably in single rows but never in more than two rows.
- Check to see if ice inside the icepacks has begun to melt and some condensation or droplets of water appears and listen for sound of water.

Vaccine storage

Vaccines stored in cold chain at various levels at different temperatures for different periods. Different cold chain equipments are used for this purpose. It is very essential to store proper stock of vaccine at every stage of cold chain. If it is in less quantity the immunization programme may suffer and in the case of excess quantity, there are chances of losing their potency. The quantity of the vaccines should be calculated for the period and a designated quantity should be added to keep as buffer stock. While storing the vaccine, the following care should be taken:

- Keep the packets containing the vaccines in neat rows.
- Different vaccines should be kept separately to facilitate easy identification.
- Keep about, 2 cm. Space between rows for circulation of air. The carton of the boxes of vaccines should have holes to facilitate good access of cool air. Keep a separate thermometer among the vaccines to ascertain the actual vaccine temperature.
- Store DPT, TT, and Hep. B vaccines away from the inside walls or bottom of the ILR to avoid freezing.
- **Always keep the vaccines in the basket provided in the ILR.** Store OPV and measles vaccines at bottom of basket of the ILR.
- Diluents may not be stored in ILR (as it would occupy space which is not desirable), but keep
- Diluents for at least 24 hrs before issue, in ILR. **At time of reconstitution it should be brought to the temperature of vaccines.**

- The period of time in which any vaccine remains in cold chain stores without being used should be recorded.
- Same vaccines should be stored in same area.
- Diluents and freeze sensitive/early expiry date vaccines on top and heat sensitive/late expiry date vaccines on bottom.

Management of vaccine and logistics at State, District and PHC levels

Vaccines and logistics (AD syringes, Hub cutters, Vitamin A, waste disposal bags, diluents, polyethylene bags etc.) are needed to be distributed to health centers in concerned region. A vaccine manager at the regional WIC store and district store must ensure that adequate stocks (including buffer stock) is available for catering to the monthly needs of all peripheral centers. Vaccines are received from regional stores or state stores at regular intervals. Normally the supply will be for one to three months. This is because vaccines are stored for **no longer than three months in the district stores and one month in the PHC.**

Vaccines have a limited shelf life and lose their efficacy easily if not handled properly.

Vaccine	At state level	At zonal level	At district level	At PHC/CHC level	During transportation
OPV	In WIF, (-) 15°C to (-) 25°C up to six months	In D/F (Large) (-) 15°C to (-) 25°C up to three months	In D/F (Large) (-) 15°C to (-) 25°C up to the three months	In ILR (small) (+) 2°C to (+) 8°C up to the one months	In cold boxes with hard frozen icepacks/dry ice.
Measles	In WIC, (+) 2°C to (+) 8°C up to six months	In WIC, (+) 2°C to (+) 8°C up to three months	In ILR (large) (+) 2°C to (+) 8°C up to the three months	In ILR (small) (+) 2°C to (+) 8°C up to the one months	In cold boxes with icepacks.
BCG	In WIC, (+) 2°C to (+) 8°C up to six months	In WIC, (+) 2°C to (+) 8°C up to three months	In ILR (large) (+) 2°C to (+) 8°C up to the three months	In ILR (small) (+) 2°C to (+) 8°C up to the one months	In cold boxes with icepacks.
DPT	In WIC, (+) 2°C to (+) 8°C up to six months	In WIC, (+) 2°C to (+) 8°C up to three months	In ILR (large) (+) 2°C to (+) 8°C up to the three months	In ILR (small) (+) 2°C to (+) 8°C up to the one months	In cold boxes with conditioned icepacks.
TT	In WIC, (+) 2°C to (+) 8°C up to six months	In WIC, (+) 2°C to (+) 8°C up to three months	In ILR (large) (+) 2°C to (+) 8°C up to the three months	In ILR (small) (+) 2°C to (+) 8°C up to the one months	In cold boxes with conditioned icepacks.
Hep. B	In WIC, (+) 2°C to (+) 8°C up to six months	In WIC, (+) 2°C to (+) 8°C up to three months	In ILR (large) (+) 2°C to (+) 8°C up to the three months	In ILR (small) (+) 2°C to (+) 8°C up to the one months	In cold boxes with conditioned icepacks.
Note: Vaccines can become unusable when VVM reaches discard stage. The unusable vaccines (due to any reason) should be kept out of cold chain.					

So vaccines should be received as per the requirement. **Do not store large stocks to accumulate.** Always check transport and storage arrangements. One person should be made responsible for receiving, storing and distributing vaccines. He should be properly trained for the task. Keep 25% additional vaccines as buffer stocks for any unforeseen demand. The stocks must be rotated so that no vaccine is kept for more than one month in PHC.

The amount of vaccine available in storage should have a complete record and be sure that vaccine with earlier expiry date is used first. If two shipments of vaccines have the same expiry date, the one, which has remained longer in the store, should be used first. Keep separate date-wise records of vaccine receipts, distribution and balance sheet for each type of vaccine and each size of vial. Note the expiry date of incoming batches and mark the arriving vaccine with arrival date(to provide a useful check on the age of the vaccine in the store). Keep record of vaccines distributed and estimated utilization at the centers. Make a physical check of vaccine stocks during supervisory visits. Make sure that records are properly maintained.

Distribution of vaccine and logistic

The major responsibility is to provide vaccines to health centers in time.

Three major common issues in storage and distribution of vaccines and logistics are:

1. Stock out – A condition when no vaccine/logistics available.
2. Inadequate stock – Less than buffer stock i.e. 25% of vaccine and AD syringes.
3. Excess stock – More than requirement of one month and buffer stock i.e. more than 125% of vaccine and AD syringes. Before making supplies, you must check the following
 - Requirements of the PHC (session-wise).
 - Utilization during the previous months. You can get this information from monthly monitoring report.
 - Find out balance in hand.

Vaccine and Logistics supply Voucher (see annexure)

Vaccine and Logistics indent form (see annexure)

Performa for Stock Register (see annexure)

Vaccine and Logistics issue register (see annexure)

Estimation of requirements

Compile the micro plan of all sub-centers at the PHC level and estimate the requirement of vaccine and other supplies. Further more ensure that the overall estimate includes a buffer stock (25% for vaccine and syringes) and wastage 25% in the case of vaccines and 10% in the case of AD and disposable syringes at the:

- PHC level: for one month
- District level: for three month
- Divisional level: for three month

The buffer stock serves as a cushion as buffer against emergencies, major fluctuations in demand or unexpected transport delay.

Sub Centre Work Plan

S. No	Village	Estimation of Beneficiaries												Estimation of vaccine and other logistics											
		Total Population	Annual Target		Monthly Target		Estimation of Beneficiaries (monthly) for each vaccine and Vitamin A								Monthly Estimation of vaccine vial and vitamin A								Monthly Estimation of no of Syringes		
			Pw	child	Pw	child	TT	BCG	DPT	OPV	PENTA	Measles	JE	Vitamin A	TT	BCG	DPT	OPV	PENTA	Measles	JE	Vitamin A	ADS .1 ML	ADS .5 ML	MIXTURE SYRINGE
			A	B	C	D	E	F	G	H	I	J		K	L	M	N	O	P	Q	R	S	T	U	V
FORMULA		On the basis of real head count	On the basis of real headcount* 2	On the basis of real head count	A/ 12	B/ 12	C* 2	D	D* 2	D* 4	D* 3	D*2		D*9	E*1. 27/10	F*1. 33/10	G*1. 27/10	H*1. 27/20	I*1.2 7/10	J*1. 33/5		{{(D* 1 mL) + (D*8) *2 mL} *1.1 1	F*1 .1 1	(E+G+I +J)*1.1 1	(F+J) *1.1 1
1																									
2																									

Distribution of Vaccine from PHC

Vaccines are delivered to the PHC from the district stores. It is best that vaccines are obtained at regular intervals. For example, vaccines may be delivered once a month or once every two weeks. However, vaccines are to be delivered at least once a month. This is because a PHC must not hold more than one month's stock. **No vaccine should be stored at the sub-centers.**

The vaccines are to be distributed to the session sites on the day of session through alternate vaccine delivery mechanism so that vaccinator spends adequate time for immunization. Ensure that all the vaccine and their respective diluents are kept in the vaccine carrier for distribution to session sites.

After the immunization session, vaccine that has been returned unused and unopened must be carried back to the PHC under cold chain on the same day and to be kept in ILR at the PHC (provided the VVM of the vial is in usable stage). These vaccines are to be used first on the next immunization day. To ensure that **RETURNED vaccine (unused and not opened) is selected first**, these vials should be placed in a box in the ILR marked "returned". Before sending vaccines, the following must be ensured:

- Actual requirements of the sub-centres.
- The ice packs of the vaccine carriers are conditioned.
- The temperatures of vaccines and diluents are same and of same manufacture.
- Sufficient quantity of diluents for the next day's use is kept in the ILR and taken to the field in Vaccine Carriers.
- The diluents are not frozen, as the ampoules are likely to crack when frozen.

IMMUNIZATION SESSION.

Same vial of the vaccine should not be taken out to the field more than **THREE TIMES**. If a vial of vaccine has been taken to the field third time, it should be returned to the PHC after marking 'Discard'. MO(PHC) must however, be careful that vaccines are not wasted in this way too often.

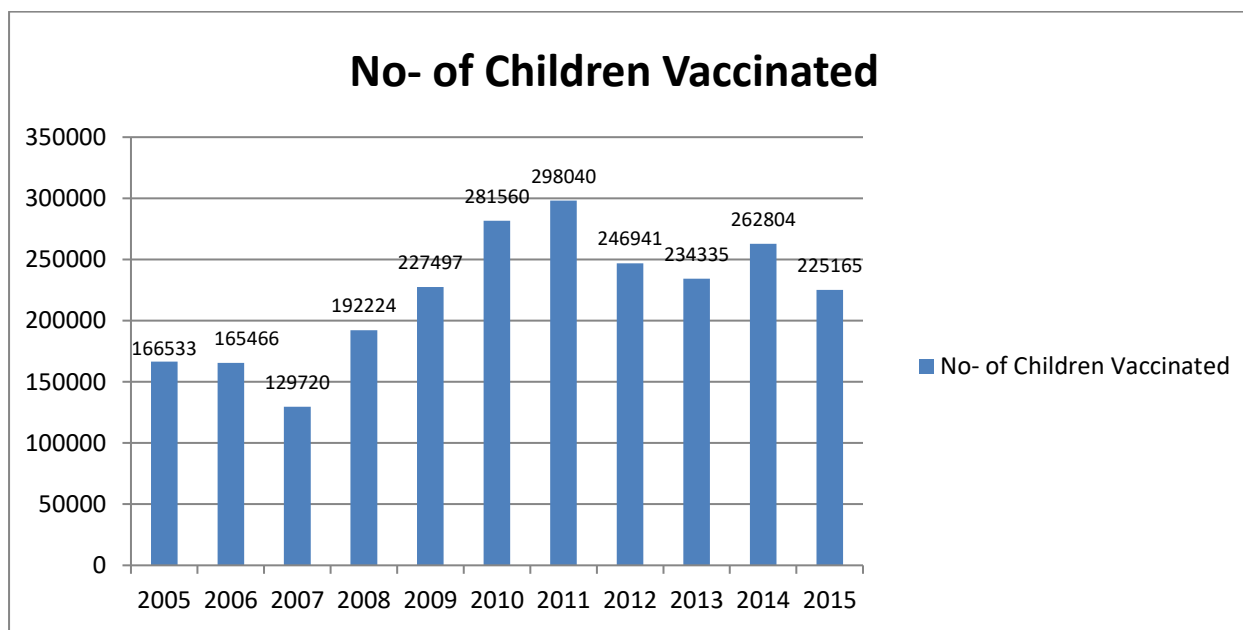
Opened vials should be kept in a plastic bag and returned to PHC at the end of the session. These are kept for testing in case of any adverse event. They are discarded after one week as per the guidelines for immunization waste disposal.

- If the ice in the ice pack is completely melted: Examine the VVM status on the vial of OPV. **NEVER**
- **USE OPV WITH VVM AFTER DISCARD POINT (Discard it)**. If it is in usable stage, look for the date of expiry. If it has not passed, it can be used. Mark the remaining DPT, TetanusToxoid, measles and BCG vaccine, return it to the ILR/Freezer and use it during the next session. Update records on vaccine use
- Keep a record of the vaccines administered.
- Keep record of the batch numbers and expiry dates of the vaccines used.
- Keep record of vaccines returned to PHC. When vaccine arrives at the PHC:
- Check that the types and amount of vaccine and Diluents are the same as per your indent.
- Check the VVM and expiry date on each vial of vaccine.
- Transfer vaccines to the ILR/Freezer immediately after delivery to the health centre.

Sub- Centre/Village/Session level :-The risk of cold chain failure is greatest at sub- centre and village level. For this reason, the health worker is the most important link in the cold chain. **VACCINES ARE NOT STORED AT THE SUB-CENTRE LEVEL AND MUST BE SUPPLIED ON THE DAY OF USE.**

URS Polio : No Of Children Vaccinated In Last 10 Years

Years	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
No- of Children Vaccinated	166533	165466	129720	192224	227497	281560	298040	246941	234335	262804	225165



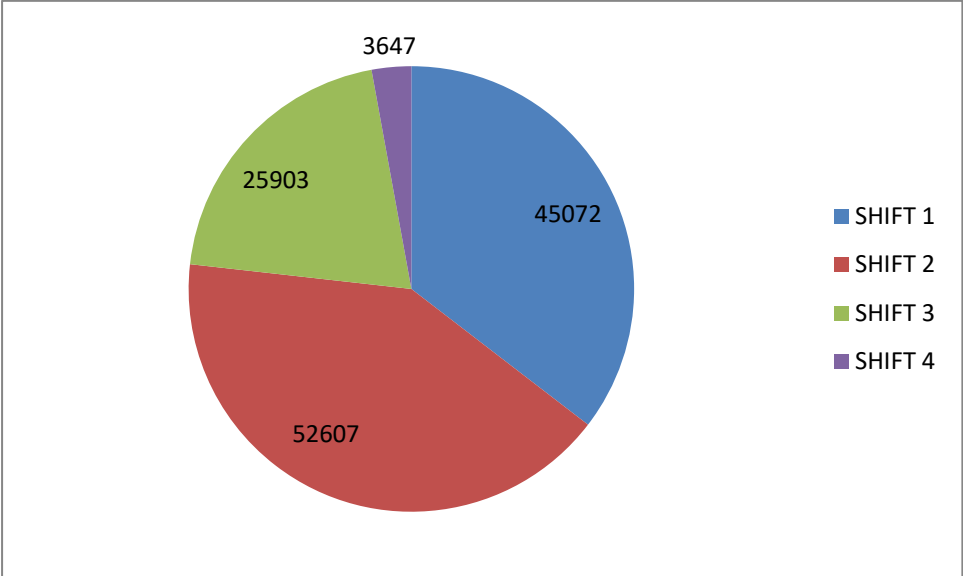
Result:- This trend of last two years have a great no of difference in no of children vaccinated due to less no of arrival of pilgrims in Ajmer, the possible reasons may be-

i)Due to some natural calamities in different countries the no of pilgrims may be less.

ii)As their custom to celebrate every chhati in Ajmer the pilgrims are now avoiding to come in this duration of high temperature.(mostly from Gujrat).

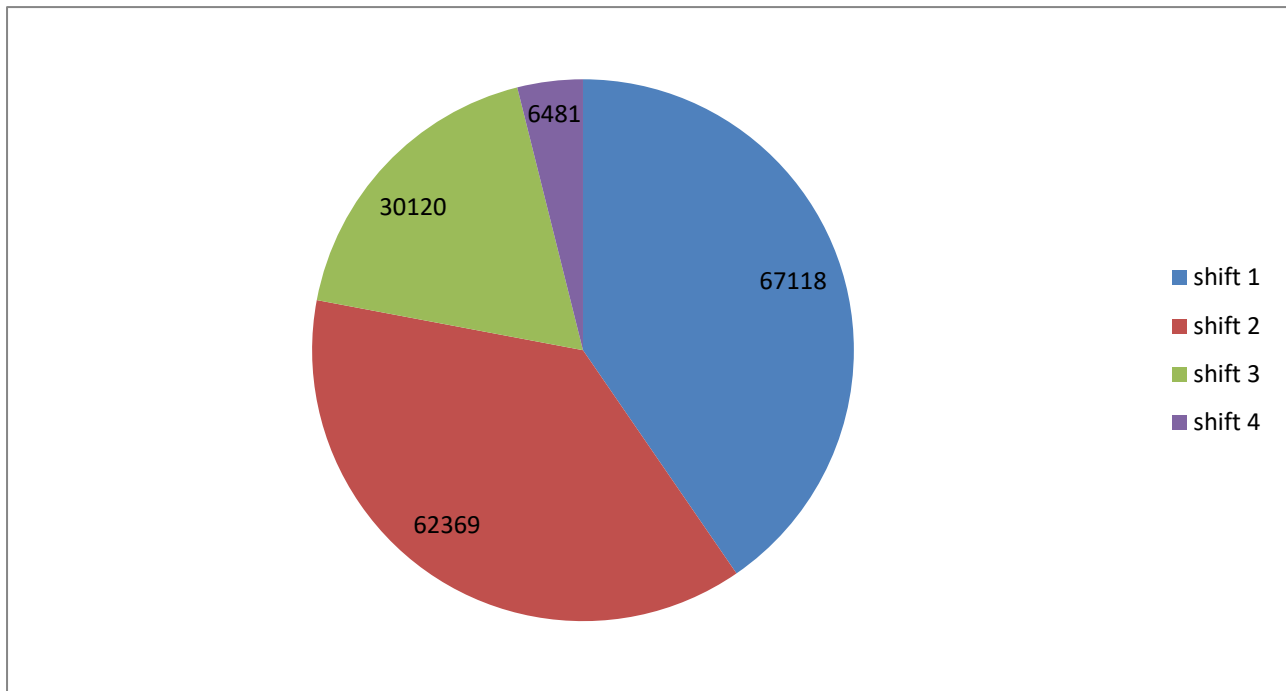
Shift Wise Coverage During Urs (2015)

SHIFT 1 (06.00 AM to 12.00 PM)	SHIFT 2 (12.00 PM to 06.00 PM)	SHIFT 3 (06.00 PM to 12.00 AM)	SHIFT 4 (12.00 AMto 06.00 AM)
45072	52607	25903	3647



Shift Wise Coverage during Urs(2014)

SHIFT 1 (06.00 AM to 12.00 PM)	SHIFT 2 (12.00 PM to 06.00 PM)	SHIFT 3 (06.00 PM to 12.00 AM)	SHIFT 4 (12.00 AM to 06.00 AM)
67118	62369	30120	6481



Result: - By these graphs it is clearly evident that maximum coverage is in first and second shift that is from 6am to 12pm and 12pm to 6pm because of maximum activity of pilgrims during this period from transit points. So during this period for next year planning more and proper coverage of transit point should be done.

Summary of URS Campaign

Vaccination Campaign in Ajmer Urban prior to URS

This activity is conducted from 12th April to 14th April, it includes first day Booth activity & second and third day House to House activity.

In this total booths were: - two member booth -**71** and four member booth -**271**

During booth activity	51439	children immunized with OPV
Total manpower in booth activity	1226	

During H to H activity

Transit Team	34
Mobile Team	8
Supervisor/day	66
Total manpower	2434
Children immunized	28616 +10062 (by transit team)

Total coverage in three day activity = **97936**

URS Campaign (15th April to 30th April)

Total **43** transit points, **39** in Ajmer city and **4** in Sarwar City

No of teams and shifts were planned according to the flow of Pilgrims.

In whole activity 127229 children were immunized.

Observations and Suggestions

- **Human Resource Management Issues**

i) Quantity of Manpower –in this Urs campaign no. of people required as vaccinator and supervisor are adequate in no. but the microplan of the area covered by different teams is not revised every year, so the team prepared for particular day activity is not working in an efficient way and it gives a false image if lack of manpower but in reality it is not so.

For improvement of this problem the microplan of the area should be prepared very carefully and the target for each day should be complete so that the work will not linger and suffer due to poor management. By this small step work can be done in a smooth and more efficient and effective way.

ii) Quality of Manpower –the Quality of manpower should be improved because without maintenance of quality the work done is not so fruitful.

Right now the used manpower is ANM, Nursing student and other Fourth class worker, these people are working just for the sake of money and doing their work in a mechanical way as a burden or load, no sense or feeling about welfare of country or need of our country to be Polio free.

Along with this in Ajmer City there is an area Anderkot that is highly congested and non vegetarian area so the candidate working in this area are not comfortable and as a result not working properly.

So these are some issues noticed by me during campaign that should be resolved. if we involve NCC or Scout candidates in this campaign after training, who are hard working, work in tough climate and most important their patriotic style of working. (spirit of doing something good for the Country)

One another way to correct the quality of work of Nursing student may be by making their participation as a compulsory part of training as their exposure to field work.(realizing them that this experience will help them in their future practice)

There is need to change the mindset of whole human resource in this campaign that the government is giving you rupees 75/day as Honarium ,it is not a payment or salary for their incredible work.

- **Stakeholder Participation/ Motivation or mobilization of Beneficiaries**

Motivation of Beneficiaries is a very initial or crucial step in success of any campaign or program . As we all know internal motivation or internal drive is a constant or persistent push for doing something. Until unless this motivation will come in picture either by any kind of IEC (information education communication) material or more important involvement of **community leaders ,Dharam Guru(Maulavi)**. Because these Maulavi's have a great impact on heart and mind of followers, they can motivate or push people in a very effective way in a community (muslim) where such immunization activity are prohibited or considered of no use or against Allah (God). There participation will facilitate the work of government and act as a miracle in improvement of figure of immunization.

- **Training Need Assessment**

The manpower that we are using in this campaign is not highly technically trained for this activity. So there is need to find out all the weakness and faulty techniques that are used by Vaccinator and Supervisor that ultimately hamper the efficiency and effectiveness of work.

For this we need assessment of their skills and promotion of their skills by proper or need base training.

Training should be done by a proper guide with proper learning material and post training evaluation process should be mandatory so that the candidate who are taking part in training will be serious about this.

All the **vaccinator** should be trained in -

- How to approach and greet the beneficiaries?
- How to tell them about the benefit of his vaccine?
- How to do counseling if they deny for vaccination?
- Why we are vaccinating their children with OPV, even if they are already vaccinated?
- How to hold children and what should be the angulation of vial during vaccination ?
- How to put a mark on left hand little finger for later verification of vaccination?

By training in this way we can improve our **achievement of vaccination** and reduce the wastage of **vaccine**.

In the same way **Supervisor** should be trained about-

- Monitoring of vaccinators work.
- Maintenance of required logistics .
- Proper reporting in required format.

So that wrong and fake reporting can be controlled and proper data will be available for analysis.

One drawback that I have realized during working as supervisor is that by training of these candidate is making them capable for manipulation of data at their own level. For example as a vaccinator or supervisor I know that a OPV vial contain 20 doses and due to my less competency I am vaccinating only 14 children but in tally sheet mentioning 18 or 19 doses, So increasing the achievement of the program and hiding the wastage factor .

Solution may be in my opinion - is close supervision of our work by not others but by self evaluation and self responsibility, I know it is difficult to tell wrong about our own work but it will be the ultimate solution for proper reporting.

- **Planning issues**

As all the people involved in planning and implementation of this campaign are aware that each year we will organize this programme(SNID) but planning is done at a later stage. Due to this attitude they have less time to check and correct any error in microplan of area and many more.

Nothing is revised according to the need or situation. Activity is conducted in the same way as in the previous years.

In my observation during this program very few things are revised but there is need of early manpower planning because on a previous year basis may be we are having sufficient no of

candidate but may be this year some candidate may not be available because one year is a big duration.

So if planning is done earlier we have plenty of time to check and change following things as per the scenario like:-

- Area Mapping
- The availability of candidate
- Place for booth location
- No of transit and mobile teams
- Transport facility for candidate and vaccine

- **Change in strategy about some transit places :-**

Vishramsthal, Kayad, Transport nagar, Railway station, Bus Stand and Ramprasad Ghat are some areas where we have electricity supply but still with the change of shift we have to supply frozen ice packs at these places to maintain cold chain that need driver, vehicle, fuel and of course time. Also this process of supply hamper the continuation of the activity for some time. By providing deep freezer in these areas will resolve this problem and prevent the wastage of resources. Deep freezers in these area can supply the needful frozen ice packs in nearby areas.

- **Waste Management of vaccine**

The wastage of vaccine should be controlled to reduce the wastage factor of vaccine. It can be done by several simple steps-

- Proper maintenance of open vial policy (i.e if a vial is opened and not used completely it should be maintained in cold chain)
- Proper training of vaccinator
- Proper training of cold chain handlers
- Transport facility without delay for return of unused and partially used vaccine vial in cold chain as soon as possible.

Conclusion

This SNID (Sub National Immunization Programme) Programme is a wonderful strategy by Government of India. This special activity conducted in Ajmer District is reflecting foresightedness of the Government to keep the children protected from highly contagious Polio Virus ,that can attack or infect children during URS festival.

This activity is a preventive step as we all know **“Prevention is better than cure”** .During this immunization programme we are protecting not only our country’s children but also vaccinating some children of other nation due to non availability of immunization in those nation.It is a noble deed that should be continued till the situation warrants.

By this activity 225165 no of children protected, is a big achievement for all of us.

I learned a lot through this activity. Worked as a Volunteer in this program me and learned all minor things that are crucial for a successful work.It was a great opportunity for me to assist in planning and implementation of each and every step.

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Annexure(i)

NID/SNI
D

FORM
-8C

Pulse Polio Campaign -2015

Booth Tally Sheet/Transit Point/Fair/Market/Mobile Team

Block/Urban

Area:-

Date:-

Supervisor

Name:-

Team

Name of Team

No.:-

Members:-

Booth

Location:-

No

te: 1 Everyday Use a New Tally
Sheet.

- 2 If Necessary then Continue in
Next Sheet.

3 After Vaccination of each child make a Tick Mark in
Related Column.

No of Children
Vaccinated age Greater
than Equal to 5 Years

No of Children Vaccinated age Less than 5 Years

																												1	2	3	4	5
																												6	7	8	9	10
1	2	3	4	5	6	7	8	9	0	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	1	1	1	1	15
26	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	1	1	1	1	1	20
51	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	2	2	2	2	2	25
76	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	2	2	2	2	2	30
101	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	Total					
126	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2						
151	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	OPV Vial	Receiv ed	Retu rned			
176	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2						
201	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	Compl ete & Partial Used					
226	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2						
251	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7						
276	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	Empty Vial					

**FORM
-8C**

Booth Tally Sheet/Transit Point/Fair/Market/Mobile Team

Date:-

Supervisor

Name:-

Team

Name of Team

No.:-

Members:-

Booth

Location:-

No

te: 1 Everyday Use a New Tally Sheet.

2 If Necessary then Continue in
Next Sheet.

3 After Vaccination of each child make a Tick Mark in Related Column.

No of Children
Vaccinated age Greater
than Equal to 5 Years

No of Children Vaccinated age Less than 5 Years																									1	2	3	4	5
																									6	7	8	9	10
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	1	1	1	1	15
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	1	1	1	1	20
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	2	2	2	2	25
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	2	2	2	2	30
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	Total				
126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150					
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	OPV Vial	Receiv ed	Retu rned		
176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200					
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	Compl ete & Partial Used				
226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250					
251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275					
276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	Empty Vial				

**Signature of Booth
Members**

Signature of Supervisor

Annexure ii

Booth activity monitoring form

Name of State RAJASTHAN District _____ Name of Block/Urban Area _____

Planning Unit: _____ Round: 2015

Name of monitor _____ Designation: **SMO / SRTL / RTL / NPSU / EM / FM-IPE**

Booth No.	No:	No:	No:	No:	No:					
Observation Checklist										
Type of vaccine being used (M: Monovalent OPV, T: Trivalent OPV, B: Bivalent)	M / T / B	M / T / B	M / T / B	M / T / B	M / T / B					
Is the booth easily accessible?	Y / N	Y / N	Y / N	Y / N	Y / N					
Does the booth have IEC materials (like banners or posters) displayed prominently?	Y / N	Y / N	Y / N	Y / N	Y / N					
Number of vaccinators that attended the vaccinator training conducted prior to this round?	0/1/2/3/4/NA	0/1/2/3/4/NA	0/1/2/3/4/NA	0/1/2/3/4/NA	0/1/2/3/4/NA					
Number of team members NOT same as in micro plan (i.e. replaced team members)	0 / 1 / 2 / 3 / 4	0 / 1 / 2 / 3 / 4	0 / 1 / 2 / 3 / 4	0 / 1 / 2 / 3 / 4	0 / 1 / 2 / 3 / 4					
Is ASHA worker working as a vaccinator in this booth?	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA					
Is Anganwadi worker working as a vaccinator in this team?	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA					
Does this booth have at least one community member?	Y / N	Y / N	Y / N	Y / N	Y / N					
Are the team members / community mobilizers / volunteers mobilizing children to the booth?	Y / N	Y / N	Y / N	Y / N	Y / N					
Do they have any vaccine with VVM in stage 3 or 4? If yes, remove and give replacement	Y / N	Y / N	Y / N	Y / N	Y / N					
Had the booth run out of vaccine at any time prior to your arrival?	Y / N	Y / N	Y / N	Y / N	Y / N					
Is the team using indelible ink marker pen for finger marking?	Y / N	Y / N	Y / N	Y / N	Y / N					
Is the team marking the left little finger of the children correctly? If no, demonstrate.	Y / N	Y / N	Y / N	Y / N	Y / N					
Is the team marking the tally sheet correctly after each child is immunized?	Y / N	Y / N	Y / N	Y / N	Y / N					
Does the number of used vials tally with the number of children immunized	Y / N	Y / N	Y / N	Y / N	Y / N					
Interview of Booth Workers										
Are the vaccinators aware of any community mobilizer / volunteer working in the booth area?	Y / N	Y / N	Y / N	Y / N	Y / N					
Does the team have correct knowledge about VVM? (ask to indicate and explain the VVM)	Y / N	Y / N	Y / N	Y / N	Y / N					
Interview of Parents: Interview 2 parents or guardians who have brought children to the booth										
How did you learn about the booth activities? (1 st respondent, 2 nd respondent, list all applicable numbers)	1	2	1	2	1	2	1	2	1	2
1-Miking; 2-Drum beating; 3-TV; 4-Radio; 5-Newspaper; 6-poster/leaflets; 7-banner/hoarding; 8- mosque/temple announcement; 9-relative/neighbour/friend; 10-health worker or Anganwadi worker; 11-CMC; 12-Any other										

Annexure (iii)

Office of the District Reproductive and Child Health Officer, AJMER

Supervisor Daily Reporting Format (URS Pulse Polio)

Transit Point Name:-					
Name of Supervisor:-			Shift Time:-		
Date:-					
S.No	Transit Point Name	S.No	Name of Vaccinator	No. Of Children Vaccinated	No of Vials Used
1		1			
		2			
		3			
		4			
2		1			
		2			
		3			
		4			
3		1			
		2			
		3			
		4			
4		1			
		2			
		3			
		4			
Grand Total					

Signature of Supervisor

Annexure iv

Temperature Record Book

Month Year

Date	Temperature (°C)		Power Failure (in hours)	Remarks (if any)
	10 AM	4 PM		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
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22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				

Note:-
 1. MO/IC should check and sign weekly
 2. Defrost if ice accumulation is more than 6mm. Enter the dates of defrosting in remarks column

Annexure v

Vaccine and Logistics supply Voucher

(Copy for Record for Supplier)						(Copy for Record for Receiver)					
Supply Voucher No.:		Date:				Indent No.:		Date:			
Reference Indent No		Dated:		Received on:		Reference Indent No		Date:		Received on:	
To:						To:					
	Item	Amount Released	Batch No.	Expiry date, VVM status	Remarks		Item	Amount Released	Batch No.	Expiry date, VVM status	Remarks
1	BCG (doses)					1	BCG (doses)				
2	tOPV (doses)					2	tOPV (doses)				
3	DPT (doses)					3	DPT (doses)				
4	Hep B					4	Hep B				
5	Measles (doses)					5	Measles (doses)				
6	JE					6	JE				
7	DT (doses)					7	DT (doses)				
8	TT (doses)					8	TT (doses)				
9	BCG Diluent (amp)					9	BCG Diluent (amp)				
10	Measles Diluent (amp)					10	Measles Diluent (amp)				
11	0.1ml AD Syringes					11	0.1ml AD Syringes				
12	0.5 ml AD Syringes					12	0.5 ml AD Syringes				
13	5 ml Disp. Syringes					13	5 ml Disp. Syringes				
14	VitA Syrup					14	VitA Syrup				
Received above vaccines and logistics in quantity mentioned and in good condition.						Received above vaccines and logistics in quantity mentioned and in good condition.					
Signature of Receiver:		Signature of Store in Charge:				Signature of Receiver:		Signature of Receiver:			
Name:		Name:				Name:		Name:			
Designation:		Designation:				Designation:		Designation:			

Annexure vi

Vaccine and Logistics indent form

(Copy for Record for Requester)				(Copy for Record for Receiver)			
Indent No.:		Date:		Indent No.:		Date:	
From:				From:			
To:				To:			
Item	Total amount received in current year	Balance available on date of indent	Amount requested	Item	Total amount received in current year	Balance available on date of indent	Amount requested
BCG (doses)				BCG (doses)			
tOPV (doses)				tOPV (doses)			
DPT (doses)				DPT (doses)			
Hep B				Hep B			
Measles (doses)				Measles (doses)			
JE				JE			
DT (doses)				DT (doses)			
TT (doses)				TT (doses)			
BCG Diluent (amp)				BCG Diluent (amp)			
Measles Diluent (amp)				Measles Diluent (amp)			
0.1ml AD Syringes				0.1ml AD Syringes			
0.5 ml AD Syringes				0.5 ml AD Syringes			
5 ml Disp. Syringes				5 ml Disp. Syringes			
VitA Syrup				VitA Syrup			
Signature of Receiver:		Signature of Requester:		Signature of Requester:		Signature of Requester:	
Name:		Name:		Name:		Name:	
Designation:		Designation:		Designation:		Designation:	

Performa for Stock Register

Name of Item: DPT			Storage Location: Garhi PHC					Year: 2008										
Date and Month	Opening Balance	Received						Issued						Loss/Adjustment Quantity	Returned Unused	End Balance	Remarks	Signature of IO/ICC
		From (Supplier)	Received Quantity	Batch No.	Expiry Date	VVM Status	Freeze Status*	To (Name of Facility)	Issued Quantity	Batch No.	Expiry Date	VVM Status	Freeze Status*					
1/2	100	District Stores	270	AG-100420	Dec 2009	usable	Liquid									370		
6/2								Sessions	70	AG-100420	Dec 2009	usable	Liquid		10	310		
13/2									70	AG-100420	Dec 2009	usable	Liquid	10		230	Broken	
20/2									70	AG-100420	Dec 2009	usable	Liquid		10	170		
27/2									70	AG-100420	Dec 2009	usable	Liquid			100		
Total	100		270						280					10	20			

Annexure viii

Vaccine and Logistics issue register

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